		NESS HOSPIT			u of Form CMS-2552-10
	rt is required by law (42 USC 1395g; 42 CFR 413.20(1 made since the beginning of the cost reporting perio				FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022
	AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFIEMENT SUMMARY	CATION Pr	ovider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet S Parts I-III Date/Time Prepared: 2/27/2023 8:09 am
PART I -	COST REPORT STATUS				
Provi der use only	 [X] Electronically prepared cost report [Manually prepared cost report [0] If this is an amended report enter the [F] Medicare Utilization. Enter "F" for fu 	number of or "L" f	or low.		
Contracto use only	r 5. [1]Cost Report Status 6. Date Received: (1) As Submitted 7. Contractor No. (2) Settled without Audit 8. [N]Initial R (3) Settled with Audit 9. [N]Final Rep (4) Reopened (5) Amended	eport for t ort for thi	his Provider CCN 12.	NPR Date: Contractor's Vendo [0]If line 5, cc number of tim	or Code: 4 olumn 1 is 4: Enter nes reopened = 0-9.
MI SREPRES ADMI NI STR	CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMI ENTATION OR FALSIFICATION OF ANY INFORMATION CONTAIN ATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECT	IED IN THIS	COST REPORT MAY BE F FHERMORE, IF SERVICES	S IDENTIFIED IN TH	IIS REPORT WERE
ADMI NI STR	ATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.				
C	ERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINIST	RATOR OF PR	OVI DER(S)		
e S b a a r	HEREBY CERTIFY that I have read the above certific electronically filed or manually submitted cost repo itatement of Revenue and Expenses prepared by DEACON beginning 10/01/2021 and ending 09/30/2022 and to the re true, correct, complete and prepared from the bo pplicable instructions, except as noted. I further begarding the provision of health care services, and provided in compliance with such laws and regulation	rt and subm ESS HOSPITA e best of m oks and rec certify tha that the s	itted cost report an L (15–0082) for th y knowledge and beli- ords of the provider t I am familiar with	d the Balance Shee e cost reporting p ef, this report and in accordance with the laws and regu	et and period nd statement th ulations
SI GI	NATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX 2	SLG	ELECTRONIC	
1	Cheryl Wathen	Y	I have read and agr statement. I certif signature on this co binding equivalent	ee with the above y that I intend my ertification be th	y electronic ne legally

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	422, 962	58, 166	0	0	1.00
2.00	Subprovider - IPF	0	0	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	422, 962	58, 166	0	0	200.00

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

2 Signatory Printed Name Cheryl Wathen

SVP & CFO

(Dated when report is electronica

3 Signatory Title

4 Date

	FAL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICATION DATA	Provic	ler CCN: 1	5-0082	Period: From 10/01/	2021	Workshe Part I	et S-2	
						To 09/30/	2022	Date/Ti 2/27/20		
	1.00	2.00		3.00		2	. 00		20 01 0	
	Hospital and Hospital Health Care Co									4
00	Street: 600 MARY STREET	PO Box:								1.
00	City: EVANSVILLE	State: IN		e: 47747-		y: VANDERBUI		-+ 0+	(D	2.
		Component Name	CCN Number	CBSA Number	Provi der	Date Contified		nt Syst		
			Number	Number	Туре	Certified	V 1,	0, or XVIII	XIX	-
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	1
	Hospital and Hospital-Based Componer		2.00	0.00	1.00	0.00	0.00	1 7.00	0.00	
00	Hospi tal	DEACONESS HOSPI TAL	150082	21780	1	06/02/1966	N	Р	Р	3.
00	Subprovider - IPF									4.
00	Subprovider - IRF									5.
0C	Subprovider - (Other)									6.
00	Swing Beds - SNF									7.
0C	Swing Beds - NF									8.
00	Hospital-Based SNF									9.
. 00	Hospital-Based NF									10.
00	Hospi tal -Based OLTC									11.
00										12.
00	1 5									13.
00										14.
00	Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FQHC									15.
00										17.
00	Hospital-Based (CMHC) I Renal Dialysis									18
	Other									19.
00	other				1	From:		То		17.
						1.00		2.0		1
00	Cost Reporting Period (mm/dd/yyyy)					10/01/20	021	09/30/		20
00	Type of Control (see instructions)					2				21.
					1.00	2.00		3.0	00	
~ ~	Inpatient PPS Information					· · ·				
00	5 1 5				Y	N				22.
	disproportionate share hospital adju §412.106? In column 1, enter "Y" fo			{						
	facility subject to 42 CFR Section §									
	hospital?) In column 2, enter "Y" for		lenument							
01	Did this hospital receive interim ur		nts for thi	s	Ν	Y				22
	cost reporting period? Enter in colu									
	the portion of the cost reporting pe									
	Enter in column 2, "Y" for yes or "N									
	reporting period occurring on or aft	ter October 1. (see inst	ructions)							
	Is this a newly merged hospital that	t requires final uncompe								
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OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	CONESS HOSP	Provider CC	N: 15-0082		eri od:	In Lie	Wor	kshee	t S-2	
				Тс		0/2022	Date 2/2	e/Tim 7/202	3 8:0	pared: 9 am
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Me Me el u	ut-of State di cai d i gi bl e npai d	Medica HMO da		Oth Medi da	cai d	
	1.00	2.00	3.00		4.00	5.00		6.		
 4.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. 5.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, the in-state Medicaid eligible unpaid days in column 4, medicaid eligible unpaid days in column 4, Medicaid 	2, 816				0	25	, 137 0		156	24.00
HMO paid and eligible but unpaid days in column 5.										
					Urban/R 1.(Date	2.00		
6.00 Enter your standard geographic classification (not wa cost reporting period. Enter "1" for urban or "2" for		at the beg	jinning of t	the		2	2			26.00
 7.00 Enter your standard geographic classification (not wa reporting period. Enter in column 1, "1" for urban or enter the effective date of the geographic reclassifi 5.00 If this is a sole community hospital (SCH), enter the 	age) status ~ "2" for r cation in	ural. If ap column 2.	plicable,			2	2			27.00 35.00
effect in the cost reporting period.					Degin			ndi n	2 .	00.00
					Begi nı 1. (2. 00	0	
6.00 Enter applicable beginning and ending dates of SCH st of periods in excess of one and enter subsequent date	es.									36.00
 7.00 If this is a Medicare dependent hospital (MDH), enter is in effect in the cost reporting period. 7.01 Is this hospital a former MDH that is eligible for thaccordance with FY 2016 OPPS final rule? Enter "Y" for the second sec	ne MDH tran	sitional pa	yment in	ıs		C				37.00 37.0
			(See							
 instructions) 8.00 If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number of enter subsequent dates. 	s of MDH st	atus. Ifli	ne 37 is							38.00
8.00 If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number of	s of MDH st	atus. Ifli	ne 37 is		Y/			Y/N 2.00)	38. 00
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ealth Financial Systems DEAC HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA		HOSPI TAL Provi der Ci		eriod: rom 10/01/2021	u of Form CMS-2 Worksheet S-2 Part I Date/Time Pre 2/27/2023 8:0	pared:
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
50.00 Are you claiming nursing and allied health education any programs that meet the criteria under 42 CFR 413. instructions) Enter "Y" for yes or "N" for no in col is "Y", are you impacted by CR 11642 (or subsequent C adjustement? Enter "Y" for yes or "N" for no in col	85? (s umn 1. CR) NAHE	see If column 1	1.00 Y	2.00 Y	3.00	60. 00
00.01 If line 60 is yes, complete columns 2 and 3 for each instructions)	program			23.00		60. 01
0.02 fline 60 is yes, complete columns 2 and 3 for each instructions)	program Y/N	IME	Direct GME	23. 03	2 Direct GME	60. 02
	1.00	2.00	3.00	4.00	5.00	
 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) Did Enter the average number of unweighted primary care 	N	2.00	3.00	0.00		61.00
 FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) 1.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, 						61. 02
 and primary care FTEs added under section 5503 of ACA). (see instructions) 1.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see 						61. 0
 instructions) 1.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions). 1.05 Enter the difference between the baseline primary 						61.0
 1. 05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions) 1. 06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) 						61. 0
	Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
51.10 Of the FTEs in line 61.05, specify each new program special ty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME		1.00	2.00	3.00	4.00	61. 10
FTE unweighted count. 1.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61. 20
					1.00	
ACA Provisions Affecting the Health Resources and Ser 2.00 Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instruct	trai nec	acministration in this cost	reporting peri	od for which	0.00	62.00
2.01 Enter the number of FTE residents that rotated from a during in this cost reporting period of HRSA THC proc	a Teachi gram. (s	see instructio		your hospital	0.00	62. 0 ⁻
Teaching Hospitals that Claim Residents in Nonprovide 3.00 Has your facility trained residents in nonprovider se "Y" for yes or "N" for no in column 1. If yes, comple	ettings	during this c			Y	63.00

Health Financial Systems	DEA	CONESS HOSPI TAL		In Lie	eu of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMP	PLEX IDENTIFICATION DA	ATA Provider C		eriod: 	Worksheet S-2 Part I	
			To			pared:
			Unweighted	Unwei ghted	Ratio (col. 1/	
			FTEs Nonprovi der	FTEs in Hospital	(col. 1 + col. 2))	
			Si te	nospi tai	2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Ye period that begins on or after			This base year	is your cost r	reporting	
64.00 Enter in column 1, if line 63 is	s yes, or your facili	ty trained residents	0.00	0.00	0. 000000	64.00
in the base year period, the nur resident FTEs attributable to re						
settings. Enter in column 2 th	e number of unweighte	d non-primary care				
resident FTEs that trained in yoof (column 1 divided by (column						
	Program Name	Program Code	Unweighted	Unwei ghted	Ratio (col. 3/	
			FTEs Nonprovi der	FTEs in Hospital	(col. 3 + col. 4))	
			Si te	nospi tai	4))	
	1.00	2.00	3.00	4.00	5.00	
65.00 Enter in column 1, if line 63 is yes, or your facility	FAMILY PRACTICE	1350	2.30	16. 16	0. 124594	65.00
trained residents in the base						
year period, the program name associated with primary care						
FTEs for each primary care						
program in which you trained residents. Enter in column 2,						
the program code. Enter in						
column 3, the number of						
unweighted primary care FTE residents attributable to						
rotations occurring in all						
non-provider settings. Enter in						
column 4, the number of unweighted primary care						
resident FTEs that trained in						
your hospital. Enter in column 5, the ratio of (column 3						
divided by (column 3 + column						
4)). (see instructions)			Unweighted	Unweighted	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		n Nonprovider Setting				
<u>beginning on or after July 1, 2</u> 66.00 Enter in column 1 the number of		ry caro rosidont	0.00	0. 33		66 00
66.00 Enter in column 1 the number of FTEs attributable to rotations			0.00	0.33	0. 00000C	00.00
Enter in column 2 the number of	unweighted non-prima	ry care resident				
FTEs that trained in your hospi (column 1 divided by (column 1						
	Program Name	Program Code	Unweighted	Unweighted	Ratio (col. 3/	
			FTEs Nonprovi der	FTEs in Hospital	(col. 3 + col. 4))	
			Si te		.,,	
(7.00 Enton in column 1, the m		2.00	3.00	4.00	5.00	(7.00
67.00 Enter in column 1, the program name associated with each of	FAMILY MEDICINE	1350	2. 18	19. 42	0. 100926	67.00
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)						
67.01	FAMILY MEDICINE	1351	0. 55	1.04	0. 345912	67.01

Heal th	Financial Systems DEACONESS HOSPITAL	L	n Lieu	of For	m CMS-2	2552-10
	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0082 P	eriod: rom 10/01/ o 09/30/	2021 2022	Workshe Part I Date/Ti 2/27/20	me Pre	pared:
			1.00	2.00	3.00	-
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subp	provi der?	N			70.00
	Enter "Y" for yes or "N" for no. If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in t		N	N	0	71.00
71.00	recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for r 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teach program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for r Column 3: If column 2 is Y, indicate which program year began during this cost reporting (see instructions)	no. (see ni ng no.	N	N	0	/1.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF		N			75.00
76.00	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 t	he most			0	76.00
	recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or no. Column 2: Did this facility train residents in a new teaching program in accordance 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)	"N" for with 42				
			-	1. 0	0	-
	Long Term Care Hospital PPS					
80. 00 81. 00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. Is this a LTCH co-located within another hospital for part or all of the cost reporting	period? E	nter	N N		80.00
	"Y" for yes and "N" for no. TEFRA Providers					
	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes of Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		no.	N		85. 00 86. 00
87.00	18 this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			Ν		87.00
		V 1.00		XI 2		
90.00	Title V and XIX Services Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for	N		Y		90.00
91.00	yes or "N" for no in the applicable column. Is this hospital reimbursed for title V and/or XIX through the cost report either in	N		N		91.00
92.00	full or in part? Enter "Y" for yes or "N" for no in the applicable column. Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see			N		92.00
93.00	instructions) Enter "Y" for yes or "N" for no in the applicable column. Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter	N		N		93.00
94.00	"Y" for yes or "N" for no in the applicable column. Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the	N		N		94.00
95.00	applicable column. If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0. C	0	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
	IF line 96 is "Y", enter the reduction percentage in the applicable column. Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in	0.00 Y		0. C Y	0	97.00 98.00
98. 01	column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98. 01
98. 02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98. 02
98. 03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Ν		98. 03
98. 04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Ν		98.04
98. 05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98. 05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.06
105.00	Rural Providers Does this hospital qualify as a CAH?	N				105.00
	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N				107.00
	Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train L&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					

Health Financial Systems DEACONESS H	IOSPI TAL		In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider C	F	eriod: rom 10/01/2021 o 09/30/2022	Worksheet S-2 Part I Date/Time Pre 2/27/2023 8:0	epared:
	!		V	XI X	
108.00 Is this a rural hospital qualifying for an exception to the	CPNA foo scho	dul 02 - 500 - 42	1.00 N	2.00	108.00
CFR Section §412. 113(c). Enter "Y" for yes or "N" for no.	CRIMA TEE SCHE	uure: 3ee 42	IN IN		108.00
	Physi cal	Occupational	Speech	Respi ratory	_
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	1.00	2.00	3.00	4.00	109.00
				1.00	
110.00 Did this hospital participate in the Rural Community Hospita Demonstration)for the current cost reporting period? Enter " complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.	Y" for yes or	"N" for no. It	f yes,	N	110.00
			1.00	2.00	-
111.00 If this facility qualifies as a CAH, did it participate in t Health Integration Project (FCHIP) demonstration for this co "Y" for yes or "N" for no in column 1. If the response to co integration prong of the FCHIP demo in which this CAH is par Enter all that apply: "A" for Ambulance services; "B" for ad for tele-health services.	ost reporting Dumn 1 is Y, ticipating in	period? Enter enter the column 2.	N	2.00	111.00
		1.00	2.00	3.00	-
112.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting Enter "Y" for yes or "N" for no in column 1. If column 1 is in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceal participation in the demonstration, if applicable.	period? ; "Y", enter me	1.00 N	2.00	3.00	112.00
Miscellaneous Cost Reporting Information					
115.00 Is this an all-inclusive rate provider? Enter "Y" for yes or in column 1. If column 1 is yes, enter the method used (A, B in column 2. If column 2 is "E", enter in column 3 either "9 for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider	3, or E only) 23" percent i ncludes	N		(0115.00
the definition in CMS Pub.15-1, chapter 22, §2208.1. 116.00 Is this facility classified as a referral center? Enter "Y" "N" for no.	for yes or	Y			116.00
117.00 Is this facility legally-required to carry malpractice insur "Y" for yes or "N" for no.	ance? Enter	Y			117.00
118.00 is the maipractice insurance a claims-made or occurrence pol if the policy is claim-made. Enter 2 if the policy is occurr					118.00
		Premi ums	Losses	Insurance	
		1.00	2.00	3.00	-
118.01 List amounts of malpractice premiums and paid losses:		1, 696, 092			0118.01
			1.00	2.00	-
118.02 Are malpractice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sched and amounts contained therein.			N		118. 02
119.00 DO NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold §3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qu Hold Harmless provision in ACA §3121 and applicable amendment	n column 1, "Y Nalifies for t	" for yes or he Outpatient	N	Ν	119.00 120.00
Enter in column 2, "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost impla patients? Enter "Y" for yes or "N" for no.	intable device	s charged to	Y		121.00
122.00 Does the cost report contain healthcare related taxes as def Act?Enter "Y" for yes or "N" for no in column 1. If column 1 the Worksheet A line number where these taxes are included.			N		122.00
Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y" for	or yes and "N"	for no. If	N		125.00
yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center, en	5				126. 00
in column 1 and termination date, if applicable, in column 2 127.00 If this is a Medicare certified heart transplant center, ent	2. er the certif				127.00
in column 1 and termination date, if applicable, in column 2 128.00 If this is a Medicare certified liver transplant center, ent	er the certif	ication date			128.00
in column 1 and termination date, if applicable, in column 2 129.00 If this is a Medicare certified lung transplant center, enter column 1 and termination date, if applicable, in column 2		cation date in			129. 00
column 1 and termination date, if applicable, in column 2. 130.00 If this is a Medicare certified pancreas transplant center, date in column 1 and termination date, if applicable, in col		ti fi cati on			130. 00

	K I DENTIFICATION DATA	Provi der CC	N: 15-0082	Period: From 10/01/202 To 09/30/202		repared
				1.00	2.00	-
1.00 If this is a Medicare certified in			rtification			131.0
date in column 1 and termination d 2.00 If this is a Medicare certified is in column 1 and termination date,	let transplant center,	enter the certifi	cation date			132. 0
3.00 Removed and reserved						133.0
4.00 If this is an organ procurement or and termination date, if applicabl All Providers		r the OPO number i	n column 1			134.0
0.00 Are there any related organization chapter 10? Enter "Y" for yes or " are claimed, enter in column 2 the	N" for no in column 1. <u>home office chain numb</u>	If yes, and home per. (see instruct	office costs		HB0778	140. 0
<u> </u>		2.00 on lines 141 throu	ugh 143 the r	3.00	s of the	
home office and enter the home off						
1.00 Name: DEACONESS HEALTH SYSTEM	Contractor's Name:	WPS	Contract	or's Number: 08	001	141. 0
2.00 Street: 600 MARY STREET 3.00 City: EVANSVILLE	PO Box: State:	IN	Zip Code		710	142. (143. (
S. OUCITY. EVANSVILLE	Jiate.			. 47	/10	145.0
					1.00	
4.00 Are provider based physicians' cos	ts included in Workshee	et A?			Y	144. (
				1.00	2.00	-
5.00 If costs for renal services are cl				Y		145. (
inpatient services only? Enter "Y" no, does the dialysis facility inc period? Enter "Y" for yes or "N" 6.00 Has the cost allocation methodolog	lude Medicare utilizati for no in column 2.	on for this cost	reporting	N		146.0
Enter "Y" for yes or "N" for no in yes, enter the approval date (mm/d		o. 15-2, chapter 4	0, §4020) If	-	1.00	_
7.00 Was there a change in the statisti					Y	
8.00 Was there a change in the order of	allocation? Enter "Y"	for yes or "N" fo	r no.		Y N	148.
	allocation? Enter "Y"	for yes or "N" fo ? Enter "Y" for ye	r no. <u>s or "N" for</u>		Y N N	148.
8.00 Was there a change in the order of 9.00 Was there a change to the simplifi	allocation? Enter "Y" ed cost finding method?	for yes or "N" fo <u>Part A</u> 1.00	r no. <u>s or "N" for</u> Part B 2.00	Title V 3.00	Y N N TitleXIX 4.00	148.
8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi	allocation? Enter "Y" ed cost finding method? der that qualifies for	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from	r no. s or "N" for Part B 2.00 n the applica	Title V 3.00 ation of the lo	Y N N TitleXIX 4.00 Wer of costs	148.
8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or "	allocation? Enter "Y" ed cost finding method? der that qualifies for	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A	r no. <u>s or "N" for</u> <u>Part B</u> 2.00 n the applica and Part B.	Title V 3.00 ation of the lo (See 42 CFR §4	Y N Title XIX 4.00 Wer of costs 13.13)	148. 149.
8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi	allocation? Enter "Y" ed cost finding method? der that qualifies for	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from	r no. s or "N" for Part B 2.00 n the applica	Title V 3.00 ation of the lo	Y N N TitleXIX 4.00 Wer of costs	148. 149.
 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provior charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 	allocation? Enter "Y" ed cost finding method? der that qualifies for	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N	r no. <u>s or "N" for</u> <u>Part B</u> 2.00 n the applica and Part B. N	Title V 3.00 ation of the lo (See 42 CFR §4 N	Y N N TitleXIX 4.00 wer of costs 13.13) N	148. 149. 155. 155. 156. 157.
 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provior charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 	allocation? Enter "Y" ed cost finding method? der that qualifies for	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N	r no. s or "N" for Part B 2.00 h the applica and Part B. N N N	Title V 3.00 ation of the lo (See 42 CFR §4 N N N	Y N N TitleXIX 4.00 wer of costs 13.13) N N N	148. 149. 155. 155. 156. 157. 158.
 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provior charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 	allocation? Enter "Y" ed cost finding method? der that qualifies for	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N	r no. <u>s or "N" for</u> <u>Part B</u> 2.00 n the applica and Part B. N N	Title V 3.00 ation of the lo (See 42 CFR §4 N N	Y N N TitleXIX 4.00 wer of costs 13.13) N N	148. 149. 155. 156. 157. 158. 159.
 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provior charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 	allocation? Enter "Y" ed cost finding method? der that qualifies for	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N	r no. s or "N" for Part B 2.00 the applica and Part B. N N N	Title V 3.00 ation of the lo (See 42 CFR §4 N N N N	Y N N TitleXIX 4.00 wer of costs 13.13) N N N N	148. 149. 155. 156. 157. 158. 159. 160.
8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC	allocation? Enter "Y" ed cost finding method? der that qualifies for	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N	r no. <u>s or "N" for</u> <u>Part B</u> 2.00 1 the applica and Part B. N N N N N N	Title V 3.00 ation of the lov (See 42 CFR §4 N N N N N N	Y N N TitleXIX 4.00 wer of costs 13.13) N N N N N N	148. 149. 155. 155. 156. 157. 158. 159. 160.
8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provior or charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC Multicampus	allocation? Enter "Y" ed cost finding method? der that qualifies for N" for no for each comp	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N N	r no. <u>s or "N" for</u> <u>Part B</u> <u>2.00</u> the applica and Part B. N N N N N N N	Title V 3.00 ation of the lov (See 42 CFR §4 N N N N N N N	Y N N TitleXIX 4.00 wer of costs 13.13) N N N N N N N	148. 1 149. 1 155. 1 156. 1 157. 1 158. 1 159. 1 160. 1 161. 1
8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC	allocation? Enter "Y" ed cost finding method? der that qualifies for N" for no for each comp mpus hospital that has	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N N N N N N	r no. <u>s or "N" for</u> <u>Part B</u> <u>2.00</u> ithe applica and Part B. N N N N N N N Ses in diffe	Title V 3.00 ation of the lo (See 42 CFR §4 N N N N N N N N N N N N N	Y N N Title XIX 4.00 wer of costs 13.13) N N N N N N N N N N N N N N N N N	148. 1 149. 1 155. 1 156. 1 157. 1 158. 1 159. 1 160. 1 161. 1 161. 1
8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC Multicampus 5.00 Is this hospital part of a Multica	allocation? Enter "Y" ed cost finding method? der that qualifies for N" for no for each comy mpus hospital that has Name	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N N N N One or more campu County	r no. <u>s or "N" for</u> Part B 2.00 the applica and Part B. N N N N N N Sess in diffe	Title V 3.00 ation of the lo (See 42 CFR §4 N N N N N N N Prent CBSAs? p Code CBSA	Y N N Title XIX 4.00 wer of costs 13.13) N N N N N N N N N N N N FTE/Campus	148. 149. 155. 156. 157. 158. 159. 160. 161. 161.
 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provior charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC Multicampus 5.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 6.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in	allocation? Enter "Y" ed cost finding method? der that qualifies for N" for no for each comp mpus hospital that has	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N N N N N N	r no. <u>s or "N" for</u> <u>Part B</u> <u>2.00</u> ithe applica and Part B. N N N N N N N Ses in diffe	Title V 3.00 ation of the lo (See 42 CFR §4 N N N N N N N N N N N N N	Y N N Title XIX 4.00 wer of costs 13.13) N N N N N N N N N N N N N N N N N T.00	148. 149. 155. 156. 157. 158. 159. 160. 161. 165.
8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC Multicampus 5.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 6.00 If line 165 is yes, for each campus enter the name in column	allocation? Enter "Y" ed cost finding method? der that qualifies for N" for no for each comy mpus hospital that has Name	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N N N N One or more campu County	r no. <u>s or "N" for</u> Part B 2.00 the applica and Part B. N N N N N N Sess in diffe	Title V 3.00 ation of the lo (See 42 CFR §4 N N N N N N N Prent CBSAs? p Code CBSA	Y N N Title XIX 4.00 wer of costs 13.13) N N N N N N N N N N N N N N N N N T.00	147. 1 148. 1 149. 1 155. 1 156. 1 157. 1 158. 1 159. 1 161. 1 161. 1 165. 1 00 166. 1
 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC Multicampus 5.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 6.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in	allocation? Enter "Y" ed cost finding method? der that qualifies for N" for no for each comy mpus hospital that has Name	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N N N N One or more campu County	r no. <u>s or "N" for</u> Part B 2.00 the applica and Part B. N N N N N N Sess in diffe	Title V 3.00 ation of the lo (See 42 CFR §4 N N N N N N N Prent CBSAs? p Code CBSA	Y N N Title XIX 4.00 wer of costs 13.13) N N N N N N N N N N N N N N N N N T.00	148. 149. 155. 156. 157. 158. 159. 160. 161.
 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC Multicampus 5.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 6.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)	allocation? Enter "Y" ed cost finding method? der that qualifies for N" for no for each comp mpus hospital that has Name 0 0	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N N N N N N N N N N	r no. <u>s or "N" for</u> <u>Part B</u> 2.00 ithe applica and Part B. N N N N N N N N N N N N N	Prent CBSAs?	Y N N Title XIX 4.00 wer of costs 13.13) N N N N N N N N N N N N N N N N N N N	148. 149. 155. 156. 157. 158. 159. 160. 161. 165. 00 166.
 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC Multicampus 5.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 6.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HIT 7.00 Is this provider a meaningful user	allocation? Enter "Y" ed cost finding method? der that qualifies for N" for no for each comp mpus hospital that has Name 0 0 0 0 0 0 0 0 0	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N N N N N N N N N N	r no. <u>s or "N" for</u> <u>Part B</u> 2.00 the applica and Part B. N N N N N N N N Ses in diffe <u>State Zi</u> 2.00 <u>State Zi</u> 2.00 <u>State Zi</u> 2.00 <u>State Zi</u> 2.00	Title V 3.00 ation of the lo (See 42 CFR §4 N N N N N N N N N N N N N	Y N N TitleXIX 4.00 wer of costs 13.13) N N N N N N N N N N N N N N N N N N N	148. 1 149. 1 155. 1 156. 157. 1 158. 1 159. 1 160. 1 161. 1 165. 1 00 166. 1 00 166. 1
 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC Multicampus 5.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 6.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)	allocation? Enter "Y" ed cost finding method? der that qualifies for N" for no for each comy mpus hospital that has Name 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N N N N N N N N N N	r no. <u>s or "N" for</u> <u>Part B</u> 2.00 the applica and Part B. N N N N N N N N Ses in diffe <u>State Zi</u> 2.00 <u>State Zi</u> 2.00 <u>State Zi</u> 2.00 <u>State Zi</u> 2.00	Title V 3.00 ation of the lo (See 42 CFR §4 N N N N N N N N N N N N N	Y N N Title XIX 4.00 wer of costs 13.13) N N N N N N N N N N N N N N N N N N N	148. 1 149. 1 155. 1 156. 1 157. 1 158. 1 159. 1 160. 1 161. 1 165. 1 00 166. 1
 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or " 5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC Multicampus 5.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 6.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HIT 7.00 Is this provider a meaningful user 8.00 If this provider is a CAH (line 10)	allocation? Enter "Y" ed cost finding method? der that qualifies for N" for no for each comp mpus hospital that has Name 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	for yes or "N" fo ? Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N N N N N N N N N N N N N	r no. <u>s or "N" for</u> <u>Part B</u> 2.00 ithe applic: and Part B. N N N N N N N N N N N N N	Title V 3.00 ation of the Ior (See 42 CFR §4 N N N N N N N N N N N N N	Y N N Title XIX 4.00 wer of costs 13.13) N N N N N N N N N N N N N N N N N N N	148. 149. 155. 156. 157. 158. 159. 160. 161. 165. 00 166. 00 166.

Health Financial Systems	DEACONESS HOS	SPI TAL	In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICATION DATA	Provider CCN: 15-0082	Peri od:	Worksheet S-2	
			From 10/01/2021	Part I	nored.
			To 09/30/2022	Date/Time Pre 2/27/2023 8:0	
			Begi nni ng	Endi ng	
			1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR beg period respectively (mm/dd/yyyy)	ginning date and ending dat	te for the reporting			170.00
			1.00	2.00	
171.00 If line 167 is "Y", does this provid	der have any days for indiv	viduals enrolled in	N	C	171.00
section 1876 Medicare cost plans rep	ported on Wkst. S-3, Pt. I,	line 2, col. 6? Enter			
"Y" for yes and "N" for no in column	n 1. lf column 1 is yes, er	nter the number of sectio	n		
1876 Medicare days in column 2. (see	e instructions)				

	Financial Systems DEACONESS H AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	u of Form CMS Worksheet S- Part II Date/Time Pr	-2
	· · · · · · · · · · · · · · · · · · ·		-)/ /N	2/27/2023 8:	09 am
				Y/N 1.00	Date 2.00	
	General Instruction: Enter Y for all YES responses. Enter N	for all NO re	sponses. Ente			
	mm/dd/yyyy format.					
	COMPLETED BY ALL HOSPITALS					
	Provider Organization and Operation					_
. 00	Has the provider changed ownership immediately prior to the	beginning of	the cost	N		1.0
	reporting period? If yes, enter the date of the change in c	orumn 2. (see	Y/N) Date	V/I	_
			1.00	2.00	3.00	
. 00	Has the provider terminated participation in the Medicare P yes, enter in column 2 the date of termination and in colum		N	2.00	0.00	2. (
. 00	voluntary or "I" for involuntary. Is the provider involved in business transactions, includin contracts, with individuals or entities (e.g., chain home o or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members o	g management ffices, drug er or its f the board	Y			3. (
	of directors through ownership, control, or family and othe relationships? (see instructions)	r similar				
			Y/N	Туре	Date	
			1.00	2.00	3.00	
	Financial Data and Reports					
. 00	Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" for or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions.	or Compiled, ilable in	Y	A		4. (
. 00	Are the cost report total expenses and total revenues diffe those on the filed financial statements? If yes, submit rec		Y			5.0
			1	Y/N 1.00	Legal Oper. 2.00	
	Approved Educational Activities			1.00	2.00	
. 00	Column 1: Are costs claimed for a nursing program? Column . is the legal operator of the program?	2: Ifyes, is	s the provide	r Y	Ν	6.0
. 00 . 00	Are costs claimed for Allied Health Programs? If "Y" see in: Were nursing programs and/or allied health programs approve		ved during th	e N		7. (8. (
. 00	cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved	0	cal education	Y		9.
0. 00	program in the current cost report? If yes, see instruction: Was an approved Intern and Resident GME program initiated o cost recording and left was according to the second		the current	Ν		10.
1.00	cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	proved	Y		11.
					Y/N 1.00	_
	Bad Debts Is the provider seeking reimbursement for bad debts? If yes	see instruct	tions		Y	12. (
	If line 12 is yes, did the provider's bad debt collection p period? If yes, submit copy.			ost reporting	N	13.
4.00	If line 12 is yes, were patient deductibles and/or co-payme Bed Complement	nts waived? If	°yes, see in∷	structions.	N	14.
5.00	Did total beds available change from the prior cost reporti	<u>v</u> .	yes, see ins rt A		Y t B	15.
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
6. 00	PS&R Data Was the cost report prepared using the PS&R Report only?	N		N		16. (
	If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)					
7.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/14/2023	Y	02/14/2023	17.
8. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this	Ν		Ν		18.
9. 00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report	Ν		Ν		19.

	Financial Systems DEACONESS AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNALRE	Provider C	CN: 15-0082	Period: From 10/01/202 To 09/30/2022		pared
		Descri	ption	Y/N	Y/N	
		()	1.00	3.00	
0. 00	If line 16 or 17 is yes, were adjustments made to PS&R			N	N	20.0
	Report data for Other? Describe the other adjustments:	Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
1. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.0
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	EPT CHILDRENS H	OSPI TALS)			-
2.00	Capital Related Cost Have assets been relifed for Medicare purposes? If yes, see	e instructions				22.0
3. 00	Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.		als made du	ring the cost		23. (
. 00	Were new leases and/or amendments to existing leases entere	ed into during	this cost re	eporting period?		24.
5.00	If yes, see instructions Have there been new capitalized leases entered into during	the cost repor	ting period	?lfyes, see		25. (
. 00	instructions. Were assets subject to Sec.2314 of DEFRA acquired during th instructions.	ne cost reporti	ng period? I	f yes, see		26.
. 00	Has the provider's capitalization policy changed during the copy.	e cost reportin	g period? I1	[°] yes, submit		27.
8. 00	Interest Expense Were new Loans, mortgage agreements or letters of credit en	ntered into dur	ing the cost	t reporting		28.
. 00	period? If yes, see instructions. Did the provider have a funded depreciation account and/or		bt Service F	Reserve Fund)		29.
. 00	treated as a funded depreciation account? If yes, see inst Has existing debt been replaced prior to its scheduled matu		debt? If yes	s, see		30.
. 00	instructions. Has debt been recalled before scheduled maturity without is instructions.	ssuance of new	debt? If yes	s, see		31.
. 00	Purchased Services Have changes or new agreements occurred in patient care ser		d through co	ontractual		32.
. 00	arrangements with suppliers of services? If yes, see instru If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.		g to competi	tive bidding? If	-	33.
	Provi der-Based Physi ci ans					
. 00	Are services furnished at the provider facility under an an If yes, see instructions.	rrangement with	provi der-ba	ased physi ci ans?		34.
. 00	If line 34 is yes, were there new agreements or amended exi physicians during the cost reporting period? If yes, see in		ts with the	provi der-based		35.
				Y/N	Date	
				1.00	2.00	
00	Home Office Costs			V		2/
	Were home office costs claimed on the cost report? If line 36 is yes, has a home office cost statement been pu	renared by the	home office	Y Y		36. 37.
	If yes, see instructions. If yes are instructions.					
. 00	the provider? If yes, was the fiscal year end of the nome off the provider? If yes, enter in column 2 the fiscal year end If line 36 is yes, did the provider render services to othe	d of the home o	ffi ce.			38. 39.
00	see instructions. If line 36 is yes, did the provider render services to the		5	N		40.
	instructions.					
		1.	00	2	. 00	
00	Cost Report Preparer Contact Information Enter the first name, last name and the title/position	ERI C		HENDERSON		41.
. 00	held by the cost report preparer in columns 1, 2, and 3, respectively. Enter the employer/company name of the cost report	DEACONESS HOSP	I TAL			42.
						[,] ′∠.
	preparer.					

Heal th	Financial Systems DEACONESS	HOSPI TAL	In Lie	eu of Form CMS-2552-10		
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0082	Period: From 10/01/2021	Worksheet S-2 Part II		
			To 09/30/2022		pared: 9 am	
		3.00				
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position	MANAGER OF REIMBURSEMENT			41.00	
	held by the cost report preparer in columns 1, 2, and 3,					
	respecti vel y.					
42.00	Enter the employer/company name of the cost report				42.00	
	preparer.					
43.00	Enter the telephone number and email address of the cost				43.00	
	report preparer in columns 1 and 2, respectively.					

HOSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	N: 15-0082	Period: From 10/01/2021	Worksheet S-3 Part I	
					To 09/30/2022		
						I/P Days / O/P	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	<u>Visits / Trips</u> Title V	
		Line Number 1.00	2.00	Avai I abl e 3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30, 00	2.00	<u> </u>			1.00
1.00	8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30.00		101, 0.	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO I PF 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		441	161, 02	0.00	0	7.00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31.00	88	32, 12			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 13.00	OTHER SPECIAL CARE (SPECIFY) NURSERY						12.00 13.00
14.00	Total (see instructions)		545	198, 9	0.00	0	13.00
15.00	CAH visits		545	170, 70	0.00	0	15.00
16.00	SUBPROVIDER - IPF	40, 00	0		0	0	16.00
17.00	SUBPROVI DER – I RF	10.00	0		0	0	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)		545				27.00
28.00	Observation Bed Days					0	28.00
29.00 30.00	Ambulance Trips						29.00 30.00
30.00	Employee discount days (see instruction) Employee discount days - IRF						30.00
32.00	Labor & delivery days (see instructions)		0		0		31.00
32.00	Total ancillary labor & delivery room		0				32.00
52.01	outpatient days (see instructions)						22.01
33.00	LTCH non-covered days						33.00
	LTCH site neutral days and discharges						33.01

HOSPI 1	TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	CN: 15-0082	Period: From 10/01/202 To 09/30/202		epared:
		I/P Days	/ O/P Visits	/ Trips	Full Time	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Intern & Residents	s Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions)	44, 152 38, 951	5, 684 25, 301	127, 39	25		1.00
2.00 3.00			25, 301				3.00
3.00 4.00	HMO IPF Subprovider HMO IRF Subprovider	0	0				4.00
4.00 5.00	· · ·	0	0		0		5.00
6.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF	0	0		0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	44, 152	5, 684	127, 39	0		7.00
8.00	INTENSI VE CARE UNI T	8, 244	366	25, 15	57		8.00
9.00	CORONARY CARE UNIT	1, 537	57	4, 74			9.00
10.00	BURN INTENSIVE CARE UNIT	1,007	07	., .			10.00
11.00	SURGI CAL I NTENSI VE CARE UNI T						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	53, 933	6, 107	157, 29	23.3	4, 346. 89	
15.00	CAH visits	00, 700	0, 107	107,2	0	1,010.07	15.00
16.00	SUBPROVIDER - IPF	0	0		0 0.0	0.00	
17.00	SUBPROVIDER - IRF	5	J		0.0	0.00	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
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			Ę	57		24.10
25.00	СМНС – СМНС						25.00
26.00	RURAL HEALTH CLINIC						26.00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.0	0.00	26.25
27.00	Total (sum of lines 14-26)		-		23. 3		
28.00	Observation Bed Days		4, 087	15, 69	93		28.00
29.00	Ambul ance Trips	0					29.00
30.00	Employee discount days (see instruction)				0		30.00
31.00	Employee discount days - IRF				0		31.00
32.00	Labor & delivery days (see instructions)	О	0		0		32.00
32.01	Total ancillary labor & delivery room				0		32.01
	outpatient days (see instructions)						
33.00	LTCH non-covered days	О					33.00
33 01	LTCH site neutral days and discharges	0					33.01

HOSPI	TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider C	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet S-3 Part I Date/Time Pre 2/27/2023 8:0	pared:
		Full Time Equivalents		Di s	charges		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers		10.00	44.00	Patients	
0.0		11.00	12.00	13.00	14.00	15.00	
2.00 3.00 4.00 5.00 5.00 7.00 3.00 10.00 11.00 12.00 14.00 15.00 14.00 15.00 14.00 15.00 14.00 15.00 14.00 15.00 12.000 12.00 12.00 12.000 12.000 12.000 12.0000000000	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) NURSERY Total (see instructions) CAH visits SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER SKILLED NURSING FACILITY NURSING FACILITY	0. 00 0. 00	0	11, 0 6, 9 11, 0	59 952 33 4, 740 0 0	31, 383 31, 383 0	1. (2. (3. (4. (5. (6. (7. (9. (10. (11. (13. (14. (13. (13. (13. (14. (13. (13
1. 00 2. 00 3. 00 4. 00 4. 10 5. 00 6. 00 6. 25 7. 00 8. 00 9. 00 0. 00 1. 00 2. 01 3. 00 3. 01	HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D.P.) HOSPICE HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions) LTCH non-covered days	0. 00 0. 00			0 0		21. 22. 23. 24. 25. 26. 26. 27. 28. 29. 30. 31. 32. 32. 33. 33.

	inancial Systems WAGE INDEX INFORMATION		DEACONESS	Provider CC	F	eriod: rom 10/01/2021 o 09/30/2022		parec
		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)	
DA		1.00	2.00	3.00	4.00	5.00	6.00	
	ART II – WAGE DATA ALARIES							
00 To	otal salaries (see	200. 00	386, 245, 986	-1, 672, 375	384, 573, 611	9, 099, 900. 94	42. 26	1. (
	nstructions) on-physician anesthetist Part		C	0	C	0.00	0.00	2. (
	on-physician anesthetist Part		3, 237, 376	0	3, 237, 376	31, 256. 06	103. 58	3.
	hysician-Part A - dministrative		4, 361, 665	0	4, 361, 665	31, 370. 15	139. 04	4.
DO PI	hysicians - Part A - Teaching hysician and Non		1, 407, 011 51, 942, 332		1, 407, 011 51, 942, 332			
00 No ho	hysician-Part B on-physician-Part B for ospital-based RHC and FQHC ervices		C	0 0	C	0.00	0. 00	6.
ıl OC	nterns & residents (in an pproved program)	21.00	C	2, 018, 363	2, 018, 363	49, 534. 93	40. 75	7.
01 Ca re	esidents (in an approved rograms)		C	0	C	0.00	0.00	7.
	ome office and/or related rganization personnel		81, 957, 941	0	81, 957, 941	2, 547, 042. 66	32. 18	8.
. 00 Ex	NF xcluded area salaries (see nstructions)	44.00	0 22, 287, 570	0 2, 833, 849	C 25, 121, 419			
	THER WAGES & RELATED COSTS ontract Labor: Direct Patient		17, 688, 755		17, 688, 755	131, 221. 68	134.80	1 1 1
00 Ca	are ontract labor: Top level		17, 688, 755		17, 688, 755 C			
ma Se	anagement and other anagement and administrative ervices ontract labor: Physician-Part		11, 845, 814	0	11, 845, 814	81, 228. 92	145. 83	12
A	- Administrative ome office and/or related		(11, 043, 014 C			
OI Wa	rganization salaries and age-related costs							
	ome office salaries elated organization salaries		50, 123, 539		50, 123, 539 6, 006, 977			
00 Ho	ome office: Physician Part A Administrative		6, 006, 977 288, 994		8, 008, 977 288, 994			
	ome office and Contract hysicians Part A - Teaching		C	0 0	C	0.00	0.00	16
-	ome office Physicians Part A Teaching		C	0	C	0.00		
Pł	ome office contract hysicians Part A - Teaching AGE-RELATED COSTS		C	0	C	0.00	0.00	16
00 Wa	age-related costs (core) (see nstructions)		93, 987, 608	3 O	93, 987, 608			17
00 Wa	age-related costs (other) see instructions)							18
	xcluded areas on-physician anesthetist Part		31, 261, 399 C	0 0	31, 261, 399 C)		19 20
00 No B	on-physician anesthetist Part		452, 595	5 O	452, 595	i		21
	hysician Part A - dministrative		478, 264	0	478, 264			22
01 Pł	hysician Part A - Teaching		190, 808		190, 808			22
00 Pł	hysician Part B age-related costs (RHC/FQHC)		4, 184, 936 (4, 184, 936 0			23 24
1 00 I I	nterns & residents (in an pproved program)		421, 699	0	421, 699			25
50 Ho	ome office wage-related core)		14, 447, 770	0 0	14, 447, 770			25
51 Re	elated organization age-related (core)		1, 559, 664	0	1, 559, 664			25
52 Ho	ome office: Physician Part A Administrative - age-related (core)		50, 999	0	50, 999			25

Heal th	Financial Systems		DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider CO		Period: From 10/01/2021 To 09/30/2022	Worksheet S-3 Part II Date/Time Pre 2/27/2023 8:0	pared:
		Wkst. A Line		Recl assi fi cati		Paid Hours	Average Hourly	
		Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col		col. 5)	
				A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A		0	0		0		25. 53
	- Teaching - wage-related							
	(core)							
24 00	OVERHEAD COSTS - DIRECT SALARIE	<u>-</u> 5 4.00	3, 300, 540	68, 512	3, 369, 05	2 105, 014. 52	22.00	26.00
26.00 27.00	Employee Benefits Department Administrative & General	4.00						
27.00	Administrative & General under		51, 163, 302	-6, 422, 080	44, 741, 22			
28.00	contract (see inst.)		0	0		0 0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0		0 0.00	0.00	29.00
30.00	Operation of Plant	7.00	4, 127, 511	147, 478	4, 274, 98			
30.00	Laundry & Linen Service	8.00	1, 147, 752					
32.00	Housekeepi ng	9.00	6, 105, 685					
33.00	Housekeeping under contract	7.00	0, 100, 000	00,240	0, 170, 75	0 0.00		
55.00	(see instructions)		0	0		0.00	0.00	33.00
34.00	Di etary	10.00	5, 384, 934	-2, 671, 015	2, 713, 91	9 145, 956. 06	18 59	34.00
35.00	Dietary under contract (see	10.00	0,001,701	0	2,710,71	0 0.00		
00.00	instructions)		0			0.00	0.00	
36.00	Cafeteri a	11.00	0	1, 384, 697	1, 384, 69	7 74, 469. 75	18. 59	36.00
37.00	Maintenance of Personnel	12.00	0	0		0 0.00	0.00	37.00
38.00	Nursing Administration	13.00	6, 507, 806	-164, 790	6, 343, 01	6 203, 279. 64	31.20	38.00
39.00	Central Services and Supply	14.00	2, 562, 007	42, 022	2, 604, 02	9 116, 295. 66	22. 39	39.00
40.00	Pharmacy	15.00	10, 259, 480			5 265, 387. 54	39.04	40.00
41.00	Medical Records & Medical	16.00	1, 128, 085					41.00
	Records Library							
42.00	Social Service	17.00	7, 521, 115	1, 881	7, 522, 99	6 192, 920. 51		42.00
43.00	Other General Service	18.00	0	0		0 0.00	0.00	43.00

Heal th	Financial Systems		DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
HOSPI T	AL WAGE INDEX INFORMATION			Provider CC	F	Period: From 10/01/2021 To 09/30/2022		nared	
							2/27/2023 8:09		
		Worksheet A		Recl assi fi cati	, J		Average Hourly		
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷		
				(from	(col.2 ± col.		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	0.17 704 004	0 (00 700					
1.00	Net salaries (see		247, 701, 326	-3, 690, 738	244, 010, 588	6, 208, 182. 64	39.30	1.00	
2 00	instructions)		22 207 570	2 022 040	25 121 410		44.02	2.00	
2.00	Excluded area salaries (see instructions)		22, 287, 570	2, 833, 849	25, 121, 419	535, 265. 56	46. 93	2.00	
3.00	Subtotal salaries (line 1		225, 413, 756	-6, 524, 587	218, 889, 169	5, 672, 917. 08	38. 58	3.00	
0.00	minus line 2)		2207 1107 700	0,021,007	210/00//10	0,0,2,,,,,00	00100	0.00	
4.00	Subtotal other wages & related		85, 954, 079	0	85, 954, 079	1, 972, 523. 19	43. 58	4.00	
	costs (see inst.)								
5.00	Subtotal wage-related costs		110, 524, 305	0	110, 524, 305	5 0.00	50. 49	5.00	
	(see inst.)								
6.00	Total (sum of lines 3 thru 5)		421, 892, 140	-6, 524, 587	415, 367, 553	3 7, 645, 440. 27	54.33	6.00	
7.00	Total overhead cost (see		99, 208, 217	-7, 422, 044	91, 786, 173	3 2, 790, 034. 09	32.90	7.00	
	instructions)								

Heal th	Financial Systems	DEACONESS HOS	SPI TAL		In Lie	eu of Form CMS-:	2552-10
HOSPI 1	TAL WAGE RELATED COSTS		Provider CCN:	15-0082	Period: From 10/01/2021 To 09/30/2022		pared:
						Amount Reported	
						1.00	
	PART IV - WAGE RELATED COSTS						
	Part A - Core List						1
	RETIREMENT COST						1
1.00	401K Employer Contributions					14, 264, 963	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contributi	on				0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see ins	tructions)				0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instru	ictions)				6, 780, 949	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Org	ani zati on)					1
5.00	401K/TSA Plan Administration fees					0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan					349, 004	6.00
7.00	Employee Managed Care Program Administration Fe	es				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 P	Party Administra	ator)			0	8.01
8.02	Health Insurance (Self Funded with a Third Part	y Administrato	r)			77, 945, 919	8. 02
8.03	Health Insurance (Purchased)					0	
9.00	Prescription Drug Plan					0	9.00
10.00	Dental, Hearing and Vision Plan					1, 757, 238	10.00
11.00	Life Insurance (If employee is owner or benefic	i ary)				409, 879	11.00
12.00	Accident Insurance (If employee is owner or ben	efi ci ary)				2, 102	12.00
13.00	Disability Insurance (If employee is owner or b	enefi ci ary)				4, 848, 853	13.00
14.00	Long-Term Care Insurance (If employee is owner	or beneficiary))			0	14.00
15.00	'Workers' Compensation Insurance					1, 962, 007	15.00
16.00	Retirement Health Care Cost (Only current year,	not the extra	ordi nary accru	al require	ed by FASB 106.	0	16.00
	Non cumulative portion)						
	TAXES					1	
	FICA-Employers Portion Only					21, 375, 964	
18.00	Medicare Taxes - Employers Portion Only					0	
19.00	Unemployment Insurance					0	
20.00	State or Federal Unemployment Taxes					11, 919	20.00
	OTHER					1	
21.00	Executive Deferred Compensation (Other Than Ret instructions))	irement Cost Re	eported on lin	es 1 throu	igh 4 above. (see	30, 297	21.00
22.00	Day Care Cost and Allowances					489, 974	
23.00	Tuition Reimbursement					748, 242	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)					130, 977, 310	24.00
	Part B - Other than Core Related Cost						
25.00	OTHER WAGE RELATED COSTS (SPECIFY)						25.00

Heal th	Financial Systems	DEACONESS HOSPI TAL	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0082	Peri od:	Worksheet S-3	
			From 10/01/2021	Part V	
			To 09/30/2022	Date/Time Pre	
	Cost Center Description		Contract Labor	2/27/2023 8:0 Benefit Cost	
	Cost Center Description		1.00	2.00	
	PART V - Contract Labor and Benefit Cost		1.00	2.00	
	Hospital and Hospital-Based Component Identif	i cati on:			
1.00	Total facility's contract labor and benefit of	cost	0	0	1.00
2.00	Hospi tal		0	0	2.00
3.00	SUBPROVIDER - IPF		0	0	3.00
4.00	SUBPROVIDER - IRF				4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	SKILLED NURSING FACILITY				8.00
9.00	NURSING FACILITY				9.00
10.00	OTHER LONG TERM CARE I				10.00
11.00	Hospital-Based HHA				11.00
12.00	AMBULATORY SURGICAL CENTER (D. P.) I				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	Hospital-Based-CMHC				16.00
17.00	RENAL DIALYSIS I		0	0	17.00
18.00	Other		0	0	18.00
					-

<u>Heal t</u> h	Financial Systems DEACONESS HOS	SPI TAL		In_Lie	eu of Form CMS-2	<u>2552-1</u> 0
H0SPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CC	N: 15-0082	Peri od:	Worksheet S-1	0
				From 10/01/2021 To 09/30/2022	Date/Time Pre 2/27/2023 8:0	
					1.00	
	Uncompensated and indigent care cost computation				1.00	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 di	ivided by lir	ne 202 columr	1 8)	0. 221466	1.00
	Medicaid (see instructions for each line)	.		·		
2.00	Net revenue from Medicaid				53, 155, 563	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplement			ii d?		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments in Madienaid abarrage	from Medicaid	1		0 E12 04(E72	5.00
6.00 7.00	Medicaid charges Medicaid cost (line 1 times line 6)				512, 046, 572 113, 400, 906	6.00 7.00
8.00	Difference between net revenue and costs for Medicaid program	(line 7 minu	us sum of lir	es 2 and 5 [,] if	60, 245, 343	8.00
0.00	< zero then enter zero)				00,210,010	0.00
	Children's Health Insurance Program (CHIP) (see instructions 1	for each line	e)			
9.00	Net revenue from stand-alone CHIP				0	9.00
10.00	Stand-alone CHIP charges				0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)				0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP	(line 11 mir	nus line 9; i	f < zero then	0	12.00
	enter zero) Other state or local government indigent care program (see ins	structions fo	r each line)			
13.00	Net revenue from state or local indigent care program (See The				0	13.00
14.00	Charges for patients covered under state or local indigent ca				0	
	10)	1 3 (
15.00	State or local indigent care program cost (line 1 times line 1				0	15.00
16.00	Difference between net revenue and costs for state or local in	ndigent care	program (lir	e 15 minus line	0	16.00
	13; if < zero then enter zero)	UD and atata	local india	ant care progra		
	Grants, donations and total unreimbursed cost for Medicaid, CH instructions for each line)	and state		ent care progra	lis (see	
17.00	Private grants, donations, or endowment income restricted to a	funding chari	ty care		0	17.00
18.00	Government grants, appropriations or transfers for support of				0	
19.00	Total unreimbursed cost for Medicaid , CHIP and state and loca 8, 12 and 16)	al indigent o	care programs	s (sum of lines	60, 245, 343	19.00
			Uni nsured	Insured	Total (col. 1	
		-	patients	patients	+ col. 2)	
	Uncompensated Care (see instructions for each line)		1.00	2.00	3.00	
20.00	Charity care charges and uninsured discounts for the entire fa	acility	46, 469, 42	3, 717, 901	50, 187, 330	20.00
20.00	(see instructions)	activity	40, 407, 42	5,717,701	30, 107, 330	20.00
21.00	Cost of patients approved for charity care and uninsured disc	ounts (see	10, 291, 39	3, 717, 901	14, 009, 300	21.00
22.00	instructions)	off oc	2, 50	3 35, 134	37, 637	22.00
22.00	Payments received from patients for amounts previously written charity care	I UTI dS	2, 50	5 55, 154	37,037	22.00
23.00	Cost of charity care (line 21 minus line 22)		10, 288, 89	3, 682, 767	13, 971, 663	23.00
					1.00	
24.00	Does the amount on line 20 column 2, include charges for patio	ont dave have	nd a longth	of ctoy limit	1.00 N	24.00
24.00	imposed on patients covered by Medicaid or other indigent card		nu a rengtn	OF STAY FINEL	IN IN	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond		care program	's length of	0	25.00
26.00	stay limit Total bad debt expense for the entire hospital complex (see in	nstructions)			36, 315, 948	26.00
	Medicare reimbursable bad debts for the entire hospital complex (see in		cuctions)		1, 119, 465	
27.00	Medicare allowable bad debts for the entire hospital complex				1, 722, 253	
28.00	Non-Medicare bad debt expense (see instructions)	(200 1.1011 001			34, 593, 695	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt ex	xpense (see i	nstructions)		8, 264, 115	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				22, 235, 778	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus)	line 30)			82, 481, 121	31.00

	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	EXTENSES			Period: From 10/01/2021	Worksheet A	
				Т	o 09/30/2022	Date/Time Pre 2/27/2023 8:0	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS		20,020,027	20,020,027	10 001 175	41 020 112	1 1
	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT		30, 938, 937 0	30, 938, 937 (41, 030, 112 111, 341	1. 1.
	DO200 CAP REL COSTS-MVBLE EQUIP		9,010,084	9, 010, 084		33, 378, 882	2.
	DO400 EMPLOYEE BENEFITS DEPARTMENT	3, 300, 540	66, 085, 054	69, 385, 594		73, 692, 637	4.
	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	51, 163, 302	147, 873, 692	199, 036, 994		174, 852, 305	5.
	DO700 OPERATION OF PLANT DO800 LAUNDRY & LINEN SERVICE	4, 127, 511 1, 147, 752	23, 411, 872 1, 059, 248	27, 539, 383 2, 207, 000		18, 130, 028 2, 110, 609	
	DO900 HOUSEKEEPING	6, 105, 685	2, 579, 003	8, 684, 688		8, 722, 922	9.
	D1000 DI ETARY	5, 384, 934	7, 088, 377	12, 473, 311		6, 164, 328	
	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON		0	0 041 224	3, 129, 713	3, 129, 713	
	01400 CENTRAL SERVICES & SUPPLY	6, 507, 806 2, 562, 007	2, 533, 420 2, 088, 312	9, 041, 226 4, 650, 319		7, 710, 483 4, 356, 415	
	D1500 PHARMACY	10, 259, 480	86, 207, 460	96, 466, 940		12, 177, 299	15.
	D1600 MEDICAL RECORDS & LIBRARY	1, 128, 085	-430, 098	697, 987		1, 929, 225	
	01700 SOCIAL SERVICE	7, 521, 115	1, 948, 959	9, 470, 074		9, 451, 347	17.
	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD 02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	0 229, 234	0 39, 035	0 268, 269	-/ - /	2, 018, 363 2, 090, 779	
	D2300 PARAMED ED PRGM-PHARMACY	273, 975	59,854	333, 829		333, 829	23
01 0	02301 PARAMED ED PRGM-CHAPLAIN	0	0	C	0 0	0	23
	02303 PARAMED ED PRGM-NURSING	0	0	C	1, 298, 939	1, 298, 939	23
	NPATIENT ROUTINE SERVICE COST CENTERS	87, 163, 994	26, 327, 256	113, 491, 250	963, 781	114, 455, 031	30
	03100 I NTENSI VE CARE UNI T	22, 662, 358	7, 752, 262	30, 414, 620		30, 467, 185	
	D3200 CORONARY CARE UNI T	4, 109, 048	1, 608, 059	5, 717, 107		5, 784, 033	
	04000 SUBPROVIDER - IPF	0	0	C	0 0	0	40
	ANCI LLARY SERVI CE COST CENTERS	33, 965, 522	111, 699, 970	145, 665, 492	-18, 234, 804	127, 430, 688	50
	D5100 RECOVERY ROOM	6, 136, 504	1, 684, 623	7, 821, 127		7, 705, 249	
	D5400 RADI OLOGY-DI AGNOSTI C	7, 381, 419	8, 377, 685	15, 759, 104		11, 440, 845	
	05500 RADI OLOGY-THERAPEUTI C	3, 218, 259	23, 701, 918	26, 920, 177		27, 059, 438	
	D5600 RADI OI SOTOPE	711, 882	833, 043	1, 544, 925		2, 721, 010	
	D5700 CT SCAN D5800 MAGNETIC RESONANCE IMAGING (MRI)	2, 644, 413 1, 859, 005	3, 065, 275 1, 522, 805	5, 709, 688 3, 381, 810		6, 557, 827 3, 647, 828	57 58
	05900 CARDI AC CATHETERI ZATI ON	6, 410, 212	32, 727, 723	39, 137, 935		20, 800, 471	59
	D6000 LABORATORY	16, 565, 414	28, 913, 593	45, 479, 007		45, 074, 843	
	06300 BLOOD STORING, PROCESSING, & TRANS.	893, 736	3, 292, 688	4, 186, 424		4, 199, 871	63
	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	1, 964, 918 6, 096, 395	1, 328, 548 3, 462, 240	3, 293, 466 9, 558, 635		3, 036, 211 9, 174, 608	
	D6600 PHYSI CAL THERAPY	0,070,075	19, 250, 286	19, 250, 286		19, 161, 634	
00	D6900 ELECTROCARDI OLOGY	2, 856, 318	3, 427, 000	6, 283, 318		6, 097, 925	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		1 1	7, 838, 125	
	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0			27, 677, 478 84, 232, 892	
	07400 RENAL DI ALYSI S	137, 385	2, 101, 485	2, 238, 870		2, 237, 444	
	D3030 ANGI OCARDI OGRAPHY	0	0	C	0 0	0	76
	D3160 PULMONARY REHAB	244, 694	75, 328	320, 022		307, 548	
	07697 CARDIAC REHABILITATION	488, 111	227, 499	715, 610	-1, 167	714, 443	76
	09000 CLINIC	3, 003, 699	697, 412	3, 701, 111	51, 205	3, 752, 316	90
	D9001 FAMILY PRACTICE	4, 096, 554	1, 071, 056	5, 167, 610		1, 430, 617	90
	09002 OUTPATIENT PSYCHIATRIC SERVICES	1, 325, 340	464, 870	1, 790, 210		1, 814, 247	90
	09003 CHEMO 09004 PRIMARY CARE FOR SENIORS	2, 225, 153 1, 539, 454	767, 843 481, 845	2, 992, 996 2, 021, 299		2, 958, 701 2, 050, 676	90 90
	09005 PALN MANAGEMENT	2, 396, 550	956, 546	3, 353, 096		3, 212, 391	90
06 0	D9006 WOUND CARE	1, 402, 155	1, 104, 088	2, 506, 243		1, 885, 530	
	09007 SLEEP CENTER	3, 346, 280	861,057	4, 207, 337		4, 231, 846	
	09008 HEMATOLOGY 09009 MULTI -SPECIALTY SERVICES	608, 828 1, 177, 897	152, 635 377, 713	761, 463 1, 555, 610		777, 695 1, 572, 675	90 90
	09010 DI ABETES CENTER	159, 317	84, 410	243, 727		246, 181	90
	D9100 EMERGENCY	28, 084, 136	20, 308, 767	48, 392, 903		48, 250, 579	91
	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92
	09201 OBSERVATION BEDS (DISTINCT PART)	6, 836, 072	1, 964, 693	8, 800, 765	-26, 016	8, 774, 749	92
	DTHER REIMBURSABLE COST CENTERS D9600 DURABLE MEDICAL EQUIP-RENTED	2, 809, 943	8, 918, 255	11, 728, 198	-254, 593	11, 473, 605	96
	SPECIAL PURPOSE COST CENTERS	2,007,743	5, 710, 233	11,720,190	204, 073	11, 473, 005	1 /0
. 00	SUBTOTALS (SUM OF LINES 1 through 117)	364, 232, 391	700, 083, 685	1, 064, 316, 076	-1, 372, 085	1, 062, 943, 991	118
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	C	3, 111, 627	3, 111, 627	190
	19200 PHYSI CLANS' PRI VATE OFFICES	12, 634, 429	3, 131, 681	15, 766, 110		15, 515, 799	
	19201 DEACONESS URGENT CARE				1		192

Health Financial Systems	DEACONESS I	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC		Peri od:	Worksheet A	
				From 10/01/2021 Fo 09/30/2022	Date/Time Pre 2/27/2023 8:0	
Cost Center Description	Sal ari es	Other		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	
192.03 19203 FAMILY PHARMACY	1, 589, 509	39, 197, 994	40, 787, 503	3 -1, 979, 750	38, 807, 753	192.03
194.0007950 MISC NONREI MBURSABLE	1, 356, 095	1, 069, 713	2, 425, 808	3 113, 869	2, 539, 677	194.00
194. 01 07951 OCCUPATI ONAL HEALTH	-103	14	-89	9 103	14	194.01
194.02079520THER FACILITIES	623, 179	3, 325, 716	3, 948, 895	5 347, 266	4, 296, 161	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	(0 0	0	194.03
194. 04 07954 PR	989, 798	275, 954	1, 265, 752	2 -16, 678	1, 249, 074	194.04
194.0507955 CHILD CARE CENTER	2, 070, 372	732, 314	2, 802, 686	6 41, 074	2, 843, 760	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	(0 0	0	194.06
194.0707957UNIT 3200 - DEACONESS VNA	0	0	(0 0	0	194.07
194.0807958 HEALTHSOUTH	0	0	(0 0	0	194.08
194.0907959 HOME OFFICE	0	0	(0 0	0	194.09
200.00 TOTAL (SUM OF LINES 118 through 199)	386, 245, 986	745, 069, 051	1, 131, 315, 03	7 0	1, 131, 315, 037	200. 00

Cost Genter Beschiption Adjustment6 Net Regenerate 2/27/20/2 (0.9) 0 Otto U/2 // RL Costs August 2 (1.8) -0.0 7.00 (1.9) -0.0 7.00 (1.9) 0 Otto U/2 // RL Costs August 2 (1.8) -0.1, 12.6 40, 17.9 (96) -0.0 7.00 (1.9) 0 Otto U/2 // RL Costs August 2 (1.9) -0.1, 12.6 40, 17.9 (96) -0.0 -0.0 0	CLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF		Provider CCN: 15-00	From 10/01/2021	
Case A.80 Ore A floating 0 00000 (AP EFT COSTS IIICA A FLXT 0 0 00000 (AP EFT COSTS IIICA A FLXT 0 0 0 0 00000 (AP EFT COSTS IIICA A FLXT 0					
STREPAL SPRUCE SOUCH CHITTES 6.00 7.00 01 DDDT CAP THE COST SPRUCE SUP F 44, 173 40, 175, 564 00 DDDDT CAP THE COSTS-MUCE A FIXI -64, 070, 70 76, 600, 77, 70 00 DDDDD CAPTER ENERT TS DEPARTMENT -66, 090, 830, 36, 602, 807 76, 643, 176 00 DDDDD CARDERY A LIPHI STREMUTE -76, 200, 77, 70 76, 643, 176 00 DDDDD CARDERY A LIPHI STREMUTE -77, 78, 722 1, 17, 667 00 DDDDD CARDERY A LIPHI STREMUTE -78, 79, 722 1, 17, 667 00 DDDDD CARDERY A LIPHI STREMUTE -7, 78, 722 1, 17, 667 00 DDDDD CARDERY A LIPHI STREMUTE -7, 78, 722 1, 17, 667 00 DDDDD CARDERY A LIPHI STREMUTE -1, 76, 732 1, 67, 738 00 DDDDD CARDERY A LIPHI STREMUTE -6, 60, 72, 74 2, 60, 754 00 DDDDD CARDERY A LIPHI STREMUTE -7, 70, 75 2, 61, 734 00 DDDDD CARDERY A LIPHI STREMUTE -7, 70, 75 2, 60, 754 00 DDDDD CARDERY A LIPHI STREMUTE -1, 70, 75 2, 60, 754 00	Cost Center Description				
000 0000 Construction -454, 726 46, 575, 986 0000 0000 Construction -111, 341 000 0000 Construction -111, 341 000 0000 -111, 341 -111, 341 000 0000 -111, 341 -111, 715, 404 -111, 714, 404 000 00000 -111, 711, 715, 404 -111, 715, 404 -111, 711, 705, 404 000 00000 -111, 711, 715, 404 -111, 711, 705, 404 -111, 711, 705, 404 000 00000 -111, 711, 711, 715, 404 -111, 711, 715, 404 -111, 711, 711, 705, 404 000000 00000 -111, 711, 711, 711, 711, 711, 711, 711,					
01 0101 CAP ELL COSTS-BLOG & FLXT 0 111. 341 00 00000 EMPLOYEE BELE COSTS-MEDE ED IP -38. 798. 862 38. 78. 862 00 00000 EMPLOYEE BELE COSTS-MEDE ED IP -38. 798. 862 38. 78. 862 00 00000 EMPLOYEE BELE COSTS-MEDE ED IP -38. 798. 862 48. 551. 379 00 00000 EMPLOYEE BELED IS EMPLOYEE -773. 522 1.37. 067 00 00000 EMPLOYEE BELED IS EMPLOYEE -773. 522 1.37. 067 00 00000 EMPLOYEE SELEPT IN EMPLOYEE -1.76. 768. 563. 864 1 00 00000 EMPLOYEE SELEPT IN EMPLOYEE -1.76. 768. 573. 844 1 00 010000 EMPLOYEE SELEPT IN EMPLOYEE					
0.00 0.000 CAP_REL_OST_ANGLE_EQUIP 0 0.3 3.75, 882 0.00 0.000 CAPURE ENCETS DENTITION -6, 90, 90, 90 3.6, 622, 807 0.00 0.000 CAPURE STARTS INTO -2, 559, 558 1.53, 564 0.00 0.000 LINE AND STRATTON -1, 744, 38, 326 1.63, 564 0.00 0.000 LINE AND STRATTON -1, 104, 83, 104 1.61, 564 0.00 0.000 LINE AND STRATTON -1, 104, 83, 244 1.61, 564 0.00 0.000 LINE AND STRATTON -1, 104, 83, 244 1.61, 73, 84 0.00 0.000 LINE AND STRATTON -1, 71, 73, 73, 73, 73, 73, 73, 73, 73, 73, 73					1.
0.00 0.00 0.00 0.00 0.0000 0.000 0.		-			2.
0.00 DODO AUXINISTEATUR J. GENERAL 98. 29. 109 76. 643. 196 0.00 DOTO CONCENTION OF PLANT 13. 35. 404 1. 317. 667 1.00 DIDO CAFETERIA 10. 35. 22 1. 317. 667 1.00 DIDO CAFETERIA 1. 138. 320 10. 35. 22 1.00 DIDO CAFETERIA 1. 138. 320		-			4.
0.000 LAURRY & LINEN SERVICE -703,522 1,317,087 0.0000 DOTORDINEXTERING -2,559,085 6,163,864 0.0000 DITOROGENEREING -1,160,887 5,003,441 - 0.0000 DITOROGENEREING -1,160,887 5,003,441 - 0.0000 DITOROGENEREING S,207,991 6,317,384 - 0.0010 DITOROGENERAL SERVICES & SUPPLY -1,011,664 3,344,551 - 0.0010 DITOROGENERAL SERVICES & SUPPLY -1,011,664 3,344,551 - 0.0010 DITOROGENERAL SERVICES SUPPLY -1,011,664 3,344,551 - 0.0010 DITOROGENERAL SERVICE SENDER - 2,013,330 - - 0.00100 DITOROGENERAL SERVICE SENDER - <					5.
0.000 HOUSEKCEPING -2.559, 068 6, 163, 864 7 1.00 OTODO LEVERATING -1, 108, 274, 108 5, 163, 864 7 1.00 OTODO LEVERATING -1, 208, 274, 108 5, 163, 864 7 1.00 OTODO LEVERATING -1, 208, 274, 108 5, 163, 864 7 1.00 OTODO LEVERATING -1, 208, 274, 108 5, 163, 864 7 1.00 OTODO SUCIAL, SERVICES ALLERARY -462, 27, 11, 464, 853 7 7, 373, 194 7 1.00 DIODO SUCIAL, SERVICES ALLERARY -462, 27, 11, 464, 853 7 7, 373, 194 7 1.00 DIODO SUCIAL, SERVICES -17, 715, 153 7, 733, 194 7					7.
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100 100 10000 10000 1000 <td< td=""><td></td><td></td><td></td><td></td><td>13.</td></td<>					13.
100 1400 LIGAL BECORDS & LIBRARY 466, 572 1, 462, 653 100 10100 SCRUCES -SULARY & FIN NETS APPROD 2, 018, 363 2 100 02001 IAR SERVICES -SULARY & FIN NETS APPROD 0 2, 018, 363 2 100 02001 IAR SERVICES -SULARY & FIN NETS APPROD 0 2, 018, 363 2 100 02001 IAR SERVICES -SULARY & FIN NETS AND 0 2, 018, 363 2 100 02001 IAR SERVICE -SOLE PROMUMENTS APPROD 0 3, 08, 29, 819 2 100 03000 INTENSIVE CASE UNIT -44, 763, 104 66, 528, 819 3, 423, 897 3 100 03000 INTENSIVE CASE UNIT -44, 763, 104 62, 667, 584 3, 7, 75, 749 1 100 05000 RADIO GROVE INANSTIC -90, 903 1, 114, 140 1 6 100 05000 RADIO GROVE INANSTIC -70, 72, 749 1 6, 557, 827 1 100 05000 RADIO GROVE INANSTIC -90, 903 1, 114, 140 1 6 100 05000 RADIO LOGV- INTERAPUTIC -10, 429, 690 16, 635,					14.
100 0100 02100 RAME SERVICES SALARY & FRINCES APPRVD 0 2,090,779 2 000 02300 RAMED ED PRACHARABALY 0 2,090,779 2 000 02300 RAMED ED PRACHARABALY 0 33,229 2 000 02300 RAMED ED PRACHARABALY 0 0 33,229 2 000 02300 RAMED ED PRACHARABALY 0 0 33,229 2 000 02300 RAMED ED PRACHARABALY 0 0 30,000 2 0 30,000 7,001,000 2 0 30,000 7,001,000 2 0 30,000 7,001,000 2 7,001,000 0 <t< td=""><td></td><td></td><td></td><td></td><td>15.</td></t<>					15.
1.00 20.01 KAS SERVI CLS-ONLARY & FENGES APPRVD 0 2.016, 863 2 0.00 20200 IRANED DD PRKA-INPARMACY 0 333, 829 333, 829 0.01 2030 IRANAED DD PRKA-INPARMACY 0 1, 298, 939 333, 829 0.01 2030 IRANAED DD PRKA-INPLAN 0 1, 298, 939 333, 829 0.03 2000 AUDITS & PDIATICS -28, 226, 212 60, 230, 940, 941 -242, 939 0.03 2000 COMARY CARE UNIT -74, 989 5, 709, 135 -200, 200, 940, 941 0.00 0000 COMARY CARE UNIT -74, 989 5, 709, 135 -200, 200, 941, 941 -242, 243 0.00 05000 REVATINE ROOM -44, 763, 104 82, 667, 584 5 0.00 05000 RADIO COVTER HEXDON -10, 423, 964 6 5 0.00 05000 RADIO COVTER HEXDON -11, 424, 673, 114 44, 673, 114 44, 674, 114, 442 5 0.00 05000 RADIO COVTER HEXDON -10, 423, 964 6 6 6 0.00 05000 RADIO COVTER HEXDON -10, 423, 964 6 6					16.
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101 D2301 PARAMED D PROL-CHAPLAIN 0 1 296, 299 102303 PARAMED ED PROM-UNSING 0 1.296, 999 1 1 1296, 999 1 1 1296, 999 1 1 1296, 999 1 1 1 1 1 1 1 1 1 1 1 1 20, 23, 897 1<		-			23.
IMPATE INT. BOUTINE SERVICE COST CENTERS -28, 226, 212 66, 228, 819 5 00 03000 (INTENSI VE CARE UNIT -43, 288 30, 423, 897 5 00 03000 (INTENSI VE CARE UNIT -43, 288 30, 423, 897 5 00 03000 (INTENSI VE CARE UNIT -44, 763, 104 82, 667, 584 5 00 05000 (PERATI INT ROUM -44, 763, 104 82, 667, 584 5 00 05000 (PERATI INT ROUM -70, 524 5 5 00 05000 (PERATI INT ROUM -70, 524 5 5 00 05000 (PERATI INT ROUTING -70, 524 5 5 00 05000 (PARU DOLGY THERAPEUTIC -10, 423, 996 6 2, 721, 010 5 00 05000 (PARU AC CATHETRI ZATI ON -818, 921 9, 981, 550 5 5 00 05000 (PARU AC CATHETRI ZATI ON -818, 921 9, 139, 4400 6 6 00 05000 (PARU AC CATHETRIN ZATI ON -818, 921 9, 139, 4400 6 6 6 78, 7811 6 6		0	1		23.
100 02000 ADULTS & PEDIATRICS -22, 22, 212 66, 228, 819 00 03100 INTENSIVE CARE LINIT -43, 288 5, 709, 135 00 03200 CROMARY CARE LINIT -74, 898 5, 709, 135 00 014000 SUPROVIDER - 1PF 0 0 00 05500 PRATINK ROM -44, 763, 104 82, 667, 584 1 00 05500 PRATINK ROM -64, 763, 704 82, 667, 584 1 00 05500 PRATINK ROM -0 7, 705, 249 1 1 00 05500 PRATINK ROM 0 2, 75, 707 1 1 1 44, 462 1 1 44, 462 1 1 1 44, 462 1 1 1 44, 462 1 1 1 1 44, 462 1		0	1, 298, 939		23.
100 100 1743 288 30, 423, 897 5 5 5 5 5 709 135 5 709 135 5 709 135 5 709 135 5 709 135 5 709 135 5 709 135 5 709 135 5 709 135 5 709 135 7 75 74 75 74 75 74 75 74 75 74 75 74 75 74 75 74 75 74 75 77 75 77 75 77 75 77 75 77 75 77 75 77 77 77 77 77 77 77 77 77 77 77 74 74 77 77 74 77 74 74 77 74 77 74 74 77 74 77 74 77 74<					
1:00 0.2000 CORRONARY CARE UNIT -74, 898 5, 709, 135 0 0 0.4000 SUPPRVI CE 0.57 0 0 0 0.5000 CPRATING ROOM -44, 763, 104 82, 67, 564 56 0.0 0.5000 CPRATING ROOM -44, 763, 104 82, 67, 564 56 0.0 0.5000 RADIO LOCY - THERAPEUTIC -10, 423, 906 16, 635, 532 52 0.0 0.5500 RADIO LOCY - THERAPEUTIC -10, 423, 906 66, 635, 532 52 0.0 0.5500 RADIO LOCY - THERAPEUTIC -10, 423, 906 66, 557, 827 5 0.0 0.5500 RADIO LOCY - THERAPEUTIC -10, 423, 906 6, 557, 827 5 0.0 0.5500 RADIO ROW THER RAPEUTIC -307, 033 44, 697, 811 6 0.0 0.5000 RADIA CATHETERIZATION -817, 828 9, 193, 480 6 0.0 0.5000 RADIA CATHETERIZATION -817, 828 9, 193, 480 6 0.0 0.5000 RADIA RADIA RADIA RADI					30.
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MACILLARY SERVICE COST CENTERS					40.
0.00 0.00 0.00 7, 705, 249 9 0.00 0.5400 RADIOLOGY-THERAPEUTIC -209, 203 11, 141, 1642 0.00 0.5600 RADIOLOGY-THERAPEUTIC -10, 423, 906 16, 635, 532 0.00 0.5600 RADIOLOGY-THERAPEUTIC -10, 423, 906 16, 635, 532 0.00 0.5600 RADIOLOGY-THERAPEUTIC -10, 423, 906 16, 635, 532 0.00 0.5600 RADIOLOGY-THERAPEUTIC -30, 478, 828 0.00 0.5800 RADENTOR TSCOMARC I (MISG) (MRI) 0 6, 557, 827 0.00 0.5800 RADENTOR TSCOMARC I (MISG) (MRI) -377, 032 44, 647, 811 0.00 0.6000 INTAVINOUS THERAPY -35, 128 9, 139, 480 0.00 0.6000 NERDENTORY THERAPY -35, 128 9, 139, 480 0.00 0.6000 NEICAL SUPERIATIONY THERAPY -63, 35, 147 7, 65, 211 0.00 0.6000 NEICAL SUPERIATIONY THERAPY -63, 35, 147 7, 74, 783 0.00 0.7000 NEICAL SUPERIATIONY THERAPY -2, 416 2, 250, 02 0.01000 0.7000 NEICAL SUPERIATIONY -11, 17 306, 431 0.01000 NEICAL SUPERIATION -1, 11, 11, 11 306, 431 0.01000		· · ·			
0.00 0.00		-44, 763, 104			50.
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00 0500 CSC 0 2, 721, 010 1 00 05700 CSSAN 0 6, 557, 827 1 00 05700 CSRAN 0 6, 557, 827 1 00 05900 CARDI A.C. CATHERRI ZATI ON -818, 921 19, 991, 550 1 00 06300 BLOOD STORI MG. PROCESSING, & TRANS. -2, 087 4, 197, 784 1 0 00 06300 BLOOD STORI MG. PROCESSING, & TRANS. -2, 087 4, 197, 784 1 0 00 06400 INTRAVENUS THERAPY -55, 122 9, 139, 480 0 0 0000 1 0 00000 1 0 0 0500 PHYSICIAL 1 0<					54.
00 05700 CT SCAN 0 6, 557, 627 4 00 05800 ARCHET C. ESONANCE I MAGING (MRI) 0 3, 647, 828 5 00 05000 CARDIAC. CATHETERI ZATION -818, 921 19, 981, 550 5 00 06000 LABORATORY -377, 732 44, 697, 811 6 00 06400 INTRAVENUOS THERAPY -35, 128 9, 139, 480 6 00 06600 RESPI RATORY THERAPY -6, 395, 423 12, 766, 211 6 00 06600 RESPI RATORY THERAPY -6, 395, 423 12, 766, 211 6 00 07000 RUGE TROCARDI DACED TO PATIENTS 0 7, 838, 125 7 00 07300 RUGS CHARGED TO PATIENTS 2, 2416 2, 235, 028 7 01 3310 PULD DEV. CHARGED TO PATIENTS 0 7 74443 7 01 700 V100/MARY REHAB -1, 17 30, 331, 131 7 70497 CARDI AL V2RATI CE -71, 123, 247 927, 429 7 <td></td> <td>- 10, 423, 906</td> <td></td> <td></td> <td>55. 56.</td>		- 10, 423, 906			55. 56.
00 05800 MAGNETIC RESONANCE INAGING (MRI) 0 3, 467, 828 5 00 05900 CARDI AC CATHERTER IZATION -818, 921 19, 981, 550 5 00 06000 LABORATORY -377, 032 44, 697, 811 6 00 06400 INTRAVENOIS THERAPY 0 3, 036, 211 6 00 06500 RESPI RATORY THERAPY -35, 128 9, 139, 480 6 00 06500 RESPI RATORY THERAPY -6, 395, 423 12, 766, 211 6 00 06500 RESPI RATORY THERAPY -6, 395, 423 12, 766, 211 6 00 07100 MUCS CHARCED TO PATIENTS 0 7, 77, 784 7 7 00 07300 RUGS CHARCED TO PATIENTS 0 27, 677, 478 7 7 00 07300 RUGS CHARCED TO PATIENTS 0 71, 4431 7 7 7 7 7 7 7 744, 443 7		0			57.
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00 6300 BLOOD STORING, PROCESSING, & TRANS. -2.087 4, 197, 784 00 64001 INTRAVENOUS THERAPY 0 3, 036, 211 6 00 06500 RESPIRATORY THERAPY -35, 128 9, 139, 480 6 00 06500 RESPIRATORY THERAPY -6, 395, 423 12, 766, 211 6 00 06000 RECTROCARDIOLOGY -693, 261 5, 404, 664 6 00 07000 REDICAL SUPPLIES CHARGED TO PATIENTS 0 7, 381, 125 7 00 07300 DRUSS CHARGED TO PATIENTS 0 84, 232, 892 7 00 07300 DRUSS CHARGED TO PATIENTS 0 84, 232, 892 7 01 03160 PULMONARY REHAB -1, 117 306, 431 7 01 03160 PULMONARY REHAB -1, 117 306, 431 7 01 03160 PULMONARY REHAB -1, 117 306, 431 7 01 03000 CLINIC C -421, 185 3, 331, 131 7 01 09001 FAMILY PRACTICE C -75, 570 1, 355, 047	. 00 05900 CARDI AC CATHETERI ZATI ON	-818, 921	19, 981, 550		59.
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00 03030 ANGI OCARDI OGRAPHY 0 <td></td> <td>-</td> <td></td> <td></td> <td>73.</td>		-			73.
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97 07697 CARDI AC REHABILITATION 0 714, 443 1 00 UTPATT ENT SERVICE COST CENTERS -		-			76.
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01 09001 FAMI LY PRACTI CE -75, 570 1, 355, 047 02 09002 OUTPATI ENT PSYCHI ATRI C SERVI CES 0 1, 814, 247 03 09003 CHEMO 0 2, 958, 701 0 04 09004 PRI MARY CARE FOR SENI ORS -1, 123, 247 927, 429 0 05 09005 PAI N MANAGEMENT -648, 789 2, 563, 602 0 06 09006 WOUND CARE -256, 317 1, 629, 213 0 0 07 09007 SLEEP CENTER -1, 528, 245 2, 703, 601 0 0 08 09008 HEMATOLOGY -29, 360 748, 335 0 0 09 09009 MULT -SPECI ALTY SERVI CES -457, 526 1, 115, 149 0 0 00 09100 EMBETES CENTER 0 246, 181 0 0 00 09200 ØSERVATI ON BEDS (NON-DI STI NCT PART) -392 8, 774, 357 0 01 09201 ØSERVATI ON BEDS (DI STI NCT PART) -392 8, 774, 357 0 07HER REI MBUR	OUTPATIENT SERVICE COST CENTERS				
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SPECIAL PURPOSE COST CENTERS 8. 00 SUBTOTALS (SUM OF LINES 1 through 117) -282, 389, 582 780, 554, 409 1* NONREI MBURSABLE COST CENTERS 0 3, 111, 627 1* 0. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 3, 111, 627 1* 2. 00 19200 PHYSI CI ANS' PRI VATE OFFICES 0 15, 515, 799 1* 2. 01 19201 DEACONESS URGENT CARE 0 0 1* 2. 02 19202 HENDERSON ER PHYSI CI ANS 0 7, 181 1* 2. 03 19203 FAMI LY PHARMACY 0 38, 807, 753 1*					
B. 00 SUBTOTALS (SUM OF LINES 1 through 117) -282, 389, 582 780, 554, 409 11 NONREI MBURSABLE COST CENTERS 0 3, 111, 627 10 0. 00 19200 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 3, 111, 627 10 2. 00 19200 PHYSI CI ANS' PRI VATE OFFICES 0 15, 515, 799 16 2. 01 19201 DEACONESS URGENT CARE 0 0 11 2. 02 19202 HENDERSON ER PHYSI CI ANS 0 7, 181 10 2. 03 19203 FAMI LY PHARMACY 0 38, 807, 753 16		-10, 607	11, 462, 998		96.
NONREI MBURSABLE COST CENTERS 0 3, 111, 627 19 0. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 3, 111, 627 19 2. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 15, 515, 799 16 2. 01 19201 DEACONESS URGENT CARE 0 0 16 2. 02 19202 HENDERSON ER PHYSI CI ANS 0 7, 181 16 2. 03 19203 FAMI LY PHARMACY 0 38, 807, 753 15		202 200 502	790 554 400		110
0.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 3, 111, 627 14 2.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 15, 515, 799 14 2.01 19201 DEACONESS URGENT CARE 0 0 14 2.02 19202 HENDERSON ER PHYSI CI ANS 0 7, 181 14 2.03 19203 FAMI LY PHARMACY 0 38, 807, 753 15		-282, 389, 582	180, 554, 409		118.
2. 00 19200 PHYSI CI ANS' PRI VATE OFFICES 0 15, 515, 799 14 2. 01 19201 DEACONESS URGENT CARE 0 0 14 2. 02 19202 HENDERSON ER PHYSI CI ANS 0 7, 181 14 2. 03 19203 FAMI LY PHARMACY 0 38, 807, 753 14		0	3, 111, 627		190.
2. 01 19201 DEACONESS URGENT CARE 0 0 19 2. 02 19202 HENDERSON ER PHYSI CLANS 0 7, 181 19 2. 03 19203 FAMI LY PHARMACY 0 38, 807, 753 19		-			192.
2. 03 19203 FAMILY PHARMACY 0 38, 807, 753 19		0			192
		0			192
		0			192.
4. 00 07950 MI SC NONREI MBURSABLE -1, 497 2, 538, 180 19	4. UUUU 7950 MI SC NUNRET MBURSABLE	-1, 497	2, 538, 180		194

DEACONESS HOSPI TAL

In Lieu of Form CMS-2552-10

Health Financial Systems

Health Financial Systems	DEACONESS H	IOSPI TAL		In Lieu	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC	N: 15-0082	Period:	Worksheet A
				From 10/01/2021 To 09/30/2022	Date/Time Prepared: 2/27/2023 8:09 am
Cost Center Description	Adjustments	Net Expenses			
	(See A-8) F	or Allocation			
	6.00	7.00			
194.01 07951 OCCUPATI ONAL HEALTH	0	14			194.01
194.0207952 OTHER FACILITIES	-2, 453, 429	1, 842, 732			194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0			194.03
194. 04 07954 PR	-647, 255	601, 819			194.04
194.05 07955 CHILD CARE CENTER	0	2, 843, 760			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	o			194.08
194.09 07959 HOME OFFICE	0	o			194.09
200.00 TOTAL (SUM OF LINES 118 through 199)	-285, 491, 763	845, 823, 274			200. 00

	Financial Systems		DEACONESS		CN: 15-0082	In Lie Period:	u of Form CMS Worksheet A-	
RECENS					0002	From 10/01/2021 To 09/30/2022	Date/Time Pr	repared:
		Increases					2/27/2023 8:	09 am
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00				
	A - BUILDING DEPRECIATION							
1.00 2.00	CAP REL COSTS-BLDG & FIXT ADMINISTRATIVE & GENERAL	1.00 5.00	0	9, 222, 251 12, 119				1.00
3.00		0.00	0	0				3.00
	O B - EQUIPMENT DEPRECIATION		0	9, 234, 370				-
1.00	CAP REL COSTS-MVBLE EQUI P	2.00	0	23, 178, 435				1.00
2.00 3.00		0.00 0.00	0 0	0 0				2.00 3.00
4.00		0.00	0	0				4.00
5.00		0.00	0	0 0				5.00
6.00 7.00		0.00 0.00	0	0				6.00 7.00
8.00		0.00	0	0				8.00
9. 00 10. 00		0.00 0.00	0 0	0 0				9.00 10.00
11.00		0.00	0	0				11.00
12.00 13.00		0.00 0.00	0	0 0				12.00 13.00
14.00		0.00	0	0				14.00
15. 00 16. 00		0.00 0.00	0	0 0				15.00 16.00
17.00		0.00	0	0				17.00
18.00 19.00		0.00 0.00	0 0	0 0				18.00 19.00
20.00		0.00	0	0				20.00
21.00 22.00		0.00 0.00	0	0 0				21.00 22.00
22.00		0.00	0	0				22.00
24.00		0.00	0	0				24.00
25.00 26.00		0.00 0.00	0	0 0				25.00 26.00
27.00		0.00	0	0				27.00
28.00 29.00		0.00 0.00	0	0 0				28.00 29.00
30.00		0.00	0	0				30.00
31.00 32.00		0.00 0.00	0 0	0 0				31.00 32.00
33.00		0.00	0	0				33.00
34.00 35.00		0.00 0.00	0 0	0 0				34.00 35.00
36.00		0.00	0	0				36.00
37.00 38.00		0.00 0.00	0	0				37.00 38.00
39.00		0.00	0	0				39.00
40. 00 41. 00		0.00 0.00	0	0 0				40.00 41.00
41.00		0.00	0	0				41.00
43.00		0.00	0	0				43.00
44.00 45.00		0.00 0.00	0	0 0				44.00 45.00
46.00		0.00	0	0				46.00
47.00 48.00		0.00 0.00	0	0 0				47.00 48.00
49.00		0.00	0	0				49.00
50. 00 51. 00		0.00 0.00	0	0				50.00 51.00
52.00		0.00	0	0				52.00
53.00	<u> </u>		0	<u> </u>				53.00
	C - INTEREST EXPENSE	I						1
1.00 2.00	CAP REL COSTS-MVBLE EQUIP OTHER FACILITIES	2.00 194.02	0	603, 157 112, 938				1.00 2.00
3.00		0.00	0	0				3.00
	O D – CAFETERI A		0	716, 095				-
1.00	CAFETERI A	11.00	1, 384, 697	0				1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1, 376, 695	0				2.00
3.00		0.00	О	О				3.00
4.00 5.00	CAFETERIA GIFT, FLOWER, COFFEE SHOP &	11.00 190.00	0	1, 745, 016 1, 734, 932				4.00 5.00
	CANTEEN		Ĵ					
6.00		0.00	0	0				6.00

	Financial Systems		DEACONESS		In Lieu of Form C	
RECLAS	SIFICATIONS			Provider CCN: 15-008	From 10/01/2021	
					To 09/30/2022 Date/Time 2/27/2023	
	Cost Center	Li ne #	Salary	Other		
	2.00	3.00	4.00	5.00		
	0		2, 761, 392	3, 479, 948		_
I. 00	E - INCENTIVE COMPENSATION EMPLOYEE BENEFITS DEPARTMENT	4.00	64, 047	0		1. (
2.00	ADMI NI STRATI VE & GENERAL	4.00 5.00	2, 289, 015	0		2.0
. 00	OPERATION OF PLANT	7.00	142, 650	Ö		3. (
l. 00	LAUNDRY & LINEN SERVICE	8.00	24, 662	0		4. (
5.00	HOUSEKEEPING	9.00	93, 359	0		5.
. 00	DI ETARY	10.00	99, 184	0		6.
7.00 8.00	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	13.00 14.00	89, 302 50, 064	0		7.
. 00	PHARMACY	14.00	185, 554	0		9.
0.00	MEDICAL RECORDS & LIBRARY	16.00	9, 232	0		10.
1.00	SOCIAL SERVICE	17.00	81, 223	0		11.
2.00	I&R SERVICES-OTHER PRGM	22.00	1, 493	0		12.0
12 00	COSTS APPRVD	20.00	450.004			10
13.00 14.00	ADULTS & PEDIATRICS	30. 00 31. 00	450, 094 158, 018	0		13. (
15.00	CORONARY CARE UNIT	31.00	25, 293	0		14.0
6.00	OPERATI NG ROOM	50.00	190, 367	Ö		16.
7.00	RECOVERY ROOM	51.00	80, 236	0		17.
8.00	RADI OLOGY-DI AGNOSTI C	54.00	127, 190	0		18.
9.00	RADI OLOGY-THERAPEUTI C	55.00	63, 693	0		19.
20.00	RADI OI SOTOPE	56.00	7, 271	0		20.
21.00 22.00	CT SCAN MAGNETIC RESONANCE IMAGING	57.00 58.00	30, 784 27, 525	0		21. 22.
22.00	(MRI)	58.00	27, 525	0		22.0
23.00	CARDI AC CATHETERI ZATI ON	59.00	67, 962	0		23.
24.00	LABORATORY	60.00	298, 166	0		24.0
25.00	BLOOD STORING, PROCESSING, &	63.00	11, 088	0		25.0
04 00	TRANS.	64.00	14 224	0		26.0
26.00 27.00	I NTRAVENOUS THERAPY RESPI RATORY THERAPY	65.00	14, 334 56, 933	0		20.0
28.00	ELECTROCARDI OLOGY	69.00	36, 214	0		28.0
29.00	RENAL DI ALYSI S	74.00	10, 869	Ö		29.0
30.00	PULMONARY REHAB	76.01	3, 272	0		30.
31.00	CARDI AC REHABI LI TATI ON	76.97	12, 929	0		31.0
32.00	CLINIC	90.00	36, 074	0		32.
33.00	FAMILY PRACTICE	90.01	27, 834	0		33.
34.00	OUTPATIENT PSYCHIATRIC	90.02	19, 437	0		34.0
35.00	CHEMO	90.03	20, 825	0		35.
36.00	PRIMARY CARE FOR SENIORS	90.04	26, 073	Ö		36.
37.00	PAIN MANAGEMENT	90.05	55, 046	0		37.
38.00	WOUND CARE	90.06	26, 557	0		38. (
39.00	SLEEP CENTER	90.07	29, 945	0		39.
0.00	HEMATOLOGY	90.08	13, 857	0		40.
11.00 2.00	MULTI - SPECI ALTY SERVICES DI ABETES CENTER	90. 09 90. 10	28, 384 2, 090	0		41. 42.
3.00	EMERGENCY	91.00	106, 626	0		43.
14.00	OBSERVATION BEDS (DISTINCT	92.01	32, 189	Ö		44.
	PART)					
15.00	DURABLE MEDICAL EQUIP-RENTED	96.00	9, 013	0		45.0
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	60, 810	0		46.
17.00	FAMILY PHARMACY	192.03	30, 904	0		47.
18.00 19.00	MI SC NONREI MBURSABLE PR	194.00 194.04	72, 110 35, 733	U		48. 49.
9.00 60.00	CHILD CARE CENTER	194.04	35, 733 41, 898	0		50.
1.00		0.00	41,070	Ö		51.0
	0		5, 477, 428	— — <u> </u>		
	F - LEASES					
. 00	CAP REL COSTS-BLDG & FIXT	1.00	0	523, 364		1.
. 00	CAP REL COSTS-MVBLE EQUIP	2.00 0.00	0	477, 068		2.
. 00 . 00		0.00	0	0		3. 4.
i. 00		0.00		0		4.
. 00 . 00		0.00	0	0		6.
	0			1,000,432		
	G - DRUGS					
. 00 2. 00	DRUGS CHARGED TO PATIENTS	73.00	0	84, 232, 892		1.0
1111		0.00	<u></u> <u>0</u>	<u> </u>		2.0

	Financial Systems SIFICATIONS		DEACONESS	HOSPI TAL Provi der CC	:N: 15-0082	Ir Period: From 10/01/ To 09/30/	2022 Date/Time	A-6 Prepared:
		Increases					2/27/2023	8:09 am
	Cost Center	Li ne #	Salary	Other				
	2.00	3.00	4.00	5.00				
	H - RESIDENTS							
1.00	I &R SERVI CES-SALARY & FRI NGES APPRVD	21.00	2, 018, 363	0				1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1, 407, 011	0				2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	530, 742				3.00
4.00 5.00 6.00 7.00		0.00 0.00 0.00 0.00	0 0 0 0					4.00 5.00 6.00 7.00
	0 J - INSURANCE		3, 425, 374	530, 742				
1.00 2.00 3.00 4.00 5.00 6.00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT MISC NONREI MBURSABLE OTHER FACI LI TI ES CHI LD CARE CENTER	1.00 1.01 194.00 194.02 194.05 <u>0.00</u>		1, 266, 007 7, 709 106 25, 959 2, 061 0 1, 301, 842				1.00 2.00 3.00 4.00 5.00 6.00
1 00	K - NURSING EDUCATION	00.00	1 000 000					
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ \end{array}$	PARAMED ED PRGM-NURSI NG	23. 03 0. 00 0. 00 0	1, 298, 939 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ \end{array}$
1 00	L - MEDICAL SUPPLIES CHARGED	71.00	0	7, 838, 125				1.00
1.00 2.00	PATIENTS IMPL. DEV. CHARGED TO	71.00	0	27, 677, 478				2.00
$\begin{array}{c} 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ \end{array}$	PATI ENTS 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				$\begin{array}{c} 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ \end{array}$
1.00 2.00 3.00 4.00 5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00 0.00 0.00 0.00 0.00		4, 232, 537 0 0 0 0 4, 232, 537				1.00 2.00 3.00 4.00 5.00

Heal th	Financial Systems		DEACONESS	HOSPI TAL		In Lie	eu of Form C	MS-2552-10
RECLAS	SIFICATIONS			Provider CC	CN: 15-0082	Peri od:	Worksheet	A-6
						From 10/01/2021 To 09/30/2022		Prepared:
							2/27/2023	
	Cont Conton	Increases	Calarry	Others				
	Cost Center 2.00	Li ne # 3.00	Salary 4.00	0ther 5.00				
	N - PROPERTY TAXES	3.00	4.00	5.00				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	521, 095				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	110, 138				2.00
3.00	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 041				3.00
4.00	MAGNETIC RESONANCE IMAGING	58.00	0	15, 113				4.00
	(MRI)							
5.00	PRIMARY CARE FOR SENIORS	90.04	0	3, 086				5.00
6.00	DURABLE MEDI CAL EQUI P-RENTED	96.00	0	2, 285				6.00
7.00 8.00	PHYSICIANS' PRIVATE OFFICES OTHER FACILITIES	192.00	0	1, 165				7.00
8.00 9.00	CHILD CARE CENTER	194.02 194.05	0	245, 174 7, 880				8.00 9.00
10.00	CHIED CARE CENTER	0.00	0	7,000				10.00
10.00			— — — o	906, 977				10.00
	0 - DI SABI LI TY	I		100,111				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14, 633				1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	0	107, 511				2.00
3.00	OPERATION OF PLANT	7.00	0	19, 386				3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	10, 204				4.00
5.00	HOUSEKEEPING	9.00	0	48, 027				5.00
6.00		10.00	0	30, 287				6.00
7.00 8.00	NURSING ADMINISTRATION	13.00	0	56, 191				7.00
8.00 9.00	CENTRAL SERVICES & SUPPLY PHARMACY	14.00 15.00	0	19, 059 148, 230				8.00 9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	10, 610				10.00
11.00	SOCI AL SERVICE	17.00	0	51, 416				11.00
12.00	ADULTS & PEDIATRICS	30.00	0	454, 710				12.00
13.00	INTENSIVE CARE UNIT	31.00	0	128, 161				13.00
14.00	CORONARY CARE UNIT	32.00	0	20, 185				14.00
15.00	OPERATING ROOM	50.00	0	132, 519				15.00
16.00	RECOVERY ROOM	51.00	0	86, 310				16.00
17.00	RADI OLOGY-DI AGNOSTI C	54.00	0	82, 191				17.00
18.00	RADI OLOGY-THERAPEUTI C	55.00	0	15, 091				18.00
19. 00 20. 00	CT SCAN	57.00 58.00	0	14, 769				19.00 20.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	56.00	0	20, 765				20.00
21.00	CARDI AC CATHETERI ZATI ON	59.00	0	25, 461				21.00
22.00	LABORATORY	60.00	0	109, 372				22.00
23.00	BLOOD STORING, PROCESSING, &	63.00	0	7, 790				23.00
	TRANS.							
24.00	INTRAVENOUS THERAPY	64.00	0	19, 074				24.00
25.00	RESPI RATORY THERAPY	65.00	0	27, 169				25.00
26.00		69.00	0	25, 092				26.00
27.00 28.00	PULMONARY REHAB CARDIAC REHABILITATION	76. 01 76. 97	0	1, 642 3, 586				27.00 28.00
28.00 29.00	CLINIC	90.00	0	7, 547				28.00
30.00	FAMILY PRACTICE	90.01	0	2, 495				30.00
31.00	OUTPATIENT PSYCHIATRIC	90.02	0	5, 911				31.00
	SERVI CES							
32.00	CHEMO	90. 03	0	23, 419				32.00
33.00	PRIMARY CARE FOR SENIORS	90.04	0	5, 014				33.00
34.00	PAIN MANAGEMENT	90.05	0	15, 583				34.00
35.00	WOUND CARE	90.06	0	11, 392				35.00
36.00 37.00	SLEEP CENTER HEMATOLOGY	90. 07 90. 08	0	6, 907 3, 278				36.00 37.00
37.00	MULTI-SPECIALTY SERVICES	90.08	0	9, 231				38.00
39.00	DI ABETES CENTER	90.10	0	4, 276				39.00
40.00	EMERGENCY	91.00	0	73, 467				40,00
41.00	OBSERVATION BEDS (DISTINCT	92.01	0	50, 725				41.00
	PART)							
42.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	3, 233				42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	40, 573				43.00
44.00	HENDERSON ER PHYSICIANS	192.02	0	12, 347				44.00
45.00	FAMILY PHARMACY	192.03	0	11, 281				45.00
46.00	MI SC NONREI MBURSABLE PR	194.00	0	11, 154 1, 193				46.00 47.00
47.00 48.00	CHILD CARE CENTER	194.04 194.05	0	1, 193				47.00
13.00			— — — o	1, 999, 004				+0.00
	P - SALARY IN NON-SALARY ACCO	DUNTS		, ,				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1, 491	0				1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	25, 681	0				2.00
3.00			4 (40	0				1 2 00
	OPERATION OF PLANT	7.00	1, 610	0				3.00
4.00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	8.00	1, 190	0				4.00
	OPERATION OF PLANT							

DEACONESS HOSPI TAL

Health Financial Systems RECLASSIFICATIONS

Health Financial Systems RECLASSIFICATIONS

DEACONESS HOSPI TAL Provider CCN: 15-0082

In Lieu of Form CMS-2552-10

	Financial Systems		DEACONESS H			orm CMS-2552-10
RECLAS	SI FI CATI ONS			Provider CCN: 15-0082	Period: Works From 10/01/2021	heet A-6
					To 09/30/2022 Date/	Time Prepared:
		Increases			2/2//.	2023 8:09 am
	Cost Center	Line #	Sal ary	Other		
	2.00	3.00	4.00	5.00		7.00
7.00 8.00	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	13.00 14.00	465 1, 405	0		7.00 8.00
9.00	PHARMACY	15.00	5, 722	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	480	0		10.00
11.00	SOCI AL SERVI CE	17.00	18, 350	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	55, 797	0		12.00
13.00 14.00		31.00	1, 130	0		13.00
14.00 15.00	CORONARY CARE UNIT OPERATING ROOM	32.00 50.00	330 15, 244	0		14.00 15.00
16.00	RECOVERY ROOM	51.00	3, 250	o		16.00
17.00	RADI OLOGY-DI AGNOSTI C	54.00	1, 470	0		17.00
18.00	RADI OLOGY-THERAPEUTI C	55.00	5, 263	0		18.00
19.00	RADI OI SOTOPE	56.00	50	0		19.00
20.00	CT SCAN	57.00	5, 450	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	250	0		21.00
22.00	CARDI AC CATHETERI ZATI ON	59.00	1, 360	o		22.00
23.00	LABORATORY	60.00	16, 643	0		23.00
24.00	BLOOD STORING, PROCESSING, &	63.00	260	0		24.00
	TRANS.					
25.00	I NTRAVENOUS THERAPY RESPI RATORY THERAPY	64.00 65.00	110	0		25.00
26.00 27.00	ELECTROCARDI OLOGY	69.00	1, 180 30	0		26.00 27.00
28.00	PULMONARY REHAB	76.01	200	0		28.00
29.00	CLINIC	90.00	2, 715	0		29.00
30.00	FAMILY PRACTICE	90.01	5, 570	0		30.00
31.00	OUTPATIENT PSYCHIATRIC	90.02	140	0		31.00
22.00	SERVICES	00.02	1 050			22.00
32.00 33.00	CHEMO PRIMARY CARE FOR SENIORS	90. 03 90. 04	1, 050 2, 700	0		32.00 33.00
34.00	PAIN MANAGEMENT	90.05	1, 827	Ö		34.00
35.00	WOUND CARE	90.06	1, 240	0		35.00
36.00	SLEEP CENTER	90.07	1, 344	0		36.00
37.00	HEMATOLOGY	90.08	85	0		37.00
38.00	MULTI-SPECIALTY SERVICES	90.09	1, 160	0		38.00
39.00 40.00	EMERGENCY OBSERVATION BEDS (DISTINCT	91.00 92.01	3, 430 930	0		39.00 40.00
40.00	PART)	72.01	750	0		40.00
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	1, 550	0		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	42, 191	0		42.00
43.00	FAMILY PHARMACY	192.03	110	0		43.00
44.00	MI SC NONREI MBURSABLE PR	194.00 194.04	700 830	0		44.00 45.00
45.00 46.00	CHILD CARE CENTER	194.04	1, 750	0		45.00
40.00			237, 800	— — <u>ö</u>		40.00
	Q - PART A PHYSICIAN					
1.00	ADULTS & PEDIATRICS	30.00	632, 636	0		1.00
2.00	INTENSIVE CARE UNIT CORONARY CARE UNIT	31.00	234, 057	0		2.00
3.00 4.00	CORDINART CARE UNIT	32.00 0.00	98, 625 0	0		3.00
5.00		0.00	0	o		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	O		7.00
	0		965, 318	0		
1 00	R - HSB DEPRECIATION	1 01	ol	102 (22)		1.00
1.00 2.00	CAP REL COSTS-BLDG & FIXT	1. 01 0. 00	0	103, 632 0		1.00
2.00		0.00	— — — 0	103, 632		2.00
	S - PTO ACCRUAL		-1	,		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	17, 607	0		1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	235, 135	0		2.00
3.00	OPERATION OF PLANT	7.00	22, 604	0		3.00
4.00 5.00	LAUNDRY & LI NEN SERVI CE HOUSEKEEPI NG	8.00 9.00	3, 422 18, 374	0		4.00
6.00	DI ETARY	10.00	18, 955	0		6.00
7.00	NURSING ADMINISTRATION	13.00	18, 932	o		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	9, 612	0		8.00
9.00	PHARMACY	15.00	58, 939	0		9.00
10.00	MEDI CAL RECORDS & LI BRARY	16.00	5, 846	0		10.00
11.00	SOCIAL SERVICE	17.00	28, 643	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	736	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	122, 092	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	38, 439	0		14.00
		5.1.69		-1		

4.00

5.00

6.00

7.00

8.00

	Financial Systems SIFICATIONS		DEACONESS	Provi der CCN: 15-008		of Form CMS-2552-10 orksheet A-6
					To 09/30/2022 D	ate/Time Prepared: /27/2023 8:09 am
		Increases				
	Cost Center	Line #	Salary	Other		
15.00	2.00 CORONARY CARE UNIT	3.00	4.00	5.00		15.00
16.00	OPERATING ROOM	50.00	59, 962	0		16.00
17.00	RECOVERY ROOM	51.00	23, 705	0		17.00
18.00	RADI OLOGY-DI AGNOSTI C	54.00	33, 249	Ö		18.00
19.00	RADI OLOGY-THERAPEUTI C	55.00	18, 462	0		19.00
20. 00	RADI OI SOTOPE	56.00	4, 713	0		20.00
21.00	CT SCAN	57.00	8, 904	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	8, 522	0		22.00
23.00	CARDI AC CATHETERI ZATI ON	59.00	26, 425	0		23.00
24.00	LABORATORY	60.00	64, 857	0		24.00
25.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	4, 309	Ο		25.00
26.00	INTRAVENOUS THERAPY	64.00	5, 484	0		26.00
27.00	RESPI RATORY THERAPY	65.00	16, 441	0		27.00
28.00	ELECTROCARDI OLOGY	69.00	11, 344	0		28.00
29.00	RENAL DIALYSIS	74.00	1, 264	0		29.00
30.00	PULMONARY REHAB	76.01	1, 115	0		30.00
31.00	CARDI AC REHABI LI TATI ON	76.97	2,909	0		31.00
32.00		90.00	17, 946 11, 201	0		32.00
33. 00 34. 00	FAMILY PRACTICE OUTPATIENT PSYCHIATRIC	90. 01 90. 02	6, 970	0		33.00 34.00
35.00	SERVI CES CHEMO	90. 03	7 002	0		35.00
36.00	PRIMARY CARE FOR SENIORS	90. 03 90. 04	7, 903 7, 782	0		36.00
37.00	PAIN MANAGEMENT	90.04	14, 917	0		37.00
38.00	WOUND CARE	90.06	6, 359	0		38.00
39.00	SLEEP CENTER	90.07	13, 898	Ö		39.00
40.00	HEMATOLOGY	90.08	2, 538	0		40.00
41.00	MULTI-SPECIALTY SERVICES	90.09	7, 149	0		41.00
42.00	DI ABETES CENTER	90. 10	793	0		42.00
43.00	EMERGENCY	91.00	94, 899	0		43.00
44.00	OBSERVATION BEDS (DISTINCT PART)	92.01	9, 421	0		44.00
45.00	DURABLE MEDICAL EQUIP-RENTED	96.00	13, 408	0		45.00
46.00	PHYSICIANS' PRIVATE OFFICES	192.00	25, 222	0		46.00
47.00	HENDERSON ER PHYSICIANS	192.02	4, 885	0		47.00
48.00		192.03	9, 551	0		48.00
49.00 50.00	MI SC NONREIMBURSABLE OTHER FACILITIES	194.00 194.02	9, 055 2, 864	0		49.00 50.00
51.00	PR	194.02	5, 279	0		51.00
52.00	CHILD CARE CENTER	194.05	8, 990	ŏ		52.00
53.00		0.00	0	0		53.00
			1, 179, 681	ō		
1.00	T – A&G ADMI NI STRATI VE & GENERAL	5.00	0	340, 933		1.00
2.00		0.00	Ő	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00 10.00
10. 00 11. 00		0.00 0.00	0	0		11.00
12.00		0.00	0	ő		12.00
13.00		0.00	0	0		13. 00
14.00		0.00	0	Ö		14. 0
15.00		0.00	0	0		15.00
			0	340, 933		
1 00	U - RADI OLOGY RADI OI SOTOPE	56.00	50, 347	0		1.00
1.00 2.00	CT SCAN	57.00	50, 347 572, 251	0		1.00
2.00 3.00	MAGNETIC RESONANCE IMAGING	58.00	164, 368	0		3. 00
	(MRI)		, - 50	-		5.00

0.00

56.00

57.00

58.00

0.00

0

0

0

0

0

786, 966

0

0 1, 797, 015

1, 116, 577

292, 007

388, 431

CT SCAN

(MRI)

0

RADI OI SOTOPE

MAGNETIC RESONANCE I MAGING

4.00

5.00

6.00

7.00

8.00

Heal th	Financial Systems		DEACONESS H	IOSPI TAL		In Lie	u of Form CMS-2552-10
RECLASS	SEFECATIONS			Provider C	CN: 15-0082	Peri od:	Worksheet A-6
						From 10/01/2021 To 09/30/2022	Date/Time Prepared: 2/27/2023 8:09 am
		Increases				- I .	
	Cost Center	Line #	Salary	Other			
	2.00	3.00	4.00	5.00			
	V - ORTHO URO						
1.00	ADULTS & PEDIATRICS	30.00	471, 475	0			1.00
2.00	INTENSIVE CARE UNIT	31.00	12, 151	0			2.00
3.00	EMERGENCY	91.00	2, 430	0			3.00
4.00	OBSERVATION BEDS (DISTINCT	92.01	2, 430	0			4.00
	PART)						
5.00	ADULTS & PEDIATRICS	30.00	0	239, 356			5.00
6.00	INTENSIVE CARE UNIT	31.00	0	6, 169			6.00
7.00	EMERGENCY	91.00	0	1, 234			7.00
8.00	OBSERVATION BEDS (DISTINCT	92.01	0	1, 234			8.00
	PART)						
9.00		0.00	0	0			9.00
10.00		0.00	0	0			10.00
	TOTALS		488, 486	247, 993			
	W - MEDICAL RECORDS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1, 216, 273			1.00
2.00		0.00	0	0			2.00
	TOTALS		0	1, 216, 273			
	X - DIRECTOR SALARIES						
1.00	NURSING ADMINISTRATION	13.00	350, 022	0			1.00
2.00	ADULTS & PEDIATRICS	30.00	132, 072	0			2.00
3.00	OPERATING ROOM	50.00	508, 891	0			3.00
4.00	RADI OLOGY-DI AGNOSTI C	54.00	37, 842	0			4.00
5.00	RADI OLOGY-THERAPEUTI C	55.00	122, 155	0			5.00
6.00	CARDIAC CATHETERIZATION	59.00	67, 690	0			6.00
7.00	EMERGENCY	91.00	169, 146	0			7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	72, 307	0			8.00
9.00	MI SC NONREI MBURSABLE	194.00	54, 168	0			9.00
10.00		0.00	0	<u>0</u>			10.00
	TOTALS		1, 514, 293	0			
	Y - WORK COMP SALARIES						
1.00	OCCUPATI ONAL HEALTH	194.01	103	0			1.00
2.00	$\square _ _ _ _ _ _ _$	0.00	0	0			2.00
	TOTALS		103	0			
500.00	Grand Total: Increases		18, 135, 780	170, 034, 723			500.00

Heal th	Financial Systems		DEACONESS H	IOSPI TAL		In Lie	u of Form Cl	MS-2552-10
RECLAS	SIFICATIONS			Provider CCN:	F	Period: From 10/01/2021	Worksheet	
						Го 09/30/2022	Date/Time 2/27/2023	
	Cost Center	Decreases Line #	Salary	Other Wks	st. A-7 Ref.	I		
	6.00	7.00	8.00	9.00	10.00			
	A - BUILDING DEPRECIATION							
1.00		0.00	0	0	9			1.00
2.00		0.00	0	0	0			2.00
3.00	OPERATION OF PLANT		0	<u>9,234,370</u> 9,234,370	0			3.00
	B – EQUIPMENT DEPRECIATION		U	9,234,370				_
1.00		0.00	0	0	9			1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	621, 815	9			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7, 079	0			3.00
4.00	ADMI NI STRATI VE & GENERAL	5.00	0	12, 381, 820	0			4.00
5.00	OPERATION OF PLANT	7.00	0	222, 611	0			5.00
6.00 7.00	LAUNDRY & LI NEN SERVI CE HOUSEKEEPI NG	8.00 9.00	0	123, 100 73, 499	0			6.00 7.00
8.00	DI ETARY	10.00	0	185, 782	0			8.00
9.00	NURSING ADMINISTRATION	13.00	0	965, 078	0			9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	248, 186	0			10.00
11.00	PHARMACY	15.00	0	101, 377	0			11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	113	0			12.00
13.00	SOCIAL SERVICE	17.00	0	46, 854	0			13.00
14.00 15.00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	0	277, 574 204, 390	0			14.00 15.00
16.00	CORONARY CARE UNIT	32.00	0	13, 942	0			16.00
17.00	OPERATI NG ROOM	50.00	0	3, 121, 890	0			17.00
18.00	RECOVERY ROOM	51.00	0	200, 370	0			18.00
19.00	RADI OLOGY-DI AGNOSTI C	54.00	0	864, 945	0			19.00
20.00	RADI OLOGY-THERAPEUTI C	55.00	0	17, 708	0			20.00
21.00	RADI OI SOTOPE	56.00	0	2, 823	0			21.00
22.00	CT SCAN	57.00	0	55, 807	0			22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	337, 941	0			23.00
24.00	CARDI AC CATHETERI ZATI ON	59.00	0	865, 290	0			24.00
25.00	LABORATORY	60.00	0	727, 876	0			25.00
26.00	BLOOD STORING, PROCESSING, &	63.00	o	1, 950	0			26.00
	TRANS.							
27.00	INTRAVENOUS THERAPY	64.00	0	15, 355	0			27.00
28.00	RESPI RATORY THERAPY	65.00	0	345, 759	0			28.00
29.00 30.00	PHYSI CAL THERAPY ELECTROCARDI OLOGY	66.00 69.00	0	88, 652 231, 227	0			29.00 30.00
30.00	RENAL DI ALYSI S	74.00	0	13, 559	0			30.00
32.00	PULMONARY REHAB	76.01	0	16, 861	0			32.00
33.00	CARDI AC REHABI LI TATI ON	76.97	0	17,005	0			33.00
34.00	CLINIC	90.00	0	2, 732	0			34.00
35.00	FAMILY PRACTICE	90. 01	0	26, 078	0			35.00
36.00	OUTPATIENT PSYCHIATRIC	90.02	0	2, 370	0			36.00
27.00	SERVI CES CHEMO	00.02			0			27.00
37.00 38.00	PRIMARY CARE FOR SENIORS	90. 03 90. 04	0	53, 863 7, 564	0			37.00 38.00
39.00	PAIN MANAGEMENT	90.05	0	29, 494	0			39.00
40.00	WOUND CARE	90.06	0	4, 715	0			40.00
41.00	SLEEP CENTER	90.07	o	19, 334	0			41.00
42.00	HEMATOLOGY	90.08	0	163	0			42.00
43.00	MULTI-SPECIALTY SERVICES	90.09	0	8, 715	0			43.00
44.00	DI ABETES CENTER	90.10	0	429	0			44.00
45.00	EMERGENCY	91.00	0	256, 288	0			45.00
46.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1, 378	0			46.00
47.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	214, 684	Ο			47.00
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	69, 751	0			48.00
49.00	FAMILY PHARMACY	192.03	Ō	17, 336	0			49.00
50.00	MI SC NONREI MBURSABLE	194.00	0	3, 366	0			50.00
51.00	OTHER FACILITIES	194.02	0	37, 557	0			51.00
52.00	PR	194.04	0	4, 625	0			52.00
53.00	CHILD CARE CENTER	1 <u>94.</u> 05	•	19, 755	0			53.00
	O C - INTEREST EXPENSE		0	23, 178, 435				_
1.00		0.00	0	0	11			1.00
2.00		0.00	0	0	0			2.00
3.00	CAP_REL_COSTS-BLDG_&_FI_XT	1.00	0	716, 095	11			3.00
	0		0	716, 095				
4	D – CAFETERIA	0.0-1						
1.00 2.00		0.00 0.00	0	0	0			1.00 2.00
2.00 3.00	DI ETARY	10.00	2, 761, 392	0	0			2.00
4.00		0.00	2,701,342	0	0			4.00
	1 I	0.00	51	<u>ч</u>	0	1		1

Health Financial Systems RECLASSIFICATIONS

DEACONESS HOSPI TAL

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

	Financial Systems		DEACONESS H				u of Form CMS	
RECLAS	SIFICATIONS			Provider CCN:	F	Period: From 10/01/2021 To 09/30/2022	Worksheet A- Date/Time Pr	
		Decreases			I .		2/27/2023 8:	
	Cost Center 6.00	Li ne # 7.00	Salary 8.00	Other Wks 9.00	st. A-7 Ref. 10.00			
5.00 6.00	DI ETARY	0.00 10.00	0	0 3, 479, 948	0			5.00 6.00
0.00	0		2, 761, 392	3, 479, 948				
1.00	E - INCENTIVE COMPENSATION	0.00	0	0	0			1.00
2.00 3.00		0.00 0.00	0	0	0			2.00 3.00
4.00 5.00		0. 00 0. 00	0	0 0	0			4.00 5.00
6.00		0.00	0	0	О			6.00
7.00 8.00		0.00 0.00	0	0	0			7.00 8.00
9.00		0.00 0.00	0	0	О			9.00
10. 00 11. 00		0.00	0	0	0 0			10. 00 11. 00
12.00 13.00		0.00 0.00	0	0	0			12.00 13.00
14.00		0.00	0	0	0			14.00
15. 00 16. 00		0.00 0.00	0	0 0	0 0			15.00 16.00
17. 00 18. 00		0.00 0.00	0	0	0			17.00 18.00
19.00		0.00	о	0	О			19.00
20. 00 21. 00		0. 00 0. 00	0 0	0 0	0 0			20. 00 21. 00
22. 00 23. 00		0. 00 0. 00	0	0	0			22.00 23.00
24.00		0.00	0	0	О			24.00
25. 00 26. 00		0.00 0.00	0	0	0 0			25.00 26.00
27.00 28.00		0.00 0.00	0	0 0	0			27.00 28.00
29.00		0.00	0	0	o			29.00
30. 00 31. 00		0. 00 0. 00	0 0	0 0	0 0			30.00 31.00
32.00 33.00		0. 00 0. 00	0	0	0			32.00 33.00
34.00		0.00	0	0	О			34.00
35.00 36.00		0.00 0.00	0	0	0 0			35.00 36.00
37.00 38.00		0.00 0.00	0	0 0	0			37.00 38.00
39.00		0.00	0	0	о			39.00
40. 00 41. 00		0.00 0.00	0 0	0	0 0			40.00
42.00 43.00		0. 00 0. 00	0	0	0			42.00 43.00
44.00		0.00	0	0	0			44.00
45.00 46.00		0. 00 0. 00	0	0	0			45.00 46.00
47.00		0. 00 0. 00	0	0	0			47.00
48.00 49.00		0.00	0 0	0	0			48.00 49.00
50. 00 51. 00	ADMI NI STRATI VE & GENERAL	0. 00 5. 00	0 5, 477, 428	0	0			50.00 51.00
	0		5, 477, 428	0				-
1.00		0.00	0	0	10			1.00
2.00 3.00	ADMI NI STRATI VE & GENERAL	0.00 5.00	0	0 89, 244	10 0			2.00 3.00
4.00 5.00	RADI OLOGY-DI AGNOSTI C DURABLE MEDI CAL EQUI P-RENTED	54.00 96.00	0	741, 336 64, 252	0			4.00 5.00
6.00	PHYSICIANS' PRIVATE OFFICES	<u> </u>	0	105, 600	0			6.00
	O G - DRUGS		0	1,000,432				
1.00 2.00	PHARMACY	0.00 15.00	0	0 84, 232, 892	0 0			1.00 2.00
	0 — — — — — —		0	84, 232, 892				2.50
1.00	H - RESIDENTS	0.00	0	0	0			1.00
2.00 3.00		0. 00 0. 00	0	0	0 0			2.00 3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	117, 472	0	0			4.00
		I	I	I		1		1

LASSI	inancial Systems IFICATIONS		DEACONESS H		CCN: 15-0082	Period: From 10/01/2021	u of Form CMS-255 Worksheet A-6
						To 09/30/2022	Date/Time Prepar 2/27/2023 8:09 a
	Cost Contor	Decreases	Salary	Other	Wkct A 7 Dof		
	Cost Center 6.00	Li ne #	Salary 8.00	9.00	Wkst. A-7 Ref 10.00	·	
	FAMILY PRACTICE	90.01	3, 219, 073	0		0	
	FAMILY PRACTICE ADMINISTRATIVE & GENERAL	90.01 5.00	0	530, 742 88, 829		0	
C			3, 336, 545	619, 571		1	
0	J - INSURANCE	0.00	0	0	1	2	
0		0.00	0	0		2	
0		0.00 0.00	0	0		0	
0		0.00	Ō	0		0	
0 4	ADMI NI STRATI VE & GENERAL	5.00	o	<u>1, 301, 842</u> 1, 301, 842		0	
	K - NURSING EDUCATION		-		1		
0 0 /	ADMI NI STRATI VE & GENERAL	0.00 5.00	0 36, 890	0 0		0	
	NURSI NG ADMI NI STRATI ON	13.00	77, 089	0		0	
	SOCIAL SERVICE	17.00	1, 511	0		0	
	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30.00 31.00	721, 732 173, 501	0		0	
	CORONARY CARE UNIT	32.00	45, 893	0		0	
	OPERATING ROOM	50.00	18, 021	0		0	
	RECOVERY ROOM RADI OLOGY-THERAPEUTI C	51.00 55.00	19, 449 13, 544	0		0	1
	CARDI AC CATHETERI ZATI ON	59.00	13, 472	0		0	1
	INTRAVENOUS THERAPY	64.00	10, 774	0		0	1
	ELECTROCARDI OLOGY CLINIC	69.00 90.00	1, 724 83	0		0	1
	CHEMO	90.03	9, 160	0		0	1
	PAIN MANAGEMENT	90.05	4, 109	0		0	1
	NOUND CARE MULTI-SPECIALTY SERVICES	90.06 90.09	2, 029 9, 753	0		0	1
	EMERGENCY	91.00	76, 135	0		0	1
	DBSERVATION BEDS (DISTINCT PART)	92.01	64, 070	0		0	2
C			1, 298, 939	0)	_	
0 [L - MEDICAL SUPPLIES CHARGED	0.00	0	0		0	
0		0.00	0	0		0	
	NURSING ADMINISTRATION	13.00	0	37		0	
	CENTRAL SERVICES & SUPPLY PHARMACY	14.00 15.00	0	105, 394 123, 164		0	
	ADULTS & PEDIATRICS	30.00	0	84, 638		0	
	INTENSIVE CARE UNIT	31.00	0	18, 378		0	
	CORONARY CARE UNIT OPERATING ROOM	32.00 50.00	0 O	4, 807 15, 854, 113		0	
	RADI OLOGY-DI AGNOSTI C	54.00	Ö	327, 319		0	1
	RADI OLOGY-THERAPEUTI C	55.00	0	360		0	1
	CARDIAC CATHETERIZATION	59.00 64.00	0	17, 620, 779 250, 944		0	1
DO F	RESPI RATORY THERAPY	65.00	O	111, 642		0	1
	PAIN MANAGEMENT NOUND CARE	90.05 90.06	0	177, 065 646, 885		0	1
	EMERGENCY	90.08 91.00	o	184, 236		ŏ	1
	DBSERVATION BEDS (DISTINCT PART)	92.01	0	5, 842		0	1
C			o	35, 515, 603		1	
	M - BENEFITS	0.00	0	0		0	
	ADMINISTRATIVE & GENERAL	5.00	0	2, 212, 506		0	
) F	RADI OLOGY-THERAPEUTI C	55.00	0	20, 027	,	0	
	FAMILY PRACTICE FAMILY PHARMACY	90. 01 192. 03	0	135 1, 999, 869		0	
C			0	4, 232, 537		1	
ΣΓ	N – PROPERTY TAXES	0.00	0	0		3	
		0.00	0	0		3	
))		0.00 0.00	0	0		0	
		0.00	o	0		ŏ	
)		0.00	0	0		0	
))		0.00 0.00	0	0		0	
0		0.00	ő	0		0	
	ADMINISTRATIVE & GENERAL	5.00		906, 977	d .	0	1

	Decreases					
	Cost Center	Line #	Sal ary		Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	0 0 - DISABILITY		0	906, 977		-
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	14, 633	0	0	1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	107, 511	0	0	2.00
3.00	OPERATION OF PLANT	7.00	19, 386	0	o	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	10, 204	0	0	4.00
5.00	HOUSEKEEPING	9.00	48, 027	0	0	5.00
6.00	DI ETARY	10.00	30, 287	0	0	6.00
7.00	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	13.00	56, 191	0	0	7.00
8.00 9.00	PHARMACY	14.00 15.00	19, 059 148, 230	0	0	8.00 9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	140, 230	0	0	10.00
11.00	SOCI AL SERVI CE	17.00	51, 416	0	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	454, 710	0	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	128, 161	0	0	13.00
14.00	CORONARY CARE UNIT	32.00	20, 185	0	0	14.00
15.00	OPERATING ROOM	50.00	132, 519	0	0	15.00
16.00	RECOVERY ROOM	51.00	86, 310	0	0	16.00
17.00	RADI OLOGY-DI AGNOSTI C	54.00	82, 191	0	0	17.00
18. 00 19. 00	RADI OLOGY-THERAPEUTI C CT SCAN	55.00 57.00	15, 091 14, 769	0	0	18.00 19.00
20.00	MAGNETIC RESONANCE I MAGI NG	58.00	20, 765	0	0	20.00
20.00	(MRI)	50.00	20,703	0	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	25, 461	0	o	21.00
22.00	LABORATORY	60.00	109, 372	0	o	22.00
23.00	BLOOD STORING, PROCESSING, &	63.00	7, 790	0	0	23.00
	TRANS.			_	_	
24.00	INTRAVENOUS THERAPY	64.00	19,074	0	0	24.00
25.00 26.00		65.00	27, 169	0	0	25.00 26.00
28.00	ELECTROCARDI OLOGY PULMONARY REHAB	69.00 76.01	25, 092 1, 642	0	0	27.00
28.00	CARDIAC REHABILITATION	76.97	3, 586	0	0	28.00
29.00	CLINIC	90.00	7, 547	0	0	29.00
30.00	FAMILY PRACTICE	90.01	2, 495	0	0	30.00
31.00	OUTPATIENT PSYCHIATRIC	90.02	5, 911	0	0	31.00
	SERVICES				_	
32.00	CHEMO	90.03	23, 419	0	0	32.00
33.00 34.00	PRIMARY CARE FOR SENIORS PAIN MANAGEMENT	90. 04 90. 05	5, 014 15, 583	0	0	33.00 34.00
34.00	WOUND CARE	90.03	11, 392	0	0	35.00
36.00	SLEEP CENTER	90.07	6, 907	0	0	36.00
37.00	HEMATOLOGY	90.08	3, 278	0	0	37.00
38.00	MULTI-SPECIALTY SERVICES	90.09	9, 231	0	o	38.00
39.00	DI ABETES CENTER	90.10	4, 276	0	0	39.00
40.00	EMERGENCY	91.00	73, 467	0	0	40.00
41.00	OBSERVATION BEDS (DISTINCT	92.01	50, 725	0	0	41.00
42.00	PART) DURABLE MEDICAL EQUIP-RENTED	96.00	3, 233	0	0	42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	40, 573	0	0	43.00
44.00	HENDERSON ER PHYSICIANS	192.02	12, 347	0	0	44.00
45.00	FAMILY PHARMACY	192.03	11, 281	0	о	45.00
46.00	MI SC NONREI MBURSABLE	194.00	11, 154	0	0	46.00
47.00	PR	194.04	1, 193	0	0	47.00
48.00	CHILD_CARE_CENTER	194.05	10, 537	0	0	48.00
	U P - SALARY IN NON-SALARY ACCO		1, 999, 004	0		-
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1, 491	0	1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	0	25, 681	0	2.00
3.00	OPERATION OF PLANT	7.00	0	1, 610	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1, 190	o	4.00
5.00	HOUSEKEEPI NG	9.00	0	1, 542	0	5.00
6.00	DI ETARY	10.00	0	2, 525	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	465	0	7.00
8.00	CENTRAL SERVICES & SUPPLY PHARMACY	14.00 15.00	0	1,405	0	8.00
9.00 10.00	MEDICAL RECORDS & LIBRARY	16.00	0	5, 722 480	0	9.00 10.00
11.00	SOCIAL SERVICE	17.00	0	18, 350	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	o	55, 797	o	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	1, 130	0	13.00
14.00	CORONARY CARE UNIT	32.00	0	330	0	14.00
15.00	OPERATING ROOM	50.00	0	15, 244	0	15.00
16.00	RECOVERY ROOM	51.00	0	3, 250	0	16.00
17.00 18.00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	54.00 55.00	0	1, 470 5, 263	0 0	17.00 18.00
10.00	INADI OLOGI - ITILINAF LUTTO	1 55.00	9	5, 203	U	1 10.00

Health Financial Systems RECLASSIFICATIONS

DEACONESS HOSPI TAL

Provider CCN: 15-0082

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

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
10.00	6.00	7.00	8.00	9.00	10.00		10.00
19. 00 20. 00	RADI OI SOTOPE CT SCAN	56.00 57.00	0		0		19.00 20.00
20.00	MAGNETIC RESONANCE IMAGING	58.00	0		0		20.00
21.00	(MRI)	50.00	0	230	0		21.00
22.00	CARDÍ AC CATHETERI ZATI ON	59.00	0	1, 360	0		22.00
23.00	LABORATORY	60.00	0	16, 643	0		23.00
24.00	BLOOD STORING, PROCESSING, &	63.00	0	260	0		24.00
25.00	TRANS. I NTRAVENOUS THERAPY	64.00	0	110	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0		-		26.00
27.00	ELECTROCARDI OLOGY	69.00	0		0		27.00
28.00	PULMONARY REHAB	76.01	0	200	0		28.00
29.00	CLINIC	90.00	0		0		29.00
30.00	FAMILY PRACTICE	90.01	0		0		30.00
31.00	OUTPATI ENT PSYCHI ATRI C SERVI CES	90.02	0	140	0		31.00
32.00	CHEMO	90. 03	0	1, 050	0		32.00
33.00	PRIMARY CARE FOR SENIORS	90.04	0		0		33.00
34.00	PAIN MANAGEMENT	90.05	0	1, 827	0		34.00
35.00	WOUND CARE	90.06	0	1, 240	0		35.00
36.00	SLEEP CENTER	90.07	0		0		36.00
37.00	HEMATOLOGY	90.08	0				37.00
38.00 39.00	MULTI-SPECIALTY SERVICES	90. 09 91. 00	0	.,	0		38.00 39.00
39.00 40.00	EMERGENCY OBSERVATION BEDS (DISTINCT	91.00	0		0		40.00
40.00	PART)	72.01	0	/30	0		40.00
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	1, 550	0		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	,	0		42.00
43.00	FAMILY PHARMACY	192.03	0		0		43.00
44.00	MI SC NONREI MBURSABLE	194.00	0		0		44.00
45.00 46.00	PR CHI LD CARE CENTER	194.04 194.05	0 0				45.00 46.00
40.00		194.03	<u>0</u>				40.00
	Q - PART A PHYSICIAN	I I					
1.00		0.00	0				1.00
2.00		0.00	0				2.00
3.00 4.00	ADMI NI STRATI VE & GENERAL	0.00	0	-	0		3.00
4.00 5.00	NURSING ADMINISTRATION	5.00 13.00	656, 108 1, 745		0		4.00 5.00
6.00	SOCIAL SERVICE	17.00	73, 408		-		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	234, 057	0	0		7.00
	0		965, 318	0			
1 00	R - HSB DEPRECIATION	0.00		0	9		1 00
1.00 2.00	CAP REL COSTS-BLDG & FIXT	0.00 1.00	0 0				1.00 2.00
2.00							2.00
	S - PTO ACCRUAL						1
1.00		0.00	0				1.00
2.00 3.00		0.00 0.00	0				2.00 3.00
3.00 4.00		0.00	0 0				4.00
5.00		0.00	0				5.00
6.00		0.00	0				6.00
7.00		0.00	0	0			7.00
8.00		0.00	0				8.00
9.00		0.00	0				9.00
10. 00 11. 00		0.00 0.00	0 0				10.00 11.00
11.00 12.00		0.00	0				11.00
12.00		0.00	0				12.00
14.00		0.00	0				14.00
15.00		0.00	0				15.00
16.00		0.00	0				16.00
17.00		0.00	0				17.00
18. 00 19. 00		0.00 0.00	0 0				18.00 19.00
19.00 20.00		0.00	0				20.00
20.00		0.00	0				20.00
22.00		0.00	0				22.00
23.00		0.00	0				23.00
24.00		0.00	0				24.00
25. 00 26. 00		0.00 0.00	0 0				25.00 26.00
26.00 27.00		0.00	0				26.00
27.00	1	0.00	0	, U	0	1	

DEACONESS HOSPI TAL Provider CCN: 15-0082

In Lieu of Form CMS-2552-10 Worksheet A-6 Period: From 10/01/2021 To 09/30/2022

Date/Time Prepared: 2/27/2023 8:09 am

Heal th	Financial Systems		DEACONESS	HOSPI TAL		In Lie	eu of Form C	MS-2552-10
RECLAS	SIFICATIONS			Provider C	CCN: 15-0082	Period: From 10/01/2021	Worksheet	A-6
						To 09/30/2022	Date/Time 2/27/2023	
		Decreases					2/21/2020	
	Cost Center 6.00	Line # 7.00	Salary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00	1		
28.00		0.00	0	0	(28.00
29. 00 30. 00		0.00 0.00	0	0 0				29.00 30.00
31.00		0.00	0	0	(31.00
32.00		0.00	0	0				32.00
33.00 34.00		0.00 0.00	0	0 0				33.00 34.00
35.00		0.00	0	0				35.00
36.00		0.00	0	0				36.00
37.00 38.00		0. 00 0. 00	0	0 0				37.00 38.00
39.00		0.00	0	0	(39.00
40.00		0.00	0	0 0				40.00
41.00 42.00		0.00 0.00	0	0				41.00
43.00		0.00	0	0				43.00
44.00 45.00		0. 00 0. 00	0	0 0				44.00 45.00
45.00		0.00	0	0				45.00
47.00		0.00	0	0	0			47.00
48.00 49.00		0.00 0.00	0	0	(48.00 49.00
50.00		0.00	0	0	(50.00
51.00		0.00	0	0	(51.00
52.00 53.00	ADMI NI STRATI VE & GENERAL	0.00 5.00	0 1, 179, 681	0 0				52.00 53.00
00.00	0		1, 179, 681	ō				
1.00	T - A&G	0.00	0	0				1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	69				2.00
3.00	OPERATION OF PLANT	7.00	0	117, 628				3.00
4.00 5.00	LAUNDRY & LINEN SERVICE NURSING ADMINISTRATION	8. 00 13. 00	0	1, 375 8, 571	0			4.00
6.00	PHARMACY	15.00	0	76, 701	0			6.00
7.00	SOCIAL SERVICE	17.00	0	6, 820				7.00
8.00 9.00	RADI OLOGY-THERAPEUTI C LABORATORY	55.00 60.00	0	13, 410 39, 311				8.00 9.00
10.00	DURABLE MEDI CAL EQUI P-RENTED	96.00	0	363	(10.00
11. 00 12. 00	PHYSICIANS' PRIVATE OFFICES FAMILY PHARMACY	192.00 192.03	0	304 3, 000	(11.00
13.00	MI SC NONREI MBURSABLE	194.00	0	18, 204				13.00
14.00	OTHER FACILITIES	194.02	0	2, 112				14.00
15.00	PR	<u>194.</u> 04	<u>0</u>	<u>53, 065</u> 340, 933)		15.00
	U – RADI OLOGY	L				1		
1.00 2.00		0. 00 0. 00	0	0 0				1.00
3.00		0.00	0	0	0			3.00
4.00 5.00	RADI OLOGY-DI AGNOSTI C	54.00 0.00	786, 966 0	0	0			4.00 5.00
5.00 6.00		0.00	0	0				6.00
7.00		0.00	0	0	0			7.00
8.00	RADI OLOGY-DI AGNOSTI C	<u>54.</u> 00	786, 966	<u>1, 797, 015</u> 1, 797, 015				8.00
	V - ORTHO URO				1			
1.00 2.00		0. 00 0. 00	0	0 0				1.00 2.00
2.00 3.00		0.00	0	0				3.00
4.00		0.00	0	0	(4.00
5.00 6.00		0. 00 0. 00	0	0				5.00
7.00		0.00	0	0	0			7.00
8.00		0.00	0	0	0			8.00
9.00 10.00	NURSING ADMINISTRATION NURSING ADMINISTRATION	13.00 13.00	488, 486 0	0 247, 993				9.00 10.00
	TOTALS		488, 486	247, 993		1		
1.00	W - MEDICAL RECORDS	0.00	0	0	0			1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00		<u>1, 216, 2</u> 73				2.00
	TOTALS		0	1, 216, 273				
1.00	A - DIRECTUR SALARIES	0.00	0	0	()		1.00
2.00		0.00	0	0				2.00
3.00		0.00	0	0	(<u>ו</u>		3.00

DEACONESS HOSPI TAL

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

Health Financial Systems RECLASSIFICATIONS

Heal th	Financial Systems		DEACONESS H	HOSPI TAL		In Lie	u of Form CMS-	-2552-10
RECLASS	SEFECATIONS			Provider (CCN: 15-0082	Period:	Worksheet A-	6
						From 10/01/2021 To 09/30/2022	Date/Time Pro 2/27/2023 8:	epared: 09 am
		Decreases						
	Cost Center	Line #	Salary	0ther	Wkst. A-7 Ref	· .		
	6.00	7.00	8.00	9.00	10.00			
4.00		0.00	0	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		0.00	0	0		0		8.00
9.00		0.00	0	0		0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	1, 51 <u>4, 2</u> 93	0		0		10.00
	TOTALS		1, 514, 293	0				
	Y - WORK COMP SALARIES							
1.00		0.00	0	0		0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	103	0		0		2.00
	TOTALS		103	0				
500.00	Grand Total: Decreases		19, 808, 155	168, 362, 348				500.00

Heal th	Financial Systems	DEACONESS I	HOSPI TAL			In Lie	u of Form CMS-2	2552-10
RECONC	LIATION OF CAPITAL COSTS CENTERS		Provider C	CN: 15-0082		d: 10/01/2021 09/30/2022		pared:
				Acqui si ti on:	s			
		Begi nni ng	Purchases	Donati on		Total	Disposals and	
		Bal ances					Retirements	
		1.00	2.00	3.00		4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	BALANCES		_				
1.00	Land	25, 880, 698	1, 114, 278		0	1, 114, 278	1, 880	1.00
2.00	Land Improvements	0	0		0	0	0	2.00
3.00	Buildings and Fixtures	741, 118, 341	79, 184, 912		0	79, 184, 912	751, 028	3.00
4.00	Building Improvements	0	0		0	0	0	4.00
5.00	Fixed Equipment	0	0		0	0	0	5.00
6.00	Movable Equipment	296, 088, 442	21, 675, 609		0	21, 675, 609	2, 260, 331	6.00
7.00	HIT designated Assets	0	0		0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,063,087,481	101, 974, 799		0 1	01, 974, 799	3, 013, 239	8,00
9.00	Reconciling Items	0	0		0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,063,087,481	101, 974, 799		0 1	01, 974, 799	3, 013, 239	
101.00		Ending Balance	Fully				0/010/20/	10100
		Linding bar anos	Depreciated					
			Assets					
		6,00	7.00					İ
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	BALANCES		1				
1.00	Land	26, 993, 096	0					1.00
2.00	Land Improvements	0	0					2.00
3.00	Buildings and Fixtures	819, 552, 225	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	315, 503, 720	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	1, 162, 049, 041	0					8.00
9.00	Reconciling Items	0	0					9.00
	Total (line 8 minus line 9)	1, 162, 049, 041	0					10.00
			-	1				

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provider CC		Period: From 10/01/2021 Fo 09/30/2022		pared:
			SL	JMMARY OF CAPI	TAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)		
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK				1	I	
1.00	CAP REL COSTS-BLDG & FIXT	21, 647, 827	0	9, 291, 11	0 0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0		0 0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	9, 010, 084		0 0	0	2.00
3.00	Total (sum of lines 1-2)	21, 647, 827		9, 291, 11	0 0	0	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum				
		Capi tal -Rel ate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUM					
1.00	CAP REL COSTS-BLDG & FIXT	0	30, 938, 937				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	9, 010, 084				2.00
3.00	Total (sum of lines 1-2)	0	39, 949, 021				3.00

Health Financial Systems		DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	552-10
RECONCILIATION OF CAPITAL CO	STS CENTERS		Provider C	F	Period: From 10/01/2021 To 09/30/2022	2/27/2023 8:09	
		COM	PUTATION OF RA	TIOS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Desc	ription	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	FION OF CAPITAL COSTS CE		-		T		
1.00 CAP REL COSTS-BLDG &		846, 545, 322	0	846, 545, 322		0	1.00
1.01 CAP REL COSTS-BLDG &		0	0	0	0. 000000		1.01
2.00 CAP REL COSTS-MVBLE E	QUIP	315, 503, 720	0	315, 503, 720			2.00
3.00 Total (sum of lines 1	-2)	1, 162, 049, 042		1, 162, 049, 042			3.00
		ALLOCA	TION OF OTHER (CAPI TAL	SUMMARY C	F CAPITAL	
Cost Center Desc	ription	Taxes	Other Capital-Relate d Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIAT	FION OF CAPITAL COSTS CE	INTERS	•				
1.00 CAP REL COSTS-BLDG &	FIXT	0	C	0	30, 125, 616	523, 364	1.00
1.01 CAP REL COSTS-BLDG &	FLXT	0	0	0	103, 632	0	1.01
2.00 CAP REL COSTS-MVBLE E	QUIP	0	0	0	23, 178, 435	9, 487, 152	2.00
3.00 Total (sum of lines 1	-2)	0	C	0	53, 407, 683	10, 010, 516	3.00
			SI	JMMARY OF CAPI	TAL .		
Cost Center Desc	ription		Insurance (see instructions)		Other Capital-Relate d Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIAT	FION OF CAPITAL COSTS CE	NTERS					
1.00 CAP REL COSTS-BLDG &	FLXT	8, 139, 904	1, 266, 007	521, 095	0	40, 575, 986	1.00
1.01 CAP REL COSTS-BLDG &	FLXT	0	7, 709	(C	0 0	111, 341	1.01
2.00 CAP REL COSTS-MVBLE E	QUIP	603, 157	0	110, 138	0	33, 378, 882	2.00
3.00 Total (sum of lines 1	-2)	8, 743, 061	1, 273, 716	631, 233	0	74, 066, 209	3.00

DJUST	MENTS TO EXPENSES				In Lie Period:	Worksheet A-8	
					From 10/01/2021 To 09/30/2022		
				Expense Classification o	n Worksheet A	2/27/2023 8:0	9 am
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basi s/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Li ne # 4.00	Wkst. A-7 Ref. 5.00	
. 00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	В		CAP REL COSTS-BLDG & FIXT	1.00	11	1.
. 01	Investment income - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.01	0	1.
. 00	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.
. 00	COSTS-MVBLE EQUIP (chapter 2) Investment income - other		0		0.00	0	3.
. 00	(chapter 2) Trade, quantity, and time	В	-49, 295	ADMI NI STRATI VE & GENERAL	5.00	0	4.
. 00	discounts (chapter 8) Refunds and rebates of		0		0.00	0	
	expenses (chapter 8)		0				
. 00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	
. 00	Telephone services (pay stations excluded) (chapter		0		0.00	0	7.
. 00	21) Television and radio service		0		0.00	0	8.
. 00	(chapter 21) Parking lot (chapter 21)	В	21 240	CAP REL COSTS-BLDG & FIXT	1.00	9	
	Provider-based physician	A-8-2	-76, 114, 826		1.00	0	
1.00	adjustment Sale of scrap, waste, etc.		0		0.00	0	11.
2. 00	(chapter 23) Related organization	A-8-1	-159, 843, 208			0	12
	transactions (chapter 10) Laundry and linen service		0		0.00	0	
4.00	Cafeteria-employees and guests	В	-1, 438, 326	CAFETERI A	11.00	0	14
5.00	Rental of quarters to employee and others		0		0.00	0	15
5. 00	Sale of medical and surgical supplies to other than		0		0.00	0	16.
7.00	patients Sale of drugs to other than		0		0.00	0	17.
3. 00	patients Sale of medical records and		0		0.00	0	18
9.00	abstracts Nursing and allied health		0		0.00	0	19
	education (tuition, fees, books, etc.)					-	
9. 01	Nursing and allied health		0		0.00	0	19
	education (tuition, fees, books, etc.)						
	Vending machines Income from imposition of	В	0 -6, 075	ADMI NI STRATI VE & GENERAL	0.00 5.00	0	
	interest, finance or penalty charges (chapter 21)						
2.00	Interest expense on Medicare		0		0.00	0	22.
	overpayments and borrowings to repay Medicare overpayments						
3. 00	Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPI RATORY THERAPY	65.00		23.
4 00	limitation (chapter 14) Adjustment for physical	A-8-3	0	PHYSICAL THERAPY	66.00		24.
1. 00	therapy costs in excess of	N 0 0	Ū		00.00		2
5.00	limitation (chapter 14) Utilization review -		0	*** Cost Center Deleted ***	114.00		25
	physicians' compensation (chapter 21)						
b. 00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26
o. 01	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.01	0	26.
7.00	Depreciation - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.
3. 00	COSTS-MVBLE EQUIP Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.
9.00	Physicians' assistant Adjustment for occupational	A-8-3	0	*** Cost Center Deleted ***	0.00 67.00	0	29. 30.
0.00	therapy costs in excess of	A-0-3	0		07.00		30.

Heal th	Financial Systems		DEACONESS	ΗΟΣΡΙ ΤΑΙ	Inlie	eu of Form CMS-:	2552-10
	MENTS TO EXPENSES		DEMONIEUU	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet A-8	pared:
				Expense Classification or To/From Which the Amount is			
					to be Aujusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	cost center bescription	1.00	2.00	3.00	4,00	5. 00	
30, 99	Hospice (non-distinct) (see	1.00		ADULTS & PEDIATRICS	30.00		30.99
50.77	i nstructi ons)		C		30.00		30.77
31.00	Adjustment for speech	A-8-3	C	*** Cost Center Deleted ***	68.00		31.00
	pathology costs in excess of						
	limitation (chapter 14)						
32.00	CAH HIT Adjustment for		C		0.00	0	32.00
~~ ~~	Depreciation and Interest				5.00		
33.00	CALL CENTER	В		ADMI NI STRATI VE & GENERAL	5.00		
33.01	MISC OPERATING INCOME	В		PRIMARY CARE FOR SENIORS	90.04	-	00.01
33.02	MWISE NORTH - NON OP REVENUE	B		PRIMARY CARE FOR SENIORS	90.04	0	00.02
33. 03 33. 04	MWISE EAST NON OP REVENUE GW CONFERENCE CENTER REVENUE	В		CAP REL COSTS-BLDG & FIXT	90.04	0	
33.04 33.05	WEIGHT LOSS PROGRAM	В	-17, 774		90.00		
33.05	AMENITY SUITE CHARGES	В		CAP REL COSTS-BLDG & FIXT	90.00		1
33.00	CHILD CARE TUITION	B		FAMILY PRACTICE	90.01	0	00.00
33.08	PROPERTY TAX - RENTAL PROPERTY			ADMI NI STRATI VE & GENERAL	5.00	-	
33.09	FAMILY PRACTICE GRANT	A		FAMILY PRACTICE	90.01	0	
33.10	PHYSI CI AN RECRUI TMENT	A		ADMI NI STRATI VE & GENERAL	5.00	-	
33.11	AMORTIZATION PHASE II	A		CAP REL COSTS-BLDG & FIXT	1.00		
33.12	FEDERAL INCOME TAX	A		ADMI NI STRATI VE & GENERAL	5.00		
33.13	STATE INCOME TAX	A		ADMI NI STRATI VE & GENERAL	5.00		
33.14	AHA/IHA DUES	А		ADMI NI STRATI VE & GENERAL	5.00		33.14
33. 15	FINANCE CHARGES	A	C	ADMI NI STRATI VE & GENERAL	5.00	0	33.15
33.16	HAF	A	-43,741,740	ADMI NI STRATI VE & GENERAL	5.00	0	33.16
33.17	PROFESSI ONAL BILLI NG	A	-544, 879	ADMI NI STRATI VE & GENERAL	5.00	0	33.17
33. 18	PENSION	A	C	EMPLOYEE BENEFITS DEPARTMEN	Г 4.00	0	33. 18
33.19	HOSPICE	В		ADULTS & PEDIATRICS	30.00	0	33.19
33.20	DEACONESS CLINIC AT WORK	В		ADMI NI STRATI VE & GENERAL	5.00	0	
33. 21	HME MISC OPERATING REVENUE	В		DURABLE MEDICAL EQUIP-RENTE			00.21
33. 22	OTHER FACILITIES RENT	A		MI SC NONREI MBURSABLE	194.00		
33.23	OTHER FACILITIES RENT	A		OTHER FACILITIES	194.02		00.20
43.01	ADVERTI SEMENT	A		ADMI NI STRATI VE & GENERAL	5.00		
43.02	ADVERTI SEMENT	A		OPERATING ROOM	50.00		
43.03	ADVERTI SEMENT	A		PAIN MANAGEMENT	90.05		
43.04	ADVERTI SEMENT	A	-647, 255		194.04	0	1 101 01
50.00	TOTAL (sum of lines 1 thru 49)		-285, 491, 763	4			50.00
	(Transfer to Worksheet A,						
· · · · · ·	column 6, line 200.)			- ONC Dut 15 1		I	L

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

	Financial Systems	DEACONESS RELATED ORGANIZATIONS AND HOM		Provider CCN: 15-0082	Peri od:	eu of Form CMS- Worksheet A-8	
	COSTS OF SERVICES FROM	RELATED URGANIZATIONS AND HUN	VIE	Provider CCN: 15-0082	From 10/01/2021 To 09/30/2022		epared
	Li ne No.	Cost Center		Expense Items	Amount of Allowable Cost	Amount	
	1.00	2.00		3.00	4.00	5.00	
		MENTS REQUIRED AS A RESULT OF					
	HOME OFFICE COSTS:	MENTS RECORDED AS A RESOLT OF	T I VAI	SACTIONS WITH RELATED	UNUANI ZATI UNU UN	CEAT MED	
00		EMPLOYEE BENEFITS DEPARTMENT	FACI	LITY RENT	2, 413	0	1.0
00				LITY RENT	124,053	57, 533	2.0
00	16.00	MEDICAL RECORDS & LIBRARY	FACI	LITY RENT	37, 835	4,674	3.0
00	50.00	OPERATING ROOM	FACI	LITY RENT	1, 393	0	4.0
D1	54.00			LITY RENT	181, 067	140, 063	4. (
02	55.00	RADI OLOGY-THERAPEUTI C	FACI	LITY RENT	7, 537	0	4.0
03		LABORATORY	FACI	LITY RENT	59, 501	61, 034	4.0
04	66.00	PHYSI CAL THERAPY	FACI	LITY RENT	123, 626	109, 194	4.0
05		PRIMARY CARE FOR SENIORS		LITY RENT	41, 813	71, 310	4.0
06		PAIN MANAGEMENT	FACI	LITY RENT	92, 259	142, 986	4.0
07	50.00	OPERATING ROOM	CONT	RACT SERVICES	11, 031, 192	28, 809, 668	4.0
3C	66.00	PHYSI CAL THERAPY	CONT	RACT THERAPY	11, 760, 348	18, 170, 203	4.0
09		ADMINISTRATIVE & GENERAL		LITY RENT	1, 323	1, 323	4.0
10		OPERATION OF PLANT		LITY RENT	-613, 181	-613, 181	4.1
11				LITY RENT	141, 991	141, 991	4.1
12		RADI OLOGY-DI AGNOSTI C		LITY RENT	40, 958	40, 958	
13		LABORATORY		LITY RENT	47, 398	47, 398	
14				LITY RENT	135, 893	135, 893	
15		RADI OLOGY-THERAPEUTI C		RACT SERVICES	8, 803, 269	19, 210, 066	
16				RACT SERVICES	7, 599, 003	9, 827, 286	
17		OPERATI NG ROOM		RACT SERVICES	3, 323, 928	4, 139, 991	4. 1
18		CARDIAC CATHETERIZATION		RACT SERVICES	3, 147, 963	3, 920, 824	
19		OPERATING ROOM		RACT SERVICES	12, 578, 183	14, 782, 172	
20		ADMINISTRATIVE & GENERAL		RACT SERVICES	21, 132, 658	21, 885, 567	4.1
21				RACT SERVICES	56, 308	0	
22 23				GEMENT SERVICES	313, 388	350, 022	4.
23 24				GEMENT SERVICES GEMENT SERVICES	453, 686 32, 002	508, 891 37, 842	4.
24 25				GEMENT SERVICES	101, 582	122, 155	
25		CARDI AC CATHETERI ZATI ON		GEMENT SERVICES	21, 630	67,690	
27				GEMENT SERVICES	137, 952	169, 146	
28				GEMENT SERVICES	72, 307	72, 307	4.
29				GEMENT SERVICES	54, 168	54, 168	
30		EMPLOYEE BENEFITS DEPARTMENT			39, 497, 805	76, 556, 356	
31				OFFICE	63, 941, 911	116, 842, 203	
32				OFFICE	20, 008, 425	33, 787, 074	
33				OFFICE	2, 121, 868	2, 915, 390	
34		HOUSEKEEPING		OFFICE	5, 593, 279	8, 152, 337	
35		DIETARY		OFFICE	1, 920, 434	3, 081, 321	
36				OFFICE	1, 756, 869	3, 137, 925	
37				OFFICE	3, 361, 022	4, 372, 886	
38				OFFICE	8, 416, 531	13, 976, 446	
39				OFFICE	1, 081, 720	1, 581, 253	
40				OFFICE	7, 632, 499	9, 348, 652	
00	TOTALS (sum of lines 1-4).		_		236, 377, 809	396, 221, 017	
	Transfer column 6, line 5 to						
	Worksheet A-8, column 2,						
	line 12.		1				1

* 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.

1100	boon pootod to normonoot n		te attendore en		or this parti	
				Related Organization(s) and/	or Home Office	
	Symbol (1)	Name	Percentage of	Name	Percentage of	
			Ownership		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

STATEMEI OFFICE		I RELATED ORGANIZATIONS AND HO	ME Provider (CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022		
	Symbol (1)					2/27/2023 8:0)9 am
	Symbol (1)			Related Orga	nization(s) and/o	or Home Office	
	S_{mbol} (1)						
	Symbol (1)						
		News	Demonstrate		News	Democratic of	
	Symbol (1)	Name	Percentage of Ownership		Name	Percentage of Ownership	
	1.00	2.00	3.00		4.00	5. 00	
9.00	B	2:00		DEACONESS HE		0, 00	9.00
10,00	B			DEACONESS HE		0.00	
10.00	В			DEACONESS HE		0.00	
10.03	В			DEACONESS HE		0.00	
10.03	B			DEACONESS HE		0.00	
10.05	C			EVANSVILLE SI		50.00	
10.06	č			PROGRESSI VE		51.00	
10.07	Ă	DEACONESS HEALT		DEACONESS CL		100.00	
10.08	A	DEACONESS HEALT		DEACONESS CL		100.00	
10.00	Â	DEACONESS HEALT		DEACONESS CL		100.00	
10. 10	Â	DEACONESS HEALT		DEACONESS CL		100.00	
10. 11	Â	DEACONESS HEALT		DEACONESS CL		100.00	
10.12	A	DEACONESS HEALT		DEACONESS CL		100.00	
10.12	Â	DEACONESS HEALT		DEACONESS CL		100.00	
10.14	Â	DEACONESS HEALT		DEACONESS CL		100.00	
10.15	C	bencomedo mener		TROC		51.00	
10, 16	č			MAINSPRING M	ANA	51.00	
10.17	Č			VASCMED, LLC		51.00	
10. 18	Č			VASCMED, LLC		51.00	
10.19	č			ORTHOALI GN		51.00	
10.20	В			DEACONESS HE	ALT	0.00	
10. 21	В			DEACONESS HE		0.00	
10. 22	B			DEACONESS HE		0.00	
10. 23	B			DEACONESS HE		0.00	
10.24	B			DEACONESS HE		0.00	
10.25	B			DEACONESS HE		0.00	
10.26	В			DEACONESS HE		0.00	10.26
10. 27	В			DEACONESS HE		0.00	
10. 28	В			DEACONESS HE		0.00	
10. 29	В			DEACONESS HE		0.00	
10.30	В		100.00	DEACONESS HE	ALT	0.00	10.30
10. 31	В			DEACONESS HE		0.00	
10.32	С		0.00			95.00	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.

Heal th	Financial System	IS	DEACONESS HO	SPI TAL	In Lie	u of Form CMS	-2552-10
			RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0082	Peri od:	Worksheet A-	
OFFI CE	COSTS				From 10/01/2021	Data /Tima Dr	onorod.
					To 09/30/2022	Date/Time Pr 2/27/2023 8:	epareu: 09 am
	Net W	kst. A-7 Ref.					
	Adjustments						
	(col. 4 minus						
	col. 5)*	7.00					
	6.00		ENTS REQUIRED AS A RESULT OF TRA	NSACTIONS WITH DELATED			
	HOME OFFICE COST		INTS REQUIRED AS A RESULT OF TRA	NSACTIONS WITH RELATED	UNGANIZATIONS UN		
1.00	2, 413	0					1.00
2.00	66, 520	0					2.00
3.00	33, 161	0					3.00
4.00	1, 393	0					4.00
4.01	41,004	0					4.01
4.02	7, 537	0					4.02
4.03	-1, 533	0					4.03
4.04 4.05	14, 432 -29, 497	0					4.04 4.05
4.05	-50, 727	0					4.05
4.00	-17, 778, 476	0					4.00
4.08	-6, 409, 855	Ő					4.08
4.09	0	0					4.09
4.10	0	0					4.10
4.11	0	0					4.11
4.12	0	0					4.12
4.13	0	0					4.13
4.14	0	0					4.14
4.15 4.16	-10, 406, 797 -2, 228, 283	0					4. 15 4. 16
4.10	-2, 228, 283	0					4.10
4.18	-772, 861	0					4. 18
4.19	-2, 203, 989	0					4.19
4.20	-752, 909	0					4.20
4.21	56, 308	0					4. 21
4.22	-36, 634	0					4.22
4.23	-55, 205	0					4.23
4.24	-5, 840	0					4.24
4.25 4.26	-20, 573 -46, 060	0					4.25
4.20	-48,080	0					4.26 4.27
4.27	-51, 174	0					4.27
4.29	0	0					4.20
4.30	-37, 058, 551	0					4.30
4.31	-52, 900, 292	0					4.31
4.32	-13, 778, 649	0					4.32
4.33	-793, 522	0					4.33
4.34	-2, 559, 058	0					4.34
4.35	-1, 160, 887	0					4.35
4.36 4.37	-1, 381, 056	0					4.36 4.37
4.37 4.38	-1, 011, 864 -5, 559, 915	o					4.37
4.30	-499, 533	0					4.38
4.40	-1, 716, 153	0					4.40
5.00	-159, 843, 208	-					5.00
* The	•	1-4 (and subs	cripts as appropriate) are tran	sferred in detail to Wo	rksheet A, column	6, lines as	

* 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	c .
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.

1 CT IIIDUI	Schert under trete Aviri.	
6.00	HEALTH SYSTEM	6.0
7.00	HEALTH SYSTEM	7.0
8.00	HEALTH SYSTEM	8.0
9.00	HEALTH SYSTEM	9.0
10.00	HEALTH SYSTEM	10.0
10.01	HEALTH SYSTEM	10.0
		· · · · · · · · · · · · · · · · · · ·

Health Financial Systems DEACONESS			SPI TAL	In Lieu of Form CMS	5-2552-10
		RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0082	Period: Worksheet A-	-8-1
OFFI CE	COSTS			From 10/01/2021 To 09/30/2022 Date/Time Pr	conarod.
				2/27/2023 8:	
	Related Organization(s)				
	and/or Home Office				
	Turne of Duckman				
	Type of Business				
	6.00				
10.03	HEALTH SYSTEM				10.03
	HEALTH SYSTEM				10.04
10.05	SURGERY				10.05
10.06	THERAPY SERVICE				10.06
10. 07	CLINIC				10.07
10. 08	CLINIC				10.08
10.09	CLINIC				10.09
10. 10	CLINIC				10.10
10. 11	CLINIC				10. 11
	CLINIC				10.12
	CLINIC				10.13
	CLINIC				10.14
	RADIATION THERA				10. 15
	SURGERY				10.16
	SURGERY				10. 17
	SURGERY				10.18
	SURGERY				10.19
	HEALTH SYSTEM				10.20
	HEALTH SYSTEM				10.21
	HEALTH SYSTEM				10.22
	HEALTH SYSTEM				10.23
	HEALTH SYSTEM				10.24
	HEALTH SYSTEM				10. 25 10. 26
	HEALTH SYSTEM HEALTH SYSTEM				10. 26
	HEALTH SYSTEM HEALTH SYSTEM				10. 27
	HEALTH SYSTEM HEALTH SYSTEM				10. 28
	HEALTH SYSTEM				10. 29
	HEALTH SYSTEM				10.30
	REV CYCLE BILLI				10.31
100.00					100.00
100.00					100.00

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
 B. Corporation, partnership, or other organization has financial interest in provider.

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

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

E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der.

	Financial Syste		DEACONESS			In Lie	eu of Form CMS-	2552-10
PROVI D	ER BASED PHYSIC	I AN ADJUSTMENT		Provider (Period: From 10/01/2021 To 09/30/2022		epared:
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Prov ider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		AGGREGATE-ADMI NI STRATI VE & GENERAL	8, 208	8, 208	() 179,000	0	1.00
2.00		AGGREGATE-NURSI NG ADMI NI STRATI ON	6, 405	6, 405	(2.00
3.00		AGGREGATE - ADULTS & PEDI ATRI CS	31, 119, 161	27, 297, 905	3, 821, 256			3.00
4.00		AGGREGATE-INTENSIVE CARE UNIT	343, 760					
5.00		AGGREGATE-CORONARY CARE UNIT	118, 622					
6.00		AGGREGATE-OPERATING ROOM	21, 987, 146		748, 315		,	
7.00		AGGREGATE-RADI OLOGY-DI AGNOST I C	608, 097	84, 722	523, 375			
8.00		AGGREGATE-RADI OLOGY-THERAPEU TI C	8, 125	0	8, 125			8.00
9.00		AGGREGATE-LABORATORY	695, 618	127, 868	567, 750			
10. 00		AGGREGATE-BLOOD STORING, PROCESSING,	2, 087	2, 087	(10. 00
11.00	65.00	AGGREGATE-RESPI RATORY THERAPY	35, 636	35, 096	540	211, 500	5	11.00
12.00	69.00	AGGREGATE-ELECTROCARDI OLOGY	693, 261	693, 261	(211, 500	0	12.00
13.00		AGGREGATE-RENAL DIALYSIS	7, 500	0	7,500			13.00
14.00		AGGREGATE-PULMONARY REHAB	7, 320	0	7,320			
15.00		AGGREGATE-CLI NI C	446, 219		86, 115			15.00
16.00		AGGREGATE-FAMILY PRACTICE	246, 392	246, 392	(
17.00		AGGREGATE-PRIMARY CARE FOR SENIORS	1, 132, 167	1, 052, 782	79, 385			17.00
18.00		AGGREGATE-PAIN MANAGEMENT	625, 307	594, 558				
19.00		AGGREGATE-WOUND CARE	257, 245		928			
20.00		AGGREGATE-SLEEP CENTER	1, 553, 971	1, 521, 061	32, 910			
21.00		AGGREGATE-HEMATOLOGY	29, 360		(,		
22.00		AGGREGATE-MULTI - SPECI ALTY SERVI CES	463, 729					
23.00		AGGREGATE-EMERGENCY	27, 316, 615		9, 849, 283	3 211, 500		
24.00		AGGREGATE-OBSERVATION BEDS (DISTINCT	392	392	(0	0	24.00
200.00			87, 712, 343	71, 504, 864	16, 207, 479	9	112, 602	200.00

	Financial Syste		DEACONESS	5 HOSPI TAL			In Li	eu of Form CMS-	2552-10
PROVI DE	ER BASED PHYSICI	AN ADJUSTMENT		Provi d	er C	CN: 15-0082	Period: From 10/01/202 To 09/30/2022		epared:
	Wkst. A Line #		Unadjusted RCE			Cost of	Provi der	Physi ci an Cost	
		ldentifier	Limit		RCE	Memberships &		of Malpractice	
				Limit		Conti nui ng	Share of col.	Insurance	
						Educati on	12		
	1.00	2.00	8.00	9.00		12.00	13.00	14.00	
1.00		AGGREGATE – ADMI NI STRATI VE & GENERAL	()	0		0 0	0	1.00
2.00		AGGREGATE-NURSI NG			0		0 0	0	2.00
2.00		ADMI NI STRATI ON			Ŭ				2.00
3.00		AGGREGATE-ADULTS &	2, 917, 378	145,	869		0 0	0	3.00
		PEDIATRICS	_, ,					-	
4.00	31.00	AGGREGATE-INTENSIVE CARE	300, 472	15,	024		0 0	0	4.00
		JNI T							
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	43, 724	2,	186		o c	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	306, 579	15,	329		o c	0	6.00
7.00	54.00	AGGREGATE-RADI OLOGY-DI AGNOST	273, 730	13,	687		o c	0	7.00
		IC							
8.00		AGGREGATE - RADI OLOGY - THERAPEU	4, 052	2	203		o c	0	8.00
9.00		AGGREGATE-LABORATORY	320, 119	16.	006		0 0	0	9.00
10.00		AGGREGATE-BLOOD STORING,	(0			0	10.00
		PROCESSI NG,							
11.00	65.00	AGGREGATE-RESPI RATORY	508	3	25		o c	0	11.00
		THERAPY							
12.00		AGGREGATE-ELECTROCARDI OLOGY	(0		0 0	0	12.00
13.00		AGGREGATE-RENAL DIALYSIS	5, 084		254		o c	0	13.00
14.00		AGGREGATE-PULMONARY REHAB	6, 203		310		0 0	0 0	14.00
15.00	90.00	AGGREGATE-CLINIC	42, 808	3 2,	140		0 0	0 0	15.00
16.00	90.01	AGGREGATE-FAMILY PRACTICE	(0		0 0	0 0	16.00
17.00		AGGREGATE-PRIMARY CARE FOR SENIORS	96, 090	4,	805		o c	0	17.00
18.00		AGGREGATE-PAIN MANAGEMENT	27, 251	1.	363		0 0	0	18.00
19.00		AGGREGATE-WOUND CARE	1, 525		76			0	19.00
20.00		AGGREGATE-SLEEP CENTER	25, 726		286			0	20.00
21.00		AGGREGATE-HEMATOLOGY	20,720		0			0	21.00
22.00		AGGREGATE - MULTI - SPECIALTY	6, 203		310			0	22.00
22.00		SERVI CES	0,200		5.5				22.00
23.00		AGGREGATE-EMERGENCY	7, 237, 367	361,	868		0 0	0	23.00
24.00		AGGREGATE-OBSERVATION BEDS	(0		0 0	0	
		(DI STI NCT							
200.00			11, 614, 819	580,	741		o c	0	200.00

Heal th	Financial Syste	ems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-25	552-10
	ER BASED PHYSIC			Provider (CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet A-8-2 Date/Time Prepa 2/27/2023 8:09	ared:
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Di sal I owance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE - ADMI NI STRATI VE & GENERAL	0	0	(8, 208		1.00
2.00		AGGREGATE-NURSI NG ADMI NI STRATI ON	0	0		6, 405		2.00
3.00		AGGREGATE - ADULTS & PEDI ATRI CS	0	_,,				3.00
4.00		AGGREGATE - I NTENSI VE CARE UNI T	0					4.00
5.00		AGGREGATE-CORONARY CARE UNIT	0					5.00
6.00		AGGREGATE-OPERATING ROOM	0					6.00
7.00		AGGREGATE-RADI OLOGY-DI AGNOST	0	273, 730				7.00
8.00		AGGREGATE-RADI OLOGY-THERAPEU TI C	0					8.00
9.00		AGGREGATE - LABORATORY	0	320, 119	247,63			9.00
10. 00		AGGREGATE-BLOOD STORING, PROCESSING,	0	0		2,087		10. 00
11.00		AGGREGATE-RESPI RATORY THERAPY	0	508	3:			11.00
12.00		AGGREGATE-ELECTROCARDI OLOGY	0	0		693, 261		12.00
13.00		AGGREGATE-RENAL DIALYSIS	0					13.00
14.00		AGGREGATE-PULMONARY REHAB	0	-,				14.00
15.00		AGGREGATE-CLI NI C	0	42, 808	43, 30			15.00
16.00		AGGREGATE-FAMILY PRACTICE	0	0		246, 392		16.00
17.00		AGGREGATE-PRIMARY CARE FOR SENIORS	0	96, 090		1, 052, 782		17.00
18.00		AGGREGATE-PAIN MANAGEMENT	0	27, 251	3, 49	598, 056		18.00
19.00	90.06	AGGREGATE-WOUND CARE	0			256, 317		19.00
20.00		AGGREGATE-SLEEP CENTER	0	25, 726	7, 18			20.00
21.00		AGGREGATE-HEMATOLOGY	0	0		29, 360		21.00
22.00	90.09	AGGREGATE-MULTI - SPECI ALTY SERVI CES	0	6, 203	45:	2 457, 526		22.00
23.00	91.00	AGGREGATE-EMERGENCY	0	7, 237, 367	2, 611, 91	20, 079, 248		23.00
24.00	92.01	AGGREGATE-OBSERVATION BEDS (DISTINCT	0			392		24.00
200.00			0	11, 614, 819	4, 609, 96	2 76, 114, 826	2	200.00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	DEACONESS	Provi der CC		eriod: rom 10/01/2021	u of Form CMS-2 Worksheet B Part I Date/Time Pre 2/27/2023 8:0	pared:
			CAPI	TAL RELATED CO	STS	2/2//2023 8.0	
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	
		<u>col.7)</u>	1.00	1.01	2.00	4.00	
	GENERAL SERVICE COST CENTERS	0	1.00	1.01	2.00	4.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT	40, 575, 986	40, 575, 986				1.00
1.01	00101 CAP REL COSTS-BLDG & FIXT	111, 341	0	111, 341			1.01
2.00	00200 CAP REL COSTS-MVBLE EQUIP	33, 378, 882	100.00/	7 070	33, 378, 882	2/ 01/ 100	2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	36, 692, 807 76, 643, 196	108, 206 773, 114	7, 970 40, 498	7, 215 12, 984, 798	36, 816, 198 4, 321, 062	4.00 5.00
7.00	00700 OPERATION OF PLANT	4, 351, 379	0	40, 490	213, 599	4, 321, 002	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	1, 317, 087	0	0	125, 461	112, 691	8.00
9.00	00900 HOUSEKEEPI NG	6, 163, 864	0	0	74, 908	595, 983	9.00
10.00	01000 DI ETARY	5,003,441	81, 786	0	141, 560	262, 108	
11.00	01100 CAFETERIA	1, 691, 387	531, 581	0	47, 920	133, 733	11.00
13.00	01300 NURSI NG ADMI NI STRATI ON	6, 286, 388		0	983, 584	612, 602	13.00
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	3, 344, 551 6, 617, 384	11, 498	0	701, 003 843, 799	251, 495 1, 000, 700	14.00 15.00
	01600 MEDICAL RECORDS & LIBRARY	1, 462, 853	12, 798	0	115	109, 427	16.00
	01700 SOCIAL SERVICE	7, 735, 194		0	47, 752	726, 563	
	02100 I & R SERVICES-SALARY & FRINGES APPRVD	2,018,363		0	0	194, 931	
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2, 090, 779	34, 994	0	0	146, 897	22.00
23.00	02300 PARAMED ED PRGM-PHARMACY	333, 829	10, 123	0	24, 611	26, 460	
	02301 PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303 PARAMED ED PRGM-NURSING	1, 298, 939	71, 912	0	7, 866	125, 450	23.03
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	86, 228, 819	8, 313, 407	0	914, 503	8, 484, 474	30.00
	03100 I NTENSI VE CARE UNI T	30, 423, 897		0	207, 383	2, 202, 435	
32.00	03200 CORONARY CARE UNIT	5, 709, 135		0	14, 053	403, 205	
	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	82, 667, 584		0	6, 786, 597	3, 340, 614	50.00
51.00	05100 RECOVERY ROOM	7, 705, 249		0	204, 212	592, 796	
54.00	05400 RADI OLOGY-DI AGNOSTI C	11, 141, 642	1, 181, 116	0	1, 167, 106	648, 240	
55.00 56.00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	16, 635, 532 2, 721, 010	417, 051 97, 533	0	135, 457 13, 305	328, 291 74, 778	55.00 56.00
57.00	05700 CT SCAN	6, 557, 827		0	1, 336, 909	313, 595	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3, 647, 828		0	1, 692, 995	196, 915	
59.00	05900 CARDI AC CATHETERI ZATI ON	19, 981, 550		0	1, 561, 159	631, 116	
60.00	06000 LABORATORY	44, 697, 811	963, 630	0	1, 266, 934	1, 625, 976	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	4, 197, 784		0	1, 987	87, 076	
	06400 I NTRAVENOUS THERAPY	3, 036, 211	31, 869	0	15, 649	188, 812	
	06500 RESPIRATORY THERAPY	9, 139, 480		0	427, 330	593, 360	
	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY	12, 766, 211 5, 404, 664	193, 416 522, 958	0	112, 306 235, 661	0 277, 866	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7, 838, 125		0	233, 001	277,000	71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	27, 677, 478		0	0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	84, 232, 892		0	0	0	73.00
74.00	07400 RENAL DI ALYSI S	2, 235, 028	14, 697	0	13, 819	14, 440	
	03030 ANGI OCARDI OGRAPHY	0	0	0	0	0	76.00
	03160 PULMONARY REHAB	306, 431	105 770	0	17, 184	23, 917	
76. 97	07697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS	714, 443	125, 778	0	17, 331	48, 325	76.97
90.00	09000 CLINIC	3, 331, 131	450, 720	0	2, 784	294, 837	90.00
	09001 FAMILY PRACTICE	1, 355, 047	92, 984	0	26, 578	88, 813	
	09002 OUTPATI ENT PSYCHI ATRI C SERVI CES	1, 814, 247	0	0	2, 415	129, 993	90.02
	09003 CHEMO	2, 958, 701	225, 185	0	54, 896	214, 633	
	09004 PRIMARY CARE FOR SENIORS	927, 429		0	7, 709	151, 725	
90.05	09005 PALN MANAGEMENT	2, 563, 602	224, 035	0	30, 060	236, 488	
90.06	09006 WOUND CARE 09007 SLEEP CENTER	1, 629, 213 2, 703, 601	89, 834 85, 410	0	4, 805 19, 705	137, 421 326, 877	90.06 90.07
				0	19, 705	60, 075	
90. 07		/48 335		0			
90. 07 90. 08	09008 HEMATOLOGY 09008 MULTI - SPECIALTY SERVICES	748, 335		0	8, 882	115, 470	90.09
90. 07 90. 08 90. 09	09008 HEMATOLOGY	1, 115, 149 246, 181		0 0	8, 882 437	115, 470	
90. 07 90. 08 90. 09 90. 10 91. 00	09008 HEMATOLOGY 09009 MULTI -SPECI ALTY SERVI CES 09010 DI ABETES CENTER 09100 EMERGENCY	1, 115, 149	179, 393 0	0 0 0			90.10
90.07 90.08 90.09 90.10 91.00 92.00	09008 HEMATOLOGY 09009 MULTI -SPECIALTY SERVICES 09010 DIABETES CENTER 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 115, 149 246, 181 28, 140, 137	179, 393 0 1, 190, 940	0 0	437 261, 203	15, 252 2, 734, 254	90.10 91.00 92.00
90. 07 90. 08 90. 09 90. 10 91. 00 92. 00 92. 01	09008 HEMATOLOGY 09009 MULTI -SPECIALTY SERVICES 09010 DIABETES CENTER 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	1, 115, 149 246, 181	179, 393 0	0	437	15, 252	90.10 91.00 92.00
90. 07 90. 08 90. 09 90. 10 91. 00 92. 00 92. 01	09008 HEMATOLOGY 09009 MULTI -SPECIALTY SERVICES 09010 DIABETES CENTER 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) 07HER_REIMBURSABLE COST CENTERS	1, 115, 149 246, 181 28, 140, 137 8, 774, 357	179, 393 0 1, 190, 940 993, 300	0 0	437 261, 203 1, 404	15, 252 2, 734, 254 <u>653, 477</u>	90. 10 91. 00 92. 00 92. 01
90. 07 90. 08 90. 09 90. 10 91. 00 92. 00 92. 01	09008 HEMATOLOGY 09009 MULTI -SPECIALTY SERVICES 09010 DIABETES CENTER 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) 07HER REIMBURSABLE COST CENTERS 09600 DURABLE MEDICAL EQUIP-RENTED	1, 115, 149 246, 181 28, 140, 137	179, 393 0 1, 190, 940 993, 300	0 0	437 261, 203 1, 404	15, 252 2, 734, 254	90. 10 91. 00 92. 00 92. 01
90. 07 90. 08 90. 09 90. 10 91. 00 92. 00 92. 01	09008 HEMATOLOGY 09009 MULTI -SPECIALTY SERVICES 09010 DIABETES CENTER 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) 07HER REIMBURSABLE COST CENTERS 09600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS	1, 115, 149 246, 181 28, 140, 137 8, 774, 357	179, 393 0 1, 190, 940 993, 300 123, 653	0 0 0	437 261, 203 1, 404 221, 125	15, 252 2, 734, 254 <u>653, 477</u>	90. 10 91. 00 92. 00 92. 01 96. 00
90. 07 90. 08 90. 09 90. 10 91. 00 92. 00 92. 01 96. 00 118. 00	09008 HEMATOLOGY 09009 MULTI -SPECIALTY SERVICES 09010 DIABETES CENTER 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) 07HER REIMBURSABLE COST CENTERS 09600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS	1, 115, 149 246, 181 28, 140, 137 8, 774, 357 11, 462, 998	179, 393 0 1, 190, 940 993, 300 123, 653 25, 215, 073	0 0 0 48, 468	437 261, 203 1, 404 221, 125 32, 988, 240	15, 252 2, 734, 254 653, 477 273, 384 34, 541, 906	90. 10 91. 00 92. 00 92. 01 96. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	F	Period: rom 10/01/2021 o 09/30/2022	Worksheet B Part I Date/Time Pre 2/27/2023 8:0		
		CAPI	TAL RELATED C	OSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT		
	0	1.00	1.01	2.00	4.00		
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	15, 515, 799	1, 757, 515	(305, 678	1, 213, 054	192.00	
192.01 19201 DEACONESS URGENT CARE	0	0	0	0		192.01	
192.02 19202 HENDERSON ER PHYSICIANS	7, 181	0	C	0	264, 902	192.02	
192.03 19203 FAMILY PHARMACY	38, 807, 753	91, 059	C	17, 668	156, 341	192.03	
194.0007950 MISC NONREI MBURSABLE	2, 538, 180	643, 036	41, 832	4, 171	143, 031	194.00	
194.0107951 OCCUPATI ONAL HEALTH	14	0	C	0	0	194.01	
194.0207952 OTHER FACILITIES	1, 842, 732	1, 157, 121	C	38, 277	60, 463	194.02	
194.03 07953 THE HEART HOSPI TAL	0	0	C	0	0	194.03	
194. 04 07954 PR	601, 819	71, 962	C	4, 714	99, 520	194.04	
194. 05 07955 CHI LD CARE CENTER	2, 843, 760	0	C	20, 134	204, 021	194.05	
194.0607956 CENTER OF LIFE BALANCE	0	0	C	0	0	194.06	
194.0707957UNIT 3200 - DEACONESS VNA	0	8, 748	C	0	0	194.07	
194. 08 07958 HEALTHSOUTH	0	328, 567	C	0	0	194.08	
194.0907959 HOME OFFICE	0	10, 936, 170	21, 041	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)	845, 823, 274	40, 575, 986	111, 341	33, 378, 882	36, 816, 198	202.00	

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	DEACONESS H		CN: 15-0082 Pe	In Lie eriod:	u of Form CMS-: Worksheet B	2552-10
					rom 10/01/2021	Part I Date/Time Pre 2/27/2023 8:0	pared:
	Cost Center Description	ADMI NI STRATI VE & GENERAL	OPERATION OF PLANT	LAUNDRY & LI NEN SERVI CE	HOUSEKEEPI NG	DI ETARY	
		5.00	7.00	8.00	9.00	10.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.00	00101 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMI NI STRATI VE & GENERAL	94, 762, 668					5.00
7.00	00700 OPERATION OF PLANT	1, 354, 062	6, 331, 914				7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	278, 379 918, 061	126, 654 81, 934		7, 834, 750		8.00 9.00
10.00	01000 DI ETARY	744, 718	93, 340		119, 427	6, 470, 095	•
11.00	01100 CAFETERIA	304, 524	104, 868		134, 178	0	11.00
13.00	01300 NURSING ADMINISTRATION	1, 009, 350	35, 410	0	45, 307	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	617, 189	112, 388		143, 800	0	14.00
15.00	01500 PHARMACY	1, 117, 585	70, 119		89, 717	0	15.00
16.00 17.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	226, 075 1, 094, 262	42, 052 26, 144	1	53, 805 33, 451	0	16.00
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	293, 967	20, 144	1	27, 382	0	•
22.00	02200 I & SERVICES-OTHER PRGM COSTS APPRVD	287, 750	6, 903	1	8, 833	0	•
23.00	02300 PARAMED ED PRGM-PHARMACY	50, 050	1, 997	0	2, 555	0	23.00
23.01	02301 PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303 PARAMED ED PRGM-NURSI NG	190, 458	14, 187	0	18, 152	0	23.03
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	13, 161, 349	1, 640, 040	1, 111, 319	2, 098, 415	4, 551, 274	30.00
30.00	03100 I NTENSI VE CARE UNI T	4, 395, 789	371, 326		475, 109	887, 296	•
32.00	03200 CORONARY CARE UNIT	802, 946	42, 451		54, 316	165, 446	•
40.00	04000 SUBPROVIDER - IPF	0	0		0	0	•
	ANCILLARY SERVICE COST CENTERS						
50.00	O5000 OPERATING ROOM	12,092,006	593, 238		759, 043	0	
51.00 54.00	05100 RECOVERY ROOM 05400 RADI OLOGY-DI AGNOSTI C	1, 229, 575 1, 791, 725	238, 060 233, 006		304, 596 298, 130	0	51.00 54.00
54.00 55.00	05500 RADI OLOGY-THERAPEUTI C	2, 217, 988	233,000 82,274		105, 269	0	55.00
56.00	05600 RADI OLSOTOPE	368, 036	19, 241		24, 619	0	56.00
57.00	05700 CT SCAN	1,050,639	14, 739		18, 858	0	•
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	724, 992	33, 403	57, 654	42, 739	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	2, 931, 159	189, 228		242, 116	0	59.00
60.00	06000 LABORATORY	6, 149, 411	190, 101		243, 233	0	60.00
63.00	06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06400 I NTRAVENOUS THERAPY	547,853	7, 914	1	10, 126	0	63.00
64.00 65.00	06500 RESPIRATORY THERAPY	414, 369 1, 311, 160	6, 287 37, 619		8, 044 48, 133	0	64.00 65.00
66.00	06600 PHYSI CAL THERAPY	1, 655, 236	38, 156	1	48, 821	0	66.00
69.00	06900 ELECTROCARDI OLOGY	815, 868	103, 167		132, 001	0	•
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	992, 409	0	0	0	0	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	3, 504, 329	0	0	0	0	
	07300 DRUGS CHARGED TO PATIENTS	10, 664, 979	0	0	0	0	•
74.00 76.00	07400 RENAL DI ALYSI S 03030 ANGI OCARDI OGRAPHY	288, 442	2, 899	0	3, 710	0	
76.01	03160 PULMONARY REHAB	44,027	0	0	0	0	•
	07697 CARDI AC REHABI LI TATI ON	114, 720	24, 813		31, 748	0	•
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	516, 518	88, 916		113, 768	0	
90.01	09001 FAMILY PRACTICE	197, 987	18, 343		23, 470	0	
90. 02 90. 03	09002 OUTPATI ENT PSYCHI ATRI C SERVI CES 09003 CHEMO	246, 475 437, 325	44, 424	0 245	0 56, 840	0	90.02 90.03
90. 03 90. 04	09004 PRIMARY CARE FOR SENIORS	137, 622	44, 424	243	50, 840	0	90.03
90.05	09005 PAIN MANAGEMENT	386, 742	44, 197		56, 550	0	90.05
90.06	09006 WOUND CARE	235, 668	17, 722	4, 536	22, 675	0	90.06
90.07	09007 SLEEP CENTER	397, 035	16, 849		21, 559	0	90.07
90.08	09008 HEMATOLOGY	128, 748	41, 090		52, 575	0	90.08
90.09	09009 MULTI - SPECIALTY SERVICES	179, 663	35, 390	0	45, 281	0	90.09
90. 10 91. 00	09010 DI ABETES CENTER 09100 EMERGENCY	33, 157 4, 093, 330	0 234, 944	0 219, 690	0 300, 609	0 92, 846	90.10 91.00
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,093,330	234, 744	219,090	300, 007	72,040	92.00
92.00 92.01	09201 OBSERVATION BEDS (NON-DISTINCT FART)	1, 319, 631	195, 954	2, 402	250, 722	553, 977	•
96.00	OTHER REIMBURSABLE COST CENTERS	1, 529, 946	24, 394	0	31, 212	0	96.00
118.00		85, 595, 284	5, 367, 582	1, 950, 746	6, 600, 894	6, 250, 839	118. 00
190 00	NONREIMBURSABLE COST CENTERS	457, 240	72, 348		92, 569	0	190.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	457, 240 2, 379, 751	72, 348 346, 716		92, 569 443, 620		190.00
	19201 DEACONESS URGENT CARE	0	0 10, 710	0	0		192.00
192.02	19202 HENDERSON ER PHYSICIANS	34, 449	0	0	0	0	192. 02
	19203 FAMILY PHARMACY	4, 947, 152	17, 964		22, 984		192.03
10/ 00	07950 MISC NONREI MBURSABLE	426, 723	218, 292	1, 786	279, 303	219, 256	194.00

Health Financial Systems	nancial Systems DEACONESS HOSPITAL					In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 10/01/2021	Worksheet B Part I				
				o 09/30/2022	Date/Time Pre 2/27/2023 8:0				
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. 01 07951 OCCUPATI ONAL HEALTH	2	0	() 0	0	194.01			
194.0207952 OTHER FACILITIES	392, 377	228, 272	(292, 073	0	194. 02			
194. 03 07953 THE HEART HOSPI TAL	0	0	(0 0	0	194.03			
194. 04 07954 PR	98, 514	14, 196	(18, 164	0	194.04			
194. 05 07955 CHI LD CARE CENTER	388, 467	0	7, 731	0	0	194.05			
194.0607956 CENTER OF LIFE BALANCE	0	0	(0 0	0	194.06			
194.0707957 UNIT 3200 - DEACONESS VNA	1, 108	1, 726	(2, 208	0	194.07			
194. 08 07958 HEALTHSOUTH	41, 601	64, 818	(82, 935	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)	94, 762, 668	6, 331, 914	1, 960, 272	7, 834, 750	6, 470, 095	202.00			

	Financial Systems	DEACONESS		N. 15 0000		J of Form CMS-	2552-10
CUST A	LLOCATION - GENERAL SERVICE COSTS		Provider CC	N: 15-0082 Pe Fr Tc	riod: om 10/01/2021 09/30/2022	Worksheet B Part I Date/Time Pre 2/27/2023 8:0	
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	
		11.00	13.00	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS						
1.00 1.01	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT						1.00 1.01
2.00	00200 CAP REL COSTS-BEDG & TTXT						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINI STRATI VE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY						9.00 10.00
11.00	01100 CAFETERI A	2, 948, 191					11.00
13.00	01300 NURSING ADMINISTRATION	83, 944	9, 056, 585				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	48,030	1 1	5, 249, 845	0.000.74/		14.00
15.00 16.00	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY	109, 635 23, 113	1 1	41, 777 83	9, 890, 716	1, 930, 321	15.00 16.00
17.00	01700 SOCIAL SERVICE	23, 113 79, 734	1	134	0	1, 930, 321	17.00
21.00	02100 I & R SERVICES-SALARY & FRINGES APPRVD	18, 559		0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	10, 396	1 1	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-PHARMACY	2, 578		0	0	0	23.00
23. 01 23. 03	02301 PARAMED ED PRGM-CHAPLAIN	15 552		0	0	0	23.01 23.03
23.03	02303 PARAMED ED PRGM-NURSING	15, 552	83, 164	0	0	0	23.03
30.00	03000 ADULTS & PEDI ATRI CS	711, 418	3, 804, 400	179, 610	129	133, 543	30.00
31.00	03100 I NTENSI VE CARE UNI T	189, 369	1, 012, 669	118, 761	83	55, 528	31.00
32.00	03200 CORONARY CARE UNIT	37, 977		28, 538	56	12, 065	
40.00	04000 SUBPROVIDER - IPF	C	0	0	0	0	40.00
50.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	211, 966	1, 133, 509	910, 607	3, 501	299, 438	50.00
51.00	05100 RECOVERY ROOM	60, 488		28, 579	17	15, 508	51.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	83, 858		92, 990	630	71, 399	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	39, 266	1 1	105, 593	24, 939	69, 729	
56.00	05600 RADI OI SOTOPE	7, 561	1 1	29, 922	14	24, 192	56.00
57.00 58.00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	39, 953 25, 347	1 1	58, 305 15, 311	0	115, 467 39, 007	57.00 58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	58,856		369, 663	1, 769	91, 297	59.00
60.00	06000 LABORATORY	289, 294	1 1	765, 554	124	183, 270	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	10, 912	1	154, 169	0	13, 442	63.00
64.00 65.00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	17,098		39, 850	18	5, 594	64.00 65.00
66. 00	06600 PHYSI CAL THERAPY	57, 223	1	57, 480 17, 854	2 94	53, 329 54, 118	1
69.00	06900 ELECTROCARDI OLOGY	31, 705	169, 544	52, 544	538	47, 544	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	C	0 0	385, 988	0	26, 996	
	07200 I MPL. DEV. CHARGED TO PATIENTS	C	0	1, 362, 992	0	66, 527	
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	C 1, 117		0 1, 482	5, 339, 297	268, 015 8, 374	
76.00	03030 ANGI OCARDI OGRAPHY	1, 117		1, 482	0	0, 374	76.00
	03160 PULMONARY REHAB	4, 038	3 0	73	29	373	
76.97	07697 CARDI AC REHABI LI TATI ON	8, 162	2 0	172	1	2, 515	76.97
00.00	OUTPATIENT SERVICE COST CENTERS	22.72/	175 050	4.02/	F (2 (20	00.00
90. 00 90. 01	09000 CLINIC 09001 FAMILY PRACTICE	32, 736 13, 232		4, 026 2, 143	56 14, 112	2, 620 1, 889	
90.01	09002 OUTPATI ENT PSYCHI ATRI C SERVI CES	22, 511		2, 143	14, 112	5, 147	90.01
90.03	09003 CHEMO	22, 941		18, 365	0	19, 970	
90.04	09004 PRIMARY CARE FOR SENIORS	13, 146	1 1	702	594	491	90.04
90.05	09005 PALN MANAGEMENT	26, 464		4, 527	1, 358	12, 131	90.05
90. 06 90. 07	09006 WOUND CARE 09007 SLEEP CENTER	17, 871 31, 791		9, 120 5, 476	408 0	9, 127 5, 748	90.06 90.07
90.07 90.08	09008 HEMATOLOGY	10, 310		232	0	1, 431	
90.09	09009 MULTI - SPECI ALTY SERVICES	14, 435		630	318	2, 826	
	09010 DI ABETES CENTER	2, 664		96	0	276	
91.00	09100 EMERGENCY	144, 175	5 770, 988	68, 850	3, 241	172, 679	91.00
92.00 92.01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	65, 729	351, 493	19, 194	0	13, 671	92.00 92.01
72.01	OTHER REIMBURSABLE COST CENTERS	03,727	<u>, 331, 473</u>	17, 174		13,071	/2.01
96.00	09600 DURABLE MEDI CAL EQUI P-RENTED	50, 264	l 0	290, 876	0	23, 272	96.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	2, 745, 418	9, 056, 585	5, 242, 309	5, 391, 328	1, 928, 548	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	30, 588	3 0	0	n	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	61, 777	1	1, 787	12, 274	1, 773	192.00
	19201 DEACONESS URGENT CARE	0		0	0		192.01
	19202 HENDERSON ER PHYSICIANS 19203 FAMILY PHARMACY	5, 843 17, 786	1	0 5, 519	0 4, 487, 114		192. 02 192. 03
172.03		17,700	יו U	5, 519	4,407,114	0	172.03

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 10/01/2021	Worksheet B Part I	
				To 09/30/2022		
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	
194.0007950 MISC NONREI MBURSABLE	22, 597	0	23	0 0	0	194.00
194.01079510CCUPATIONAL HEALTH	0	0		0 0	0	194.01
194.0207952OTHER FACILITIES	1, 718	0		0 0	0	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0		0 0	0	194. 03
194. 04 07954 PR	12, 544	0		0 0	0	194.04
194. 05 07955 CHI LD CARE CENTER	49, 920	0		0 0	0	194.05
194.0607956 CENTER OF LIFE BALANCE	0	0		0 0	0	194.06
194.0707957UNIT 3200 - DEACONESS VNA	0	0		0 0	0	194. 07
194. 08 07958 HEALTHSOUTH	0	0		0 0	0	194.08
194.0907959 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)	2, 948, 191	9, 056, 585	5, 249, 84	5 9, 890, 716	1, 930, 321	202.00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	DEACONESS	Provi der CC		eriod: com 10/01/2021	u of Form CMS-2 Worksheet B Part I Date/Time Pre 2/27/2023 8:0	pared:
			INTERNS &	RESI DENTS		12/2//2020 010	
	Cost Center Description	SOCIAL SERVICE	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	PARAMED ED	
			Y & FRINGES		PRGM-PHARMACY		
		17.00	21.00	22.00	23.00	23.01	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	1					1.00
1.01	00101 CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL						4.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
	01000 DI ETARY 01100 CAFETERI A						10.00
	01300 NURSI NG ADMI NI STRATI ON						13.00
	01400 CENTRAL SERVICES & SUPPLY						14.00
	01500 PHARMACY						15.00
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	9, 743, 234					16.00 17.00
	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	2, 683, 084				21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		2, 586, 552			22.00
	02300 PARAMED ED PRGM-PHARMACY	0			452, 203	~	23.00
	02301 PARAMED ED PRGM-CHAPLAIN 02303 PARAMED ED PRGM-NURSING	0				0	23.01 23.03
23.03	INPATIENT ROUTINE SERVICE COST CENTERS			I I	I		23.03
30.00	03000 ADULTS & PEDIATRICS	7, 891, 005	1, 416, 104	1, 365, 155	0	0	30.00
	03100 I NTENSI VE CARE UNI T	1, 558, 256	44, 280	42, 687	0	0	
	03200 CORONARY CARE UNIT 04000 SUBPROVIDER - IPF	293, 973	0	0	0	0	
40.00	ANCI LLARY SERVICE COST CENTERS	0	0	0	0	0	40.00
50.00	05000 OPERATI NG ROOM	0	53, 612	51, 683	0	0	50.00
	05100 RECOVERY ROOM	0	0	0	0	0	
	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	54.00 55.00
56.00	05600 RADI OLOGI - THERAPEUTI C		0	0	0	0	56.00
	05700 CT SCAN	0	0	0	0	0	1
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0	45, 518	43, 880	0	0	
	06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0	0	0	0	0	63.00
	06400 I NTRAVENOUS THERAPY	0	0	0	0	0	64.00
	06500 RESPI RATORY THERAPY	0	0	0	0	0	65.00
	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY	0	0	0	0	0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	452, 203	0	
	07400 RENAL DI ALYSI S 03030 ANGI OCARDI OGRAPHY	0	0	0	0	0	
	03160 PULMONARY REHAB	0	0	0	0	0	1
	07697 CARDI AC REHABI LI TATI ON	0	0	0	0	0	1
00.00	OUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC 09001 FAMILY PRACTICE		0 979, 446	0 944, 207	0	0	
	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	
90.03	09003 CHEMO	0	0	0	Ō	0	1
	09004 PRIMARY CARE FOR SENIORS	0	34, 948	33, 691	0	0	
	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
	09006 WOUND CARE 09007 SLEEP CENTER		0	0	0	0	90.06 90.07
	09008 HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009 MULTI - SPECI ALTY SERVICES	0	0	0	О	0	
		0			0	0	90.10 91.00
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	109, 176	105, 249	0	0	91.00
	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	1
	OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDI CAL EQUI P-RENTED	0	0	0	0	0	96.00
118.00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	9, 743, 234	2, 683, 084	2, 586, 552	452, 203	0	118.00
110.00	NONREI MBURSABLE COST CENTERS	1,7,7+3,234	2,000,004	2, 560, 552	+52, 203	0	1 10.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
192.00	19200 PHYSI CLANS' PRI VATE OFFI CES 19201 DEACONESS URGENT CARE	0	0	0	0		192.00
100 01						~	192.01

Health Financial Systems	DEACONESS H	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period:	Worksheet B	
				From 10/01/2021 To 09/30/2022	Part I Date/Time Pre	pared:
					2/27/2023 8:0	9 am
		INTERNS &	RESI DENTS			
Cost Center Description	SOCIAL SERVICE	SEDVICES_SALAD		R PARAMED ED	PARAMED ED	
cost center bescription	SUCIAL SERVICE.	Y & FRI NGES	PRGM COSTS	PRGM-PHARMACY	PRGM-CHAPLAI N	
	17.00	21.00	22.00	23.00	23.01	
192. 03 19203 FAMILY PHARMACY	0	0		0 0	0	192.03
194.00 07950 MISC NONREI MBURSABLE	0	0		0 0	0	194.00
194.01079510CCUPATIONAL HEALTH	0	0		0 0	0	194.01
194.0207952 OTHER FACILITIES	0	0		0 0	0	194.02
194. 03 07953 THE HEART HOSPI TAL	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
194.0607956 CENTER OF LIFE BALANCE	0	0		0 0	0	194.06
194.0707957UNIT 3200 - DEACONESS VNA	0	0		0 0	0	194.07
194. 08 07958 HEALTHSOUTH	0	0		0 0	0	194.08
194.0907959 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)	9, 743, 234	2, 683, 084	2, 586, 55	452, 203	0	202.00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	DEACONESS H	Provider C		ri od:	u of Form CMS-2552-10 Worksheet B
					om 10/01/2021 09/30/2022	Part I Date/Time Prepared: 2/27/2023 8:09 am
	Cost Center Description	PARAMED ED PRGM-NURSI NG	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	24.00	25.00	26.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT			1		1.00
1. 01 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	00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATI VE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSI NG ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY					1. 01 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	01700 SOCIAL SERVICE					17.00
21.00 22.00	02100 I & R SERVI CES-SALARY & FRI NGES APPRVD 02200 I & R SERVI CES-OTHER PRGM COSTS APPRVD					21.00
23.00	02300 PARAMED ED PRGM-PHARMACY					23.00
23.01	02301 PARAMED ED PRGM-CHAPLAIN	1 005 (00				23.01
23. 03	02303 PARAMED ED PRGM-NURSING INPATIENT ROUTINE SERVICE COST CENTERS	1, 825, 680				23. 03
30. 00	03000 ADULTS & PEDI ATRI CS	1, 137, 862	143, 142, 826	-2, 781, 259	140, 361, 567	30.00
31.00	03100 I NTENSI VE CARE UNI T	266, 444	44, 216, 347		44, 129, 380	31.00
32.00 40.00	03200 CORONARY CARE UNIT 04000 SUBPROVIDER - IPF	75, 757 0	8, 096, 842 0		8, 096, 842 0	32.00 40.00
	ANCILLARY SERVICE COST CENTERS				- 1	
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	21, 785 24, 942	112, 128, 563 11, 999, 586		112, 023, 268 11, 999, 586	50.00 51.00
54.00	05400 RADI OLOGY – DI AGNOSTI C	24, 942	16, 773, 532	1 1	16, 773, 532	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	17, 025	20, 180, 899	1	20, 180, 899	55.00
56.00 57.00	05600 RADI OI SOTOPE 05700 CT SCAN	0	3, 405, 061 9, 591, 302	1	3, 405, 061 9, 591, 302	56.00 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6, 645, 511		6, 645, 511	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	23, 545	27, 130, 571		27, 041, 173 56, 375, 830	59.00
60.00 63.00	06000 LABORATORY 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0	56, 375, 830 5, 071, 381		5, 071, 381	60.00 63.00
64.00	06400 I NTRAVENOUS THERAPY	15, 007	3, 870, 242	0	3, 870, 242	64.00
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0	11, 915, 807 14, 905, 514		11, 915, 807 14, 905, 514	65.00 66.00
69.00	06900 ELECTROCARDI OLOGY	2, 587	7, 798, 972		7, 798, 972	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9, 243, 518	0	9, 243, 518	71.00
	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	0	32, 611, 326 100, 957, 386	0	32, 611, 326 100, 957, 386	72.00
	07400 RENAL DI ALYSI S	0	2, 584, 008		2, 584, 008	74.00
	03030 ANGI OCARDI OGRAPHY	0	0	0	0	76.00
	03160 PULMONARY REHAB 07697 CARDI AC REHABI LI TATI ON	0	396, 072 1, 088, 008		396, 072 1, 088, 008	76. 01 76. 97
	OUTPATIENT SERVICE COST CENTERS					
	09000 CLINIC 09001 FAMILY PRACTICE	103	5,013,423		5,013,423	90.00
	09001 FAMILY PRACTICE 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	3, 829, 830 2, 341, 210		1, 906, 177 2, 341, 210	90. 01 90. 02
90. 03	09003 CHEMO	13, 092	4, 189, 295	0	4, 189, 295	90. 03
90. 04 90. 05	09004 PRI MARY CARE FOR SENI ORS 09005 PAI N MANAGEMENT	0 E 100	1, 378, 624		1, 309, 985	90. 04 90. 05
90.05 90.06	09005 PATN MANAGEMENT 09006 WOUND CARE	5, 123 3, 726	3, 735, 881 2, 277, 695		3, 735, 881 2, 277, 695	90.06
90. 07	09007 SLEEP CENTER	0	3, 784, 054	0	3, 784, 054	90.07
90. 08 90. 09	09008 HEMATOLOGY 09009 MULTI - SPECI ALTY SERVI CES	0 9, 056	1, 306, 386 1, 783, 684	1	1, 306, 386 1, 783, 684	90. 08 90. 09
90. 09 90. 10	09010 DIABETES CENTER	9,000	312, 307		312, 307	90.09
	09100 EMERGENCY	109, 703	38, 752, 014	-214, 425	38, 537, 589	91.00
92. 00 92. 01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	99, 923	13, 295, 234	0	13, 295, 234	92.00
96.00	09600 DURABLE MEDICAL EQUI P-RENTED	0	14, 031, 124	0	14, 031, 124	96. 00
118.00		1, 825, 680	746, 159, 865	-5, 269, 636	740, 890, 229	118.00
	NONREIMBURSABLE COST CENTERS			-		
190 00	19000 GIFT FLOWER COFFEE SHOD & CANTEEN		1 261 067		4 26/ 067	1100 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	0	4, 264, 067 22, 039, 753		4, 264, 067 22, 039, 753	190. 00 192. 00

Health Financial Systems	DEACONESS H	IOSPI TAL		In Lie	u of Form CMS-2552-10
COST ALLOCATI ON - GENERAL SERVI CE COSTS		Provider CC	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet B Part I Date/Time Prepared: 2/27/2023 8:09 am
Cost Center Description	PARAMED ED	Subtotal	Intern &	Total	
	PRGM-NURSI NG		Residents Cos	st	
			& Post		
			Stepdown		
			Adjustments		
	23.03	24.00	25.00	26.00	
192.02 19202 HENDERSON ER PHYSI CLANS	0	312, 375		0 312, 375	192.02
192.03 19203 FAMILY PHARMACY	0	48, 571, 340		0 48, 571, 340	
194.0007950 MISC NONREI MBURSABLE	0	4, 538, 437		0 4, 538, 437	194.00
194.01079510CCUPATIONAL HEALTH	0	16		0 16	194. 01
194.02079520THER FACILITIES	0	4, 013, 033		0 4, 013, 033	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0		0 0	194.03
194. 04 07954 PR	0	921, 433		0 921, 433	194.04
194.0507955 CHILD CARE CENTER	0	3, 514, 033		0 3, 514, 033	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0		0 0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	13, 790		0 13, 790	194.07
194. 08 07958 HEALTHSOUTH	0	517, 921		0 517, 921	194.08
194.0907959 HOME OFFICE	0	10, 957, 211		0 10, 957, 211	194.09
200.00 Cross Foot Adjustments	0	0		0 0	200.00
201.00 Negative Cost Centers	0	0		0 0	201.00
202.00 TOTAL (sum lines 118 through 201)	1, 825, 680	845, 823, 274	-5, 269, 63	36 840, 553, 638	202.00

LOCA	Financial Systems TION OF CAPITAL RELATED COSTS	DEACONESS	Provider CC	F	eriod: rom 10/01/2021 o 09/30/2022	u of Form CMS-2 Worksheet B Part II Date/Time Pre 2/27/2023 8:00	pared:
			CAPI	TAL RELATED CO	STS	2/2//2023 0.0	
	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	Subtotal	
		0	1.00	1.01	2.00	2A	
~~	GENERAL SERVICE COST CENTERS				I		
5.00 5.00 7.00 .00	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02100 I & SERVICES-SALARY & FRINGES APPRVD		108, 206 773, 114 0 0 81, 786 531, 581 0 11, 498 0 12, 798 0 108, 481	7,970 40,498 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		123, 391 13, 798, 410 213, 599 125, 461 74, 908 223, 346 579, 501 983, 584 712, 501 843, 799 12, 913 47, 752 108, 481	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
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	34, 994	0	0	34, 994	
8.00 8.01	02300 PARAMED ED PRGM-PHARMACY 02301 PARAMED ED PRGM-CHAPLAIN	0	10, 123 0	0	24, 611 0	34, 734 0	23.00 23.01
	02303 PARAMED ED PRGM-NURSI NG	0	71, 912	0		79, 778	
). 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	0	8, 313, 407	0	914, 503	9, 227, 910	30. OC
. 00	03100 I NTENSI VE CARE UNI T	0	1, 882, 268	0	207, 383	2, 089, 651	31.00
2.00	03200 CORONARY CARE UNI T	0	215, 187	0	14, 053	229, 240	32.00
0. 00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
0. 00	ANCI LLARY SERVI CE COST CENTERS	0	3, 007, 144	0	6, 786, 597	9, 793, 741	50.00
0.00 0.00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 03030 ANGI OCARDI OGRAPHY 03160 PULMONARY REHAB 07697 CARDI AC REHABI LI TATI ON 0UTPATI ENT SERVI CE COST CENTERS 09000 CLI NI C 090001 FAMI LY PRACTI CE 09002 OUTPATI ENT PSYCHI ATRI C SERVI CES 09003 CHEMO		1, 206, 737 1, 181, 116 417, 051 97, 533 74, 712 169, 320 959, 206 963, 630 40, 118 31, 869 190, 691 193, 416 522, 958 0 0 14, 697 0 125, 778 450, 720 92, 984 0 225, 185		1, 167, 106 135, 457 13, 305 1, 336, 909 1, 692, 995 1, 561, 159 1, 266, 934 1, 987 15, 649 427, 330 112, 306 235, 661 0 0 13, 819 0 17, 184 17, 331 2, 784 26, 578 2, 415 54, 896	1, 410, 949 2, 348, 222 552, 508 110, 838 1, 411, 621 1, 862, 315 2, 520, 365 2, 230, 564 42, 105 47, 518 618, 021 305, 722 758, 619 0 0 28, 516 0 17, 184 143, 109 453, 504 119, 562 2, 415 280, 081 7 700	60.00 63.00 64.00 65.00 66.00 71.00 72.00 73.00 74.00 76.00 76.00 76.00 76.01 76.00 90.00 90.01 90.02 90.03
0. 04	09004 PRIMARY CARE FOR SENIORS	0	0	0	7, 709	7, 709	90.04
0.05	09005 PALN MANAGEMENT	0	224, 035	0	30, 060	254, 095	
). 06). 07	09006 WOUND CARE 09007 SLEEP CENTER	0	89, 834 85, 410	0	4, 805 19, 705	94, 639 105, 115	90.06 90.07
0. 08	09008 HEMATOLOGY	0	208, 288	0	166	208, 454	90.08
). 09	09009 MULTI - SPECIALTY SERVICES	0	179, 393	0	8, 882	188, 275	
). 10 . 00	09010 DI ABETES CENTER 09100 EMERGENCY	0	0 1, 190, 940	0	437 261, 203	437 1, 452, 143	90.10 91.00
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	0	993, 300	0		0 994, 704	92.00 92.0
	OTHER REIMBURSABLE COST CENTERS						
	09600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS	0				344, 778	
8.00	NONREI MBURSABLE COST CENTERS	0				58, 251, 781	
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	366, 735	0	0	366, 735	190.0

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		eriod: rom 10/01/2021 o 09/30/2022	Worksheet B Part II Date/Time Pre 2/27/2023 8:0	
		CAPI	TAL RELATED CO	DSTS		
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	Subtotal	
	0	1.00	1.01	2.00	2A	
192. 01 19201 DEACONESS URGENT CARE	0	0	0	0		192. 01
192.02 19202 HENDERSON ER PHYSI CLANS	0	0	0	0		192. 02
192.03 19203 FAMILY PHARMACY	0	91, 059		17, 668		
194.0007950 MISC NONREI MBURSABLE	0	643, 036	41, 832	4, 171		
194.01079510CCUPATIONAL HEALTH	0	0	0	0		194.01
194.0207952 OTHER FACILITIES	0	1, 157, 121	0	38, 277	1, 195, 398	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0		194.03
194. 04 07954 PR	0	71, 962	0	4, 714	76, 676	194.04
194. 05 07955 CHI LD CARE CENTER	0	0	0	20, 134	20, 134	194.05
194.0607956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.0707957 UNIT 3200 - DEACONESS VNA	0	8, 748	0	0	8, 748	194.07
194. 08 07958 HEALTHSOUTH	0	328, 567	0	0	328, 567	194.08
194. 09 07959 HOME OFFICE	0	10, 936, 170	21, 041	0	10, 957, 211	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)	0	40, 575, 986	111, 341	33, 378, 882	74, 066, 209	202.00

Health Financial Systems	DEACONESS				u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		eriod: rom 10/01/2021 o 09/30/2022	Worksheet B Part II Date/Time Pre	pared:
Cost Center Description	BENEFI TS	ADMI NI STRATI VE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	2/27/2023 8:0 HOUSEKEEPI NG	9 am
	DEPARTMENT 4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS			1			
1.00 00100 CAP REL COSTS-BLDG & FIXT 1.01 00101 CAP REL COSTS-BLDG & FIXT						1.00 1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	123, 391					4.00
5.00 00500 ADMI NI STRATI VE & GENERAL	14, 496	13, 812, 906				5.00
7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE	1, 385 378	197, 367 40, 576	412, 351 8, 248	174, 663		7.00 8.00
9. 00 00900 HOUSEKEEPING	1,999	133, 816			216, 059	
10. 00 01000 DI ETARY	879	108, 549	6, 079	2, 113	3, 293	10. 00
	449	44, 387	6, 829	0	3, 700	
13. 00 01300 NURSI NG ADMI NI STRATI ON 14. 00 01400 CENTRAL SERVI CES & SUPPLY	2, 055 844	147, 122 89, 961	2, 306 7, 319	0 1, 772	1, 249 3, 966	13.00 14.00
15. 00 01500 PHARMACY	3, 357	162, 898		0	2,474	15.00
16. 00 01600 MEDI CAL RECORDS & LI BRARY	367	32, 952		0	1, 484	16.00
17.00 01700 SOCIAL SERVICE	2,437	159, 499		0	922	17.00
21.00 02100 I & SERVI CES-SALARY & FRI NGES APPRVD 22.00 02200 I & SERVI CES-OTHER PRGM COSTS APPRVD	654 493	42, 848 41, 942		0	755 244	21.00 22.00
23. 00 02300 PARAMED ED PRGM-PHARMACY	89	7, 295	130	0	70	23.00
23. 01 02301 PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23. 01
23. 03 02303 PARAMED ED PRGM-NURSI NG I NPATI ENT ROUTI NE SERVI CE COST CENTERS	421	27, 761	924	0	501	23.03
30. 00 03000 ADULTS & PEDI ATRI CS	28, 345	1, 918, 771	106, 800	99, 020	57, 869	30.00
31. 00 03100 I NTENSI VE CARE UNI T	7, 389	640, 726		7, 375	13, 102	
32.00 03200 CORONARY CARE UNI T	1, 353	117, 037	2, 765	3, 444	1, 498	
40. 00 04000 SUBPROVIDER - IPF ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	40.00
50. 00 05000 OPERATI NG ROOM	11, 207	1, 762, 520	38, 633	17, 485	20, 932	50.00
51.00 05100 RECOVERY ROOM	1, 989	179, 222		5, 824	8, 400	
54.00 05400 RADI OLOGY-DI AGNOSTI C	2, 175	261, 160		5, 675	8, 222	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	1, 101 251	323, 292 53, 645		221 2, 214	2, 903 679	55.00 56.00
57. 00 05700 CT SCAN	1,052	153, 140		2, 214 918	520	
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	661	105, 674		5, 137	1, 179	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 117	427, 243		45	6, 677	59.00
60. 00 06000 LABORATORY 63. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	5, 455 292	896, 333 79, 855		44 0	6, 708 279	60.00 63.00
64. 00 06400 I NTRAVENOUS THERAPY	633	60, 398		0	273	64.00
65. 00 06500 RESPI RATORY THERAPY	1, 991	191, 114	2, 450	0	1, 327	65.00
66. 00 06600 PHYSI CAL THERAPY	0	241, 266		1, 720	1, 346	
69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	932 0	118, 920 144, 653		207 0	3, 640 0	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	510, 788	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1, 554, 518		0	0	73.00
74.00 07400 RENAL DIALYSIS	48	42, 043		0	102	
76. 00 03030 ANGI OCARDI OGRAPHY 76. 01 03160 PULMONARY REHAB	0 80	6, 417	0	0	0	76.00 76.01
76. 97 07697 CARDI AC REHABI LI TATI ON	162	16, 722	-	0	876	76.97
OUTPATIENT SERVICE COST CENTERS		75 007	5 700			
90. 00 09000 CLI NI C 90. 01 09001 FAMI LY PRACTI CE	989 298	75, 287 28, 858		13 73	3, 137 647	90. 00 90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	436	20, 030 35, 926		0	047	90.01 90.02
90. 03 09003 CHEMO	720	63, 744	2, 893	22	1, 567	90. 03
90. 04 09004 PRI MARY CARE FOR SENI ORS	509	20, 060		24	0	90.04
90. 05 09005 PALN MANAGEMENT 90. 06 09006 WOUND CARE	793 461	56, 371 34, 351	2, 878 1, 154	275 404	1, 559 625	
90. 07 09007 SLEEP CENTER	1, 097	57, 871	1, 097	0	595	
90. 08 09008 HEMATOLOGY	202	18, 766			1, 450	
90. 09 09009 MULTI - SPECIALTY SERVICES	387	26, 188		0	1, 249	
90. 10 09010 DI ABETES CENTER 91. 00 09100 EMERGENCY	51 9, 173	4, 833 596, 640		0 19, 575	0 8, 290	90. 10 91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,170	0,0,010		.,,,,,,,	0,270	92.00
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART)	2, 192	192, 348	12, 761	214	6, 914	92. 01
OTHER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	917	223, 004	1, 589	0	861	96.00
SPECIAL PURPOSE COST CENTERS	445 7/4	10 474 477	240 550	170 044	100.000	110 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	115, 761	12, 476, 677	349, 550	173, 814	182, 033	118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	446	66, 647	4, 712	0	2, 553	190. 00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	4,070	346, 870			12, 234	192.00
192. 01 19201 DEACONESS URGENT CARE 192. 02 19202 HENDERSON ER PHYSI CI ANS	0 889	0 5, 021	0	0		192. 01 192. 02
192. 02 19202 HENDERSON ER PHYSICIANS 192. 03 19203 FAMILY PHARMACY	524	5, 021 721, 093	-			192.02 192.03
				- 1		

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Period:	Worksheet B	
				From 10/01/2021 To 09/30/2022	Part II	narod
				10 09/30/2022	Date/Time Pre 2/27/2023 8:0	9 am
Cost Center Description	EMPLOYEE	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
	BENEFI TS	& GENERAL	PLANT	LI NEN SERVI CE		
	DEPARTMENT					
	4.00	5.00	7.00	8.00	9.00	
194.0007950 MISC NONREI MBURSABLE	480	62, 199	14, 21	6 159	7, 702	194.00
194. 01 07951 OCCUPATI ONAL HEALTH	0	0		0 0	0	194.01
194.0207952OTHER FACILITIES	203	57, 192	14, 86	6 0	8, 054	194.02
194. 03 07953 THE HEART HOSPI TAL	0	0		0 0	0	194.03
194. 04 07954 PR	334	14, 359	92	5 0	501	194.04
194. 05 07955 CHI LD CARE CENTER	684	56, 623		0 689	0	194.05
194.0607956CENTER OF LIFE BALANCE	0	0		0 0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	161	11	2 0	61	194.07
194. 08 07958 HEALTHSOUTH	0	6, 064	4, 22	1 0	2, 287	194. 08
194.0907959 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)	123, 391	13, 812, 906	412, 35	1 174, 663	216, 059	202.00

From TODAD TODAD (2012) Part III and Property of the second s	Health Financial Systems	DEACONESS H	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
Cost Denter Description DIFTMY CAPTERIA MURINITION of CONTEX PRAFMACY BREARL SERVICE COST DENTES 10.00 11.00 13.00 14.00 15.00 15.00 1.00 Collad CAP REL COST BLA FLYT 1.00 13.00 14.00 15.00 15.00 1.00 Collad CAP REL COST BLA FLYT 1.00 13.00 15.00 2.00 0.00 Collad CAP REL COST BLA FLYT 1.00 1.00 1.00 2.00 0.00 Collad CAP REL COST BLA FLYT 1.00 1.00 2.00	ALLOCATION OF CAPITAL RELATED COSTS		Provider C	Fr	rom 10/01/2021	Part II Date/Time Pre	pared:
Introduct SLEWICE SUBJECT SUBJE	Cost Center Description	DI ETARY	CAFETERI A		SERVICES &		
1.00 DOTOD GAV HEL COSTS-BLUE & FIXI 1.00 2.00 DOTOD GAV HEL COSTS-BURGE CONTROLL 1.00 2.00 DOTOD GAV HEL COSTS-BURGE CONTROLL 5.00 2.00 DOTOD GAV HEL COSTS-BURGE CONTROLL 5.00 0.00 DOTOD GAV HEL COSTS-BURGE CONTROLL 5.00 0.00 DOTOD GAVER STRATUS & DEBERAL 5.00 0.00 DOTOD GAVER STRATUS & DEBERAL 5.00 0.00 DOTOD GAVER STRATUS & DEBERAL 7.00 1.00 DITOD GAVER STRATUS & DEBERAL 7.00 1.00 DITOD GAVER STRATUS & STRATUS & STRATUS & DEPERAL 1.0.47, 2007 1.00 DITOD GAVER STRATUS & STRATUS & STRATUS & DEPERAL 1.0.47, 2007 1.00 DITOD GAVER STRATUS & STRATUS & STRATUS & DEPERAL 1.0.47, 2007 1.00 DITOD GAVER STRATUS & STRATUS & STRATUS & DEPERAL 1.0.47, 770 0.0.13 1.00 DITOD GAVER STRATUS & STRATUS & DEPERAL 1.0.47, 770 0.0.0 0.0 1.00 DITOD GAVER STRATUS & DEPERAL 0.0 0.0 0.0 0.0 1.00 DITOD GAVER STRATUS & STRATUS & STRATUS & DEPERAL 1.0.		10.00	11.00	13.00		15.00	
1.01 000101 (AM REL COSTS-MULE & ENTRY 1.01 0.00 00000 (DRN OTT INTY ITS DEPARTMENT) 2.00 0.00 00000 (DRN OTT INTY ITS DEPARTMENT) 7.00 0.00 00000 (DRN OTT INTY ITS DEPARTMENT) 7.00 0.00 00000 (DRN OTT INTY ITS DEPARTMENT) 7.00 0.00 00000 (DRN OTT INTY ITS DEPARTMENT) 8.00 0.00 00000 (DRN OTT INTY ITS DEPARTMENT) 0.00 0.00 00000 (DRN OTT INTY ITS DEPARTMENT) 0.00 0.00 00000 (DRN OTT INTY ITS DEPARTMENT) 0.10, 0.00 0.00 00000 (DRN OTT INTER) STRU OTS ADDEPART 0.00 00000 (DRN OTTER) STRU OTS ADDEPART 0.10, 0.00 0.00 00000 (DRN OTTER) STRU OTS ADDEPART 0.00 0.00 0.00 0000 (DRN OTTER) STRU OTS ADDEPART 0.00 0.00 0.00 0.00 0000 (DRN OTTER) STRU OTS ADDEPART STRU OTS ADDEPART 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00							1 1 00
14.00 D1400 CNTRAL SERVICES & SUPPLY 0 10.33 0 0.877 0 13.07.282 15.00 10.00 D1400 MEDICAL SERVICE 0 4.777 0 13 0.107.282 15.00 10.00 D1200 D2010 DEARMACY 0 4.777 0 13 0.107.200 D2 0.017.200 D2 0.017.200 D2 0.017.200 D2	1. 01 00101 CAP REL COSTS-BLDG & FIXT 2. 00 00200 CAP REL COSTS-MVBLE EQUIP 4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 00 00500 ADMI NI STRATI VE & GENERAL 7. 00 00700 OPERATI ON OF PLANT 8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A	0					1.01 2.00 4.00 5.00 7.00 8.00 9.00 10.00 11.00
10.00 DI-DOU MULICAL RECORDS & LIBARAY 0 4, 977 0 13 0 16.00 10.00 DI-DOU RAS SERVICES-SALARY & SERVICES ALARY & PAPRUD 0 3, 996 0 0 0 17.00 21.00 LAR SERVICES-SALARY & PAPRUD 0 3, 996 0 0 0 22.00 21.00 LAR SERVICES-SALARY & PAPRUD 0 3, 996 0 0 0 22.00 21.00 LAR SERVICES-SALARY & PAPRUD 0 3, 996 0 0 0 22.00 23.01 JO2301 PARMED ED PREICH-CHAPLALN 0 0 0 22.00 31.00 JOS00 DAPAMED ED PREICH-CHAPLALN 0 3.349 120.00 22.00 13.00 120.00		0			826, 706		14.00
17 00 00 1700 SCI AL SERVI CE. 0 17, 10 0 21 0 17, 00 22 0 22 0 0 0 22 0 23 0 23 0 23 0 23 0 23 0 24 14 14 0 14 0 14 0 14 0 14 0 14 0 14 <	15. 00 01500 PHARMACY	0				1, 047, 282	15.00
21 00 00 20100 IAR SERVICS-SALARY & FRINCES APPRVD 0 3,996 0 0 0 21.00 22 00 02200 PARAMED ED PROL-HARRANCY 0 555 0 0 0 23.00 23 00 02301 PARAMED ED PROL-HARRANCY 0 3,349 10,600 0 23.00 0 03010 INTENTIVE CARE LINIT 242,163 151,199 168,702 148,702 14 30.00 31.00 30.00 0		0					16.00
22:00 02:200 IAM SERVICES-OTHER PROVIDES APPRVD 0 2.2.00 02:200 PARAMED D PRACHED D PRAC		0					•
23.01 0/2301 PARAMED ED PRACH-CHAPLAIN 0 0 0 0 0 23.01 23.01 0/2303 PARAMED ED PRACH ENV 0 3.00 0 23.01 0 23.01 0 23.01 0 23.01 0 23.01 0 23.01 0 23.01 0 23.01 0 23.01 0 23.01 0		0			0	0	•
23. 03 D2303 PRAMED D 3, 340 10, 000 D 0 23. 03 INPATIENT MOUTINE SERVICE COST CENTERS 242, 163 155, 196 449, 926 28, 285 144 30. 00 31. 00 31. 00 31. 00 33. 00 03200 CREMINE CE COST CENTERS 9 0		0			0		23.00
INPART ENT ROUTINE SERVICE COST CENTERS 242, 163 153, 196 484, 926 28, 285 14 30 or 31 00 03100 INTESS VE CARE UNIT 47, 211 40, 779 129, 079 18, 702 9 31 or 20 03200 COMMARY CARE UNIT 8, 803 8, 177 25, 886 4, 494 6 32 or 40. 00 Od000 COMMARY CARE UNIT 8, 803 8, 177 50 0		-		, U	0		•
31.00 03100 NTERIS VE CARE UNIT 47, 211 40, 779 129, 079 18, 702 9 31.00 04.00 04000 SUBPROVIDER - 1PF 0 <td>INPATIENT ROUTINE SERVICE COST CENTERS</td> <td></td> <td></td> <td></td> <td>-1</td> <td>0</td> <td></td>	INPATIENT ROUTINE SERVICE COST CENTERS				-1	0	
32. 00 0 3200 (CORQUARY CARE UNIT 8. 803 8. 776 0							30.00
40. 00 00000 SUBPROVIDER - IPF 0 0 0 0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>•</td>						-	•
50. 00 05000 (DEEATI NG ROOM 0 45, 645 144, 482 143, 401 371 50. 00 51. 00 05000 (RECOVERY ROOM 0 13, 026 41, 230 4, 501 251. 00 50. 00 05000 (RADI LOCY-THEAPEUTI C 0 18, 658 0 16, 629 2.614 55. 00 50. 00 05000 (T SCAN 0 8, 664 0 9, 182 0.57. 00 50. 00 05000 (ARADI C) STINE PRAPEUTI C 0 8, 664 0 9, 182 0.57. 00 50. 00 05000 (ARADI C) CATHERRIZ TATIO N 0 12, 674 0 58. 214 197. 59. 00 00. 00500 (LABORATORY 0 3, 682 11, 655 6, 275 2 64. 00 00. 0400 INTRAVENUS THERAPY 0 3, 682 11, 65. 6 6.75 2 64. 00 00. 0400 INTEAVENUS THERAPY 0 3, 682 11, 8, 55 71. 00 70. 00 200 200. 71. 00 200. 71. 00 200. 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00							•
51.00 05100 RECOVERY ROOM 0 13.026 41.230 4.501 2 51.00 55.00 05500 RADI LOCOV-INERAPEUTI C 0 18.658 0 16.629 2.641 55.00 57.00 05700 CT SCAN 0 16.629 0.712 15.00 58.00 05600 CT SCAN 0 57.00 05.00 57.00 05.00 57.00 05.00 57.00 05.00 57.00 05.00 57.00 05.00 57.00 05.00 57.00 05.00 57.00 05.00 57.00 05.00 57.00 05.00 57.00 05.00 57.00 05.00 57.00 05.00 56.00		-1					1
54.00 05400 RADIOLOGY-DIAGNOSTIC 0 18,058 0 14,644 67 54.00 55.00 05500 RADIOLOGY-THERAPUTIC 0 8,456 0 47.12 1.55.00 56.00 05600 RADIOLOGY-THERAPUTIC 0 8,664 0 9,182 0.57.00 57.00 05700 CT SCAN 0 8,604 0 9,182 0.57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 54.44 0 58.214 107.58 60.00 06000 LABORATORY 0 2,674 0 58.214 187.59 0 61.00 06400 INTENVENDUS THERAPY 0 3,662 11,655 6.275 2.64 0 66.00 06400 INTENVENDUS THERAPY 0 12,322 0 9,052 0 65.07 71.00 07100 MEDIOLAL SUPPLIES CHARGED TO PATIENTS 0 0 0 214.614 0 72.00 72.00 07200 IMPL DEV, CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 1.055.342 73.00 0 1.056.342 </td <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>•</td>		-					•
56. 00 66000 RADIO ISOTOPE 0 1.628 0 4.712 1 56. 00 58. 00 05800 MAGNETI C RESONANCE LIMAGING (MRI) 0 54.60 0.9.182 0.57.00 60. 00 06000 CARDI AC CENTEREN ZATI ON 0 12.674 0 58.214 187 59.00 60. 00 06000 CARDI AC CENTEREN ZATI ON 0 12.674 0 58.214 187 59.00 60. 00 06400 INTENVENUS THEERNPY 0 2.350 0 2.42.278 0 63.00 65.00 06500 CHEST INTORY THEERNPY 0 12.322 0 9.052 0 65.00 66.00 06600 PHYSI CAL THERAPY 0 12.322 0 9.052 0 65.00 71. 00 0149L ELECTROCARDED TO PATI ENTS 0 0 0 0 71.00 20.0 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.01 73.00 211.613 63.4		Ŭ					54.00
57.00 65700 CT SCAN 0 86.00 0 9.182 0 57.00 59.00 05900 CARDIAC CATHETER ZATION 0 12.658 0 2.411 0 58.00 63.00 06000 LADDRATORY 0 12.658 13 0.00 64.00 06400 INTRAYENDISTIERAPY 0 3.682 11.655 6.275 2 64.00 06400 06400 INTRAYENDISTIERAPY 0 3.682 11.655 6.275 2 64.00 06400 06400 INTRAYENDISTIERAPY 0 0 0.2.812 0 65.00 06400 06400 INTRAYENDISTIERAPY 0 0 0 2.812 0 66.00 07100 MEDICAL, SUPPLIES CHARGED TO PATIENTS 0 0 0 0 72.00 72.00 72.00 72.00 72.00 73.00 0.00 0 0.11 37.60 74.00 74.00 74.00 74.00 74.00 74.00 74.00 76.00 76.00 76.00 76.00 76.00 76.00		0	8, 456	0		2, 641	55.00
58. 00 6580.00 405800 44.11 0 55. 65 0 2,411 0 58. 00 60. 000 CADD AC CATHLETER ZATION 0 12,674 0 58,214 187 59. 00 60. 00 06000 LABDRATORY 0 62,297 0 120,558 13 60. 00 64.00 06400 INTRAVENOUS THERAPY 0 3,682 111,655 6,275 2 64. 00 65. 00 06600 PHYSICAL TREARY 0 0 0 2,812 10 66. 00 00 000 0 0 2,812 10 66. 00 66000 17. 00 71. 00		0					56.00
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76.00 03303 ANGIOCARDIOGRAPHY 0 0 0 0 0 76.00 76.01 03160 PULMONARY REHAB 0 870 0 11 3 76.07 07697 CARDIAC REHABILITATION 0 1,758 0 22 0 76.07 0000 POPODOLCLINIC 0 7,049 22,314 634 690.07 90.07 90.01 09001 FAMILY PRACTICE 0 7,049 22,314 634 6 90.07 90.02 09001 FAMILY PRACTICE 0 7,049 22,314 634 6 90.07 90.03 09003 CHEMO 0 4,848 15,344 6 90.07 90.07 90.04 90.04 90.07 2,831 8,961 1110 63 90.07 90.07 90.06 90006 WOUND CARE 0 3,848 12,182 1,436 43 90.07 90.07 90.07 90.07 90.07 90.07 90.07 90.07 90.07 90.07 90.07 90.07 90.07 90.07	73.00 07300 DRUGS CHARGED TO PATIENTS	0		-	0		73.00
76. 01 03160 PULMONARY REHAB 0 870 0 11 3 76. 07 0176.97 CARDIAC REHABILITATION 0 1,758 0 27 0 76. 97 000 00000 CLINIC 0 7.76. 97 0 27 0 76. 97 90.00 09000 CLINIC 0 7.76. 97 0 77. 049 22. 314 6.34 6 90. 07 90. 07 90. 07 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 02 90. 02 90. 02 90. 02 90. 02 90. 02 90. 02 90. 02 90. 02 90. 03 90. 03 90. 03 90. 03 90. 03 90. 04 90. 04 90. 04 90. 04 90. 04 90. 05 90. 02 90. 03 90. 04 90. 04 90. 04 90. 04 90. 04 90. 04 90. 04 90. 04 90. 04 90. 05 90. 05 90. 05 90. 05 90. 05 90. 05 90. 04 90. 04 90. 04 90. 04 90. 04 90. 05 90. 05 <td></td> <td>0</td> <td>241</td> <td>0</td> <td>233</td> <td></td> <td>•</td>		0	241	0	233		•
OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 0 7,049 22,314 634 6 90.00 90.01 09001 FAMILY PRACTICE 0 7,049 22,314 634 6 90.01 90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0 4,848 15,344 6 0 90.02 90.03 09003 CHEMO 0 4,940 15,637 2,892 0 90.02 90.05 09005 PAIN MANAGEMENT 0 2,649 8,038 713 144 90.05 90.06 09006 WOUND CARE 0 3,848 12,182 1,436 43 90.06 90.06 09008 HEMATOLOGY 0 2,202 7,028 36 0 90.06 90.09 09009 MULTI -SPECIALTY SERVICES 0 3,108 9,839 99 34 90.05 90.09 09009 MULTI -SPECIALTY SERVICES 0 3,108 9,839 99 34 90.05 90.00 09201 DEAERGENCY 4		0	870		11		76.00
90.00 09000 CLINIC 0 7,049 22,314 634 6 90.00 90.01 09001 FAMILY PRACTICE 0 2,849 9,019 337 1,494 90.01 90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0 4,848 15,344 6 0 90.02 90.03 09003 CHEMO 0 4,940 15,637 2,892 0 90.02 90.04 09004 PRIMARY CARE FOR SENIORS 0 2,831 8,961 110 63 90.02 90.05 09005 PAIN MANAGEMENT 0 3,848 12,182 1,436 43 90.05 90.06 09006 WOUND CARE 0 3,848 12,182 1,436 43 90.05 90.07 SLEEP CENTER 0 6,846 21,669 862 0 90.06 90.09 09009 MULTI-SPECIALTY SERVICES 0 3,108 9,839 99 34 90.06 90.00 09000 MEATES CENTER 0 574 1,816 15		0	1, 758	3 0	27	0	76.97
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90.06 09006 WOUND CARE 0 3,848 12,182 1,436 43 90.06 90.07 09007 SLEEP CENTER 0 6,846 21,669 862 0 90.07 90.08 09008 HEMATOLOGY 0 2,220 7,028 36 0 90.07 90.09 9009 MULTI - SPECI ALTY SERVICES 0 3,108 9,839 99 34 90.07 90.10 09010 DI ABETES CENTER 0 574 1,816 15 0 90.07 91.00 09100 EMERGENCY 4,940 31,047 98,274 10,842 343 91.00 92.00 09200 OBSERVATI ON BEDS (DI STI NCT PART) 29,476 14,154 44,803 3,023 0 92.07 96.00 DURABLE MEDICAL EQUI P-RENTED 0 10,824 0 45,807 0		0					90.04
90.08 09008 HEMATOLOGY 0 2,220 7,028 36 0 90.06 90.09 09009 MULTI - SPECIALTY SERVICES 0 3,108 9,839 99 34 90.05 90.10 09010 DI ABETES CENTER 0 574 1,816 15 0 90.16 91.00 09100 EMERGENCY 4,940 31,047 98,274 10,842 343 91.00 92.01 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 29,476 14,154 44,803 3,023 0 92.01 92.01 09201 DBSERVATI ON BEDS (DI STINCT PART) 29,476 14,154 44,803 3,023 0 92.01 92.01 09201 DBRERGENCY 0 10,824 0 45,807 0 96.00 92.01 DIVABLE MEDICAL EQUI P-RENTED 0 10,824 0 45,807 0 96.00 SUBTOTALS (SUM OF LINES 1 through 117) 332,593 591,201 1,154,393 825,520 570,852 118.00 NONREL MBURSABLE COST CENTERS 1<	90. 06 09006 WOUND CARE	0	3, 848	12, 182	1, 436	43	90.06
90.09 09009 MULTI - SPECIALTY SERVICES 0 3, 108 9, 839 99 34 90.09 90.10 09010 DI ABETES CENTER 0 574 1, 816 15 0 90.10 91.00 09100 EMERGENCY 4, 940 31, 047 98, 274 10, 842 343 91.00 92.01 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 29, 476 14, 154 44, 803 3, 023 0 92.00 92.01 09201 DUBSERVATI ON BEDS (DI STINCT PART) 29, 476 14, 154 44, 803 3, 023 0 92.00 92.01 09201 DURABLE MEDI CAL EQUI P-RENTED 0 10, 824 0 45, 807 0 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 10, 824 0 45, 807 0 96.00 SPECI AL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LI NES 1 through 117) 332, 593 591, 201 1, 154, 393 825, 520 570, 852 118.00 190.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0		0					
90.10 09010 DI ABETES CENTER 0 574 1,816 15 0 90.10 91.00 09100 EMERGENCY 4,940 31,047 98,274 10,842 343 91.00 92.00 09200 OBSERVATION BEDS (NON-DI STINCT PART) 29,476 14,154 44,803 3,023 0 92.00 92.01 09201 OBSERVATION BEDS (DI STINCT PART) 29,476 14,154 44,803 3,023 0 92.01 92.01 09201 DURABLE COST CENTERS 0 10,824 0 45,807 0 96.00 96.00 SUBTOTALS (SUM OF LINES 1 through 117) 332,593 591,201 1,154,393 825,520 570,852 118.00 NONREL MEURABLE COST CENTERS 90.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 6,587 0 0 190.00 192.00 13,303 0 281 1,300 192.00 192.01 19200 PHYSI CLANS' PRI VATE OFFI CES 0 0 0 0 0 192.00 192.02 19202 HENDERSON ER P		0					90.08
92.00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 92.00 92.01 92.01 09201 0BSERVATI ON BEDS (DI STI NCT PART) 29,476 14,154 44,803 3,023 92.01 92.01 0BSERVATI ON BEDS (DI STI NCT PART) 29,476 14,154 44,803 3,023 92.01 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 10,824 0 45,807 0 96.00 SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LI NES 1 through 117) 332,593 591,201 1,154,393 825,520 570,852 118.00 190.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 6,587 0 0 190.00	90. 10 09010 DI ABETES CENTER	Ŭ	574	1, 816	15	0	90.10
92. 01 09201 0BSERVATI ON BEDS (DI STINCT PART) 29, 476 14, 154 44, 803 3, 023 0 92. 01 0THER REI MBURSABLE COST CENTERS 0 10, 824 0 45, 807 0 96. 00 SPECI AL PURPOSE COST CENTERS 96. 00 10, 824 0 45, 807 0 96. 00 SPECI AL PURPOSE COST CENTERS 118. 00 NONREI MBURSABLE COST CENTERS 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 6, 587 0 0 190. 00 190200 IP3000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 13, 303 0 281 1, 300 192. 00 192. 01 19200 IP400 DEACONESS URGENT CARE 0 0 0 192. 01 192. 02 19202 HENDERSON ER PHYSI CI ANS 0 1, 258 0 0 0 192. 02		4, 940	31, 047	98, 274	10, 842	343	•
OTHER REI MBURSABLE COST CENTERS 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 10,824 0 45,807 0 96.00 SPECI AL PURPOSE COST CENTERS		29 476	14 154	44 803	3 023	0	•
SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 332,593 591,201 1,154,393 825,520 570,852 118.00 NONREI MBURSABLE COST CENTERS 0 0 0 190.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 6,587 0 0 190.00 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 13,303 0 281 1,300 192.00 192.01 192.02 19202 HENDERSON ER PHYSI CI ANS 0 0 0 0 0 192.02 192.02 192.02 192.02 192.02 192.02 192.02 192.02 0 0 0 0 0 192.02	OTHER REIMBURSABLE COST CENTERS						1
SUBTOTALS SUBTOTALS <t< td=""><td></td><td>0</td><td>10, 824</td><td>0</td><td>45, 807</td><td>0</td><td>96.00</td></t<>		0	10, 824	0	45, 807	0	96.00
190. 00 190.00 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 6, 587 0 0 190. 00 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 13, 303 0 281 1, 300 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 192. 01 192. 02 19202 HENDERSON ER PHYSI CI ANS 0 1, 258 0 0 192. 02	118.00 SUBTOTALS (SUM OF LINES 1 through 117)	332, 593	591, 201	1, 154, 393	825, 520	570, 852	118. 00
192.01 19201 DEACONESS URGENT CARE 0 0 0 0 192.01 192.02 19202 HENDERSON ER PHYSI CLANS 0 1, 258 0 0 192.02	190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			0		•
192. 02 19202 HENDERSON ER PHYSI CLANS 0 1, 258 0 0 192. 02		0	13, 303	0	281		
		0	1 258		0		
		-			869		•

Health Financial Systems	DEACONESS H	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period:	Worksheet B	
				From 10/01/2021 To 09/30/2022	Part II Date/Time Pre	pared:
					2/27/2023 8:0	
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	
			ADMI NI STRATI C			
				SUPPLY		
	10.00	11.00	13.00	14.00	15.00	
194. 00 07950 MI SC NONREI MBURSABLE	11, 666	4, 866		0 36	-	194.00
194.01 07951 0CCUPATIONAL_HEALTH	0	0		0 0	0	194.01
194.02079520THER FACILITIES	0	370		0 0	0	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0		0 0	0	194. 03
194. 04 07954 PR	0	2, 701		0 0	0	194.04
194. 05 07955 CHI LD CARE CENTER	0	10, 750		0 0	0	194. 05
194.0607956CENTER OF LIFE BALANCE	0	0		0 0	0	194.06
194.0707957UNIT 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)	344, 259	634, 866	1, 154, 39	3 826, 706	1, 047, 282	202.00

_OCA	Financial Systems TION OF CAPITAL RELATED COSTS		Provider CC		eriod: rom 10/01/2021	Worksheet B Part II	
					09/30/2022	Date/Time Pre 2/27/2023 8:0	pare 9 an
				INTERNS &	RESI DENTS		
	Cost Center Description	RECORDS &	SOCI AL SERVI CE	SERVICES-SALAR Y&FRINGES	SERVI CES-OTHER PRGM COSTS	PARAMED ED PRGM-PHARMACY	
		LI BRARY 16. 00	17.00	21.00	22.00	23.00	
	GENERAL SERVICE COST CENTERS						
	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT						1.
	00200 CAP REL COSTS-BEDG & TTXT						2
	00400 EMPLOYEE BENEFITS DEPARTMENT						4
00	00500 ADMINI STRATI VE & GENERAL						5
	00700 OPERATION OF PLANT						7
	00800 LAUNDRY & LINEN SERVICE						8
	00900 HOUSEKEEPING						9
	01000 DI ETARY 01100 CAFETERI A						10
	01300 NURSI NG ADMI NI STRATI ON						13
	01400 CENTRAL SERVICES & SUPPLY						14
	01500 PHARMACY						15
00	01600 MEDI CAL RECORDS & LI BRARY	55, 445					16
00	01700 SOCIAL SERVICE	0	229, 504				17
00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	158, 128			21
		0	0		80, 362		22
	02300 PARAMED ED PRGM-PHARMACY	0	0			42, 873	
	02301 PARAMED ED PRGM-CHAPLAIN	0	0				23
	02303 PARAMED ED PRGM-NURSING	0	0				23
	INPATIENT ROUTINE SERVICE COST CENTERS	2.041	105 074				1 20
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	3, 941 1, 639	185, 874 36, 705				30
	03200 CORONARY CARE UNIT	356	6, 925				32
	04000 SUBPROVI DER – I PF	0	0, 725				40
00	ANCI LLARY SERVICE COST CENTERS						
00	05000 OPERATI NG ROOM	7, 314	0				50
00	05100 RECOVERY ROOM	458	0				51
00	05400 RADI OLOGY-DI AGNOSTI C	2, 107	0				54
	05500 RADI OLOGY-THERAPEUTI C	2, 058	0				55
	05600 RADI OI SOTOPE	714	0				56
	05700 CT SCAN	3, 408	0				57
	05800 MAGNETIC RESONANCE I MAGING (MRI)	1, 151	0				58
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	2,695	0				59
	06300 BLOOD STORING, PROCESSING, & TRANS.	5, 409 397	0				60
	06400 I NTRAVENOUS THERAPY	165	0				64
	06500 RESPI RATORY THERAPY	1, 574	0				65
	06600 PHYSI CAL THERAPY	1, 597	0				66
		1, 403	0				69
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	797	0				71
00	07200 IMPL. DEV. CHARGED TO PATIENTS	1, 963	0				72
	07300 DRUGS CHARGED TO PATIENTS	7, 910	0				73
	07400 RENAL DI ALYSI S	247	0				74
	03030 ANGI OCARDI OGRAPHY	0	0				76
	03160 PULMONARY REHAB	11	0				76
	07697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS	74	0				76
	09000 CLINIC	77	0				90
	09001 FAMILY PRACTICE	56	0				90
	09002 OUTPATIENT PSYCHIATRIC SERVICES	152	Ő				90
	09003 CHEMO	589	0				90
	09004 PRI MARY CARE FOR SENI ORS	15	0				90
	09005 PALN MANAGEMENT	358	0				90
	09006 WOUND CARE	269	0				90
		170	0				90
		42	0				90
	09009 MULTI - SPECI ALTY SERVICES 09010 DI ABETES CENTER	83	0				90
	09010 EMERGENCY	5,096					91
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,090					92
	09201 OBSERVATION BEDS (NON-DISTINCT PART)	403	0				92
	OTHER REIMBURSABLE COST CENTERS	+03	. 0		I		1 1
		687	0				96
	SPECIAL PURPOSE COST CENTERS				<u> </u>		1
3. 00		55, 393	229, 504	0	0	0	118
	NONREI MBURSABLE COST CENTERS	· · · · · · · · · · · · · · · · · · ·			·		1
0. 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190
	19200 PHYSI CLANS' PRI VATE OFFI CES	52	0				192

Health Financial Systems	DEACONESS HOSPI TAL			In Lieu of Form CMS-2552-10			
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet B Part II Date/Time Prepared: 2/27/2023 8:09 am		
Cost Center Description	RECORDS & LI BRARY		SERVI CES-SALA Y & FRI NGES		PARAMED ED PRGM-PHARMACY		
	16.00	17.00	21.00	22.00	23.00		
192. 02 19202 HENDERSON ER PHYSI CLANS	0	0				192. 02	
192. 03 19203 FAMILY PHARMACY	0	0				192. 03	
194.0007950 MISC NONREI MBURSABLE	0	0				194.00	
194. 01 07951 OCCUPATI ONAL HEALTH	0	0				194.01	
194.0207952 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	
194.0907959 HOME OFFICE	0	0)			194.09	
200.00 Cross Foot Adjustments			158, 12	80, 362	42, 873	200.00	
201.00 Negative Cost Centers	0	0		0 0	0	201.00	
202.00 TOTAL (sum lines 118 through 201)	55, 445	229, 504	158, 12	80, 362	42, 873	202.00	

ALLOCA	Financial Systems TION OF CAPITAL RELATED COSTS		HOSPITAL Provider CCN	1	Period: From 10/01/2021 Fo 09/30/2022	u of Form CMS-: Worksheet B Part II Date/Time Pre	pared:
	Cost Center Description	PARAMED ED PRGM-CHAPLAI N	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	<u>2/27/2023 8:0</u> Total	9 am
		23.01	23.03	24.00	25.00	26.00	
$\begin{array}{c} 1.\ 00\\ 1.\ 01\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 13.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 23.\ 01\end{array}$	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-BLDG & FIXT 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 IAR SERVICES-OTHER PRGM COSTS APPRVD 02301 PARAMED ED PRGM-CHAPLAIN 02303 PARAMED ED PRGM-NURSING	0	123, 334				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 23.01 23.01 23.03
	INPATIENT ROUTINE SERVICE COST CENTERS	1		40 507 44		40 507 444	1
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT			12, 537, 114 3, 056, 549		12, 537, 114 3, 056, 549	
32.00	03200 CORONARY CARE UNI T			409, 98	5 0	409, 985	32.00
40.00	04000 SUBPROVIDER - IPF ANCILLARY SERVICE COST CENTERS			(0 0	0	40.00
50.00	05000 OPERATI NG ROOM			11, 985, 73	1 0	11, 985, 731	50.00
	05100 RECOVERY ROOM			1, 681, 104		1, 681, 104	
	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C			2, 675, 504 915, 16		2, 675, 504 915, 167	
	05600 RADI OI SOTOPE			175, 93		175, 935	
57.00	05700 CT SCAN			1, 589, 40	5 0	1, 589, 405	57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)			1, 986, 16		1, 986, 161	
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY			3,042,540		3,042,540	
	06300 BLOOD STORING, PROCESSING, & TRANS.			3, 339, 76 ⁻ 150, 07 ⁻		3, 339, 761 150, 071	
	06400 I NTRAVENOUS THERAPY			130, 959		130, 959	
	06500 RESPI RATORY THERAPY			837, 85		837, 851	
	06600 PHYSI CAL THERAPY			556, 958		556, 958	
	06900 ELECTROCARDI OLOGY			927, 210		927, 210	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS			206, 23		206, 235	
	07300 DRUGS CHARGED TO PATIENTS			727, 36 2, 127, 77(727, 365 2, 127, 770	
	07400 RENAL DI ALYSI S			71, 61			74.00
	03030 ANGI OCARDI OGRAPHY			(0	
	03160 PULMONARY REHAB			24, 570		24, 576	•
	07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS			164, 34	4 0	164, 344	76.97
	09000 CLINIC			568, 800	0 0	568, 800	90.00
	09001 FAMILY PRACTICE			164, 388		164, 388	•
	09002 OUTPATIENT PSYCHIATRIC SERVICES			59, 12		59, 127	•
	09003 CHEMO 09004 PRI MARY CARE FOR SENI ORS			373, 08 40, 282		373, 085 40, 282	
	09004 PRIMARY CARE FOR SENTORS 09005 PALN MANAGEMENT			40, 28. 340, 923		40, 282 340, 923	•
	09006 WOUND CARE			149, 412		149, 412	
90.07	09007 SLEEP CENTER			195, 322	2 0	195, 322	90.07
	09008 HEMATOLOGY			240, 87		240, 874	
	09009 MULTI - SPECI ALTY SERVICES 09010 DI ABETES CENTER			231, 56		231, 567	
	09100 EMERGENCY			7, 73 2, 251, 663		7, 734 2, 251, 663	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)			_, _3 1, 000	0	_, _0, 000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)			1, 300, 992	2 0	1, 300, 992	92.01
	OTHER REI MBURSABLE COST CENTERS			(00.1)	7 -1	(00.1/=	01.05
	09600 DURABLE MEDICAL EQUIP-RENTED			628, 46	7 0	628, 467	96.00
118.00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	0	0	55, 872, 550	0 0	55, 872, 550	118.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			447, 680	0 0	447, 680	190.00
	19200 PHYSI CLANS' PRI VATE OFFI CES			2, 463, 883	3 0	2, 463, 883	

Health Financial Systems	DEACONESS HOSPI TAL			In Lieu of Form CMS-2552-10			
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Period: From 10/01/2021	Worksheet B 2021 Part II		
				To 09/30/2022		pared:	
					2/27/2023 8:0	<u>9 am</u>	
Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Total		
	PRGM-CHAPLAI N	PRGM-NURSI NG		Residents Cost			
				& Post			
				Stepdown			
				Adjustments			
	23.01	23.03	24.00	25.00	26.00		
192. 02 19202 HENDERSON ER PHYSI CLANS			7, 16			192. 02	
192. 03 19203 FAMILY PHARMACY			1, 311, 97		1, 311, 977		
194.0007950 MISC NONREI MBURSABLE			790, 36	3 0	790, 363	1	
194.01079510CCUPATIONAL HEALTH				0 0		194.01	
194.02079520THER FACILITIES			1, 276, 08	3 0	1, 276, 083	194.02	
194. 03 07953 THE HEART HOSPI TAL				0 0	0	194.03	
194. 04 07954 PR			95, 49	6 0	95, 496	194.04	
194.0507955CHILD CARE CENTER			88, 88	0 0	88, 880	194.05	
194.0607956CENTER OF LIFE BALANCE				0 0	0	194.06	
194.0707957UNIT 3200 - DEACONESS VNA			9, 08	2 0	9, 082	194.07	
194. 08 07958 HEALTHSOUTH			341, 13	9 0	341, 139	194.08	
194.0907959 HOME OFFICE			10, 957, 21	1 0	10, 957, 211	194.09	
200.00 Cross Foot Adjustments	0	123, 334	404, 69	7 0	404, 697	200.00	
201.00 Negative Cost Centers	0	0		0 0	0	201.00	
202.00 TOTAL (sum lines 118 through 201)	0	123, 334	74, 066, 20	9 0	74, 066, 209	202.00	

	th Financial Systems DEACONESS HOSPITAL In Lieu of Form CMS-25 ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0082 Period: Worksheet B-1						
					From 10/01/2021 To 09/30/2022		
		CAPITAL RELATED COSTS					
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	BLDG & FI XT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	
		1.00	1.01	2.00	4.00	5.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	1, 623, 326		1			1.00
1.01 2.00 4.00 5.00 7.00 8.00	00101 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	0 4, 329 30, 930 0 0	49, 355 3, 533 17, 952 0 0	32, 750, 852 7, 074 12, 740, 483 209, 580 123, 100	381, 204, 559 44, 741, 222 4, 274, 989 1, 166, 822	748, 445, 546 10, 694, 491 2, 198, 658	1.01 2.00 4.00 5.00 7.00 8.00
9.00 10.00 11.00 13.00 14.00	00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	0 3, 272 21, 267 0 460		73, 499 138, 89 47, 018 965, 078 687, 813	7 2, 713, 919 3 1, 384, 697 3 6, 343, 016	7, 250, 923 5, 881, 844 2, 405, 158 7, 971, 931 4, 874, 611	10.00 11.00 13.00
15. 00 16. 00 17. 00 21. 00	01500 PHARMACY 01500 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0 512 0 4, 340		827, 923 113	3 10, 361, 465 3 1, 133, 033 4 7, 522, 996	8, 826, 777 1, 785, 559	15.00 16.00 17.00
22. 00 23. 00 23. 01 23. 03	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM-PHARMACY 02301 PARAMED ED PRGM-CHAPLAI N 02303 PARAMED ED PRGM-NURSI NG INPATI ENT ROUTI NE SERVI CE COST CENTERS	1, 400 405 0 2, 877			0 0	395, 299 0	23. 00 23. 01
30. 00 31. 00 32. 00 40. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 04000 SUBPROVIDER - IPF	332, 595 75, 304 8, 609 0	0 0	203, 48 ⁻ 13, 78 ⁰	1 22, 804, 491	34, 718, 309 6, 341, 738	31.00 32.00
50. 00 51. 00	ANCI LLARY SERVICE COST CENTERS 05000 OPERATI NG ROOM 05100 RECOVERY ROOM	120, 307 48, 278	C				
54.00 55.00 56.00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OL SOTOPE	47, 253 16, 685 3, 902	C	1, 145, 14 132, 908	7 6, 712, 013 3 3, 399, 197	14, 151, 195 17, 517, 850	54.00 55.00
57.00 58.00 59.00	05700 CT SCAN 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON	2, 989 6, 774 38, 375	0 0	1, 661, 14 1, 531, 78	2, 038, 905 6, 534, 716	5, 726, 047 23, 150, 540	58.00 59.00
60.00 63.00 64.00 65.00	06000 LABORATORY 06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	38, 552 1, 605 1, 275 7, 629			901, 603 5 1, 954, 998	4, 326, 988 3, 272, 717	63.00 64.00
66.00 69.00 71.00 72.00	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENTS	7, 738 20, 922 0 0		110, 19:	3 0 7 2, 877, 090 0 0	13, 073, 193 6, 443, 792 7, 838, 125 27, 677, 478	66.00 69.00 71.00 72.00
73.00 74.00 76.00 76.01	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS 03030 ANGI OCARDI OGRAPHY 03160 PULMONARY REHAB	0 588 0 0	0 0 0 0		0 0	0	74.00 76.00
76. 97 90. 00	07697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS 09000 CLI NI C	5, 032				906, 071	76.97 90.00
90. 01 90. 02 90. 03	09001 FAMILY PRACTICE 09002 OUTPATIENT PSYCHIATRIC SERVICES 09003 CHEMO	3, 720 9, 009		26, 078 2, 370 53, 863	3 919, 591 0 1, 345, 976	1, 563, 720 1, 946, 683 3, 454, 031	90. 01
90. 04 90. 05 90. 06	09004 PRI MARY CARE FOR SENIORS 09005 PAI N MANAGEMENT 09006 WOUND CARE	0 8, 963 3, 594		7, 564 29, 494 4, 711	4 2, 448, 648 5 1, 422, 890		90. 05 90. 06
90. 07 90. 08 90. 09 90. 10	09007 SLEEP CENTER 09008 HEMATOLOGY 09009 MULTI -SPECIALTY SERVICES 09010 DIABETES CENTER	3, 417 8, 333 7, 177 0	0 0 0	19, 334 163 8, 715 429	622, 030 1, 195, 606 157, 924	1, 016, 866 1, 418, 994 261, 875	90. 08 90. 09 90. 10
91.00 92.00 92.01	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	47, 646 39, 739				32, 329, 463 10, 422, 554	92.00
96.00	OTHER REIMBURSABLE COST CENTERS 09600 DURABLE MEDICAL EQUIP-RENTED	4, 947	1	· · ·			
118.00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	1, 008, 781	21, 485	32, 367, 559	9 357, 656, 054	676, 040, 788	118. 00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14, 672	C		1, 376, 695	3, 611, 322	190. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		Period:	Worksheet B-1	
				From 10/01/2021 To 09/30/2022	Date/Time Pre	narod
				10 097 307 2022	2/27/2023 8:0	
	CAP	ITAL RELATED CO	DSTS			
Cost Center Description	BLDG & FIXT	BLDG & FIXT	MVBLE EQUI P		ADMI NI STRATI VE	
	(SQUARE FEET)	(SQUARE FEET)	UULLAR VALUE) BENEFITS DEPARTMENT	& GENERAL (ACCUM. COST)	
				(GROSS	(ACCOM. COST)	
				SALARI ES)		
	1.00	1.01	2.00	4.00	5.00	
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	70, 313	0	299, 92	7 12, 560, 226	18, 795, 475	192.00
192. 01 19201 DEACONESS URGENT CARE	0	0		0 0		192. 01
192. 02 19202 HENDERSON ER PHYSI CLANS	0	0		0 2, 742, 854		
192. 03 19203 FAMILY PHARMACY	3, 643		17, 33			
194. 00 07950 MI SC NONREI MBURSABLE	25, 726					
194. 01 07951 OCCUPATI ONAL HEALTH	0	0		0 0		194.01
194. 02 07952 OTHER FACILITIES	46, 293	0	37, 55			
194. 03 07953 THE HEART HOSPI TAL	0	0		0 0		194.03
194. 04 07954 PR 194. 05 07955 CHI LD CARE CENTER	2,879	0	4, 62			
194.0607956 CENTER OF LIFE BALANCE	0		19, 75	5 2, 112, 473		194.05
194.0707957 UNIT 3200 - DEACONESS VNA	350					194.06
194. 08 07958 HEALTHSOUTH	13, 145				328, 567	
194. 09 07 959 HOME OFFICE	437, 524					194.00
200.00 Cross Foot Adjustments	+37, 324	7, 327		0	, v	200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	40, 575, 986	111, 341	33, 378, 88	2 36, 816, 198	94, 762, 668	
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	24. 995587	2. 255921	1.01917	6 0. 096579	0. 126613	203.00
204.00 Cost to be allocated (per Wkst. B,				123, 391	13, 812, 906	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part				0.000324	0. 018455	205.00
						00/ 00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)						207.00
	I.	1	1	1	1	1

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	DEACONESS	HOSPI TAL Provi der CO	CN: 15-0082 P	In Lie	u of Form CMS-: Worksheet B-1	
			F	rom 10/01/2021 o 09/30/2022	Date/Time Pre	pared:
Cost Center Description	OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (SQUARE FEET - C)	DI ETARY (MEALS SERVED)	2/27/2023 8:0 CAFETERI A (FTE' S)	<u>9 am</u>
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS		[1			1 1 00
1.00 00100 CAP REL COSTS-BLDG & FIXT 1.01 00101 CAP REL COSTS-BLDG & FIXT 2.00 00200 CAP REL COSTS-BLDG & FIXT 2.00 00200 CAP REL COSTS-BLDG & FIXT 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.00 00500 ADMI NI STRATI VE & GENERAL 7.00 7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE 9.00 00900 HOUSEKEEPI NG 10.00 01000 DI ETARY 11.00 01100 CAFETERIA 13.00 01300 NURSI NG ADMI NI STRATI ON 14.00 01400 CENTRAL SERVI CES & SUPPLY 15.00 01500 PHARMACY 16.00 01600 MEDI CAL RECORDS & LI BRARY 17.00 01700 SOCI AL SERVI CE SILARY 21.00 02100 I & SERVI CES-SALARY & FRI NGES APPRVD 22.00 02200 I & SERVI CES-OTHER PROMO 23.00 023	1, 284, 095 25, 685 16, 616 18, 929 21, 267 7, 181 22, 792 14, 220 8, 528 5, 302 4, 340 1, 400 405 0 2, 877	4, 371, 764 0 52, 888 0 44, 361 0 0 0 0 0	1, 241, 794 18, 929 21, 267 7, 181 22, 792 14, 220 8, 528 5, 302 4, 340 1, 400 405 0	479, 998 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	34, 313 977 559 1, 276 269 928 216 121 30 0 181	13.00 14.00 15.00 16.00 17.00
30. 00 03000 ADULTS & PEDI ATRI CS	332, 595	2, 478, 442	332, 595	337, 646	8, 280	30.00
31.00 03100 INTENSIVE CARE UNIT	75, 304				2, 204	31.00
32. 00 03200 CORONARY CARE UNI T 40. 00 04000 SUBPROVI DER – I PF	8,609	86, 202 0			442 0	32.00 40.00
ANCI LLARY SERVICE COST CENTERS						101 00
50. 00 05000 OPERATING ROOM	120, 307				2, 467	50.00
51. 00 05100 RECOVERY ROOM 54. 00 05400 RADI 0L0GY-DI AGNOSTI C	48, 278 47, 253			1 1	704 976	51.00 54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	16, 685				457	55.00
56. 00 05600 RADI OI SOTOPE	3, 902	55, 420		1	88	56.00
57. 00 05700 CT SCAN	2,989				465	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	6,774			1 1	295	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	38, 375			1 1	685	
60.00 06000 LABORATORY	38, 552	1, 098		1 1	3, 367	60.00
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	1,605	0		1	127	63.00
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	1, 275			-	199 666	64.00 65.00
66. 00 06600 PHYSI CAL THERAPY	7, 738		.,	-	000	66.00
69. 00 06900 ELECTROCARDI OLOGY	20, 922	5, 185			369	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0		0	
73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 RENAL DI ALYSI S	0 588	0	0 588		0 13	73.00 74.00
76. 00 03030 ANGI OCARDI OGRAPHY	0	0	0	0	0	76.00
76.01 03160 PULMONARY REHAB	0	0	0	0	47	76.01
76. 97 07697 CARDI AC REHABI LI TATI ON	5, 032	0	5, 032	0	95	76.97
OUTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C	18,032	334	18, 032	0	381	90.00
90. 01 09001 FAMILY PRACTICE	3, 720				154	
90. 02 09002 OUTPATI ENT PSYCHI ATRI C SERVI CES	0	0			262	
90. 03 09003 CHEMO	9,009			1	267	
90. 04 09004 PRI MARY CARE FOR SENI ORS 90. 05 09005 PALN MANAGEMENT	0	598		-	153	
90. 05 09005 PALN MANAGEMENT 90. 06 09006 WOUND CARE	8, 963 3, 594				308 208	
90. 07 09007 SLEEP CENTER	3, 417				370	
90. 08 09008 HEMATOLOGY	8, 333			1 1	120	
90. 09 09009 MULTI - SPECI ALTY SERVICES	7, 177		7, 177		168	
90. 10 09010 DI ABETES CENTER	0	0	-	-	31	90.10
91.00 09100 EMERGENCY 92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)	47,646	489, 949	47, 646	6, 888	1, 678	91.00 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	39, 739	5, 357	39, 739	41, 098	765	
0THER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	4, 947	0	4, 947	0	585	96.00
SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 088, 531	4, 350, 518	1, 046, 230	463, 732	31, 953	118.00
NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14, 672	0	14, 672	0	356	190.00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	70, 313				719	192.00
192. 01 19201 DEACONESS URGENT CARE	0		-	-		192.01
192. 02 19202 HENDERSON ER PHYSICIANS	0	0	0	0	68	192. 02

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC		Period: From 10/01/2021	Worksheet B-1	
				To 09/30/2022	Date/Time Pre 2/27/2023 8:0	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG		CAFETERI A	
	PLANT			- (MEALS SERVED)	(FTE'S)	
	(SQUARE FEET -		C)			
	C)	LAUNDRY)				
	7.00	8.00	9.00	10.00	11.00	
192.03 19203 FAMILY PHARMACY	3, 643	-	3, 643	-		192.03
194.0007950 MISC NONREI MBURSABLE	44, 269	3, 984	44, 269	9 16, 266		194.00
194.01 07951 OCCUPATI ONAL HEALTH	0	0	(0 0		194.01
194. 02 07952 OTHER FACILITIES	46, 293	0	46, 293	3 0		194.02
194. 03 07953 THE HEART HOSPI TAL	0	0	(0 0		194.03
194. 04 07954 PR	2, 879		2, 879	9 0		194.04
194. 05 07955 CHI LD CARE CENTER	0	17, 242	(0 0		194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	(0 0		194.06
194.0707957UNIT 3200 - DEACONESS VNA	350		350			194.07
194. 08 07958 HEALTHSOUTH	13, 145	0	13, 14	5 0		194.08
194. 09 07959 HOME OFFI CE	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, Part I)	6, 331, 914	1, 960, 272	7, 834, 750	6, 470, 095	2, 948, 191	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4. 931032	0. 448394	6. 30921	9 13. 479421	85. 920526	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	412, 351	174, 663	216, 059	9 344, 259	634, 866	204.00
205.00 Unit cost multiplier (Wkst. B, Part	0. 321122	0. 039953	0. 17398	9 0. 717209	18. 502200	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00 NÄHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS	DEACONESS I	Provi der CC		Period:	u of Form CMS-2 Worksheet B-1	
				rom 10/01/2021 o 09/30/2022	Date/Time Prep 2/27/2023 8:09	
Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES &	PHARMACY (COSTED	RECORDS &	SOCIAL SERVICE	
	(FTE' S	SUPPLY (COSTED	REQUI S.)	LI BRARY (GROSS	(PATIENT DAYS)	
	NURSI NG) 13.00	REQUI S.) 14. 00	15.00	CHARGES) 16.00	17.00	
GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT		I		1		1.00
1.01 00101 CAP REL COSTS-BLDG & FLXT						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00
5. 00 00500 ADMI NI STRATI VE & GENERAL						5.00
7. 00 00700 OPERATION OF PLANT 8. 00 00800 LAUNDRY & LINEN SERVICE						7.00
9. 00 00900 HOUSEKEEPING						9.00
10. 00 01000 DI ETARY						10.00
11. 00 01100 CAFETERIA 13. 00 01300 NURSING ADMINISTRATION	19, 711					11.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	106, 606, 304				14.00
15. 00 01500 PHARMACY 16. 00 01600 MEDICAL RECORDS & LIBRARY	0	848, 343 1, 681	156, 035, 522 (15.00 16.00
17. 00 01700 SOCIAL SERVICE	0	2, 717	(157, 298	•
21.00 02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	0	0	(0	0	21.00
22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 23.00 02300 PARAMED ED PRGM-PHARMACY	0	0	(0	22.00
23. 01 02301 PARAMED ED PRGM-CHAPLAIN	0	0	C	0	0	23.01
23. 03 02303 PARAMED ED PRGM-NURSING I NPATI ENT ROUTI NE SERVI CE COST CENTERS	181	0		0 0	0	23.03
30. 00 03000 ADULTS & PEDIATRICS	8, 280	3, 647, 270	2, 040	231, 845, 650	127, 395	30.00
31.00 03100 I NTENSI VE CARE UNI T	2, 204	2, 411, 634	1, 308			
32. 00 03200 CORONARY CARE UNI T 40. 00 04000 SUBPROVI DER – I PF	442	579, 513 0	889 (4, 746 0	
ANCILLARY SERVICE COST CENTERS		-		-		1
50. 00 05000 OPERATING ROOM 51. 00 05100 RECOVERY ROOM	2, 467 704	18, 491, 363 580, 342	55, 239 269		0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	1, 888, 304	9, 941		0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	2, 144, 236	393, 440		0	55.00
56. 00 05600 RADI 0I SOTOPE 57. 00 05700 CT SCAN	0	607, 616 1, 183, 975	218 (0	56.00 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	310, 916	C	67, 719, 809	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	0	7, 506, 607 15, 545, 814	27, 906 1, 961		0	59.00 60.00
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	3, 130, 645	1, 901		0	63.00
64.00 06400 I NTRAVENOUS THERAPY	199	809, 210	277		0	64.00
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	0	1, 167, 231 362, 550	39 1, 479		0	65.00 66.00
69. 00 06900 ELECTROCARDI OLOGY	369	1, 066, 997	8, 483			
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	7, 838, 125	0		0	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	0	27, 677, 478 0	84, 232, 968	115, 498, 653 465, 304, 398	0	72.00
74.00 07400 RENAL DIALYSIS	0	30, 087	C	14, 537, 812	0	74.00
76. 00 03030 ANGI OCARDI OGRAPHY 76. 01 03160 PULMONARY REHAB	0	0 1, 477	0 454	-	0	
76. 97 07697 CARDIAC REHABILITATION	0	3, 494	434		0	
	201	91 740		4 540 292	0	
90. 00 09000 CLI NI C 90. 01 09001 FAMI LY PRACTI CE	381 154	81, 749 43, 508	880 222, 633		0	90.00 90.01
90. 02 09002 OUTPATI ENT PSYCHI ATRI C SERVI CES	262	832	C	8, 935, 630	0	90.02
90. 03 09003 CHEMO 90. 04 09004 PRI MARY CARE FOR SENI ORS	267 153	372, 930 14, 246	0 9, 363	01,070,000	0	90.03 90.04
90. 05 09005 PALN MANAGEMENT	308	91, 938	21, 416	21, 061, 609	0	90.05
90. 06 09006 WOUND CARE	208	185, 193 111 - 207	6, 435		0	90.06
90. 07 09007 SLEEP CENTER 90. 08 09008 HEMATOLOGY	370 120	111, 207 4, 705	((9, 978, 915 2, 484, 200	0	90.07 90.08
90. 09 09009 MULTI - SPECI ALTY SERVICES	168	12, 800	5, 016	4, 906, 550	0	90.09
90. 10 09010 DI ABETES CENTER 91. 00 09100 EMERGENCY	31 1, 678	1, 949 1, 398, 110	0 51, 137	478, 954 299, 790, 192	0	90.10 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			51, 157	2.7, 170, 172		92.00
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART)	765	389, 763	(23, 734, 947	0	92.01
OTHER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	5, 906, 721	(40, 403, 326	0	96.00
SPECIAL PURPOSE COST CENTERS						1
	19, 711	106, 453, 276	85.053.810	3, 345, 385, 855	157, 298	1118.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	17,711	100, 100, 270			1077270	
	0	0 36, 294	193, 639	0 0	0	190. 00 192. 00

Health Financial Systems	DEACONESS I	HOSPI TAL		In Lie	u of Form CMS-2552-
COST ALLOCATION - STATISTICAL BASIS		Provider CC		Peri od:	Worksheet B-1
				From 10/01/2021 To 09/30/2022	Date/Time Prepared
				10 077 307 2022	2/27/2023 8:09 am
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCI AL SERVI CE
	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &	
		SUPPLY	REQUIS.)		(PATIENT DAYS)
	(FTE' S	(COSTED		(GROSS	
	NURSI NG)	REQUIS.)	45.00	CHARGES)	17.00
	13.00	14.00	15.00	16.00	17.00
192. 02 19202 HENDERSON ER PHYSI CLANS	0	0	70 700 0	0 0	01.72.0
192. 03 19203 FAMILY PHARMACY	0	112, 068	70, 788, 07	3 0	0 192. 0
194. 00 07950 MI SC NONREI MBURSABLE	0	4, 666		0 0	0 194. 0 0 194. 0
194. 01 07951 OCCUPATI ONAL HEALTH 194. 02 07952 OTHER FACILITIES	0	0		0 0	0194.0
194. 03 07953 THE HEART HOSPITAL	0	0		0 0	0194.0
194. 04 07954 PR	0	0		0 0	0194.0
194. 05 07955 CHILD CARE CENTER	0	0		0 0	0194.0
194. 06 07956 CENTER OF LIFE BALANCE	0	0		0 0	0194.0
194. 07 07957 UNIT 3200 - DEACONESS VNA	0	0			0194.0
194. 08 07958 HEALTHSOUTH	0	0			0194.0
194. 09 07959 HOME OFFICE	0	0			0194.0
200.00 Cross Foot Adjustments	0	0		0	200. 0
201.00 Negative Cost Centers					201.0
202.00 Cost to be allocated (per Wkst. B,	9, 056, 585	5, 249, 845	9, 890, 71	6 1, 930, 321	
Part I)	,,000,000	0,21,,010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
203.00 Unit cost multiplier (Wkst. B, Part I)	459. 468571	0. 049245	0. 06338	0. 000576	61. 941245 203. 0
204.00 Cost to be allocated (per Wkst. B,	1, 154, 393	826, 706	1, 047, 28	32 55, 445	229, 504 204. 0
Part II)					
205.00 Unit cost multiplier (Wkst. B, Part	58. 565928	0. 007755	0.00671	2 0.000017	1. 459040 205. 0
206.00 NAHE adjustment amount to be allocated					206. 0
(per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D,					207.0
Parts III and IV)					207.0

	Financial Systems NLOCATION - STATISTICAL BASIS	DEACONESS	HOSPI TAL Provi der CO		eriod:	u of Form CMS-2 Worksheet B-1	
					rom 10/01/2021 o 09/30/2022	Date/Time Pre 2/27/2023 8:0	
		INTERNS &	RESI DENTS				
	Cost Center Description	SERVI CES-SALAR Y & FRI NGES (ASSI GNED TI ME) 21.00	SERVI CES-OTHER PRGM COSTS (ASSI GNED TI ME) 22.00		PARAMED ED PRGM-CHAPLAI N (ASSI GNED TI ME) 23. 01	PARAMED ED PRGM-NURSI NG (ASSI GNED TI ME) 23. 03	
1 00	GENERAL SERVICE COST CENTERS						1 4 00
$\begin{array}{c} 1.\ 00\\ 1.\ 01\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 01\\ 23.\ 03\\ \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-BLDG & FIXT 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-SALARY & FRINGES APPRVD 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM-PHARMACY 02301 PARAMED ED PRGM-NURSING	56, 352	56, 352	100	0	35, 281	$\begin{array}{c} 1.\ 00\\ 1.\ 01\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 21.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 01\\ 23.\ 03\end{array}$
30, 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	29, 742	29, 742	0	0	21, 989	30.00
31.00	03100 I NTENSI VE CARE UNI T	930	930	0		5, 149	1
32.00	03200 CORONARY CARE UNI T	0	0	0		1, 464	
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	1, 126	1, 126	0	0	421	50.00
51.00	05100 RECOVERY ROOM	0	0			482	•
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	329	•
56.00	05600 RADI OI SOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00 59.00	05800 MAGNETI C RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON	0 956	0 956		0	0 455	58.00 59.00
60.00	06000 LABORATORY	930	930 0	0	0	433	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	0	0	0	0	290	•
65.00	06500 RESPI RATORY THERAPY	0	0			0	
66.00	06600 PHYSI CAL THERAPY	0	0	0	0	0	
69.00 71.00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0		0	50 0	69.00 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	100		0	73.00
74.00	07400 RENAL DI ALYSI S	0	0	0	0	0	74.00
76.00	03030 ANGI OCARDI OGRAPHY	0	0	0	0	0	76.00
76. 01 76. 97	03160 PULMONARY REHAB 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.01
/0. //	OUTPATIENT SERVICE COST CENTERS	0	0	0			/0. //
90.00	09000 CLI NI C	0	0	0		2	90.00
90.01	09001 FAMILY PRACTICE	20, 571	20, 571	0	0	0	90.01
90. 02 90. 03	09002 OUTPATI ENT PSYCHI ATRI C SERVI CES	0	0	0	0	0	
90. 03 90. 04	09003 CHEMO 09004 PRIMARY CARE FOR SENIORS	734	734		0	253 0	90.03
90.04 90.05	09005 PALN MANAGEMENT	, 34	0	0	0	99	•
90.06	09006 WOUND CARE	0	0	0	0	72	•
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0	0	0	0	0	90.08
90. 09 90. 10	09009 MULTI - SPECIALTY SERVICES	0	0	0	0	175	
90. 10 91. 00	09010 DI ABETES CENTER 09100 EMERGENCY	2, 293	2, 293		0	0 2, 120	90.10 91.00
92.00 92.01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0	0		0	1, 931	92.00
96.00	09600 DURABLE MEDICAL EQUI P-RENTED	0	0	0	0	0	96.00
	SPECIAL PURPOSE COST CENTERS	56, 352	56, 352	100	0	35, 281	118 00
118 00							
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0		190.00

Health Financial Systems	DEACONESS I	HOSPI TAL		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CO		Period: From 10/01/2021 To 09/30/2022	Worksheet B-1 Date/Time Pre	
				10 097 307 2022	2/27/2023 8:0	
	INTERNS &	RESI DENTS				
Cost Center Description	SERVI CES-SALAR	SERVICES-OTHER	PARAMED ED	PARAMED ED	PARAMED ED	
	Y & FRINGES	PRGM COSTS	PRGM-PHARMAC		PRGM-NURSI NG	
	(ASSI GNED	(ASSI GNED	(ASSI GNED	(ASSI GNED	(ASSI GNED	
	TIME)	TIME)	TIME)	TIME)	TIME)	
	21.00	22.00	23.00	23.01	23.03	
192.01 19201 DEACONESS URGENT CARE	0	0		0 0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	0	0		0 0	0	192. 02
192. 03 19203 FAMILY PHARMACY	0	0		0 0	0	192.03
194.0007950 MISC NONREI MBURSABLE	0	0		0 0	0	194.00
194. 01 07951 OCCUPATI ONAL HEALTH	0	0		0 0	0	194.01
194.0207952 OTHER FACILITIES	0	0		0 0	0	194.02
194. 03 07953 THE HEART HOSPI TAL	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
194.0607956CENTER OF LIFE BALANCE	0	0		0 0	0	194.06
194.0707957UNIT 3200 - DEACONESS VNA	0	0		0 0	0	194.07
194. 08 07958 HEALTHSOUTH	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						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2, 683, 084	2, 586, 552	452, 20	3 0	1, 825, 680	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	47, 612933	45. 899915	4, 522. 03000	0. 000000	51.746833	203.00
204.00 Cost to be allocated (per Wkst. B,	158, 128	80, 362			123, 334	•
Part II)			,	-	,	
205.00 Unit cost multiplier (Wkst. B, Part	2. 806076	1. 426072	428.73000	0.000000	3. 495763	205.00
206.00 NAHE adjustment amount to be allocated				o 0	0	206. 00
(per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D,			0. 00000	0 0. 000000	0.00000	207. 00
Parts III and IV)						I

OMPUTATI ON	ancial Systems N OF RATIO OF COSTS TO CHARGES	DEACONESS	Provider C	CN: 15-0082	Peri od:	u of Form CMS-2 Worksheet C	
					From 10/01/2021 To 09/30/2022	Part I Date/Time Pre	pared
			Title	XVIII	Hospi tal	2/27/2023 8:0 PPS	9 am
				XVIII	Costs	115	
	Cost Center Description	Total Cost	Therapy Limit	Total Costs		Total Costs	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.	-				
		26)					
		1.00	2.00	3.00	4.00	5.00	
	TI ENT ROUTI NE SERVI CE COST CENTERS	1					
	0 ADULTS & PEDIATRICS	140, 361, 567		140, 361, 56		141, 265, 445	
	0 INTENSIVE CARE UNIT	44, 129, 380		44, 129, 38		44, 165, 225	31.0
	0 CORONARY CARE UNIT 0 SUBPROVIDER - IPF	8, 096, 842		8, 096, 84		8, 154, 074	
	LLARY SERVICE COST CENTERS	0			0 0	0	40.0
	00 OPERATING ROOM	112, 023, 268		112, 023, 26	441, 736	112, 465, 004	50.0
	O RECOVERY ROOM	11, 999, 586		11, 999, 58		11, 999, 586	
	0 RADI OLOGY-DI AGNOSTI C	16, 773, 532		16, 773, 53		17, 023, 177	54.0
	0 RADI OLOGY-THERAPEUTI C	20, 180, 899		20, 180, 89		20, 184, 972	
	O RADI OI SOTOPE	3, 405, 061		3, 405, 06		3, 405, 061	56.0
	O CT SCAN	9, 591, 302		9, 591, 30		9, 591, 302	
	0 MAGNETIC RESONANCE IMAGING (MRI)	6, 645, 511		6, 645, 51		6, 645, 511	58.0
9.00 0590	O CARDI AC CATHETERI ZATI ON	27,041,173		27,041,17		27, 041, 173	
	DO LABORATORY	56, 375, 830		56, 375, 83		56, 623, 461	60.
3.00 0630	DO BLOOD STORING, PROCESSING, & TRANS.	5, 071, 381		5, 071, 38		5, 071, 381	63.
4.00 0640	O INTRAVENOUS THERAPY	3, 870, 242		3, 870, 24	12 0	3, 870, 242	64.
5.00 0650	0 RESPI RATORY THERAPY	11, 915, 807	0	11, 915, 80)7 32	11, 915, 839	65.0
	0 PHYSI CAL THERAPY	14, 905, 514		,		14, 905, 514	
	0 ELECTROCARDI OLOGY	7, 798, 972		7, 798, 97	72 0	7, 798, 972	
	O MEDICAL SUPPLIES CHARGED TO PATIENTS	9, 243, 518		9, 243, 51	18 0	9, 243, 518	71.
	O IMPL. DEV. CHARGED TO PATIENTS	32, 611, 326		32, 611, 32		32, 611, 326	
	DO DRUGS CHARGED TO PATIENTS	100, 957, 386		100, 957, 38		100, 957, 386	
	0 RENAL DI ALYSI S	2, 584, 008		2, 584, 00		2, 586, 424	
	O ANGI OCARDI OGRAPHY	0			0 0	0	76.
	O PULMONARY REHAB	396, 072		396, 07		397, 189	
	27 CARDIAC REHABILITATION ATIENT SERVICE COST CENTERS	1, 088, 008		1, 088, 00	0 0	1, 088, 008	76.
	O CLINIC	5, 013, 423		5, 013, 42	43, 307	5, 056, 730	90.
	1 FAMILY PRACTICE	1, 906, 177		1, 906, 17		1, 906, 177	90.
	2 OUTPATI ENT PSYCHI ATRI C SERVI CES	2, 341, 210		2, 341, 21		2, 341, 210	
	3 CHEMO	4, 189, 295		4, 189, 29		4, 189, 295	
	4 PRIMARY CARE FOR SENIORS	1, 309, 985		1, 309, 98		1, 309, 985	
	5 PALN MANAGEMENT	3, 735, 881		3, 735, 88		3, 739, 379	
0. 06 0900	06 WOUND CARE	2, 277, 695		2, 277, 69		2, 277, 695	
0. 07 0900	07 SLEEP CENTER	3, 784, 054		3, 784, 05	54 7, 184	3, 791, 238	90.
0900 03.08	8 HEMATOLOGY	1, 306, 386		1, 306, 38	36 0	1, 306, 386	90.
	9 MULTI - SPECIALTY SERVICES	1, 783, 684		1, 783, 68	34 452	1, 784, 136	90. (
	O DI ABETES CENTER	312, 307		312, 30		312, 307	90.
	O EMERGENCY	38, 537, 589		38, 537, 58			
	0 OBSERVATION BEDS (NON-DISTINCT PART)	15, 493, 071		15, 493, 07		15, 493, 071	92. (
	1 OBSERVATION BEDS (DISTINCT PART)	13, 295, 234		13, 295, 23	34 0	13, 295, 234	92.
	R REIMBURSABLE COST CENTERS						
	DO DURABLE MEDI CAL EQUI P-RENTED	14,031,124		14, 031, 12			
00.00	Subtotal (see instructions)	756, 383, 300				760, 993, 262	
01.00	Less Observation Beds	15, 493, 071		15, 493, 07		15, 493, 071	
02.00	Total (see instructions)	740, 890, 229	0	740, 890, 22	4, 609, 962	745, 500, 191	202.

OMPUTATI O	N OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet C Part I Date/Time Pre 2/27/2023 8:0	
			Title	XVIII	Hospi tal	PPS	
			Charges				
	Cost Center Description	I npati ent	Outpati ent	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
I NPA	ATIENT ROUTINE SERVICE COST CENTERS						
0.00 0300	DO ADULTS & PEDIATRICS	207, 254, 856		207, 254, 85	56		30.0
1.00 0310	DO INTENSIVE CARE UNIT	93, 663, 346		93, 663, 34	46		31.0
2.00 0320	DO CORONARY CARE UNIT	20, 536, 541		20, 536, 54	41		32.0
0.00 0400	DO SUBPROVIDER - IPF	0			0		40.0
ANCI	LLARY SERVICE COST CENTERS						
0.00 0500	DO OPERATING ROOM	196, 368, 918	320, 698, 231	517, 067, 14	49 0. 216651	0.000000	50.0
	DO RECOVERY ROOM	12, 273, 403	14, 650, 086			0.000000	
	DO RADI OLOGY-DI AGNOSTI C	31, 389, 383	92, 566, 999			0.000000	
	00 RADI OLOGY-THERAPEUTI C	15, 442, 731	105, 613, 898			0.00000	
	DO RADI OI SOTOPE	5, 109, 799	36, 889, 671	41, 999, 47		0.00000	
	DO CT SCAN	63, 617, 245	136, 846, 460	200, 463, 70	0. 047846	0.000000	57.0
8.00 0580	DO MAGNETIC RESONANCE IMAGING (MRI)	14, 384, 647	53, 335, 163	67, 719, 81	0. 098132	0.000000	58.0
9.00 0590	DO CARDI AC CATHETERI ZATI ON	88, 263, 519	70, 238, 449	158, 501, 96	68 0. 170605	0.000000	59.0
0.00 0600	DO LABORATORY	87, 813, 495	230, 363, 492	318, 176, 98	0. 177184	0.000000	60.0
3.00 0630	DO BLOOD STORING, PROCESSING, & TRANS.	18, 114, 666	5, 222, 119	23, 336, 78	35 0. 217313	0.000000	63.0
4.00 0640	DO INTRAVENOUS THERAPY	9, 247, 602	463, 385	9, 710, 98	0. 398543	0.000000	64.0
5.00 0650	00 RESPI RATORY THERAPY	83, 894, 657	8, 690, 616	92, 585, 27	73 0. 128701	0.000000	65.0
6.00 0660	DO PHYSI CAL THERAPY	55, 135, 330	38, 818, 780	93, 954, 11	0. 158647	0.000000	66.0
9.00 0690	DO ELECTROCARDI OLOGY	34, 211, 697	48, 330, 205	82, 541, 90	0. 094485	0.000000	69.0
1.00 0710	DO MEDICAL SUPPLIES CHARGED TO PATIENTS	26, 876, 526	19, 992, 321	46, 868, 84	47 0. 197221	0.000000	71.0
2.00 0720	DO IMPL. DEV. CHARGED TO PATIENTS	66, 652, 600	48, 846, 052	115, 498, 65	52 0. 282352	0.000000	72.0
3.00 0730	DO DRUGS CHARGED TO PATIENTS	186, 643, 571	278, 660, 827	465, 304, 39	98 0. 216971	0.000000	73.0
4.00 0740	DO RENAL DI ALYSI S	13, 341, 107	1, 196, 705	14, 537, 81	0. 177744	0.000000	74.0
6.00 0303	30 ANGI OCARDI OGRAPHY	0	0		0 0.000000	0.000000	76.0
6.01 0316	50 PULMONARY REHAB	0	647, 224	647, 22	0. 611955	0.000000	76. C
6.97 0769	7 CARDI AC REHABI LI TATI ON	870	4, 366, 029	4, 366, 89	0. 249149	0.000000	76.9
OUTF	PATIENT SERVICE COST CENTERS						
0.00 0900	DO CLINIC	9, 491	4, 539, 892	4, 549, 38	33 1. 102001	0.000000	90.0
0.01 0900	D1 FAMILY PRACTICE	6, 003	3, 273, 484	3, 279, 48	37 0. 581242	0.000000	90. C
0.02 0900	02 OUTPATI ENT PSYCHI ATRI C SERVI CES	2, 864	8, 932, 766	8, 935, 63	30 0. 262008	0.000000	90. C
0.03 0900	D3 CHEMO	155, 263	34, 515, 040	34, 670, 30	0. 120832	0.000000	90. C
0.04 0900	D4 PRIMARY CARE FOR SENIORS	4, 247	849, 043	853, 29	90 1.535217	0.000000	90. C
0.05 0900	D5 PAIN MANAGEMENT	2, 155	21, 059, 454	21, 061, 60	0. 177379	0.000000	90.0
0.06 0900	D6 WOUND CARE	286, 742	15, 558, 462	15, 845, 20	0. 143747	0.000000	90.0
0.07 0900	D7 SLEEP CENTER	4, 153	9, 974, 762	9, 978, 91	0. 379205	0.000000	90.0
	D8 HEMATOLOGY	13, 663	2, 470, 537	2, 484, 20	0. 525878	0.000000	90. C
0.09 0900	09 MULTI - SPECIALTY SERVICES	1, 936, 617	2, 969, 933	4, 906, 55	50 0. 363531	0.000000	90. C
0. 10 0901	IO DIABETES CENTER	134	478, 820			0.000000	
	DOEMRGENCY	108, 895, 981	190, 894, 211	299, 790, 19	92 0. 128549	0.000000	91.0
2.00 0920	OO OBSERVATION BEDS (NON-DISTINCT PART)	7, 943, 307	19, 797, 337	27, 740, 64	0. 558497	0.000000	92.0
	01 OBSERVATION BEDS (DISTINCT PART)	14, 315, 510	9, 419, 437	23, 734, 94	0. 560154	0.000000	92.0
OTHE	R REIMBURSABLE COST CENTERS						
6.00 0960	DO DURABLE MEDICAL EQUIP-RENTED	0	40, 403, 326	40, 403, 32	0. 347276	0.000000	96. C
00.00	Subtotal (see instructions)	1, 463, 812, 639	1, 881, 573, 216				200.0
01.00	Less Observation Beds						201.0
202.00	Total (see instructions)	1 463 812 639	1, 881, 573, 216	3 345 385 89	55		202.0

	Financial Systems	DEACONESS H	Provider CCN: 15-0082	Period:	u of Form CMS-25 Worksheet C	.55Z-1
COMPUT	ATTON OF RATTO OF COSTS TO CHARGES		Provider CCN. 15-0082	From 10/01/2021 To 09/30/2022	Part I Date/Time Prep	bared [.]
				10 077 007 2022	2/27/2023 8:09	
			Title XVIII	Hospi tal	PPS	
	Cost Center Description	PPS Inpatient				
		Ratio				
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00				
30.00	03000 ADULTS & PEDIATRICS					30.00
31.00	03100 I NTENSI VE CARE UNI T					31.00
32.00	03200 CORONARY CARE UNI T					32.0
40.00	04000 SUBPROVIDER - IPF					40.0
	ANCI LLARY SERVICE COST CENTERS					
50.00	05000 OPERATI NG ROOM	0. 217506				50.0
51.00	05100 RECOVERY ROOM	0. 445692				51.0
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 137332				54.0
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 166740				55.0
56.00	05600 RADI OI SOTOPE	0. 081074				56.0
57.00	05700 CT SCAN	0. 047846				57.0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 098132				58.0
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 170605				59.0
60.00	06000 LABORATORY	0. 177962				60.0
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0. 217313				63.0
64.00	06400 I NTRAVENOUS THERAPY	0. 398543				64.0
65.00	06500 RESPI RATORY THERAPY	0. 128701				65.0
66.00	06600 PHYSI CAL THERAPY	0. 158647				66.0
69.00	06900 ELECTROCARDI OLOGY	0. 094485				69.0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 197221				71.0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 282352				72.0
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 216971				73.0
74.00	07400 RENAL DI ALYSI S	0. 177910				74.0
76.00	03030 ANGI OCARDI OGRAPHY	0. 000000				76.0
76.01	03160 PULMONARY REHAB	0. 613681				76.0
76. 97		0. 249149				76.9
90.00	OUTPATI ENT SERVI CE COST CENTERS	1 111520				90. 0
90.00	09000 CETNIC 09001 FAMILY PRACTICE	1. 111520 0. 581242				90. 0 90. 0
90.01		0. 262008				90. 0 90. 0
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 282008				90. 0 90. 0
90.03	09003 CHEMO 09004 PRI MARY CARE FOR SENI ORS	1. 535217				90. C
90.05	09005 PALN MANAGEMENT	0. 177545				90.0
90.05	09006 WOUND CARE	0. 143747				90.0
90.07	09007 SLEEP CENTER	0. 379925				90.0
90.08	09008 HEMATOLOGY	0. 525878				90.0
90.09	09009 MULTI - SPECIALTY SERVICES	0. 363623				90.0
90.10	09010 DI ABETES CENTER	0. 652061				90.1
91.00	09100 EMERGENCY	0. 137261				91.0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 558497				92.0
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 560154				92.0
	OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0. 347276				96.0
200.00					2	200. 0
201.00	Less Observation Beds				2	201. 0
202.00) Total (see instructions)				2	202.0

	ncial Systems	DEACONESS				u of Form CMS-	2552-10
COMPUTATI ON	N OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet C Part I Date/Time Pre	pared:
				VI V		2/27/2023 8:0	19 am
				e XIX	<u>Hospital</u> Costs	PPS	
	Cost Center Description	Total Cost	Therapy Limit	Total Costs		Total Costs	
	cost center bescription	(from Wkst. B,	Adj.		Di sal I owance		
		Part I, col.					
		26)					
		1.00	2.00	3.00	4.00	5.00	
	TIENT ROUTINE SERVICE COST CENTERS						
	0 ADULTS & PEDIATRICS	140, 361, 567		140, 361, 50			
	O INTENSIVE CARE UNIT	44, 129, 380		44, 129, 3		44, 165, 225	
	O CORONARY CARE UNIT	8, 096, 842		8, 096, 8			
	0 SUBPROVIDER - IPF LLARY SERVICE COST CENTERS	0			0 0	0	40.00
	O OPERATING ROOM	112, 023, 268		112, 023, 20	441, 736	112, 465, 004	50.00
	O RECOVERY ROOM	11, 999, 586		11, 999, 5			
	0 RADI OLOGY-DI AGNOSTI C	16, 773, 532		16, 773, 5		17, 023, 177	54.00
	0 RADI OLOGY-THERAPEUTI C	20, 180, 899		20, 180, 8		20, 184, 972	
	0 RADI OI SOTOPE	3, 405, 061		3, 405, 00		3, 405, 061	
	O CT SCAN	9, 591, 302		9, 591, 30		9, 591, 302	
58.00 0580	O MAGNETIC RESONANCE IMAGING (MRI)	6, 645, 511		6, 645, 5	11 0	6, 645, 511	58.00
	O CARDI AC CATHETERI ZATI ON	27, 041, 173		27, 041, 1	73 0	27, 041, 173	59.00
	0 LABORATORY	56, 375, 830		56, 375, 8	30 247, 631	56, 623, 461	60.00
	0 BLOOD STORING, PROCESSING, & TRANS.	5, 071, 381		5, 071, 3		5, 071, 381	
	0 INTRAVENOUS THERAPY	3, 870, 242		3, 870, 24			
	0 RESPI RATORY THERAPY	11, 915, 807				11, 915, 839	
	0 PHYSI CAL THERAPY	14, 905, 514	0			14, 905, 514	
	O ELECTROCARDI OLOGY	7, 798, 972		7, 798, 9			
71.00 0710 72.00 0720	0 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 IMPL. DEV. CHARGED TO PATIENTS	9, 243, 518		9, 243, 5			
	O DRUGS CHARGED TO PATIENTS	32, 611, 326 100, 957, 386		32, 611, 3 100, 957, 3			
	0 RENAL DIALYSIS	2, 584, 008		2, 584, 0			
	O ANGI OCARDI OGRAPHY	2, 304, 000		2, 304, 00	0 2,410	2, 300, 424	
	O PULMONARY REHAB	396, 072		396, 0	0		
	7 CARDI AC REHABI LI TATI ON	1, 088, 008		1, 088, 00			
	ATIENT SERVICE COST CENTERS	1 .,	I	.,,.		.,	1
90.00 0900	O CLINIC	5, 013, 423		5, 013, 4	23 43, 307	5, 056, 730	90.00
90. 01 0900	1 FAMILY PRACTICE	1, 906, 177		1, 906, 1	77 0	1, 906, 177	90.01
	2 OUTPATI ENT PSYCHI ATRI C SERVI CES	2, 341, 210		2, 341, 2		2, 341, 210	
	3 CHEMO	4, 189, 295		4, 189, 29		4, 189, 295	
	4 PRIMARY CARE FOR SENIORS	1, 309, 985		1, 309, 9		1, 309, 985	
	5 PAIN MANAGEMENT	3, 735, 881		3, 735, 8			
	6 WOUND CARE	2, 277, 695		2, 277, 6		2, 277, 695	
	7 SLEEP CENTER	3, 784, 054		3, 784, 0		3, 791, 238	
	8 HEMATOLOGY	1, 306, 386		1, 306, 3		1, 306, 386	
	9 MULTI - SPECI ALTY SERVI CES 0 DI ABETES CENTER	1, 783, 684 312, 307		1, 783, 68 312, 30		1, 784, 136 312, 307	
	0 EMERGENCY	38, 537, 589		38, 537, 5			
	O OBSERVATION BEDS (NON-DISTINCT PART)	15, 493, 071		15, 493, 0		15, 493, 071	
	1 OBSERVATION BEDS (NON-DISTINCT PART)	13, 295, 234		13, 295, 2			
	R REIMBURSABLE COST CENTERS	, 2, 2, 3, 201	·			, 2, 3, 201	1 0
	O DURABLE MEDICAL EQUIP-RENTED	14, 031, 124		14, 031, 12	24 0	14, 031, 124	96.00
200.00	Subtotal (see instructions)	756, 383, 300	0				
201.00	Less Observation Beds	15, 493, 071		15, 493, 0	71	15, 493, 071	201.00
202.00	Total (see instructions)	740, 890, 229	l o	740, 890, 22	4, 609, 962		

OMPUTAT	ION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet C Part I Date/Time Pre 2/27/2023 8:0	
			Ti tl	e XIX	Hospi tal	PPS	
	Cost Center Description	I npati ent	Charges Outpatient	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7.00	8.00	9.00	10.00	
IN	NPATIENT ROUTINE SERVICE COST CENTERS						
0.00 03	3000 ADULTS & PEDIATRICS	207, 254, 856		207, 254, 85	56		30. 0
1.00 03	3100 INTENSIVE CARE UNIT	93, 663, 346		93, 663, 34	16		31.0
2.00 03	3200 CORONARY CARE UNI T	20, 536, 541		20, 536, 54	11		32.0
0.00 04	4000 SUBPROVI DER – I PF	0			0		40.0
AN	VCILLARY SERVICE COST CENTERS						
0.00 05	5000 OPERATING ROOM	196, 368, 918	320, 698, 231	517, 067, 14	0. 216651	0.00000	50. C
	5100 RECOVERY ROOM	12, 273, 403	14, 650, 086			0.000000	51.0
	5400 RADI OLOGY-DI AGNOSTI C	31, 389, 383	92, 566, 999			0.000000	
	5500 RADI OLOGY-THERAPEUTI C	15, 442, 731	105, 613, 898			0.000000	
	5600 RADI OI SOTOPE	5, 109, 799	36, 889, 671			0.000000	
	5700 CT SCAN	63, 617, 245	136, 846, 460			0. 000000	
	5800 MAGNETIC RESONANCE I MAGING (MRI)	14, 384, 647	53, 335, 163			0. 000000	
	5900 CARDI AC CATHETERI ZATI ON	88, 263, 519	70, 238, 449			0.000000	
	6000 LABORATORY	87, 813, 495	230, 363, 492			0. 000000	
	6300 BLOOD STORING, PROCESSING, & TRANS.	18, 114, 666	5, 222, 119			0. 000000	
	6400 I NTRAVENOUS THERAPY	9, 247, 602	463, 385			0. 000000	
	6500 RESPI RATORY THERAPY	83, 894, 657	8, 690, 616			0. 000000	
	6600 PHYSI CAL THERAPY	55, 135, 330	38, 818, 780			0.000000	
	6900 ELECTROCARDI OLOGY	34, 211, 697	48, 330, 205			0.000000	
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	26, 876, 526	19, 992, 321			0.000000	
	7200 IMPL. DEV. CHARGED TO PATIENTS	66, 652, 600	48, 846, 052			0.000000	
	7300 DRUGS CHARGED TO PATIENTS	186, 643, 571	278, 660, 827			0.000000	
	7400 RENAL DI ALYSI S	13, 341, 107	1, 196, 705			0.000000	
	3030 ANGI OCARDI OGRAPHY		1, 190, 703		0 0. 000000	0.000000	
		0	0				
	3160 PULMONARY REHAB	-	647, 224			0.000000	
	7697 CARDI AC REHABI LI TATI ON	870	4, 366, 029	4, 366, 89	0. 249149	0.000000	/6.
	JTPATIENT SERVICE COST CENTERS	0.401	4 520 002	4 540 20	1 100001	0.00000	1
		9, 491	4, 539, 892			0.000000	
	9001 FAMILY PRACTICE	6,003	3, 273, 484			0.000000	
	9002 OUTPATIENT PSYCHIATRIC SERVICES	2,864	8, 932, 766			0.000000	
	9003 CHEMO	155, 263	34, 515, 040			0.000000	
	9004 PRIMARY CARE FOR SENIORS	4, 247	849, 043			0.000000	
	9005 PAIN MANAGEMENT	2, 155	21, 059, 454			0.000000	
	9006 WOUND CARE	286, 742	15, 558, 462			0.000000	
	9007 SLEEP CENTER	4, 153	9, 974, 762			0.000000	
	9008 HEMATOLOGY	13, 663	2, 470, 537			0.00000	
	9009 MULTI - SPECI ALTY SERVI CES	1, 936, 617	2, 969, 933			0.000000	
	9010 DI ABETES CENTER	134	478, 820			0.000000	
	9100 EMERGENCY	108, 895, 981	190, 894, 211			0.000000	
	9200 OBSERVATION BEDS (NON-DISTINCT PART)	7, 943, 307	19, 797, 337			0.000000	
2.01 09	9201 OBSERVATION BEDS (DISTINCT PART)	14, 315, 510	9, 419, 437	23, 734, 94	0. 560154	0.00000	92.
	THER REIMBURSABLE COST CENTERS			1			
5.00 OS	9600 DURABLE MEDICAL EQUIP-RENTED	0	40, 403, 326			0.000000	
00.00	Subtotal (see instructions)	1, 463, 812, 639	1, 881, 573, 216	3, 345, 385, 85	55		200.
01.00	Less Observation Beds						201.0
02.00	Total (see instructions)	1, 463, 812, 639	1 001 572 014	2 2/5 205 05	55		202.

	Financial Systems TATION OF RATIO OF COSTS TO CHARGES	DEACONESS H	Provider CCN: 15-0082	Peri od:	u of Form CMS- Worksheet C	∠00Z-1
COMPUT	ATTON OF NATTO OF COSTS TO CHANGES		FTOVIDEI CON. 15-0082	From 10/01/2021 To 09/30/2022	Part I Date/Time Pre	
			Title XIX	Hocni tal	2/27/2023 8:0 PPS	19 am
	Cost Center Description	PPS Inpatient		Hospi tal	PP3	
	cost center bescription	Ratio				
		11.00				
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS					30. 0
31.00	03100 INTENSIVE CARE UNIT					31.0
32.00	03200 CORONARY CARE UNI T					32.0
40.00	04000 SUBPROVI DER – I PF					40.0
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATI NG ROOM	0. 217506				50.0
51.00	05100 RECOVERY ROOM	0. 445692				51.0
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 137332				54.0
55.00	05500 RADI OLOGY - THERAPEUTI C	0. 166740				55.0
56.00	05600 RADI OI SOTOPE	0. 081074				56.0
57.00	05700 CT SCAN	0. 047846				57.0
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 098132				58.0
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 170605				59.0
60.00	06000 LABORATORY	0. 177962				60.0
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0. 217313				63. C
64.00	06400 I NTRAVENOUS THERAPY	0. 398543				64.0
65.00	06500 RESPI RATORY THERAPY	0. 128701				65.0
66.00	06600 PHYSI CAL THERAPY	0. 158647				66.0
69.00	06900 ELECTROCARDI OLOGY	0. 094485				69.0
71.00 72.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 197221				71.0
72.00	07300 DRUGS CHARGED TO PATIENTS	0. 282352 0. 216971				73.0
74.00	07400 RENAL DIALYSIS	0. 210971				74.0
76.00	03030 ANGI OCARDI OGRAPHY	0. 000000				76.0
76.01	03160 PULMONARY REHAB	0. 613681				76.0
76.97	07697 CARDI AC REHABI LI TATI ON	0. 249149				76.9
/0. //	OUTPATIENT SERVICE COST CENTERS	0.217117				, 0. ,
90.00	09000 CLINIC	1. 111520				1 90. O
90.01	09001 FAMILY PRACTICE	0. 581242				90.0
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 262008				90.0
90.03	09003 CHEMO	0. 120832				90.0
90.04	09004 PRIMARY CARE FOR SENIORS	1. 535217				90.0
90.05	09005 PALN MANAGEMENT	0. 177545				90.0
90.06	09006 WOUND CARE	0. 143747				90.0
90.07	09007 SLEEP CENTER	0. 379925				90.0
90.08	09008 HEMATOLOGY	0. 525878				90.0
90.09	09009 MULTI - SPECIALTY SERVICES	0. 363623				90.0
90. 10	09010 DI ABETES CENTER	0. 652061				90.1
91.00	09100 EMERGENCY	0. 137261				91.0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 558497				92.0
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 560154				92.0
	OTHER REIMBURSABLE COST CENTERS	1 .				
	09600 DURABLE MEDI CAL EQUI P-RENTED	0. 347276				96.0
200.00						200.0
201.00						201.0
202.00	Total (see instructions)					202.0

	nancial Systems	DEACONESS	HOSPI TAL			u of Form CMS-2	2552-10
	ON OF OUTPATIENT SERVICE COST TO CHARGE RA S FOR MEDICAID ONLY	ATIOS NET OF	Provider CO	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet C Part II Date/Time Pre 2/27/2023 8:0	pared: 9 am
				e XIX	Hospi tal	PPS	
	Cost Center Description	Total Cost	Capital Cost			Operating Cost	
		(Wkst. B, Part				Reducti on	
		I, col. 26)	II col. 26)	Cost (col. 1	-	Amount	
				col . 2)			
		1.00	2.00	3.00	4.00	5.00	
	I LLARY SERVICE COST CENTERS				-	-	
	DOO OPERATING ROOM	112, 023, 268	11, 985, 731				
	OO RECOVERY ROOM	11, 999, 586	1, 681, 104			0	•
	100 RADI OLOGY-DI AGNOSTI C	16, 773, 532	2, 675, 504			0	54.00
	500 RADI OLOGY-THERAPEUTI C	20, 180, 899	915, 167			0	55.00
	00 RADI OI SOTOPE	3, 405, 061	175, 935			0	56.00
	200 CT SCAN	9, 591, 302	1, 589, 405			0	57.00
	BOO MAGNETIC RESONANCE IMAGING (MRI)	6, 645, 511	1, 986, 161	4, 659, 3		0	58.00
	200 CARDI AC CATHETERI ZATI ON	27,041,173	3, 042, 540			0	59.00
	DOO LABORATORY	56, 375, 830	3, 339, 761	53, 036, 06		0	60.00
	BOO BLOOD STORING, PROCESSING, & TRANS.	5, 071, 381	150, 071	4, 921, 31		0	63.00
	100 I NTRAVENOUS THERAPY	3, 870, 242	130, 959			0	64.00
	500 RESPI RATORY THERAPY	11, 915, 807	837, 851	11, 077, 9		0	65.00
	00 PHYSI CAL THERAPY	14, 905, 514	556, 958	14, 348, 55		0	66.00
69.00 069	200 ELECTROCARDI OLOGY	7, 798, 972	927, 210	6, 871, 76		0	69.00
71.00 071	00 MEDICAL SUPPLIES CHARGED TO PATIENTS	9, 243, 518	206, 235	9, 037, 28		0	71.00
	200 IMPL. DEV. CHARGED TO PATIENTS	32, 611, 326	727, 365	31, 883, 90		0	72.00
73.00 073	BOO DRUGS CHARGED TO PATIENTS	100, 957, 386	2, 127, 770	98, 829, 6 ⁻		0	73.00
74.00 074	IOO RENAL DI ALYSI S	2, 584, 008	71, 619	2, 512, 38	39 0	0	74.00
76.00 030	030 ANGI OCARDI OGRAPHY	0	0		0 0	0	76.00
76.01 031	60 PULMONARY REHAB	396, 072	24, 576	371, 49		0	76.01
76.97 076	97 CARDIAC REHABILITATION	1, 088, 008	164, 344	923, 60	64 0	0	76.97
OUT	PATIENT SERVICE COST CENTERS						
90.00 090	DOO CLINIC	5, 013, 423	568, 800	4, 444, 62	23 0	0	90.00
90.01 090	001 FAMILY PRACTICE	1, 906, 177	164, 388	1, 741, 78	39 0	0	90.01
90.02 090	002 OUTPATIENT PSYCHIATRIC SERVICES	2, 341, 210	59, 127	2, 282, 08	33 0	0	90.02
90.03 090	DO3 CHEMO	4, 189, 295	373, 085	3, 816, 21	10 0	0	90.03
90.04 090	004 PRIMARY CARE FOR SENIORS	1, 309, 985	40, 282	1, 269, 70	03 0	0	90.04
90.05 090	005 PALN MANAGEMENT	3, 735, 881	340, 923	3, 394, 9	58 0	0	90.05
90.06 090	006 WOUND CARE	2, 277, 695	149, 412	2, 128, 28	33 0	0	90.06
90.07 090	007 SLEEP CENTER	3, 784, 054	195, 322	3, 588, 73	32 0	0	90.07
90.08 090	008 HEMATOLOGY	1, 306, 386	240, 874	1, 065, 51	12 0	0	90.08
90.09 090	009 MULTI - SPECIALTY SERVICES	1, 783, 684	231, 567	1, 552, 1 ⁻	17 0	0	90.09
90.10 090	DIO DI ABETES CENTER	312, 307	7, 734	304, 5	73 0	0	90.10
91.00 091	OO EMERGENCY	38, 537, 589	2, 251, 663	36, 285, 92	26 0	0	91.00
92.00 092	200 OBSERVATION BEDS (NON-DISTINCT PART)	15, 493, 071	1, 374, 995	14, 118, 0	76 0	0	92.00
92.01 092	201 OBSERVATION BEDS (DISTINCT PART)	13, 295, 234	1, 300, 992	11, 994, 24	42 0	0	92.01
OTH	IER REI MBURSABLE COST CENTERS						1
96.00 096	000 DURABLE MEDICAL EQUIP-RENTED	14, 031, 124	628, 467	13, 402, 6	57 0	0	96.00
200.00	Subtotal (sum of lines 50 thru 199)	563, 795, 511	41, 243, 897	522, 551, 6	14 0	0	200.00
	Less Observation Beds	15, 493, 071	1, 374, 995	14, 118, 0	76 0	0	201.00
201.00		15,475,071	1, 3/4, 773	14, 110, 0	0	0	201.00

alth Financial Systems ALCULATION OF OUTPATIENT SERVICE COST TO CHARGE R. EDUCTIONS FOR MEDICAID ONLY	DEACONESS ATIOS NET OF	Provider C		Period: From 10/01/2021 To 09/30/2022	u of Form CMS-255; Worksheet C Part II Date/Time Prepar 2/27/2023 8:09 a
			e XIX	Hospi tal	PPS
Cost Center Description	Cost Net of	Total Charges			
	Capital and	(Worksheet C,	Cost to Char	ge	
		Part I, column		6	
	Reduction	8)	/ col. 7)		
	6.00	7.00	8.00		
ANCI LLARY SERVI CE COST CENTERS					
D. 00 05000 OPERATING ROOM	112, 023, 268				50
I. 00 05100 RECOVERY ROOM	11, 999, 586				51
4. 00 05400 RADI OLOGY-DI AGNOSTI C	16, 773, 532				54
5. 00 05500 RADI OLOGY-THERAPEUTI C	20, 180, 899				55
5. 00 05600 RADI OI SOTOPE	3, 405, 061				56
7.00 05700 CT SCAN	9, 591, 302				57
3.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	6, 645, 511			32	58
9. 00 05900 CARDI AC CATHETERI ZATI ON	27, 041, 173	158, 501, 968	0. 1706	05	59
D. 00 06000 LABORATORY	56, 375, 830	318, 176, 987	0. 1771	84	60
3. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	5, 071, 381	23, 336, 785	0. 2173	13	63
4.00 06400 INTRAVENOUS THERAPY	3, 870, 242	9, 710, 987	0. 3985	43	64
5. 00 06500 RESPI RATORY THERAPY	11, 915, 807	92, 585, 273	0. 1287	01	65
5. 00 06600 PHYSI CAL THERAPY	14, 905, 514	93, 954, 110	0. 1586	47	66
9. 00 06900 ELECTROCARDI OLOGY	7, 798, 972	82, 541, 902	0.0944	85	69
I. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9, 243, 518		0. 1972	21	71
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	32, 611, 326				72
3. 00 07300 DRUGS CHARGED TO PATIENTS	100, 957, 386				73
1. 00 07400 RENAL DIALYSIS	2, 584, 008				74
5. 00 03030 ANGI OCARDI OGRAPHY	0				76
5. 01 03160 PULMONARY REHAB	396,072	647, 224			76
5. 97 07697 CARDI AC REHABI LI TATI ON	1, 088, 008				76
OUTPATIENT SERVICE COST CENTERS	1 1/000/000	1,000,077	0.2.0	••	
0. 00 09000 CLINIC	5, 013, 423	4, 549, 383	1. 1020	01	90
0. 01 09001 FAMILY PRACTICE	1, 906, 177				90
0. 02 09002 OUTPATI ENT PSYCHI ATRI C SERVI CES	2, 341, 210				90
0. 03 09003 CHEMO	4, 189, 295				90
0. 04 09004 PRIMARY CARE FOR SENIORS	1, 309, 985				90
0. 05 09005 PALN MART CARE FOR SENTORS	3, 735, 881				90
0. 06 09006 WOUND CARE	2, 277, 695				90
0. 07 09007 SLEEP CENTER	3, 784, 054				90
0. 08 09008 HEMATOLOGY	1, 306, 386				90
0. 09 09009 MULTI - SPECIALTY SERVICES	1, 783, 684				90
					90
	312, 307				
I. 00 09100 EMERGENCY	38, 537, 589				91
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	15, 493, 071				92
2. 01 09201 OBSERVATION BEDS (DISTINCT PART)	13, 295, 234	23, 734, 947	0.5601	54	92
OTHER REI MBURSABLE COST CENTERS	14 004 101	40,400,004	0.0170	7 /	
5. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	14, 031, 124			/6	96
00.00 Subtotal (sum of lines 50 thru 199)		3, 023, 931, 112			200
01.00 Less Observation Beds	15, 493, 071				201 202
02.00 Total (line 200 minus line 201)	548, 302, 440	3, 023, 931, 112	I		

F	Period: From 10/01/2021	Worksheet D	
	To 09/30/2022		
e XVIII	Hospi tal	PPS	
Reduced Capital Related Cost (col. 1 - col. 2)		Per Diem (col. 3 / col. 4)	
3,00	4, 00	5.00	
3.00	4.00	5.00	
0 12, 537, 114 3, 056, 544 409, 981 0 (16, 003, 648	9 25, 157 5 4, 746 0 0	121. 50 86. 39 0. 00	31.00 32.00
0			30.00 31.00 32.00 40.00 200.00
8	46 81 0 25	81 0	81 0

PORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT.	AL COSTS	Provider C	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part II Date/Time Pre 2/27/2023 8:0	
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	11 005 704				1 5 (1 7 1 0	-
00 05000 OPERATING ROOM	11, 985, 731				1, 561, 742	
00 05100 RECOVERY ROOM	1, 681, 104				259, 911	51.
00 05400 RADI OLOGY-DI AGNOSTI C	2, 675, 504				252, 868	54.
00 05500 RADI OLOGY-THERAPEUTI C	915, 167				49, 837	55.
00 05600 RADI OI SOTOPE	175, 935				9, 881	56.
00 05700 CT SCAN	1, 589, 405				172, 291	57.
00 05800 MAGNETIC RESONANCE I MAGING (MRI)	1, 986, 161				136, 359	58.
00 05900 CARDI AC CATHETERI ZATI ON	3, 042, 540				725, 335	59
00 06000 LABORATORY	3, 339, 761				329, 105	60
00 06300 BLOOD STORING, PROCESSING, & TRANS.	150, 071				42, 375	63
00 06400 I NTRAVENOUS THERAPY	130, 959				43, 697	64
00 06500 RESPI RATORY THERAPY 00 06600 PHYSI CAL THERAPY	837, 851				263, 864	65 66
00 06900 ELECTROCARDI OLOGY	556, 958					
	927, 210					69
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 00 07200 IMPL. DEV. CHARGED TO PATIENTS	206, 235				40, 357 193, 866	71.
00 07300 DRUGS CHARGED TO PATIENTS	2, 127, 770				305, 940	73
00 07400 RENAL DIALYSIS	71, 619				25, 348	74
00 03030 ANGI OCARDI OGRAPHY	/1,019		1		25, 346	76
01 03160 PULMONARY REHAB	24, 576	-			0	76
97 07697 CARDI AC REHABI LI TATI ON	164, 344				30	76
OUTPATIENT SERVICE COST CENTERS	104, 344	4, 300, 877	0.0370.	777	50	1 /0
00 09000 CLINIC	568, 800	4, 549, 383	0. 12502	28 4, 784	598	90
01 09001 FAMILY PRACTICE	164, 388				40	90
02 09002 0UTPATIENT PSYCHIATRIC SERVICES	59, 127				40	90
03 09003 CHEMO	373, 085				696	90
04 09004 PRI MARY CARE FOR SENI ORS	40, 282				69	90
05 09005 PALN MANAGEMENT	340, 923				4	90
06 09006 WOUND CARE	149, 412				599	90
07 09007 SLEEP CENTER	195, 322				0	90
08 09008 HEMATOLOGY	240, 874				534	90
09 09009 MULTI - SPECIALTY SERVICES	231, 567				29, 917	90
10 09010 DI ABETES CENTER	7,734				0	90
00 09100 EMERGENCY	2, 251, 663				283, 607	91
00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 374, 995				160, 841	92
01 09201 OBSERVATION BEDS (DISTINCT PART)	1, 300, 992				317,060	
OTHER REIMBURSABLE COST CENTERS	.,,,,,			-,,,,	2, 000	1
00 09600 DURABLE MEDICAL EQUIP-RENTED	628, 467	40, 403, 326	0. 01555	55 0	0	96
0.00 Total (lines 50 through 199)		3, 023, 931, 112		420, 896, 103		

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COS			Period: From 10/01/2021 To 09/30/2022	Worksheet D Part III Date/Time Pre 2/27/2023 8:0	
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Nursi ng	Nursi ng	Allied Health	Allied Health	All Other	
	Program Post-Stepdown Adjustments	Program	Post-Stepdowr Adjustments	n Cost	Medical Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	0	C		0 1, 137, 862	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	C		0 266, 444	0	31.00
32.00 03200 CORONARY CARE UNI T	0	c c		0 75, 757	0	32.00
40. 00 04000 SUBPROVI DER – I PF	0	c c		0 0	0	40.00
200.00 Total (lines 30 through 199)	0	C		0 1, 480, 063	0	200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient	Per Diem (col.	I npati ent	
	Adj ustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,	-			
		minus col. 4)				
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1		- 1		
30. 00 03000 ADULTS & PEDI ATRI CS	0	.,				
31.00 03100 INTENSIVE CARE UNIT		266, 444				
32.00 03200 CORONARY CARE UNI T		75, 757	4,74			
40. 00 04000 SUBPROVI DER – I PF	0			0.00		
200.00 Total (lines 30 through 199)		1, 480, 063	3 172, 99	1	53, 933	200.00
Cost Center Description	I npati ent					
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8)	-				
	9.00					
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	054,000					00.00
30. 00 03000 ADULTS & PEDIATRICS	351,008					30.00
31. 00 03100 I NTENSI VE CARE UNI T	87, 304					31.00
32. 00 03200 CORONARY CARE UNIT	24, 531					32.00
40. 00 04000 SUBPROVIDER - IPF	0					40.00
200.00 Total (lines 30 through 199)	462, 843					200.00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PASS			Period: From 10/01/2021 To 09/30/2022	Date/Time Pre 2/27/2023 8:0	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0	1	0 0	21, 785	50.00
51.00 05100 RECOVERY ROOM	0	0		0 0	24, 942	51.00
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	17, 025	55.00
56. 00 05600 RADI 0I SOTOPE	0	0		0 0	0	1
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	0		0 0	23, 545	
60. 00 06000 LABORATORY	0	0		0 0	0	1
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0 0	0 0	
64. 00 06400 I NTRAVENOUS THERAPY	0	0		0 0	15,007	
65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	1
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0 0	1
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	2.587	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0 0	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0		
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0		
74. 00 07400 RENAL DI ALYSI S	0			0 0	0 432, 203	1
76. 00 03030 ANGI OCARDI OGRAPHY	0	0		0 0	0 0	
76. 01 03160 PULMONARY REHAB	0	0		0 0		
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0		1
OUTPATIENT SERVICE COST CENTERS	0	0		0 0	ή <u></u> 0	/0. //
90. 00 09000 CLINIC	0	0	1	0 0	103	90.00
90. 01 09001 FAMILY PRACTICE	0	0		0 0		
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0		0 0	-	
90. 03 09003 CHEMO	0			0 0	13,092	
90. 04 09004 PRI MARY CARE FOR SENI ORS	0	0		0 0	0 13,072	1
90. 05 09005 PALN MANAGEMENT	0			0 0	5, 123	
90. 06 09006 WOUND CARE	0			0 0	3, 726	
90. 07 09007 SLEEP CENTER	0			0 0	0 0	1
90. 08 09008 HEMATOLOGY	0	0		0 0	0	1
90. 09 09009 MULTI - SPECIALTY SERVICES	0	0			9, 056	
90. 09 09009 MOLTI-SPECIALTY SERVICES 90. 10 09010 DIABETES CENTER	0				9,056	
90. 10 09010 DIABETES CENTER 91. 00 09100 EMERGENCY	0				-	
	0	0		0		1
	0	_		0 0	124, 797 99, 923	
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART)	0	0	1	0 0	99,923	92.01
OTHER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	0		0 0	0	96.00
200.00 Total (lines 50 through 199)	0			0 0		
	1 0	0	1	9	1 722,017	1200.00

	Financial Systems	DEACONESS			In Lie	u of Form CMS-2	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEA H COSTS	RVICE OTHER PAS	S Provider CO	F	Period: From 10/01/2021 Fo 09/30/2022		pared: 9 am
			Title	XVIII	Hospi tal	PPS	
	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	•	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
		Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
			4)	col s. 2, 3,	8)	7)	
				and 4)		(see	
						instructions)	
		4.00	5.00	6.00	7.00	8.00	
	ANCI LLARY SERVI CE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0					
51.00	05100 RECOVERY ROOM	0					
54.00	05400 RADI OLOGY-DI AGNOSTI C	0		(0. 000000	
55.00	05500 RADI OLOGY-THERAPEUTI C	0	17, 025	17, 025		0. 000141	55.00
56.00	05600 RADI OI SOTOPE	0	0	(
57.00	05700 CT SCAN	0	0	(0. 000000	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	(
59.00	05900 CARDI AC CATHETERI ZATI ON	0	23, 545	23, 545			59.00
60.00	06000 LABORATORY	0	0	(0. 000000	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	(
64.00	06400 I NTRAVENOUS THERAPY	0	15, 007	15, 007		0. 001545	
65.00	06500 RESPI RATORY THERAPY	0	0	(0. 000000	
66.00	06600 PHYSI CAL THERAPY	0	0	(
69.00	06900 ELECTROCARDI OLOGY	0	2, 587	2, 58	7 82, 541, 902	0. 000031	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	(0. 000000	•
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0				0. 000000	•
73.00	07300 DRUGS CHARGED TO PATIENTS	0	452, 203	452, 203			
74.00	07400 RENAL DIALYSIS	0	0	(,	0.000000	
76.00	03030 ANGI OCARDI OGRAPHY	0	0	(0.000000	•
76.01	03160 PULMONARY REHAB	0	0			0. 000000	•
76.97	07697 CARDI AC REHABI LI TATI ON	0	0	(4, 366, 899	0.00000	76.97
	OUTPATIENT SERVICE COST CENTERS			1			
90.00	09000 CLINIC	0		103		0.000023	
90.01	09001 FAMILY PRACTICE	0				0.000000	
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0		(-,,	0.000000	
90.03	09003 CHEMO	0	13, 092	13, 092		0.000378	
90.04	09004 PRI MARY CARE FOR SENI ORS	0	0	(000,270	0.00000	
90.05	09005 PALN MANAGEMENT	0	5, 123			0.000243	
90.06	09006 WOUND CARE	0	3, 726			0.000235	90.06
90.07	09007 SLEEP CENTER	0	0	(0.000000	
90.08	09008 HEMATOLOGY	0	0	(2, 101, 200	0.000000	
90.09	09009 MULTI - SPECIALTY SERVICES	0	9, 056	9, 056		0.001846	90.09
90.10	09010 DI ABETES CENTER	0		100 70		0.000000	
91.00	09100 EMERGENCY	0				0.000366	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0					
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	99, 923	99, 923	3 23, 734, 947	0.004210	92.01
96.00	OTHER REIMBURSABLE COST CENTERS 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		40, 403, 326	0. 000000	04 00
96.00 200.00		0			7 3, 023, 931, 112		200.00
200.00		0	1 722,017	1 722,01	, J, UZJ, 7J1, 112	I	1200.00

Health Financial Systems	DEACONESS HO	SPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF THROUGH COSTS	RVICE OTHER PASS	Provider CO	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part IV Date/Time Pre 2/27/2023 8:0	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Outpati ent	Inpati ent	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS	1 1		r	1		
50. 00 05000 OPERATI NG ROOM	0. 000042	67, 374, 561	2, 83		2, 439	
51.00 05100 RECOVERY ROOM	0. 000926	4, 162, 579			2, 970	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	11, 715, 539		0 24, 048, 823	0	
55. 00 05500 RADI OLOGY - THERAPEUTI C	0. 000141	6, 592, 237	93		5, 508	55.00
56. 00 05600 RADI OI SOTOPE	0.000000	2, 358, 900		0 5, 170, 593	0	56.00
57.00 05700 CT SCAN	0.000000	21, 729, 159		0 33, 018, 752	0	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0.000000	4, 649, 305		0 11, 425, 684	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0.000149	37, 785, 749	5, 63		1, 145	59.00
60. 00 06000 LABORATORY	0.000000	31, 352, 300		0 14, 150, 653	0	60.00
63. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0.000000	6, 589, 144		0 571, 428	0	63.00
64.00 06400 I NTRAVENOUS THERAPY	0.001545	3, 240, 168	5, 00		99	64.00
65. 00 06500 RESPI RATORY THERAPY	0.000000	29, 156, 206		0 1, 744, 423	0	
66. 00 06600 PHYSI CAL THERAPY	0.00000	22, 336, 158		0 402, 496	0	66.00
69. 00 06900 ELECTROCARDI OLOGY	0.000031	12, 288, 868	38		487	69.00
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0.000000	9, 172, 038		0 5, 306, 284	0	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0.000000	30, 782, 153		0 15, 208, 943	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0.000972	66, 901, 349	65, 02		90, 391	
74.00 07400 RENAL DI ALYSI S	0.00000	5, 145, 711		0 245, 833	0	
76. 00 03030 ANGI OCARDI OGRAPHY	0.000000	0		0 0	0	
76.01 03160 PULMONARY REHAB	0.000000	0		0 285, 845	0	76.01
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	797		0 1, 743, 385	0	76.97
OUTPATIENT SERVICE COST CENTERS	0.000000	4 704	[0 4 474 005	0.4	
90. 00 09000 CLINIC	0.000023	4, 784		0 1, 476, 005	34	90.00
90. 01 09001 FAMILY PRACTICE	0.000000	797 0		0 154, 471 0 96, 478	0	90.01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES 90. 03 09003 CHEMO	0. 000000 0. 000378	•			0	90. 02 90. 03
90. 03 09003 CHEMO 90. 04 09004 PRI MARY CARE FOR SENI ORS	0. 000378	64, 716	4	24 11, 157, 815 0 411, 145	4, 218	90.03
90. 05 09005 PALN MANAGEMENT	0. 000000	1, 470 266			0	90.04
90. 05 109005 PATN MANAGEMENT 90. 06 109006 WOUND CARE	0. 000243			, -==,	1, 684 1, 343	
90. 07 09008 WOUND CARE 90. 07 09007 SLEEP CENTER	0. 000235	63, 553 0		5 5, 713, 517 0 2, 412, 060	1, 343	90.08
90. 07 09007 SLEEP CENTER 90. 08 09008 HEMATOLOGY	0. 000000	5, 504		0 2, 412, 080	0	90.07
90. 09 09008 HEMATOLOGY 90. 09 09009 MULTI - SPECI ALTY SERVICES	0. 000000	633, 893	1, 17		697	90.08
90. 10 09009 MOLTI-SPECIALIT SERVICES 90. 10 09010 DI ABETES CENTER	0. 001848	033, 093	1, 17	0 21, 455	097	90.09
91. 00 09100 EMERGENCY	0.000366	37, 758, 822	13, 82		10, 712	1
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000388	37, 758, 822	13, 82		86, 456	
92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0.004499	5, 784, 391	24, 35		17, 725	
OTHER REIMBURSABLE COST CENTERS	0.004210	5,704,391	24, 30	4, 210, 200	17,725	72.01
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000	0		0 0	0	96.00
200.00 Total (lines 50 through 199)	0.00000	420, 896, 103	137, 64	-	225, 908	
	1 I	.20, 070, 100	1 157,04		220, 700	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST	Provider C		Period: From 10/01/2021 To 09/30/2022		pared:
					2/27/2023 8:0	9 am
		litle	XVIII	Hospi tal	PPS	
Cost Conton Description	Cost to Charge	DDC Doimhurood	Charges Cost	Cost	Costs PPS Services	
Cost Center Description	Ratio From	PPS Reimbursed Services (see	Reimbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not	(See Thst.)	
	Part I, col. 9	· · ·	Subject To	Subject To		
			Ded. & Coins.			
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1	1			1	
50.00 05000 OPERATING ROOM	0. 216651			1 0		
51.00 05100 RECOVERY ROOM	0. 445692			2 1	1, 429, 689	
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 135318			1 2, 843		
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 166706			258		55.00
56. 00 05600 RADI OI SOTOPE	0. 081074			0 0	419, 201	
57.00 05700 CT SCAN	0. 047846			0 3,877	1, 579, 815	
58.00 O5800 MAGNETIC RESONANCE IMAGING (MRI)	0. 098132			0 1, 292		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 170605			1 518		
	0. 177184		35		2, 507, 269	
63. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 64. 00 06400 I NTRAVENOUS THERAPY	0. 217313 0. 398543				,	63.00 64.00
65. 00 06500 RESPIRATORY THERAPY	0. 398543			2 0	25, 472 224, 509	
66. 00 06600 PHYSI CAL THERAPY	0. 128701				63, 855	
69. 00 06900 ELECTROCARDI OLOGY	0. 094485			2,068		
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 197221			0 2,000	1, 046, 511	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 282352			0 0	4, 294, 275	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 216971			245, 291	20, 177, 205	
74. 00 07400 RENAL DIALYSIS	0. 177744			0 0		
76. 00 03030 ANGI OCARDI OGRAPHY	0. 000000			0 0	0	76.00
76.01 03160 PULMONARY REHAB	0. 611955			0 0	174, 924	76.01
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 249149			o o		
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	1. 102001					
90. 01 09001 FAMILY PRACTICE	0. 581242			7 C	89, 785	
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 262008			0 C		
90. 03 09003 CHEMO	0. 120832			1 657	1, 348, 221	90.03
90. 04 09004 PRI MARY CARE FOR SENI ORS	1. 535217			1 11	631, 197	90.04
90. 05 09005 PAI N MANAGEMENT	0. 177379			0 0	1, 228, 951	90.05
90. 06 09006 WOUND CARE	0. 143747			2, 326		90.06
90. 07 09007 SLEEP CENTER	0. 379205			0	914, 665	
90. 08 09008 HEMATOLOGY	0. 525878			0 1	445, 335	
90. 09 09009 MULTI - SPECI ALTY SERVICES 90. 10 09010 DI ABETES CENTER	0. 363531				137, 219 13, 990	
90. 10 09010 DTABETES CENTER 91. 00 09100 EMERGENCY	0. 652061		1	-		90.10 91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 128549			4 30	10, 732, 454	
92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 560154			2 1	2, 358, 398	
OTHER REIMBURSABLE COST CENTERS	0. 300134	т, 210, 200	I		2, 330, 370	/2.01
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0. 347276	0		0 0	0	96.00
200.00 Subtotal (see instructions)		412, 411, 565		· · · ·		
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges						
202.00 Net Charges (line 200 - line 201)		412, 411, 565	47	2 259, 183	82, 945, 375	202.00

APPORTI	ONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST	Provider C	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part V Date/Time Pro 2/27/2023 8:0	
			Title	XVIII	Hospi tal	PPS	07 411
		Cos	sts				
	Cost Center Description	Cost	Cost	1			
	'	Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coi ns.					
		(see inst.)	(see inst.)				
		6.00	7.00	1			
A	ANCILLARY SERVICE COST CENTERS						
50.00 0	05000 OPERATI NG ROOM	0	C)			50.00
51.00 O	D5100 RECOVERY ROOM	1	0				51.00
	05400 RADI OLOGY-DI AGNOSTI C	0	385				54.00
	05500 RADI OLOGY-THERAPEUTI C	0	43				55.00
	D5600 RADI OI SOTOPE	0	C				56.00
	D5700 CT SCAN	0	185				57.00
	D5800 MAGNETIC RESONANCE IMAGING (MRI)	0	127				58.00
	05900 CARDI AC CATHETERI ZATI ON			1			59.00
	06000 LABORATORY	63		1			60.00
	06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	14					63.00
	06400 INTRAVENOUS THERAPY	0	-	1			64.00
	06500 RESPIRATORY THERAPY						
				•			65.00
	06600 PHYSI CAL THERAPY	0	0				66.00
		0	195	1			69.00
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
	07300 DRUGS CHARGED TO PATIENTS	0	53, 221	1			73.00
	07400 RENAL DI ALYSI S	0	0	1			74.00
	03030 ANGI OCARDI OGRAPHY	0	0				76.00
	03160 PULMONARY REHAB	0	0				76.01
	07697 CARDI AC REHABI LI TATI ON	0	C	1			76.97
	DUTPATIENT SERVICE COST CENTERS	0.1					
		24					90.00
	09001 FAMILY PRACTICE	0					90.01
	09002 OUTPATIENT PSYCHIATRIC SERVICES	0					90.02
	09003 CHEMO	0	79				90.03
	09004 PRIMARY CARE FOR SENIORS	2	17	1			90.04
	09005 PAIN MANAGEMENT	0	0	1			90.05
	09006 WOUND CARE	0	334				90.06
	09007 SLEEP CENTER	0	0				90.07
	09008 HEMATOLOGY	0	1				90.08
	09009 MULTI - SPECIALTY SERVICES	0	0				90.09
	09010 DI ABETES CENTER	0	0				90.10
	09100 EMERGENCY	2	4				91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2	1				92.00
	09201 OBSERVATION BEDS (DISTINCT PART)	1	1				92.01
	OTHER REIMBURSABLE COST CENTERS	1	1				
	09600 DURABLE MEDICAL EQUIP-RENTED	0	-				96.00
200. 00	Subtotal (see instructions)	109	54, 685				200.00
201.00	Less PBP Clinic Lab. Services-Program	0					201.00
	Only Charges						
202.00	Net Charges (line 200 - line 201)	109	54, 685				202.00

	HOSPI TAL		In Lieu of Form CMS-2552-1			
TAL COSTS	Provider C			Worksheet D Part I Date/Time Pre 2/27/2023 8:0		
		e XIX	Hospi tal	PPS		
Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment		Days	Per Diem (col. 3 / col. 4)		
1.00	2.00	3.00	4,00	5,00		
12, 537, 114	0	12, 537, 114	4 143, 088	87.62	30.00	
3, 056, 549		3, 056, 549	9 25, 157	121.50	31.00	
409, 985		409, 98	5 4, 746	86.39	32.00	
0	0		0 0	0.00	40.00	
16, 003, 648		16, 003, 648	3 172, 991		200.00	
Program days	Program Capital Cost (col. 5 x col. 6)					
0.00	7.00		· · · · · · · · · · · · · · · · · · ·			
5, 684 366 57 0	44, 469 4, 924				30.00 31.00 32.00 40.00	
	TAL COSTS Capi tal Related Cost (from Wkst. B, Part II, col. 26) 1.00 12,537,114 3,056,549 409,985 0 16,003,648 Inpati ent Program days 6.00 5,684 366	Capi tal Rel ated Cost (from Wkst. B, Part II, col. 26) Swi ng Bed Adj ustment 12, 537, 114 00 3, 056, 549 0 409, 985 0 0 0 16, 003, 648 Inpati ent Program days 6) 0 6.00 7.00 5, 684 498, 032 366 44, 469 57 4, 924	TAL COSTS Provider CCN: 15-0082 I Title XIX Title XIX Capital Related Cost (from Wkst. B, Part II, col. 26) Swing Bed Adjustment Reduced Capital Related Cost (col. 1 - col. 2) 1.00 2.00 3.00 12, 537, 114 3, 056, 549 409, 985 0 0 12, 537, 114 3, 056, 549 409, 985 0 0 16, 003, 648 Inpatient Program Capital Cost (col. 5 x col. 6) 16, 003, 648 16, 003, 648 Inpatient Program days Inpatient Capital Cost (col. 5 x col. 6) 6.00 7.00	TAL COSTS Provider CCN: 15-0082 Period: From 10/01/2021 To 09/30/2022 Title XIX Hospital Related Cost (from Wkst. B, Part II, col. 26) Swing Bed Adjustment Reduced (calital Related Cost (col. 1 - col. 2) Total Patient Days 12, 537, 114 0 12, 537, 114 143, 088 3, 056, 549 3, 056, 549 409, 985 409, 985 409, 985 0 0 16, 003, 648 172, 991 Inpatient Program days Inpatient Program Capital Cost (col. 5 x col. 6) 11, 00 5, 684 498, 032 366 44, 469 44, 924	TAL COSTS Provider CCN: 15-0082 Period: From 10/01/2021 To 09/30/2022 Worksheet D Part I Date/Time Pre 2/27/2023 8: CO Capital Related Cost (from Wkst. B, Part II, col. 26) Swing Bed Adjustment Reduced Capital Related Cost (col. 1 - col. 2) Total Patient Days Per Diem (col. 3 / col. 4) 1.00 2.00 3.00 4.00 5.00 12, 537, 114 3, 056, 549 409, 985 0 0 12, 537, 114 3, 056, 549 409, 985 143, 088 4, 746 409, 985 87.62 409, 985 4, 746 86.39 Inpatient Program days Inpatient Program Capital Cost (col. 5 x col. 6) 16, 003, 648 172, 991 172, 991 5, 684 366 44, 469 57 498, 032 4, 924 498, 032 4, 924 172, 991	

ealth Financial Systems	DEACONESS				u of Form CMS-2	2552-10
PPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT.	AL COSTS	Provider C	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part II Date/Time Pre 2/27/2023 8:0	pared: 9 am
			e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
		(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)	0.00			5 00	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	44 005 704	547 0/7 440	0.0001/	0 (00 445	(4.450	50.00
0.00 05000 OPERATING ROOM	11, 985, 731					•
51. 00 05100 RECOVERY ROOM 54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 681, 104				12, 501	51.00
44. 00 05400 RADI OLOGY-DI AGNOSTI C 55. 00 05500 RADI OLOGY-THERAPEUTI C	2, 675, 504 915, 167				16, 257 2, 876	54.00 55.00
6. 00 05600 RADI 02001 - THERAPEUTI C	175, 935				358	56.00
7. 00 05700 CT SCAN	1, 589, 405				9, 113	57.00
8.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 986, 161				7, 584	58.00
9.00 05900 CARDIAC CATHETERIZATION	3, 042, 540				17, 169	59.00
0. 00 06000 LABORATORY	3, 339, 761				21, 195	
3. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	150, 071				2,067	63.00
4. 00 06400 I NTRAVENOUS THERAPY	130, 959				3, 628	64.00
5. 00 06500 RESPI RATORY THERAPY	837, 851					
6. 00 06600 PHYSI CAL THERAPY	556, 958					66.00
9.00 06900 ELECTROCARDI OLOGY	927, 210				5, 706	
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	206, 235				1, 333	71.00
2.00 07200 I MPL. DEV. CHARGED TO PATIENTS	727, 365				3, 869	72.00
3.00 07300 DRUGS CHARGED TO PATIENTS	2, 127, 770				19, 277	73.00
4. 00 07400 RENAL DI ALYSI S	71, 619				1,736	74.00
6. 00 03030 ANGI OCARDI OGRAPHY	0				0	76.00
6. 01 03160 PULMONARY REHAB	24, 576	647, 224			0	76.01
6. 97 07697 CARDI AC REHABI LI TATI ON	164, 344				0	76.97
OUTPATIENT SERVICE COST CENTERS						
0. 00 09000 CLINIC	568, 800	4, 549, 383	0. 12502	28 0	0	90.00
0.01 09001 FAMILY PRACTICE	164, 388	3, 279, 487	0. 05012	101	5	90.01
0. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	59, 127	8, 935, 630	0. 0066	17 0	0	90.02
0. 03 09003 CHEMO	373, 085	34, 670, 303	0. 01076	51 1, 446	16	90.03
0. 04 09004 PRIMARY CARE FOR SENIORS	40, 282	853, 290	0.04720	0 8	0	90.04
0. 05 09005 PALN MANAGEMENT	340, 923	21, 061, 609	0. 01618	37 0	0	90.05
0. 06 09006 WOUND CARE	149, 412	15, 845, 204	0. 00942	29 5, 315	50	90.06
0. 07 09007 SLEEP CENTER	195, 322	9, 978, 915	0. 01957	73 0	0	90.07
0. 08 09008 HEMATOLOGY	240, 874	2, 484, 200	0. 09696	52 0	0	90.08
0. 09 09009 MULTI - SPECIALTY SERVICES	231, 567				1, 646	90.09
0. 10 09010 DI ABETES CENTER	7,734				0	90.10
1.00 09100 EMERGENCY	2, 251, 663				18, 636	
2.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)	1, 374, 995				6, 687	92.00
2. 01 09201 OBSERVATION BEDS (DISTINCT PART)	1, 300, 992	23, 734, 947	0. 0548	13 151, 932	8, 328	92.01
OTHER REIMBURSABLE COST CENTERS	1			1		
06.00 09600 DURABLE MEDICAL EQUIP-RENTED	628, 467				0	96.00
200.00 Total (lines 50 through 199)	41, 243, 897	3, 023, 931, 112		21, 173, 560	248, 689	1200.00

Health Financial Systems	DEACONESS			In Li€	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COST			Period: From 10/01/2021 To 09/30/2022	Date/Time Pre 2/27/2023 8:0	
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Nursi ng Program Post-Stepdown Adj ustments		Post-Stepdowr Adjustments		Medical Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 INTENSI VE CARE UNI T 32. 00 03200 CORONARY CARE UNI T 40. 00 04000 SUBPROVI DER - IPF 200. 00 Total (lines 30 through 199)				0 1, 137, 862 0 266, 444 0 75, 757 0 0 0 1, 480, 063		31.00 32.00
Cost Center Description		Total Costs (sum of cols. 1 through 3, minus col. 4)	Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4.00	5.00	6.00	7.00	8.00	
INPATI ENT ROUTI NE SERVI CE COST CENTERS 30.00 03000 ADULTS & PEDI ATRI CS 31.00 03100 INTENSI VE CARE UNI T 32.00 03200 CORONARY CARE UNI T 40.00 SUBPROVI DER - IPF 200.00 Total (lines 30 through 199)	0	266, 444 75, 757	25, 15 4, 74	7 10.59 6 15.96 0 0.00	366 57 0	31.00 32.00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00			·1		
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T 32. 00 03200 CORONARY CARE UNI T 40. 00 04000 SUBPROVI DER - I PF 200. 00 Total (lines 30 through 199)	45, 188 3, 876 910 0 49, 974					30. 00 31. 00 32. 00 40. 00 200. 00

	Financial Systems	DEACONESS				In Lie	u of Form CMS-2	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER H COSTS	VICE OTHER PASS			To 09,	/01/2021 /30/2022	2/27/2023 8:0	
			Titl	e XIX	Hosp	i tal	PPS	
	Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Post-S	Health Stepdown Stments	Allied Health	
		1.00	2A	2.00		3A	3.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0		0	0	21, 785	50.00
51.00	05100 RECOVERY ROOM	0	0		0	0	24, 942	51.00
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	17, 025	55.00
56.00	05600 RADI OI 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 IMAGING (MRI)	0	0		0	0	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0		0	0	23, 545	59.00
60.00	06000 LABORATORY	0	0		0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0	0	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	0	0		0	0	15,007	
65.00	06500 RESPI RATORY THERAPY	0	0		0	0	0	65.00
66.00	06600 PHYSI CAL THERAPY	0	0		0	0	0	66.00
69.00	06900 ELECTROCARDI OLOGY	0	0		0	0	2, 587	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0	0	0	72.00
	07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	452, 203	•
	07400 RENAL DI ALYSI S	0	0		0	0	0	74.00
	03030 ANGI OCARDI OGRAPHY	0	0		0	0	0	76.00
	03160 PULMONARY REHAB	0	0		0	0		•
	07697 CARDI AC REHABI LI TATI ON	0	0		0	0		76.97
	OUTPATIENT SERVICE COST CENTERS	-			-	-		
90.00	09000 CLINIC	0	0		0	0	103	90.00
90.01	09001 FAMILY PRACTICE	0	0		0	0		90.01
90.02	09002 OUTPATI ENT PSYCHI ATRI C SERVI CES	0	0		0	0	0	90.02
90.03	09003 CHEMO	0	0		0	0	13,092	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0		0	0	0	90.04
90.05	09005 PALN MANAGEMENT	0	0		0	0	5, 123	90.05
90.06	09006 WOUND CARE	0	0		0	0	3, 726	90.06
90.07	09007 SLEEP CENTER	0	0		0	0	0	90.07
90.08	09008 HEMATOLOGY	0	0		0	0	0	90.08
90.09	09009 MULTI - SPECI ALTY SERVICES	0	0		0	0	9,056	
90.10	09010 DI ABETES CENTER	0	0		0	n N	0	90.10
91.00	09100 EMERGENCY	0	0		0	0	-	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0	124, 797	
	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0	0		•
	OTHER REIMBURSABLE COST CENTERS	9			-1	0		1
	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0	0	0	96.00
96.00		0	0		0		0	

APPORT OWENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider COX: 15-008 Provider COX: 1	Health Financial Systems	DEACONESS				u of Form CMS-2	2552-10
Cost Center Description All Other Title XIX Hospital PPS Cost Center Description All Other Total Carges Total Carges Total Carges Cost Cost (col. s. 2, 3, and Cost		RVICE OTHER PAS	S Provider C		From 10/01/2021	Date/Time Pre	
Cost Center Description All Other Medical Education Cost Total (sum of cols. 4.0) Total Cost (sum of cols. and 4) MACI LLARY SERVICE COST CENTERS 4.00 5.00 6.00 7.00 8.00 50.00 05600 (PERATING ROM 05400 (PERATING ROM 50.00 (Sto00 CFCOMPROMING 50.00 (Sto00 CFCOMPROMING 50.00 (Sto00 CFCOMPROMING 50.00 (Sto00 CFCOMPROMING 50.00 (Sto00 CFSCAN 00			Ti tl	e XIX	Hospi tal		
Mark Call Medical Education Cost. Cost. 4, 4) Cost. Cost. (sum 0 ⁺ (sum 0 ⁺) Cost. (sum 0 ⁺) <thcost. (sum="" 0<sup="">+) Cost. (sum 0⁺) <</thcost.>	Cost Center Description	All Other					
ANCI LLARY SERVICE COST CENTERS 4.00 5.00 6.00 7.00 8.00 ANCI LLARY SERVICE COST CENTERS 0 0.00 5.00 6.00 7.00 8.00 0.00 05000 DEPEATI INS ROM 0 21, 785 517, 067, 149 0.000024 55.00 0.00 05000 RADI OLCY-IN AGNOSTI C 0 0 123, 956, 382 0.000000 54.00 0.00 05000 RADI OLCY-INERAPEUTI C 0 17, 025 121, 056, 629 0.000000 55.00 0.000000 56.00 0 0.000000 56.00 <td< td=""><td></td><td>Medi cal</td><td>(sum of cols.</td><td></td><td></td><td></td><td></td></td<>		Medi cal	(sum of cols.				
ANCI LLARY SERVICE COST CENTERS 6.00 7.00 8.00 50.00 65000 (PERATI NG, ROOM) 0 21,785 517.067,149 0.000024 50.00 50.00 056000 (PERATI NG, ROOM) 0 21,785 517.067,149 0.000024 50.00 50.00 05600 (REOVERY PROM) 0 24,942 24,942 26,923,489 0.000026 51.00 50.00 05600 RADI OLOYHERAPEUTI C 0 17,025 17,025 121,056,629 0.00000 56.00 56.00 05600 RADI OLOYHERAPEUTI C 0 0 20,043,705 0.000000 56.00 50.00 05500 CARDI AC, CATHETERIZATI N 0 0 23,545 158,501,968 0.000000 56.00 50.00 06300 BLOD STOR NG, PROCESSI NG, & TRANS. 0 0 23,345,785 0.000000 65.00 66.00 06600 RESPI RATIORY THERAPY 0 15,007 9,710,987 0.000006 65.00 66.00 06600 RESPI RATIORY THERAPY 0 0 23,545 150,007 9,710,987 <td></td> <td>Education Cost</td> <td>1, 2, 3, and</td> <td>Cost (sum of</td> <td>Part I, col.</td> <td>(col. 5 ÷ col.</td> <td></td>		Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
ANCILLARY SERVICE COST CENTERS 5.00 6.00 7.00 8.00 MACILLARY SERVICE COST CENTERS 0 0.00 0.0000 OPERATI NO, ROOM 0 21.785 517.057.149 0.000022 50.00 51.00 0.000 DERATI NO, ROOM 0 24.942 24.942 26.923.489 0.000026 51.00 51.00 0.000 RADI OLGY-THERAPCUTI C 0 0 121.056.629 0.000000 54.00 55.00 0.0500 RADI OLGY-THERAPCUTI C 0 17.025 17.025 121.056.629 0.000000 55.00 0.000000 55.00 0.000000 55.00 0.000000 55.00 0.0000000 55.00 0.0000000 55.00 0.0000000 55.00 0.0000000 55.00 0.0000000 55.00 0.0000000 55.00 0.0000000 55.00 0.0000000 55.00 0.000000 55.00 0.0000000 55.00 0.0000000 55.00 0.000000 55.00 0.000000 55.00 0.000000 55.00 0.000000 55.00 0.00146.00 0.000000 55.00 <td></td> <td></td> <td>4)</td> <td>cols. 2, 3,</td> <td>8)</td> <td>7)</td> <td></td>			4)	cols. 2, 3,	8)	7)	
4.00 5.00 6.00 7.00 8.00 50.00 05000 DPERATING ROOM 0 21,765 21,765 57,067,149 0.000042 50.00 51.00 05100 DPERATING ROOM 0 21,765 21,765 57,067,149 0.000042 50.00 55.00 05500 RAD IOLGY-PIREAPEUTI C 0 17,025 171,025 0.00000 58.00 56.00 05600 RAD IOLGY-PIREAPEUTI C 0 17,025 121.056.629 0.000000 58.00 57.00 05500 CT SCAN 0 0 0 200,463.705 0.000000 58.00 58.00 05900 CARDI ALC CATHETERI ZATI ON 0 23,545 23,545 158,501.966 0.00149 59.00 06300 BLODO STORI NC, PROCESSI NG, & TRANS. 0 0 0 23,336,785 0.000000 66.00 06400 DHYSI CAL THERAPY 0 0 0 23,336,785 0.000000 66.00 071.00 0710 DHYSI CAL THERAPY 0 0 0 25,571 0.000000 67.00 <td></td> <td></td> <td></td> <td>and 4)</td> <td></td> <td></td> <td></td>				and 4)			
MACI LLARY SERVICE COST CENTERS Image: Center Cost Center Cost Center Cost Center Cost Center Cost Center Cost Center Cente							
50. 00 05000 (DFEQUERY NG ROM 0 21, 785 21, 785 517, 067, 149 0.000042 50. 00 51. 00 05100 (REOVERY ROM 0 24, 942 24, 242 22, 29, 23, 499 0.000042 51. 00 55. 00 05500 (RDI DLOGY-DLAGNOSTI C 0 0 121, 056, 629 0.000000 55. 00 65. 00 05600 (RADI DLOGY-THERAPEUTI C 0 17, 025 121, 056, 629 0.000000 56. 00 05. 00 05700 (T SCAN 0 0 0 0 71. 00 0.000000 57. 00 59. 00 05900 (LABORATORY 0 0 0 0 0 18, 176, 987 0.000000 68. 00 64. 00 06400 (IRRAVENOUS THERAPY 0 0 0 0 336, 785 0.000000 66. 00 06500 (RESPI RATORY THERAPY 0 0 0 0 0 0 0 0 0 3.06 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00		4.00	5.00	6.00	7.00	8.00	
51.00 051.00 PECOVERY ROOM 0 24.92 24.942 26.923.489 0.000926 51.00 51.00 055.00 OBSOD RADIOLCOY-THERAPEUTIC 0 0 123.956.382 0.000000 55.00 65.00 05500 RADIOLCOY-THERAPEUTIC 0 17.025 17.025 12.056.629 0.000100 55.00 65.00 05600 RADIOLCOY-THERAPEUTIC 0 0 0 14.1999.470 0.000000 56.00 57.00 05700 CT SCAN 0 0 0 0 0.000000 56.00 58.00 05800 MAGNETIC RESONANCE IMAGING (IMRI) 0 0 0.000000 68.00 60.00 06000 LABORATORY 0 0 0 0 0 0.000000 68.00 60.00 06000 LABORATORY 0 0 0 0 0 0 0.00000 68.00 60.00 06400 INTRAVENOUS THERAPY 0 0 0 0 0 0 0 0 0 0 0.00		-					
54. 00 OS400 RADIOLOGY-DIAGNOSTIC 0 0 12.9 95.6, 382 0.000000 54. 00 55.00 DS500 RADIOLOGY-DIAGNOSTIC 0 17, 025 172, 056, 629 0.000141 55. 00 56.00 DS700 RADIOLOSTOPE 0 0 0 20.066, 629 0.000000 56. 00 57. 00 DS700 RASCATIC RESONANCE IMAGING (MRI) 0 0 0 67.719, 810 0.000000 56. 00 59. 00 DS900 LABORATORY 0 0 318.176, 987 0.000000 63.00 0.00 OG00 ITRAYENDRY THERAPY 0 0 0 23.33,785 0.000000 65.00 0.00 D6500 INTRAVENDRY THERAPY 0 0 0 0 29.585,273 0.000000 65.00 0.00 D6500 PKSIO LAL SUPPLIES CHARGED TO PATIENTS 0 0 0 46.868.847 0.000000 71.00 0.10 OT400 RPAL CARGED TO PATIENTS 0 0							
55:00 OS500 RADIO LOGY-THERAPEUTIC 0 17, 025 17, 025 121, 056, 629 0.000000 56.00 50:00 OS600 RADIO STOPE 0 0 0 200, 463, 705 0.000000 57.00 58:00 OS600 CASCAN 0 0 0 67.00 57.00 59:00 OS500 CASCANE IMARINE 0 0 0 67.719, 810 0.000000 58.00 59:00 DS600 CARDIA CCATHETERI ZATION 0 23, 545 158, 50.796 0.000000 63.00 60:00 D6400 INTRAVENOUS THERAPY 0 15.007 15.007 9, 710, 987 0.000000 65.00 66:00 O6400 INTRAVENOUS THERAPY 0 0 0 93, 954, 110 0.000000 65.00 71:00 OT300 IMARCE DT PATIENTS 0 0 14, 583, 982 0.000007 71.00 71.00 71.00 71.00 71.00 71.00 71.00 73.00 73.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
56.00 OS600 RADIO ISOTOPE 0 0 41.999.470 0.000000 56.00 57.00 OS700 CT SCAN 0 0 0 200.463.705 0.000000 58.00 58.00 OS900 CARDIA C CATHETERI ZATION 0 23,545 23,545 158,501.968 0.000149 59.00 00.00 OG000 LABORATORY 0 0 318,176.987 0.000000 63.00 0.00140 59.00 0.01500 156.007 97.10.987 0.000000 63.00 04.00 O4000 INTRAVENDUST HERAPY 0 15.007 97.10.987 0.000000 64.00 06.00 OE000 PHYSI CAL THERAPY 0 0 0 93.954.110 0.000000 64.00 06.00 OE000 PHYSI CAL THERAPY 0 0 0 91.954.110 0.000000 72.00 71.00 OT200 IMPL. DEV. CHARGED TO PATIENTS 0 2.587 2.587 82.541.902 0.000007 72.00 73.00 OT300 DRUGS CHARGED TO PATIENTS 0 0 145.22.03		-	-				
57. 00 0S700 [CT SCAN 0 0 200,463,705 0.000000 57.00 58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 0 67,719,810 0.000000 58.00 50. 00 D5900 CARDI AC CATHETERI ZATI ON 0 23,545 23,545 158,501,968 0.000000 69.00 60. 00 D6000 LABORATORY 0 0 0 23,354 158,501,968 0.000000 63.00 63.00 D6000 RESPI RATORY THERAPY 0 15,007 9,710,987 0.000000 65.00 65.00 D6000 RESPI RATORY THERAPY 0 0 93,954,110 0.000000 65.00 66.00 D6400 INTERAPY 0 0 0 46.86,847 0.000000 71.00 71.00 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 452,203 452,203 452,203 452,203 452,203 452,043,89 0.000000 71.00 70.00 07000 INGLARCED TO PATI ENTS		s					
58. 00 OSB00 MACNETIC RESONANCE I IAC, RING (MRI) 0 0 67. 719, 810 0.000000 68. 00 59. 00 05900 (CARDIAC CATHETERI ZATION) 0 23, 545 23, 545 158, 501, 968 0.000000 69. 00 63. 00 06300 (LABORATORY) 0 0 0 23, 336, 785 0.000000 63. 00 64. 00 06400 (INTRAVENUS THERAPY 0 15, 007 9, 710, 987 0.000000 65. 00 65. 00 06500 RESPI RATORY THERAPY 0 0 0 93, 954, 110 0.000000 66. 00 64. 00 06400 PHYSICAL THERAPY 0 0 0 93, 954, 110 0.000000 66. 00 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 145, 898, 847 0.000000 71. 00 73. 00 07300 DRUCS CHARGED TO PATIENTS 0 0 0 14, 537, 812 0.000000 76. 00 73. 00 07300 DRUCS CHARGED TO PATIENTS 0 0 0 0 0.000000 76. 00 <t< td=""><td></td><td>0</td><td>U U</td><td></td><td></td><td></td><td></td></t<>		0	U U				
59.00 IOSPOOL CARDIA AC CATHETERIZATION 0 23, 545 23, 545 158, 501, 968 0.000149 59.00 60.00 064000 LABORATORY 0 0 0 318, 176, 987 0.000000 63.00 61.00 064000 INTRAVENOUS THERAPY 0 15, 007 9, 710, 987 0.01545 64.00 65.00 065000 RESPI RATORY THERAPY 0 0 0 23, 356, 785 0.000000 65.00 66.00 066000 PHYSI CAL THERAPY 0 0 0 93, 954, 110 0.000000 66.00 69.00 ELECTROCARDI OLOGY 0 2, 587 2, 587 82, 541, 902 0.000007 71.00 71.00 OT100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 0 0 15, 548, 501, 348 0.0000007 72.00 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <		3					•
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64.00 INTRAVENOUS THERAPY 0 15,007 9,710,987 0.001545 64.00 65.00 06500 RESPI RATORY THERAPY 0 0 0 0 92,585,273 0.000000 65.00 66.00 06600 PHYSI CAL THERAPY 0 0 0 93,954,110 0.000000 66.00 67.00 MODICAL SUPPLIES CHARGED TO PATIENTS 0 0 46.868,847 0.000000 71.00 71.00 07200 IMPLA LEV. CHARGED TO PATIENTS 0 0 0 115,498,652 0.000000 72.00 73.00 07300 RUGS CHARGED TO PATIENTS 0 0 0 14,537,812 0.000000 74.00 76.00 0330 ANGI OCARDI OGRAPHY 0 0 0 0 0 0.000000 76.00 70 707 707 707 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0		0 318, 176, 987	0. 000000	60.00
65.00 06500 RESPI RATORY THERAPY 0 0 92, 585, 273 0.000000 65.00 66.00 06600 PHYSI CAL THERAPY 0 0 0 93, 954, 110 0.000000 66.00 71.00 06700 ELECTROCARDI OLOGY 0 2,587 22,587 82,541,902 0.000000 74.00 72.00 0700 IMEL CAL SUPPLI ES CHARGED TO PATI ENTS 0 0 015,498,652 0.000007 73.00 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 14,537,812 0.000007 74.00 74.00 07400 RENAL DI ALYSI S 0 0 0 0 0.000007 74.00 76.01 03160 PULMONARY REHAB 0 0 0 0.000000 76.01 76.07 07697 CARDI AC REHABI LI TATI ON 0 0 0 0.000000 76.07 70.01 FMIL Y PRCTICE 0 0 0 8,935,630 0.000000 90.01 90.02 09002 CHINIC Service Cost Centres 0 0 8,9		0			23, 336, 785	0.000000	63.00
66.00 06600 PHYSI CAL THERAPY 0 0 93, 954, 110 0.000000 66.00 69.00 06900 ELECTROCARDI OLOGY 0 2,587 2,587 82,541,902 0.000000 71.00 71.00 07100 MPL DEV. CHARGED TO PATI ENTS 0 0 0 115,498,652 0.000000 72.00 73.00 07300 RUGS CHARGED TO PATI ENTS 0 0 0 115,498,652 0.000000 73.00 74.00 07400 RENAL DI ALYSI S 0 0 0 0 0 0.000000 74.00 76.01 03160 PULMONARY REHAB 0 0 0 0 0.000000 76.01 70.07 07697 CARDI AC REHAB LI TATI ON 0 0 0 0.000000 76.07 70.00 09001 FAMI LY PRACTI CE 0 0 0 3,279,487 0.000000 90.01 90.01 09001 FAMI LY PRACTI CE 0 0 0 8,375,630 0.000000 90.02 90.02 09002 UTPATT ENT SERVI CE SE	64.00 06400 INTRAVENOUS THERAPY	0	15, 007	15, 00	7 9, 710, 987	0. 001545	64.00
69.00 06900 ELECTROCARDIOLOGY 0 2,587 2,587 2,587 82,541,902 0.000031 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 46,868,847 0.000000 71.00 72.00 07200 INFL. DEV. CHARGED TO PATIENTS 0 0 115,498,652 0.0000072 73.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 14,537,812 0.0000007 74.00 0.00 0.014,537,812 0.000000 0 0 0.0000007 76.00 76.01 03160 PULMONARY REHAB 0 0 0 0 647,224 0.000000 76.01 76.07 07697 CARDI AC REHABILITATION 0 0 0 4,366,899 0.000000 70.01 90.00 09000 CLINIC 0 103 103 4,549,383 0.000003 90.00 90.01 90000 CLINIC 0 0 3,297,487 0.000000 90.02 90.02 090001 CHAMI LY PRACTICE 0 0 <td>65. 00 06500 RESPI RATORY THERAPY</td> <td>0</td> <td>0</td> <td>(</td> <td>92, 585, 273</td> <td>0.000000</td> <td>65.00</td>	65. 00 06500 RESPI RATORY THERAPY	0	0	(92, 585, 273	0.000000	65.00
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 0 46, 868, 847 0.000000 71.00 72.00 07200 MPL DEV. CHARGED TO PATI ENTS 0 0 0 115, 498, 652 0.000000 72.00 73.00 07300 R030 R15, 498, 652 0.000000 73.00 73.00 74.00 07400 RENAL DI ALYSI S 0 0 0 14, 537, 812 0.000000 74.00 74.00 07400 RENAL DI ALYSI S 0 0 0 0 0 0.00000 74.00 76.01 03160 PULMONARY REHAB 0 0 0 0 647, 224 0.000000 76.01 001 07697 CARDI AC REHABI LI TATI ON 0 0 0 0 3.279, 487 0.000000 90.00 90.00 90.000 90.000 90.000 90.000 90.001 90.001 90.01 90.01 90.01 90.021 90.021 90.021 90.021 90.021 90.021 90.021 90.021 90.021 90.021 90.021 90.03 90.03 90.03 90.03 <	66. 00 06600 PHYSI CAL THERAPY	0	0	(0 93, 954, 110	0.000000	66.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 115, 498, 652 0.000000 72.00 73.00 DRUGS CHARGED TO PATIENTS 0 452, 203 455, 304, 398 0.000007 73.00 74.00 7400 RNAU DIALYSI S 0 0 0 14, 537, 812 0.000000 74.00 76.01 03160 PULMONARY REHAB 0 0 0 647, 224 0.000000 76.01 76.97 76767 CARDIA C REHABILITATION 0 0 0 4, 366, 899 0.00000 76.07 00179 DIPATIENT SERVICE COST CENTERS 0 103 113 4, 549, 383 0.00000 90.00 90.01 09000 CLINIC 0 0 3, 279, 487 0.00000 90.02 90.02 09002 CLINIC SERVICE 0 0 8, 35, 630 0.00000 90.02 90.03 09003 CHEMO 0 0 13, 092 13, 092 34, 670, 303 0.00378 90.03 90.04 09004 PRI MARY CARE FOR SENI ORS 0 0	69. 00 06900 ELECTROCARDI OLOGY	0	2, 587	2, 58	7 82, 541, 902	0.000031	69.00
73.00 07300 DRUGS CHARGED TO PATIENTS 0 452, 203 452, 203 455, 304, 398 0.000972 73.00 74.00 07400 RENAL DI ALYSIS 0 0 14, 537, 812 0.000000 74.00 76.01 03160 PULMONARY REHAB 0 0 0 647, 224 0.000000 76.00 76.97 07697 CARDI AC REHABILITATION 0 0 647, 224 0.000000 76.97 0000 CLINIC 0 0 0 4549, 383 0.000023 90.00 90.01 09001 FAMILY PRACTICE 0 103 103 4, 549, 383 0.000009 90.01 90.02 09002 OUTPATIENT SERVICE COST CENTERS 0 0 0 3, 279, 487 0.00000 90.02 90.03 09003 CHEMO 0 0 0 8, 935, 630 0.000000 90.02 90.04 09004 PRI MARY CARE FOR SENI ORS 0 0 853, 290 0.000000 90.05 90.05 09005 PAI N MANAGEMENT 0 3, 726 3, 72	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	(0 46, 868, 847	0.000000	71.00
74.00 07400 RENAL DI ALYSI S 0 0 0 14, 537, 812 0.000000 74.00 76.00 03030 ANGI OCARDI OGRAPHY 0 0 0 0.000000 76.01 76.01 03160 PULMONARY REHAB 0 0 0 0.000000 76.01 76.07 07697 CARDI AC REHABI LI TATI ON 0 0 0 4, 366, 899 0.000000 76.01 09001 CLI NI C 0 103 103 4, 549, 383 0.000023 90.00 90.01 90001 CLI NI C 0 10.3 10.3 4, 549, 383 0.000000 90.01 90.02 09002 CLI NI C 0 0 0 8, 935, 630 0.000000 90.02 90.03 09003 CHEMO 0 0 8, 335, 630 0.000000 90.02 90.04 09004 PRI MARY CARE FOR SENI ORS 0 0 853, 290 0.000000 90.03 90.05 PAI N MANAGEMENT 0 5, 123 5, 123 21, 061, 609 0.000243 90.05 <td>72.00 07200 IMPL. DEV. CHARGED TO PATIENTS</td> <td>0</td> <td>0</td> <td>(</td> <td>0 115, 498, 652</td> <td>0.000000</td> <td>72.00</td>	72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	(0 115, 498, 652	0.000000	72.00
76.00 03030 ANGI OCARDI OGRAPHY 0 0 0 0 0.000000 76.00 76.01 03160 PULMONARY REHAB 0 0 0 647,224 0.000000 76.01 76.97 CARDI AC REHABI LI TATI ON 0 0 0 4,366,899 0.00000 76.01 0010 UTPATI ENT SERVICE COST CENTERS 0 0 0 3,279,487 0.000000 90.01 90.01 09001 FAMI LY PRACTI CE 0 0 0 8,935,630 0.000000 90.02 90.02 00702 UTPATI ENT PSYCHI ATRI C SERVI CES 0 0 8,935,630 0.000000 90.02 90.04 09004 PRI MARY CARE FOR SENI ORS 0 0 853,290 0.000000 90.04 90.05 09005 PAI N MAAGEMENT 0 5,123 5,123 21,061,609 0.0023 90.06 90.06 09006 WOUND CARE 0 0 0 9,788,915 0.000000 90.07 90.05 94.060 9.056 9,056 9,056 9,		0	452, 203	452, 203	3 465, 304, 398	0.000972	73.00
76. 01 03160 PULMONARY REHAB 0 0 0 647, 224 0.00000 76. 01 76. 97 07697 CARDI AC REHABI LI TATI ON 0 0 0 4, 366, 899 0.000000 76. 97 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 3.66, 899 0.000000 76. 97 90. 00 09000 CLI NI C 0 0 0 3.279, 487 0.000000 90. 01 90. 01 09000 CLI NI C 0 0 0 3.279, 487 0.000000 90. 01 90. 02 09000 CUTPATI ENT PSYCHI ATRI C SERVI CES 0 0 8, 935, 630 0.000000 90. 02 90. 03 09003 CHMO 0 13, 092 13, 092 34, 670, 303 0.00378 90. 03 90. 04 09004 PRI MARY CARE FOR SENI ORS 0 0 853, 290 0.000000 90. 04 90. 05 09005 PAI N MANAGEMENT 0 5, 123 5, 123 21, 04, 060 0.00225 90. 06 90. 06 09006 WOUND CARE 0	74. 00 07400 RENAL DI ALYSI S	0	0	(0 14, 537, 812	0.000000	74.00
76. 97 O7697 CARDI AC REHABILLITATION 0 0 4,366,899 0.000000 76. 97 00.00 OUTPATI ENT SERVICE COST CENTERS 0 103 4,549,383 0.000023 90.00 90.00 O9001 FAMILY PRACTICE 0 0 3,279,487 0.000000 90.01 90.00 90.00 90.01 6,8,935,630 0.000000 90.02 90.02 0UTPATI ENT PSYCHI ATRI C SERVI CES 0 0 8,935,630 0.000000 90.02 90.02 90.03 CHEMO 0 13,092 13,092 34,670,303 0.000378 90.03 90.04 90.05 PAI N MARGEMENT 0 5,123 5,123 21,061,609 0.00243 90.05 90.05 90.05 90.05 90.05 90.05 90.05 90.05 90.05 90.05 90.05 90.05 90.05 90.05 90.06 0.00243 90.05 90.05 90.05 90.05 90.06 90.07 90.97 \$1.845,204 0.002023 90.05 90.05 90.06 <t< td=""><td>76. 00 03030 ANGI OCARDI OGRAPHY</td><td>0</td><td>0</td><td>(</td><td>0 0</td><td>0.000000</td><td>76.00</td></t<>	76. 00 03030 ANGI OCARDI OGRAPHY	0	0	(0 0	0.000000	76.00
OUTPATI ENT SERVICE COST CENTERS 90.00 09000 CLINIC 90.01 09001 FAMILY PRACTICE 0 103 103 4, 549, 383 0.000023 90.00 90.01 09001 FAMILY PRACTICE 0 0 0 3, 279, 487 0.00000 90.01 90.02 09002 OUTPATI ENT PSYCHI ATRI C SERVICES 0 0 0 3, 279, 487 0.000000 90.02 90.03 OP002 OUTPATI ENT PSYCHI ATRI C SERVICES 0 0 13, 092 13, 092 34, 670, 303 0.00000 90.02 90.04 09004 PRI MARY CARE FOR SENI ORS 0 0 853, 290 0.000000 90.02 90.05 09005 PAI N MANAGEMENT 0 5, 123 5, 123 21, 061, 609 0.000235 90.06 90.06 090007 SLEEP CENTER 0 0 0 2, 484, 200 0.000000 90.07 90.08 09008 HEMATOLOGY 0 0 0 0 0	76.01 03160 PULMONARY REHAB	0	0	(0 647, 224	0.000000	76.01
90.00 09000 CLINIC 0 103 103 4, 549, 383 0.00023 90.00 90.01 09001 FAMILY PRACTICE 0 0 0 3, 279, 487 0.000000 90.01 90.02 09002 0UTPATIENT PSYCHIATRIC SERVICES 0 0 0 8, 935, 630 0.000000 90.02 90.03 09003 CHEMO 0 13, 092 13, 092 34, 670, 303 0.000378 90.03 90.04 09004 PRI MARY CARE FOR SENIORS 0 0 0 853, 290 0.000000 90.04 90.05 PAID MANAGEMENT 0 5, 123 5, 123 21, 061, 609 0.00223 90.05 90.06 09006 WUND CARE 0 3, 726 3, 726 15, 845, 204 0.000233 90.07 90.07 SLEEP CENTER 0 0 0 0 9, 978, 915 0.000000 90.08 90.09 MULTI -SPECI ALTY SERVICES 0 9, 056 9, 056 4,	76. 97 07697 CARDI AC REHABI LI TATI ON	0	0	(4, 366, 899	0.000000	76.97
90.01 09001 FAMI LY PRACTI CE 0 0 3, 279, 487 0.000000 90.01 90.02 09002 0UTPATI ENT PSYCHI ATRI C SERVI CES 0 0 0 8, 935, 630 0.000000 90.02 90.03 09003 CHEMO 0 13, 092 13, 092 34, 670, 303 0.000378 90.03 90.04 09004 PRI MARY CARE FOR SENI ORS 0 0 853, 290 0.000000 90.04 90.05 09005 PAI N MANAGEMENT 0 5, 123 5, 123 21, 061, 609 0.00223 90.05 90.06 09006 WOUND CARE 0 3, 726 3, 726 15, 845, 204 0.002035 90.06 90.07 SLEEP CENTER 0 0 0 9, 978, 915 0.000000 90.07 90.08 09009 MULTI -SPECI ALTY SERVI CES 0 9, 056 9, 056 4, 906, 550 0.01146 90.09 90.10 09100 IABETES CENTER 0 0 0 0 0.000000 90.10 91.00 09100 IABETES CENTER 0	OUTPATIENT SERVICE COST CENTERS						
90.02 09002 0UTPATI ENT PSYCHI ATRI C SERVICES 0 0 8,935,630 0.00000 90.02 90.03 09003 CHEMO 0 13,092 13,092 34,670,303 0.000378 90.03 90.04 09004 PRI MARY CARE FOR SENIORS 0 0 853,290 0.000000 90.04 90.05 09005 PAI N MANAGEMENT 0 5,123 5,123 21,061,609 0.00023 90.05 90.06 09006 WOUND CARE 0 3,726 3,726 15,845,204 0.000203 90.06 90.07 SLEP CENTER 0 0 9,978,915 0.000000 90.07 90.08 09009 MULTI -SPECI ALTY SERVICES 0 9,056 9,056 4,906,550 0.001846 90.09 90.10 09010 IABETES CENTER 0 109,703 109,703 299,790,192 0.00366 91.00 91.00 09100 EMERGENCY 0 109,703 109,703 299,790,192 0.00366	90. 00 09000 CLINIC	0	103	10	3 4, 549, 383	0.000023	90.00
90.03 09003 CHEMO 0 13,092 34,670,303 0.000378 90.03 90.04 09004 PRI MARY CARE FOR SENI ORS 0 0 0 853,290 0.000000 90.04 90.05 09005 PAI N MANAGEMENT 0 5,123 5,123 21,061,609 0.000243 90.05 90.06 09006 WOUND CARE 0 3,726 3,726 15,845,204 0.000235 90.06 90.07 09007 SLEP CENTER 0 0 0 9,978,915 0.000000 90.07 90.08 09009 MULTI -SPECI ALTY SERVI CES 0 9,056 9,056 4,906,550 0.001846 90.09 90.10 0910 DI ABETES CENTER 0 0 0 478,954 0.000000 90.10 91.00 09100 EMERGENCY 0 109,703 109,703 299,790,192 0.00366 91.00 92.01 09200 DESERVATI ON BEDS (NON-DI STI NCT PART) 0 124,797 124,797 27,740,644 0.004499 92.00 92.01 09201	90. 01 09001 FAMILY PRACTICE	0	0	(3, 279, 487	0.000000	90.01
90. 04 09004 PRI MARY CARE FOR SENIORS 0 0 853, 290 0.000000 90. 04 90. 05 09005 PAI N MANAGEMENT 0 5, 123 5, 123 21, 061, 609 0.000243 90. 05 90. 06 09006 WOUND CARE 0 3, 726 3, 726 15, 845, 204 0.000235 90. 06 90. 07 09007 SLEEP CENTER 0 0 0 9, 978, 915 0.000000 90. 07 90. 08 09008 HEMATOLOGY 0 0 0 2, 484, 200 0.000000 90. 08 90. 09 09009 MULTI -SPECI ALTY SERVICES 0 9, 056 9, 056 4, 906, 550 0.001846 90. 09 90. 10 DI ABETES CENTER 0 0 0 478, 954 0.000000 90. 10 91. 00 09100 EMEGENCY 0 109, 703 109, 703 299, 790, 192 0.00366 91. 00 92. 01 09200 OBSERVATI ON BEDS (DI STI NCT PART) 0 124, 797	90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	(0 8, 935, 630	0.000000	90.02
90.05 09005 PAI N MANAGEMENT 0 5, 123 5, 123 21, 061, 609 0.000243 90.05 90.06 09006 WOUND CARE 0 3, 726 3, 726 15, 845, 204 0.000235 90.06 90.07 09007 SLEEP CENTER 0 0 0 0 90.07 90.08 90.090 90.0	90. 03 09003 CHEMO	0	13, 092	13, 093	2 34, 670, 303	0. 000378	90.03
90.06 09006 WOUND CARE 0 3,726 3,726 15,845,204 0.000235 90.06 90.07 09007 SLEP CENTER 0 0 0 9,978,915 0.000000 90.07 90.08 09008 HEMATOLOGY 0 0 0 0 2,484,200 0.000000 90.08 90.09 09009 MULTI -SPECIALTY SERVICES 0 9,056 9,056 4,906,550 0.001846 90.09 90.10 09010 DIABETES CENTER 0 0 0 478,954 0.000000 90.10 91.00 09100 EMERGENCY 0 109,703 109,703 299,790,192 0.000366 91.00 92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 124,797 124,797 27,740,644 0.004499 92.00 92.01 092001 DBSERVATI ON BEDS (DI STI NCT PART) 0 99,923 23,734,947 0.004210 92.01 02201 DBSERVATI ON BEDS (DI STI NCT PART) 0 <	90. 04 09004 PRI MARY CARE FOR SENI ORS	0	0	(0 853, 290	0.000000	90.04
90.07 09007 SLEEP CENTER 0 0 9,978,915 0.00000 90.07 90.08 09008 HEMATOLOGY 0 0 0 2,484,200 0.000000 90.08 90.09 90.09 MULTI -SPECIALTY SERVICES 0 9,056 9,056 4,906,550 0.001846 90.09 90.10 09010 IABETES CENTER 0 0 0 478,954 0.000000 90.10 91.00 09100 EMERGENCY 0 109,703 109,703 299,790,192 0.000366 91.00 92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 124,797 124,797 27,740,644 0.004499 92.00 92.01 09201 UBSERVATI ON BEDS (DI STI NCT PART) 0 99,923 23,734,947 0.004219 92.01 09201 UBSERVATI ON BEDS (DI STI NCT PART) 0 99,923 23,734,947 0.004219 92.01 09201 UBSERVATI ON BEDS (DI STI NCT PART) 0 99,923 23,734,947 0.004	90. 05 09005 PALN MANAGEMENT	0	5, 123	5, 12	3 21, 061, 609	0.000243	90.05
90.08 09008 HEMATOLOGY 0 0 0 2,484,200 0.000000 90.08 90.09 09009 MULTI -SPECIALTY SERVICES 0 9,056 9,056 4,906,550 0.001846 90.09 90.10 09009 DIABETES CENTER 0 0 0 478,954 0.00000 90.10 91.00 O9100 EMERGENCY 0 109,703 109,703 299,790,192 0.000366 91.00 92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 0 124,797 124,797 27,740,644 0.004499 92.00 92.01 09201 UBSERVATI ON BEDS (DI STINCT PART) 0 99,923 29,734,947 0.004219 92.00 92.01 09201 UBSERVATI ON BEDS (DI STINCT PART) 0 99,923 23,734,947 0.004219 92.01 07HER REI MBURSABLE COST CENTERS	90.06 09006 WOUND CARE	0	3, 726	3, 72	6 15, 845, 204	0.000235	90.06
90.09 09009 MULTI - SPECIALTY SERVICES 0 9,056 9,056 4,906,550 0.001846 90.09 90.10 09010 DIABETES CENTER 0 0 0 478,954 0.00000 90.10 91.00 09100 EMERGENCY 0 109,703 109,703 299,790,192 0.000366 91.00 92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 124,797 124,797 27,740,644 0.004499 92.00 92.01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 0 99,923 23,734,947 0.004499 92.01 071HER REI MBURSABLE COST CENTERS 96.00 0 0 0 40,403,326 0.000000 96.00	90. 07 09007 SLEEP CENTER	0	0		9, 978, 915	0.000000	90.07
90. 10 09010 DI ABETES CENTER 0 0 478, 954 0.00000 90. 10 91. 00 09100 EMERGENCY 0 109, 703 299, 790, 192 0.000366 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 124, 797 27, 740, 644 0.004499 92. 00 92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 0 99, 923 23, 734, 947 0.004210 92. 01 0THER REI MBURSABLE COST CENTERS 0 0 0 40, 403, 326 0.000000 96.00	90. 08 09008 HEMATOLOGY	0	0		2, 484, 200	0.000000	90.08
91.00 09100 EMERGENCY 0 109,703 109,703 299,790,192 0.000366 91.00 92.00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0 124,797 124,797 27,740,644 0.004499 92.00 92.01 09201 0BSERVATI ON BEDS (DI STI NCT PART) 0 99,923 23,734,947 0.004210 92.01 0THER REIMBURSABLE COST CENTERS 0 0 0 40,403,326 0.000000 96.00	90. 09 09009 MULTI - SPECIALTY SERVICES	0	9, 056	9,05	6 4, 906, 550	0.001846	90.09
91.00 09100 EMERGENCY 0 109,703 109,703 299,790,192 0.000366 91.00 92.00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0 124,797 124,797 27,740,644 0.004499 92.00 92.01 09201 0BSERVATI ON BEDS (DI STI NCT PART) 0 99,923 23,734,947 0.004210 92.01 0THER REIMBURSABLE COST CENTERS 0 0 0 40,403,326 0.000000 96.00	90. 10 09010 DIABETES CENTER	0	0		478, 954	0.000000	90.10
92. 01 09201 0BSERVATI ON BEDS (DI STINCT PART) 0 99, 923 99, 923 23, 734, 947 0.004210 92. 01 0THER REIMBURSABLE COST CENTERS 0 0 0 40, 403, 326 0.000000 96.00		0	109, 703	109, 70	3 299, 790, 192	0. 000366	91.00
92. 01 09201 0BSERVATI ON BEDS (DI STINCT PART) 0 99, 923 99, 923 23, 734, 947 0.004210 92. 01 0THER REIMBURSABLE COST CENTERS 0 0 0 40, 403, 326 0.000000 96.00	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	124, 797	124, 79	7 27, 740, 644	0.004499	92.00
OTHER REIMBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 40, 403, 326 0. 000000 96.00		0					
	OTHER REIMBURSABLE COST CENTERS						
200.00 Total (lines 50 through 199) 0 922, 617 922, 617 3, 023, 931, 112 200.00	96.00 09600 DURABLE MEDICAL EQUIP-RENTED						96.00
	200.00 Total (lines 50 through 199)	0	922, 617	922, 61	7 3, 023, 931, 112		200.00

Health Financial Systems	DEACONESS HO	OSPI TAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEE THROUGH COSTS	RVICE OTHER PASS	Provider CO	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet D Part IV Date/Time Pre 2/27/2023 8:0	pared: 9 am
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Outpati ent	Inpati ent	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)	10.00	x col. 10)	10.00	x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS	0.000040	2 (20 445	1	11 0	0	
50. 00 05000 OPERATING ROOM	0.000042	2,638,445			0	50.00
51. 00 05100 RECOVERY ROOM 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000926	200, 215	1	35 0 0 0	0	51.00 54.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C 55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000 0. 000141	753, 188		54 0	0	55.00
56. 00 05600 RADI 0L0GY - THERAPEUTIC	0. 000141	380, 362 85, 386		0 0	0	56.00
57. 00 05700 CT SCAN	0. 000000	05, 300 1, 149, 314		0 0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	258, 567		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0.000000	894, 424	1.	33 0	0	59.00
60. 00 06000 LABORATORY	0.000000	2, 019, 166	.	0 0	0	60.00
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 000000	321, 467		0 0	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	0.001545	269, 020	1.	16 0	0	64.00
65. 00 06500 RESPIRATORY THERAPY	0.000000	2, 347, 910	4	0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	1, 053, 349		0 0	0	66.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000031	507, 934		16 0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	302, 912		0 0	0	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 000000	614, 290		0 0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0.000972	4, 215, 370	4.04	-	0	73.00
74. 00 07400 RENAL DI ALYSI S	0. 000000	352, 492	1,0	0 0	0	74.00
76. 00 03030 ANGI OCARDI OGRAPHY	0. 000000	002, 172		0 0	0	76.00
76. 01 03160 PULMONARY REHAB	0. 000000	0		0 0	0	76.01
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	0		0 0	0	
OUTPATIENT SERVICE COST CENTERS					-	
90. 00 09000 CLINIC	0. 000023	0		0 0	0	90.00
90. 01 09001 FAMILY PRACTICE	0. 000000	101		0 0	0	90.01
90. 02 09002 0UTPATI ENT PSYCHI ATRI C SERVI CES	0. 000000	0		0 0	0	90.02
90. 03 09003 CHEMO	0. 000378	1, 446		1 0	0	90.03
90. 04 09004 PRIMARY CARE FOR SENIORS	0. 000000	0		0 0	0	90.04
90. 05 09005 PALN MANAGEMENT	0. 000243	0		0 0	0	90.05
90. 06 09006 WOUND CARE	0. 000235	5, 315		1 0	0	90.06
90. 07 09007 SLEEP CENTER	0. 000000	0	1	0 0	0	90.07
90. 08 09008 HEMATOLOGY	0. 000000	0		0 0	0	90.08
90.09 09009 MULTI - SPECIALTY SERVICES	0. 001846	34, 886		64 0	0	90.09
90. 10 09010 DI ABETES CENTER	0. 000000	0		0 0	0	90. 10
91.00 09100 EMERGENCY	0. 000366	2, 481, 151	90		0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 004499	134, 918	60	07 0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.004210	151, 932	64	40 0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0. 000000	0		0 0	0	
200.00 Total (lines 50 through 199)		21, 173, 560	7, 23	33 0	0	200. 00

Health Financial Systems	DEACONESS				u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICE	ES AND VACCINE COST	Provider C		Period: From 10/01/2021 To 09/30/2022		epared:
		T: +1		11	2/27/2023 8:0	19 am
			e XIX	Hospi tal	PPS	
Cost Center Description	Cost to Charge	PPS Reimbursed	Charges Cost	Cost	Costs PPS Services	
cost center bescription	Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Servi ces Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coi ns.			
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	·				•	
50. 00 05000 OPERATI NG ROOM	0. 216651	0		0 1, 920, 204	0	50.00
51.00 05100 RECOVERY ROOM	0. 445692	0		0 153, 760	0	51.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 135318	C		0 1, 244, 550	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 166706	0		0 1, 506, 995	0	55.00
56. 00 05600 RADI OI SOTOPE	0. 081074	0		0 136, 591	0	56.00
57.00 05700 CT SCAN	0. 047846	0)	0 1, 719, 601	0	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 098132	0)	0 311, 225	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 170605			0 397, 441	0	59.00
60. 00 06000 LABORATORY	0. 177184			0 2, 650, 160	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRAN				0 91, 531	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0. 398543			0 14, 417	0	
65. 00 06500 RESPI RATORY THERAPY	0. 128701			0 163, 942	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 158647			0 138, 225	0	
69. 00 06900 ELECTROCARDI OLOGY	0. 094485			0 235, 371	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIE		0		0 173, 609	0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 282352			0 346, 034	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 216971			0 3, 221, 151	0	
74.00 07400 RENAL DIALYSIS	0. 177744			0 74, 269	0	
76.00 03030 ANGI OCARDI OGRAPHY	0. 000000			0 0	0	
76.01 03160 PULMONARY REHAB	0. 611955			0 3, 086	0	
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 249149	C		0 0	0	76.97
OUTPATIENT SERVICE COST CENTERS		1	1			-
90. 00 09000 CLINIC	1. 102001		1	0 15, 680	0	
90. 01 09001 FAMILY PRACTICE	0. 581242			0 115, 852	0	
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 262008			0 13, 272	0	
90. 03 09003 CHEMO	0. 120832			0 313, 241	0	
90. 04 09004 PRI MARY CARE FOR SENI ORS	1. 535217			0 0	0	
90. 05 09005 PALN MANAGEMENT	0. 177379			0 97, 170	0	
90. 06 09006 WOUND CARE	0. 143747			0 215, 593	0	
90. 07 09007 SLEEP CENTER	0. 379205			0 57,035	0	
90. 08 09008 HEMATOLOGY	0. 525878			0 21, 541	0	
90. 09 09009 MULTI - SPECIALTY SERVICES	0. 363531			0 42, 223	0	
90. 10 09010 DI ABETES CENTER	0. 652061	-		0 1,588	0	
91.00 09100 EMERGENCY	0. 128549			0 4, 693, 485	0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PA 92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	-			0 563, 545 0 209, 586	0	
	0. 560154	1 U	1	0 209, 586	0	92.01
OTHER REIMBURSABLE COST CENTERS 96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0. 347276	C	1	0 0	0	96.00
200.00 Subtotal (see instructions)	0.34/2/0		1	0 20, 861, 973		200.00
201.00 Less PBP Clinic Lab. Services-Pro	aram			0 20, 801, 973		200.00
Only Charges	9					201.00
202.00 Net Charges (line 200 - line 201)		0		0 20, 861, 973	0	202.00
	I		1	-1 20,000.,770		

	IONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0082	Peri od: From 10/01/2021 To 09/30/2022	Worksheet D Part V Date/Time Pre 2/27/2023 8:0	
		1	Titl	e XIX	Hospi tal	PPS	
		Cos	sts				
	Cost Center Description	Cost	Cost				
		Rei mbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)	-			
		6.00	7.00				
	ANCI LLARY SERVICE COST CENTERS	-		1			
50.00	05000 OPERATING ROOM	0					50.00
51.00	05100 RECOVERY ROOM	0					51.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0					54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0					55.00
56.00	05600 RADI OI SOTOPE	0	11, 074				56.00
57.00	05700 CT SCAN	0	82, 276				57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	30, 541				58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	67, 805				59.00
50.00	06000 LABORATORY	0	469, 566				60.00
53.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	19, 891				63.00
54.00	06400 I NTRAVENOUS THERAPY	0	5, 746				64.00
55.00	06500 RESPI RATORY THERAPY	0	21, 099				65.00
56.00	06600 PHYSI CAL THERAPY	0	21, 929				66.00
59.00	06900 ELECTROCARDI OLOGY	0					69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		1			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400 RENAL DIALYSIS	0					74.00
76.00	03030 ANGI OCARDI OGRAPHY	0					76.00
76.01	03160 PULMONARY REHAB	0	1, 888				76.01
76.97	07697 CARDI AC REHABI LI TATI ON	0		1			76.97
0. , ,	OUTPATIENT SERVICE COST CENTERS			1			
90.00	09000 CLINIC	0	17, 279				90.00
90.01	09001 FAMILY PRACTICE	0		1			90.01
90.02	09002 OUTPATI ENT PSYCHI ATRI C SERVI CES	0					90.02
90.03	09003 CHEMO	0					90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0		1			90.04
90.05	09005 PALN MANAGEMENT	0					90.05
90.06	09006 WOUND CARE	0					90.06
90.00 90.07	09007 SLEEP CENTER	0					90.07
		0	,	1			
90.08 90.09		0					90.08
90.09 90.10	09009 MULTI - SPECIALTY SERVICES	0					
		-	.,				90.10
91.00	09100 EMERGENCY	0		•			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	117, 400	1			92.01
	OTHER REIMBURSABLE COST CENTERS	-		1			
	09600 DURABLE MEDICAL EQUIP-RENTED	0		•			96.00
200.00		0					200.00
	Less PBP Clinic Lab. Services-Program	0	1	1			201.00
201.00	Only Charges	5					201100

	Financial Systems DEACONES ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0082 Pe	In Lieu riod: om 10/01/2021 09/30/2022	Worksheet D-1 Date/Time Prep 2/27/2023 8:00	pare
	Cost Center Description	Title XVIII	Hospi tal	PPS	
				1.00	
	PART I - ALL PROVIDER COMPONENTS				-
00	Inpatient days (including private room days and swing-bed			143, 088	1.
00	Inpatient days (including private room days, excluding sw			143, 088	
00	Private room days (excluding swing-bed and observation be do not complete this line.	d days). If you have only priva	te room days,	0	3.
00	Semi -private room days (excluding swing-bed and observati			127, 395	4.
00	Total swing-bed SNF type inpatient days (including privat reporting period	e room days) through December 3	1 of the cost	0	5.
00	Total swing-bed SNF type inpatient days (including privat	e room days) after December 31	of the cost	0	6.
00	reporting period (if calendar year, enter 0 on this line)			0	_
00	Total swing-bed NF type inpatient days (including private reporting period	room days) through December 31	or the cost	0	7.
00	Total swing-bed NF type inpatient days (including private		f the cost	0	8.
00	reporting period (if calendar year, enter 0 on this line)			44 150	
00	Total inpatient days including private room days applicab newborn days) (see instructions)	The to the program (excluding sw	ng-bed and	44, 152	9
0. 00	Swing-bed SNF type inpatient days applicable to title XVI		days)	0	10
. 00	through December 31 of the cost reporting period (see ins Swing-bed SNF type inpatient days applicable to title XVI		dave) after	0	11
. 00	December 31 of the cost reporting period (if calendar yea		days) arter	0	
2.00	Swing-bed NF type inpatient days applicable to titles V o	r XIX only (including private r	oom days)	0	12
3. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V o	r XIX only (including private r	oom days)	0	13
	after December 31 of the cost reporting period (if calend	ar year, enter 0 on this line)	5 /		
	Medically necessary private room days applicable to the P Total nursery days (title V or XIX only)	rogram (excluding swing-bed day	5)	0	
	Nursery days (title V or XIX only)			0	
	SWING BED ADJUSTMENT				1
. 00	Medicare rate for swing-bed SNF services applicable to se reporting period	rvices through December 31 of t	ne cost	0.00	17
3. 00	Medicare rate for swing-bed SNF services applicable to se	rvices after December 31 of the	cost	0.00	18
	reporting period			0.00	
9.00	Medicaid rate for swing-bed NF services applicable to ser reporting period	Vices through December 31 of the	e cost	0.00	19
0. 00	Medicaid rate for swing-bed NF services applicable to ser	vices after December 31 of the	cost	0.00	20
. 00	reporting period Total general inpatient routine service cost (see instruc	tions)		141, 265, 445	21
2.00	Swing-bed cost applicable to SNF type services through De		period (line	141, 205, 445	
	5 x line 17)				
3. 00	Swing-bed cost applicable to SNF type services after Dece x line 18)	mber 31 of the cost reporting p	eriod (line 6	0	23
I. 00	Swing-bed cost applicable to NF type services through Dec	ember 31 of the cost reporting	period (line	0	24
- 00	7 x line 19) Swing had analyzed a NE type conviges often Decem	her 21 of the east reporting re	riad (line 0	0	25
. 00	Swing-bed cost applicable to NF type services after Decem x line 20)	ber 31 of the cost reporting pe	Tod (TTHE 8	0	25
	Total swing-bed cost (see instructions)			0	
. 00	General inpatient routine service cost net of swing-bed c PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	ost (line 21 minus line 26)		141, 265, 445	27
3. 00	General inpatient routine service charges (excluding swin	g-bed and observation bed charge	es)	0	28
	Private room charges (excluding swing-bed charges)			0	
	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line	27 ÷ line 28)		0 0. 000000	30 31
	Average private room per diem charge (line 29 ÷ line 3)	27 ÷ 111e 20)		0.00	
	Average semi-private room per diem charge (line 30 \div line			0.00	
	Average per diem private room charge differential (line 3 Average per diem private room cost differential (line 34		ns)	0. 00 0. 00	
	Private room cost differential adjustment (line 3 x line			0.00	
	General inpatient routine service cost net of swing-bed c		rential (line	141, 265, 445	
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				-
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST	ADJUSTMENTS			
	Adjusted general inpatient routine service cost per diem	(see instructions)		987.26	
	Program general inpatient routine service cost (line 9 x Medically necessary private room cost applicable to the P			43, 589, 504 0	1
	mean carry necessary private room cost appricable to the P	iogiani (TTHE 14 A TTHE 30)		0	1 40

COMPUT	Financial Systems TATION OF INPATIENT OPERATING COST	DEACONESS I	Provi der CC	CN: 15-0082	Peri od:	u of Form CMS- Worksheet D-1	
					From 10/01/2021 To 09/30/2022		
			Title	XVIII	Hospi tal	2/27/2023 8: 0 PPS	19 am
	Cost Center Description	Total Inpatient Cost	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
2.00	NURSERY (title V & XIX only)						42.
3. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	44, 165, 225	25, 157	1, 755. 5	8, 244	14, 473, 002	43.
4.00	CORONARY CARE UNIT	8, 154, 074	4, 746	1, 718. (2, 640, 704	
5.00	BURN INTENSIVE CARE UNIT	0,101,071	1, 7 10	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	2,010,701	45.
6. 00	SURGICAL INTENSIVE CARE UNIT						46.
7.00	OTHER SPECIAL CARE (SPECIFY)						47.
	Cost Center Description					1.00	
8.00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3	, line 200)			80, 536, 529	48.
9. 00	Total Program inpatient costs (sum of lines	41 through 48)(see instructio	ns)		141, 239, 739	49.
0 00	PASS THROUGH COST ADJUSTMENTS	ationt mouting	condicace (from	What D arm	of Donto L and	E 44E 040	5
0.00	Pass through costs applicable to Program inp		Services (ITOII	WKSL. D, SUN	I UI PAILS I ANU	5, 465, 868	50.
1.00	Pass through costs applicable to Program inp	atient ancillar	y services (fr	om Wkst. D, s	sum of Parts II	5, 614, 861	51.
	and IV)	50 1 54)				44 000 700	
2.00 3.00	Total Program excludable cost (sum of lines Total Program inpatient operating cost exclu		lated non-nby	sician anesth	notist and	11, 080, 729 130, 159, 010	
5.00	medical education costs (line 49 minus line		rated, non-phy			130, 139, 010	, 55.
	TARGET AMOUNT AND LIMIT COMPUTATION						
4.00	Program discharges					0	
5.00 6.00	Target amount per discharge Target amount (line 54 x line 55)					0.00	
7.00	Difference between adjusted inpatient operat	ing cost and ta	rget amount (I	ine 56 minus	line 53)	0	
8.00	Bonus payment (see instructions)	0	0			0	
9.00	Lesser of lines 53/54 or 55 from the cost re	porting period	ending 1996, u	pdated and co	ompounded by the	0.00	59.
0. 00	market basket Lesser of lines 53/54 or 55 from prior year	cost report up	dated by the m	arket basket		0.00	60.
1.00	If line 53/54 is less than the lower of line				the amount by	0	
	which operating costs (line 53) are less that		s (lines 54 x	60), or 1% of	f the target		
2.00	amount (line 56), otherwise enter zero (see Relief payment (see instructions)	instructions)				o	62.
3.00	Allowable Inpatient cost plus incentive paym	ent (see instru	ctions)			0	
	PROGRAM INPATIENT ROUTINE SWING BED COST						
4.00	Medicare swing-bed SNF inpatient routine cos	ts through Dece	mber 31 of the	cost reporti	ng period (See	0	64.
5.00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the c	ost reporting	period (See	o	65.
	instructions) (title XVIII only)				, (-	
6.00	Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line 6	5)(title XVII	l 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	porting period	o	67.
7.00	(line 12 x line 19)		December 51 0		por tring period	0	
8.00	Title V or XIX swing-bed NF inpatient routin	e costs after D	ecember 31 of	the cost repo	orting period	0	68.
9.00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routino costs (lino 67 - lino	69)		0	69.
9.00	PART III - SKILLED NURSING FACILITY, OTHER N					0	, 07.
0. 00	Skilled nursing facility/other nursing facil	ity/ICF/IID rou	tine service c	ost (line 37)			70.
1.00	Adjusted general inpatient routine service c		ine 70 ÷ line	2)			71.
2.00 3.00	Program routine service cost (line 9 x line Medically necessary private room cost applic		(line 14 v li	ne 35)			72.
3.00 4.00	Total Program general inpatient routine serv			no 55)			73.
5.00	Capital -related cost allocated to inpatient	•	,	orksheet B, F	Part II, column		75.
	26, line 45)	22					_ ,
6.00 7.00	Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line	,					76.
B. 00	Inpatient routine service cost (line 74 minu	,					78.
9.00	Aggregate charges to beneficiaries for exces	s costs (from p					79.
0.00	Total Program routine service costs for comp		ost limitation	(line 78 mir	nus line 79)		80.
1.00 2.00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (I)				81.
3.00	Reasonable inpatient routine service cost (83.
4.00	Program inpatient ancillary services (see in						84.
5.00	Utilization review - physician compensation						85.
6.00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PAS		rough 85)				86.
7.00	Total observation bed days (see instructions					15, 693	87.
	Adjusted general inpatient routine cost per		line 2)			987.26	
8.00							

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 10/01/2021	Worksheet D-1	
				To 09/30/2022	Date/Time Pre 2/27/2023 8:0	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capital-related cost	12, 537, 114	141, 265, 445	0.08874	9 15, 493, 071	1, 374, 995	90.00
91.00 Nursing Program cost	0	141, 265, 445	0.00000	0 15, 493, 071	0	91.00
92.00 Allied health cost	1, 137, 862	141, 265, 445	0.00805	5 15, 493, 071	124, 797	92.00
93.00 All other Medical Education	0	141, 265, 445	0.00000	0 15, 493, 071	0	93.00

MPUT	Financial Systems DEACONESS ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	u of Form CMS-2 Worksheet D-1 Date/Time Pre 2/27/2023 8:00	pare
	Cost Center Description	Title XIX	Hospi tal	PPS	
	·			1.00	
	PART I - ALL PROVIDER COMPONENTS				
00	Inpatient days (including private room days and swing-bed			143, 088	1.
00	Inpatient days (including private room days, excluding swi			143, 088	2.
00	Private room days (excluding swing-bed and observation bed do not complete this line.	days). If you have only pri	vate room days,	0	3.
00	Semi-private room days (excluding swing-bed and observatio			127, 395	4
00	Total swing-bed SNF type inpatient days (including private reporting period	room days) through December	31 of the cost	0	5
00	Total swing-bed SNF type inpatient days (including private	room days) after December 3	1 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line)		21 - 6 + +	0	_
00	Total swing-bed NF type inpatient days (including private reporting period	room days) through December	31 of the cost	0	7
00	Total swing-bed NF type inpatient days (including private	room days) after December 31	of the cost	0	8
00	reporting period (if calendar year, enter 0 on this line)	a to the Drogrom (avaluding	owing had and	5, 684	9
00	Total inpatient days including private room days applicabl newborn days) (see instructions)	e to the Program (excluding	swing-bed and	5, 004	
. 00	Swing-bed SNF type inpatient days applicable to title XVII		om days)	0	10
. 00	through December 31 of the cost reporting period (see inst Swing-bed SNF type inpatient days applicable to title XVII		om days) after	0	11
. 00	December 31 of the cost reporting period (if calendar year	, enter 0 on this line)	5 /	0	
. 00	Swing-bed NF type inpatient days applicable to titles V or through December 31 of the cost reporting period	XIX only (including private	room days)	0	12
. 00	Swing-bed NF type inpatient days applicable to titles V or	XIX only (including private	room davs)	0	13
	after December 31 of the cost reporting period (if calenda	r year, enter 0 on this line)		
	Medically necessary private room days applicable to the Pr Total nursery days (title V or XIX only)	ogram (excluding swing-bed d	ays)	0	14 15
	Nursery days (title V or XIX only)			0	
	SWING BED ADJUSTMENT				
. 00	Medicare rate for swing-bed SNF services applicable to ser reporting period	vices through December 31 of	the cost	0.00	17
. 00	Medicare rate for swing-bed SNF services applicable to ser	vices after December 31 of t	he cost	0.00	18
. 00	reporting period Medicaid rate for swing-bed NF services applicable to serv	ices through December 31 of	the cost	0.00	19
	reporting period	5			
. 00	Medicaid rate for swing-bed NF services applicable to serv reporting period	ices after December 31 of th	e cost	0.00	20
	Total general inpatient routine service cost (see instruct			141, 265, 445	
. 00	Swing-bed cost applicable to SNF type services through Dec 5×1 (ine 17)	ember 31 of the cost reporti	ng period (line	0	22
. 00	Swing-bed cost applicable to SNF type services after Decem	ber 31 of the cost reporting	period (line 6	0	23
. 00	x line 18) Swing-bed cost applicable to NF type services through Dece	mber 31 of the cost reportin	a period (line	0	24
	7 x line 19)		5 T T		
. 00	Swing-bed cost applicable to NF type services after Decemb x line 20)	er al of the cost reporting	period (inne 8	0	25
	Total swing-bed cost (see instructions)			0	26
. 00	General inpatient routine service cost net of swing-bed co PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	st (line 21 minus line 26)		141, 265, 445	27
. 00	General inpatient routine service charges (excluding swing	-bed and observation bed cha	rges)	0	28
	Private room charges (excluding swing-bed charges)			0	
	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line	27 ÷ line 28)		0 0. 000000	30
	Average private room per diem charge (line 29 ÷ line 3)	27 . 11110 20)		0.00	
	Average semi-private room per diem charge (line 30 ÷ line			0.00	
	Average per diem private room charge differential (line 32 Average per diem private room cost differential (line 34 x		ions)	0.00 0.00	
	Private room cost differential adjustment (line 3 x line 3	-		0.00	36
	General inpatient routine service cost net of swing-bed co		ferential (line	141, 265, 445	
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST	ADJUSTMENTS			
	Adjusted general inpatient routine service cost per diem (987.26	
	Program general inpatient routine service cost (line 9 x Medically necessary private room cost applicable to the Pr			5, 611, 586 0	
	Total Program general inpatient routine service cost (line			5, 611, 586	

OMPUTATION OF INPATIENT OPERATING COST		Provider C	F	Period: From 10/01/2021 Fo 09/30/2022	Worksheet D-1 Date/Time Pre	
					2/27/2023 8:0	
Cost Center Description	Total Inpatient Costl	Total	e XIX Average Per Diem (col. 1 - col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
2.00 NURSERY (title V & XIX only)						42.
L Intensive Care Type Inpatient Hos CONTINUESIVE CARE UNIT	44, 165, 225	25, 157	1, 755. 58	3 366	642, 542	2 43.
. OO CORONARY CARE UNIT	44, 165, 225 8, 154, 074	4, 746				
. 00 BURN INTENSIVE CARE UNIT	0, 104, 074	4,740	1, 710.0	57	///////////////////////////////////////	45.
0.00 SURGICAL INTENSIVE CARE UNIT						46.
. 00 OTHER SPECIAL CARE (SPECIFY)						47.
Cost Center Description					1.00	-
.00 Program inpatient ancillary servi	ce cost (Wkst D-3 col 3	Line 200)			1.00 3,848,758	3 48.
9.00 Total Program inpatient costs (su			ns)		10, 200, 817	
PASS THROUGH COST ADJUSTMENTS						
0.00 Pass through costs applicable to	Program inpatient routine :	services (from	Wkst. D, sum	of Parts I and	597, 399	50.
				m of Doubo II	255 022	
.00 Pass through costs applicable to and IV)	rogram inpatient and inar	y services (II	UNI WKSL. D, SL	IN OF PARTS IT	255, 922	2 51
2.00 Total Program excludable cost (su	n of lines 50 and 51)				853, 321	52
3.00 Total Program inpatient operating	cost excluding capital rel	lated, non-phy	si ci an anesthe	etist, and	9, 347, 496	53.
medical education costs (line 49						
. 00 Program di scharges	IN				C	54
. 00 Target amount per discharge					0.00	
. 00 Target amount (line 54 x line 55)					C	
.00 Difference between adjusted inpat	ent operating cost and tak	rget amount (I	ine 56 minus l	ine 53)	C	57
8.00 Bonus payment (see instructions)					C	
.00 Lesser of lines 53/54 or 55 from market basket	the cost reporting period of	ending 1996, u	pdated and con	pounded by the	0.00	59
0.00 Lesser of lines 53/54 or 55 from	prior vear cost report. up	dated by the m	arket basket		0.00	60
.00 If line 53/54 is less than the lo				he amount by	C	
which operating costs (line 53) a		s (lines 54 x	60), or 1% of	the target		
amount (line 56), otherwise enter	zero (see instructions)					1 12
2.00 Relief payment (see instructions) 3.00 Allowable Inpatient cost plus inc	antive navment (see instru	ctions)				
PROGRAM INPATIENT ROUTINE SWING B						03
.00 Medicare swing-bed SNF inpatient		mber 31 of the	cost reportir	ng period (See	C	64
instructions)(title XVIII only)						
5.00 Medicare swing-bed SNF inpatient instructions)(title XVIII only)	routine costs after Decembe	er 31 of the c	ost reporting	period (See	C	65
5.00 Total Medicare swing-bed SNF inpa	tient routine costs (line)	64 plus line 6	5)(title XVIII	only). For	c	66
CAH (see instructions)			-, (_	
7.00 Title V or XIX swing-bed NF inpat	ent routine costs through	December 31 o	f the cost rep	orting period	C) 67.
(line 12 x line 19) 3.00 Title V or XIX swing-bed NF inpat	ant routing casts after D	acombor 21 of	the cost repor	ting pariod		
(line 13 x line 20)	ent routine costs after b	ecember 31 01	the cost repor	ting period		68
0.00 Total title V or XIX swing-bed NF	inpatient routine costs (line 67 + line	68)		C	69
PART III - SKILLED NURSING FACILI					Γ	
.00 Skilled nursing facility/other nu	5		• • •			70
.00 Adjusted general inpatient routir .00 Program routine service cost (lir		ine /U ÷ line	2)			71
. 00 Medically necessary private room	-	(line 14 x li	ne 35)			73
. 00 Total Program general inpatient r						74
.00 Capital-related cost allocated to			orksheet B, Pa	art II, column		75
26, line 45)						_
0.00 Per diem capital -related costs (1						76
.00 Program capital-related costs (li .00 Inpatient routine service cost (l	÷					77
. 00 Aggregate charges to beneficiarie	-	rovider record	s)			79
.00 Total Program routine service cos				ıs line 79)		80
.00 Inpatient routine service cost pe	•			-		81
.00 Inpatient routine service cost li	•					82
. 00 Reasonable inpatient routine serv		s)				83
. 00 Program inpatient ancillary servi	•					84
.00 Utilization review - physician co .00 Total Program inpatient operating						85
PART IV - COMPUTATION OF OBSERVAT					1	
2.00 Total observation bed days (see i					15, 693	8 87
3.00 Adjusted general inpatient routir		line 2)			987.26	
0.00 Observation bed cost (line 87 x l					15, 493, 071	1 00

Health Financial Systems	DEACONESS	DEACONESS HOSPI TAL			u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 10/01/2021	Worksheet D-1	
				To 09/30/2022	Date/Time Pre 2/27/2023 8:0	pared: 9 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capital-related cost	12, 537, 114	141, 265, 445	0.08874	9 15, 493, 071	1, 374, 995	90.00
91.00 Nursing Program cost	0	141, 265, 445	0.00000	0 15, 493, 071	0	91.00
92.00 Allied health cost	1, 137, 862	141, 265, 445	0.00805	5 15, 493, 071	124, 797	92.00
93.00 All other Medical Education	0	141, 265, 445	0.00000	0 15, 493, 071	0	93.00

I NPATI EN	T ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0082	Period:	Worksheet D-3	
				From 10/01/2021 To 09/30/2022	Date/Time Pre	nared
					2/27/2023 8:0	
		Title	XVIII	Hospital	PPS	
	Cost Center Description		Ratio of Cos		Inpatient Program Costs	
			To Charges	Charges	(col. 1 x col.	
				onar ges	2)	
			1.00	2.00	3.00	
	IPATI ENT ROUTI NE SERVI CE COST CENTERS		1			
	3000 ADULTS & PEDIATRICS			68, 212, 662		30.0
	3100 I NTENSI VE CARE UNI T			30, 322, 618		31.0
	3200 CORONARY CARE UNIT			6, 607, 736		32.0
	1000 SUBPROVIDER - IPF			0		40.0
	ICI LLARY SERVI CE COST CENTERS		0. 2175	06 67, 374, 561	14, 654, 371	50.0
	5100 RECOVERY ROOM		0. 2175			
	5400 RADI OLOGY-DI AGNOSTI C		0. 1373			
	5500 RADI OLOGY - THERAPEUTI C		0. 1667		1, 099, 190	
	5600 RADI OI SOTOPE		0.0810		191, 245	
	5700 CT SCAN		0.0478			
	5800 MAGNETIC RESONANCE IMAGING (MRI)		0. 0981		456, 246	
59.00 05	5900 CARDI AC CATHETERI ZATI ON		0. 1706	05 37, 785, 749	6, 446, 438	59.0
	5000 LABORATORY		0. 1779	62 31, 352, 300	5, 579, 518	60.0
	5300 BLOOD STORING, PROCESSING, & TRANS.		0. 2173	13 6, 589, 144	1, 431, 907	
	5400 I NTRAVENOUS THERAPY		0. 3985			
	5500 RESPI RATORY THERAPY		0. 1287		3, 752, 433	
	5600 PHYSI CAL THERAPY		0. 1586			
	5900 ELECTROCARDI OLOGY		0.0944			
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 1972			
	7200 I MPL. DEV. CHARGED TO PATI ENTS 7300 DRUGS CHARGED TO PATI ENTS		0. 2823		8, 691, 402 14, 515, 653	
	7400 RENAL DIALYSIS		0.2189		915, 473	
	BOSO ANGI OCARDI OGRAPHY		0.0000		0	76.0
	3160 PULMONARY REHAB		0. 6136		0	76.0
	7697 CARDI AC REHABI LI TATI ON		0. 2491		199	
	ITPATI ENT SERVICE COST CENTERS					
	2000 CLINIC		1. 1115	20 4, 784	5, 318	90.0
	2001 FAMILY PRACTICE		0. 5812		463	90.0
	2002 OUTPATI ENT PSYCHI ATRI C SERVI CES		0. 2620		0	90.0
	2003 CHEMO		0. 1208			
	2004 PRI MARY CARE FOR SENI ORS		1.5352		2, 257	90.0
	2005 PALN MANAGEMENT		0. 1775			90.0
	2006 WOUND CARE 2007 SLEEP CENTER		0. 1437		9, 136	90.0 90.0
	2007 SLEEP CENTER 2008 HEMATOLOGY		0. 3799		2, 894	90.0
	2009 MULTI - SPECI ALTY SERVICES		0. 3238			
	2010 DI ABETES CENTER		0. 6520		230,490	90.0
	P100 EMERGENCY		0. 1372		5, 182, 814	
	2200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 5584		1, 812, 315	
	0201 OBSERVATION BEDS (DISTINCT PART)		0. 5601		3, 240, 150	
	HER REIMBURSABLE COST CENTERS]
	2600 DURABLE MEDICAL EQUIP-RENTED		0. 3472		0	
200.00	Total (sum of lines 50 through 94 and 96 through 98)			420, 896, 103	80, 536, 529	
201.00	Less PBP Clinic Laboratory Services-Program only charge	es (line 61)		0		201.0
202.00	Net charges (line 200 minus line 201)			420, 896, 103		202.0

I NPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0082	Peri od:	Worksheet D-3	
				From 10/01/2021 To 09/30/2022	Date/Time Pre 2/27/2023 8:0	
		Titl	e XIX	Hospi tal	PPS	7 0111
	Cost Center Description		Ratio of Cos		I npati ent	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
			1.00		2)	
	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
30.00	03000 ADULTS & PEDIATRICS			6, 610, 439		30.00
31.00	03100 I NTENSI VE CARE UNI T			2, 561, 802		31.00
32.00	03200 CORONARY CARE UNIT			396, 627		32.00
40.00	04000 SUBPROVI DER – I PF			0		40.00
	ANCI LLARY SERVICE COST CENTERS		1	-		1
50.00	05000 OPERATING ROOM		0. 2175	06 2, 638, 445	573, 878	50.00
51.00	05100 RECOVERY ROOM		0. 4456	92 200, 215	89, 234	51.00
54.00	05400 RADI OLOGY-DI AGNOSTI C		0. 1373	32 753, 188	103, 437	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C		0. 1667	40 380, 362	63, 422	55.00
56.00	05600 RADI OI SOTOPE		0. 0810	74 85, 386	6, 923	
57.00	05700 CT SCAN		0. 04784		54, 990	•
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)		0. 09813		25, 374	
59.00	05900 CARDI AC CATHETERI ZATI ON		0. 1706		152, 593	
60.00	06000 LABORATORY		0. 1779		359, 335	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		0. 2173		69, 859	•
64.00	06400 I NTRAVENOUS THERAPY		0. 3985		107, 216	
65.00	06500 RESPI RATORY THERAPY		0. 12870		302, 178	
66.00 69.00	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY		0. 1586		167, 111	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0.0944		47, 992	•
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS		0. 1972 0. 2823		59, 741 173, 446	
72.00	07300 DRUGS CHARGED TO PATIENTS		0. 2023		914, 613	
74.00	07400 RENAL DIALYSIS		0. 1779		62, 712	•
76.00	03030 ANGI OCARDI OGRAPHY		0.0000		02,712	•
76.01	03160 PULMONARY REHAB		0. 6136		0	
76.97	07697 CARDI AC REHABI LI TATI ON		0. 2491		0	
/0. //	OUTPATIENT SERVICE COST CENTERS		0.2171		0	1 / 0. //
90.00	09000 CLI NI C		1. 1115	20 0	0	90.00
90. 01	09001 FAMILY PRACTICE		0. 5812	42 101	59	90.01
90. 02	09002 OUTPATI ENT PSYCHI ATRI C SERVI CES		0. 26200	08 0	0	90.02
90. 03	09003 CHEMO		0. 1208	32 1, 446	175	90.03
90. 04	09004 PRIMARY CARE FOR SENIORS		1. 5352	17 0	0	90.04
90. 05	09005 PALN MANAGEMENT		0. 1775		0	
90.06	09006 WOUND CARE		0. 1437		764	•
90. 07	09007 SLEEP CENTER		0. 37993		0	
90. 08	09008 HEMATOLOGY		0. 5258		0	
90.09	09009 MULTI - SPECI ALTY SERVI CES		0. 3636		12, 685	•
90.10	09010 DI ABETES CENTER		0.6520		0	
91.00	09100 EMERGENCY		0. 1372		340, 565	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 5584		75, 351	92.00
92.01	09201 OBSERVATION BEDS (DI STINCT PART)		0. 5601	54 151, 932	85, 105	92.01
96.00	OTHER REI MBURSABLE COST CENTERS 09600 DURABLE MEDI CAL EQUI P-RENTED		0 2470	74 0	0	96.00
			0. 3472	/0 0		
	Total (sum of lines 50 through 04 and 04 through 00)			21 172 540	2 0/0 750	1200 00
98.00 200.00 201.00		raes (lino 61)		21, 173, 560	3, 848, 758	200. 00 201. 00

	Financial Systems DEACONESS HO ATLON OF RELMBURSEMENT SETTLEMENT	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	u of Form CMS-2 Worksheet E Part A Date/Time Pre 2/27/2023 8:0	pared:	
		Title XVIII	Hospi tal	PPS	9 alli	
		•	• • •	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 occurr	ring prior to October 1	(see	0	1.01	
1.02	instructions) DRG amounts other than outlier payments for discharges occurr	ring on or after October	1 (see	116, 685, 516	1. 02	
1.02	instructions)	rig on or arter october	1 (300	110, 000, 010	1.02	
1.03	DRG for federal specific operating payment for Model 4 BPCI f	for discharges occurring	prior to October	0	1.03	
1.04	1 (see instructions) DRG for federal specific operating payment for Model 4 BPCI f	or discharges occurring	on or after	0	1.04	
	October 1 (see instructions)			Ū		
2.00	Outlier payments for discharges. (see instructions)				2.00	
2. 01 2. 02	Outlier reconciliation amount Outlier payment for discharges for Model 4 BPCI (see instruct	ions)		0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1	-		0	2.02	
2.04	Outlier payments for discharges occurring on or after October			2, 080, 581		
3.00	Managed Care Simulated Payments			75, 171, 055		
4.00	Bed days available divided by number of days in the cost repo	orting period (see instru	uctions)	502.02	4.00	
5.00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the mos	t recent cost reporting	period ending on	19.30	5.00	
5.00	or before 12/31/1996. (see instructions)	t recent cost reporting	period charny on	17.30	0.00	
6.00	FTE count for allopathic and osteopathic programs that meet t	he criteria for an add-o	on to the cap for	0.00	6.00	
7 00	new programs in accordance with 42 CFR 413.79(e)	under 42 CED \$412 105(f)	(1)(1)(1)(1)	0.00	7 00	
7.00 7.01	MMA Section 422 reduction amount to the IME cap as specified ACA § 5503 reduction amount to the IME cap as specified under			0.00 0.00	7.00	
7.01	cost report straddles July 1, 2011 then see instructions.			0.00	/.01	
8.00	Adjustment (increase or decrease) to the FTE count for allopa	0.00	8.00			
	affiliated programs in accordance with 42 CFR 413.75(b), 413.	79(c)(2)(iv), 64 FR 2634	40 (May 12,			
8.01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap sl	ots under 8 5503 of the	ACA If the cost	0.00	8.01	
0.01	report straddles July 1, 2011, see instructions.	0.00	0.01			
8.02	The amount of increase if the hospital was awarded FTE cap sl	0.00	8. 02			
9.00	under § 5506 of ACA. (see instructions) Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lin	19. 30	9.00			
9.00	instructions)		366	17.50	7.00	
10.00	FTE count for allopathic and osteopathic programs in the curr	rent year from your recom	rds	23. 31	10.00	
11.00	FTE count for residents in dental and podiatric programs.			0.00		
12.00 13.00	Current year allowable FTE (see instructions) Total allowable FTE count for the prior year.			19.30 15.30		
14.00	Total allowable FTE count for the penultimate year if that ye	ar ended on or after Se	otember 30, 1997,	18.27		
	otherwise enter zero.					
15.00	Sum of lines 12 through 14 divided by 3.				15.00	
16.00 17.00	Adjustment for residents in initial years of the program Adjustment for residents displaced by program or hospital clo			0.00	16.00 17.00	
18.00	Adjusted rolling average FTE count	Joure			18.00	
	Current year resident to bed ratio (line 18 divided by line 4	ł).		0. 035098		
20. 00	Prior year resident to bed ratio (see instructions)			0. 032094		
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0. 032094		
22. 00 22. 01	IME payment adjustment (see instructions) IME payment adjustment - Managed Care (see instructions)			2, 028, 344 1, 306, 698		
22.01	Indirect Medical Education Adjustment for the Add-on for § 42	2 of the MMA		1, 300, 070	22.01	
23.00	Number of additional allopathic and osteopathic IME FTE resid		CFR 412.105	2.22	23.00	
24.00	(f)(1)(iv)(C).			4 01	04.00	
24.00 25.00	IME FTE Resident Count Over Cap (see instructions) If the amount on line 24 is greater than -O-, then enter the	lower of line 23 or line	24 (500	4. 01 2. 22		
23.00	instructions)	Tower of The 25 of The	24 (366	2.22	25.00	
26.00	Resident to bed ratio (divide line 25 by line 4)			0. 004422	26.00	
27.00	IME payments adjustment factor. (see instructions)			0.001181		
28. 00 28. 01	IME add-on adjustment amount (see instructions) IME add-on adjustment amount - Managed Care (see instructions	137, 806 88, 777				
28.01	Total IME payment (sum of lines 22 and 28)	2, 166, 150	1			
29.01						
	Disproportionate Share Adjustment			1, 395, 475		
30.00	Percentage of SSI recipient patient days to Medicare Part A p	oatient days (see instruc	ctions)	5.12		
31.00 32.00	Percentage of Medicaid patient days (see instructions) Sum of lines 30 and 31			19. 97 25. 09		
32.00	Allowable disproportionate share percentage (see instructions	5)			33.00	
		•			34.00	

	Financial Systems DEACONESS			eu of Form CMS-2	2552
ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Date/Time Pre	
		T		2/27/2023 8:0	9 an
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1 1.00	2.00	
	Uncompensated Care Adjustment			2100	
5.00	Total uncompensated care amount (see instructions)		0	7, 192, 008, 710	35
5.01	Factor 3 (see instructions)		0. 00000000	0. 000591246	35
5. 02	Hospital uncompensated care payment (If line 34 is zero, er	nter zero on this line) (se	e 0	4, 252, 248	35
	instructions)				
5.03	Pro rata share of the hospital uncompensated care payment a		0	4, 252, 248	
5.00	Total uncompensated care (sum of columns 1 and 2 on line 35		4, 252, 248		36
D. 00	Additional payment for high percentage of ESRD beneficiary Total Medicare discharges (see instructions)	discharges (Thes 40 throu	ugn 46) 0		40
5.00			Before 1/1	On/After 1/1	40
			1.00	1.01	
1.00	Total ESRD Medicare discharges (see instructions)		0	0	41
1. 01	Total ESRD Medicare covered and paid discharges (see instru		0	-	41
2.00	Divide line 41 by line 40 (if less than 10%, you do not qua	alify for adjustment)	0.00		42
3.00	Total Medicare ESRD inpatient days (see instructions)		0		43
4. 00	Ratio of average length of stay to one week (line 43 divide	ed by line 41 divided by 7	0. 000000		44
5. 00	days) Average weekly cost for dialysis treatments (see instruction	ne)	0,00	0.00	45
5.00	Total additional payment (line 45 times line 44 times line		0.00	0.00	46
7.00	Subtotal (see instructions)	41.01)	128, 075, 379		47
3.00	Hospital specific payments (to be completed by SCH and MDH,	small rural hospitals	0		48
	only. (see instructions)		-		
				Amount	
9.00	Total navment for inpatient energy in a costs (see instruction			1.00 129,470,854	49
D. 00	Total payment for inpatient operating costs (see instruction Payment for inpatient program capital (from Wkst. L, Pt. I			9, 133, 896	50
1.00	Exception payment for inpatient program capital (Wkst. L, F			, 133, 070	51
2.00	Direct graduate medical education payment (from Wkst. E-4,			965, 011	52
3.00	Nursing and Allied Health Managed Care payment			245, 127	53
4.00	Special add-on payments for new technologies			746, 514	54
4. 01	Islet isolation add-on payment			0	54
5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line			0	55
6.00	Cost of physicians' services in a teaching hospital (see in	-		0	56
7.00	Routine service other pass through costs (from Wkst. D, Pt.		through 35).	462, 843	57
3.00	Ancillary service other pass through costs from Wkst. D, Pt	. IV, COL. II II ne 200)		137, 640	58
9.00 0.00	Total (sum of amounts on lines 49 through 58)			141, 161, 885 83, 934	59 60
I. 00	Primary payer payments Total amount payable for program beneficiaries (line 59 mir	us lino (0)		03, 934 141, 077, 951	61
2.00	Deductibles billed to program beneficiaries			11, 791, 879	62
	Coinsurance billed to program beneficiaries			486, 408	63
5. 00	Allowable bad debts (see instructions)			891, 790	
	Adjusted reimbursable bad debts (see instructions)			579, 664	
1.00	Allowable bad debts for dual eligible beneficiaries (see in	nstructions)		382, 330	
4.00 5.00				129, 379, 328	67
4.00 5.00 5.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		see instructions)	16, 147	68
4.00 5.00 5.00 7.00 3.00	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for				69
 00 00 00 00 00 00 00 00 00 	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96			0	
 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 0. 00 	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS	5). (For SCH see instruction	is)	0	70
4.00 5.00 5.00 7.00 3.00 9.00 0.00 0.50	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS Rural Community Hospital Demonstration Project (§410A Demon	b). (For SCH see instruction	is)	0	70 70
4.00 5.00 5.00 7.00 3.00 9.00 0.00 0.50 0.87	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestration	 b). (For SCH see instruction nstration) adjustment (see on 	is)	0 0 0	70 70 70
4.00 5.00 5.00 7.00 7.00 7.00 7.00 7.00 7	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices fo Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only)	5).(For SCH see instruction nstration) adjustment (see on	is)	0	70 70 70 70
4. 00 5. 00 6. 00 7. 00 3. 00 9. 00 0. 00 0. 50 0. 87 0. 88 0. 89	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see in	5).(For SCH see instruction nstration) adjustment (see on nstructions)	is)	0 0 0	70 70 70 70 70
4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 0. 00 0. 50 0. 87 0. 88 0. 89 0. 90	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions)	5).(For SCH see instruction nstration) adjustment (see on nstructions)	is)	0 0 0 0	70 70 70 70 70 70 70
4. 00 5. 00 6. 00 7. 00 3. 00 9. 00 0. 00 0. 50 0. 87 0. 88 0. 89 0. 90 0. 91	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	5).(For SCH see instruction nstration) adjustment (see on nstructions)	is)	0 0 0 0 0	70 70 70 70 70 70 70
4.00 5.00 6.00 7.00 8.00 9.00 0.00 0.50 0.87 0.88 0.89 0.90 0.91 0.92	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions)	5).(For SCH see instruction nstration) adjustment (see on nstructions)	is)	0 0 0 0	70 70 70 70 70 70 70 70
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 0. 00 0. 50 0. 87 0. 88 0. 89 0. 90 0. 91 0. 92 0. 93 0. 94	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestratio SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)	5).(For SCH see instruction nstration) adjustment (see on nstructions)	is)	0 0 0 0 0 0 0	70 70 70 70 70 70 70 70

	Financial Systems DEACONESS HO ATION OF REIMBURSEMENT SETTLEMENT	-	CN: 15-0082	Period:	u of Form CMS-2 Worksheet E	∠00∠-
JALCULA		in ovider c	CN. 13-0002	From 10/01/2021 To 09/30/2022	Part A	narec
				10 077 307 2022	2/27/2023 8:0	
		Title	e XVIII	Hospi tal	PPS	
			FF.	<u>Y (yyyy)</u> 0	Amount 1.00	
0.96	Low volume adjustment for federal fiscal year (yyyy) (Enter i	n column 0		0	1.00	70.
0.70	the corresponding federal year for the period prior to 10/1)			0	Ū	/ 0.
0. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter i			0	0	70.
	the corresponding federal year for the period ending on or af	fter 10/1)			_	
0.98	Low Volume Payment-3				0	
	HAC adjustment amount (see instructions) Amount due provider (line 67 minus lines 68 plus/minus lines	60 8 70)			0 128, 881, 711	70.
	Sequestration adjustment (see instructions)	07 & 70)			966, 613	
1	Demonstration payment adjustment amount after sequestration				0	
	Sequestration adjustment-PARHM pass-throughs					71.
	Interim payments				127, 492, 136	
1	Interim payments-PARHM				_	72.
3.00	Tentative settlement (for contractor use only)				0	
	Tentative settlement-PARHM (for contractor use only) Balance due provider/program (line 71 minus lines 71.01, 71.0	12 72 and			422, 962	73.
т. UU	73)				422, 702	/ 4.
4. 01	Balance due provider/program-PARHM (see instructions)					74.
1	Protested amounts (nonallowable cost report items) in accorda	nce with			12, 713, 170	75.
	CMS Pub. 15-2, chapter 1, §115.2					-
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)	of 2.02	1		0	1 00
J. UU	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum plus 2.04 (see instructions)	01 2.03			0	90.
1.00	Capital outlier from Wkst. L, Pt. I, line 2				0	91.
1	Operating outlier reconciliation adjustment amount (see instr	uctions)			0	92.
3.00	Capital outlier reconciliation adjustment amount (see instruc	tions)			0	93.
1	The rate used to calculate the time value of money (see instr				0.00	
	Time value of money for operating expenses (see instructions)				0	95.
6.00	Time value of money for capital related expenses (see instruc	ctions)	1	Prior to 10/1	0 0n/After 10/1	96.
				1.00	2.00	
	HSP Bonus Payment Amount					
	HSP bonus amount (see instructions)				0	100.
	HVBP Adjustment for HSP Bonus Payment				0.000000000	1101
	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction				0.000000000	101.
	HRR Adjustment for HSP Bonus Payment	15)			0	102.
	HRR adjustment factor (see instructions)				0.0000	103.
	HRR adjustment amount for HSP bonus payment (see instructions	;)			0	104.
	Rural Community Hospital Demonstration Project (§410A Demonst					
00. 00	Is this the first year of the current 5-year demonstration pe	eriod under t	the 21st			200.
	Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement					
	Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin	ne 49)				201.
	Medicare discharges (see instructions)					202.
03.00	Case-mix adjustment factor (see instructions)					203.
	Computation of Demonstration Target Amount Limitation (N/A in	first year	of the curre	ent 5-year demonst	ration	
	period) Madiaana tangat amaunt					1204
	Medicare target amount Case-mix adjusted target amount (line 203 times line 204)					204. 205.
	Medicare inpatient routine cost cap (line 202 times line 204)					205.
	Adjustment to Medicare Part A Inpatient Reimbursement					
E E	Program reimbursement under the §410A Demonstration (see inst	ructions)				207.
	Medicare Part A inpatient service costs (from Wkst. E, Pt. A,	line 59)				208.
07.00 08.00						209.
07.00 08.00 09.00	Adjustment to Medicare IPPS payments (see instructions)			1		210.
07.00 08.00 09.00 10.00	Adjustment to Medicare IPPS payments (see instructions) Reserved for future use					1011
07.00 08.00 09.00 10.00	Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)					211.
07.00 08.00 09.00 10.00 11.00	Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement					
07.00 08.00 09.00 10.00 11.00 12.00	Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line					212.
07.00 08.00 09.00 10.00 11.00 12.00 13.00	Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	211)	nbursement)			211. 212. 213. 218.

	Financial Systems DLUME CALCULATION EXHIBIT 4		DEACONESS	HOSPITAL Provider CC	F	In Lie Period: From 10/01/2021 Fo 09/30/2022	Worksheet E Part A Exhibi Date/Time Pre 2/27/2023 8:0	t 4 pare
		W/S E, Part A line O	Amounts (from E, Part A) 1.00	Title Pre/Post Entitlement 2.00	XVIII Period Prior to 10/01 3.00	Hospital Period On/After 10/01 4.00	PPS Total (Col 2 through 4) 5.00	
00	DRG amounts other than outlier payments	1.00	0	0		0 0	0	1
01	DRG amounts other than outlier payments for discharges	1.01	0	0	C	כ כ	0	1
)2	occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	116, 685, 516	0		116, 685, 516	116, 685, 516	1
3	DRG for Federal specific operating payment for Model 4 BPCL occurring prior to October 1	1. 03	0	0	C		0	1
4	DRG for Federal specific operating payment for Model 4 BPCL occurring on or after October 1	1. 04	0	0		0	0	1
00	Outlier payments for	2.00						2
)1	discharges (see instructions) Outlier payments for	2. 02	0	0	(0 0	0	2
)2	discharges for Model 4 BPCI Outlier payments for discharges occurring prior to October 1 (see instructions)	2. 03	0	Ο	C)	0	2
)3	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2, 080, 581	0		2, 080, 581	2, 080, 581	
0	Operating outlier	2. 01	0	0	(0 0	0	3
0	reconciliation Managed care simulated payments	3.00	75, 171, 055	0	C	75, 171, 055	75, 171, 055	4
0	Indirect Medical Education Adju Amount from Worksheet E, Part	21.00	0. 032094	0. 032094	0. 032094	4 0. 032094		5
00	A, line 21 (see instructions) IME payment adjustment (see instructions)	22.00	2, 028, 344	0	(2, 028, 344	2, 028, 344	6
1	IME payment adjustment for managed care (see instructions)	22. 01	1, 306, 698		(1, 306, 698	1, 306, 698	e
0	Indirect Medical Education Adju IME payment adjustment factor	ustment for the 27.00	e Add-on for Se 0.001181	ction 422 of t 0.001181	he MMA 0.001181	0. 001181		1 7
0	(see instructions) IME adjustment (see	28.00	137, 806	0	(137, 806	137, 806	8
1	instructions) IME payment adjustment add on for managed care (see	28.01	88, 777	0	(88, 777	88, 777	8
00	instructions) Total IME payment (sum of lines 6 and 8)	29.00	2, 166, 150	о	C	2, 166, 150	2, 166, 150	¢
)1	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1, 395, 475	0	(0 1, 395, 475	1, 395, 475	Ģ
00	Di sproporti onate Share Adjustme Al I owable di sproporti onate	ent 33.00	0. 0991	0. 0991	0. 0991	0.0991		1 10
	share percentage (see instructions)				0.099			
00 01	Disproportionate share adjustment (see instructions)	34.00 36.00	2, 890, 884 4, 252, 248		(
	Uncompensated care payments Additional payment for high per	centage of ESF		di scharges			4, 252, 248	
00	Total ESRD additional payment (see instructions)	46.00	0	0	(0 0	0	12
00 00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	47.00 48.00	128, 075, 379 0	0 0	(0 128, 075, 379 0 0	128, 075, 379 0	13
00	(see instructions) Total payment for inpatient operating costs (see	49.00	129, 470, 854	0	(129, 470, 854	129, 470, 854	15
00	instructions) Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9, 133, 896	О	(9, 133, 896	9, 133, 896	16

Heal th	Financial Systems		DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
LOW VO	LUME CALCULATION EXHIBIT 4			Provider CC		Period: From 10/01/2021 To 09/30/2022	2/27/2023 8:0	pared:
					XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	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	746, 514	0		0 746, 514	746, 514	17.00
17.01	Net organ aquisition cost							17.01
17. 02	Credits received from manufacturers for replaced	68.00	16, 147	0		0 16, 147	16, 147	17.02
	devices for applicable MS-DRGs							
18.00	Capital outlier reconciliation adjustment amount (see	93.00	0	0		0 0	0	18.00
19.00	instructions) SUBTOTAL			0		0 139, 367, 411	139, 367, 411	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	8, 751, 729	0		0 8, 751, 729	8, 751, 729	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	267, 519	0		0 267, 519	267, 519	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. 0131	0. 0131	0. 013	0. 0131		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	114, 648	0		0 114, 648	114, 648	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0000	0. 0000	0.000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0		0 0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9, 133, 896	0		0 9, 133, 896	9, 133, 896	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.0000	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,	70. 97				0	0	29. 00
100.00	Pt. A, line) Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100. 00

IOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5		CN: 15-0082	Peri od: From 10/01/2021 To 09/30/2022 Hospi tal	Worksheet E Part A Exhibi Date/Time Prep 2/27/2023 8:00 PPS	pared:
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt.	Period to 10/01	Peri od on after 10/01	Total (cols. 2 and 3)	
		0	A) 1.00	2.00	3.00	4.00	
. 00	DRG amounts other than outlier payments	1.00		2100	0.00		1.00
. 01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0		0	0	1. 01
. 02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	116, 685, 516		116, 685, 516	116, 685, 516	1. 02
. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1.03	0		0	0	1.03
. 04	1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1. 04
. 00	Outlier payments for discharges (see instructions)	2.00					2.00
. 01	Outlier payments for discharges for Model 4 BPCI	2.02	0		0 0	0	2. 01
. 02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0		0	0	2. 02
. 03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2, 080, 581		2, 080, 581	2, 080, 581	2.03
. 00	Operating outlier reconciliation	2.01	0		0 0	0	3.00
. 00	Managed care simulated payments Indirect Medical Education Adjustment	3.00	75, 171, 055		0 75, 171, 055	75, 171, 055	4.00
. 00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 032094	0. 03209	0. 032094		5.00
. 00	IME payment adjustment (see instructions)	22.00	2, 028, 344		0 2, 028, 344	2, 028, 344	6.00
. 01	IME payment adjustment for managed care (see instructions)	22. 01	1, 306, 698		0 1, 306, 698	1, 306, 698	6. 0 ⁻
00	Indirect Medical Education Adjustment for the				0.001101		1 7 0
. 00	IME payment adjustment factor (see instructions)	27.00	0. 001181			107.00/	7.00
. 00 . 01	IME adjustment (see instructions) IME payment adjustment add on for managed care (see instructions)	28. 00 28. 01	137, 806 88, 777		0 137, 806 0 88, 777	137, 806 88, 777	8.00 8.01
. 00	Total IME payment (sum of lines 6 and 8)	29.00	2, 166, 150		0 2, 166, 150	2, 166, 150	9.00
. 01	Total IME payment for managed care (sum of	29.01	1, 395, 475		0 1, 395, 475		9.01
	lines 6.01 and 8.01)						
0. 00	Disproportionate Share Adjustment Allowable disproportionate share percentage	33.00	0. 0991	0.099	0. 0991		10.0
1. 00	(see instructions) Disproportionate share adjustment (see	34.00	2, 890, 884		0 2, 890, 884	2, 890, 884	11.00
1. 01	instructions) Uncompensated care payments	36.00	4, 252, 248		0 4, 252, 248	4, 252, 248	11. 0 [.]
	Additional payment for high percentage of ESR		di scharges				
2.00	Total ESRD additional payment (see instructions)	46.00	0		0 0	0	12.00
3.00	Subtotal (see instructions)	47.00	128, 075, 379		0 128, 075, 379	128, 075, 379	
4.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0		0 0	0	14.00
5.00	Total payment for inpatient operating costs (see instructions)	49.00	129, 470, 854		0 129, 470, 854	129, 470, 854	15.00
6.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9, 133, 896		0 9, 133, 896	9, 133, 896	16.00
7.00 7.01	Special add-on payments for new technologies Net organ acquisition cost	54.00	746, 514		0 746, 514	746, 514	17.00 17.01
	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	16, 147		0 16, 147	16, 147	
8. 00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0		0 0	0	18.00
~ ~~	SUBTOTAL		1		0 139, 367, 411	139, 367, 411	10 0

Health Financial Systems	DEACONESS	HOSPI TAL			In Lie	u of Form CMS-:	2552-10
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5			Peri From To	od: 10/01/2021 09/30/2022	Worksheet E Part A Exhibi Date/Time Pre 2/27/2023 8:0	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	8, 751, 729		0	8, 751, 729	8, 751, 729	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	267, 519		0	267, 519	267, 519	21.00
21.01 Model 4 BPCI Capital DRG outlier payments	2.01	0		0	0	0	1
22.00 Indirect medical education percentage (see	5.00	0.0131	0.01	31	0.0131	Ū	22.00
instructions)	0100	0.0101	0.01		010101		22.00
23.00 Indirect medical education adjustment (see	6.00	114, 648		0	114, 648	114, 648	23.00
instructions)	0.00	114, 040		Ŭ	114, 040	114, 040	20.00
24.00 Allowable disproportionate share percentage	10.00	0.0000	0.000	20	0. 0000		24.00
(see instructions)	10.00	0.0000	0.000	50	0.0000		24.00
25.00 Disproportionate share adjustment (see	11.00	0		0	0	0	25.00
i nstructi ons)	11.00	0		Ŭ	0	0	20.00
26.00 Total prospective capital payments (see	12.00	9, 133, 896		0	9, 133, 896	9, 133, 896	26.00
instructions)	12.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ŭ	,, 100, 070	7, 100, 070	20.00
	Wkst. E, Pt.	(Amt. from					
	A, Line	Wkst. E, Pt.					
		A)					
	0	1,00	2.00		3.00	4,00	
27.00	U		2.00		0.00		27.00
28.00 Low volume adjustment prior to October 1	70, 96	0		0		0	
29.00 Low volume adjustment on or after October 1	70.97	0		Ŭ	0	0	
30.00 HVBP payment adjustment (see instructions)	70.93			0	0	0	30.00
30.01 HVBP payment adjustment for HSP bonus	70.90	0		0	0	0	30.00
payment (see instructions)	70.90	0		0	0	0	30.01
31.00 HRR adjustment (see instructions)	70, 94	-481, 470		0	-481,470	-481,470	31 00
31.01 HRR adjustment for HSP bonus payment (see	70. 91	-401, 470		0	-401, 470	-401, 470	
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	70,99	1.00	2.00	0	3.00	4.00	32.00
instructions)	70.99			U I	0	0	32.00
100.00 Transfer HAC Reduction Program adjustment to		N					100.00
Wkst. E, Pt. A.		IN IN					100.00
μικοι. L, Γι. Λ.	1	I	I	I	I	I	I

	Financial Systems DEACONESS HO ATLON OF RELIMBURSEMENT SETTLEMENT	OSPITAL Provider CCN: 15-0082	Peri od:	u of Form CMS-2 Worksheet E	2552-10
			From 10/01/2021 To 09/30/2022	Part B Date/Time Pre	
		Title XVIII	Hospi tal	2/27/2023 8:0 PPS	9 am
				1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			54, 794	•
2.00 3.00	Medical and other services reimbursed under OPPS (see instruct OPPS payments	ctions)		82, 719, 467 86, 927, 677	•
4.00	Outlier payment (see instructions)			36, 404	1
4.01	Outlier reconciliation amount (see instructions)			0	
5.00 6.00	Enter the hospital specific payment to cost ratio (see instru Line 2 times line 5	uctions)		0. 000 0	1
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	•
8.00	Transitional corridor payment (see instructions)			0	
9. 00 10. 00	Ancillary service other pass through costs from Wkst. D, Pt. Organ acquisitions	IV, col. 13, line 200		225, 908 0	9.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			54, 794	•
	COMPUTATION OF LESSER OF COST OR CHARGES				
12.00	Reasonable charges Ancillary service charges			259, 655	1 1 2 00
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	line 69)		239,055	
14.00	Total reasonable charges (sum of lines 12 and 13)			259, 655	14.00
15.00	Customary charges Aggregate amount actually collected from patients liable for	navmont for convicos on	a chargo basi s	0	15.00
16.00	Amounts that would have been realized from patients liable for			0	•
	had such payment been made in accordance with 42 CFR §413.13		5		
17.00 18.00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0. 000000 259, 655	•
18.00	Excess of customary charges over reasonable cost (complete or	nlyifline 18 exceeds li	ne 11) (see	204, 861	
	instructions)	5	, .		
20.00	Excess of reasonable cost over customary charges (complete or instructions)	nly if line 11 exceeds li	ne 18) (see	0	20.00
21.00	Lesser of cost or charges (see instructions)			54, 794	21.00
22.00	Interns and residents (see instructions)			0	
23.00 24.00	Cost of physicians' services in a teaching hospital (see ins Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	tructions)		0 87, 189, 989	
24.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			07, 107, 707	24.00
25.00	Deductibles and coinsurance amounts (for CAH, see instruction	-		0	25.00
26.00 27.00	Deductibles and Coinsurance amounts relating to amount on lin Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)	-		15, 272, 609 71, 972, 174	
27:00	instructions)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, I			567, 327	
29.00 30.00	ESRD direct medical education costs (from Wkst. E-4, line 36) Subtotal (sum of lines 27 through 29))		0 72, 539, 501	
31.00	Primary payer payments			15, 044	
32.00	Subtotal (line 30 minus line 31)			72, 524, 457	32.00
33.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI Composite rate ESRD (from Wkst. 1-5, line 11)	I GES)		0	33.00
34.00	Allowable bad debts (see instructions)			830, 463	34.00
35.00 36.00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see ins	tructions)		539, 801 504, 981	
37.00	Subtotal (see instructions)			73, 064, 258	
38.00	MSP-LCC reconciliation amount from PS&R			40	•
39.00 39.50	PS&R OTHER ADJUSTMENTS Pioneer ACO demonstration payment adjustment (see instruction	nc)		2, 084	39.00 39.50
39.90	Demonstration payment adjustment amount before sequestration	-		0	1
39. 98	Partial or full credits received from manufacturers for repla		tions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 73 066 302	
40. 00 40. 01	Subtotal (see instructions) Sequestration adjustment (see instructions)			73, 066, 302 547, 998	
40. 02	Demonstration payment adjustment amount after sequestration			0	40.02
40. 03 41. 00	Sequestration adjustment-PARHM pass-throughs Interim payments			72, 460, 138	40.03
41.00	Interim payments			72,400,130	41.00
42.00	Tentative settlement (for contractors use only)			0	42.00
42. 01 43. 00	Tentative settlement-PARHM (for contractor use only) Balance due provider/program (see instructions)	58, 166	42.01		
43.00	Balance due provider/program-PARHM (see instructions)	50, 100	43.00		
44.00	Protested amounts (nonallowable cost report items) in accorda	ance with CMS Pub. 15-2,	chapter 1,	4, 550, 953	1
	§115.2 TO BE COMPLETED BY CONTRACTOR				1
	Original outlier amount (see instructions)			0	90.00
	Outlier reconciliation adjustment amount (see instructions)			0	
92.00 93.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00 0	•
					94.00

Health Financial Systems	DEACONESS HOSE	PI TAL	In Lieu of Form CMS-2552-1				
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0082 Period: From 10/01/2021			Worksheet E			
				Date/Time Prepared: 2/27/2023 8:09 am			
	Title XVIII Hospital		PPS				
				1.00			
MEDICARE PART B ANCILLARY COSTS							
200.00 Part B Combined Billed Days				0	200. 00		

ANALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC		Period: From 10/01/2021 To 09/30/2022		
		Title	XVIII	Hospi tal	PPS	
		I npati en	t Part A		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		127, 258, 33	6	72, 460, 138	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		•			
3. 01	ADJUSTMENTS TO PROVIDER	06/17/2022	233, 80	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
2 50	Provider to Program ADJUSTMENTS TO PROGRAM	1	[0	0	3.50
3.50 3.51	ADJUSTMENTS TU PRUGRAM			0	0	3.50
3.51				0	0	3.52
3.52				0	0	3.53
3.54				0	0	3.54
3.99	Subtotal (sum of lines 3.01–3.49 minus sum of lines		233, 80	0	0	3.99
	3. 50-3. 98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		127, 492, 13	6	72, 460, 138	4.00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	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 PROVIDER			0	0	5.01
5.02				0	0	5.02
5.03	Provider to Program			0	0	5.03
5.50	TENTATI VE TO PROGRAM		[0	0	5.50
5.50				0	0	5. 51
5.52				0	0	5. 52
5.99	Subtotal (sum of lines 5.01–5.49 minus sum of lines			0	0	5.99
	5. 50-5. 98)					
6.00	Determined net settlement amount (balance due) based on					6.00
	the cost report. (1)			_		
6.01	SETTLEMENT TO PROVIDER		422, 96	2	58, 166	6.01
6.02	SETTLEMENT TO PROGRAM		107 015 00	0	0	6.02
7.00	Total Medicare program liability (see instructions)		127, 915, 09	Contractor	72, 518, 304 NPR Date	7.00
				Number	(Mo/Day/Yr)	
		()	1.00	2.00	
	Name of Contractor					8.00

Heal th	Financial Systems DEACONESS	HOSPI TAL	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet E-1 Part II Date/Time Pre 2/27/2023 8:0	pared:
		Title XVIII	Hospi tal	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				-
4 00	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATI		4.4		1 1 00
1.00	Total hospital discharges as defined in AARA §4102 from Wks	-			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and second the second		for cost		2.00
3.00	reporting periods beginning on or after 10/01/2013, line 32 Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2)			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of line	a = 1 and 9 through 12 and	holus for cost		4.00
4.00	reporting periods beginning on or after 10/01/2013, line 32		i prus ror cost		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				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of		Wkst S-2 Pt I		7.00
7.00	line 168	i eer ti ned in riteenner egy	mot: 0 2, 11. 1		7.00
8.00	Calculation of the HIT incentive payment (see instructions))			8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration	on (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
	Balance due provider (line 8 (or line 10) minus line 30 and	d line 31) (see instructior	ns)		32.00

	Financial Systems DEACONESS GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DI RECT	Provider C		Period:	u of Form CMS-2 Worksheet E-4	
IEDI CA	L EDUCATION COSTS			From 10/01/2021 To 09/30/2022		
		Title	XVIII	Hospi tal	2/27/2023 8:0 PPS	9 am
					1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT		++:			1 1 0
. 00	Unweighted resident FTE count for allopathic and osteopathi ending on or before December 31, 1996.	c programs tor	cost reportin	ng periods	18.00	1.0
. 00	Unweighted FTE resident cap add-on for new programs per 42		1) (see instru	uctions)	0.00	
. 00 . 01	Amount of reduction to Direct GME cap under section 422 of Direct GME cap reduction amount under ACA §5503 in accordan		8413 79 (m)	(SPP	1.40 0.00	
	instructions for cost reporting periods straddling 7/1/2011)			0.00	
. 00	Adjustment (plus or minus) to the FTE cap for allopathic an GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (programs due	to a Medicare	0.00	4. C
. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods					4. C
. 02	straddling 7/1/2011) ACA Section 5506 number of additional direct GME FTE cap sl	ots (see inst	ructions for (cost reporting	0.00	4. C
. 02	periods straddling 7/1/2011)				0.00	
6.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 4.02 plus applicable subscripts	plus or minus	line 4 plus li	nes 4.01 and	16.60	5.0
. 00	Unweighted resident FTE count for allopathic and osteopathi	c programs for	the current	year from your	23.52	6.0
. 00	records (see instructions) Enter the lesser of line 5 or line 6				16. 60	7.0
. 00			Primary Care	Other	Total	7.0
	Weighted FTF growt for above signature and ante		1.00	2.00	3.00	
. 00	Weighted FTE count for physicians in an allopathic and oste program for the current year.	opathic	23. 1	9 0.33	23. 52	8.0
. 00	If line 6 is less than 5 enter the amount from line 8, other		16. 3	7 0. 23	16.60	9.0
	multiply line 8 times the result of line 5 divided by the a 6.	mount on time				
0.00	Weighted dental and podiatric resident FTE count for the cu			0.00		10.0
0. 01 1. 00	Unweighted dental and podiatric resident FTE count for the Total weighted FTE count	current year	16. 3	0. 00 7 0. 23		10.0
2.00	Total weighted resident FTE count for the prior cost report	ing year (see	16.2			12.0
3.00	instructions) Total weighted resident FTE count for the penultimate cost	reporting	19. 5	3 0.14		13.0
5.00	year (see instructions)		17. 5	0.14		15.0
4.00 5.00	Rolling average FTE count (sum of lines 11 through 13 divid Adjustment for residents in initial years of new programs	ed by 3).	17.3 0.0			14. 0 15. 0
5.00	Unweighted adjustment for residents in initial years of new	programs	0.00			15.0
6. 00	Adjustment for residents displaced by program or hospital c	losure	0.00			16. (
6. 01	Unweighted adjustment for residents displaced by program or closure	hospi tal	0.0	0.00		16.0
7.00	Adjusted rolling average FTE count		17.3	в 0.24		17.0
8.00	Per resident amount		149, 317.00		2 (20 0/ 5	18.0 19.0
9.00	Approved amount for resident costs		2, 595, 12	9 35, 836	2, 630, 965	19.0
					1.00	
0.00	Additional unweighted allopathic and osteopathic direct GME Sec. 413.79(c)(4)	FIE resident	cap slots rece	eived under 42	0.00	20.0
1. 00	Direct GME FTE unweighted resident count over cap (see inst				6. 92	
2.00 3.00	Allowable additional direct GME FTE Resident Count (see ins Enter the locality adjustment national average per resident		nstructions)		0.00 0.00	22. 0 23. 0
4.00	Multiply line 22 time line 23	allount (see i			0.00	
5.00	Total direct GME amount (sum of lines 19 and 24)				2, 630, 965	25.0
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after	Total	
				1/1		
	COMPUTATION OF PROGRAM PATIENT LOAD	1.00	2.00	2.01	3.00	
6. 00	Inpatient Days (see instructions) (Title XIX - see S-2	53, 933	9, 71	29, 241		26.0
7.00	Part IX, line 3.02, column 2) Total Inpatient Days (see instructions)	157, 298	157, 29	8 157, 298		27.0
8.00	Ratio of inpatient days to total inpatient days	0. 342871	0. 06173			27.0
9.00	Program direct GME amount	902, 082	162, 40	9 489, 086	1, 553, 577	29.0
9.01	Percent reduction for MA DGME		3. 20 5, 29		21, 239	29.0 30.0
0. 00	Reduction for direct GME payments for Medicare Advantage					

Heal th	Financial Systems DEACONE	ESS HOS	PI TAL	In Lie	u of Form CMS-2	2552-10
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIREC	СТ	Provider CCN: 15-0082	Peri od:	Worksheet E-4	
MEDI CA	L EDUCATION COSTS			From 10/01/2021 To 09/30/2022	Date/Time Pre	nared
				10 0773072022	2/27/2023 8:0	
			Title XVIII	Hospi tal	PPS	
					1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - EDUCATION COSTS)	- TITLE	XVIII ONLY (NURSING PR	OGRAM AND PARAMED	01 CAL	
32.00	Renal dialysis direct medical education costs (from Wkst	t. B, P	t. I, sum of col. 20 ar	d 23, lines 74	0	32.00
	and 94)					
33.00	Renal dialysis and home dialysis total charges (Wkst. C,	, Pt. I	, col. 8, sum of lines	74 and 94)	14, 537, 812	33.00
34.00	Ratio of direct medical education costs to total charges	s (line	32 ÷ line 33)		0.00000	
35.00	Medicare outpatient ESRD charges (see instructions)				0	35.00
36.00	Medicare outpatient ESRD direct medical education costs				0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE	XVIII	ONLY			
	Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)				141, 239, 739	
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, lir				0	38.00
39.00	Cost of physicians' services in a teaching hospital (see	e instr	uctions)		0	39.00
40.00	Primary payer payments (see instructions)	0	1		83, 934	
41.00	Total Part A reasonable cost (sum of lines 37 through 39 Part B Reasonable Cost	9 minus	TThe 40)		141, 155, 805	41.00
42.00	Reasonable cost (see instructions)				83, 000, 169	42.00
43.00	Primary payer payments (see instructions)				15, 044	
44.00	Total Part B reasonable cost (line 42 minus line 43)				82, 985, 125	
45.00	Total reasonable cost (sum of lines 41 and 44)				224, 140, 930	
46.00	Ratio of Part A reasonable cost to total reasonable cost	t (line	41 ÷ line 45)		0. 629764	
47.00	Ratio of Part B reasonable cost to total reasonable cost	t (line	44 ÷ line 45)		0. 370236	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A A	AND PAR	ТВ			
48.00	Total program GME payment (line 31)				1, 532, 338	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII	onl y)	(see instructions)		965, 011	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII	onl y)	(see instructions)		567, 327	50.00

Health Financial Systems	DEACONESS HOS	SPI TAL	In Lie	u of Form CMS-2552-10
DIRECT GRADUATE MEDICAL EDUCATION (GME MEDICAL EDUCATION COSTS	E) & ESRD OUTPATIENT DIRECT	Provider CCN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet E-4 Date/Time Prepared: 2/27/2023 8:09 am
		T 1 11 11		

	Ti 1	le V	Hospi tal		
				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
00	Unweighted resident FTE count for allopathic and osteopathic programs for ending on or before December 31, 1996.	cost reportir	ng periods	0.00	1. (
00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)((1) (see instru	uctions)	0.00	2.
00	Amount of reduction to Direct GME cap under section 422 of MMA		0.00		
01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFF instructions for cost reporting periods straddling 7/1/2011)	(see	0.00	3.	
00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))	programs due t	to a Medicare	0.00	4.
01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for straddling 7/1/2011)	cost reportir	ng periods	0.00	4.
02	ACA Section 5506 number of additional direct GME FTE cap slots (see inst periods straddling 7/1/2011)	ructions for a	cost reporting	0.00	4
00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus	line 4 plus li	nes 4.01 and	0.00	5
00	4.02 plus applicable subscripts Unweighted resident FTE count for allopathic and osteopathic programs for	the current y	year from your	23. 52	6
00	records (see instructions) Enter the lesser of line 5 or line 6			0.00	7
00		Primary Care	Other	Total	/.
		1.00	2.00	3.00	
00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	23. 19		23. 52	8.
00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line	0.00	0.00	0.00	9
. 00	6. Weighted dental and podiatric resident FTE count for the current year		0.00		10
. 00	Unweighted dental and podiatric resident file count for the current year		0.00		10
. 00	Total weighted FTE count	0.00			11
. 00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00			12
00	Total weighted resident FTE count for the penultimate cost reporting	0.00	0.00		13
. 00	year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14
. 00	Adjustment for residents in initial years of new programs	0.00			15
. 01	Unweighted adjustment for residents in initial years of new programs	0.00			15
. 00	Adjustment for residents displaced by program or hospital closure	0.00			16
. 01	Unweighted adjustment for residents displaced by program or hospital closure	0.00			16
. 00	Adjusted rolling average FTE count	0.00	0.00		17
. 00	Per resident amount	0.00			18
. 00	Approved amount for resident costs	(19
				1.00	
. 00	Additional unweighted allopathic and osteopathic direct GME FTE resident Sec. 413.79(c)(4)	cap slots rece	eived under 42	0.00	20
	Direct GME FTE unweighted resident count over cap (see instructions)			23. 52	
. 00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	
. 00	Enter the locality adjustment national average per resident amount (see i	nstructions)		0.00	
	Multiply line 22 time line 23				24
00	Total direct GME amount (sum of lines 19 and 24)	Innationt Dari	Managed Care	0 Total	25
		A	3	Total	
	COMPUTATION OF PROGRAM PATIENT LOAD	1.00	2.00	3.00	
. 00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	(0 0		26
. 00	Total Inpatient Days (see instructions)	157, 298	3 157, 298		27
. 00	Ratio of inpatient days to total inpatient days	0. 000000			28.
. 00	Program direct GME amount	(0 0	0	29.
9. 01	Percent reduction for MA DGME				29.
7.01					
9.01 D.00	Reduction for direct GME payments for Medicare Advantage Net Program direct GME amount		0	0	30. 31.

Heal th Financial	Systems	DEACONESS HO	SPI TAL	In Lie	u of Form CMS-	-2552-1
DI RECT GRADUATE	MEDICAL EDUCATION (GME) & ES	RD OUTPATIENT DIRECT	Provider CCN: 15-0082	Peri od:	Worksheet E-4	4
MEDICAL EDUCATI)N COSTS			From 10/01/2021	Data /Tima Dra	anarad
				To 09/30/2022	Date/Time Pre 2/27/2023 8:0	
			Title V	Hospi tal	272772020 0.0	
					1.00	
DIRECT ME	DICAL EDUCATION COSTS FOR ESP	RD COMPOSITE RATE - TITL	E XVIII ONLY (NURSING PR	OGRAM AND PARAMED	I CAL	
EDUCATI ON			•			
32.00 Renal dia	lysis direct medical educati	on costs (from Wkst. B,	Pt. I, sum of col. 20 ar	nd 23, lines 74		32.0
and 94)						
	lysis and home dialysis tota			74 and 94)		33. (
	direct medical education cos		e 32 ÷ line 33)			34.0
	outpatient ESRD charges (see					35.0
	outpatient ESRD direct medic	· · · · · · · · · · · · · · · · · · ·	,			36.
	MENT BASED ON MEDICARE REASON	NABLE COST - TITLE XVIII	ONLY			_
	asonable Cost					1
	e cost (see instructions)					37.
	uisition costs (Wkst. D-4, P					38.
	hysicians' services in a tea	5 1 1	ructions)			39.
	ayer payments (see instructi					40.
	t A reasonable cost (sum of	lines 37 through 39 minu	s line 40)			41.
	asonable Cost					1 42
	e cost (see instructions)					42.
	ayer payments (see instruction					43.
	t B reasonable cost (line 42	2				44.
	sonable cost (sum of lines 4 Part A reasonable cost to to		a 41 . Lina 45)			45.
	Part B reasonable cost to to		,			40.
	N OF MEDICARE DIRECT GME COST	· · · · · · · · · · · · · · · · · · ·	,			47.
	gram GME payment (line 31)	IS DETWEEN FART A AND PA			(3 48.
	dicare GME payment (line 46 :	v 48) (title XVIII only)	(see instructions)		(40.
	dicare GME payment (line 47					50.
	a care one payment (The 47			I		1 50.

	Financial Systems DEACONESS E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the General Fund column	HOSPI TAL Provi der C(F	veriod: rom 10/01/2021 o 09/30/2022	Worksheet G	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
00	Cash on hand in banks	225, 019, 610	C	0	0	1.00
00	Temporary investments	78, 284, 791	C		0	2.00
00	Notes receivable	0	C	-	0	3.00
00	Accounts receivable	140, 921, 092	C	-	0	4.00
00 00	Other receivable Allowances for uncollectible notes and accounts receivable	0		-	0	5.00 6.00
00	Inventory	10, 072, 497		U U	0	7.0
00	Prepaid expenses	15, 538, 735	C	-	0	8.0
00	Other current assets	100, 952, 543	C	0	0	9.0
0. 00	Due from other funds	0	C	0	0	10.0
	Total current assets (sum of lines 1-10)	570, 789, 268	C	0	0	11.0
	FI XED_ASSETS	00.100.010				1 1 0 0
	Land Land improvements	20, 192, 212 6, 800, 885		-	0	12.0 13.0
	Accumulated depreciation	-3, 882, 197			0	14.0
	Buildings	819, 552, 225		-	0	15.0
	Accumulated depreciation	-420, 329, 313		-	0	16.0
	Leasehold improvements	0	C	0	0	17.0
	Accumul ated depreciation	0	C	0	0	18.0
	Fixed equipment	315, 503, 720	C	-	0	19.0
	Accumulated depreciation	-241, 837, 419	C	-	0	20.0
	Automobiles and trucks	0	C	, i i i i i i i i i i i i i i i i i i i	0	21.0
	Accumulated depreciation Major movable equipment	0		-	0	22. C
	Accumul ated depreciation	0			0	23.0
	Mi nor equipment depreciable	0		-	0	25.0
	Accumul ated depreciation	0	C C		0	26.0
	HIT designated Assets	0	C	0	0	27.0
	Accumulated depreciation	0	C	0	0	28.0
0. 00	Minor equipment-nondepreciable	0	C		0	29.0
	Total fixed assets (sum of lines 12-29)	496, 000, 113	C	0	0	30. C
	OTHER ASSETS	002 502 224	10 522 257	0	0	1 21 0
	Investments Deposits on Leases	883, 592, 334	18, 533, 257 0		0	31. C 32. C
	Due from owners/officers	0		0	0	33.0
	Other assets	196, 536, 183	C	0	0	34.0
5.00	Total other assets (sum of lines 31-34)	1, 080, 128, 517	18, 533, 257	0	0	35.0
	Total assets (sum of lines 11, 30, and 35)	2, 146, 917, 898	18, 533, 257	0	0	36.0
	CURRENT_LIABILITIES		-			
	Accounts payable	61, 864, 478		-	0	37.0
	Salaries, wages, and fees payable Payroll taxes payable	56, 032, 697 1, 977, 507			0	38.0 39.0
	Notes and Loans payable (short term)	10, 895, 000		0	0	40.0
	Deferred income	0	C C	0	0	
	Accelerated payments	0				42. C
8.00	Due to other funds	0	C	0	0	43. C
	Other current liabilities	26, 366, 444	C		0	
5. 00	Total current liabilities (sum of lines 37 thru 44)	157, 136, 126	C	0	0	45.0
00	LONG TERM LI ABI LI TI ES	0				1 1/ 0
	Mortgage payable	0 471, 819, 790			0	46.0 47.0
	Notes payable Unsecured Loans	4/1, 019, 790			0	47.0
	Other long term liabilities	68, 949, 429		-	0	49.0
	Total long term liabilities (sum of lines 46 thru 49)	540, 769, 219	-	-	0	50.0
	Total liabilities (sum of lines 45 and 50)	697, 905, 345		0	0	51.0
	CAPI TAL ACCOUNTS					
	General fund balance	1, 449, 012, 553				52.0
	Specific purpose fund		18, 533, 257			53.0
	Donor created - endowment fund balance - restricted			0		54.0
	Donor created - endowment fund balance - unrestricted			0		55.0
	Governing body created - endowment fund balance Plant fund balance - invested in plant			0	0	56.0 57.0
	Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement,				0	57.0
, 00	replacement, and expansion				0	50.0
		1 440 010 550	18, 533, 257	0	0	59.0
0. 00	Total fund balances (sum of lines 52 thru 58)	1, 449, 012, 553	10, 000, 207	0	·	J J Z . V

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
STATEM	ENT OF CHANGES IN FUND BALANCES		Provider CO	CN: 15-0082	Period: From 10/01/2021 To 09/30/2022	Worksheet G-1 Date/Time Prep 2/27/2023 8:00	oared: 7 am
		Genera	I Fund	Speci al	Purpose Fund	Endowment Fund	
1 00		1.00	2.00	3.00	4.00	5.00	1 00
1.00 2.00 3.00 4.00 5.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) RESTRICTED CONTRIBUTIONS BENEFIT RELATED CHANGE	0 40, 478, 065	1, 575, 531, 717 -89, 316, 359 1, 486, 215, 358		0	0	1.00 2.00 3.00 4.00 5.00
6.00 7.00 8.00 9.00 10.00	Total additions (sum of line 4-9)		40, 478, 065		0 0 0 4, 331, 787		6.00 7.00 8.00 9.00 10.00
11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00	Subtotal (line 3 plus line 10) TRANSFERS CHANGE IN BENEFICIAL TRUCT NET UNREALIZED LOSS ON INVESTMENTS FOUNDATION INCOME	77, 680, 870 0 0 0 0 0	1, 526, 693, 423	849, 9 261, 7 221, 6 3, 335, 9	18 54	0 0 0 0 0	11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00
18.00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)		77, 680, 870 1, 449, 012, 553		4, 669, 294 18, 533, 257		18.00 19.00
		Endowment Fund	PI ant	Fund			
		6.00	7.00	8.00			
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) RESTRICTED CONTRIBUTIONS BENEFIT RELATED CHANGE	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	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) TRANSFERS CHANGE IN BENEFICIAL TRUCT NET UNREALIZED LOSS ON INVESTMENTS FOUNDATION INCOME	0 0	0 0 0 0 0 0 0		0		9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00
	Total deductions (sum of lines 12–17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0	0		0 0		18.00 19.00

	Financial Systems DEACONESS H IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider C	N. 15 0000	Dor	ri od:	u of Form CMS Worksheet G-	
STATEN	IENT OF PATTENT REVENUES AND OPERATING EXPENSES		JN. 13-0062		om 10/01/2021	Parts I & II Date/Time Pr 2/27/2023 8:	epared:
	Cost Center Description		Inpati ent		Outpati ent	Total	
			1.00		2.00	3.00	
	PART I - PATIENT REVENUES						_
	General Inpatient Routine Services		1				
1.00	Hospi tal		262, 301, 2			262, 301, 25	
2.00	SUBPROVIDER - IPF			0			0 2.0
3.00	SUBPROVIDER - IRF						3.0
4.00	SUBPROVIDER						4.0
5.00	Swing bed - SNF			0			0 5.0
6.00	Swing bed - NF			0			0 6.0
7.00	SKILLED NURSING FACILITY						7.0
8.00	NURSING FACILITY						8.0
9.00	OTHER LONG TERM CARE						9.0
10.00	Total general inpatient care services (sum of lines 1-9)		262, 301, 2	250		262, 301, 25	0 10.0
44 00	Intensive Care Type Inpatient Hospital Services		04.000.0			04.000.05	
11.00	INTENSIVE CARE UNIT		94, 820, 3			94, 820, 35	
12.00	CORONARY CARE UNIT		20, 755, 0	101		20, 755, 06	
13.00	BURN INTENSIVE CARE UNIT						13.0
	SURGI CAL I NTENSI VE CARE UNI T						14.0
	OTHER SPECIAL CARE (SPECIFY)	e 11	115 575 4	10		115 575 41	15.0
16.00	Total intensive care type inpatient hospital services (sum o	r TTnes	115, 575, 4	18		115, 575, 41	8 16.0
17.00	11-15) Tatal impatient routing care conviges (sum of lines 10 and 1	4)	277 074 4	40		277 074 44	8 17.0
	Total inpatient routine care services (sum of lines 10 and 1 Ancillary services	0)	377, 876, 6 1, 040, 301, 7		1, 528, 983, 828	377, 876, 66 2, 569, 285, 58	
	Outpatient services		125, 686, 0		509, 777, 072	635, 463, 08	
	RURAL HEALTH CLINIC		125,000,0	0	0		0 20.0
	FEDERALLY QUALIFIED HEALTH CENTER			0	0		0 20.0
22.00	HOME HEALTH AGENCY			0	0		22.0
	AMBULANCE SERVICES						23.0
	CMHC						24.0
25.00	AMBULATORY SURGICAL CENTER (D. P.)						25.0
26.00	HOSPICE						26.0
27.00	OTHER (SPECIFY)			0	0		0 27.0
	Total patient revenues (sum of lines 17-27)(transfer column	3 to Wkst.	1. 543. 864. 4	35	2. 038. 760. 900	3, 582, 625, 33	
	G-3, line 1)		.,		_,,,	-,,,	
	PART II - OPERATING EXPENSES						
29.00	Operating expenses (per Wkst. A, column 3, line 200)				1, 131, 315, 037		29.0
30.00	ADD (SPECIFY)			0			30.0
31.00				0			31.0
32.00				0			32.0
33.00				0			33.0
34.00				0			34.0
35.00				0			35.0
36.00	Total additions (sum of lines 30-35)				0		36.0
37.00	DEDUCT (SPECI FY)			0			37.0
38.00				0			38.0
39.00				0			39.0
40.00				0			40.0
41.00				0			41.0
42.00	Total deductions (sum of lines 37-41)	10) ()			0		42.0
43.00	Total operating expenses (sum of lines 29 and 36 minus line	42)(transfer			1, 131, 315, 037		43.0
	to Wkst. G-3, line 4)		1				1

Heal th	Financial Systems	DEACONESS HOS	PI TAL	In Lie	u of Form CMS-2	2552-10
STATEN	IENT OF REVENUES AND EXPENSES		Provider CCN: 15-	 Period: From 10/01/2021 To 09/30/2022		
					2/27/2023 8:09	/ am
					1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I	column 3 line	28)		3, 582, 625, 335	1.00
2.00	Less contractual allowances and discounts on pa				2, 443, 155, 609	2.00
3.00	Net patient revenues (line 1 minus line 2)		-		1, 139, 469, 726	3.00
4.00	Less total operating expenses (from Wkst. G-2,	Part II, line 4	3)		1, 131, 315, 037	4.00
5.00	Net income from service to patients (line 3 min				8, 154, 689	5.00
	OTHER INCOME	,				
6.00	Contributions, donations, bequests, etc				0	6.00
7.00	Income from investments				-182, 485, 989	7.00
8.00	Revenues from telephone and other miscellaneous	s communication	servi ces		0	8.00
9.00	Revenue from television and radio service				0	9.00
10.00	Purchase di scounts				49, 295	10.00
11.00	Rebates and refunds of expenses				0	11.00
12.00	Parking lot receipts				21, 240	12.00
13.00	Revenue from laundry and linen service				0	13.00
14.00	Revenue from meals sold to employees and guests	S			2, 817, 210	14.00
	Revenue from rental of living quarters				0	15.00
	Revenue from sale of medical and surgical supp		nan patients		0	16.00
	Revenue from sale of drugs to other than patient				0	17.00
	Revenue from sale of medical records and abstra				0	18.00
	Tuition (fees, sale of textbooks, uniforms, et	,			0	19.00
20.00		canteen			0	20.00
21.00					52, 276	
22.00					12, 135, 240	
23.00					0	23.00
24.00	JOINT VENTURES				56, 078, 711	
24.50					13, 860, 970	
25.00					-97, 471, 047	25.00
26.00					-89, 316, 358	
27.00					1	27.00
	Total other expenses (sum of line 27 and subsc				1	28.00
29.00	Net income (or loss) for the period (line 26 m	inus line 28)			-89, 316, 359	29.00

ALCULATION OF CAPITAL PAYMENT	DEACONESS HOSPITAL Provider CCN: 15-0		Worksheet L Parts I-III Date/Time Pre	
		10 077 007 2022	2/27/2023 8:0	
	Title XVIII	Hospi tal	PPS	
			1.00	
PART I - FULLY PROSPECTIVE METHOD			1.00	
CAPITAL FEDERAL AMOUNT				+
00 Capital DRG other than outlier			8, 751, 729	1 1.
01 Model 4 BPCI Capital DRG other than outlier			0,701,727	
00 Capital DRG outlier payments			267, 519	
01 Model 4 BPCI Capital DRG outlier payments			0	
00 Total inpatient days divided by number of days	in the cost reporting period (see	instructions)	430.95	
00 Number of interns & residents (see instruction			19.84	
00 Indirect medical education percentage (see ins			1.31	5.
00 Indirect medical education adjustment (multipl		1.01, columns 1 and	114, 648	6.
1.01) (see instructions)	5			
00 Percentage of SSI recipient patient days to Me 30) (see instructions)	dicare Part A patient days (Worksh	eet E, part A line	0.00	7.
00 Percentage of Medicaid patient days to total of	lays (see instructions)		0.00	8
00 Sum of lines 7 and 8			0.00	9
.00 Allowable disproportionate share percentage (s	ee instructions)		0.00	10
.00 Disproportionate share adjustment (see instruc	tions)		0	11
.00 Total prospective capital payments (see instru	ictions)		9, 133, 896	12.
			1.00	
PART II - PAYMENT UNDER REASONABLE COST				1 1
00 Program inpatient routine capital cost (see in			0	1
00 Program inpatient ancillary capital cost (see			0	
00 Total inpatient program capital cost (line 1 p	-		0	
00 Capital cost payment factor (see instructions)			0	
00 Total_inpatient_program_capital_cost (line 3 >	TThe 4)		0	5
			1.00	
PART III - COMPUTATION OF EXCEPTION PAYMENTS 00 Program inpatient capital costs (see instructi	000		0	1 1
00 Program inpatient capital costs (see fistruction of the second			0	
00 Net program inpatient capital costs for extraordin		5)	0	
00 Applicable exception percentage (see instructi			0.00	
00 Capital cost for comparison to payments (line			0.00	
00 Percentage adjustment for extraordinary circur			0.00	
00 Adjustment to capital minimum payment level for		e 2 x line 6)	0.00	
00 Capital minimum payment level (line 5 plus lir			0	
00 Current year capital payments (from Part I, li			0	
.00 Current year comparison of capital minimum pay		ne 8 less line 9)	0	
.00 Carryover of accumulated capital minimum payme Worksheet L, Part III, line 14)	nt level over capital payment (fro	m prior year	0	11.
.00 Net comparison of capital minimum payment leve	l to capital payments (line 10 plu	s line 11)	0	12.
.00 Current year exception payment (if line 12 is			0	13.
.00 Carryover of accumulated capital minimum payme			0	14
(if line 12 is negative, enter the amount on t	his line)			
.00 Current year allowable operating and capital p			0	
0.00 Current year operating and capital costs (see	instructions)		0	
.00 Current year exception offset amount (see inst			0	17