Health Financi	ial Systems	DEACONESS HO	ERTTAL		
This report in payments made	s required by law (42 u since the beginning of	SC 1395g; 42 CFR 413.20(b)). Fai	lure to report can	magult in all incomes.	J Of FORM CMS-2552-10 FORM APPROVED OMB NO. 0938-0050
AND SETTLEMEN	HOSPITAL HEALTH CARE CO T SUMMARY	MPLEX COST REPORT CERTIFICATION	Provider CCN: 150		Worksheet 5 Parts I-III Date/Time Prepared: 3/2/2015 8:57 am
	REPORT STATUS				1 3/2/2013 8.3/ AIII
Provider	<ol> <li>[ X ] Electronically</li> </ol>	filed cost report		Date: 3/2/201	5 Time: 8:57 am
use only	2.[ ]Manually subm <sup>-</sup>	tted cost report		• •	
	3. [ O ] If this is an	amended report enter the number zation. Enter "F" for full or "!	of times the provid	ler resubmitted this c	ost report
Contractor use only	5. [ 1 ]Cost Report St	atus 6.Date Received: 7.Contractor No. Audit 8.[N]Initial Report fo	or this Provider CCN		or Code: 4 lumn 1 is 4: Enter des reopened = 0-9.
PART II - CER	TIFICATION				
MISREPRESENTAT ADMINISTRATIVE PROVIDED OR PE	TION OR FALSIFICATION OF E ACTION, FINE AND/OR I ROCURED THROUGH THE PAY	F ANY INFORMATION CONTAINED IN T MPRISONMENT UNDER FEDERAL LAW. MENT DIRECTLY OR INDIRECTLY OF A IMPRISONMENT MAY RESULT.	HIS COST REPORT MAY	BE PUNISHABLE BY CRIN	ITC OCOADY UPSE
	CERTIFICATION BY OF	FICER OR ADMINISTRATOR OF PROVID	ER(S)		
I HERI electi	EBY CERTIFY that I have	read the above certification st ally submitted cost report and t	atement and that I he Balance Sheet an	have examined the according to the second statement of Revenue	ompanying and

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEACONESS HOSPITAL (150082) for the cost reporting period beginning 10/01/2013 and ending 09/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed)

Encryption Information
ECR: Date: 3/2/2015 Time: 8:57 am
zy7lLGPmy8cZaJ78uTy.zsDm: x98m0
TXEUXONUr8I2zlteC250mCPiJdZdYX
aX.G2xfpu4013:b5
PI: Date: 3/2/2015 Time: 8:57 am
ymkPaeq7EUQDUGD3yqijG5U2:dFw90
6:1wgONxE89coL4BiueDv4uHhhbzo1

Kp7H0y6LJu0AVoVF

Title 2//

Date

3/2/2015

Officer or Administrator of Provider(s)

		Title V	Title Part A	XVIII Part B	HIT	Title XIX	T
	PART III - SETTLEMENT SUMMARY	1.00	2.00	3.00	4.00	5.00	
1.00	Hospital	0	173,005	52,081	13,445		1 00
2.00	Subprovider - IPF	ő	1,133		13,443	n u	1.00
3.00	Subprovider - IRF	0	0	Ö		0	3.00
5.00	Swing bed - SNF	0	0	0		ă	5.00
6.00 7.00	Swing bed - NF	0			-	0	6.00
9.00	SKILLED NURSING FACILITY HOME HEALTH AGENCY I	0	0	0		0	7.00
	Total	0	-1 174 177	0		0	9.00
		the applicable	174,137			0 indianted	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.

Health Financial Systems DEACONESS HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 150082 Peri od: Worksheet S-2 From 10/01/2013 Part I 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 600 MARY STREET 1.00 PO Box: 1.00 State: IN Zip Code: 47747-2.00 City: EVANSVILLE County: VANDERBURGH 2.00 Component Name CCN CBSA Provi der Date Payment System (P, Certi fi ed T, 0, or N) Number Number Type XVIII XIX 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 DEACONESS HOSPITAL 150082 21780 06/02/1966 Ν 3.00 Hospi tal Subprovider - IPF DEACONESS PSYCHIATRIC Р Р 15S082 10/01/2009 4.00 21780 4 Ν 4.00 UNI T 5.00 Subprovider - IRF 5.00 6.00 Subprovider - (Other) 6.00 Swing Beds - SNF 7 00 7 00 8.00 Swing Beds - NF 8.00 9.00 Hospital -Based SNF 9.00 Hospi tal -Based NF 10.00 10.00 11.00 Hospi tal -Based OLTC 11.00 12.00 Hospi tal -Based HHA DEACONESS - HHA 157132 21780 11/09/1984 N Ρ Ρ 12.00 Separately Certified ASC 13.00 13.00 Hospi tal -Based Hospi ce 14.00 DEACONESS - HOSPICE 151512 21780 02/06/1991 14.00 Hospital-Based Health Clinic - RHC 15 00 15 00 Hospital-Based Health Clinic - FQHC 16.00 17.00 Hospital-Based (CMHC) I 17.00 Renal Dialysis 18.00 18.00 19.00 Other 19.00 From: 1. 00 2.00 20.00 Cost Reporting Period (mm/dd/yyyy) 10/01/2013 09/30/2014 20.00 21.00 Type of Control (see instructions) 21.00 Inpatient PPS Information Does this facility qualify and is it currently receiving payments for disproportionate 22.00 γ N 22.00 share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. Did this hospital receive interim uncompensated care payments for this cost reporting Υ 22.01 period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column Ν 23.00 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method enter "Y" used in the prior cost reporting period? In column 2 for ves or "N" for no In-State In-State Out-of Out-of Medicai d Other Medi cai d Medi cai d State State HMO days Medi cai d paid days el i gi bl e Medi cai d Medi cai d days unpai d paid days el i gi bl e unpai d days 1.00 2. 00 3. 00 4.00 5.00 6.00 7, 700 24.00 If this provider is an IPPS hospital, enter the 2, 134 633 800 5, 735 24 00 in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. 25.00 If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state 0 0 0 0 0 25.00 Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.

		Urban/Rural S	Date of Geogr	
		1. 00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the	1		26.00
	cost reporting period. Enter "1" for urban or "2" for rural.			
27. 00	Enter your standard geographic classification (not wage) status at the end of the cost	1		27.00
	reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable,			
	enter the effective date of the geographic reclassification in column 2.			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in	0		35.00
	effect in the cost reporting period.			

FTE unweighted count.

unweighted count and enter in column 4 direct GME

Health Financial Systems DEACONESS HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 150082 Peri od: Worksheet S-2 From 10/01/2013 Part I Date/Time Prepared: 09/30/2014 2/28/2015 3:31 pm Program Code Unweighted IME Program Name Unwei ghted Direct ĞME FTE FTE Count Count 1.00 2.00 3.00 4.00 61.20 Of the FTEs in line 61.05, specify each expanded 0.00 0.00 61.20 program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count. 1.00 ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which 0.00 62.00 your hospital received HRSA PCRE funding (see instructions) Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital 62.01 0.00 62.01 during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Non-Provider Settings 63.00 Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions) Υ 63.00 Unwei ghted Unwei ghted Ratio (col. 1/ FTEs in FTES (col . 1 + col Nonprovi der Hospi tal 2)) Si te 1.00 2.00 3.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 64.00 Enter in column 1, if line 63 is yes, or your facility trained residents 0.00 0.00 0.000000 64.00 in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Program Name Program Code Unwei ghted Unwei ghted Ratio (col. 3/ FTEs FTEs in (col. 3 + col Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3. 00 4.00 5.00 65.00 Enter in column 1, if line 63 FAMILY PRACTICE 1350 2.30 16. 16 0. 124594 65. 00 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) Unwei ghted Unwei ghted Ratio (col. 1/ (col. 1 + col FTEs FTEs in Nonprovi der Hospi tal 2)) Si te 1.00 2.00 3.00 Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 66.00 Enter in column 1 the number of unweighted non-primary care resident 0. 00 0. 00 0.000000 66.00 FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident

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

0.00

N

Ν

0.00

97.00

105.00

106.00

If line 96 is "Y", enter the reduction percentage in the applicable column.

106.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment

105.00 Does this hospital qualify as a Critical Access Hospital (CAH)?

for outpatient services? (see instructions)

Rural Providers

are claimed, enter in column 2 the home office chain number. (see instructions)

Health Financial Systems DEACONESS HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 150082 Peri od: Worksheet S-2 From 10/01/2013 Part I 09/30/2014 Date/Time Prepared: To 2/28/2015 3:31 pm 3.00 If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number 141 00 Name: Contractor's Name: Contractor's Number: 141 00 142.00|Street: PO Box: 142.00 143. 00 Ci ty: 143. 00 State: Zip Code: 1.00 144.00 Are provider based physicians' costs included in Worksheet A? 144.00 145. 00 145.00 of costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient Υ services only? Enter "Y" for yes or "N" for no. 1.00 2.00 146.00 Has the cost allocation methodology changed from the previously filed cost report? 146. 00 Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2. 147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. 147. 00 Ν 148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. Ν 148. 00 149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for Ν 149.00 no. Title XIX Part A Title V Part B 1.00 2.00 3.00 4.00 Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) 155.00 Hospi tal 155. 00 Ν Ν 156.00 Subprovi der - IPF N N Ν N 156 00 157.00 Subprovi der - IRF Ν Ν Ν Ν 157.00 158. 00 SUBPROVI DER 158. 00 159.00 SNF Ν Ν Ν Ν 159.00 160.00 HOME HEALTH AGENCY 160.00 N N Ν N 161.00 CMHC N Ν 161.00 Ν 1.00 Mul ti campus 165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 165.00 Enter "Y" for yes or "N" for no. County Zip Code CBSA FTE/Campus Name State 0 1.00 2.00 3.00 4.00 5.00 166.00 If line 165 is yes, for each 0.00166.00 campus enter the name in column O, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 1.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 167.00 s this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no. 167.00 168.00|If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the d168. 00

reasonable cost incurred for the HIT assets (see instructions)

170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting

transition factor. (see instructions)

period respectively (mm/dd/yyyy)

169.00|If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the

0. 25 169. 00

170.00

Endi ng

2.00

09/30/2014

Begi nni ng

1.00

07/01/2014

		0	1.00	2.00	3.00	
21. 00	Was the cost report prepared only using the		N		N	21. 00
	provider's records? If yes, see					
	instructions.					
					1. 00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPIT	ALS ONLY (EXCEPT CHILDRENS H	OSPI TALS)			
	Capital Related Cost					
	Have assets been relifed for Medicare purpose					22. 00
23. 00	Have changes occurred in the Medicare depreci	ation expense due to apprais	als made durin	g the cost		23. 00
24.00	reporting period? If yes, see instructions.	a Lagger entered into during	+h:+	rting poriod?		24. 00
24. 00	00 Were new leases and/or amendments to existing leases entered into during this cost reporting period?  If yes, see instructions					24.00
25 00	25.00 Have there been new capitalized leases entered into during the cost reporting period? If yes, see					25. 00
23.00	instructions.	ed Titto dulling the cost repor	tring period: i	1 yes, see		25.00
26. 00						26. 00
	instructions.	and a surviving that a surviving the				
27. 00	Has the provider's capitalization policy char	nged during the cost reportin	g period? If y	es, submit		27. 00
	сору.		<u> </u>			
	Interest Expense					
28. 00	Were new Loans, mortgage agreements or Letter	rs of credit entered into dur	ing the cost r	eporting		28. 00
	period? If yes, see instructions.					
29. 00	Did the provider have a funded depreciation a		bt Service Res	erve Fund)		29. 00
00.00	treated as a funded depreciation account? If		1 1 10 16			00.00
30. 00	Has existing debt been replaced prior to its	scheduled maturity with new	debt? IT yes,	see		30. 00
21 00	instructions. Has debt been recalled before scheduled matur	sity without issuance of new	dobt2 lf voc	500		31. 00
31. 00	instructions.	ity without issuance of new	debt? IT yes,	see		31.00
	Purchased Services					
32. 00	Have changes or new agreements occurred in pa	atient care services furnishe	d through cont	ractual		32. 00
02.00	arrangements with suppliers of services? If		a till oagir corre	lactaal		02.00
33.00	If line 32 is yes, were the requirements of S		q to competiti	ve bidding? If		33. 00
	no, see instructions.			3		
	Provi der-Based Physi ci ans					
34.00	Are services furnished at the provider facili	ty under an arrangement with	provi der-base	d physi ci ans?		34. 00
	If yes, see instructions.					
35. 00	If line 34 is yes, were there new agreements	3 3	ts with the pr	ovi der-based		35. 00
	physicians during the cost reporting period?	If yes, see instructions.				
				Y/N	Date	
	lu 000' 0 1			1. 00	2. 00	
	Home Office Costs					24 00
	Were home office costs claimed on the cost re		homo office?			36. 00 37. 00
37. 00	If line 36 is yes, has a home office cost stall f yes, see instructions.	atement been prepared by the	nome office?			37.00
38. 00	If line 36 is yes, was the fiscal year end o	of the home office different	from that of			38. 00
50.00	the provider? If yes, enter in column 2 the					30.00
39.00	If line 36 is yes, did the provider render se					39.00
00	see instructions.	in the second se				- / . 55
40 00	If line 36 is was did the provider render so	ervices to the home office?	If was see			40 00

38. 00	ON If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					
39. 00	.00   If line 36 is yes, did the provider render services to other chain components? If yes,   3					
	see instructions.					
40. 00	0.00   If line 36 is yes, did the provider render services to the home office? If yes, see \ 40					
	instructions.					
		1.00	2.00			
	Cost Report Preparer Contact Information					
41.00	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.					
42.00	Enter the employer/company name of the cost report	DEACONESS HOSPITAL		42.00		
	preparer.					
43.00	Enter the telephone number and email address of the cost	812-450-6856	ERI C. HENDERSON@DEACONESS. COM	43.00		
	report preparer in columns 1 and 2, respectively.					
	1p pp	T. Control of the con	1	1		

позетт	AL AND HUSPITAL HEALTH CARE REIMBURSEMENT QUE.	STI UNIVAL RE	Provider CCN. 150062	From 10/01/2013 To 09/30/2014	Part II Date/Time Prepared 2/28/2015 3:31 pm	
		Part B				
		Date				
		4. 00				
	PS&R Data					
16. 00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 (see instructions)				16.	00
17. 00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	01/27/2015			17.	00
18. 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 cost report? If yes, see instructions.				18.	00
19. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.	00
20. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.	
21. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.	00
			3. 00			
	Cost Report Preparer Contact Information		0.00			
	Enter the first name, last name and the title held by the cost report preparer in columns 1 respectively.		EIMBURSEMENT ANALYST		41.	00
42. 00	Enter the employer/company name of the cost r preparer.	report			42.	00
43. 00	Enter the telephone number and email address report preparer in columns 1 and 2, respective				43.	00

| Peri od: | Worksheet S-3 | From 10/01/2013 | Part | | To 09/30/2014 | Date/Time Prepared:

					T	09/30/2014	Date/Time Prep 2/28/2015 3:3	
							I/P Days / 0/P	ı pili
							Visits / Trips	
	Component	Worksheet A	No.	of Beds	Bed Days	CAH Hours	Title V	
	'	Line Number			Avai I abl e			
		1. 00		2.00	3. 00	4. 00	5. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00		385	140, 525	0.00	0	1. 00
	8 exclude Swing Bed, Observation Bed and							
	Hospice days)(see instructions for col. 2							
	for the portion of LDP room available beds)							
2.00	HMO and other (see instructions)							2. 00
3.00	HMO IPF Subprovider							3. 00
4.00	HMO I RF Subprovi der						_	4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF						0	5. 00
6.00	Hospital Adults & Peds. Swing Bed NF			005	440 505		0	6. 00
7. 00	Total Adults and Peds. (exclude observation			385	140, 525	0. 00	0	7. 00
0.00	beds) (see instructions)	21 00		. 7	24 455	0.00	0	8. 00
8.00	INTENSIVE CARE UNIT	31. 00		67	24, 455		0	
9.00	CORONARY CARE UNIT	32. 00		16	5, 840	0. 00	U	9.00
10. 00 11. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT							10. 00 11. 00
12. 00								12.00
13. 00	OTHER SPECIAL CARE (SPECIFY) NURSERY							13. 00
14. 00	Total (see instructions)			468	170, 820	0.00	o	14. 00
15. 00	CAH visits			400	170, 620	0.00	0	15. 00
16. 00	SUBPROVI DER - I PF	40. 00		16	5, 840		0	16. 00
17. 00	SUBPROVI DER - I RF	40.00		10	3, 040		U	17. 00
18. 00	SUBPROVI DER							18. 00
19. 00	SKILLED NURSING FACILITY	44. 00		0	0		0	19. 00
20. 00	NURSING FACILITY	111.00		, i	Ü			20. 00
21. 00	OTHER LONG TERM CARE							21. 00
22. 00	HOME HEALTH AGENCY	101. 00					0	22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P. )						_	23. 00
24. 00	HOSPI CE	116. 00		3	1, 217			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							26. 25
27.00	Total (sum of lines 14-26)			487				27.00
28. 00	Observation Bed Days						0	28.00
29. 00	Ambul ance Tri ps							29.00
30.00	Employee discount days (see instruction)							30.00
31.00	Employee discount days - IRF							31.00
32. 00	Labor & delivery days (see instructions)			0	0			32.00
32. 01	Total ancillary labor & delivery room							32. 01
	outpatient days (see instructions)							
33. 00	LTCH non-covered days							33.00

						2/28/2015 3:3	1 pm
		I/P Days	5 / O/P Visits	/ Trips	Full Time	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	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)	41, 710	8, 263	91, 374			1. 00
2.00	HMO and other (see instructions)	14, 646	6, 850				2. 00
3.00	HMO IPF Subprovider	0	149				3. 00
4.00	HMO IRF Subprovider		0				4. 00
5. 00	Hospital Adults & Peds. Swing Bed SNF		0	o c	,		5. 00
6. 00	Hospital Adults & Peds. Swing Bed NF		0	Ĭ			6. 00
7. 00	Total Adults and Peds. (exclude observation	41, 710	8, 263	91, 374			7.00
7.00	beds) (see instructions)	41,710	0, 203	71, 374			7.00
8. 00	INTENSIVE CARE UNIT	8, 103	1, 411	16, 859	,		8. 00
9. 00	CORONARY CARE UNIT	1, 965	478	· ·			9.00
10.00	BURN INTENSIVE CARE UNIT	1, 703	470	4, 003			10.00
11. 00	SURGICAL INTENSIVE CARE UNIT						11. 00
12. 00	OTHER SPECIAL CARE (SPECIFY)						12.00
13. 00	NURSERY						13.00
14. 00	Total (see instructions)	51, 778	10, 152	112, 236	18. 52	3, 509. 86	
15. 00	1 '	31,776	10, 132	112, 230	10. 32	3, 309. 60	15. 00
16. 00	CAH visits	1, 587	599	3, 994	0.00	22.27	16.00
	SUBPROVIDER - I PF	1,587	599	3, 994	0.00	22. 37	
17. 00	SUBPROVI DER - I RF						17. 00
18.00	SUBPROVI DER						18.00
19. 00	SKILLED NURSING FACILITY	0	0	C	0. 00	0.00	1
20. 00	NURSING FACILITY						20. 00
21. 00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY	10, 342	0	15, 956	0.00	21. 52	
23. 00	AMBULATORY SURGICAL CENTER (D. P. )						23. 00
24. 00	HOSPI CE	669	83	811		17. 47	24. 00
24. 10	HOSPICE (non-distinct part)	74	5	87			24. 10
25.00	CMHC - CMHC						25. 00
26. 00	RURAL HEALTH CLINIC						26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER						26. 25
27. 00	Total (sum of lines 14-26)				18. 52	3, 571. 22	
28. 00	Observation Bed Days		3, 087	19, 026	,		28. 00
29. 00	Ambul ance Trips	0					29. 00
30.00	Employee discount days (see instruction)			822	!		30. 00
31.00	Employee discount days - IRF			C	)		31.00
32.00	Labor & delivery days (see instructions)	o	0	C	)		32.00
32. 01	Total ancillary labor & delivery room			C	)		32. 01
	outpatient days (see instructions)						
33. 00	LTCH non-covered days	0					33. 00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Peri od: Worksheet S-3 From 10/01/2013 Part I Date/Time Prepared: 09/30/2014

33.00

2/28/2015 3:31 pm Full Time Di scharges Equi val ents Title V Title XVIII Total All Component Nonpai d Title XIX Workers Pati ents 12.00 13.00 11.00 14.00 15.00 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 10, 724 1, 742 23, 498 1.00 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 2 00 HMO and other (see instructions) 2,677 1,012 2 00 3.00 HMO IPF Subprovider 3.00 HMO IRF Subprovider 4.00 4.00 5.00 Hospital Adults & Peds. Swing Bed SNF 5.00 Hospital Adults & Peds. Swing Bed NF 6.00 6.00 7.00 Total Adults and Peds. (exclude observation 7.00 beds) (see instructions) 8.00 INTENSIVE CARE UNIT 8.00 CORONARY CARE UNIT 9.00 9.00 BURN INTENSIVE CARE UNIT 10.00 10.00 11.00 SURGICAL INTENSIVE CARE UNIT 11.00 OTHER SPECIAL CARE (SPECIFY) 12.00 12.00 NURSERY 13.00 13.00 14.00 Total (see instructions) 0.00 0 10, 724 1, 742 23, 498 14.00 15.00 CAH visits 15.00 SUBPROVIDER - IPF 0.00 185 553 16.00 116 16.00 17.00 SUBPROVIDER - IRF 17.00 18.00 SUBPROVI DER 18.00 SKILLED NURSING FACILITY 19.00 0.00 19.00 20 00 NURSING FACILITY 20 00 21.00 OTHER LONG TERM CARE 21.00 22.00 HOME HEALTH AGENCY 0.00 22.00 AMBULATORY SURGICAL CENTER (D. P.) 23.00 23.00 HOSPI CE 0 00 24.00 24 00 HOSPICE (non-distinct part) 24. 10 24. 10 25. 00 CMHC - CMHC 25.00 26.00 RURAL HEALTH CLINIC 26.00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 26, 25 27.00 Total (sum of lines 14-26) 0.00 27.00 28.00 Observation Bed Days 28.00 Ambul ance Trips 29.00 29.00 30 00 Employee discount days (see instruction) 30.00 31.00 Employee discount days - IRF 31.00 32.00 Labor & delivery days (see instructions) 32.00 Total ancillary labor & delivery room 32.01 32.01 outpatient days (see instructions)

33.00 LTCH non-covered days

HOSPITAL WAGE INDEX INFORMATION Provider CCN: 150082 Peri od: Worksheet S-3 From 10/01/2013 Part II 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm Adj usted Worksheet A Amount Recl assi fi cati Paid Hours Average Hourly Line Number Reported on of Salaries Sal ari es Related to Wage (col. 4 (col.2 ± col (from Salaries in col. 5) Worksheet A-6) 3) col. 4 2.00 5.00 6. 00 1.00 3.00 4.00 PART II - WAGE DATA SALARI ES 1.00 Total salaries (see 200. 00 202. 674. 168 625, 396 203, 299, 564 7, 333, 215. 00 27.72 1.00 instructions) 2.00 Non-physician anesthetist Part 0 C 0.00 0.00 2.00 3.00 Non-physician anesthetist Part 256, 277 256, 277 3, 073. 00 83.40 3.00 4.00 Physician-Part A -2, 543, 497 2, 543, 497 14, 151. 00 179.74 4.00 Admi ni strati ve 4.01 Physicians - Part A - Teaching 772, 145 772, 145 6, 260. 00 123.35 4.01 5.00 Physician-Part B 25, 518, 889 25, 518, 889 148, 957. 00 171. 32 5.00 6.00 Non-physician-Part B 3, 096, 833 3, 096, 833 57, 302, 00 54.04 6.00 1, 091, 956 1, 091, 956 Interns & residents (in an 21 00 38, 468. 00 7.00 28.39 7.00 approved program) 7.01 Contracted interns and 0.00 0.00 7.01 residents (in an approved programs) 8.00 Home office personnel 0.00 0.00 8.00 SNF 44 00 0.00 9 00 0 00 9 00 10.00 Excluded area salaries (see 13, 595, 442 1, 295, 906 14, 891, 348 593, 524. 00 25.09 10.00 instructions) OTHER WAGES & RELATED COSTS 0 0 0.00 0.00 11.00 Contract labor: Direct Patient 11.00 Care 12.00 Contract Labor: Top Level 0 0 0.00 0.00 12.00 management and other management and administrative servi ces Contract Labor: Physician-Part 13.00 7, 249, 803 0 7, 249, 803 53, 056. 00 136.64 13.00 A - Administrative 14.00 Home office salaries & 11, 642, 757 0 11, 642, 757 355, 647. 00 32.74 14.00 wage-related costs Home office: Physician Part A 15.00 102.800 102,800 309.00 332. 69 15.00 - Administrative 16.00 Home office and Contract 0 0 0.00 0.00 16.00 Physicians Part A - Teaching WAGE-RELATED COSTS 17.00 Wage-related costs (core) (see 63, 879, 553 0 63, 879, 553 17.00 instructions) Wage-related costs (other) 18.00 18.00 0 (see instructions) 19.00 19 00 Excluded areas 12, 942, 435 12, 942, 435 20.00 Non-physician anesthetist Part 20.00 21.00 Non-physician anesthetist Part 35, 554 35, 554 21.00 22.00 Physician Part A -323,004 323, 004 22.00 Administrative 22.01 Physician Part A - Teaching 115, 694 115, 694 22.01 23.00 Physician Part B 23.00 4, 425, 607 4, 425, 607 24.00 Wage-related costs (RHC/FQHC) 24 00 25.00 Interns & residents (in an 292, 981 292, 981 25.00 approved program) OVERHEAD COSTS - DIRECT SALARIES Employee Benefits Department 26.00 4. 00 1, 573, 192 76. 676 1, 649, 868 65, 678. 00 25. 12 26.00 Administrative & General 32, 793, 006 27.00 5.00 29, 636, 232 1, 037, 258. 00 28. 57 27.00 -3, 156, 774 28.00 Administrative & General under 0.00 0.00 28.00 C contract (see inst.) 29.00 Maintenance & Repairs 6.00 0.00 0.00 29.00 Operation of Plant 2, 851, 651 24. 99 7 00 150, 742 3, 002, 393 120, 125. 00 30 00 30.00 31.00 Laundry & Linen Service 8.00 529, 672 7, 758 537, 430 47, 322. 00 11. 36 31.00 32.00 Housekeepi ng 9.00 3, 325, 883 47, 018 3, 372, 901 302, 879. 00 11. 14 32.00 33.00 Housekeeping under contract 0.00 0.00 33.00 (see instructions) 2, 948, 430 110, 887. 00 34 00 34.00 Di etarv 10.00 -1, 577, 368 1, 371, 062 12. 36 Di etary under contract (see 0.00 35.00 0.00 35.00 instructions) 36.00 Cafeteri a 11.00 898, 963 898, 963 72, 705. 00 12. 36 36.00 0.00 Maintenance of Personnel 12 00 37 00 37 00 0 00 38.00 Nursing Administration 13.00 2, 132, 312 40, 527 2, 172, 839 92, 118. 00 23. 59 38.00 |Central Services and Supply 1, 996, 073 2, 014, 874 118, 733. 00 16. 97 39.00 39.00 14.00 18, 801

15.00

7, 261, 978

7, 326, 089

64, 111

203, 773. 00

35. 95 40. 00

40.00 Pharmacy

Health Financial Systems		DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
HOSPITAL WAGE INDEX INFORMATION			Provi der		Period: From 10/01/2013 To 09/30/2014		pared:
						2/28/2015 3:3	
	Worksheet A	Amount	Recl assi fi cati		Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
			(from	(col.2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
	1. 00	2.00	3.00	4. 00	5. 00	6. 00	
41.00 Medical Records & Medical	16. 00	2, 555, 899	1, 462, 750	4, 018, 64	9 210, 066. 00	19. 13	41. 00
Records Library 42.00 Social Service	17. 00	2, 730, 411	22, 515	2, 752, 92	6 108, 004. 00	25 40	42. 00
			22, 313	2, 732, 92	· ·		
43.00 Other General Service	18. 00		U I	1	0.00	0.00	43. 00

near th	Titianciai Systems		DEACONESS	HUSFI IAL		III LIE	tu or roriii civi3-2	2002-10
HOSPI T	TAL WAGE INDEX INFORMATION			Provi der		Period: From 10/01/2013	Worksheet S-3 Part III	
						To 09/30/2014		
		Worksheet A	Amount	Reclassi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col . 5)	
				Worksheet A-6)	3)	col. 4		
		1.00	2.00	3. 00	4. 00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		173, 802, 169	-1, 238, 705	172, 563, 46	4 7, 079, 155. 00	24. 38	1. 00
	instructions)							
2.00	Excluded area salaries (see		13, 595, 442	1, 295, 906	14, 891, 34	8 593, 524. 00	25. 09	2. 00
	instructions)							
3.00	Subtotal salaries (line 1		160, 206, 727	-2, 534, 611	157, 672, 11	6, 485, 631. 00	24. 31	3. 00
	minus line 2)							
4.00	Subtotal other wages & related		18, 995, 360	0	18, 995, 36	0 409, 012. 00	46. 44	4. 00
	costs (see inst.)							
5.00	Subtotal wage-related costs		64, 202, 557	0	64, 202, 55	7 0.00	40. 72	5. 00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		243, 404, 644	-2, 534, 611	240, 870, 03	3 6, 894, 643. 00	34. 94	6. 00
7.00	Total overhead cost (see		60, 698, 507	-1, 944, 281	58, 754, 22	6 2, 489, 548. 00	23. 60	7. 00
	instructions)							

Health Financial Systems	DEACONESS HOSPI TAL	In Lie	u of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 150082	Peri od: From 10/01/2013	Worksheet S-3
			Date/Time Prepared:

	To 09/30/2014	Date/Time Prep 2/28/2015 3:3	
		Amount	
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	7, 041, 463	
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2. 00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3. 00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	10, 886, 866	4. 00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	46, 769	5. 00
6.00	Legal /Accounting/Management Fees-Pension Plan	166, 628	
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	41, 074, 506	8. 00
9.00	Prescription Drug Plan	0	9. 00
10.00	Dental, Hearing and Vision Plan	966, 467	10.00
11. 00	Life Insurance (If employee is owner or beneficiary)	109, 882	11. 00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	3, 280, 810	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1, 286, 043	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16.00
	Non cumulative portion)		
	TAXES		
17. 00	FICA-Employers Portion Only	14, 002, 837	17. 00
18.00	Medicare Taxes - Employers Portion Only	0	18. 00
19.00	Unempl oyment Insurance	195, 234	19. 00
20.00	State or Federal Unemployment Taxes	0	20. 00
	OTHER		
21. 00	Executive Deferred Compensation (Other Than Retirement Cost Reported on Lines 1 through 4 above. (see instructions))	1, 124, 843	21. 00
22.00	Day Care Cost and Allowances	1, 321, 689	22. 00
23. 00	Tui tion Reimbursement	510, 791	23. 00
24. 00	Total Wage Related cost (Sum of lines 1 -23)	82, 014, 828	24. 00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25. 00
	•		•

Heal th	Financial Systems	DEACONESS HOSPI	I TAL		In Lie	u of Form CMS-2	2552-10
	AL CONTRACT LABOR AND BENEFIT COST		Provi der	CCN: 150082	Peri od: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part V Date/Time Pre 2/28/2015 3:3	
	Cost Center Description				Contract Labor	Benefit Cost	
					1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost						
4 00	Hospital and Hospital-Based Component Identifica						4 00
1.00	Total facility's contract labor and benefit cos	τ			0	0	1.00
2.00	Hospi tal				0	0	2.00
3.00	Subprovi der - I PF				0	0	3. 00 4. 00
4. 00 5. 00	Subprovi der - I RF				0	0	
6.00	Subprovi der - (Other) Swing Beds - SNF				0	0	6.00
7. 00	Swing Beds - NF				0	0	7.00
8.00	Hospi tal -Based SNF				0	0	8.00
9. 00	Hospi tal -Based NF				0	U	9.00
10. 00	Hospi tal -Based OLTC						10.00
11. 00	Hospi tal -Based HHA				0	0	
12. 00	Separately Certified ASC					O	12.00
13. 00	Hospi tal -Based Hospi ce				0	0	
14. 00	Hospital -Based Health Clinic RHC					ŭ	14. 00
15. 00	Hospi tal -Based Heal th Clinic FQHC						15. 00
16. 00	Hospi tal -Based-CMHC						16. 00
17. 00	Renal Dialysis				0	0	
18. 00	Other				0	0	18. 00
	!				•		•

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-	2552-10
	HEALTH AGENCY STATISTICAL DATA		Provi der	CCN: 150082 t CCN: 157132	Peri od: From 10/01/2013 To 09/30/2014	Worksheet S-4 Date/Time Pre	pared:
					Home Health	2/28/2015 3: 3 PPS	1 pm
					Agency I	00	
0.00	County				1.	00	0.00
0.00	Journey	Title V	Title XVIII	Title XIX	Other	Total	0.00
		1. 00	2.00	3.00	4. 00	5. 00	
1. 00	HOME HEALTH AGENCY STATISTICAL DATA Home Health Aide Hours	1 0	875	:	4 300	1, 179	1. 00
2.00	Unduplicated Census Count (see instructions)	0. 00		1		•	
					ployees (Full Ti		
		Enter the numb	er of hours in	Staff	Contract	Total	
		your normal	work week				
	house with the Addition of the Control of the Contr	(	)	1.00	2. 00	3. 00	
3. 00	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  Administrator and Assistant Administrator(s)		40.00	0. (	0.00	0.00	3.00
4. 00	Director(s) and Assistant Director(s)		40.00	0. 2		•	
5.00	Other Administrative Personnel			10. 6	0.00	10. 64	5. 00
6. 00	Di rect Nursing Service			11. 1			1
7. 00 8. 00	Nursing Supervisor Physical Therapy Service			0. (			
9. 00	Physical Therapy Supervisor			0.0		1	9. 00
10.00	Occupational Therapy Service			0.0		1	1
11. 00 12. 00	Occupational Therapy Supervisor Speech Pathology Service			0. 0		•	
13. 00	Speech Pathology Supervisor			0.0		1	1
14. 00	Medical Social Service			0.6		1	1
15.00	Medical Social Service Supervisor			0.0			1
16. 00 17. 00	Home Health Aide Home Health Aide Supervisor			1. 1		1	1
18. 00	Other (specify)			0.0		1	1
	HOME HEALTH AGENCY CBSA CODES						
19. 00	Enter in column 1 the number of CBSAs where you provided services during the cost				2		19. 00
	reporting period.						
20. 00	` '			21780			20. 00
	during this cost reporting period (line 20 contains the first code).						
20. 01	dontario the irrat dadey.			99915			20. 01
			oi sodes	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- DED 0-1	T-+-! (!-	
		Outliers	With Outliers	LUPA EDISOGE	PEP Only Epi sodes	Total (cols. 1-4)	
		1.00	2. 00	3.00	4. 00	5. 00	
21 00	PPS ACTIVITY DATA Skilled Nursing Visits	4, 323	265	: 1	79 276	5, 043	21 00
21. 00 22. 00	Skilled Nursing Visit Charges	875, 544					1
23. 00	Physical Therapy Visits	2, 714	46		73		
24. 00	Physical Therapy Visit Charges	604, 335					
25. 00 26. 00	Occupational Therapy Visits Occupational Therapy Visit Charges	1, 059 249, 397		1	6 21 28 4, 998	1	
27. 00	Speech Pathology Visits	157		. 1	0 14	1	1
28. 00	Speech Pathology Visit Charges	37, 333		1	0 3, 332		
29. 00 30. 00	Medical Social Service Visits Medical Social Service Visit Charges	60 19, 080		1	1 7 20 2, 240	68 21, 640	
31. 00	Home Health Aide Visits	934			2 57	1	
32. 00	Home Health Aide Visit Charges	113, 244	1, 458		6, 804	121, 758	32. 00
33. 00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9, 247	365	5 28	32 448	10, 342	33. 00
34. 00	Other Charges	0			0 0	0	34.00
35. 00	Total Charges (sum of lines 22, 24, 26, 28,	1, 898, 933	78, 439	46, 13	89, 427	•	
36. 00	30, 32, and 34) Total Number of Episodes (standard/non	530		-	78 28	636	36. 00
	outlier)	330		,	20		
37. 00 38. 00	Total Number of Outlier Episodes Total Non-Routine Medical Supply Charges	27, 307	, 1, 872	2, 44	3 40 2, 130		37. 00 38. 00
30.00	Trotal Non Roatine medical Supply Charges	27,307	1,0/2	-1 2,44	2, 130	J 33, 149	1 30.00

Health Financial Systems	DEACONESS HOSPITAL	In Li	eu of Form CMS-2552-10
HOSPITAL IDENTIFICATION DATA		CCN: 150082   Peri od:   From 10/01/201	
	Component	CCN: 151512 To 09/30/2014	Date/Time Prepared: 2/28/2015 3:31 pm
		Hospi ce I	

						Hospi ce I		
		Unduplicated						
		Days						
		Title XVIII	Title XIX	Title XVIII	Title XIX	All Other	Total (sum of	
				Skilled	Nursi ng		cols. 1, 2 &	
				Nursi ng	Facility		5)	
				Facility				
		1.00	2. 00	3. 00	4. 00	5. 00	6. 00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	6, 271	402	0	6	670	7, 343	2.00
3.00	Inpatient Respite Care	107	2	0	0	10	119	3.00
4.00	General Inpatient Care	621	75	0	0	57	753	4.00
5.00	Total Hospice Days	6, 999	479	0	6	737	8, 215	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving	277	22	0	2	31	330	6.00
	Hospi ce Care							
7.00	Total Number of Unduplicated	0. 00		0.00				7.00
	Continuous Care Hours Billable							
	to Medicare							
8.00	Average Length of Stay (line	25. 27	21. 77	0.00	3.00	23. 77	24. 89	8.00
	5/line 6)							
9.00	Unduplicated Census Count	271	20	0	2	27	318	9.00
				'		•	'	

		554000500 0000				6.5 040	
	Financial Systems	DEACONESS HOSPI				eu of Form CMS-2	
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA		Provi der	CCN: 150082	Peri od:	Worksheet S-1	)
					From 10/01/2013 To 09/30/2014		oarod:
					10 09/30/2014	2/28/2015 3:3	
			1			27 207 2010 0.0	Pill
						1. 00	
	Uncompensated and indigent care cost computati	on					
1.00	Cost to charge ratio (Worksheet C, Part I line	e 202 column 3 div	ided by li	ne 202 col un	n 8)	0. 250843	1.00
	Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid					24, 648, 107	2.00
3.00	Did you receive DSH or supplemental payments	from Medicaid?					3. 00
4.00	If line 3 is "yes", does line 2 include all D		1 2	from Medicai	d?		4.00
5.00	If line 4 is "no", then enter DSH or suppleme	ntal payments from	Medi cai d			0	5. 00
6.00	Medi cai d charges					201, 803, 664	6. 00
7.00	Medicaid cost (line 1 times line 6)					50, 621, 036	7. 00
8.00	Difference between net revenue and costs for	Medicaid program (	line 7 mir	nus sum of li	nes 2 and 5; if	25, 972, 929	8. 00
	< zero then enter zero)						
	State Children's Health Insurance Program (SCI	HIP) (see instructi	ions for e	each line)		_	
9.00	Net revenue from stand-alone SCHIP					0	9. 00
10.00	Stand-alone SCHIP charges					0	10.00
11. 00	Stand-alone SCHIP cost (line 1 times line 10)					0	11.00
12. 00	Difference between net revenue and costs for	stand-alone SCHLP	(line 11 m	ninus line 9;	if < zero then	0	12. 00
	enter zero)			S	1		
13. 00	Other state or local government indigent care					0	13. 00
14. 00	Net revenue from state or local indigent care					0	
14.00	00 Charges for patients covered under state or local indigent care program (Not included in lines 6 or 0 14.						14.00
15. 00	State or local indigent care program cost (li	ne 1 times line 14	)			0	15. 00
16. 00	Difference between net revenue and costs for			nrogram (Li	ne 15 minus line	ĺ	
10.00	13; if < zero then enter zero)	state of rocal rina	rgent care	program (11	ne re iminas irne		10.00
	Uncompensated care (see instructions for each	line)					
17. 00	Private grants, donations, or endowment incom		ndi ng char	ity care		0	17. 00
18.00						0	18. 00
19.00	Total unreimbursed cost for Medicaid, SCHIP	and state and Local	I indigent	care progra	ms (sum of lines	25, 972, 929	19. 00
	8, 12 and 16)						
				Uni nsured		Total (col. 1	
				pati ents	pati ents	+ col . 2)	
	I			1.00	2. 00	3. 00	
20. 00	Total initial obligation of patients approved			43, 601, 5	5, 778, 104	49, 379, 684	20. 00
04.00	charges excluding non-reimbursable cost cente			40.007.	4 440 007	40 007 540	04 00
21. 00	Cost of initial obligation of patients approvitimes line 20)	ed for charity car	e (Tine T	10, 937, 1	1, 449, 397	12, 386, 548	21.00
22. 00	1	ity cara		261, 1	10	261, 118	22. 00
23. 00		ity care		10, 676, 0		12, 125, 430	
23.00	cost of charity care (The 21 millios The 22)			10, 676, 0	1, 447, 377	12, 125, 450	23.00
						1. 00	
24. 00	Does the amount in line 20 column 2 include c	harges for patient	days beyo	ond a Length	of stay limit	N	24. 00
	imposed on patients covered by Medicaid or ot			3	3		
25.00	If line 24 is "yes," charges for patient day	s beyond an indige	nt care pr	ogram's Leng	th of stay limit	0	25. 00
26. 00	Total bad debt expense for the entire hospita	l complex (see ins	tructions)			49, 813, 877	26. 00
27. 00	Medicare bad debts for the entire hospital co	mplex (see instruc	tions)			1, 377, 616	27. 00
28. 00	Non-Medicare and non-reimbursable Medicare ba	d debt expense (li	ne 26 minu	ıs line 27)		48, 436, 261	28. 00
29. 00	Cost of non-Medicare and non-reimbursable Med		ense (line	e 1 times lir	ie 28)	12, 149, 897	
30.00	.00   Cost of uncompensated care (line 23 column 3 plus line 29)   24, 275, 327   30.00						
31. 00	Total unreimbursed and uncompensated care cos	t (line 19 plus li	ne 30)			50, 248, 256	31. 00

Heal th	Financial Systems	DEACONESS H	OSPI TAL		In Lie	eu of Form CMS-	2552-10
RECLAS	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	F EXPENSES	Provi der		Peri od:	Worksheet A	
					From 10/01/2013 To 09/30/2014	Date/Time Pre	nared:
					10 09/30/2014	2/28/2015 3:3	
	Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	Reclassi fi ed	
	·			+ col . 2)	ons (See A-6)	Trial Balance	
						(col. 3 +-	
						col. 4)	
		1.00	2. 00	3. 00	4. 00	5. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		26, 486, 314	26, 486, 31	4 -470, 259	26, 016, 055	1.00
1. 01	00101 NEW CAP REL COSTS- BLDG & FIXT		0	)	0 61, 274		1. 01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		5, 477, 796	5, 477, 79	6 21, 209, 334	26, 687, 130	
3.00	00300 OTHER CAPITAL RELATED COSTS		0		0	0	
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	1, 573, 192	39, 797, 657				
5.00	00500 ADMINISTRATIVE & GENERAL	32, 793, 006	72, 922, 490				
7. 00	00700 OPERATION OF PLANT	2, 851, 651	8, 248, 800				
8.00	00800 LAUNDRY & LINEN SERVICE	529, 672	492, 628				
9. 00	00900 HOUSEKEEPI NG	3, 325, 883	1, 065, 661			1	
10.00	01000 DI ETARY	2, 948, 430	2, 981, 053	1		1	1
11. 00	01100 CAFETERI A	0	0		0 1, 673, 314	1	1
13. 00	01300 NURSI NG ADMI NI STRATI ON	2, 132, 312	917, 442			1	1
14. 00	01400 CENTRAL SERVICES & SUPPLY	1, 996, 073	3, 684, 568				
15.00	01500 PHARMACY	7, 261, 978	31, 955, 652			1	
16.00	01600 MEDI CAL RECORDS & LI BRARY	2, 555, 899	541, 259				
17. 00	01700 SOCIAL SERVICE	2, 730, 411	870, 687	3, 601, 09			
21. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	0	0	1	0 1, 091, 956		
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	0	0		0 892, 145		•
23. 00	02300 PARAMED ED PRGM - PHARMACY	182, 013	22, 072	1			
23. 01	02301 PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	0		0 179, 045		
23. 03	02302 PARAMED ED PRGM- NURSING	0	0		0 256, 619	256, 619	23. 03
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	41 554 104	7 545 420	10,000,71	4 714 475	44 205 120	20.00
30.00	03000 ADULTS & PEDI ATRI CS	41, 554, 194	7, 545, 420				
31.00	03100   NTENSIVE CARE UNIT	9, 526, 465	2, 211, 692				
32. 00	03200 CORONARY CARE UNIT	2, 379, 589	559, 589				
40.00	04000 SUBPROVI DER - I PF	1, 009, 626	104, 554	1			1
44. 00	04400 SKILLED NURSING FACILITY	0	0		0 0	0	44. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	20, 264, 557	66, 257, 841	86, 522, 39	8 -32, 909, 095	53, 613, 303	50.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	8, 555, 123	12, 266, 565				1
55. 00	05500 RADI OLOGY - THERAPEUTI C	439, 311	4, 497, 314				1
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 041, 506	3, 661, 093				
60.00	06000 LABORATORY	11, 104, 642	17, 551, 138				
64. 00	06400 I NTRAVENOUS THERAPY	681, 081	1, 142, 974				1
65. 00	06500 RESPI RATORY THERAPY	2, 833, 070	1, 049, 320				
66. 00	06600 PHYSI CAL THERAPY	2,000,070	11, 533, 395			1	
69. 00	06900 ELECTROCARDI OLOGY	365, 844	463, 412			1	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	.00,2	1	0 17, 927, 723		
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	o	0	i	0 20, 945, 729		
73. 00	07300 DRUGS CHARGED TO PATIENTS	o	0	,	0 31, 031, 303		1
74.00	07400 RENAL DIALYSIS	214, 466	1, 263, 959	1, 478, 42			1
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	769, 107	94, 250				
	OUTPATIENT SERVICE COST CENTERS						1
90.00	09000 CLI NI C	1, 524, 526	553, 448	2, 077, 97	4 -119, 764	1, 958, 210	90.00
90. 01	09001 FAMILY PRACTICE CLINIC	2, 753, 021	868, 029	3, 621, 05	0 -2, 157, 299	1, 463, 751	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	365, 220	198, 867	564, 08	7 -31, 968	532, 119	90. 02
90. 03	09003 INFUSION CENTER	112, 572	618, 978	731, 55	0 -11, 389	720, 161	90. 03
90. 04	09004 PRI MARY CARE SENI ORS	1, 740, 694	606, 271	2, 346, 96	5 -153, 189	2, 193, 776	90. 04
90.05	09005 PAIN MANAGEMENT	2, 045, 361	1, 500, 066	3, 545, 42	7 -796, 636	2, 748, 791	90. 05
90.06	09006 WOUND CARE CENTER	265, 771	152, 629	418, 40	0 -72, 059	346, 341	90.06
90. 07	09007 SLEEP CENTER	758, 178	250, 515	1, 008, 69			90. 07
91. 00	09100 EMERGENCY	17, 440, 819	9, 943, 357	27, 384, 17	6 -1, 819, 685	25, 564, 491	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
	09600 DURABLE MEDICAL EQUIP-RENTED	1, 645, 102	3, 305, 601				1
101.00	10100 HOME HEALTH AGENCY	1, 449, 032	1, 217, 874	2, 666, 90	6 -412, 233	2, 254, 673	101. 00
	SPECIAL PURPOSE COST CENTERS	,					
	11600 H0SPI CE	991, 388	627, 925				1
118.00		192, 710, 785	345, 510, 155	538, 220, 94	0 195, 320	538, 416, 260	1118. 00
400 -	NONREI MBURSABLE COST CENTERS	. 1			0 105==		100
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 1, 385, 584	1	1
	19200 PHYSI CI ANS' PRI VATE OFFI CES	6, 285, 858	2, 184, 669	1		1	1
	19201   DEACONESS URGENT CARE	0	001.001		0 -10		192. 01
	19202 HEARTCARE OFFICES	224, 473	981, 031				1
	19203 FAMILY PHARMACY	525, 065	8, 487, 599			1	•
	07950 OTHER NONREIMBURSABLE COST CENTERS	913, 744	1, 205, 548			1	•
	07951 OCCUPATI ONAL HEALTH	344, 476	154, 455				
	07952 OTHER FACILITIES	93, 104	3, 452, 366			3, 211, 959	
	07953 THE HEART HOSPI TAL	0 E40 1E0	657, 428				
	07954 PUBLIC RELATIONS 07955 CHILD CARE CENTER	560, 150	1, 464, 524				
194. 03	0/700 OHILD CARE CENTER	1, 016, 513	289, 227	1, 305, 74	0 -52, 873	1, 252, 867	1174. UD

Heal th Financ	ial Systems		DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECLASSI FI CA	TION AND ADJUSTMENTS OF TRIAL	BALANCE OF	EXPENSES	Provi der		Period: From 10/01/2013	Worksheet A	
					_		Date/Time Prep 2/28/2015 3:3	
	Cost Center Description		Sal ari es	0ther	Total (col. 1	Recl assi fi cati	Recl assi fi ed	
					+ col. 2)	ons (See A-6)	Trial Balance	
							(col. 3 +-	
							col. 4)	
			1. 00	2.00	3. 00	4. 00	5. 00	
200.00	TOTAL (SUM OF LINES 118-199)		202, 674, 168	364, 387, 002	567, 061, 170	0	567, 061, 170	200.00

Peri od: From 10/01/2013 To 09/30/2014 Date/Ti me Prepared: 2/28/2015 3:31 pm

			2/28/2015 3: 31	l pm
Cost Center Description	Adjustments	Net Expenses		
	(See A-8) 6.00	For Allocation 7.00		
GENERAL SERVICE COST CENTERS	0.00	7.00		
1. 00 O0100 NEW CAP REL COSTS-BLDG & FIXT	-8, 213, 169	17, 802, 886		1. 00
1.01 00101 NEW CAP REL COSTS- BLDG & FIXT	0			1. 01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	721, 181	27, 408, 311		2.00
3.00 00300 OTHER CAPITAL RELATED COSTS	0		1	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	-12, 113, 774		1	4. 00
5. 00 00500 ADMINISTRATIVE & GENERAL	-1, 860, 108		1	5. 00
7.00   00700   0PERATION OF PLANT 8.00   00800   LAUNDRY & LINEN SERVICE	112 125	10, 846, 149		7. 00 8. 00
8. 00   00800  LAUNDRY & LI NEN SERVI CE 9. 00   00900  HOUSEKEEPI NG	113, 135	1		9. 00
10. 00   01000 DI ETARY	249, 278			10.00
11. 00 01100 CAFETERI A	-942, 330		1	11. 00
13. 00 01300 NURSI NG ADMI NI STRATI ON	100, 000	1		13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	2, 189, 202		14.00
15. 00   01500   PHARMACY	-28	1	1	15. 00
16. 00 01600 MEDICAL RECORDS & LIBRARY	570, 807	1		16. 00
17. 00 01700 SOCIAL SERVICE	-511, 222			17.00
21.00   02100   1&R SERVI CES-SALARY & FRINGES APPRVD 22.00   02200   1&R SERVI CES-OTHER PRGM COSTS APPRVD	0		1	21. 00 22. 00
23. 00   02300   PARAMED ED   PRGM - PHARMACY				23. 00
23. 01   02301   PARAMED ED PRGM- CHAPLAI N RESIDENCY	0		·	23. 00
23. 03   02302   PARAMED ED   PRGM- NURSI NG	Ö		·	23. 03
INPATIENT ROUTINE SERVICE COST CENTERS	-	· ·	,	
30. 00 03000 ADULTS & PEDIATRICS	-10, 406, 140	33, 978, 999		30.00
31.00 03100 INTENSIVE CARE UNIT	-36, 469	1		31. 00
32. 00 03200 CORONARY CARE UNIT	0			32. 00
40. 00   04000   SUBPROVI DER -   PF	0			40.00
44. 00 04400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	0	0		44. 00
50. 00 05000 OPERATING ROOM	-29, 407, 628	24, 205, 675		50. 00
54. 00   05400   RADI OLOGY - DI AGNOSTI C	-926, 651	14, 929, 080		54. 00
55. 00 05500 RADI OLOGY - THERAPEUTI C	-2, 354, 934		1	55. 00
59. 00   05900 CARDI AC CATHETERI ZATI ON	28, 240			59.00
60. 00   06000   LABORATORY	-589, 658			60.00
64.00 06400 INTRAVENOUS THERAPY	-63, 348	1, 680, 453		64.00
65. 00 06500 RESPI RATORY THERAPY	0			65. 00
66. 00   06600   PHYSI CAL THERAPY	-4, 616, 385	1		66. 00
69. 00 06900 ELECTROCARDI OLOGY	1, 011, 987	1, 801, 614	1	69.00
71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00   07200   MPL. DEV. CHARGED TO PATIENT	233, 805 338, 740	1		71. 00 72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	336, 740	1	1	73. 00
74. 00 07400 RENAL DI ALYSI S	-5, 070	1	1	74. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	1	1	76. 00
OUTPATIENT SERVICE COST CENTERS		·		
90. 00 09000 CLI NI C	-47, 771	1, 910, 439		90.00
90.01 09001 FAMILY PRACTICE CLINIC	-81, 961	1, 381, 790		90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0			90. 02
90. 03   09003   NFUSION CENTER	-1, 216, 943			90. 03
90. 04   09004   PRI MARY CARE SENI ORS 90. 05   09005   PAI N MANAGEMENT	-1, 216, 943	l ·		90. 04 90. 05
90. 06   09006   WOUND CARE CENTER	-27, 287			90.06
90. 07   09007   SLEEP CENTER	-5, 701			90. 07
91. 00   09100   EMERGENCY	-11, 482, 719	1	·	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	-18, 000		1	96.00
101. 00 10100 HOME HEALTH AGENCY	-107, 930	2, 146, 743	f	101. 00
SPECIAL PURPOSE COST CENTERS	110 517	1 740 /05		11/ 00
116.00 11600 HOSPICE 118.00  SUBTOTALS (SUM OF LINES 1-117)	110, 517 -81, 932, 393			116. 00 118. 00
NONREI MBURSABLE COST CENTERS	-81, 932, 393	450, 483, 807		118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1, 385, 584		190. 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0	1	1	192.00
192. 01 19201 DEACONESS URGENT CARE	0	-10		192. 01
192. 02 19202 HEARTCARE OFFICES	0	1, 189, 719	1	192. 02
192.03 19203 FAMILY PHARMACY	0	8, 907, 118		192. 03
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	2, 048, 634		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	0	472, 582		194. 01
194. 02 07952  OTHER FACILITIES	0		·	194. 02
194. 03 07953 THE HEART HOSPITAL 194. 04 07954  PUBLI C RELATI ONS	0			194. 03 194. 04
194. 04 07954 PUBLIC RELATIONS 194. 05 07955 CHILD CARE CENTER	0	1		194. 04
200.00 TOTAL (SUM OF LINES 118-199)	-81, 932, 393			200. 00
(22 2 2 2 1 1)	1 2., . 32, 370	,,,	!*	

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 10/01/2013 To 09/30/2014 Date/Time Prepared: 2/28/2015 3: 31 pm Provi der CCN: 150082

					2/28/2015 3	
		Increases				
	Cost Center	Li ne #	Salary	Other		
	2.00	3. 00	4. 00	5. 00		
1 00	A - BUILDING DEPRECIATION NEW CAP REL COSTS-BLDG &	1.00	0	225 007		1 00
1. 00	FLXT	1.00	٥	335, 007		1. 00
2.00		0.00	0	0		2. 00
	TOTALS — — — —			335, 007		
	B - EQUIPMENT DEPRECIATION	<u>.                                      </u>		<u> </u>		
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	20, 563, 890		1. 00
	EQUI P		_	_		
2.00		0.00	0	0		2. 00
3. 00 4. 00		0. 00 0. 00	0	0		3.00
5. 00	1	0.00	o	0		4. 00 5. 00
6. 00		0.00	o	0		6. 00
7. 00		0.00	ő	0		7. 00
8.00		0.00	0	0		8. 00
9.00		0.00	0	0		9. 00
10.00		0.00	0	0		10. 00
11. 00		0. 00	0	0		11. 00
12.00		0.00	0	0		12. 00
13.00		0.00	0	0		13. 00
14. 00 15. 00		0. 00 0. 00	0	0		14. 00 15. 00
16. 00		0.00	0	0		16. 00
17. 00		0.00	o	o		17. 00
18. 00		0.00	o	0		18. 00
19. 00		0.00	Ö	0		19. 00
20.00		0.00	0	0		20. 00
21. 00		0.00	0	0		21. 00
22. 00		0. 00	0	0		22. 00
23. 00		0.00	0	0		23. 00
24. 00		0.00	0	0		24. 00
25. 00 26. 00		0. 00 0. 00	0	0		25. 00 26. 00
27. 00		0.00	o	0		27. 00
28. 00		0.00	o	o		28. 00
29. 00		0.00	Ö	Ö		29. 00
30.00		0.00	o	0		30.00
31.00		0.00	0	0		31. 00
32.00		0.00	0	0		32. 00
33. 00		0. 00	0	0		33. 00
34. 00		0.00	0	0		34. 00
35. 00 36. 00		0. 00 0. 00	0	0		35. 00 36. 00
37. 00		0.00	0	0		37. 00
38. 00		0.00	Ö	Ö		38. 00
39. 00		0.00	0	0		39. 00
40.00		0.00	0	0		40. 00
41.00		0.00	0	0		41. 00
42.00		0. 00	0	0		42. 00
43.00		0.00	0	0		43. 00
44. 00	TOTALS — — — — —	0.00		0 20, 563, 890		44. 00
	C - HSB BUILDING DEPRECIATION		U	20, 303, 690		
1. 00	NEW CAP REL COSTS- BLDG &	1. 01	0	51, 945		1.00
	FIXT		1	2.,		
	TOTALS		0	51, 945		_
	D - INTEREST EXPENSE					
1. 00	NEW CAP REL COSTS-MVBLE	2. 00	0	287, 896		1. 00
	EQUI P	+	+			
	TOTALS  E - CAFETERI A/GARDEN CAFÉ		0	287, 896		_
1. 00	CAFETERIA/GARDEN CAFE	11.00	898, 963	774, 351		1.00
2. 00	GIFT, FLOWER, COFFEE SHOP &	190.00	744, 384	641, 200		2. 00
2.00	CANTEEN SOIT EE SHOT Q	170.00	, 11, 551	011, 200		2.00
	TOTALS		1, 643, 347	1, 415, 551		
	F - QUALITY SHARE/INCENTIVE C					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	76, 376	0		1. 00
2.00	ADMI NI STRATI VE & GENERAL	5.00	2, 118, 030	0		2. 00
3.00	OPERATION OF PLANT	7. 00	169, 157	0		3. 00
4.00	LAUNDRY & LINEN SERVICE	8.00	9, 471	0		4. 00
5. 00 6. 00	HOUSEKEEPI NG DI ETARY	9. 00 10. 00	85, 195 74, 788	0		5. 00 6. 00
7. 00	NURSING ADMINISTRATION	13. 00	74, 788 54, 744	0		7. 00
8. 00	CENTRAL SERVICES & SUPPLY	14. 00	31, 803	0		8. 00
			===[	=1		

Heal th	Financial Systems		DEACONESS	HOSPI TAL		In Lie	u of Form CMS-	-2552-10
RECLAS	SI FI CATI ONS			Provi der	CCN: 150082	Peri od: From 10/01/2013	Worksheet A-	6
						To 09/30/2014		
		Increases					2/28/2015 3:	31 pm
	Cost Center	Li ne #	Sal ary	Other				
	2. 00	3. 00	4. 00	5. 00				
9.00	PHARMACY	15. 00	154, 457	0				9. 00
10. 00 11. 00	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	16. 00 17. 00	67, 260 33, 748	0				10.00
12. 00	PARAMED ED PRGM - PHARMACY	23. 00	648	0				12. 00
13. 00	ADULTS & PEDIATRICS	30.00	516, 237	Ö				13. 00
14. 00	INTENSIVE CARE UNIT	31. 00	106, 453	0				14. 00
15.00	CORONARY CARE UNIT	32. 00	27, 341	0				15. 00
16.00	SUBPROVI DER - I PF	40. 00	10, 340	0				16. 00
17. 00	OPERATING ROOM	50.00	260, 749	0				17. 00
18.00	RADI OLOGY - DI AGNOSTI C	54.00	181, 847	0				18.00
19. 00 20. 00	RADI OLOGY - THERAPEUTI C CARDI AC CATHETERI ZATI ON	55. 00 59. 00	12, 984 22, 002	0				19. 00 20. 00
21. 00	LABORATORY	60.00	174, 494	0				21. 00
22. 00	I NTRAVENOUS THERAPY	64.00	11, 306	Ö				22. 00
23. 00	RESPI RATORY THERAPY	65.00	28, 694	0				23. 00
24.00	ELECTROCARDI OLOGY	69. 00	5, 688	0				24. 00
25.00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 00	21, 796	0				25. 00
0, 00	SERVI CES		00.445					
26. 00	CLINIC	90.00	29, 465	0				26. 00
27. 00 28. 00	FAMILY PRACTICE CLINIC OUTPATIENT PSYCHIATRIC	90. 01 90. 02	67, 506 7, 156	0				27. 00 28. 00
20.00	ISERVI CES	90.02	7, 150	U				20.00
29. 00	PRIMARY CARE SENIORS	90. 04	17, 263	0				29. 00
30.00	PAIN MANAGEMENT	90. 05	50, 920	0				30.00
31.00	WOUND CARE CENTER	90.06	2, 752	0				31.00
32.00	SLEEP CENTER	90. 07	27, 180	0				32. 00
33. 00	EMERGENCY	91. 00	212, 154	0				33. 00
34. 00	DURABLE MEDICAL EQUIP-RENTED	96.00	56, 337	0				34.00
35. 00 36. 00	HOME HEALTH AGENCY HOSPICE	101. 00 116. 00	48, 171 57, 525	0				35. 00 36. 00
37. 00	PHYSICIANS' PRIVATE OFFICES	192.00	32, 050	0				37. 00
38. 00	HEARTCARE OFFICES	192. 02	10, 135	0				38. 00
39. 00	FAMILY PHARMACY	192. 03	1, 295	0				39. 00
40.00	OTHER NONREI MBURSABLE COST	194.00	38, 354	0				40.00
	CENTERS							
41. 00	OCCUPATI ONAL HEALTH	194. 01	4, 592	0				41.00
42. 00	OTHER FACILITIES	194. 02	15, 611	0				42.00
43.00	PUBLIC RELATIONS	194.04	26, 984 64, 559	0				43.00
44. 00	CHILD CARE CENTER TOTALS	1 <u>94.</u> 05	5, 025, 617	0				44. 00
	G - LEASES		3, 023, 017	<u> </u>				
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	425, 126				1.00
	FLXT							
2.00	NEW CAP REL COSTS-MVBLE	2. 00	0	241, 107				2. 00
2 00	EQUI P	0.00		0				2 00
3. 00	TOTALS — — — —	0.00	0	0 666, 233				3. 00
	H - DRUGS CHARGED	l	<u> </u>	000, 233				
1.00	DRUGS CHARGED TO PATIENTS	73. 00	0	31, 031, 303				1.00
	TOTALS		0	31, 031, 303				
	I - MEDICAL SUPPLIES CHARGED							
1. 00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	3, 038, 943				1.00
2 00	PATIENTS	72.00	0	EE 027				2 00
2. 00	I MPL. DEV. CHARGED TO PATIENT	72. 00	۷	55, 937				2. 00
	TOTALS — — —	+		3, 094, 880				
	J - RESIDENTS	Į.	-1	2721.77222				
1.00	I &R SERVICES-SALARY &	21. 00	1, 091, 956	0				1. 00
	FRI NGES APPRVD							
2.00	I &R SERVICES-OTHER PRGM	22. 00	772, 145	120, 000				2. 00
	COSTS APPRVD	+	1, 864, 101	120, 000				
	K - PASTORAL EDUCATION		1, 804, 101	120, 000				
1.00	PARAMED ED PRGM- CHAPLAIN	23. 01	173, 060	5, 985				1.00
	RESI DENCY							
	TOTALS		173, 060	5, 985				]
	L - INSURANCE	,						
1. 00	NEW CAP REL COSTS-BLDG &	1. 00	0	557, 400				1. 00
2. 00	FIXT NEW CAP REL COSTS- BLDG &	1. 01	0	9, 329				2. 00
۷. ۵۵	FIXT	1.01	٩	7, 329				2.00
	TOTALS	+	<u> </u>	566, 729				
	'	'	'	- !				•

Health Financial Systems RECLASSIFICATIONS | Peri od: | From 10/01/2013 | To 09/30/2014 | Worksheet A-6 | Date/Time Prepared: | 2/28/2015 3: 31 pm Provi der CCN: 150082

COLD CONTENT   COLD						2/28/2015 3: 31 pm
TOTAL STATE OF STAT			Increases	6.1	011	
No.						
1.00			3.00	4.00	5.00	
1.00	1 00		116 00	53 150	23 333	1 00
IOLAS		l l	•			
No.   SALARIES   1	2.00					2.00
				170, 211	03, 317	
PSYCHIATRIC/PSYCHOLOGICAL   76.00   114,000   0   3.00	1 00		16.00	1 400 000	0	1 00
STAYLES   STAYLES   116_00   8_750   0   0   0   0   0   0   0   0   0		l l	l .			1
ITAM S	2.00		70.00	, 555		2.00
ITAM S	3.00		116. 00	8, 750	0	3.00
1. 00					<u> </u>	
1.00				, , , , , , ,		
TOTALS	1.00		5. 00	12, 820	62, 164	1, 00
0 - PARAMEDICAL ED - NIMESING						
1.00			<u>'</u>	,		
2.00 4.00 6.00 1070	1.00		23. 03	256, 619	0	1.00
4.00	2.00		0.00	0	0	2. 00
5. 00 6. 00 1. 00	3.00		0.00	O	0	3.00
TOTALS	4.00		0.00	O	0	4. 00
TOTALS	5.00		0.00	O	0	5. 00
R - MFDICAL SUPPLIES   1.00     1.00	6.00		0.00	O	0	6. 00
1.00   PATIENTS   1.00   PATIENTS   1.00   1.4,888,780   7.20   2.00   2.0,889,792   2.00   3.00		TOTALS		256, 619	0	
PATIENTS   2						
MPL DEV. CHARGED TO	1.00		71.00	0	14, 888, 780	1. 00
ATTENT						
3. 00 4. 00 5. 00 6. 00 7. 00	2.00		72.00	o	20, 889, 792	2.00
4. 00 6. 00 6. 00 7. 00	_	PATI ENT				
5.00			•	٩	-	1
0.00			•	0		
7. 00   TOTALS   S - BENEF IT S   S - S - S - S - S - S - S - S - S -			•	0	-	•
TOTALS   S				0		1
No.   Company	7. 00		0.00			7. 00
1. 0.0				0	35, 778, 572	
2 . 00 3 . 00 4 . 00 5 . 00 6 . 00 6 . 00 7 . 00 8 . 00 9 . 00 9 . 00 9 . 00 9 . 00 9 . 00 9 . 00 9 . 00 9 . 00 11 . 00 11 . 00 12 . 00 13 . 00 14 . 00 9 . 00 11 . 00 11 . 00 11 . 00 12 . 00 13 . 00 14 . 00 15 . 00 16 . 00 17 . 00 18 . 00 9 . 00 10 . 00 10 . 00 11 . 00 11 . 00 11 . 00 12 . 00 13 . 00 14 . 00 15 . 00 16 . 00 17 . 00 18 . 00 19 . 00 11 . 00 19 . 00 11 . 00 11 . 00 11 . 00 12 . 00 13 . 00 14 . 00 15 . 00 16 . 00 17 . 00 18 . 00 19 . 00 19 . 00 11 . 00 11 . 00 11 . 00 12 . 00 13 . 00 14 . 00 15 . 00 16 . 00 17 . 00 18 . 00 19 . 00 10 . 00 10 . 00 10 . 00 10 . 00 10 . 00 10 . 00 10 . 00 10 . 00 10 . 00						
3.00		l l	•			
4. 00         0. 00         0         0         0         5. 00         6. 00         5. 00         6. 00         7. 00         6. 00         7. 00         6. 00         7. 00         8. 00         9. 00         7. 00         8. 00         9. 00         9. 00         9. 00         9. 00         9. 00         9. 00         10. 00         9. 00         10. 00         9. 00         11. 00         10. 00         9. 00         11. 00         11. 00         10. 00         9. 00         11. 00 <td< td=""><td></td><td>ADMINISTRATIVE &amp; GENERAL</td><td></td><td></td><td></td><td></td></td<>		ADMINISTRATIVE & GENERAL				
5.00         0.00         0         0         6.00         7.00         6.00         7.00         6.00         7.00         8.00         7.00         8.00         7.00         8.00         7.00         8.00         7.00         8.00         7.00         8.00         7.00         8.00         7.00         8.00         7.00         8.00         7.00         8.00         7.00         8.00         7.00         8.00         7.00         9.00<			<b>I</b>	-		
6.00			l	-1		
7.00         0.00         0         0         7.00         8.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         10.00         11.00         1				٩	-	
8.00         0.00         0         0         9,00         9,00         10.00         10.00         10.00         10.00         10.00         10.00         11.00						l l
9.00 10.00 10.00 10.00 10.00 10.00 0.00				٦		l l
10.00				-1		
11. 00 12. 00 13. 00 0. 00 0. 00 0. 00 0. 00 14. 00 15. 00 16. 00 17. 00 18. 00 0. 00 0. 00 0. 00 0. 00 0. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 24. 00 25. 00 26. 00 27. 00 28. 00 0.			•			
12.00			l .	-1		
13. 00				-1		
14. 00       0. 00       0       0       14. 00         15. 00       0. 00       0       0       15. 00       16. 00         17. 00       0. 00       0       0       0       17. 00       18. 00       17. 00       18. 00       17. 00       18. 00       17. 00       18. 00       19. 00				-1		
15.00         0.00         0         0         15.00           16.00         0.00         0         0         16.00           17.00         0.00         0         0         17.00           18.00         0.00         0         0         18.00           19.00         0.00         0         0         18.00           19.00         0.00         0         0         0           20.00         0.00         0         0         20.00           21.00         0.00         0         0         0         21.00           22.00         0.00         0         0         0         22.00         21.00         22.00         22.00         22.00         23.00         22.00         23.00         23.00         23.00         23.00         23.00         23.00         24.00         22.00         23.00         24.00         24.00         24.00         24.00         25.00         26.00         27.00         26.00         27.00         26.00         27.00         26.00         27.00         28.00         29.00         30.00         28.00         29.00         30.00         30.00         31.00         30.00         31.00         33.00 <td></td> <td></td> <td></td> <td>- 1</td> <td></td> <td></td>				- 1		
16.00       0.00       0       0       16.00         17.00       0.00       0       0       17.00         18.00       0.00       0       0       0         19.00       0.00       0       0       0       19.00         20.00       0.00       0       0       0       19.00       20.00       19.00         21.00       0.00       0       0       0       0       21.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       23.00       22.00       23.00       22.00       23.00       22.00       23.00       22.00       23.00       23.00       23.00       23.00       23.00       24.00       25.00       24.00       25.00       26.00       25.00       26.00       27.00       26.00       27.00       26.00       27.00       28.00       29.00       28.00       29.00       28.00       29.00       30.00       30.00       31.00       30.00       31.00       32.00       30.00       31.00       32.00       30.00       31.00       32.00       33.00       32.00       33.00       34.00       35.00 <td< td=""><td></td><td></td><td></td><td>- 1</td><td></td><td></td></td<>				- 1		
17. 00       0.00       0       0       17. 00         18. 00       19. 00       0       0       18. 00         19. 00       0.00       0       0       0       19. 00         20. 00       0. 00       0       0       0       20. 00       21. 00         22. 00       0. 00       0       0       0       21. 00       22. 00       22. 00       22. 00       22. 00       22. 00       22. 00       23. 00       22. 00       23. 00       22. 00       23. 00       22. 00       23. 00       24. 00       22. 00       23. 00       24. 00       25. 00       26. 00       24. 00       25. 00       26. 00       27. 00       26. 00       27. 00       26. 00       27. 00       26. 00       27. 00       26. 00       27. 00       28. 00       29. 00       30. 00       31. 00       29. 00       30. 00       31. 00       30. 00       31. 00       30. 00       31. 00       30. 00       31. 00       32. 00       32. 00       32. 00       32. 00       33. 00       34. 00       0. 00       0       33. 00       34. 00       0. 00       0. 00       36. 00       37. 00       36. 00       37. 00       38. 00       39. 00       40. 00						1
19,00       0.00       0       0       19.00         20,00       0.00       0       0       20.00         21,00       0       0       0       21.00         22,00       0.00       0       0       21.00         23,00       0       0       0       0         24,00       0       0       0       0         25,00       0       0       0       0         26,00       0       0       0       0       25.00         26,00       0       0       0       0       25.00       0       26.00         27,00       0       0       0       0       0       27.00       0       22.00       0       27.00       0       22.00       0       27.00       0       27.00       0       28.00       0       29.00       0       0       0       28.00       0       29.00       0       0       30.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33						
19,00       0.00       0       0       19.00         20,00       0.00       0       0       20.00         21,00       0       0       0       21.00         22,00       0.00       0       0       21.00         23,00       0       0       0       0         24,00       0       0       0       0         25,00       0       0       0       0         26,00       0       0       0       0       25.00         26,00       0       0       0       0       25.00       0       26.00         27,00       0       0       0       0       0       27.00       0       22.00       0       27.00       0       22.00       0       27.00       0       27.00       0       28.00       0       29.00       0       0       0       28.00       0       29.00       0       0       30.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33					0	
20.00         0.00         0         0         20.00           21.00         0.00         0         0         21.00           22.00         0.00         0         0         22.00           23.00         0.00         0         0         22.00           23.00         0.00         0         0         0           24.00         0.00         0         0         0           25.00         0.00         0         0         0           26.00         0.00         0         0         0           27.00         28.00         0         0         0         27.00           28.00         0         0         0         0         28.00           29.00         0         0         0         0         29.00           30.00         0         0         0         0         29.00           31.00         0         0         0         0         31.00           32.00         0         0         0         0         32.00           33.00         0         0         0         0         33.00           34.00         0         0						
21.00       0.00       0       0       21.00         22.00       0.00       0       0       22.00         23.00       0.00       0       0       23.00         24.00       0.00       0       0       24.00         25.00       0.00       0       0       25.00         26.00       0.00       0       0       26.00         27.00       0       0       0       27.00         28.00       0       0       0       27.00         28.00       0       0       0       27.00         29.00       0       0       0       0       27.00         30.00       0       0       0       0       29.00         30.00       0       0       0       0       29.00         31.00       0       0       0       0       30.00         31.00       0       0       0       0       31.00         32.00       0       0       0       0       33.00         35.00       0       0       0       0       34.00         35.00       0       0       0       0       <						
22.00       0.00       0       0       22.00         23.00       0.00       0       0       23.00         24.00       0.00       0       0       24.00         25.00       0.00       0       0       0       24.00         26.00       0.00       0       0       0       25.00         26.00       0.00       0       0       0       25.00         27.00       0.00       0       0       0       27.00         28.00       0.00       0       0       0       27.00         29.00       0.00       0       0       0       28.00         29.00       0.00       0       0       0       29.00         30.00       0.00       0       0       0       30.00         31.00       0.00       0       0       0       31.00         32.00       0.00       0       0       0       33.00         34.00       0.00       0       0       0       34.00         35.00       0       0       0       0       37.00         38.00       0       0       0       0						
23. 00       0.00       0       0       0       23. 00         24. 00       0.00       0       0       24. 00         25. 00       0.00       0       0       25. 00         26. 00       0.00       0       0       26. 00         27. 00       0.00       0       0       27. 00         28. 00       0.00       0       0       28. 00         29. 00       0.00       0       0       29. 00         30. 00       0.00       0       0       30. 00         31. 00       0.00       0       0       30. 00         31. 00       0.00       0       0       0       31. 00         32. 00       0.00       0       0       0       32. 00         33. 00       0.00       0       0       0       33. 00         34. 00       0.00       0       0       0       34. 00         35. 00       0.00       0       0       0       35. 00         36. 00       0.00       0       0       0       37. 00         38. 00       0.00       0       0       0       39. 00         40. 00<						
24.00       0.00       0       0       24.00         25.00       0.00       0       0       25.00         26.00       0.00       0       0       26.00         27.00       0       0       0       26.00         28.00       0       0       0       0       27.00         28.00       0       0       0       0       28.00         29.00       0       0       0       0       29.00         30.00       0       0       0       0       30.00         31.00       0       0       0       0       31.00         32.00       0       0       0       0       32.00         33.00       0       0       0       0       32.00         34.00       0       0       0       0       34.00         35.00       0       0       0       0       35.00         36.00       0       0       0       0       37.00         38.00       0       0       0       0       0       39.00         40.00       0       0       0       0       0       0 <td< td=""><td></td><td></td><td>0.00</td><td></td><td></td><td></td></td<>			0.00			
25. 00       0.00       0       0       25. 00         26. 00       0.00       0       0       26. 00         27. 00       0.00       0       0       0       27. 00         28. 00       0.00       0       0       0       28. 00         29. 00       0.00       0       0       0       29. 00         30. 00       0.00       0       0       0       30. 00         31. 00       0.00       0       0       0       31. 00         32. 00       0.00       0       0       0       32. 00         33. 00       0.00       0       0       0       33. 00         34. 00       0.00       0       0       0       34. 00         35. 00       0.00       0       0       0       35. 00         36. 00       0.00       0       0       0       37. 00         38. 00       0.00       0       0       0       39. 00         40. 00       0.00       0       0       0       40. 00						
26. 00       0.00       0       0       26. 00         27. 00       0.00       0       0       27. 00         28. 00       0.00       0       0       28. 00         29. 00       0.00       0       0       29. 00         30. 00       31. 00       0       0       0       31. 00         31. 00       0. 00       0       0       0       31. 00         32. 00       0. 00       0       0       0       32. 00         33. 00       0. 00       0       0       0       33. 00         34. 00       0. 00       0       0       0       34. 00         35. 00       0. 00       0       0       0       35. 00         36. 00       0. 00       0       0       0       37. 00         38. 00       0. 00       0       0       0       0       39. 00         40. 00       0. 00       0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
27. 00       0.00       0       0       27. 00         28. 00       0.00       0       0       28. 00         29. 00       0.00       0       0       29. 00         30. 00       0.00       0       0       30. 00         31. 00       0.00       0       0       31. 00         32. 00       0.00       0       0       0       32. 00         33. 00       0.00       0       0       0       33. 00         34. 00       0.00       0       0       0       34. 00         35. 00       0.00       0       0       0       35. 00         36. 00       0.00       0       0       0       36. 00         37. 00       0       0       0       0       37. 00         38. 00       0       0.00       0       0       0       39. 00         40. 00       0       0       0       0       40. 00       0				•		l l
28. 00       0. 00       0       0       28. 00         29. 00       0. 00       0       0       29. 00         30. 00       0. 00       0       0       30. 00         31. 00       0. 00       0       0       31. 00         32. 00       0. 00       0       0       0       32. 00         33. 00       0. 00       0       0       0       33. 00         34. 00       0. 00       0       0       0       34. 00         35. 00       0. 00       0       0       0       35. 00         36. 00       0. 00       0       0       0       36. 00         37. 00       0       0       0       0       37. 00         38. 00       0       0       0       0       0       39. 00         40. 00       0       0       0       0       40. 00       0						
29. 00     0.00     0     0     29. 00       30. 00     0.00     0     0     30. 00       31. 00     0.00     0     0     31. 00       32. 00     0.00     0     0     32. 00       33. 00     0.00     0     0     33. 00       34. 00     0.00     0     0     34. 00       35. 00     0.00     0     0     35. 00       36. 00     0.00     0     0     36. 00       37. 00     0     0     0     37. 00       38. 00     0     0     0     0     39. 00       40. 00     0     0     0     0     40. 00						
30.00       0.00       0       0       30.00         31.00       0.00       0       0       31.00         32.00       0.00       0       0       32.00         33.00       0.00       0       0       33.00         34.00       0.00       0       0       34.00         35.00       0.00       0       0       35.00         36.00       0.00       0       0       35.00         37.00       0       0       0       0       37.00         38.00       0       0       0       0       38.00         39.00       0       0       0       0       39.00         40.00       0       0       0       0       40.00						
31.00     0.00     0     0     31.00       32.00     0.00     0     0     0     32.00       33.00     0.00     0     0     0     33.00       34.00     0.00     0     0     0     34.00       35.00     0.00     0     0     0     35.00       36.00     0.00     0     0     0     36.00       37.00     0.00     0     0     0     37.00       38.00     0.00     0     0     0     38.00       39.00     0.00     0     0     0     39.00       40.00     0.00     0     0     0     40.00						
32.00     0.00     0     0     32.00       33.00     0.00     0     0     0     33.00       34.00     0.00     0     0     0     34.00       35.00     0.00     0     0     0     35.00       36.00     0.00     0     0     0     36.00       37.00     0.00     0     0     0     37.00       38.00     0.00     0     0     0     38.00       39.00     0.00     0     0     0     39.00       40.00     0.00     0     0     0     40.00						
33.00     0.00     0     0     33.00       34.00     0.00     0     0     34.00       35.00     0.00     0     0     35.00       36.00     0.00     0     0     36.00       37.00     0.00     0     0     37.00       38.00     0.00     0     0     38.00       39.00     0.00     0     0     39.00       40.00     0.00     0     0     40.00						
34.00     0.00     0     0     34.00       35.00     0.00     0     0     35.00       36.00     0.00     0     0     36.00       37.00     0.00     0     0     37.00       38.00     0.00     0     0     38.00       39.00     0.00     0     0     39.00       40.00     0.00     0     0     40.00						
35. 00     0. 00     0     0     35. 00       36. 00     0. 00     0     0     36. 00       37. 00     0. 00     0     0     37. 00       38. 00     0. 00     0     0     38. 00       39. 00     0. 00     0     0     39. 00       40. 00     0     0     0     40. 00						
36. 00     0. 00     0     0     36. 00       37. 00     0. 00     0     0     37. 00       38. 00     0. 00     0     0     38. 00       39. 00     0. 00     0     0     39. 00       40. 00     0     0     0     40. 00				1		
37. 00     37. 00       38. 00     0. 00     0     0       39. 00     0. 00     0     0       40. 00     0. 00     0     0						
38.00     0.00     0     0     38.00       39.00     0.00     0     0     39.00       40.00     0.00     0     0     40.00						
39.00 40.00 0 0 0 0 39.00 40.00 0 0 0 40.00						
40.00   0.00   0 0   40.00						
41.00   0.00  0  0  41.00						
	41.00		0.00	O	O	41.00

Health Financial Systems RECLASSIFICATIONS Provi der CCN: 150082 

Cost Center	42.00 43.00 44.00 45.00 46.00 47.00 48.00
2.00     3.00     4.00     5.00       42.00     0.00     0     0       43.00     0.00     0     0       44.00     0.00     0     0       45.00     0.00     0     0       46.00     0.00     0     0	43. 00 44. 00 45. 00 46. 00 47. 00
42. 00     0. 00     0       43. 00     0. 00     0       44. 00     0. 00     0       45. 00     0. 00     0       46. 00     0. 00     0	43. 00 44. 00 45. 00 46. 00 47. 00
44.00     0.00     0     0       45.00     0.00     0     0       46.00     0.00     0     0	44. 00 45. 00 46. 00 47. 00
45. 00 0. 00 0 0 46. 00 0. 00 0	45. 00 46. 00 47. 00
46. 00 0 0 0	46. 00 47. 00
	47. 00
	48 00
48. 00 0 0 0	10.00
TOTALS   18, 600   21, 567, 736	
T - PROPERTY TAXES  1. 00 NEW CAP REL COSTS-MVBLE 2. 00 0 116, 441	1.00
EQUIP CAN REE GOSTS INVEL 2.00	1.00
TOTALS 0 116, 441	
V - DI SABILITY BENEFITS	1.00
1.00   EMPLOYEE BENEFITS DEPARTMENT   4.00   0   1,112,976   2.00   0   0	1. 00
3.00	3. 00
4.00 0.00 0	4. 00
5.00 0.00 0	5. 00
6. 00	6. 00 7. 00
7. 00   0. 00   0 0 0 8. 00   0. 00   0 0 0	8.00
9.00	9. 00
10. 00 0 0	10. 00
11.00	11.00
12. 00   0. 00   0 0 13. 00   0 0 0 0	12. 00 13. 00
14.00	14.00
15. 00 0 0 0	15. 00
16. 00 0. 00 0	16. 00
17. 00   0. 00   0 0 18. 00   0 0 0 0	17. 00
18. 00   0. 00   0 0 19. 00   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18. 00 19. 00
20.00	20.00
21. 00 0. 00 0	21. 00
22.00 0.00 0	22. 00
23. 00   0. 00   0 0 0 0 0 0 0 0 0 0 0 0 0	23. 00 24. 00
25. 00	25.00
26.00	26. 00
27. 00 0. 00 0	27. 00
28. 00 0 0 0	28.00
29. 00   0. 00   0 0 0 0 0 0 0 0 0 0 0 0 0	29. 00 30. 00
31.00	31.00
32.00 0.00 0	32. 00
33.00	33.00
34. 00   0. 00   0   0   35. 00   0   0   0	34. 00 35. 00
36.00	36.00
37. 00 0. 00 0	37. 00
38.00 0.00 0	38. 00
39. 00   0. 00   0 0 0 0 0 0 0 0 0 0 0 0 0	39. 00 40. 00
40. 00 0 0 0 0	40.00
W - SALARY IN NON-SALARY ACCOUNTS	
1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 3, 293 0	1.00
2.00   ADMINISTRATIVE & GENERAL   5.00   28,697   0   3.00   OPERATION OF PLANT   7.00   2,860   0	2.00
4. 00 LAUNDRY & LINEN SERVICE 8. 00 400 0	4.00
5. 00 HOUSEKEEPI NG 9. 00 2, 002 0	5.00
6. 00 DI ETARY 10. 00 4, 510 0	6. 00
7. 00   NURSI NG ADMI NI STRATI ON 13. 00 1, 269 0	7. 00
8. 00   CENTRAL SERVICES & SUPPLY   14. 00   635   0   9. 00   PHARMACY   15. 00   2, 070   0	8. 00 9. 00
10. 00 MEDI CAL RECORDS & LI BRARY 16. 00 6, 000 0	10.00
11. 00   SOCI AL SERVI CE   17. 00   2, 960   0	11. 00
12. 00 ADULTS & PEDIATRICS 30. 00 38, 056 0	12.00
13. 00   INTENSIVE CARE UNIT   31. 00   2, 771   0	13.00
14. 00   CORONARY CARE UNIT   32. 00   446   0   15. 00   SUBPROVI DER - I PF   40. 00   485   0	14. 00 15. 00
16. 00 OPERATING ROOM 50. 00 5, 295 0	16.00
17. 00 RADI OLOGY-DI AGNOSTI C 54. 00 3, 595 0	17. 00
18. 00 RADI OLOGY - THERAPEUTI C 55. 00 1, 159 0	18.00
19. 00   LABORATORY   60. 00   6, 073   0	19. 00

					/28/2015 3:31 pm
		Increases			
	Cost Center	Li ne #	Sal ary	0ther	
	2. 00	3.00	4. 00	5. 00	
20.00	RESPIRATORY THERAPY	65.00	650	0	20.00
21.00	ELECTROCARDI OLOGY	69.00	250	0	21.00
22. 00	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	76. 00	1, 115	0	22. 00
23.00	CLINIC	90.00	415	0	23. 00
24.00	FAMILY PRACTICE CLINIC	90. 01	6, 211	0	24. 00
25. 00	OUTPATIENT PSYCHIATRIC SERVICES	90. 02	587	О	25. 00
26.00	PRIMARY CARE SENIORS	90. 04	4, 480	0	26. 00
27.00	PAIN MANAGEMENT	90. 05	295	0	27. 00
28.00	SLEEP CENTER	90. 07	861	0	28. 00
29.00	EMERGENCY	91.00	5, 350	0	29. 00
30.00	DURABLE MEDICAL EQUIP-RENTED	96.00	1, 888	0	30.00
31.00	HOME HEALTH AGENCY	101.00	8, 885	0	31.00
32.00	HOSPI CE	116. 00	5, 200	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192. 00	6, 829	0	33.00
34.00	HEARTCARE OFFICES	192. 02	240	0	34.00
35. 00	OTHER NONREI MBURSABLE COST CENTERS	194. 00	2, 280	0	35. 00
36, 00	OCCUPATI ONAL HEALTH	194, 01	300	0	36.00
37. 00	OTHER FACILITIES	194. 02	205	0	37. 00
38. 00	PUBLIC RELATIONS	194. 04	385	0	38. 00
39. 00	CHILD CARE CENTER	194. 05	25	0	39.00
	TOTALS	1	159, 027		
	X - PHYSICIAN PART A		<u> </u>	'	
1.00	INTENSIVE CARE UNIT	31.00	31, 000	19, 560	1.00
	TOTALS		31, 000	19, 560	
	Y - HEART SALARIES				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	667	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5. 00	542	0	2. 00
3.00	ADULTS & PEDIATRICS	30.00	10, 043	0	3. 00
4.00	INTENSIVE CARE UNIT	31. 00	12, 523	0	4. 00
5.00	CORONARY CARE UNIT	32.00	823	0	5. 00
6.00	RADI OLOGY-DI AGNOSTI C	54. 00	4, 919	0	6. 00
7.00	CARDIAC CATHETERIZATION	59. 00	257	0	7. 00
8.00	ELECTROCARDI OLOGY	69. 00	679	0	8. 00
9.00	PAIN MANAGEMENT	90. 05	1, 129	0	9. 00
10.00	HEARTCARE OFFICES	1 <u>92.</u> 02	12	0	10. 00
	TOTALS		31, 594	0	
500.00	Grand Total: Increases	I	10, 928, 812	116, 880, 387	500.00

Peri od: From 10/01/2013 To 09/30/2014 Date/Time Prepared: 2/28/2015 3: 31 pm

						2/28/2015 3	
		Decreases					
	Cost Center	Li ne #	Salary	Other Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
1. 00	A - BUILDING DEPRECIATION OTHER NONREIMBURSABLE COST	194. 00	ol	78	9		1.00
1.00	CENTERS	194.00	U	70	7		1.00
2.00	OTHER FACILITIES	194. 02	0	334, 929	9		2. 00
2.00	TOTALS	— — <u>',,,,,,,,</u>	— — <del>j</del>	335, 007			2.00
	B - EQUIPMENT DEPRECIATION		'		<u>'</u>		
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	1, 447, 951	9		1.00
	FLXT						
2.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	9, 923			2. 00
3.00	ADMINISTRATIVE & GENERAL	5. 00	0	11, 979, 212	9		3. 00
4.00	OPERATION OF PLANT	7. 00	0	109, 772	9		4. 00
5.00	LAUNDRY & LINEN SERVICE	8. 00	0	197, 145	1		5. 00
6. 00	HOUSEKEEPI NG	9. 00	0	31, 929	1		6. 00
7.00	DI ETARY	10.00	0	92, 249	1		7. 00
8.00	NURSING ADMINISTRATION	13.00	0	245, 468	1		8. 00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	209, 776	1		9. 00
10.00	PHARMACY	15.00	0	322, 777	1		10.00
11. 00 12. 00	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	16. 00 17. 00	0	9, 838	1		11. 00 12. 00
13. 00	ADULTS & PEDIATRICS	30.00	0	414 673, 454	1		13. 00
14. 00	INTENSIVE CARE UNIT	31.00	0	460, 285	1		14. 00
15. 00	CORONARY CARE UNIT	32.00	0	60, 434			15. 00
16. 00	SUBPROVI DER - I PF	40.00	o	896	- 1		16. 00
17. 00	OPERATING ROOM	50.00	o	1, 861, 364	1		17. 00
18. 00	RADI OLOGY-DI AGNOSTI C	54.00	o	1, 237, 041	1		18. 00
19. 00	RADI OLOGY - THERAPEUTI C	55. 00	0	31, 437	1		19. 00
20. 00	CARDIAC CATHETERIZATION	59. 00	o	133, 497	1		20. 00
21. 00	LABORATORY	60.00	o	581, 811	1		21. 00
22. 00	INTRAVENOUS THERAPY	64.00	0	6, 753	1		22. 00
23.00	RESPI RATORY THERAPY	65.00	0	90, 238	1		23. 00
24.00	PHYSI CAL THERAPY	66.00	o	34, 936	9		24. 00
25.00	ELECTROCARDI OLOGY	69. 00	0	1, 901	9		25. 00
26.00	CLINIC	90.00	0	6, 137	9		26. 00
27.00	FAMILY PRACTICE CLINIC	90. 01	0	7, 184	. 9		27. 00
28. 00	OUTPATIENT PSYCHIATRIC	90. 02	0	402	9		28. 00
	SERVI CES						
29. 00	INFUSION CENTER	90. 03	0	3, 377	1		29. 00
30. 00	PRIMARY CARE SENIORS	90. 04	0	22, 780	1		30.00
31. 00	PAIN MANAGEMENT	90. 05	0	84, 095	1		31. 00
32. 00	WOUND CARE CENTER	90.06	0	3, 951	1		32. 00
33. 00	SLEEP CENTER	90. 07	0	38, 336	1		33. 00
34.00	EMERGENCY	91.00	0	351, 843			34.00
35. 00 36. 00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	90, 697	l i		35. 00 36. 00
37. 00	HOME HEALTH AGENCY HOSPICE	101. 00 116. 00	0	13, 267 1, 537	1		37. 00
38. 00	PHYSICIANS' PRIVATE OFFICES	192.00	0	39, 435	1		38. 00
39. 00	FAMILY PHARMACY	192.00	0	51, 175	1		39. 00
	OTHER NONREIMBURSABLE COST	194.00	0	3, 415	1		40.00
40.00	CENTERS	174.00	٥	5, 415	1		40.00
41.00	OCCUPATI ONAL HEALTH	194. 01	0	847	9		41.00
42. 00	OTHER FACILITIES	194. 02	o	130			42. 00
43.00	PUBLIC RELATIONS	194. 04	o	5, 369	9		43. 00
44.00	CHILD CARE CENTER	194. 05	0	9, 412			44. 00
	TOTALS		0	20, 563, 890			
	C - HSB BUILDING DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	51, 945	9		1. 00
	FLXT		↓		<del>                                     </del>		
	TOTALS		0	51, 945			_
	D - INTEREST EXPENSE				1		
1. 00	NEW CAP REL COSTS-BLDG &	1. 00	0	287, 896	11		1. 00
	FIXT	+					
	TOTALS		0	287, 896			
1. 00	E - CAFETERI A/GARDEN CAFÉ DI ETARY	10.00	1, 643, 347	1, 415, 551	O		1.00
	DIETARY		1, 643, 347	1, 415, 551			2. 00
2. 00	TOTALS — — — —	0.00	00 1, 643, 347	<u></u> <u></u> <u>0</u> 1, 415, 551			2.00
	F - QUALITY SHARE/INCENTIVE C	OMP	1, 043, 347	1,415,551			
1.00	ADMI NI STRATI VE & GENERAL	5. 00	5, 025, 617	0	O		1.00
2.00		0.00	3, 023, 017	0	1		2. 00
3.00		0.00	o	0			3. 00
4. 00		0.00	o	0			4. 00
5. 00		0.00	o	n	o o		5. 00
6. 00		0.00	Ö	0	o o		6. 00
7. 00		0.00	O	0	1		7. 00
					,		•

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Provi der CCN: 150082

						2/28/2015 3: 3	) i piii
		Decreases					
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7.00	8. 00	9. 00	10. 00		
8. 00		0.00	0	0	0		8. 00
9.00		0.00	0	0	0		9. 00
10. 00		0.00	0	0	0		10.00
			-1				1
11. 00		0.00	0	0	0		11. 00
12. 00		0.00	0	0	0		12. 00
13.00		0.00	0	0	0		13. 00
14.00		0.00	ol	0	o		14.00
15. 00		0.00	0	0	0		15. 00
16. 00		0.00	o	0	0		16. 00
17. 00		0.00	0	0	0		17. 00
18. 00		0.00	0	0			18. 00
19.00		0.00	0	0	0		19. 00
20.00		0.00	0	0	0		20. 00
21. 00		0.00	0	0	0		21. 00
22. 00		0.00	ő	0	0		22. 00
			- 1				
23. 00		0.00	0	0	0		23. 00
24. 00		0.00	0	0	0		24. 00
25. 00		0.00	0	0	0		25. 00
26.00		0.00	0	0	0		26. 00
27.00		0.00	ol	0	0		27. 00
28. 00		0.00	0	0			28. 00
			-				1
29. 00		0.00	0	0			29. 00
30.00		0.00	0	0	0		30. 00
31.00		0.00	0	0	0		31.00
32.00		0.00	ol	0	O		32.00
33.00		0.00	0	0	0		33. 00
34. 00		0.00	ő	0	0		34. 00
			0				
35.00		0.00	U	0	0		35. 00
36.00		0.00	0	0			36. 00
37.00		0.00	0	0	0		37. 00
38.00		0.00	ol	0	o		38. 00
39. 00		0.00	٥	0	0		39. 00
40. 00		0.00	0	0	o		40.00
			U	U			1
41. 00		0.00	0	0	0		41. 00
42.00		0.00	0	0	0		42. 00
43.00		0.00	0	0	0		43.00
44.00		0.00	ol	0	ol		44. 00
	TOTALS		5, 025, 617				
	G - LEASES		0,020,017	<u> </u>			ł
1 00		F 00	٥	11 454	10		1 00
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11, 454	10		1.00
	RADI OLOGY-DI AGNOSTI C	54.00	0	606, 731	10		2. 00
3.00	DURABLE MEDICAL EQUIP-RENTED	96. 00	0	48, 048	10		3. 00
	TOTALS		0	666, 233			
	H - DRUGS CHARGED						ĺ
1.00	PHARMACY	15. 00	0	31, 031, 303	0		1.00
	TOTALS		— — <del>o</del> f	31, 031, 303			
	I - MEDICAL SUPPLIES CHARGED		<u> </u>	31, 031, 303			
		44.00					
1. 00	CENTRAL SERVICES & SUPPLY	14. 00	0	3, 094, 880	0		1. 00
2.00		0.00	0_	0	0		2. 00
	TOTALS		0	3, 094, 880			
	J - RESIDENTS						
1.00	FAMILY PRACTICE CLINIC	90. 01	1, 857, 700	120, 000	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	6, 401	0		2. 00
2.00	TOTALS		1, 857, 700	126, 401	— — <del>"</del>		2.00
	K - PASTORAL EDUCATION		1,037,700	120, 401			-
					_		
1. 00	ADMINISTRATIVE & GENERAL	5. 00	17 <u>3, 0</u> 60	<u>5, 9</u> 85			1. 00
	TOTALS		173, 060	5, 985			
	L - INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5. 00	0	566, 729	12		1.00
2.00		0.00	0	0	12		2.00
2. 00		— — <del></del>		566, 729	<u> </u>		2.00
			U	300, 729			-
	M - HOME SERVICES	1					
	HOME HEALTH AGENCY	101. 00	190, 277	83, 519			1. 00
2.00	L	0.00	0	0	0		2. 00
	TOTALS — — — — —		190, 277	83, 519			
	N - SALARI ES			•			1
1.00	MEDICAL RECORDS & LIBRARY	16. 00	0	1, 400, 000	0		1.00
					0		1
2. 00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 00	٩	114, 000	U		2. 00
0.5-	SERVI CES						
	HOSPICE	<u> </u>	0_	8, 750	0		3. 00
	TOTALS		0	1, 522, 750			

Peri od: From 10/01/2013 To 09/30/2014 Date/Ti me Prepared: 2/28/2015 3:31 pm

						2/28/2015 3:	31 pm
		Decreases					
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7.00	8. 00	9. 00	10.00		
	P - PUBLIC RELATIONS						
1.00	PUBLIC RELATIONS	194. 04	12, 820	62, 164	0		1. 00
	TOTALS		12, 820	62, 164			
	Q - PARAMEDICAL ED - NURSING	•					
1.00	ADMINISTRATIVE & GENERAL	5. 00	19, 678	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	137, 022	0	o		2. 00
3. 00	INTENSIVE CARE UNIT	31.00	58, 136	0	ام		3. 00
4. 00	CORONARY CARE UNIT	32. 00	17, 524	0			4. 00
5. 00	OPERATING ROOM	50.00	14, 590	0			5. 00
6. 00	EMERGENCY	91. 00	9, 669	0	0		6. 00
6.00				0	<u> </u>		0.00
	TOTALS		256, 619	0			4
	R - MEDI CAL SUPPLI ES	50.00	ا م	00 000 004			4
1.00	OPERATI NG ROOM	50. 00	0	29, 399, 334	0		1.00
2.00	RADI OLOGY-DI AGNOSTI C	54. 00	0	2, 276, 137	0		2. 00
3.00	CARDI AC CATHETERI ZATI ON	59. 00	0	2, 871, 090	0		3. 00
4.00	RESPI RATORY THERAPY	65. 00	0	397, 416	0		4. 00
5.00	PAIN MANAGEMENT	90. 05	0	530, 145	0		5. 00
6.00	WOUND CARE CENTER	90.06	0	41, 472	0		6. 00
7.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	262, 978	0		7. 00
	TOTALS	T		35, 778, 572			
	S - BENEFITS	<u> </u>	•		'		
1.00	ADMINISTRATIVE & GENERAL	5. 00	0	4, 185, 914	0		1.00
2. 00	OPERATION OF PLANT	7. 00	o	292, 412	o		2. 00
3. 00	LAUNDRY & LINEN SERVICE	8.00	o	52, 230	0		3. 00
4. 00	HOUSEKEEPI NG	9. 00	ő	313, 819	0		4. 00
5. 00	DI ETARY	10.00	Ö	287, 734	0		5. 00
	NURSING ADMINISTRATION	•	- 1		0		1
6.00		13.00	0	257, 122	0		6. 00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	204, 949	0		7. 00
8. 00	PHARMACY	15. 00	0	936, 025	0		8. 00
9. 00	MEDICAL RECORDS & LIBRARY	16. 00	0	398, 881	0		9. 00
10. 00	SOCI AL SERVI CE	17. 00	0	280, 930	0		10.00
11. 00	PARAMED ED PRGM - PHARMACY	23. 00	0	13, 579	0		11. 00
12.00	ADULTS & PEDIATRICS	30.00	0	4, 165, 350	0		12. 00
13.00	INTENSIVE CARE UNIT	31.00	0	1, 018, 757	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	287, 633	0		14. 00
15. 00	SUBPROVI DER - I PF	40.00	o	99, 821	ol		15.00
16.00	OPERATING ROOM	50.00	ol	1, 813, 301	ol		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	o	978, 545	0		17. 00
18. 00	RADI OLOGY - THERAPEUTI C	55. 00	o	45, 795	o		18. 00
19. 00	CARDI AC CATHETERI ZATI ON	59.00	ő	113, 541			19. 00
20. 00	LABORATORY	60.00	ő	1, 166, 217	0		20. 00
21. 00	I NTRAVENOUS THERAPY	64. 00	Ö	74, 919			21. 00
22. 00	RESPIRATORY THERAPY	65. 00	o		0		22.00
		•	- 1	324, 608	0		1
23. 00	ELECTROCARDI OLOGY	69.00	0	40, 584	0		23. 00
24. 00	RENAL DIALYSIS	74.00	0	15, 671	0		24. 00
25. 00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 00	0	88, 732	0		25. 00
	SERVI CES		_		_!		1
26. 00	CLINIC	90.00	0	139, 795			26. 00
27. 00	FAMILY PRACTICE CLINIC	90. 01	0	235, 244			27. 00
28. 00	OUTPATIENT PSYCHIATRIC	90. 02	0	38, 722	0		28. 00
	SERVI CES						
29. 00	INFUSION CENTER	90. 03	0	8, 012	0		29. 00
30.00	PRIMARY CARE SENIORS	90. 04	0	147, 281	0		30.00
31.00	PAIN MANAGEMENT	90. 05	0	226, 565	0		31.00
32.00	WOUND CARE CENTER	90.06	O	28, 625	o		32. 00
33.00	SLEEP CENTER	90. 07	0	82, 868	ol		33. 00
34.00	EMERGENCY	91.00	O	1, 596, 383	o		34.00
35.00	DURABLE MEDICAL EQUIP-RENTED	96.00	o	160, 696	0		35. 00
36. 00	HOME HEALTH AGENCY	101.00	o	161, 634	l .		36. 00
37. 00	HOSPI CE	116.00	ő	111, 276	l		37. 00
38. 00	PHYSICIANS' PRIVATE OFFICES	192.00	o	528, 476	I		38.00
	DEACONESS URGENT CARE	l l	0	528, 476 10	l 1		1
39. 00	•	192. 01	o o				39.00
40.00	HEARTCARE OFFICES	192. 02	O O	24, 434	0		40.00
41. 00	FAMILY PHARMACY	192. 03	0	51, 578	l 1		41.00
42. 00	OTHER NONREI MBURSABLE COST	194. 00	0	100, 252	0		42. 00
	CENTERS						
43.00	OCCUPATI ONAL HEALTH	194. 01	0	29, 928	l 1		43. 00
44. 00	OTHER FACILITIES	194. 02	0	14, 063	l		44. 00
45.00	THE HEART HOSPITAL	194. 03	0	255, 276	0		45. 00
46.00	PUBLIC RELATIONS	194. 04	0	66, 212	0		46. 00
47.00	CHILD CARE CENTER	194. 05	0	103, 337	o		47. 00
48.00	ADMINISTRATIVE & GENERAL	5. 00	ol	18, 600			48. 00
	TOTALS	+		21, 586, 336			
		'	-1				•

| Peri od: | From 10/01/2013 | To 09/30/2014 | Worksheet A-6 | Date/Time Prepared: | 2/28/2015 3: 31 pm

						2/28/2015 3	: 31 pm
		Decreases					
	Cost Center	Li ne #	Salary		Wkst. A-7 Ref.		
	6. 00 T - PROPERTY TAXES	7. 00	8.00	9. 00	10. 00		
1.00	ADMINISTRATIVE & GENERAL	5.00	0	116, 441	13		1.00
1.00	TOTALS		— — —	116, 441			1.00
	V - DISABILITY BENEFITS	·	-1		·		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	3, 660	0	0		1. 00
2.00	ADMINISTRATIVE & GENERAL	5. 00	117, 108	0	0		2. 00
3.00	OPERATION OF PLANT	7. 00	21, 275	0	0		3. 00
4.00	LAUNDRY & LINEN SERVICE	8. 00	2, 113	0	0		4. 00
5.00	HOUSEKEEPI NG	9.00	40, 179	0	0		5. 00
6. 00 7. 00	DI ETARY NURSI NG ADMI NI STRATI ON	10.00	13, 319	0	0		6. 00 7. 00
7. 00 8. 00	CENTRAL SERVICES & SUPPLY	13. 00 14. 00	15, 486 13, 637	0	0		8.00
9. 00	PHARMACY	15. 00	92, 416	0	0		9. 00
10. 00	MEDICAL RECORDS & LIBRARY	16. 00	10, 510	0	o		10.00
11. 00	SOCI AL SERVI CE	17. 00	14, 193	0	O		11. 00
12.00	ADULTS & PEDIATRICS	30.00	254, 886	0	0		12. 00
13.00	INTENSIVE CARE UNIT	31.00	81, 445	0	0		13. 00
14.00	CORONARY CARE UNIT	32. 00	26, 115	0	0		14. 00
15. 00	SUBPROVI DER - I PF	40. 00	2, 760	0	0		15. 00
16. 00	OPERATING ROOM	50.00	81, 255	0	0		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	49, 350	0	0		17. 00
18.00	RADI OLOGY - THERAPEUTI C	55. 00	601	0	0		18. 00
19. 00 20. 00	CARDI AC CATHETERI ZATI ON LABORATORY	59. 00 60. 00	2, 074 83, 602	0	0		19. 00 20. 00
21. 00	I NTRAVENOUS THERAPY	64. 00	9, 888	0	0		21. 00
22. 00	RESPIRATORY THERAPY	65. 00	27, 665	0	0		22. 00
23. 00	ELECTROCARDI OLOGY	69.00	2, 832	0	ő		23. 00
24.00	PSYCHI ATRI C/PSYCHOLOGI CAL	76.00	2, 109	0	0		24. 00
	SERVI CES						
25. 00	CLINIC	90.00	3, 297	0	0		25. 00
26. 00	FAMILY PRACTICE CLINIC	90. 01	4, 677	0	0		26. 00
27. 00	PRIMARY CARE SENIORS	90. 04	391	0	0		27. 00
28. 00 29. 00	PAIN MANAGEMENT	90.05	6, 751	0	0		28. 00 29. 00
30. 00	WOUND CARE CENTER SLEEP CENTER	90. 06 90. 07	763 9, 629	0	0		30.00
31. 00	EMERGENCY	91. 00	73, 944	0	0		31.00
32. 00	DURABLE MEDICAL EQUIP-RENTED	96.00	6, 727	0	o		32. 00
33. 00	HOME HEALTH AGENCY	101.00	11, 707	0	o		33. 00
34.00	HOSPI CE	116.00	2, 429	0	0		34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192. 00	8, 493	0	0		35. 00
36.00	HEARTCARE OFFICES	192. 02	1, 486	0	0		36. 00
37. 00	FAMILY PHARMACY	192. 03	4, 088	0	0		37. 00
38. 00	OTHER NONREI MBURSABLE COST	194. 00	5, 267	0	0		38. 00
20.00	CENTERS	104 01	144	0	0		20.00
39. 00 40. 00	OCCUPATIONAL HEALTH CHILD CARE CENTER	194. 01 194. 05	166 4, 683	0	0		39. 00 40. 00
40.00	TOTALS	194.03	1, 112, 976		4		40.00
	W - SALARY IN NON-SALARY ACCO	DUNTS	1, 112, 770	<u> </u>			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	3, 293	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5. 00	0	28, 697	0		2. 00
3.00	OPERATION OF PLANT	7. 00	0	2, 860	0		3. 00
4.00	LAUNDRY & LINEN SERVICE	8. 00	0	400	0		4. 00
5.00	HOUSEKEEPI NG	9. 00	0	2, 002	0		5. 00
6.00	DIETARY	10.00	0	4, 510	0		6. 00
7.00	NURSING ADMINISTRATION	13.00	0	1, 269	0		7. 00
8. 00 9. 00	CENTRAL SERVICES & SUPPLY PHARMACY	14. 00 15. 00	0	635 2, 070	0		8. 00 9. 00
10. 00	MEDICAL RECORDS & LIBRARY	16. 00	o	6, 000	0		10.00
11. 00	SOCIAL SERVICE	17. 00	Ö	2, 960	o		11.00
12. 00	ADULTS & PEDIATRICS	30.00	o	38, 056	O		12. 00
13.00	INTENSIVE CARE UNIT	31.00	O	2, 771	0		13. 00
14.00	CORONARY CARE UNIT	32.00	0	446	0		14. 00
15.00	SUBPROVIDER - IPF	40.00	0	485	0		15. 00
16. 00	OPERATING ROOM	50.00	0	5, 295	0		16. 00
17. 00	RADI OLOGY - DI AGNOSTI C	54.00	0	3, 595	0		17. 00
18.00	RADI OLOGY - THERAPEUTI C	55. 00	0	1, 159	0		18. 00
19.00	LABORATORY DESDIBATORY THERADY	60. 00 65. 00	0	6, 073	0		19. 00
20. 00 21. 00	RESPIRATORY THERAPY ELECTROCARDI OLOGY	65. 00 69. 00	0	650 250	0		20.00
21.00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 00	ol Ol	1, 115	0		22. 00
22.00	SERVI CES	, 5. 50	٩	1, 113			22.00
23. 00	CLINIC	90.00	0	415	0		23. 00
24. 00	FAMILY PRACTICE CLINIC	90. 01	О	6, 211	o		24. 00
		·	·	·			

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10 Provi der CCN: 150082 

						10 09/30/2014	2/28/2015 3:31 pm
		Decreases		<b>'</b>			2, 23, 23 (3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
25.00	OUTPATIENT PSYCHIATRIC	90. 02	0	587	'	)	25. 00
	SERVI CES						
26. 00	PRIMARY CARE SENIORS	90. 04	0	4, 480		0	26. 00
27. 00	PAIN MANAGEMENT	90. 05	0	295		0	27. 00
28. 00	SLEEP CENTER	90. 07	0	861		0	28. 00
29. 00	EMERGENCY	91.00	0	5, 350		0	29. 00
30.00	DURABLE MEDICAL EQUIP-RENTED	96. 00	0	1, 888		0	30.00
31. 00	HOME HEALTH AGENCY	101.00	0	8, 885		0	31.00
32.00	HOSPI CE	116. 00	0	5, 200		0	32.00
33. 00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	6, 829		0	33.00
34.00	HEARTCARE OFFICES	192. 02	0	240	(	0	34.00
35.00	OTHER NONREIMBURSABLE COST	194. 00	0	2, 280	)	0	35. 00
	CENTERS						
36. 00	OCCUPATI ONAL HEALTH	194. 01	0	300		0	36. 00
37. 00	OTHER FACILITIES	194. 02	0	205		0	37. 00
38. 00	PUBLIC RELATIONS	194. 04	0	385		0	38. 00
39. 00	CHILD CARE CENTER	194. 05		25		<u>)</u>	39. 00
	TOTALS		0	159, 027			
	X - PHYSICIAN PART A				1		
1.00	PHYSICIANS' PRIVATE OFFICES	192. 00	31, 000	1 <u>9, 5</u> 60		<u> </u>	1. 00
	TOTALS		31, 000	19, 560			
	Y - HEART SALARIES				_		
1. 00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	667		0	1. 00
2.00	ADMINISTRATIVE & GENERAL	5. 00	0	542		0	2. 00
3.00	ADULTS & PEDIATRICS	30.00	0	10, 043		0	3. 00
4.00	INTENSIVE CARE UNIT	31. 00	0	12, 523		0	4. 00
5.00	CORONARY CARE UNIT	32. 00	0	823		0	5. 00
6.00	RADI OLOGY-DI AGNOSTI C	54.00	0	4, 919		0	6. 00
7.00	CARDIAC CATHETERIZATION	59. 00	0	257		0	7. 00
8.00	ELECTROCARDI OLOGY	69. 00	0	679		0	8. 00
9.00	PAIN MANAGEMENT	90. 05	0	1, 129		0	9. 00
10.00	HEARTCARE OFFICES	192.02	0	12		<u>D</u>	10.00
	TOTALS		0	31, 594			
500.00	Grand Total: Decreases		10, 303, 416	117, 505, 783	1		500.00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 150082 Perio	d: Worksheet A-7

RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150082	Peri od: From 10/01/2013 To 09/30/2014		pared:
				Acqui si ti on		2/28/2015 3:3	ı pili
		Begi nni ng	Purchases	Donation	Total	Di sposal s and	
		Bal ances	i di chases	Bona tron	10 tu	Retirements	
		1.00	2. 00	3.00	4. 00	5. 00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	BALANCES					
1.00	Land	15, 039, 318	893, 458		0 893, 458	0	1.00
2.00	Land Improvements	0	0		0 0	0	2.00
3.00	Buildings and Fixtures	472, 217, 429	7, 737, 680		0 7, 737, 680	44, 887	3.00
4.00	Building Improvements	0	0		0	0	4.00
5.00	Fi xed Equipment	0	0		0	0	5.00
6.00	Movable Equipment	248, 898, 529	19, 874, 195		0 19, 874, 195	1, 288, 452	6.00
7.00	HIT designated Assets	0	0		0	0	7. 00
8.00	Subtotal (sum of lines 1-7)	736, 155, 276	28, 505, 333		0 28, 505, 333	1, 333, 339	8. 00
9.00	Reconciling Items	0	0		0	0	9. 00
10. 00	Total (line 8 minus line 9)	736, 155, 276	28, 505, 333		0 28, 505, 333	1, 333, 339	10. 00
		Endi ng Bal ance	Fully				
			Depreciated				
		/ 00	Assets				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	6.00 BALANCES	7. 00				
1. 00	Land	15, 932, 776	0				1. 00
2.00	Land Improvements	13, 432, 770	0				2. 00
3.00	Buildings and Fixtures	479, 910, 222	0				3. 00
4. 00	Building Improvements	477, 910, 222	0				4. 00
5.00	Fi xed Equipment	0	0				5. 00
6. 00	Movable Equipment	267, 484, 272	0				6. 00
7. 00	HIT designated Assets	207, 101, 272	0				7. 00
8. 00	Subtotal (sum of lines 1-7)	763, 327, 270	0				8. 00
9. 00	Reconciling I tems	0	0				9. 00
	Total (line 8 minus line 9)	763, 327, 270	0				10. 00

Heal th	n Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
	CILIATION OF CAPITAL COSTS CENTERS		Provi der		Period: From 10/01/2013 To 09/30/2014	Worksheet A-7 Part II	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	KSHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	NEW CAP REL COSTS-BLDG & FLXT	18, 268, 267	0	8, 218, 04	7 0	0	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0		0 0	0	1. 01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5, 477, 796		0	0	2.00
3.00	Total (sum of lines 1-2)	18, 268, 267	5, 477, 796	8, 218, 04	7 0	0	3. 00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum				
		Capi tal -Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14. 00	15. 00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	KSHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	NEW CAP REL COSTS-BLDG & FLXT	0	26, 486, 314				1. 00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0				1. 01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5, 477, 796				2. 00
3.00	Total (sum of lines 1-2)	0	31, 964, 110				3. 00

Heal th	n Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS				Peri od: From 10/01/2013 To 09/30/2014	Date/Time Prep 2/28/2015 3:31	
		COMI	COMPUTATION OF RATIOS ALLOCATION OF OTHER CAP				
	Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
		1.00	2. 00	3. 00	4. 00	5. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C						
1.00	NEW CAP REL COSTS-BLDG & FIXT	495, 842, 999	0			0	1. 00
1. 01	NEW CAP REL COSTS- BLDG & FIXT	0	0		0. 000000	0	1. 01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	267, 484, 272	l .	267, 484, 27			2. 00
3.00	Total (sum of lines 1-2)	763, 327, 271		763, 327, 27			3. 00
		ALLOCA	TION OF OTHER (	CAPITAL	SUMMARY O	F CAPITAL	
	Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
			Capi tal -Relate				
			d Costs	through 7)			
		6. 00	7. 00	8. 00	9. 00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS C		i				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	l .	0 17, 108, 256		1. 00
1. 01	NEW CAP REL COSTS- BLDG & FIXT	0	0	i .	0 51, 945		1. 01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		0 21, 285, 071	5, 718, 903	2. 00
3.00	Total (sum of lines 1-2)	0	0		0 38, 445, 272	6, 144, 029	3. 00
			Sl	JMMARY OF CAPI	TAL		
	Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
			instructions)	instructions	Capi tal -Rel ate	of cols. 9	
					d Costs (see	through 14)	
					instructions)		
		11. 00	12. 00	13. 00	14. 00	15. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C			1			
1.00	NEW CAP REL COSTS-BLDG & FIXT	-287, 896			0	,	1. 00
1. 01	NEW CAP REL COSTS- BLDG & FIXT	0	9, 329		0	61, 274	1. 01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	287, 896		1,		27, 408, 311	2. 00
3.00	Total (sum of lines 1-2)	0	566, 729	116, 44	1 0	45, 272, 471	3. 00

Health Financial Systems DEACONESS HOSPITAL In Lieu of Form CMS-2552-10 Provi der CCN: 150082 ADJUSTMENTS TO EXPENSES Peri od: Worksheet A-8 From 10/01/2013 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted Cost Center Description Basis/Code (2) Amount Cost Center Line # Wkst. A-7 Ref. 1.00 2.00 3.00 4.00 5.00 1.00 Investment income - NEW CAP -8, 218, 047 NEW CAP REL COSTS-BLDG & 1. 00 В 1.00 11 REL COSTS-BLDG & FLXT (chapter IFI XT 1.01 Investment income - NEW CAP ONEW CAP REL COSTS- BLDG & 1.01 1.01 REL COSTS- BLDG & FIXT (chapter 2) 2 00 Investment income - NEW CAP ONEW CAP REL COSTS-MVBLE 2 00 2 00 REL COSTS-MVBLE EQUIP (chapter FOUL P 3.00 Investment income - other 0.00 3.00 (chapter 2) Trade, quantity, and time 4.00 В -80, 487 ADMINI STRATI VE & GENERAL 5.00 4.00 di scounts (chapter 8) 5.00 Refunds and rebates of 5.00 0 0.00 expenses (chapter 8) 6.00 Rental of provider space by 0 0.00 6.00 suppliers (chapter 8) Tel ephone services (pay 0.00 7.00 7.00 stations excluded) (chapter 21) Tel evi si on and radio servi ce 8.00 0.00 8.00 (chapter 21) 9.00 Parking lot (chapter 21) В -24, 160 NEW CAP REL COSTS-BLDG & 9.00 1.00 FLXT Provider-based physician -35, 978, 361 10.00 A-8-2 10.00 adj ustment Sale of scrap, waste, etc. 11.00 0.00 11.00 (chapter 23) 12.00 Related organization -25, 828, 892 12.00 A-8-1 transactions (chapter 10) 13.00 Laundry and linen service 0.00 13.00 -895, 927 CAFETERI A 14.00 Cafeteria-employees and guests 11.00 14 00 В 15.00 Rental of quarters to employee 0.00 15.00 and others 16.00 Sale of medical and surgical 0.00 16.00 supplies to other than pati ents 17.00 17.00 Sale of drugs to other than 0.00 O pati ents 18.00 Sale of medical records and 0.00 18.00 abstracts Nursing school (tuition, fees, 19.00 19.00 0.00 books, etc.) 20.00 Vending machines -46, 403 CAFETERI A 11.00 20.00 R 21.00 Income from imposition of В -5, 435 ADMINISTRATIVE & GENERAL 5.00 21.00 interest, finance or penalty charges (chapter 21) 22.00 Interest expense on Medicare 0.00 22.00 overpayments and borrowings to repay Medicare overpayments 23.00 Adjustment for respiratory A-8-3 ORESPIRATORY THERAPY 65.00 23.00 therapy costs in excess of limitation (chapter 14) Adjustment for physical 24.00 OPHYSICAL THERAPY 24.00 A - 8 - 366.00 therapy costs in excess of limitation (chapter 14) 25.00 Utilization review -0 \*\*\* Cost Center Deleted \*\*\* 114.00 25.00 physicians' compensation (chapter 21) Depreciation - NEW CAP REL ONEW CAP REL COSTS-BLDG & 26.00 26.00 1.00 COSTS-BLDG & FLXT IFI XT ONEW CAP REL COSTS- BLDG & 26.01 Depreciation - NEW CAP REL 1.01 26.01 COSTS- BLDG & FIXT FLXT Depreciation - NEW CAP REL ONEW CAP REL COSTS-MVBLE 27.00 2.00 27.00 COSTS-MVBLE EQUIP EQUI P 28.00 Non-physician Anesthetist 0 \*\*\* Cost Center Deleted \*\*\* 19.00 28.00 29.00 29.00 Physicians' assistant 0.00 30.00 Adjustment for occupational A-8-3 0 \*\*\* Cost Center Deleted \*\*\* 67.00 30.00 therapy costs in excess of

limitation (chapter 14)

Provi der CCN: 150082 Peri od: Worksheet A-8 From 10/01/2013 | Worksheet A-8 | To 09/30/2014 | Date/Time Prepared:

					0 97 307 20 14	2/28/2015 3:3	
				Expense Classification on	Worksheet A	2,20,2010 010	, p
				To/From Which the Amount is			
					to be haj acted		
	C+ C+ D!!	D:- (01- (0)	A	C+ C+	1: //	WI+ A 7 D-6	
	Cost Center Description		Amount	Cost Center		Wkst. A-7 Ref.	
		1.00	2.00	3.00	4. 00	5. 00	22 22
30. 99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30. 00		30. 99
	instructions)						
31. 00	Adjustment for speech	A-8-3	0	*** Cost Center Deleted ***	68. 00		31. 00
	pathology costs in excess of						
	limitation (chapter 14)						
32.00	CAH HIT Adjustment for		0		0. 00	0	32. 00
	Depreciation and Interest						
33. 00	FITNESS CENTER MEMBERSHIPS	В	·	EMPLOYEE BENEFITS DEPARTMENT	4. 00	•	
33. 01	MI SCELLANEOUS	В	-1, 067	ADMINISTRATIVE & GENERAL	5. 00	0	33. 01
33. 02	LI FELI NE REVENUE	В	-18, 000	DURABLE MEDICAL EQUIP-RENTED	96.00	0	33. 02
33. 03	CALL CENTER	В	-39, 545	ADMINISTRATIVE & GENERAL	5. 00	0	33. 03
33.04	PRIMARY CARE SENIORS - NON OP	В	-23, 793	PRIMARY CARE SENIORS	90.04	0	33. 04
33. 05	PROFESSIONAL BILLING FEES	В	-32, 903	ADMINISTRATIVE & GENERAL	5.00	0	33. 05
33.06	WEIGHT LOSS PROGRAM	В	-22, 285	OPERATING ROOM	50.00	0	33. 06
33. 07			0		0.00	0	33. 07
33. 08	SELF INSURANCE	A	-12 093 761	EMPLOYEE BENEFITS DEPARTMENT	4. 00	l	33. 08
33. 09	PROPERTY TAX - RENTAL PROPERTY			ADMINISTRATIVE & GENERAL	5. 00	0	33. 09
33. 10	FAMILY PRACTICE GRANT	A		FAMILY PRACTICE CLINIC	90. 01	0	33. 10
	l .					· -	
33. 11	NURSING ADMIN GRANT	A		NURSI NG ADMI NI STRATI ON	13. 00	l e	33. 11
33. 13	MEDICAL LEADERSHIP GRANT	A		ADMINISTRATIVE & GENERAL	5.00	l e	33. 13
33. 14	HOSPI CE GRANT	A	110, 833	l .	116. 00	l e	33. 14
33. 18	AMORT PHASE II	A	·	NEW CAP REL COSTS-BLDG &	1. 00	9	33. 18
	AMORT BUAGE			FIXT			
33. 19	AMORT PHASE I	A		NEW CAP REL COSTS-BLDG &	1. 00	9	33. 19
	1004 111007 1110			FIXT			
33. 20	1984 AMORT A&G	A	·	NEW CAP REL COSTS-BLDG &	1. 00	9	33. 20
	0511504700			FIXT			
34. 00	AHA GENERATOR	A	7, 369	NEW CAP REL COSTS-MVBLE	2. 00	9	34. 00
			_	EQUI P		_	
35. 00			0		0.00	l e	
36. 00			0		0. 00		36. 00
42.00	AHA/IHA DUES	A		ADMINISTRATIVE & GENERAL	5. 00	<b>l</b>	
43.00	ADVERTI SI NG	A	-10, 261	ADMINISTRATIVE & GENERAL	5. 00	0	43. 00
44.00	DI ETARY EXPENSE RECOVERY	A	249, 278	DI ETARY	10.00	0	44.00
45.00	LOSS ON DISPOSAL OF ASSETS -	A	713, 812	NEW CAP REL COSTS-MVBLE	2. 00	9	45. 00
	EQP			EQUI P			
45.02	LAUNDRY EXPENSE RECOVERY	В	113, 135	LAUNDRY & LINEN SERVICE	8. 00	0	45. 02
45.03	MEDICAL RECORDS EXPENSE	A	558, 140	MEDICAL RECORDS & LIBRARY	16.00	0	45. 03
	RECOVERY						
50.00	TOTAL (sum of lines 1 thru 49)		-81, 932, 393				50. 00
	(Transfer to Worksheet A,						
	column 6, line 200.)						

<sup>(1)</sup> Description - all chapter references in this column pertain to CMS Pub. 15-1.

<sup>(2)</sup> Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 150082
Period:
From 10/01/2013
To 09/30/2014
Date/Time Prepared:
2/28/2015 3: 31 pm

				10 09/30/2014	Date/lime Pre 2/28/2015 3:3	
	Li ne No.	Cost Center	Expense Items	Amount of	Amount	, p
				Allowable Cost		
					Wks. A, column	
					5	
	1. 00	2.00	3. 00	4. 00	5. 00	
	A. COSTS INCURRED AND ADJUSTM	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED O	RGANI ZATI ONS OR	CLAIMED	
1 00	HOME OFFICE COSTS:	ADMINISTRATIVE & GENERAL	FACILITY DENT	201 001	10/ 025	1 00
1. 00 2. 00	1		FACILITY RENT FACILITY RENT	201, 891	196, 935 0	1. 00 2. 00
				12, 667	ŭ,	
3.00			FACILITY RENT	290, 205	517, 114	3. 00
4.00			FACILITY RENT	5, 950	0	4. 00
4. 01		l	FACILITY RENT	11, 104	17, 315	4. 01
4. 02			FACILITY RENT	95, 880	97, 242	4. 02
4. 03		La contraction of the contractio	FACILITY RENT	63, 091	95, 806	4. 03
4.04			FACILITY RENT	2, 004	0	4. 04
4.05			FACILITY RENT	29, 814	71, 310	4. 05
4.06		-	FACILITY RENT	147, 875	337, 216	4. 06
4.07			FACILITY RENT	32, 363	42, 930	4. 07
4.08			CONTRACT SERVICES	11, 016, 390	28, 606, 626	4. 08
4.09		PHYSI CAL THERAPY	THERAPY CONTRACT SERVICES	6, 256, 199	10, 871, 222	4. 09
4. 10	101.00	HOME HEALTH AGENCY	THERAPY CONTRACT SERVICES	641, 370	749, 300	4. 10
4. 11	116. 00	HOSPI CE	THERAPY CONTRACT SERVICES	1, 877	2, 193	4. 11
4. 12	5. 00	ADMINISTRATIVE & GENERAL	FACILITY RENT	100,000	100, 000	4. 12
4. 13	15. 00	PHARMACY	FACILITY RENT	8, 334	8, 334	4. 13
4.14	50.00	OPERATING ROOM	FACILITY RENT	216, 115	216, 115	4. 14
4. 15	54.00	RADI OLOGY-DI AGNOSTI C	FACILITY RENT	446, 447	446, 447	4. 15
4. 16	60.00	LABORATORY	FACILITY RENT	97, 138	97, 138	4. 16
4. 17	90.00	CLINIC	FACILITY RENT	26, 093	26, 093	4. 17
4. 18	90. 03	INFUSION CENTER	FACILITY RENT	44, 918	44, 918	4. 18
4. 19	55. 00	RADIOLOGY - THERAPEUTIC	CONTRACT SERVICES	1, 711, 424	4, 072, 308	4. 19
4. 20			CONTRACT SERVICES	0	1, 090, 527	4. 20
4. 21			CONTRACT SERVICES	480, 573	1, 023, 445	4. 21
4. 22			CONTRACT SERVICES	236, 982	0	4. 22
4. 23		INTRAVENOUS THERAPY	CONTRACT SERVICES	645, 516	708, 864	4. 23
4. 24			CONTRACT SERVICES	1, 188, 338	0	4. 24
4. 25			CONTRACT SERVICES	233, 805	0	4. 25
4. 26		IMPL. DEV. CHARGED TO PATIEN		338, 740	n	4. 26
4. 27		OPERATING ROOM	CONTRACT SERVICES	1, 783, 342	2, 755, 939	4. 27
5. 00	ln 30.00	OI EIGHT NO ROOM	0	26, 366, 445	52, 195, 337	5. 00
	amounts on lines 1-4 (and sub	corinto ao ampropriata) ara t	ronoformed in detail to Worl			0.00

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

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

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

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

6.00	В		100.00 DEACONESS HEALTH SYSTEM	0. 00	6. 00
7.00	В		100.00 DEACONESS HEALTH SYSTEM	0. 00	7.00
8.00	В		100.00 DEACONESS HEALT	0. 00	8.00
9.00	В		100.00 DEACONESS HEALTH SYSTEM	0. 00	9.00
10.00	В		100.00 DEACONESS HEALTH SYSTEM	0. 00	10.00
10. 01	В		100.00 DEACONESS HEALTH SYSTEM	0. 00	10. 01
10. 02	В		100.00 DEACONESS HEALTH SYSTEM	0. 00	10.02
10. 03	В		100.00 DEACONESS HEALTH SYSTEM	0. 00	10.03
10.04	В		100.00 DEACONESS HEALTH SYSTEM	0. 00	10.04
10. 05	В		100.00 DEACONESS HEALT	0. 00	10.05
10.06	С		100.00 DEACONESS HEALT	0. 00	10.06
10. 07	С		0.00 EVANSVILLE SURG	50. 00	10.07
10. 08	С		0.00 PROGRESSIVE HEALTH OF IN	51. 00	10.08
10.09	С		0.00 PROGRESSI VE HEA	51. 00	10.09
10. 10	С	DEACONESS HEALT	0.00 PROGRESSI VE HEA	51. 00	10. 10
10. 11	A	DEACONESS HEALT	100.00 DEACONESS CLINIC	100. 00	10. 11
10. 12	A	DEACONESS HEALT	100.00 DEACONESS CLINIC	100. 00	10. 12
10. 13	A	DEACONESS HEALT	100.00 DEACONESS CLINIC	100. 00	10. 13
10. 14	A	DEACONESS HEALT	100.00 DEACONESS CLINIC	100. 00	10. 14

OFFICE COSTS

Provi der CCN: 150082

Worksheet A-8-1

From 10/01/2013
To 09/30/2014 Date/Ti me Prepared:

					2/28/2015 3:3	31 pm
				Related Organization(s) and/	or Home Office	
	Symbol (1)	Name	Percentage of	Name	Percentage of	
			Ownershi p		Ownershi p	
	1. 00	2. 00	3. 00	4. 00	5. 00	
10. 15	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10. 15
10. 16	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10. 16
10. 17	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10. 17
10. 18	С		0.00	TRI-STATE RADIA	51.00	10. 18
10. 19	С		0.00	HEART HOSPITAL	51.00	10. 19
10. 20	С		0.00	HEART HOSPITAL	51.00	10. 20
10. 21	С		0.00	HEART HOSPITAL	51.00	10. 21
10. 22	С		0.00	HEART HOSPITAL	51.00	10. 22
10. 23	С		0.00	HEART HOSPITAL	51.00	10. 23
10. 24	С		0.00	HEART HOSPITAL	51.00	10. 24
10. 25	С		0.00	HEART HOSPITAL	51.00	10. 25
10. 26	С		0.00	MAINSPRING MGRS	51.00	10. 26
100.00	G. Other (financial or					100.00
	non-financial) specify:					
(4) 11	+l 6-11 +- !		<del> </del>		•	

- (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.

6.00	HEALTH SYTEM	6. 00
7.00	HEALTH SYTEM	7.00
8.00	HEALTH SYTEM	8.00
9.00	HEALTH SYTEM	9.00
10.00	HEALTH SYTEM	10.00
10. 01	HEALTH SYTEM	10. 01
10.02	HEALTH SYTEM	10.02
10. 03	HEALTH SYTEM	10. 03
10.04	HEALTH SYTEM	10.04
10.05	HEALTH SYTEM	10.05
10.06	HEALTH SYTEM	10.06
10. 07	SURGERY	10. 07
10.08	THERAPY SERVICES	10.08
10.09	THERAPY SERVICE	10.09
10. 10	THERAPY SERVICE	10. 10
10. 11	CLINIC	10. 11
10. 12	CLINIC	10. 12
10. 13	CLINIC	10. 13
10. 14	CLINIC	10. 14

Heal th	Financial Systems	DEACONESS HOSP	I TAL		In Lieu	u of Form CMS	5-2552-10
STATEM	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOME	Provi der CCN	: 150082	Peri od:	Worksheet A	-8-1
OFFICE	COSTS				From 10/01/2013 To 09/30/2014	Doto/Time D	conorod.
					10 09/30/2014	Date/Time Pi 2/28/2015 3:	
	Related Organization(s)				•	2,20,20.0	1
	and/or Home Office						
	Type of Business						
	6. 00						
10. 15	CLINIC						10. 15
	CLINIC						10. 16
10. 17	CLINIC						10. 17
10. 18	RADIATION THRPY						10. 18
10. 19	HOSPI TAL						10. 19
10. 20	HOSPI TAL						10. 20
10. 21	HOSPI TAL						10. 21
10. 22	HOSPI TAL						10. 22
	HOSPI TAL						10. 23
	HOSPI TAL						10. 24
10. 25	HOSPI TAL						10. 25

10. 26 100.00

- (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.

10. 26

100.00

SURGERY MGMT

Period: Worksheet A-8-2 From 10/01/2013 To 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm Provi der CCN: 150082

						077 007 2011	2/28/2015 3:3	B1 pm
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		l denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1. 00	2. 00	3.00	4. 00	5. 00	6. 00	7. 00	
1. 00		ADMINISTRATIVE & GENERAL	180, 819		180, 819	171, 400		1. 00
2.00		PHARMACY	110		110			2. 00
3.00		SOCIAL SERVICE	511, 387	511, 137	250			3. 00
4.00		ADULTS & PEDIATRICS	10, 795, 004		754, 241	171, 400		
5.00		INTENSIVE CARE UNIT	50, 560		50, 560	171, 400		5. 00
6.00		OPERATING ROOM	10, 873, 933		847, 081	200, 300		6. 00
7.00		RADI OLOGY-DI AGNOSTI C	234, 000		234, 000	171, 400		7. 00
8. 00 9. 00		CARDI AC CATHETERI ZATI ON LABORATORY	245, 000 692, 142		245, 000 487, 485	171, 400 219, 500		8. 00 9. 00
9. 00 10. 00		ELECTROCARDI OLOGY	176, 351		467, 465	171, 400		10. 00
11. 00		RENAL DI ALYSI S	11, 250		11, 250			11. 00
12. 00		CLI NI C	18, 187		4, 153			12. 00
13. 00		FAMILY PRACTICE CLINIC	194, 591	194, 591	0			13. 00
14. 00		PRIMARY CARE SENIORS	1, 151, 654	· ·	0	171, 400	1	14. 00
15. 00		PAIN MANAGEMENT	194, 828		12, 961	171, 400		
16. 00		WOUND CARE CENTER	16, 885		238	171, 400		16. 00
17. 00	90. 07	SLEEP CENTER	15, 754		14, 600	171, 400		17. 00
18. 00		EMERGENCY	15, 393, 111	8, 977, 426	6, 415, 685	171, 400	1	
200.00			40, 755, 566			,	57, 594	
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RCE	Memberships &	Component	of Mal practice	
				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		ADMINISTRATIVE & GENERAL	161, 264	· ·	0			
2.00		PHARMACY	82		0		-	
3.00		SOCIAL SERVICE	165		0	0	1	
4.00		ADULTS & PEDIATRICS	388, 864	19, 443	0	0	0	4. 00
5.00		INTENSIVE CARE UNIT	14, 091	705	0	0	0	5. 00
6.00		OPERATING ROOM	51, 423	· ·	0	0	0	6. 00
7.00		RADI OLOGY-DI AGNOSTI C	77, 130		0	0	0	7. 00
8. 00 9. 00		CARDI AC CATHETERI ZATI ON LABORATORY	36, 258		0	0	0	8. 00
9. 00 10. 00		ELECTROCARDI OLOGY	108, 695	5, 435 0	0	0	0	9. 00 10. 00
11. 00		RENAL DI ALYSI S	6, 180		0	0	0	11. 00
12. 00		CLI NI C	3, 131	157	0	0		12. 00
13. 00		FAMILY PRACTICE CLINIC	3, 131	0	0	0		13. 00
14. 00		PRIMARY CARE SENIORS		0	0	0	Ö	14. 00
15. 00		PAIN MANAGEMENT	9, 312		0	0	l o	15. 00
16. 00		WOUND CARE CENTER	165		0	0	l ol	16. 00
17. 00		SLEEP CENTER	10, 053		0	Ö	ol	
18. 00		EMERGENCY	3, 910, 392		0	0	o	
200.00			4, 777, 205	238, 862	0	0	o	200.00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		l denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
	4.00	0.00	14	47.00	47.00	40.00		
1 00	1.00	2. 00	15. 00	16.00	17. 00	18.00		1 00
1.00		ADMINISTRATIVE & GENERAL	0		19, 555	19, 555	1	1.00
2. 00 3. 00		PHARMACY SOCIAL SERVICE	0		28 85	28 511, 222		2. 00 3. 00
4. 00		ADULTS & PEDIATRICS				10, 406, 140		4. 00
4. 00 5. 00		INTENSIVE CARE UNIT			365, 377 36, 469		1	4. 00 5. 00
6. 00		OPERATING ROOM		51, 423	795, 658			6. 00
7. 00		RADI OLOGY-DI AGNOSTI C	0		156, 870			7. 00
8. 00		CARDI AC CATHETERI ZATI ON	0	36, 258	208, 742			8. 00
9. 00		LABORATORY	l o	·	378, 790		1	9. 00
10.00		ELECTROCARDI OLOGY	0	0	0	176, 351	1	10. 00
11. 00		RENAL DIALYSIS	Ö		5, 070	5, 070	1	11. 00
12. 00		CLINIC	Ō		1, 022	15, 056	1	12. 00
13.00		FAMILY PRACTICE CLINIC	0	0	0	194, 591	1	13.00
14.00		PRIMARY CARE SENIORS	0	0	0	1, 151, 654		14. 00
15.00	90. 05	PAIN MANAGEMENT	0	9, 312	3, 649	185, 516		15. 00
16.00	90. 06	WOUND CARE CENTER	0	165	73	16, 720		16. 00
17. 00		SLEEP CENTER	0	,	4, 547	5, 701	1	17. 00
18. 00	91. 00	EMERGENCY	0		2, 505, 293			18. 00
200.00			0	4, 777, 205	4, 481, 228	35, 978, 361	[	200. 00

Health Financial Systems	DEACONESS HOSPITAL			In Lieu of Form CMS-2552-10		
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150082	Peri od: From 10/01/2013 To 09/30/2014	Worksheet B Part I Date/Time Pre 2/28/2015 3:3	
		CAPI	TAL RELATED	COSTS		
Cost Center Description	Net Expenses	NEW BLDG &	NEW BLDG &	NEW MVBLE	EMPLOYEE DENIEL TS	

Cast Center Prescription				040	LTAL DELATED OO	CTC	2/28/2015 3:3	1 pm
Part				CAP	ITAL RELATED CO	515		
Part		Cost Center Description	Net Expenses	NEW BLDG &	NEW BLDG &	NEW MVBLE	FMPL OYFF	
		doct donton boson per on						
Col. 77			Allocation				DEPARTMENT	
DEFENDENT SERVICE COST CONTINUES   D.   1.00   1.01   2.00   4.00								
SERVICE COST CENTERS   1.00   0.000   NEW CAR SEL COSTS BLOG & FIXT   17,802,886					4 04			
1.00		CENEDAL SEDVICE COST CENTERS	0	1.00	1.01	2.00	4.00	
1.01   0.0101   RN CAP REL COSTS: BLDG & FIXT   0.1, 274   0.0   0.1, 274   0.0   0.1, 274   0.0   0	1 00		17 802 886	17 802 886				1 00
2.00 00000 JEW CAP REL COSTS-JAVELE COULP								
4.00   00000   PARP   DYT F INFELT IS DEPARTWENT   \$2,000,580   169,610   4,386   14,220   52,188,817   4.00   7				·	.,	27, 408, 311		
7.00         0.07000   DOPRIAD TION OF PLANT         10, 846, 149         2, 709, 468         0         157, 390         777, 046         7.00         282, 665         139, 002         8.00         9.00         100   DOPROD   BUSINETEPH NS         4, 990, 817         118, 443         0         45, 700         8.00         351, 481         10, 00         100, 00 <td>4.00</td> <td>00400 EMPLOYEE BENEFITS DEPARTMENT</td> <td>52, 000, 580</td> <td>169, 618</td> <td>4, 386</td> <td>14, 228</td> <td>52, 188, 812</td> <td>4. 00</td>	4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	52, 000, 580	169, 618	4, 386	14, 228	52, 188, 812	4. 00
8.00   0.0800  LAURDRY & LINEN SERVICE								
9.00   0.0990  MUSEKEEPINS			1					
10.00   01000   DETARY   2, 801, 347								
11.00   01100   CAFETRIA   730, 984   143, 844   0   0   232, 660   11   00   130. 01   1300   01300   01801   KARDINISTIKATION   2, 686, 422   364, 664   0   300, 776   521, 468   11   00   1500   0100   01400   CENTRAL SERVICES & SUPPLY   2, 189, 202   364, 664   0   300, 776   521, 468   11   00   1500   0100   01400   CENTRAL SERVICES & SUPPLY   2, 189, 202   364, 664   0   300, 776   521, 468   11   00   1500   01000   01000   01000   01000   01000   01000   01000   01000   01000			1					•
13.00   01300   NIRSI NO ADMINI STRATION   2, 666, 422   52, 916   0   301, 976   552, 350   13.00								•
15.00 0 1500   PHARMACY   6, 989, 538   180, 218   0   462, 796   1, 896, 058   15, 00   17.00   0   170   0   0   170   0   0   0   170   0   0   0   0   2   2   2   2   2			1			351, 951		
10.00   01.000   MEDICAL RECORDS & LIBRARY   3, 315, 996   148, 135   0	14.00		2, 189, 202	364, 064	0	300, 776	521, 468	14. 00
17.00   01700   SOCIAL SERVICE   2,828,087   74,837   0   994   712,482   17,00   22.00   0200   18R SERVICES-SALARY & FRINGES APPRVD   892,145   0   0   0   0   282,608   21.00   22.00   0200   18R SERVICES-OTHER PROBL COSTS APPRVD   892,145   0   0   0   0   0   282,608   21.00   20.00   2			· · · · · · · · · · · · · · · · · · ·					•
21.00 02100   IAS SERVICES-SALARY & FRINCES APPRIVO   1,091,956   0 0 0 282,068   21.00 0 200   2320   188 SERVICES-SCHEP PROKU COSTS APPRIVO   892,145   0 0 0 0 47,274   23.00   23.00   2330   PARAMED ED PROM PHARMACY   191,154   1,778   0 0 0 44,789   23.01								•
22.00   0.2000   IAR SERVICES-OTHER PROBLOSTS APPROV   0.92, 145   0.0   0.0   1.99, 838   22.0, 0.0   23.0   0.2300   PARAMED ED PROM. PHARMEDY   179, 154   1.778   0.0   0.0   0.47, 724   23.00   23.01								
23.00   02300  PARAMED ED PRICM - PIHARMACY   191, 154   1,778   0   0   47, 274   23.00   23.01   02301  PARAMED ED PRICM - CHAPLAIN RESIDENCY   179, 045   4,587   6.52   0   0   0   6.415   23.01   23.01   PARAMED ED PRICM - CHAPLAIN RESIDENCY   179, 045   4,587   6.52   0   0   0   6.415   23.01   23.01   23.01   PARAMED ED PRICM - MIRST NOT   25.66, 191   0   0   0   0   0   6.415   23.01						0		
23.01						o		
INPART   ENT ROUTINE SERVICE COST CENTERS   33, 978, 999   4, 035, 766   0   995, 594   10, 799, 281   30, 00   30.00   03000   AULTS & PEDIATRICS   33, 978, 999   4, 035, 766   0   995, 594   10, 799, 281   30, 00   3000   AULTS & PEDIATRICS   31, 00   3010   INTENSIVE CARE UNIT   10, 240, 078   811, 165   0   659, 954   2, 468, 942   31, 00   40, 00   4000   4						o		23. 01
30.00   30000   ADULTS & PEDI ATRICS   33, 978, 999   4, 035, 766   0   965, 594   10, 799, 281   30.00   32.00   10   TRINSINE CARE UNIT   10, 240, 078   811, 165   0   659, 94   2, 248, 942   31.00   32.00   32.00   COROMARY CARE UNIT   2, 574, 813   122, 855   0   86, 650   611, 969   32.00   44.00   44.00   500   500   0   0   0   0   0   0	23. 03		256, 619	0	0	0	66, 415	23. 03
13.1.00   03100   INTENSIVE CARE UNIT   10, 240,078   811,165   0   659,954   2, 468,942   31,00   0300   040000   040000   040000   040000   040000   040000   040000   040000   040000   040000   040000   0400000					I al	0/5 504	10 700 001	
12.00   03200   COROMARY CARE UNIT   2, 574, 813   122, 855   0   86, 650   611, 969   32, 00   0   0   0   0   0   0   0   0   0								
40. 00   04000   SUBLEPON DER - I PF   1, 021, 043   69, 163   0   1, 285   263, 388   40. 00								
44. 00   04-00  SKILLED NURSING FACILITY   0   0   0   0   0   0   0   0   0								
50.00	44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
54.00			0.005.475	4 400 475	1	0 ((0 040	5 000 (00	
55.00   05500   RADI DLOCY - THERAPEUTIC   2, 516, 842   245, 598   0   45, 074   117, 202   55.00   59.00   05900   CARDIAC CATHETERIZATION   1, 632, 639   163, 901   0   191, 407   224, 775   59.00   60.00   0.6000   LABORATORY   26, 408, 986   678, 810   0   834, 197   2, 899, 077   60.00   60.00   0.6000   INTERMENDUS THERAPY   1, 680, 453   17, 996   0   9, 682   176, 637   64.00   66.00   0.6000   INTERMENDUS THERAPY   1, 800, 157   189, 110   0   129, 383   733, 659   65.00   65.00   0.6500   PRYSTEAL THERAPY   6, 882, 074   109, 221   0   50, 091   0   66.00   0.600   0.00								
59,00   OSPOIC CARDI AC CATHETERIZATION   1,632,639   163,901   0   191,407   2,899,077   60,00								•
64 00   06400   INTRAVENDUS THERAPY   1,680,453   17,996   0   9,682   176,627   64,00								•
65.00   06500   RESPI RATORY THERAPY   3,071,157   189,110   0   129,383   733,659   65.00   66.00   06600   PHYSICAL THERAPY   6,882,074   109,221   0   50,091   0   66.00   69.00   06900   ELECTROCARDI OLOCY   1,801,614   56,304   0   2,726   95,663   69.00   71.00   72.00   7200   7200   MPL. DEV. CHARGED TO PATIENTS   18,161,528   0   0   0   0   0   72.00   7200   MPL. DEV. CHARGED TO PATIENTS   31,031,303   0   0   0   0   0   0   73.00   74.00   7400   RONAL DIALYSIS   11,457,684   8,300   0   0   0   0   55,506   73.00   74.00   7400   7400   RONAL DIALYSIS   749,312   0   0   0   0   233,940   76.00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   794,312   0   0   0   0   233,940   76.00   09000   CLI NI C   1,381,790   260,348   0   10,300   249,585   90.01   9001   FAMI LLY PRACTI CE CLI NI C   1,381,790   260,348   0   10,300   249,585   90.01   9001   FAMI LLY PRACTI CE CLI NI C   1,381,790   260,348   0   10,300   249,585   90.01   9001   FAMI LLY PRACTI CE CLI NI C   1,381,790   260,348   0   10,300   249,585   90.01   9000   FAMI LLY PRACTI CE CLI NI C   1,381,790   260,348   0   10,300   249,585   90.01   9000   9000   PRI MARY CARE SENI ORS   770,613   970,633   0   0   32,662   456,033   90.00   9000   9000   PRI MARY CARE SENI ORS   976,833   0   0   32,662   456,033   90.00   9000   9000   9000   PRI MARY CARE SENI ORS   319,054   6705   0   50,470   4,548,493   91.00   9000	60.00	06000 LABORATORY	26, 408, 986	678, 810	0	834, 197	2, 899, 077	60. 00
66.00   06600   PHYSI CAL THERAPY   6,882,074   109,221   0   50,091   0   66.00   070   0600   ELECTROCARDIOLOCY   1,801,614   56,304   0   2,726   95,663   69.00   71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   18,161,528   0   0   0   0   0   0   0   72.00   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   31,031,303   0   0   0   0   0   0   0   73.00   73.00   07300   DRUGS CHARGED TO PATIENTS   31,031,303   0   0   0   0   0   0   55,506   74.00   07400   RENAL DIALYSIS   1,457,684   8,300   0   0   0   0   233,940   0   0   0   233,940   0   0   0   0   233,940   0   0   0   0   0   0   0   0   0			1					
69 00   06900								
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   18, 161, 528   0   0   0   0   0   0   72. 00   72. 00   07200   MPL. DEV. CHARGED TO PATIENT   21, 284, 469   0   0   0   0   0   0   73. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   31, 031, 303   0   0   0   0   0   0   73. 00   74. 00   07400   REMAL DIALYSIS   1, 457, 684   8, 300   0   0   0   0   233, 940   76. 00   076. 00			1					
73.00   07300   DRUGS CHARGED TO PATIENTS   31, 031, 303   0   0   0   0   0   73.00   74.00   07400   RENAL DIALYSIS   1, 457, 684   8, 300   0   0   0   55, 506   74.00   03550   PSYCHIATRI C/PSYCHOLOGI CAL SERVICES   794, 312   0   0   0   0   233, 940    90.00   00000   CLINIC   COST CENTERS					1	0		•
74. 00   07400   REMAL DIALYSIS   1, 457, 684   8, 300   0   0   55, 500   74, 00   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   794, 312   0   0   0   0   233, 940   76. 00   0		1		0	0	o	0	•
76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   794, 312   0   0   0   233, 940   76. 00				-		0		
DUTPATI ENT SERVICE COST CENTERS   90.00   09000   CLINIC   1,910,439   89,615   0   8,799   401,441   90.00   90.01   90.01   90.01   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   90.03   90.03   INFUSION CENTER   720,161   83,433   0   576   96,526   90.02   90.03   90.03   90.04   90.04   90.04   90.04   90.04   90.04   90.04   90.04   90.04   90.04   90.05						-		
90. 00   09000   CLINI C   1,910,439   89,615   0   8,799   401,441   90. 00   90. 01   09001   FAMI LY PRACTI CE CLINI C   1,381,790   260,348   0   10,300   249,585   90. 01   90. 02   09002   0UTPATI ENT PSYCHI ATRI C SERVI CES   532,119   83,433   0   576   96,526   90. 02   90. 03   09003   INFUSI ON CENTER   720,161   54,568   0   4,842   29,135   90. 03   90. 04   99004   PRI MARY CARE SENI ORS   976,833   0   0   32,662   456,033   90. 04   99004   PRI MARY CARE SENI ORS   976,833   0   0   120,575   541,158   90. 05   90. 05   90. 05   90. 05   90. 05   90. 05   90. 05   90. 06   9006   WOUND CARE CENTER   319,054   6,705   0   5,665   69,299   90. 06   90. 07   99007   SLEEP CENTER   899,339   0   0   54,966   200,988   90. 07   90. 00   9000   WOUND CARE CENTER   899,339   0   0   54,966   200,988   90. 07   90. 00   9000   WOUND CARE CENTER   899,339   0   0   54,966   200,988   90. 07   90. 00   9000   WOUND CARE CENTER   899,339   0   0   504,470   4,548,493   91. 00   92. 00   9000   WOUND CARE CENTER   899,339   0   0   504,470   4,548,493   91. 00   92. 00   0000   WOND CARE CENTER   899,339   0   0   504,470   4,548,493   91. 00   92. 00   0000   WOND CARE CENTER   899,339   0   0   504,470   4,548,493   91. 00   92. 00   0000   WOND CARE CENTERS   890,001   14,081,772   675,041   0   504,470   4,548,493   91. 00   92. 00   0000   WOND CARE CENTERS   890,001   14,081,772   675,041   0   504,470   4,548,493   91. 00   92. 00   0000   WOND CARE CENTERS   890,001   14,081,772   675,041   0   130,041   474,583   96. 00   101.00   WOND CARE CENTERS   890,001   14,081,772   14,091,744   34,327   0   19,022   337,514   101. 00   101.00   WOND CARE MEURSABLE COST CENTERS   890,001   130,041   474,583   96. 00   100,001   100,0	76.00		/94, 312	0	0	U	233, 940	76.00
90. 01   09001   FAMILY PRACTICE CLINIC	90. 00		1, 910, 439	89. 615	0	8. 799	401, 441	90.00
90. 03   09003   INFUSION CENTER   720, 161   54, 568   0   4, 842   29, 135   90. 03   90. 04   9004   PRI MARY CARE SENIORS   976, 833   0   0   32, 662   456, 033   90. 04   90. 05								
90. 04   09004   PRI MARY CARE SENI ORS   976, 833   0   0   32, 662   456, 033   90. 04   90. 05   09005   PAI N MANAGEMENT   2, 373, 934   0   0   120, 575   541, 158   90. 05   90. 06   09000   09000   CENTER   899, 339   0   0   54, 966   200, 988   90. 07   91. 00   09007   SLEEP CENTER   899, 339   0   0   54, 966   200, 988   90. 07   91. 00   09200   DISERVATI ON BEDS (NON-DISTINCT PART)   0   09200   DISERVATI ON BEDS (NON-DISTINCT PART)   0   09600   DURABLE MEDI CAL EQUI P-RENTED   4, 617, 198   172, 384   0   130, 041   474, 583   96. 00   101. 00   HOME HEALTH AGENCY   2, 146, 743   34, 327   0   19, 022   337, 514   101. 00   100   HOME HEALTH AGENCY   2, 146, 743   34, 327   0   19, 022   337, 514   101. 00   1000   HOME HEALTH AGENCY   2, 146, 743   34, 327   0   2, 204   288, 208   116. 00   116. 00   19000   GI FT, FLOWER, COFFEE SHOP & CANTEEN   10, 385, 584   90, 829   0   0   0   192, 653   190. 00   192. 00   19200   PHYSI CI ANS' PRI VATE OFFI CES   7, 869, 212   366, 520   0   56, 542   1, 626, 678   192. 00   192. 01   19200   DEACONRESS URGENT CARE   -10   0   0   0   0   192. 01   192. 01   DEACONRESS URGENT CARE   -10   0   0   0   0   192. 01   192. 01   DEACONRESS URGENT CARE   -10   0   0   0   0   0   192. 01   192. 01   DEACONRESS URGENT CARE   -10   0   0   0   0   0   192. 01   192. 01   192. 01   DEACONRESS URGENT CARE   -10   0   0   0   0   0   0   192. 01   192. 01   DEACONRESS URGENT CARE   -10   0   0   0   0   0   0   192. 01   192. 01   192. 01   DEACONRESS URGENT CARE   -10   0   0   0   0   0   0   0   0   192. 01   192. 01   192. 01   192. 01   192. 01   192. 01   192. 02   192. 02   192. 02   192. 03   194. 03   194. 02   194. 02   07952   0THER NONREI MBURSABLE COST CENTERS   2,048,634   120,752   17,175   4,896   245,638   194. 02   07952   0THER FACI LITIES   3,211,959   76,912   0   186   28,89   194. 02   0   0   0   0   0   0   0   0   0	90. 02		532, 119			576	96, 526	90. 02
90. 05   09005   PAI N MANAGEMENT   2, 373, 934   0   0   120, 575   541, 158   90. 05   90. 06   09006   WOUND CARE CENTER   319, 054   6, 705   0   5, 665   69, 299   90. 06   90. 07   09007   SLEEP CENTER   899, 339   0   0   54, 966   200, 988   90. 07   91. 00   09100   EMERGENCY   14, 081, 772   675, 041   0   504, 470   4, 548, 493   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   92. 00   0000   ODITION RED MEDI CAL EQUI P-RENTED   4, 617, 198   172, 384   0   130, 041   474, 583   96. 00   101. 00   10100   HOME   HEALTH AGENCY   2, 146, 743   34, 327   0   19, 022   337, 514   101. 00   116. 00   1300   HOSPI CE   1, 748, 605   133, 357   0   2, 204   288, 208   116. 00   118. 00   SUBTOTALS (SUM OF LI NES 1-117)   456, 483, 867   16, 747, 915   44, 099   27, 250, 906   49, 382, 386   118. 00   192. 00   19000   GI FT, FLOWER, COFFEE SHOP & CANTEEN   1, 385, 584   90, 829   0   0   0   192, 653   190. 00   192. 00   19200   PHYSI CI ANS' PRI VATE OFFI CES   7, 869, 212   366, 520   0   56, 542   1, 626, 678   192. 00   192. 01   19201   DEACONESS URGENT CARE   -10   0   0   0   0   0   0   192. 02   19202   HEARTCARE OFFI CES   1, 189, 719   0   0   0   0   0   0   192. 03   19203   FAMI LY PHARMACY   8, 907, 118   25, 661   0   73, 374   135, 169   192. 03   194. 00   07950   OTHER NONREI MBURSABLE COST CENTERS   2, 048, 634   120, 752   17, 175   4, 896   245, 638   194. 00   194. 01   07951   OCCUPATI ONAL HEALTH   472, 582   153, 541   0   1, 214   90, 377   194. 01   194. 02   07952   OTHER FACILITIES   3, 211, 959   76, 912   0   186   28, 189   194. 02								
90. 06   09006   WOUND CARE CENTER   319,054   6,705   0   5,665   69,299   90. 06   90. 07   SLEEP CENTER   899, 339   0   0   54,966   200,988   90. 07   91. 00   09100   EMERGENCY   14,081,772   675,041   0   504,470   4,548,493   91. 00   92. 00   09500   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0   07000   OBSERVATI ON BEDS (NON-DI STI NCT PART)   92. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   4,617, 198   172, 384   0   130,041   474,583   96. 00   101. 00   10100   HOME HEALTH AGENCY   2,146,743   34,327   0   19,022   337,514   101. 00   11600   HOSPI CE   1,748,605   133,357   0   2,204   288,208   116. 00   11600   HOSPI CE   SUBTOTALS (SUM OF LINES 1-117)   456,483,867   16,747,915   44,099   27,250,906   49,382,386   118. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   1,385,584   90,829   0   0   56,542   1,626,678   192. 00   192. 01   19200   PHYSI CI ANS' PRI VATE OFFI CES   7,869,212   366,520   0   56,542   1,626,678   192. 00   192. 01   19200   DEACONESS URGENT CARE   -10   0   0   0   0   0   0   0   192. 01   192. 01   192. 01   192. 03   FAMI LY PHARMACY   8,907,118   25,661   0   73,374   135, 169   192. 03   194. 00   0   0   0   0   0   0   0   0   0					-			
90. 07   09007   SLEEP CENTER   899, 339   0   0   54, 966   200, 988   90. 07   91. 00   9200   09100   EMERGENCY   14, 081, 772   675, 041   0   504, 470   4, 548, 493   91. 00   92. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   92. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   92. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   4, 617, 198   172, 384   0   130, 041   474, 583   96. 00   101. 00   10100   HOME HEALTH AGENCY   2, 146, 743   34, 327   0   19, 022   337, 514   101. 00   11600   HOSPI CE   1, 748, 605   133, 357   0   2, 204   288, 208   116. 00   118. 00   SUBTOITALS (SUM OF LI NES 1-117)   456, 483, 867   16, 747, 915   44, 099   27, 250, 906   49, 382, 386   118. 00   19000   GI FT, FLOWER, COFFEE SHOP & CANTEEN   1, 385, 584   90, 829   0   0   192, 653   190. 00   192. 01   19200   PHYSI CI ANS' PRI VATE OFFI CES   7, 869, 212   366, 520   0   56, 542   1, 626, 678   192. 00   192. 01   19200   DEACONESS URGENT CARE   -10   0   0   0   0   0   0   0   192. 01   192. 02   19202   HEARTCARE OFFI CES   1, 189, 719   0   0   0   0   0   0   0   0   192. 01   192. 02   19202   FAMI LY PHARMACY   8, 907, 118   25, 661   0   73, 374   135, 169   192. 03   194. 03   194. 04   107951   OCCUPATI ONAL HEALTH   472, 582   153, 541   0   1, 214   90, 377   194. 01   194. 02   07952   0THER FACILITIES   3, 211, 959   76, 912   0   186   28, 189   194. 02					-			
91. 00				0, 703				
OTHER REIMBURSABLE COST CENTERS   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   4, 617, 198   172, 384   0   130, 041   474, 583   96. 00   101. 00   10100   HOME HEALTH AGENCY   2, 146, 743   34, 327   0   19, 022   337, 514   101. 00   SPECI AL PURPOSE COST CENTERS   116. 00   11600   HOSPI CE   1, 748, 605   133, 357   0   2, 204   288, 208   116. 00   1800   HOME MBURSABLE COST CENTERS   18. 00   SUBTOTALS (SUM OF LINES 1-117)   456, 483, 867   16, 747, 915   44, 099   27, 250, 906   49, 382, 386   118. 00   NONREI MBURSABLE COST CENTERS   1, 385, 584   90, 829   0   0   192, 653   190. 00   192. 00   19200   PHYSI CI ANS' PRI VATE OFFI CES   7, 869, 212   366, 520   0   56, 542   1, 626, 678   192. 00   192. 01   19201   DEACONESS URGENT CARE   -10   0   0   0   0   192. 01   192. 01   19202   HEARTCARE OFFI CES   1, 189, 719   0   0   0   60, 399   192. 02   192. 03   19203   FAMILY PHARMACY   8, 907, 118   25, 661   0   73, 374   135, 169   192. 03   194. 00   07950   OTHER NONREI MBURSABLE COST CENTERS   2, 048, 634   120, 752   17, 175   4, 896   245, 638   194. 00   194. 01   07951   OCCUPATI ONAL HEALTH   472, 582   153, 541   0   1, 214   90, 377   194. 01   194. 02   07952   OTHER FACILITIES   3, 211, 959   76, 912   0   186   28, 189   194. 02				675, 041				
96. 00	92.00							92. 00
101. 00				170.004	1	400.044	174 500	
SPECIAL PURPOSE COST CENTERS   116. 00   11600   HOSPI CE   1,748,605   133,357   0   2,204   288,208   116. 00   118. 00   SUBTOTALS (SUM OF LINES 1-117)   456,483,867   16,747,915   44,099   27,250,906   49,382,386   118. 00   NONREI MBURSABLE COST CENTERS   190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   1,385,584   90,829   0   0   192,653   190. 00   192. 00   19200   PHYSI CI ANS' PRI VATE OFFI CES   7,869,212   366,520   0   56,542   1,626,678   192. 00   192. 01   19201   DEACONESS URGENT CARE   -10   0   0   0   0   0   192. 01   192. 01   19202   HEARTCARE OFFI CES   1,189,719   0   0   0   60,399   192. 01   192. 02   19202   HEARTCARE OFFI CES   1,189,719   0   0   73,374   135,169   192. 03   194. 00   07950   07HER NONREI MBURSABLE COST CENTERS   2,048,634   120,752   17,175   4,896   245,638   194. 00   194. 01   07951   OCCUPATI ONAL HEALTH   472,582   153,541   0   1,214   90,377   194. 01   194. 02   07952   OTHER FACILITIES   3,211,959   76,912   0   186   28,189   194. 02								
116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 118. 0	101.00		2, 146, 743	34, 327	l O	19, 022	337, 514	101.00
188.00 SUBTOTALS (SUM OF LINES 1-117) 456, 483, 867 16, 747, 915 44, 099 27, 250, 906 49, 382, 386 18.00 NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1, 385, 584 90, 829 0 0 0 192, 653 190. 00 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 7, 869, 212 366, 520 0 56, 542 1, 626, 678 192. 00 192. 01 19201 DEACONESS URGENT CARE -10 0 0 0 0 192. 01 192. 01 19202 HEARTCARE OFFI CES 1, 189, 719 0 0 0 60, 399 192. 02 192. 03 19203 FAMILLY PHARMACY 8, 907, 118 25, 661 0 73, 374 135, 169 192. 03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 2, 048, 634 120, 752 17, 175 4, 896 245, 638 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 472, 582 153, 541 0 1, 214 90, 377 194. 01 194. 02 07952 OTHER FACILITIES 3, 211, 959 76, 912 0 186 28, 189 194. 02	116. 00		1, 748, 605	133, 357	0	2, 204	288, 208	116. 00
190. 00 19000 GFT, FLOWER, COFFEE SHOP & CANTEEN 1, 385, 584 90, 829 0 0 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 7, 869, 212 366, 520 0 56, 542 1, 626, 678 192.00 192.01 19201 DEACONESS URGENT CARE -10 0 0 0 0 192.01 192.02 19202 HEARTCARE OFFI CES 1, 189, 719 0 0 0 60, 399 192.02 192.03 19203 FAMI LY PHARMACY 8, 907, 118 25, 661 0 73, 374 135, 169 192.02 194.00 07950 OTHER NONREI MBURSABLE COST CENTERS 2, 048, 634 120, 752 17, 175 4, 896 245, 638 194.00 194.01 07951 OCCUPATI ONAL HEALTH 472, 582 153, 541 0 1, 214 90, 377 194.01 194.02 07952 OTHER FACILITIES 3, 211, 959 76, 912 0 186 28, 189 194.02			1					
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 7, 869, 212 366, 520 0 56, 542 1, 626, 678 192. 00 192. 01 19201 DEACONESS URGENT CARE -10 0 0 0 192. 01 192. 01 192. 02 19202 HEARTCARE OFFI CES 1, 189, 719 0 0 0 60, 399 192. 02 192. 03 19203 FAMI LY PHARMACY 8, 907, 118 25, 661 0 73, 374 135, 169 192. 03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 2, 048, 634 120, 752 17, 175 4, 896 245, 638 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 472, 582 153, 541 0 1, 214 90, 377 194. 01 194. 02 07952 OTHER FACI LITIES 3, 211, 959 76, 912 0 186 28, 189 194. 02								
192. 01 19201 DEACONESS URGENT CARE -10 0 0 0 192. 01 192. 01 192. 02 19202 HEARTCARE OFFICES 1, 189, 719 0 0 0 60, 399 192. 02 192. 03 19203 FAMILY PHARMACY 8, 907, 118 25, 661 0 73, 374 135, 169 192. 03 194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS 2, 048, 634 120, 752 17, 175 4, 896 245, 638 194. 00 194. 01 07951 OCCUPATIONAL HEALTH 472, 582 153, 541 0 1, 214 90, 377 194. 01 194. 02 07952 OTHER FACILITIES 3, 211, 959 76, 912 0 186 28, 189 194. 02			1			0		
192. 02     19202     HEARTCARE OFFICES     1, 189, 719     0     0     60, 399     192. 02       192. 03     19203     FAMI LY PHARMACY     8, 907, 118     25, 661     0     73, 374     135, 169     192. 03       194. 00     07950     OTHER NONREI MBURSABLE COST CENTERS     2, 048, 634     120, 752     17, 175     4, 896     245, 638     194. 00       194. 01     07951     OCCUPATI ONAL HEALTH     472, 582     153, 541     0     1, 214     90, 377     194. 01       194. 02     07952     OTHER FACILITIES     3, 211, 959     76, 912     0     186     28, 189     194. 02						56, 542		
192. 03     19203     FAMI LY PHARMACY     8, 907, 118     25, 661     0     73, 374     135, 169 192. 03       194. 00     07950     OTHER NONREI MBURSABLE COST CENTERS     2, 048, 634     120, 752     17, 175     4, 896     245, 638 194. 00       194. 01     07951     OCCUPATI ONAL HEALTH     472, 582     153, 541     0     1, 214     90, 377 194. 01       194. 02     07952     OTHER FACILITIES     3, 211, 959     76, 912     0     186     28, 189 194. 02					-	ol Ol		
194. 00   07950   OTHER NONREIMBURSABLE COST CENTERS   2, 048, 634   120, 752   17, 175   4, 896   245, 638   194. 00   194. 01   07951   OCCUPATI ONAL HEALTH   472, 582   153, 541   0   1, 214   90, 377   194. 01   194. 02   07952   OTHER FACILITIES   3, 211, 959   76, 912   0   186   28, 189   194. 02					-	73, 374		
194. 02 07952 OTHER FACILITIES 3, 211, 959 76, 912 0 186 28, 189 194. 02	194.00	0 07950 OTHER NONREIMBURSABLE COST CENTERS	2, 048, 634	120, 752	17, 175	4, 896	245, 638	194. 00
177. 00 07700  THE TIENKY HOULT THE								
	174.03	oportoo The HEART HOOFFIAE	402, 132	0	1 0	Ч	0	11,74.03

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 10/01/2013	Worksheet B Part I	
				To 09/30/2014	Date/Time Pre 2/28/2015 3:3	
		CAPI	TAL RELATED (	OSTS		
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUI P	EMPLOYEE BENEFITS DEPARTMENT	
	0	1. 00	1. 01	2. 00	4. 00	
194. 04 07954 PUBLIC RELATIONS	1, 905, 093	0		7, 698	148, 737	194. 04
194. 05 07955  CHI LD CARE CENTER	1, 252, 867	220, 756		13, 495	278, 586	194. 05
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers		0		0 0	0	201. 00
202.00 TOTAL (sum lines 118-201)	485, 128, 777	17, 802, 886	61, 27	4 27, 408, 311	52, 188, 812	202. 00

In Lieu of Form CMS-2552-10

| Period: | Worksheet B |
| From 10/01/2013 | Part |
| To 09/30/2014 | Date/Time Prepared: | 2/28/2015 3:31 pm | Provi der CCN: 150082

Care   Company   Description   Subtool   A   A   Company   Description					ADMINI CEDATINE	ODERATION OF		2/28/2015 3:3	
STREAMS   SERVICE   OST   STREETS			Cost Center Description	Subtotal			LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
1.00				4A				9. 00	
1.01   1.00	1 00							I	1 00
4.00   00000   INFORMATION OF PLANT   110.506, 379   110.506, 379   12.704, 342   2.716, 999   2.700   10.0000   ORGANITOR OF PLANT   14.407, 600   1.407, 600									
5.00   DOBODO JAMM MISTATUR & GERERAL   110, 506, 379   110, 506, 379   12, 764, 343   2, 716, 999   6, 901, 301   3, 600, 300   100, 301, 301   3, 600, 3		00200	NEW CAP REL COSTS-MVBLE EQUIP						1
7.00 000000 INJURIENT BLITTEN SERVICE 1.647, 851 4, 774, 595 18, 764, 343 10, 00 000000 INJURIENT BLITTEN SERVICE 1.647, 851 477, 852 531, 753 22, 716, 999 10, 900 00000 INJURIENT BLITTEN SERVICE OSCIPLATION 1.517, 481 30, 00 000000 INJURIENT BLITTEN SERVICE OSCIPLATION 1.517, 481 30, 00 0000000 INJURIENT BLITTEN SERVICE OSCIPLATION 1.517, 481 30, 00 0000000 INJURIENT BLITTEN SERVICE OSCIPLATION 1.517, 481 30, 00 0000000 INJURIENT BLITTEN SERVICE OSCIPLATION 1.517, 481 30, 00 0000000000000000000000000000000									
B.O.   DIBBOOL LANIBURY R. LINNS SERVICE   1,687,651   447,825   531,523   2,716,999   8,00   10,00   DIBENSET PPINE   5,195,972   1,571,31   26,00   30,00   0,94,731   0,00   10,00   DIETRAY   1,000   1,000,11   1,000   1,000   1,000   1,000,11   1,000   1,00									1
9.00 00000 HOUSEKEEPIN IG							2 716 999		1
10.00   01000   DIETARY   2,699,609   1,091,314   586,711   21,922   222,416   10.00   13.00   01500   NARSI NO AMISTIKATION   1,077,4818   326,881   205,285   20   79,913   11.00   13.00   01500   NARSI NO AMISTIKATION   9,578,1610   2,180,775   75,512   19,180   20,398   13.00   10.00   10.00   NARSI NO AMISTIKATION   9,578,1610   2,180,799   27,711   10.00   10.00   10.00   NARSI NO AMISTIKATION   9,578,1610   2,180,179   27,711   10.00   10.00   10.00   10.00   NARSI NO AMISTIKATION   9,578,1610   2,180,179   27,711   10.00   10.00   10.00   10.00   NARSI NO AMISTIKATION   9,578,1610   2,180,179   27,711   10.00   10.00   10.00   10.00   NARSI NO AMISTIKATION   9,578,1610   2,180,179   2,1								l	1
13.00 01300 NURSING ADMINISTRATION 3, 653, 639 1, 077, 756 75, 512 0 29, 38 13.00 01500 PHARMACY 9, 528, 614 0, 2810, 759 257, 171 0, 100, 121 15.00 01500 PHARMACY 9, 528, 614 0, 2810, 759 257, 171 0, 100, 121 15.00 01500 PHARMACY 9, 528, 614 0, 2810, 759 257, 171 0, 100, 121 15.00 01500 PHARMACY 9, 528, 614 0, 2810, 759 257, 171 0, 100, 121 15.00 01500 PHARMACY 15, 100, 121						· ·			
14.00 01400  CENTRAL SERVICES & SUPPLY		1					0		1
15.00   01500   PHARMACY   9,5%, 610   2,810,759   257,171   0   100,171   15.00   17.							-		1
16.00   01-600 MEDICAL RECORDS & 1 LIBRARY   4,518,300   1,332,813   211,388   0   82,297   16.00   17.00   01700   01									1
17.00   01700   SOCIAL SERVICE   3.616.000   1.096.651   106.792   0   41.576   17.00   22.0		1					_		
22.00   0200   IAR SERVICES-DIHER PROM COSTS APPROV   1,091,993   322,114   0   0   0   22.00   23.01   23.0							0		
23. 0.0   03200   PARAMEET ED PROIL - PHARMANY   240, 206   70, 886   2, 538   0   988   23, 00   23, 00   230, 00							0		
23.01   02301   PARAMED ED PREM: NIRSING   29.073   67.572   6.546   0   2.548   23.013   03.02   PARAMED ED PREM: NIRSING   232.034   95.289   0   0   0   0   23.03   03.00   030000   030000   030000   030000							0		
1.00   1.00				-			0		
INPATT ENT ROUTI N. SERVICE COST CENTERS   4, 97, 779, 640   14, 683, 933   5, 799, 031   1, 314, 512   2, 242, 079   30, 00   30.00   03000   OAUTIS & PEROPINITO   14, 180, 139   4, 182, 872   1, 157, 530   249, 143   450, 644   31, 00   440, 00   04000   OSUBPROVI DER - I PF   1, 354, 879   399, 664   98, 695   9, 714   38, 423   40, 00   04000   SUBPROVI DER - I PF   1, 354, 879   399, 664   98, 695   9, 714   38, 423   40, 00   04000   SUBPROVI DER - I PF   1, 354, 879   399, 664   98, 695   9, 714   38, 423   40, 00   04000   SUBPROVI DER - I PF   1, 354, 879   399, 664   99, 695   9, 714   38, 423   40, 00   40, 40, 40   40, 4							_		
31.00   03100   NITENSI VE CARE LINIT		I NPAT	ENT ROUTINE SERVICE COST CENTERS		·				
32.00   03200   CORDMARY CARE UNIT   3, 396, 287   1, 001, 840   175, 314   73, 078   68, 253   32, 00		1							
40.00   04000   SUBPROVIDER - IPF   1,354,879   399,664   98,695   9,214   38,423   40.00   40.00   40.00   60.00									1
0   0   0   0   0   0   0   0   0   0		1							
50. 00		1							1
54 00   05400   RADIOLOGY - DI AGNOSTIC   19, 596, 042   5, 780, 460   917, 077   135, 419   357, 032   54, 00   550   05500   05500   CARDIALOGY - THERAPEUTIC   2, 94, 716   862, 736   303, 688   0   136, 442   55, 00   550   0   05900   CARDIALOGY - THERAPEUTIC   2, 924, 716   862, 736   303, 887   81, 816   91, 056   59, 00   06400   LARDRATORY   30, 812, 1070   9, 991, 630   998, 661   4, 176   337, 114   60, 00   06400   LARDRATORY THERAPY   1, 884, 768   555, 971   25, 881   0   9, 998   64, 00   066, 00   06600   RESPIRATORY THERAPY   4, 123, 309   1, 16, 298   26, 861   28, 811   0   9, 998   64, 00   066, 00   06600   RESPIRATORY THERAPY   7, 041, 386   2, 077, 075   155, 857   33, 907   60, 678   66, 00   06600   LECTROCARDIOLOGY   1, 966, 207   577, 073   80, 346   7, 016   31, 280   69, 00   071, 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   18, 161, 528   5, 537, 306   0   0   0   0   0   0   0   0   0									
55.00   05500   RADIOLOGY - THERREPUTIC   2, 924, 716   862, 736   350, 468   0   136, 422   55.00									
59, 00   05900   CARDIAC CATHETERIZATION   2, 262, 722   667, 460   233, 887   81, 816   91, 056   59, 00   06400   LARDRATORY   38, 281, 070   9, 91, 630   968, 661   4, 176   377, 114   60, 00   64, 00   06400   LARDRATORY   1, 884, 768   555, 971   25, 881   0   9, 998   64, 00   66, 00   06600   RESPIRATORY   1, 884, 768   555, 971   25, 881   0   9, 998   64, 00   66, 00   06600   RESPIRATORY   1, 70, 41, 386   2, 077, 075   155, 857   33, 907   60, 678   66, 00   06600   RESPIRATORY   1, 70, 41, 386   2, 077, 075   155, 857   33, 907   60, 678   66, 00   07, 10   07, 100							· ·		
0.000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.0000000   0.00000000							_		1
65 00   06500   RESPIRATIORY THERAPY   4, 123, 309   1, 216, 298   269, 860   281   105, 061   65 00   66 00   0600   PHYSICAL THERAPY   7, 041, 386   2, 077, 073   80, 346   7, 016   31, 280   69, 00   71, 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   18, 161, 528   5, 357, 306   0 0 0 0 0 0 0 72, 00   71, 00   07200   IMPL. DEV. CHARGED TO PATIENTS   21, 284, 469   6, 278, 514   0 0 0 0 0 72, 00   72, 00   73, 00   07300   RURL DEV. CHARGED TO PATIENTS   31, 031, 033, 303   9, 153, 645   0 0 0 0 0 0 0 73, 00   74, 00									1
66.00   06600   PMSI CAL THERAPY   7, 041, 386   2, 077, 075   155, 857   33, 907   60, 678   66.00   071.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   18, 161, 528   5, 357, 306   0   0   0   0   0   0   71, 00   072.00   07200   MPL. DEV. CHARGED TO PATIENTS   18, 161, 528   5, 357, 306   0   0   0   0   0   71, 00   073.00   07300   DRUSC CHARGED TO PATIENTS   31, 031, 303   9, 153, 645   0   0   0   0   0   72, 20   074.00   07300   DRUSC CHARGED TO PATIENTS   31, 031, 303   9, 153, 645   0   0   0   0   0   73, 20   075.00   075.00   REMAL DIALYSIS   1, 521, 490   448, 811   11, 843   0   4, 611   74, 00   075.00   075.00   REMAL DIALYSIS   1, 521, 490   448, 811   11, 843   0   4, 611   74, 00   075.00   075.00   REMAL DIALYSIS   1, 222, 252   303, 315   0   0   0   0   76, 00   075.00   075.00   CLI NIC   2, 410, 294   710, 991   127, 880   4, 031   49, 786   90, 00   075.00   075.00   CLI NIC   2, 410, 294   710, 991   127, 880   4, 031   49, 786   90, 00   075.00   075.00   CLI NIC   2, 410, 294   710, 991   127, 880   4, 031   49, 786   90, 00   075.00   075.00   CLI NIC   2, 410, 294   710, 991   127, 880   4, 031   49, 786   90, 00   075.00   075.00   CLI NIC   2, 410, 294   710, 991   127, 880   4, 031   49, 786   90, 00   075.00   0									
69 00   06900   061000   061000   061000   061000   061000   061000   061000   06100									
17. 00   07100   MZDICAL SUPPLIES CHARGED TO PATIENTS   18, 161, 528   5, 357, 306   0   0   0   0   71, 00     17. 00   07200   IMPL. DEV CHARGED TO PATIENT   21, 284, 469   6, 278, 514   0   0   0   0   0   73, 00     17. 00   07300   DRUGS CHARGED TO PATIENTS   31, 031, 303   9, 153, 645   0   0   0   0   0   73, 00     17. 00   07400   RENAL DIALYSIS   1, 521, 490   448, 811   11, 843   0   4, 611   74, 00     18. 00   07400   RENAL DIALYSIS   1, 521, 490   448, 811   11, 843   0   4, 611   74, 00     19. 00   07000   07000   07000   07000   07000   07000     19. 00   07000   07000   07000   07000   07000   07000     19. 00   07000   07000   07000   07000   07000   07000     19. 00   07000   07000   07000   07000   07000   07000   07000   07000     19. 00   070000   070000   070000   070000   070000   070000   070000   070000   070000		1							1
12, 20   07200   IMPL DEV. CHARGED TO PATIENT   21, 284, 469   6, 278, 514   0   0   0   0   72, 20		1							1
74.00							_		
76. 00   03550   PSYCHI ATRI C/PSYCHOLOGICAL SERVI CES   1, 028, 252   303, 315   0   0   0   76. 00   0UTPATI ENT SERVICE COST CENTERS   90. 00   00000   009000   CLI NI C   2, 410, 294   710, 991   127, 880   4, 031   49, 786   09. 01   09000   CLI NI C   1, 902, 023   561, 061   371, 516   5, 962   144, 637   90. 01   09. 02   009000   00000   00000   00000   00000   00000   00000   00000   00000   00000   09. 03   09000   00000   00000   00000   00000   00000   00000   00000   09. 04   03000   00000   00000   00000   00000   00000   00000   09. 05   09000   PRI MARY CARE SENIORS   1, 465, 528   432, 303   0   593   0   90. 04   09. 05   09000   PRI MARY CARE SENIORS   1, 465, 528   432, 303   0   593   0   90. 04   09. 05   09000   PRI MARY CARE SENIORS   1, 465, 528   432, 303   0   593   0   90. 04   09. 05   09000   PRI MARY CARE SENIORS   1, 155, 293   340, 789   0   7, 531   0   90. 05   09. 07   09000   SLEEP CENTER   400, 723   118, 206   9, 567   3, 077   3, 725   90. 66   09. 07   09000   SLEEP CENTER   1, 155, 293   340, 789   0   7, 531   0   90. 07   09. 00   09000   DURBABLE MEDI CAL EQUI P-RENTED   19, 809, 776   5, 843, 508   963, 283   271, 833   375, 021   91. 00   00   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   00000   00000   0000   0000   0000   0000   0000   00000   00000   00000   00000   00000   00000   00000   00000   0000   00000   00000   00000   00000   00000   00000   00000   00000   000000							0		
OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICE CLINIC   1,902,023   561,061   371,516   5,962   144,637   90.01   OUTPATIENT SERVICE CLINIC   1,902,023   561,061   371,516   5,962   144,637   90.01   OUTPATIENT PSYCHIATRIC SERVICES   712,654   210,219   119,058   O   46,351   90.02   OUTPATIENT SERVICE CLINIC   1,902,023   561,061   371,516   5,962   144,637   90.01   OUTPATIENT SERVICE CLINIC   1,902,023   561,061   371,516   5,962   144,637   90.01   OUTPATIENT SERVICE CLINIC   1,902,023   561,061   371,516   5,962   144,637   90.01   OUTPATIENT SERVICE CLINIC   1,902,023   561,061   371,516   5,962   144,637   90.01   OUTPATIENT SERVICE CLINIC   1,902,023   561,061   371,516   5,962   144,637   90.01   OUTPATIENT SERVICE CLINIC   1,902,023   561,061   371,516   5,962   144,637   90.01   OUTPATIENT SERVICE CLINIC   1,902,023   561,061   371,516   5,962   144,637   90.01   OUTPATIENT SERVICE CLINIC   1,902,023   561,061   371,516   5,962   144,637   90.01   OUTPATIENT SERVICE CLINIC   1,902,03   0.9003							_		1
90. 00   09000   CLINIC   2,410,294   710,991   127,880   4,031   49,786   90. 00   90. 01   09001   FAMILY PRACTICE CLINIC   1,902,023   561,061   371,516   5,962   144,637   90. 01   90. 01   09002   OUTPATIENT PSYCHIATRIC SERVICES   712,654   210,219   119,058   0   46,351   90. 02   90. 03   09003   INFUSION CENTER   808,706   238,553   77,868   3,938   30,315   90. 03   90. 03   INFUSION CENTER   808,706   238,553   77,868   3,938   30,315   90. 03   90. 04   90. 04   PRI MARY CARE SENIORS   1,465,528   432,303   0   593   0   90. 04   90. 05   90. 06   09004   PRI MARY CARE SENIORS   1,465,528   432,303   0   593   0   90. 04   90. 05   90. 06   09006   WOUND CARE CENTER   400,723   118,206   9,567   3,077   3,725   90. 06   90. 06   WOUND CARE CENTER   1,155,293   340,789   0   7,531   0   90. 07   91. 00   09100   ERRGENCY   19,809,776   5,843,508   963,283   271,833   375,021   91. 00   90. 00   90. 00   ERRGENCY   19,809,776   5,843,508   963,283   271,833   375,021   91. 00   00   00   00   00   00   00   00	76.00			1, 028, 252	303, 315	0	0	0	] 76.00
90. 02   09002   0UTPATI ENT PSYCHI ATRIC SERVICES   712,654   210,219   119,058   0   46,351   90.02   90. 03   09003   INFUSI ON CENTER   808,706   238,553   77,868   3,938   30,315   90.03   90. 04   09004   PRI MARY CARE SENI ORS   1,465,528   432,303   0   593   0   90.04   90. 05   09005   PAI N MANAGEMENT   3,035,667   895,464   0   21,779   0   90.05   90. 06   09006   WOUND CARE CENTER   400,723   118,206   9,567   3,077   3,725   90.06   90. 07   09007   SLEEP CENTER   1,155,293   340,789   0   7,531   0   90.07   91. 00   09100   EMERGENCY   19,809,776   5,843,508   963,283   271,833   375,021   91.00   92. 00   09200   0BSERVATION BEDS (NON-DISTINCT PART)   0   0   0   00   07   07   07   07	90. 00			2, 410, 294	710, 991	127, 880	4, 031	49, 786	90.00
90.03   09003   INFUSI ON CENTER   808,706   238,553   77,868   3,938   30,315   90.03   90.04   09004   PRI MARY CARE SENI ORS   1,465,528   432,303   0   593   0   90.04   90.05   09005   PAI N MANAGEMENT   3,035,667   895,464   0   21,779   0   90.05   90.06   09006   WOUND CARE CENTER   400,723   118,206   9,567   3,077   3,725   90.06   90.07   09007   SLEEP CENTER   1,155,293   340,789   0   7,531   0   90.07   91.00   09100   EMERGENCY   19,809,776   5,843,508   963,283   271,833   375,021   91.00   92.00   09200   OBSERVATI ON BEDS (NON-DI STINCT PART)   0   0   0   00   THER REI MBURSABLE COST CENTERS   9600   748,546   48,985   0   19,071   101.00   10100   HOME HEALTH AGENCY   2,537,606   748,546   48,985   0   19,071   118.00   SUBTOTALS (SUM OF LI NES 1-117)   452,447,890   100,866,135   17,258,902   2,565,429   6,408,648   190.00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   1,669,066   492,343   129,613   4,489   50,460   192.00   192.01   19200   PHYSIC LANS' PRI VATE OFFI CES   9,918,952   2,925,902   523,023   16,836   203,621   192.00   192.01   19201   DEACONESS URGENT CARE   -10   0   0   0   0   0   0   0   0   192.02   19203   FAMILY PHARMACY   9,141,322   2,696,516   36,618   0   14,256   192.00   194.01   07951   OCCUPATIONAL HEALTH   7117,714   2111,712   219,103   6,353   85,300   194.00   194.02   07952   OTHER REI MBURSABLE COST CENTERS   1,250,118   368,761   0   0   0   1,256   192.01   194.02   07952   OTHER REI MBURSABLE COST CENTERS   2,437,095   718,897   712,313   27,627   67,084   194.00   194.02   07955   OTHER REI MBURSABLE COST CENTERS   3,317,246   978,525   109,753   0   42,728   194.00   194.03   07955   OTHER REI MBURSABLE COST CENTERS   1,765,704   520,849   315,018   11,235   122,641   194.05   200.00   0   0   0   0   0   0   0   0									
90. 04   09004   PRI MARY CARE SENI ORS   1, 465, 528   432, 303   0   593   0   90. 04   90. 06   090							_		
90. 05   090.05   090.06   WOUND CARE CENTER									
90. 06   09006   WOUND CARE CENTER									
91. 00   09100   EMERGENCY   19, 809, 776   5, 843, 508   963, 283   271, 833   375, 021   91. 00   92. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   0   92. 00   0   095, 768   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   5, 394, 206   1, 591, 188   245, 992   0   95, 768   96. 00   10100   HOME HEALTH AGENCY   2, 537, 606   748, 546   48, 985   0   19, 071   101. 00   SPECIAL PURPOSE COST CENTERS   16. 00   11600   HOSPI CE   SUBTOTALS (SUM OF LINES 1-117)   452, 447, 890   100, 866, 135   17, 258, 902   2, 565, 429   6, 408, 648   118. 00   NONREI MBURSABLE COST CENTERS   1, 669, 066   492, 343   129, 613   4, 489   50, 460   190. 00   19200   19200   PHYSI CI ANS' PRI VATE OFFI CES   9, 918, 952   2, 925, 902   523, 023   16, 836   203, 621   192. 00   192. 01   192. 01   192. 01   192. 01   192. 01   192. 03   192.03   FAMI LY PHARMACY   9, 141, 322   2, 696, 516   36, 618   0   14, 256   192. 03   194. 00   07950   OTHER RONNEI MBURSABLE COST CENTERS   2, 437, 095   718, 897   172, 313   27, 627   67, 084   194. 00   07951   OCCUPATI ONAL HEALTH   7117, 714   211, 712   219, 103   6, 353   85, 300   194. 01   194. 01   07951   OCCUPATI ONAL HEALTH   717, 714   211, 712   219, 103   6, 353   85, 300   194. 01   194. 04   07954   PUBLI C RELATI ONS   2, 061, 528   608, 112   0   0   0   0   0   0   0   0   0		1							
92. 00 O9200 OBSERVATI ON BEDS (NON-DISTINCT PART) OTHER REI MBURSABLE COST CENTERS  96. 00 O9600 DURABLE MEDI CAL EQUI P-RENTED								l e	
OTHER REIMBURSABLE COST CENTERS   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   5, 394, 206   1, 591, 188   245, 992   0   95, 768   96. 00   101. 00   10100   HOME HEALTH AGENCY   2, 537, 606   748, 546   48, 985   0   19, 071   101. 00   101. 00   1000   HOME HEALTH AGENCY   2, 537, 606   748, 546   48, 985   0   19, 071   101. 00   101. 00   1000   HOME HEALTH AGENCY   2, 537, 606   748, 546   48, 985   0   19, 071   101. 00   101. 00   1000   HOME HEALTH AGENCY   2, 172, 374   640, 809   190, 300   8, 597   74, 087   116. 00   116. 00   SUBTOTALS (SUM OF LINES 1-117)   452, 447, 890   100, 866, 135   17, 258, 902   2, 565, 429   6, 408, 648   118. 00   10000   10000   10000   10000   10000   10000   10000   10000   100000   1000000   1000		1				963, 283	271, 833	375, 021	
96. 00	92.00			U					92.00
SPECIAL PURPOSE COST CENTERS   116.00   11600   HOSPI CE   SUBTOTALS (SUM OF LINES 1-117)   452,447,890   100,866,135   17,258,902   2,565,429   6,408,648   116.00   17,258,902   2,565,429   6,408,648   118.00   17,258,902   2,565,429   6,408,648   118.00   17,258,902   2,565,429   6,408,648   118.00   17,258,902   2,565,429   6,408,648   118.00   17,258,902   2,565,429   6,408,648   118.00   17,258,902   2,565,429   6,408,648   118.00   17,258,902   2,565,429   6,408,648   118.00   17,258,902   2,565,429   6,408,648   118.00   17,258,902   17	96.00			5, 394, 206	1, 591, 188	245, 992	0	95, 768	96. 00
116. 00	101.00			2, 537, 606	748, 546	48, 985	0	19, 071	101. 00
18. 00   SUBTOTALS (SUM OF LINES 1-117)   452, 447, 890   100, 866, 135   17, 258, 902   2, 565, 429   6, 408, 648   118. 00	11/ 00			2 172 274	440,000	100, 200	0 507	74.007	11/ 00
NONREI MBURSABLE COST CENTERS   NONREI MBURSABLE COST CENTER		1					,		
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 9, 918, 952 2, 925, 902 523, 023 16, 836 203, 621 192. 00 192. 01 19201 DEACONESS URGENT CARE -10 0 0 2, 004 0 192. 01 192. 01 192. 02 19202 HEARTCARE OFFI CES 1, 250, 118 368, 761 0 0 0 192. 02 192. 03 19203 FAMI LY PHARMACY 9, 141, 322 2, 696, 516 36, 618 0 14, 256 192. 02 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 2, 437, 095 718, 897 172, 313 27, 627 67, 084 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 771, 714 211, 712 219, 103 6, 353 85, 300 194. 01 194. 02 07952 OTHER FACI LITIES 3, 317, 246 978, 525 109, 753 0 42, 728 194. 02 194. 03 07953 THE HEART HOSPI TAL 402, 152 118, 627 0 83, 026 0 194. 03 194. 04 07954 PUBLI C RELATI ONS 2, 061, 528 608, 112 0 0 0 194. 03 194. 05 07955 CHI LD CARE CENTER 1, 765, 704 520, 849 315, 018 11, 235 122, 641 194. 06 201. 00 Negati ve Cost Centers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	110.00			432, 447, 070	100,000,133	17, 230, 702	2, 303, 427	0, 400, 040	1110.00
192. 01 19201 DEACONESS URGENT CARE -10 0 0 2,004 0 192. 01 192. 01 192. 02 19202 HEARTCARE OFFICES 1, 250, 118 368, 761 0 0 0 192. 02 192. 03 19203 FAMI LY PHARMACY 9, 141, 322 2, 696, 516 36, 618 0 14, 256 192. 03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 2, 437, 095 718, 897 172, 313 27, 627 67, 084 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 717, 714 211, 712 219, 103 6, 353 85, 300 194. 01 194. 02 07952 OTHER FACI LITIES 3, 317, 246 978, 525 109, 753 0 42, 728 194. 02 194. 03 07953 THE HEART HOSPI TAL 402, 152 118, 627 0 83, 026 0 194. 04 07954 PUBLI C RELATI ONS 2, 061, 528 608, 112 0 0 0 0 194. 04 194. 05 07955 CHI LD CARE CENTER 1, 765, 704 520, 849 315, 018 11, 235 122, 641 194. 05 200. 00 Negati ve Cost Centers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	190.00			1, 669, 066	492, 343	129, 613	4, 489	50, 460	190. 00
192. 02 19202 HEARTCARE OFFICES 1, 250, 118 368, 761 0 0 0 192. 02 192. 03 19203 FAMILY PHARMACY 9, 141, 322 2, 696, 516 36, 618 0 14, 256 192. 03 194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS 2, 437, 095 718, 897 172, 313 27, 627 67, 084 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 717, 714 211, 712 219, 103 6, 353 85, 300 194. 01 194. 02 07952 OTHER FACILITIES 3, 317, 246 978, 525 109, 753 0 42, 728 194. 02 194. 03 07953 THE HEART HOSPI TAL 402, 152 118, 627 0 83, 026 0 194. 04 07954 PUBLIC RELATI ONS 2, 061, 528 608, 112 0 0 0 194. 04 194. 05 07955 CHI LD CARE CENTER 1, 765, 704 520, 849 315, 018 11, 235 122, 641 194. 05 200. 00 Negative Cost Centers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
192. 03 19203 FAMILY PHARMACY 9, 141, 322 2, 696, 516 36, 618 0 14, 256 192. 03 194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS 2, 437, 095 718, 897 172, 313 27, 627 67, 084 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 717, 714 211, 712 219, 103 6, 353 85, 300 194. 01 194. 02 07952 OTHER FACILITIES 3, 317, 246 978, 525 109, 753 0 42, 728 194. 02 194. 03 07953 THE HEART HOSPI TAL 402, 152 118, 627 0 83, 026 0 194. 03 194. 04 07954 PUBLIC RELATI ONS 2, 061, 528 608, 112 0 0 0 194. 04 194. 05 07955 CHILD CARE CENTER 1, 765, 704 520, 849 315, 018 11, 235 122, 641 194. 05 200. 00 Negative Cost Centers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						0	· ·		
194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS 2, 437, 095 718, 897 172, 313 27, 627 67, 084 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 717, 714 211, 712 219, 103 6, 353 85, 300 194. 01 194. 02 07952 OTHER FACILITIES 3, 317, 246 978, 525 109, 753 0 42, 728 194. 02 194. 03 07953 THE HEART HOSPITAL 402, 152 118, 627 0 83, 026 0 194. 03 194. 04 07954 PUBLIC RELATI ONS 2, 061, 528 608, 112 0 0 0 194. 03 194. 05 07955 CHI LD CARE CENTER 1, 765, 704 520, 849 200. 00 Negative Cost Centers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						36 618	_		
194. 01 07951   OCCUPATI ONAL HEALTH   717, 714   211, 712   219, 103   6, 353   85, 300   194. 01   194. 02   07952   OTHER FACI LITIES   3, 317, 246   978, 525   109, 753   0   42, 728   194. 02   194. 03   07953   THE HEART HOSPI TAL   402, 152   118, 627   0   83, 026   0   194. 03   194. 04   07954   PUBLI C RELATI ONS   2, 061, 528   608, 112   0   0   0   194. 04   194. 05   07955   CHI LD CARE CENTER   1, 765, 704   520, 849   315, 018   11, 235   122, 641   194. 05   200. 00   0   0   0   0   0   0   0   0									
194. 03 07953 THE HEART HOSPITAL 402, 152 118, 627 0 83, 026 0 194. 03 194. 04 07954 PUBLI C RELATIONS 2, 061, 528 608, 112 0 0 0 194. 04 194. 05 07955 CHI LD CARE CENTER 1, 765, 704 520, 849 315, 018 11, 235 122, 641 194. 05 200. 00 Negative Cost Centers 0 0 0 0 0 0 0 0 0 201. 00	194. 01	07951	OCCUPATI ONAL HEALTH	717, 714	211, 712	219, 103	6, 353	85, 300	194. 01
194. 04     07954     PUBLI C RELATIONS     2, 061, 528     608, 112     0     0     0     194. 04       194. 05     07955     CHI LD CARE CENTER     1, 765, 704     520, 849     315, 018     11, 235     122, 641     194. 05       200. 00     Cross Foot Adjustments     0     0     0     0     0     0     0     200. 00       201. 00     Negative Cost Centers     0     0     0     0     0     0     201. 00							_		
194. 05 07955 CHILD CARE CENTER 1, 765, 704 520, 849 315, 018 11, 235 122, 641 194. 05 200. 00 Cross Foot Adjustments 0 Negative Cost Centers 0 0 0 0 0 0 201. 00							83, 026		
200.00     Cross Foot Adjustments     0       201.00     Negative Cost Centers     0       0     0       0     0       0     0							11. 235	l .	
201.00   Negative Cost Centers   0   0   0   0   201.00				_	323,317	3.5,310	, 200		200. 00
202.00   101AL (sum lines 118-201)   485, 128, 777  110, 506, 379  18, 764, 343  2, 716, 999  6, 994, 738 202.00			Negative Cost Centers	0					
	202.00	)	IUIAL (sum lines 118-201)	485, 128, 777	110, 506, 379	18, 764, 343	2, 716, 999	6, 994, 738	202. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 10/01/2013 | Part | | To 09/30/2014 | Date/Time Prepared: | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | 2017 | Provi der CCN: 150082

Control   Cont					10	09/30/2014	Date/lime Pre 2/28/2015 3:3	
SEMPRIAL SERVICE COST PRITES   19,000   11,000   16,000   15,000   1		Cost Center Description	DI ETARY	CAFETERI A				
					ADMINISTRATION			
1.00   001000   MAN CAP   PLL COSTS - BLIG & FIXT   1.00			10.00	11. 00	13. 00		15. 00	
1.01   0.010   INPUT CAP FIT COSTS. BIDD 6 F   FIX					1			1 4 00
2.00 00000   PRICAP REL COSTS-LAWRE EQUIP								•
4.00   00000   DEPLOYEE ERREFT TS DEPARTMENT								•
5.00   DOSCO AMMIN ISTRATIVE A GENERAL 8.00   DOSCO AMMIN								
7. DO   DOTORD DOTISATION OF PLANTS								•
9.00 00000 HUSEKEEPIN IG 11.00 011000 CAFETERA SERVICE SERVICE 11.00 011000 CAFETERA SERVICE SERVICE 11.00 011000 CAFETERA SERVICE SERVICE 15.00 011000 CAFETERA SERVICE SERVICE 15.00 011000 CAFETERA SERVICE SERVICE 15.00 011000 CAFETERA SERVICE SERVICE 16.00 011000 CAFETERA SERVICE SERVICE 17.00 011000 CAFETERA SERVICE 17.00 011000								7. 00
10.00   101000   INFTARY								•
11.00   01100   CAFETER								
13.00   01300   NURSING ALMIN ISTATION   0   27.086		1		4 740 054				•
14.00   01400  CENTRAL SERVICES & SURPLY   0   34,955   0   5,147,835   14,000   15,000   15,000   15,000   15,000   16,000   16,000   16,000   16,000   16,000   16,000   16,000   16,000   16,000   16,000   17,000   1	1	•	١					•
15.00   01500   PHABBACY   0   59.775   0   0   9   12.766, 263   15.00   17.00   01701   SOCI AL STRINGES APPROD   0   0   1.793   0   0   0   0   1.705   10.00   17.00			0			5 147 835		1
16.00   10-tool   16-Tool   16-Tool   16-Tool   16-Tool   17-Tool   17-Tool			o			0, 117, 000	12, 756, 636	1
21.00   02100   IAR SERVICES-SALARY & FRINKES APPRYD   0   11, 329   0   0   0   21, 00   0   22, 00   0200   0300   PARAMED ED PROCHER PROMO DOSTS APPRYD   0   1, 636   0   0   0   0   22, 00   0200   0300   PARAMED ED PROCHER PROMO DOSTS APPRYD   0   1, 636   0   0   0   0   0   22, 00   0300   PARAMED ED PROCHER PROMO DOSTS APPRYD   0   1, 636   0   0   0   0   0   0   0   0   0			0			39, 954		1
22.00   0.2000   LAR SERVICES-OTHER PREMIX COSTS APPROVID   0	17. 00 01	1700 SOCIAL SERVICE	0	31, 805	0	54	0	17. 00
23 00   0300   PRAMBLE DE PROID - PHARMACY   0   1, 656   0   0   0   23, 01   233   01   233   03   236   PRAMBLE DE PROID - CHAPLAIN RESIDENCY   0   3, 303   3   03   03   03   03			0			0		
23.01   2301   PARAMED ED PROM: - CHAPLAIN RESIDENCY   0   2, 484   1,9 10   0   0   23.01			0			0		
23.03			٩			0		1
INPATI ENT ROUTINE SERVICE COST CENTERS   3,912,064   422,491   2,197,569   87,538   10,746   30,0   30.0   30.00   03100   DAILTS & PEDIATRICS   3,912,064   422,491   2,197,569   89,538   10,746   30,0   31.00   31.00   03100   INTENSIVE CARE UNIT   594,408   106,560   554,276   44,837   3,302   31.00   40						0		
0.000   0.0000   DADILITS & PEDIATRICS   3, 912, 064   422, 491   2, 197, 569   87, 538   10, 746   30. 00   310   0.0010   DITENSIVE CASE UNIT   140, 886   106, 502   554, 767   644, 837   3, 302   31. 00   320   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000			O <sub>I</sub>	2, 404	12, 717	<u> </u>		23.03
31.00   03100   NTEINS IVE CARE UNIT   594, 408   106, 562   554, 276   44, 837   3, 302   31.00   03200   03200   0000   040000   040000   040000   040000   040000   040000   040000   040000   040000   0400000   0400000   04000			3, 912, 064	422, 491	2, 197, 569	87, 538	10, 746	30.00
40, 00   04000   SUBEROVIDER - I PF   140, 675   13, 570   70, 584   0   0 40, 00   04, 00   04, 00   04, 00   04, 00   05, 00	31.00 03	3100 INTENSIVE CARE UNIT				44, 837	3, 302	31. 00
44. 00   04400   SKILLED NURSING FACILITY   0   0   0   0   0   0   4. 00			140, 886	24, 838		13, 636	1, 585	32. 00
## ANCILLARY SERVICE COST CENTERS  5.0.00   5000   054						0		
50.00			0	0	0	0	0	44. 00
54.00   05400   RADIOLOGY - DI AGNOSTIC   0   97.051   0   136,368   2,947   54.00   59.00   05590   08590   RADIOLOGY - THERAPEUTIC   0   5,331   0   523   95.50   05590   08590   RADIOLOGY - THERAPEUTIC   0   6,335   51,678   4,632   45.3   59.00   06.00   0600   LARDRATORY   0   0   6,119   31,826   49,377   88   64.00   64.00   06400   INTRAVENOUS THERAPY   0   6,119   31,826   49,377   88   64.00   65.00   6500   RESPIRATORY THERAPY   0   0   0   0   13,740   2,451   66.00   66.00   06500   RESPIRATORY THERAPY   0   0   0   0   13,740   2,451   66.00   66.00   06500   PHYSICAL THERAPY   0   0   0   0   13,740   2,451   66.00   71.00   72.00   MPL DEV CHARGED TO PATIENTS   0   0   0   1,742,535   0   71.00   73.00   73.00   REMALDIALYSIS   0   0   0   0   65.931   8.996,339   73.00   74.00			٥	120 120	666 151	24 075	1/ 221	50 00
55.00   05500   RADIOLOGY - THERRPUTIC   0   5.331   0   5.23   9   55.0			-					ł
59,00   GS900   CARDIA C CATHETERI ZATION   0   9,955   51,678   4,632   453   59,00			-					•
64 00   06400   INTRAVENOUS THERAPY   0   6, 119   31, 826   49, 377   88   64, 00   65, 00   650, 00   670, 00			0	· ·				•
65.00	60.00 06	6000 LABORATORY	0	166, 356	0	840, 851	1, 091	60.00
66.00   06.600   PHYSICAL THERAPY   0			0				88	•
69 00   06900     06000   06000   06000   06000   07   07		1	0	32, 169	1			•
17. 00   07100   MZDI CAL SUPPLIES CHARGED TO PATIENTS   0	1	•	0	0	'l "I			•
12 00   07200   IMPL DEV. CHARGED TO PATIENT   0 0 0 0 0 1, 805, 414   0 72.00			0	4, 301				1
1.00			0	0				1
74. 00   07400   RENAL DIALYSIS   0   1, 939   10, 083   9,773   290   74, 00   03550   PSYCHIATRI C/PSYCHOLOGICAL SERVICES   0   11, 208   58, 295   0   0   76. 00   076. 00			- 1	0				1
OUTPATT ENT SERVICE COST CENTERS   0   09000   CLINIC   0   16,720   86,970   13,035   37   90.00   90.00   09000   CLINIC   0   13,086   68,063   3,625   28,389   90.01   90.02   09002   09002   0114   0114   0   0   90.02   09002   09003   INFUSION CENTER   0   5,271   27,414   0   0   90.02   90.03   90.03   INFUSION CENTER   0   1,090   5,672   9,406   0   90.03   90.03   INFUSION CENTER   0   1,090   5,672   9,406   0   90.03   90.03   INFUSION CENTER   0   1,2722   66,173   500   17,381   90.04   90.05			0	1, 939	10, 083			
99. 00   09000   CLINIC   0   16,720   86,970   13,035   37   90. 00   90. 01   90001   FAMILY PRACTIC CLINIC   0   13,086   68,063   3,625   28,389   90. 01   90. 02   90002   OUTPATI ENT PSYCHIATRIC SERVICES   0   5,271   27,414   0   0   90. 02   90. 03   90003   INFUSION CENTER   0   1,090   5,672   9,406   0   90. 03   90. 04   90.004   PRIMARY CARE SENIORS   0   12,722   66,173   5000   17,381   90. 04   90. 05   90. 05   PAIN MANAGEMENT   0   23,142   120,371   2,108   1,880   90. 05   90. 07			0	11, 208	58, 295	0	0	76. 00
90. 01   090.01   FAMILLY PRACTICE CLINIC   0   13, 086   68, 063   3, 625   28, 389   90. 01   90. 02   090.02   090.02   090.03   090.03   1NFUSION CENTER   0   1, 090   5, 672   9, 406   0   90. 03   90. 03   1090.03   1NFUSION CENTER   0   1, 090   5, 672   9, 406   0   90. 03   90. 05								
90. 02   09002   01TPATI ENT PSYCHIATRIC SERVICES   0   5,271   27,414   0   0   90. 02   90. 03   09003   INFUSI ON CENTER   0   1,090   5,672   9,406   0,90. 03   09004   09004   PRI MARY CARE SENI ORS   0   12,722   66,173   500   17,381   90. 04   09004   PRI MARY CARE SENI ORS   0   23,142   120,371   2,108   1,880   90. 05   09006   WOUND CARE CENTER   0   3,393   17,646   0   4,396   90. 06   09006   WOUND CARE CENTER   0   9,208   0   2,452   23   90. 07   91. 00   09100   EMERGENCY   114,969   108,683   565,304   40,128   987   91. 00   92. 00   0958 VATION BEDS (NON-DISTINCT PART)   92. 00   9200   0958 VATION BEDS (NON-DISTINCT PART)   92. 00			l l					
90. 03   09003   NFUSI ON CENTER   0   1,090   5,672   9,406   0   90.03   90. 04   09004   PRI MARY CARE SENIORS   0   12,722   66,173   500   17,381   90.04   90. 05   09005   PAI N MANAGEMENT   0   23,142   120,371   2,108   1,880   90.05   90. 06   09006   WOUND CARE CENTER   0   3,393   17,646   0   4,396   90.06   90. 07   09007   SLEEP CENTER   0   9,208   0   2,452   23   90.07   91. 00   09100   EMERGENCY   114,969   108,683   565,304   40,128   987   91.00   92. 00   09200   09SERVATI ON BEDS (NON-DISTINCT PART)   91.00   095ERVATI ON BEDS (NON-DISTINCT PART)   92.00   92. 00   09600   DURBALE MEDI CAL EQUI P-RENTED   0   27,564   0   147,262   152,553   96.00   90. 00   09600   DURBALE MEDI CAL EQUI P-RENTED   0   13,025   67,748   5,330   39   91. 10. 00   10100   HOME HEALTH AGENCY   0   13,025   67,748   5,330   39   91. 10. 00   10100   HOME HEALTH AGENCY   0   13,025   67,544   2,207   52,987   91. 116. 00   11600   HOSPI CE   23,535   10,602   55,144   2,207   52,987   91. 118. 00   SUBIOTALS (SUM OF LINES 1-117)   4,926,537   1,510,772   4,863,383   5,130,228   9,292,553   91. 10. 00   19000   GI FT, FLOWER, COFFEE SHOP & CANTEEN   0   17,690   0   0   0   0   9192. 00   19200   PHYSI CI ANS' PRI VATE OFFI CES   0   46,042   0   3,026   7,803   192.00   9192. 01   19201   DEACONESS URGENT CARE   0   0   0   0   0   0   0   9192. 02   19202   HEARTCARE OFFI CES   0   4,422   0   0   0   0   192.02   9192. 03   19203   FAMILY PHARMACY   0   4,725   0   4,473   3,450,497   192.03   9194. 00   107950   THER NONREI MBURSABLE COST CENTERS   476,182   18,114   0   5,365   2,080   194.01   9194. 00   07950   THER NONREI MBURSABLE COST CENTERS   476,182   18,114   0   5,365   2,080   194.01   9194. 00   07955   THE HEART HOSPITAL   225,313   78,695   0   0   0   0   0   0   9194. 00   07955   THE HEART HOSPITAL   225,313   78,695   0   0   0   0   0   9194. 00   07955   CHILD CARE CENTER   0   25,929   0   957   0   194.05   91000   00   00   00   00   00   00   00			- 1			3, 625		
90. 04   09004   PRI MARY CARE SENI ORS   0   12,722   66,173   500   17,381   90. 04   90. 05   09005   PAI N MANAGEMENT   0   23,142   120,371   2,108   1,880   90. 05   90. 06   09006   WOUND CARE CENTER   0   3,393   17,646   0   4,396   90. 05   90. 07   09007   SLEEP CENTER   0   9,208   0   2,452   23   90. 07   91. 00   92.00   09200   OSERVATI ON BEDS (NON-DISTINCT PART)   114,969   108,683   565,304   40,128   967   91. 00   92. 00   09200   OSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   OSERVATI ON BEDS (NON-DISTINCT						9 406		
90. 05   09005   PAIN MANAGEMENT   0   23,142   120,371   2,108   1,880   90. 05   90. 06   09006   wound care center   0   9,208   0   2,452   23   90. 07   91. 00   09100   been green   0   9,208   0   2,452   23   90. 07   91. 00   09200   been green   0   9,208   0   2,452   23   90. 07   91. 00   09200   been green   0   0,208   0   40,128   987   91. 00   92. 00   been green   0   0,27,564   0   147,262   152,553   96. 00   09200   been green   0   0   27,564   0   147,262   152,553   96. 00   09200   been green   0   0   27,564   0   147,262   152,553   96. 00   09200   burable medical equip-rented   0   27,564   0   147,262   152,553   96. 00   101. 00   10100   holke health agency   0   0   0   13,025   67,748   5,330   39   101. 00   10100   hole health agency   0   23,535   10,602   55,144   2,207   52,987   116. 00   11600   hospic equipment   0   4,226,537   1,510,772   4,863,383   5,130,228   9,292,553   118. 00   0   0   0   0   0   0   0   0   0			-					
90. 05   09006   WOUND CARE CENTER   0   3, 393   17, 646   0   4, 396   90. 06   90. 07   09007   SLEEP CENTER   0   9, 208   0   91. 00   09100   EMERGENCY   114, 969   108, 683   565, 304   40, 128   987   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   71. 00   92. 00   09000   DIRBABLE MEDI CAL EQUI P-RENTED   0   27, 564   0   147, 262   152, 553   96. 00   101. 00   10100   HOME HEALTH AGENCY   0   13, 025   67, 748   5, 330   39   101. 00    SPECIAL PURPOSE COST CENTERS   10600   107, 722   4, 863, 383   5, 130, 228   9, 292, 553   18. 00   118. 00   1000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   17, 690   0   0   0   190. 00   192. 01   19200   DEACONESS URGENT CARE   0   0   4, 422   0   0   0   192. 01   192. 02   19202   HEARTCARE OFFI CES   0   4, 422   0   0   0   192. 01   192. 03   19203   FAMILY PHARMACY   0   4, 725   0   4, 473   3, 450, 497   192. 03   194. 00   07950   OTHER NONREI MBURSABLE COST CENTERS   476, 182   18, 114   0   5, 365   2, 080   194. 01   194. 01   07951   OCCUPATI ONAL HEALTH   0   4, 665   0   3, 650   3, 089   194. 01   194. 03   07953   THE HEART HOSPITAL   225, 313   78, 695   0   0   0   0   194. 02   194. 04   07954   OUBLE CARE CENTER   0   25, 929   0   957   0   194. 05   194. 05   07955   CILLD CARE CENTER   0   25, 929   0   957   0   194. 05   194. 04   07955   CILLD CARE CENTER   0   25, 929   0   957   0   194. 05   194. 05   07955   CILLD CARE CENTER   0   25, 929   0   0   0   0   0   0   194. 04   07955   CILLD CARE CENTER   0   25, 929   0   957   0   194. 05   194. 05   07955   CILLD CARE CENTER   0   25, 929   0   957   0   194. 05   194. 06   07955   CILLD CARE CENTER   0   25, 929   0   957   0   194. 05   194. 06   07955   CILLD CARE CENTER   0   25, 929   0   957   0   194. 05   194. 06   07955   CILLD CARE CENTER   0   25, 929   0   957   0   194. 05   194. 07   07955   CILLD CARE CENTER   0   25, 929   0   957   0   194. 05   194. 08   07955   CILLD CARE CENTER   0   25, 929   0   957   0   194. 05   194. 09   07955   CILL		1	O					
91. 00   09100   EMERGENCY   114, 969   108, 683   565, 304   40, 128   987   91. 00   92. 00   095ERVATI ON BEDS (NON-DISTINCT PART)   92. 00   07500	90.06 09	9006 WOUND CARE CENTER	0	3, 393	17, 646	0	4, 396	90. 06
92. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   0THER REI MBURSABLE COST CENTERS   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   27, 564   0   147, 262   152, 553   96. 00   101.00   HOME HEALTH AGENCY   0   13, 025   67, 748   5, 330   39   101. 00   10100   HOME HEALTH AGENCY   0   13, 025   67, 748   5, 330   39   101. 00   1000   HOSPI CE   23, 535   10, 602   55, 144   2, 207   52, 987   116. 00   1800   HOSPI CE   SUBTOTALS (SUM OF LINES 1-117)   4, 926, 537   1, 510, 772   4, 863, 383   5, 130, 228   9, 292, 553   118. 00   1900   1900   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   17, 690   0   0   0   190. 00   192. 00   19200   PHYSI CI ANS' PRI VATE OFFI CES   0   46, 042   0   3, 026   7, 803   192. 00   192. 01   19201   DEACONESS URGENT CARE   0   0   0   0   0   192. 02   192. 03   19203   FAMI LY PHARMACY   0   4, 725   0   4, 473   3, 450, 497   192. 03   194. 01   07951   OCCUPATI ONAL HEALTH   0   0   4, 665   0   3, 650   3, 089   194. 01   194. 02   07952   OTHER NONREI MBURSABLE COST CENTERS   476, 182   18, 114   0   5, 365   2, 080   194. 02   194. 03   07953   THE HEART HOSPI TAL   225, 313   78, 695   0   0   614   194. 03   194. 04   07955   CUCPATI ONAL HEALTH   0   0   6, 664   0   136   0   194. 04   194. 04   07955   CUCPATI ONS   0   0   0   0   0   0   0   0   0			0					
OTHER REIMBURSABLE COST CENTERS   96.00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   27, 564   0   147, 262   152, 553   96.00   101.00   10100   HOME HEALTH AGENCY   0   13, 025   67, 748   5, 330   39   101.00   100.00   NOME HEALTH AGENCY   0   13, 025   67, 748   5, 330   39   101.00   100.00   NOME HEALTH AGENCY   0   13, 025   144   2, 207   52, 987   116.00   116.00   NOME HEALTH AGENCY   0   10, 602   55, 144   2, 207   52, 987   116.00   118.00   NOME HEALTH AGENCY   0   1, 510, 772   4, 863, 383   5, 130, 228   9, 292, 553   118.00   NOME HEALTH AGENCY   0   17, 690   0   0   0   0   190.00   1			114, 969	108, 683	565, 304	40, 128	987	
96. 00								92.00
101. 00			0	27 564		147 262	152 553	96 00
SPECIAL PURPOSE COST CENTERS   116.00   11600   HOSPI CE		1			67 748			
118. 00   SUBTOTALS (SUM OF LINES 1-117)   4, 926, 537   1, 510, 772   4, 863, 383   5, 130, 228   9, 292, 553   118. 00			91	10, 020	0.7.10	3, 333	<u> </u>	
NONREI MBURSABLE COST CENTERS   190. 00   190.				10, 602		2, 207	52, 987	116. 00
190. 00 19000 GFT, FLOWER, COFFEE SHOP & CANTEEN 0 17, 690 0 0 3, 026 7, 803 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 46, 042 0 3, 026 7, 803 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 192. 01 192			4, 926, 537	1, 510, 772	4, 863, 383	5, 130, 228	9, 292, 553	118. 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 46, 042 0 3, 026 7, 803 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 192. 01 192. 02 19202 HEARTCARE OFFI CES 0 4, 422 0 0 0 192. 02 192. 03 19203 FAMI LY PHARMACY 0 4, 725 0 4, 473 3, 450, 497 192. 03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 476, 182 18, 114 0 5, 365 2, 080 194. 00 194. 01 07951 OTHER ROUNTINE HEARTH 0 4, 665 0 3, 650 3, 089 194. 01 194. 02 07952 OTHER FACILITIES 0 1, 636 0 0 0 194. 02 194. 03 07953 THE HEART HOSPI TAL 225, 313 78, 695 0 0 0 136 0 194. 04 194. 05 194. 05 07955 CHI LD CARE CENTER 0 25, 929 0 957 0 194. 05 200. 00 0 0 0 194. 05 200. 00								
192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 192. 01 192. 02 19202 HEARTCARE OFFICES 0 4, 422 0 0 0 192. 02 192. 03 19203 FAMI LY PHARMACY 0 4, 725 0 4, 473 3, 450, 497 192. 03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 476, 182 18, 114 0 5, 365 2, 080 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 0 4, 665 0 3, 650 3, 089 194. 01 194. 02 07952 OTHER FACILITIES 0 1, 636 0 0 0 194. 02 194. 03 07953 THE HEART HOSPITAL 225, 313 78, 695 0 0 0 614 194. 03 194. 04 07954 PUBLI C RELATI ONS 0 6, 664 0 136 0 194. 04 194. 05 200. 00 0 0 0 194. 05 200. 00			0			0		•
192. 02 19202 HEARTCARE OFFICES 0 4, 422 0 0 0 192. 02 192. 03 19203 FAMILY PHARMACY 0 4, 725 0 4, 473 3, 450, 497 192. 03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 476, 182 18, 114 0 5, 365 2, 080 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 0 4, 665 0 3, 650 3, 089 194. 01 194. 02 07952 OTHER FACILITIES 0 1, 636 0 0 0 194. 02 194. 03 07953 THE HEART HOSPI TAL 225, 313 78, 695 0 0 0 614 194. 03 194. 04 07954 PUBLI C RELATI ONS 0 6, 664 0 136 0 194. 04 194. 05 194. 05 07955 CHILD CARE CENTER 0 25, 929 0 957 0 194. 05 200. 00			0	•	1	3, 026		
192. 03 19203 FAMILY PHARMACY 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 194. 01 07951 OCCUPATI ONAL HEALTH 194. 02 07952 OTHER FACILITIES 194. 03 07953 THE HEART HOSPI TAL 194. 03 07953 THE HEART HOSPI TAL 194. 05 07955 CHILD CARE CENTER 200. 00 Cross Foot Adjustments 200. 00 CHER NONREI MBURSABLE COST CENTERS 476, 182 18, 114 0 5, 365 2, 080 194. 00 5, 365 3, 089 194. 01 194. 05 0 0 0 0 0 0 0 194. 02 194. 05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	-		0		
194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS			0			4 473		
194. 01 07951   OCCUPATIONAL HEALTH   0   4, 665   0   3, 650   3, 089   194. 01   194. 02 07952   OTHER FACILITIES   0   1, 636   0   0   194. 02   194. 03 07953   THE HEART HOSPITAL   225, 313   78, 695   0   0   614   194. 03   194. 04 07954   PUBLIC RELATIONS   0   6, 664   0   136   0   194. 04   194. 05 07955   CHILD CARE CENTER   0   25, 929   0   957   0   194. 05   200. 00   Cross Foot Adjustments   200. 00			476, 182					
194. 02 07952 OTHER FACILITIES 0 1, 636 0 0 0 1, 640 0 194. 02 194. 03 07953 THE HEART HOSPITAL 225, 313 78, 695 0 0 0 614 194. 03 194. 04 07954 PUBLIC RELATIONS 0 6, 664 0 136 0 194. 04 194. 05 07955 CHILD CARE CENTER 0 25, 929 0 957 0 194. 05 200. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0					
194. 04 07954 PUBLIC RELATIONS 0 6, 664 0 136 0 194. 04 194. 05 07955 CHILD CARE CENTER 0 25, 929 0 957 0 194. 05 200. 00 Cross Foot Adjustments			0	1, 636	0	o		
194. 05 07955 CHI LD CARE CENTER 0 25, 929 0 957 0 194. 05 200. 00 Cross Foot Adjustments 200. 00			225, 313			0		
200.00   Cross Foot Adjustments   200.00			0					
		1	0	25, 929	'  <sup>0</sup>	957	0	
201. 00			0	0		0	0	
	201.00	1ogati vo oost oontois	<u> </u>		., o <sub>l</sub>	<u> </u>	0	1-01.00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 10/01/2013 Fo 09/30/2014	Worksheet B Part I Date/Time Pre 2/28/2015 3:3	
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI OI	CENTRAL N SERVI CES & SUPPLY	PHARMACY	
	10.00	11. 00	13. 00	14.00	15. 00	
202.00 TOTAL (sum lines 118-201)	5, 628, 032	1, 719, 354	4, 863, 383	5, 147, 835	12, 756, 636	202. 00

Provi der CCN: 150082

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 10/01/2013 | Part I | To 09/30/2014 | Date/Time Prepared: | 2/28/2015 3:31 pm

					2/28/2015 3:3	1 pm
			INTERNS &	RESI DENTS		
Cost Contar Doscarintian	MEDI CAL	SOCIAL SEDVICE	CEDVICES SALAD	SEDVI CES OTHER	PARAMED ED	
Cost Center Description	RECORDS &	SUCIAL SERVICE	SERVICES-SALAR Y & FRINGES	PRGM COSTS	PRGM -	
	LI BRARY		I & TRINGES	TROW COSTS	PHARMACY	
	16. 00	17. 00	21.00	22. 00	23. 00	
GENERAL SERVICE COST CENTERS						
1.00 O0100 NEW CAP REL COSTS-BLDG & FIXT						1. 00
1.01 O0101 NEW CAP REL COSTS- BLDG & FIXT						1. 01
2.00 O0200 NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4.00   00400   EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00 00500 ADMINISTRATIVE & GENERAL						5. 00
7.00 O0700 OPERATION OF PLANT						7. 00
8.00   00800   LAUNDRY & LINEN SERVICE						8. 00
9. 00   00900   HOUSEKEEPI NG						9. 00
10. 00   01000   DI ETARY						10.00
11. 00   01100   CAFETERI A						11.00
13. 00 O1300 NURSI NG ADMINI STRATI ON 14. 00 O1400 CENTRAL SERVI CES & SUPPLY						13. 00 14. 00
15. 00   01500   PHARMACY						15. 00
16. 00   01600   MEDI CAL RECORDS & LI BRARY	6, 246, 787					16. 00
17. 00   01700   SOCIAL SERVICE	0, 240, 707	4, 862, 878				17. 00
21. 00   02100   &R SERVI CES-SALARY & FRINGES APPRVD	0	4, 00 <u>2,</u> 070	1, 791, 363			21. 00
22. 00   02200   &R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	1, 415, 914		22. 00
23. 00   02300   PARAMED ED   PRGM - PHARMACY	0	0	0	0	316, 224	23. 00
23. 01   02301 PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	0	0	o	0	23. 01
23. 03   02302   PARAMED ED PRGM- NURSING	0	0	0	o	0	23. 03
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	449, 761	4, 004, 722	828, 049	654, 500	0	30.00
31.00 03100 INTENSIVE CARE UNIT	161, 874	308, 056	28, 834	22, 791	0	31. 00
32.00 03200 CORONARY CARE UNIT	38, 911	198, 036	0	0	0	32.00
40. 00   04000   SUBPROVI DER - 1 PF	27, 838	0	0	0	0	40. 00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
ANCI LLARY SERVI CE COST CENTERS	70, 0,0		400.004	450.044		
50. 00 05000 OPERATING ROOM	786, 360	0	190, 231	150, 361	0	50.00
54. 00   05400   RADI OLOGY - DI AGNOSTI C	956, 311	0	11, 610	9, 176	0	54.00
55. 00   05500   RADI OLOGY - THERAPEUTI C 59. 00   05900   CARDI AC   CATHETERI ZATI ON	64, 382	0	14 007	11 044	0	55. 00 59. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON 60. 00   06000   LABORATORY	109, 502 807, 679	0	14, 987	11, 846	0	60.00
64. 00   06400   NTRAVENOUS THERAPY	11, 639	0	0	0	0	64. 00
65. 00 06500 RESPI RATORY THERAPY	91, 782	0	0	0	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	162, 031	0	0	o O	0	66. 00
69. 00 06900 ELECTROCARDI OLOGY	94, 298	0	0	Ö	0	69. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	286, 299	0	0	ol	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	155, 829	0	0	o	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	642, 170	0	0	o	316, 224	73.00
74.00 07400 RENAL DIALYSIS	20, 464	0	0	o	0	74.00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1, 425	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90. 00  09000   CLI NI C	18, 005	0	1, 309	1, 034	0	90. 00
90.01 09001 FAMILY PRACTICE CLINIC	9, 189	0	637, 565	503, 939	0	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	13, 235	0	0	0	0	90. 02
90. 03   09003   NFUSION CENTER	27, 053	0	0	0	0	90. 03
90. 04   09004   PRI MARY CARE SENI ORS	4, 927	0	21, 024		0	90. 04
90. 05 09005 PAIN MANAGEMENT	94, 531	0	1, 689	1, 335	0	90. 05
90. 06   09006   WOUND CARE CENTER 90. 07   09007   SLEEP CENTER	6, 080 11, 742	0	0	0	0	90. 06 90. 07
91. 00   09100   EMERGENCY	554, 148	352, 064	56, 065	44, 314	0	90.07
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	334, 140	332, 004	30,003	44, 314	U	92.00
OTHER REIMBURSABLE COST CENTERS						72.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	50, 916	0	0	0	0	96. 00
101.00 10100 HOME HEALTH AGENCY	8, 466	0				101. 00
SPECIAL PURPOSE COST CENTERS		-		-1		
116. 00 11600 HOSPI CE	11, 416	0	0	0	0	116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5, 678, 263	4, 862, 878	1, 791, 363	1, 415, 914	316, 224	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	951	0	0	0		192. 00
192. 01 19201 DEACONESS URGENT CARE	0	0	0	0		192. 01
192. 02 19202 HEARTCARE OFFICES	8, 151	0	0	0		192. 02
192. 03 19203 FAMI LY PHARMACY	39, 372	0	0	0		192. 03
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0	0	0		194.00
194. 01 07951 OCCUPATI ONAL HEALTH	0	0	0	0		194. 01
194. 02 07952 OTHER FACILITIES	500.050	0	0	0		194. 02
194. 03 07953  THE HEART HOSPITAL 194. 04 07954  PUBLI C RELATIONS	520, 050	0	0	0		194. 03 194. 04
194. 04 07954 PUBLIC RELATIONS 194. 05 07955  CHILD CARE CENTER	0	0	] 0 0	0		194. 04 194. 05
171. 30 07730  OHI ED OAKE OLIVIEK	ı	0	1 0	્ય	0	1174.00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	F	eriod: rom 10/01/2013 o 09/30/2014	Worksheet B Part I Date/Time Pre 2/28/2015 3:3		
			INTERNS &	RESI DENTS			
Cost Center Description	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM - PHARMACY		
	16.00	17. 00	21.00	22. 00	23. 00		
200.00 Cross Foot Adjustments 201.00 Negative Cost Centers	0	0	0	0		200. 00 201. 00	
202.00 TOTAL (sum lines 118-201)	6, 246, 787	4, 862, 878	1, 791, 363	1, 415, 914	316, 224	202. 00	

In Lieu of Form CMS-2552-10 Health Financial Systems DEACONESS HOSPITAL COST ALLOCATION - GENERAL SERVICE COSTS Provi der CCN: 150082 Peri od: Worksheet B From 10/01/2013 Part I 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm Cost Center Description PARAMED ED PARAMED ED Intern & Subtotal Total PRGM- CHAPLAIN PRGM- NURSING Residents Cost **RESI DENCY** & Post Stepdown Adjustments 23.01 23.03 24.00 25.00 26.00 GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 00101 NEW CAP REL COSTS- BLDG & FIXT 1.01 1.01 00200 NEW CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5.00 00700 OPERATION OF PLANT 7.00 7 00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10 00 10 00 11.00 01100 CAFETERI A 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 01500 PHARMACY 15 00 15 00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 01700 SOCIAL SERVICE 17.00 17.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 21 00 21 00 22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 22.00 02300 PARAMED ED PRGM - PHARMACY 23.00 23.00 23.01 02301 PARAMED ED PRGM- CHAPLAIN RESIDENCY 309, 132 23.01 02302 PARAMED ED PRGM- NURSING 433, 726 23 03 23.03 INPATIENT ROUTINE SERVICE COST CENTERS 85, 430, 302 30.00 03000 ADULTS & PEDIATRICS 309, 132 86, 912, 851 -1, 482, 549 30.00 257.084 31.00 03100 INTENSIVE CARE UNIT 106, 151 22, 151, 419 -51, 625 22, 099, 794 31.00 0 03200 CORONARY CARE UNIT 0 5, 292, 128 5, 292, 128 32 00 32 00 30, 270 0 40.00 04000 SUBPROVIDER - IPF 0 2, 153, 542 0 2, 153, 542 40.00 04400 SKILLED NURSING FACILITY 0 44.00 44.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 48, 814, 345 50.00 0 20.318 -340.59248, 473, 753 54.00 05400 RADI OLOGY-DI AGNOSTI C 27, 999, 493 -20, 786 27, 978, 707 54.00 00000000000 05500 RADI OLOGY - THERAPEUTI C 4, 344, 607 55 00 4, 344, 607 55 00 59.00 05900 CARDIAC CATHETERIZATION 3, 539, 974 -26, 833 3, 513, 141 59.00 06000 LABORATORY 43, 078, 628 60.00 0 43, 078, 628 60 00 06400 I NTRAVENOUS THERAPY 2, 575, 467 2, 575, 467 64.00 64.00 0 65.00 06500 RESPIRATORY THERAPY 5, 855, 878 5, 855, 878 65.00 9, 547, 125 06600 PHYSI CAL THERAPY 9, 547, 125 66.00 0 66,00 0 06900 ELECTROCARDI OLOGY 0 69.00 0 2, 757, 647 2, 757, 647 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 25, 547, 668 0 25, 547, 668 71.00 07200 I MPL. DEV. CHARGED TO PATIENT 0 29, 524, 226 29, 524, 226 72.00 72.00 0 07300 DRUGS CHARGED TO PATIENTS 50, 205, 612 50, 205, 612 73.00 0 73.00 74.00 07400 RENAL DIALYSIS 0 2, 029, 304 2, 029, 304 74.00 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 1, 402, 495 1, 402, 495 76.00 OUTPATIENT SERVICE COST CENTERS 0 90.00 09000 CLI NI C 0 3, 440, 092 -2.3433, 437, 749 90.00 90.01 09001 FAMILY PRACTICE CLINIC 4, 249, 055 -1, 141, 504 3, 107, 551 90.01 0000000 90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0 1, 134, 202 1, 134, 202 90.02 0 09003 INFUSION CENTER 1, 202, 601 1, 202, 601 90 03 0 Ω 90.03 90.04 09004 PRIMARY CARE SENIORS 0 2, 037, 769 -37, 642 2,000,127 90.04 09005 PAIN MANAGEMENT 4, 197, 966 4, 194, 942 90.05 0 -3, 024 90.05 09006 WOUND CARE CENTER 90.06 566, 813 566, 813 90.06 Ω 90.07 09007 SLEEP CENTER 1, 527, 038 1, 527, 038 90.07 91.00 09100 EMERGENCY 19, 903 29, 119, 986 -100, 379 29, 019, 607 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 7, 705, 449 0 7, 705, 449 96.00 101.00 10100 HOME HEALTH AGENCY 3, 448, 816 3, 448, 816 101. 00 SPECIAL PURPOSE COST CENTERS 116.00 11600 HOSPI CE 3 242 058 3, 242, 058 116. 00 SUBTOTALS (SUM OF LINES 1-117) 118.00 309, 132 433, 726 435, 604, 254 -3, 207, 277 432, 396, 977 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 2, 363, 661 2, 363, 661 190. 00 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 0 13, 646, 156 192. 00 0 Ω 13, 646, 156 0 192. 01 19201 DEACONESS URGENT CARE 0 1, 994 0 1, 994 192. 01 1, 631, 452 192. 02 192. 02 19202 HEARTCARE OFFICES 1, 631, 452 0 15, 387, 779 192. 03 19203 FAMILY PHARMACY 0 0 0 15, 387, 779 192. 03 194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS 0 3, 924, 757 0 3, 924, 757 194. 00 194. 01 07951 OCCUPATIONAL HEALTH 1, 251, 586 1, 251, 586 194. 01 0 194. 02 07952 OTHER FACILITIES 0 0 0 4, 449, 888 4, 449, 888 194. 02

0

1, 428, 477

2, 676, 440

2, 762, 333

1, 428, 477 194. 03

2, 676, 440 194. 04

2, 762, 333 194. 05

194. 03 07953 THE HEART HOSPI TAL

194. 04 07954 PUBLIC RELATIONS

194. 05 07955 CHI LD CARE CENTER

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150082	Peri od:	Worksheet B	
				From 10/01/2013	Part I	
				To 09/30/2014	Date/Time Pre	
				L ,	2/28/2015 3:3	1 pm
Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Total	
	PRGM- CHAPLAIN	PRGM- NURSING		Resi dents Cost		
	RESI DENCY			& Post		
				Stepdown		
				Adjustments		
	23. 01	23. 03	24.00	25. 00	26.00	
200.00 Cross Foot Adjustments	0	0		0 0	0	200. 00
201.00 Negative Cost Centers	0	0		0 0	0	201. 00
202.00 TOTAL (sum lines 118-201)	309, 132	433, 726	485, 128, 7	77 -3, 207, 277	481, 921, 500	202. 00

In Lieu of Form CMS-2552-10
Worksheet B
01/2013 Part II
030/2014 Date/Time Prepared:
2/28/2015 3:31 pm Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS DEACONESS HOSPITAL Provi der CCN: 150082 Peri od: From 10/01/2013 To 09/30/2014 CAPITAL RELATED COSTS

Cost Center Description	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUI P	Subtotal	
OFNEDAL CERVILOE COCT OFNEDO	0	1. 00	1. 01	2. 00	2A	
GENERAL SERVICE COST CENTERS   1.00   00100   NEW CAP REL COSTS-BLDG & FIXT   1.01   00101   NEW CAP REL COSTS-BLDG & FIXT   2.00   00200   NEW CAP REL COSTS-MYBLE EQUIP   1.00100   NEW CAP REL COSTS-MYBLE   1.0010		140 440	1.00	11.000	400.000	1. 00 1. 01 2. 00
4. 00   00400   EMPLOYEE BENEFITS DEPARTMENT 5. 00   00500   ADMINISTRATIVE & GENERAL 7. 00   00700   OPERATION OF PLANT 8. 00   00800   LAUNDRY & LINEN SERVICE	0 0	169, 618 1, 774, 276 2, 709, 468 372, 476	39, 061 0	14, 228 17, 175, 714 157, 390 282, 665	188, 232 18, 989, 051 2, 866, 858 655, 141	4. 00 5. 00 7. 00 8. 00
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A	0 0 0	186, 443 411, 151 143, 844	0 0 0	45, 780 132, 266 0	232, 223 543, 417 143, 844	9. 00 10. 00 11. 00
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	0 0	52, 916 364, 064 180, 218 148, 135	0	351, 951 300, 776 462, 796 14, 106	404, 867 664, 840 643, 014 162, 241	13. 00 14. 00 15. 00 16. 00
17.00   01700   SOCIAL SERVICE 21.00   02100   L&R SERVICES-SALARY & FRINGES APPRVD 22.00   02200   L&R SERVICES-OTHER PRGM COSTS APPRVD 23.00   02300   PARAMED ED PRGM - PHARMACY	0 0 0	74, 837 0 0 1, 778	0	594 0 0	75, 431 0 0 1, 778	17. 00 21. 00 22. 00 23. 00
23. 01 02301 PARAMED ED PRGM- CHAPLAIN RESIDENCY 23. 03 02302 PARAMED ED PRGM- NURSING INPATIENT ROUTINE SERVICE COST CENTERS	0 0	4, 587 0	652	0 0	5, 239 0	23. 00 23. 01 23. 03
30. 00   03000   ADULTS & PEDIATRICS 31. 00   03100   INTENSIVE CARE UNIT 32. 00   03200   CORONARY CARE UNIT 40. 00   04000   SUBPROVIDER - IPF	0 0 0	4, 035, 766 811, 165 122, 855 69, 163	0	965, 594 659, 954 86, 650 1, 285	5, 001, 360 1, 471, 119 209, 505 70, 448	ł
44. 00   04400   SKILLED NURSING FACILITY   ANCILLARY SERVICE COST CENTERS   50. 00   05000   0PERATING ROOM	0	1, 493, 475	0	2, 668, 813	4, 162, 288	44. 00 50. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C 55. 00   05500   RADI OLOGY - THERAPEUTI C 59. 00   05900   CARDI AC   CATHETERI ZATI ON 60. 00   06000   LABORATORY	0 0 0	642, 662 245, 598 163, 901 678, 810	0 0 0	1, 773, 662 45, 074 191, 407 834, 197	2, 416, 324 290, 672 355, 308 1, 513, 007	60. 00
64. 00   06400   I NTRAVENOUS THERAPY 65. 00   06500   RESPI RATORY THERAPY 66. 00   06600   PHYSI CAL THERAPY 69. 00   06900   ELECTROCARDI OLOGY	0 0	17, 996 189, 110 109, 221 56, 304	0 0 0	9, 682 129, 383 50, 091 2, 726	27, 678 318, 493 159, 312 59, 030	1
71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS 72. 00   07200   IMPL. DEV. CHARGED TO PATIENT 73. 00   07300   DRUGS CHARGED TO PATIENTS 74. 00   07400   RENAL DIALYSIS	0 0 0	0 0 0 8, 300	0	0 0 0 0	0 0 0 8, 300	71. 00 72. 00 73. 00 74. 00
76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL   SERVI CES	0	89, 615		8, 799	98, 414	76. 00 90. 00
90. 01   09001   FAMILY   PRACTICE   CLINIC   90. 02   09002   OUTPATIENT   PSYCHIATRIC   SERVICES   90. 03   09003   INFUSION   CENTER   90. 04   09004   PRIMARY   CARE   SENIORS   90. 05   09005   PAIN   MANAGEMENT	0 0 0 0 0 0	260, 348 83, 433 54, 568 0	0 0	10, 300 576 4, 842 32, 662 120, 575	270, 648 84, 009 59, 410 32, 662 120, 575	90. 02 90. 03 90. 04
90. 06   09006   WOUND CARE CENTER 90. 07   09007   SLEEP CENTER 91. 00   09100   EMERGENCY 92. 00   09200   OBSERVATION   BEDS (NON-DISTINCT PART)	0 0 0	6, 705 0 675, 041	0	5, 665 54, 966 504, 470	12, 370 54, 966 1, 179, 511 0	90. 06 90. 07 91. 00
OTHER REIMBURSABLE COST CENTERS  96. 00 09600 DURABLE MEDICAL EQUIP-RENTED  101. 00 10100 HOME HEALTH AGENCY  SPECIAL PURPOSE COST CENTERS	0 0			130, 041 19, 022	302, 425 53, 349	
116.00 11600 HOSPI CE 118.00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	0 0	16, 747, 915	44, 099	2, 204 27, 250, 906	135, 561 44, 042, 920	118. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 192.00 19200 PHYSICIANS' PRIVATE OFFICES 192.01 19201 DEACONESS URGENT CARE 192.02 19202 HEARTCARE OFFICES	0 0 0	90, 829 366, 520 0 0	0	0 56, 542 0 0		1
192.03 19203 FAMILY PHARMACY 194.00 07950 OTHER NONREIMBURSABLE COST CENTERS 194.01 07951 OCCUPATIONAL HEALTH	0 0	25, 661 120, 752 153, 541	0 17, 175 0	73, 374 4, 896 1, 214	99, 035 142, 823 154, 755	192. 03 194. 00 194. 01
194.02 07952 0THER FACILITIES 194.03 07953 THE HEART HOSPITAL 194.04 07954 PUBLIC RELATIONS	0 0	76, 912 0 0	0	186 0 7, 698		194. 02 194. 03 194. 04

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Peri od:	Worksheet B	
				From 10/01/2013 To 09/30/2014	Part II Date/Time Pre	nared·
					2/28/2015 3:3	
		CAP	ITAL RELATED (	OSTS		
	5	NEW BLBC 6	I 115111 DI BO 6	115111 111/151 5		
Cost Center Description	Directly	NEW BLDG &	NEW BLDG &	NEW MVBLE	Subtotal	
	Assigned New	FLXT	FLXT	EQUI P		
	Capi tal					
	Related Costs					
	0	1.00	1. 01	2. 00	2A	
194. 05 07955 CHI LD CARE CENTER	0	220, 756		0 13, 495	234, 251	194. 05
200.00 Cross Foot Adjustments					0	200. 00
201.00 Negative Cost Centers		0		0	0	201. 00
202.00 TOTAL (sum lines 118-201)	0	17, 802, 886	61, 27	4 27, 408, 311	45, 272, 471	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082 Perio

In Lieu of Form CMS-2552-10

Period:	Worksheet B	
From 10/01/2013	Part II	
To 09/30/2014	Date/Time Prepared:	2/28/2015 3:31 pm

				0 09/30/2014	2/28/2015 3:3	
Cost Center Description	EMPLOYEE	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	
	BENEFITS	& GENERAL	PLANT	LINEN SERVICE		
	DEPARTMENT 4.00	5. 00	7.00	8. 00	9. 00	
GENERAL SERVICE COST CENTERS	4.00	3.00	7.00	0.00	7.00	
1.00 O0100 NEW CAP REL COSTS-BLDG & FIXT						1. 00
1.01   00101 NEW CAP REL COSTS- BLDG & FLXT						1. 01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	188, 232					4. 00
5.00 00500 ADMINISTRATIVE & GENERAL	27, 651	19, 016, 702				5. 00
7.00 O0700 OPERATION OF PLANT	2, 801					7. 00
8.00   00800   LAUNDRY & LINEN SERVICE	501	85, 669	l	843, 433		8. 00
9. 00   00900   HOUSEKEEPI NG	3, 147		l		550, 245	9. 00
10. 00   01000   DI ETARY 11. 00   01100   CAFETERI A	1, 279		l		17, 968	10.00
11. 00   01100   CAFETERI A 13. 00   01300   NURSI NG ADMI NI STRATI ON	839 2, 027		1		6, 286 2, 313	11. 00 13. 00
14. 00   01400   CENTRAL SERVI CES & SUPPLY	1, 880			6, 173	15, 911	14. 00
15. 00 01500 PHARMACY	6, 835				7, 876	15. 00
16. 00 01600 MEDICAL RECORDS & LIBRARY	3, 749				6, 474	16. 00
17.00 01700 SOCIAL SERVICE	2, 568	183, 555	20, 518	0	3, 271	17. 00
21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD	1, 019	69, 776	0	0	0	21. 00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	720	55, 431	0	0	0	22. 00
23.00 02300 PARAMED ED PRGM - PHARMACY	170		1	0	78	23. 00
23. 01   02301   PARAMED ED PRGM- CHAPLAIN RESIDENCY	161	11, 628	1	0	200	23. 01
23. 03   02302   PARAMED ED PRGM - NURSI NG	239	16, 398	0	0	0	23. 03
I NPATI ENT ROUTI NE SERVI CE COST CENTERS  30. 00 03000 ADULTS & PEDI ATRI CS	39, 024	2 527 025	1 10/ 404	408, 062	176, 376	20.00
30. 00   03000   ADULTS & PEDI ATRI CS 31. 00   03100   INTENSI VE CARE UNI T	8, 900			408, 062 77, 341	35, 450	30. 00 31. 00
32. 00   03200 CORONARY CARE UNIT	2, 206		l	-	5, 369	32.00
40. 00   04000   SUBPROVI DER -   1 PF	950		l	2, 860	3, 023	40. 00
44. 00 04400 SKILLED NURSING FACILITY	0		1	0	0, 020	44. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	19, 066	1, 708, 479	409, 466	89, 297	65, 269	50. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	8, 113	994, 734	176, 199	42, 038	28, 086	54.00
55. 00   05500   RADI OLOGY - THERAPEUTI C	423	148, 464		0	10, 733	55. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON	991	114, 860	1	25, 398	7, 163	59. 00
60. 00   06000   LABORATORY	10, 451	1, 564, 539	l		29, 666	60.00
64. 00 06400 I NTRAVENOUS THERAPY	637	· ·	l		786	64.00
65. 00 06500 RESPI RATORY THERAPY	2, 645		l		8, 265	65. 00
66. 00   06600   PHYSI CAL THERAPY 69. 00   06900   ELECTROCARDI OLOGY	0 345	,	1	10, 526 2, 178	4, 773 2, 461	66. 00 69. 00
71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS	343		1	2, 170 N	2, 401	71.00
72. 00   07200   MPL. DEV. CHARGED TO PATIENT	0		1	0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	Ö	,	1	0	0	73. 00
74. 00   07400   RENAL DI ALYSI S	200		1	0	363	74. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	843		1	0	0	76. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	1, 447		1		3, 916	90. 00
90.01 09001 FAMILY PRACTICE CLINIC	900		1		11, 378	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	348				3, 646	
90. 03   09003   NFUSION CENTER	105				2, 385	
90. 04   09004   PRI MARY CARE SENI ORS 90. 05   09005   PAI N MANAGEMENT	1, 644			184	0	90.04
90. 05   09005   PAI N MANAGEMENT 90. 06   09006   WOUND CARE CENTER	1, 951 250	154, 097 20, 342	1	6, 761 955	0 293	90. 05 90. 06
90. 07   09007   SLEEP CENTER	725			2, 338	0	90.00
91. 00 09100 EMERGENCY	16, 397		1		29, 501	91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,077	1,000,001	1.00,070	0.1, 000	27,00.	92. 00
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	1, 711	273, 821	47, 263	0	7, 534	96. 00
101.00 10100 HOME HEALTH AGENCY	1, 217	128, 814	9, 411	0	1, 500	101. 00
SPECIAL PURPOSE COST CENTERS						
116. 00 11600 HOSPI CE	1, 039		l			116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	178, 114	17, 357, 754	3, 315, 961	796, 381	504, 141	118. 00
NONREI MBURSABLE COST CENTERS	/05	04.705	04.000	4 004	2.0/0	100.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	695		1	1, 394		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES 192.01 19201 DEACONESS URGENT CARE	5, 864 0		100, 489	5, 226	16, 018	192. 00
192. 01 19201 DEACONESS ORGENT CARE  192. 02 19202 HEARTCARE OFFICES	218			622		192. 01
192.03 19203  FAMILY PHARMACY	487	464, 032	1	0		192. 02
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	886		1	8, 576		194. 00
194. 01 07951  OCCUPATI ONAL HEALTH	326		1			194. 00
194. 02 07952 OTHER FACILITIES	102			., ,,2		194. 02
194. 03 07953 THE HEART HOSPI TAL	0		1	25, 774		194. 03
194. 04 07954 PUBLI C RELATIONS	536		0	0	0	194. 04
194. 05 07955 CHI LD CARE CENTER	1, 004		1	3, 488	9, 648	194. 05
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	F	Period: From 10/01/2013 To 09/30/2014		
Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
	4. 00	5. 00	7.00	8. 00	9. 00	
202.00 TOTAL (sum lines 118-201)	188, 232	19, 016, 702	3, 605, 203	843, 433	550, 245	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

			' '	0 09/30/2014	2/28/2015 3:3	
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	
			ADMI NI STRATI ON	SERVICES &		
	10.00	11. 00	13.00	SUPPLY 14.00	15. 00	
GENERAL SERVICE COST CENTERS	10.00	11.00	13.00	14.00	15.00	
1. 00 O0100 NEW CAP REL COSTS-BLDG & FLXT						1. 00
1.01 O0101 NEW CAP REL COSTS- BLDG & FIXT						1. 01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00 00500 ADMINISTRATIVE & GENERAL						5. 00
7.00 OO700 OPERATION OF PLANT						7. 00
8.00   00800   LAUNDRY & LINEN SERVICE						8. 00
9. 00   00900   HOUSEKEEPI NG						9. 00
10. 00  01000   DI ETARY	870, 013					10. 00
11. 00   01100   CAFETERI A	0	246, 625	1			11. 00
13. 00 O1300 NURSING ADMINISTRATION	0	3, 884	1			13. 00
14. 00 01400 CENTRAL SERVICES & SUPPLY	0	5, 014	1	964, 981	4 400 400	14.00
15. 00   01500   PHARMACY	0	8, 603	1	7 400	1, 199, 429	15.00
16. 00   01600   MEDI CAL RECORDS & LI BRARY	0	8, 864	1	7, 490	23	16.00
17. 00   01700   SOCIAL SERVICE 21. 00   02100   &R SERVICES-SALARY & FRINGES APPRVD	0	4, 562	1	10	0	17. 00 21. 00
22. 00   02200   1 &R SERVICES-SALARI & FRINGES APPRVD	0	1, 625 261		0	0	22.00
23. 00   02300   PARAMED ED   PRGM - PHARMACY	0	235	0	0	0	23. 00
23. 01   02301   PARAMED ED PRGM- CHAPLAI N RESI DENCY	0	487	1	0	0	23. 01
23. 03   02302   PARAMED ED PRGM- NURSI NG	Ö	356	1	o o	0	23. 03
INPATIENT ROUTINE SERVICE COST CENTERS	91		1,027	٦١		20.00
30. 00 03000 ADULTS & PEDIATRICS	604, 749	60, 602	277, 018	16, 409	1, 010	30.00
31.00 03100 INTENSIVE CARE UNIT	91, 887	15, 285	69, 871	8, 405	310	31. 00
32. 00 03200 CORONARY CARE UNIT	21, 779	3, 563	16, 286	2, 556	149	32. 00
40. 00   04000   SUBPROVI DER - 1 PF	21, 746	1, 947	8, 898	0	0	40. 00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
ANCILLARY SERVICE COST CENTERS						
50. 00   05000 OPERATING ROOM	0	18, 379		4, 663	1, 347	50. 00
54. 00   05400   RADI OLOGY - DI AGNOSTI C	0	13, 921		25, 563	277	54.00
55. 00   05500   RADI OLOGY - THERAPEUTI C	0	765	1	98	1	55. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	1, 425	1	868	43	59. 00
60. 00   06000   LABORATORY	0	23, 862	1	157, 622	103	60.00
64. 00 06400 I NTRAVENOUS THERAPY	0	878		9, 256	8	64.00
65. 00   06500   RESPI RATORY THERAPY 66. 00   06600   PHYSI CAL THERAPY	0	4, 614 0	1	3, 209	0	65. 00
66. 00   06600   PHYSI CAL THERAPY 69. 00   06900   ELECTROCARDI OLOGY	0	617		2, 576 1, 316	230 1	66. 00 69. 00
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	017	0	326, 648	0	71.00
72. 00 07100 IMPL. DEV. CHARGED TO PATTENTS	0	0		338, 426	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		12, 359	845, 868	73. 00
74. 00 07400 RENAL DIALYSIS	0	278	1, 271	1, 832	27	74. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	o	1, 608		0	0	76. 00
OUTPATIENT SERVICE COST CENTERS	-1	.,, ,,,,,,	., .,	-1		
90. 00 09000 CLI NI C	0	2, 398	10, 963	2, 444	4	90. 00
90.01 09001 FAMILY PRACTICE CLINIC	0	1, 877	8, 580	680	2, 669	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	756		0	0	90. 02
90. 03   09003   I NFUSI ON CENTER	0	156		1, 763	0	90. 03
90. 04   09004   PRI MARY CARE SENI ORS	0	1, 825		94	1, 634	
90. 05   09005   PAI N   MANAGEMENT	0	3, 320		395	177	90. 05
90. 06   09006   WOUND CARE CENTER	0	487		0	413	90.06
90. 07   09007   SLEEP CENTER	0	1, 321		460	2	90. 07
91. 00 09100 EMERGENCY	17, 773	15, 589	71, 261	7, 522	93	91.00
92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   OTHER REIMBURSABLE COST CENTERS						92. 00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	3, 954	lo	27, 605	14, 344	96. 00
101. 00 10100 HOME HEALTH AGENCY	0	1, 868		999		101.00
SPECIAL PURPOSE COST CENTERS	O <sub>1</sub>	1,000	0, 340	777		101.00
116. 00 11600 HOSPI CE	3, 638	1, 521	6, 951	414	4. 982	116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	761, 572	216, 707	1	961, 682	873, 719	
NONREI MBURSABLE COST CENTERS			2.07.000	,		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2, 537	0	0	0	190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	6, 604	0	567	734	192. 00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192. 01
192.02 19202 HEARTCARE OFFICES	0	634		0		192. 02
192. 03 19203 FAMILY PHARMACY	0	678	1	838	324, 432	
194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS	73, 611	2, 598	1	1, 006		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	0	669		684		194. 01
194. 02 07952 OTHER FACILITIES	0	235		0		194. 02
194. 03 07953 THE HEART HOSPI TAL	34, 830	11, 288		0		194. 03
194. 04 07954 PUBLI C RELATIONS	0	956		25 170		194. 04
194. 05 07955 CHILD CARE CENTER	0	3, 719	0	179	0	194. 05
200.00 Cross Foot Adjustments 201.00 Negative Cost Centers	0	0	o	o	0	200. 00 201. 00
	9		<u>ı</u>	Ч	0	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Pre 2/28/2015 3:3	
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI O	CENTRAL N SERVI CES & SUPPLY	PHARMACY	
	10.00	11. 00	13.00	14.00	15. 00	
202.00 TOTAL (sum lines 118-201)	870, 013	246, 625	613, 06	5 964, 981	1, 199, 429	202.00

Provi der CCN: 150082

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 10/01/2013 | Part II | To 09/30/2014 | Date/Time Prepared: | 2/28/2015 3:31 pm

					2/28/2015 3:3	1 pm
			INTERNS &	RESI DENTS		
		000111 0501105	050,4,050,041,40	050,4,050,07,150	5454455 55	
Cost Center Description		SOCIAL SERVICE		SERVI CES-OTHER	PARAMED ED	
	RECORDS &		Y & FRINGES	PRGM COSTS	PRGM -	
	LI BRARY	17. 00	21.00	22.00	PHARMACY	
GENERAL SERVICE COST CENTERS	16. 00	17.00	21.00	22. 00	23. 00	
1. 00 O0100 NEW CAP REL COSTS-BLDG & FLXT						1.00
1. 01   00101 NEW CAP REL COSTS BLDG & FLXT						1. 01
2. 00   00200 NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4.00 O0400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00 00500 ADMINISTRATIVE & GENERAL						5. 00
7.00 00700 OPERATION OF PLANT						7. 00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9. 00 00900 HOUSEKEEPI NG						9. 00
10. 00  01000   DI ETARY						10.00
11. 00   01100   CAFETERI A						11. 00
13.00 01300 NURSING ADMINISTRATION						13. 00
14.00  01400   CENTRAL SERVICES & SUPPLY						14. 00
15. 00   01500   PHARMACY						15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY	458, 813					16. 00
17. 00  01700   SOCIAL SERVICE	0	289, 915				17. 00
21. 00   02100   I &R SERVI CES-SALARY & FRINGES APPRVD	0	0	72, 420			21. 00
22. 00   02200   1 &R SERVI CES-OTHER PRGM COSTS APPRVD	0	0		56, 412	44.040	22. 00
23. 00   02300   PARAMED ED PRGM - PHARMACY	0	0			14, 942	•
23. 01   02301   PARAMED ED PRGM - CHAPLAIN RESIDENCY	0	0				23. 01
23. 03 02302 PARAMED ED PRGM- NURSING I NPATIENT ROUTINE SERVICE COST CENTERS	0	0				23. 03
30. 00 03000 ADULTS & PEDIATRICS	33, 043	238, 754	ı			30.00
31. 00   03100   NTENSI VE CARE UNI T	11, 892	18, 366				31.00
32. 00   03200   CORONARY CARE UNIT	2, 859	11, 806	•			32.00
40. 00   04000   SUBPROVI DER -   PF	2, 045	0 11,800				40.00
44. 00   04400   SKI LLED NURSI NG FACI LI TY	2,043	0	1			44. 00
ANCILLARY SERVICE COST CENTERS	0	0				1 44.00
50. 00 05000 OPERATING ROOM	57, 771	0				50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	70, 136	0				54.00
55. 00 05500 RADI OLOGY - THERAPEUTI C	4, 730	0	1			55. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	8, 045	0				59.00
60. 00 06000 LABORATORY	59, 338	0				60.00
64. 00 06400 I NTRAVENOUS THERAPY	855	0				64.00
65. 00 06500 RESPI RATORY THERAPY	6, 743	0				65. 00
66. 00 06600 PHYSI CAL THERAPY	11, 904	0				66.00
69. 00 06900 ELECTROCARDI OLOGY	6, 928	0				69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21, 033	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11, 448	0				72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	47, 178	0				73. 00
74. 00   07400   RENAL DI ALYSI S	1, 503	0				74. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	105	0				76. 00
OUTPATIENT SERVICE COST CENTERS			1	1		
90. 00   09000   CLI NI C	1, 323	0				90.00
90. 01 09001 FAMILY PRACTICE CLINIC	675	0				90. 01
90. 02   09002   OUTPATI ENT PSYCHI ATRI C SERVI CES	972	0				90.02
90. 03   09003   NFUSION CENTER	1, 988	0				90. 03
90. 04   09004   PRI MARY CARE SENI ORS 90. 05   09005   PAI N MANAGEMENT	362	0				90. 04 90. 05
90. 05   09005 PATN MANAGEMENT 90. 06   09006   WOUND CARE CENTER	6, 945 447	0				90.05
90. 07   09000 WOOND CARE CENTER 90. 07   09007   SLEEP CENTER	863	0				90.08
91. 00   09100   EMERGENCY	40, 712	20, 989				91.00
92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)	40, 712	20, 707				92.00
OTHER REIMBURSABLE COST CENTERS						72.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	3, 741	0				96.00
101.00 10100 HOME HEALTH AGENCY	622	0	•			101.00
SPECIAL PURPOSE COST CENTERS	, , , , ,	_	I.	 		
116. 00 11600 HOSPI CE	839	0				116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	417, 045	289, 915	0	О	0	118. 00
NONREI MBURSABLE COST CENTERS						1
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	70	0				192. 00
192.01 19201 DEACONESS URGENT CARE	0	0				192. 01
192.02 19202 HEARTCARE OFFICES	599	0				192. 02
192.03 19203 FAMILY PHARMACY	2, 893	0				192. 03
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0				194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	0	0				194. 01
194.02 07952 OTHER FACILITIES	0	0				194. 02
194. 03 07953 THE HEART HOSPITAL	38, 206	0				194. 03
194. 04 07954 PUBLI C RELATIONS	0	0				194. 04
194. 05 07955  CHI LD CARE CENTER	0	0	<u> </u>	<u>                                      </u>	<u> </u>	194. 05

ALLOCATI ON	OF CAPITAL RELATED COSTS		Provi der	CCN: 150082	Period: From 10/01/2013 To 09/30/2014		
				INTERNS	& RESIDENTS		
	Cost Center Description	MEDI CAL	SOCIAL SERVIC	E SERVI CES-SALA	R SERVI CES-OTHER	PARAMED ED	
		RECORDS &		Y & FRINGES	PRGM COSTS	PRGM -	
		LI BRARY				PHARMACY	
		16.00	17.00	21. 00	22.00	23. 00	
200.00	Cross Foot Adjustments			72, 42	20 56, 412	14, 942	200. 00
201.00	Negative Cost Centers	0		0	0	0	201. 00
202. 00	TOTAL (sum lines 118-201)	458, 813	289, 91	5 72, 42	20 56, 412	14, 942	202. 00

DEACONESS HOSPITAL

In Lieu of Form CMS-2552-10

Health Financial Systems

ALLOCATION OF CAPITAL RELATED COSTS		Provi der		eri od: rom 10/01/2013 o 09/30/2014	Worksheet B Part II Date/Time Pre	pared:
Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	2/28/2015 3:3 Total	
cost center bescription	PRGM- CHAPLAIN		Subtotal	Residents Cost	iotai	
	RESI DENCY			& Post		
				Stepdown Adjustments		
	23. 01	23. 03	24. 00	25. 00	26.00	
GENERAL SERVI CE COST CENTERS	T			T		4 00
1.00   00100   NEW CAP REL COSTS-BLDG & FIXT 1.01   00101   NEW CAP REL COSTS- BLDG & FIXT						1. 00 1. 01
2. 00   00200   NEW CAP   REL COSTS - MVBLE EQUI P						2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00   00500   ADMINISTRATIVE & GENERAL 7. 00   00700   OPERATION OF PLANT						5. 00 7. 00
8.00   00800   LAUNDRY & LINEN SERVICE						8.00
9. 00   00900   HOUSEKEEPI NG						9. 00
10. 00   01000   DI ETARY						10.00
11. 00   01100   CAFETERI A 13. 00   01300   NURSI NG   ADMI NI STRATI ON						11. 00 13. 00
14. 00 01400 CENTRAL SERVICES & SUPPLY						14. 00
15. 00 01500 PHARMACY						15.00
16. 00   01600   MEDI CAL RECORDS & LI BRARY 17. 00   01700   SOCI AL SERVI CE						16. 00 17. 00
21. 00   02100   &R SERVI CES-SALARY & FRI NGES APPRVD						21.00
22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD						22. 00
23. 00   O2300   PARAMED ED PRGM - PHARMACY 23. 01   O2301   PARAMED ED PRGM- CHAPLAIN RESIDENCY	10 072					23. 00 23. 01
23. 03   02302   PARAMED ED PRGM- NURSI NG	18, 973	18, 622				23. 01
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00   03000   ADULTS & PEDIATRICS 31. 00   03100   NTENSIVE CARE UNIT			10, 489, 926		10, 489, 926	30.00
32. 00   03200   CORONARY CARE UNIT			2, 751, 035 504, 848		2, 751, 035 504, 848	31. 00 32. 00
40. 00   04000   SUBPROVI DER - I PF			199, 655		199, 655	40. 00
44. 00 04400 SKILLED NURSING FACILITY			0	0	0	44. 00
ANCILLARY SERVICE COST CENTERS  50. 00 OPERATING ROOM			6, 620, 036	ol	6, 620, 036	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C			3, 775, 391		3, 775, 391	54.00
55. 00 05500 RADI OLOGY - THERAPEUTI C			523, 222		523, 222	55. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON   06000   LABORATORY			565, 552 3, 545, 993		565, 552 3, 545, 993	59. 00 60. 00
64. 00 06400 I NTRAVENOUS THERAPY			144, 719		144, 719	64. 00
65. 00 06500 RESPI RATORY THERAPY			605, 211		605, 211	65.00
66. 00   06600  PHYSI CAL THERAPY 69. 00   06900  ELECTROCARDI OLOGY			576, 701 187, 619		576, 701 187, 619	66. 00 69. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS			1, 269, 596		1, 269, 596	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT			1, 430, 316		1, 430, 316	72.00
73. 00   07300   DRUGS CHARGED TO PATIENTS 74. 00   07400   RENAL DIALYSIS			2, 480, 616 93, 283		2, 480, 616 93, 283	73. 00 74. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES			62, 101		62, 101	1
OUTPATIENT SERVICE COST CENTERS	1		0/0.004		0.0.001	
90. 00   09000   CLINIC 90. 01   09001   FAMILY PRACTICE CLINIC			269, 081 467, 188		269, 081 467, 188	90. 00 90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES			152, 238		152, 238	•
90. 03 09003 INFUSION CENTER			123, 757		123, 757	
90. 04   09004   PRI MARY CARE SENI ORS 90. 05   09005   PAI N MANAGEMENT			121, 140 309, 395		121, 140 309, 395	90. 04 90. 05
90. 06 09006 WOUND CARE CENTER			39, 619		39, 619	90.05
90. 07 09007 SLEEP CENTER			119, 320		119, 320	90. 07
91. 00   09100   EMERGENCY 92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)			2, 674, 393	0	2, 674, 393	91. 00 92. 00
OTHER REIMBURSABLE COST CENTERS				l ol		72.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED			682, 398			1
101. 00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS			206, 324	0	206, 324	101. 00
116. 00 11600 HOSPI CE			310, 278	0	310, 278	116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	41, 300, 951	0	41, 300, 951	118. 00
NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			209, 052	O	209, 052	100 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES			1, 062, 140		1, 062, 140	1
192. 01 19201 DEACONESS URGENT CARE			622	0	622	192. 01
192. 02 19202 HEARTCARE OFFICES			64, 909			192. 02
192.03 19203 FAMILY PHARMACY 194.00 07950 OTHER NONREIMBURSABLE COST CENTERS			900, 551 391, 792		900, 551 391, 792	
194. 01 07951 OCCUPATI ONAL HEALTH			243, 935	0	243, 935	194. 01
194. 02 07952 OTHER FACILITIES			270, 273		270, 273	
194. 03 07953  THE HEART HOSPITAL 194. 04 07954  PUBLI C RELATIONS			130, 570 113, 862		130, 570 113, 862	
194. 05 07955 CHI LD CARE CENTER			402, 445		402, 445	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Peri od:	Worksheet B		
				From 10/01/2013 To 09/30/2014		narod:	
					2/28/2015 3:3	1 pm	
Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Total		
	PRGM- CHAPLAIN	PRGM- NURSING		Residents Cost			
	RESI DENCY			& Post			
				Stepdown			
				Adjustments			
	23. 01	23. 03	24.00	25. 00	26. 00		
200.00 Cross Foot Adjustments	18, 973	18, 622	181, 36	9 0	181, 369	200. 00	
201.00 Negative Cost Centers	0	0		0 0	0	201. 00	
202.00 TOTAL (sum lines 118-201)	18, 973	18, 622	45, 272, 47	1 0	45, 272, 471	202. 00	

	Financial Systems	DEACONESS				u of Form CMS-2	
COST A	ALLOCATION - STATISTICAL BASIS		Provi der		eriod: rom 10/01/2013	Worksheet B-1	
				To		Date/Time Pre	pared:
		САРІ	TAL RELATED CO	STS		2/28/2015 3:3	1 pm
		CAI I	TAL RELATED OF	5515			
	Cost Center Description	NEW BLDG &	NEW BLDG &	NEW MVBLE		Reconciliation	
		FIXT	FLXT	EQUI P	BENEFI TS		
		(SQUARE FEE	(SQUARE FEE	(DEPRECIATI	DEPARTMENT		
		T - A)	T - B)	ON EXPENSE)	(GROSS SALARI ES)		
		1.00	1. 01	2.00	4. 00	5A	
	GENERAL SERVICE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	1, 261, 290					1. 00
1.01	00101 NEW CAP REL COSTS - BLDG & FIXT	0	49, 355	1			1. 01
2. 00 4. 00	00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	12, 017	3, 533	19, 115, 935 9, 923	201, 649, 696		2. 00 4. 00
5. 00	00500 ADMI NI STRATI VE & GENERAL	125, 703	31, 463	1	29, 636, 232	-110, 506, 379	5.00
7. 00	00700 OPERATION OF PLANT	191, 959	0., .55		3, 002, 393	0	7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	26, 389	0	197, 145	537, 430	0	8. 00
9.00	00900 HOUSEKEEPI NG	13, 209	0	31, 929	3, 372, 901	0	9. 00
10.00	01000 DI ETARY	29, 129	0	92, 249	1, 371, 062	0	10.00
11. 00 13. 00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON	10, 191 3, 749	0	0 245, 468	898, 963 2, 172, 839	0	11. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	25, 793	0		2, 172, 839	0	14. 00
15. 00	01500 PHARMACY	12, 768	0	322, 777	7, 326, 089	0	15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY	10, 495	0	9, 838	4, 018, 649	0	16. 00
17. 00	01700 SOCIAL SERVICE	5, 302	0		2, 752, 926	0	17. 00
21. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	0	0	0	1, 091, 956	0	21. 00
22. 00 23. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	124	0	0	772, 145	0	22. 00 23. 00
23. 00	02300   PARAMED ED PRGM - PHARMACY   02301   PARAMED ED PRGM - CHAPLAIN RESIDENCY	126 325	525	0	182, 661 173, 060	0	ı
23. 01	02302 PARAMED ED PRGM- NURSING	0	0	l l	256, 619	0	
20.00	INPATIENT ROUTINE SERVICE COST CENTERS			<u> </u>	2007 017		20.00
30.00	03000 ADULTS & PEDIATRICS	285, 924	0	673, 454	41, 726, 622	0	30. 00
31. 00	03100 INTENSIVE CARE UNIT	57, 469	0	,	9, 539, 631	0	
32.00	03200 CORONARY CARE UNIT	8, 704	0	60, 434	2, 364, 560	0	32.00
40. 00 44. 00	04000 SUBPROVI DER - I PF 04400 SKI LLED NURSI NG FACI LI TY	4, 900 0	0	896 0	1, 017, 691 0	0	40. 00 44. 00
44.00	ANCI LLARY SERVICE COST CENTERS	U	U	<u> </u>	U	U	44.00
50. 00	05000 OPERATI NG ROOM	105, 809	0	1, 861, 364	20, 434, 756	0	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	45, 531	0	1, 237, 041	8, 696, 134	0	1
55.00	05500 RADI OLOGY - THERAPEUTI C	17, 400	0	31, 437	452, 853	0	
59. 00	05900 CARDI AC CATHETERI ZATI ON	11, 612	0	1 .00, .,,	1, 061, 691	0	
60.00	06000 LABORATORY	48, 092	0		11, 201, 607	0	60.00
64. 00 65. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	1, 275 13, 398	0	6, 753 90, 238	682, 499 2, 834, 749	0	64. 00 65. 00
66. 00	06600 PHYSI CAL THERAPY	7, 738	0	1	2, 034, 747	0	66.00
69. 00	06900 ELECTROCARDI OLOGY	3, 989	0	1, 901	369, 629	0	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	
	07300 DRUGS CHARGED TO PATIENTS	0		1	0	0	
	07400  RENAL DI ALYSI S   03550  PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	588	0		214, 466 903, 909	0	
76.00	OUTPATIENT SERVICE COST CENTERS	U	0	ıj U	903, 909	U	76.00
90. 00	09000 CLINI C	6, 349	0	6, 137	1, 551, 109	0	90.00
90. 01	09001 FAMILY PRACTICE CLINIC	18, 445	0		964, 361	0	1
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	5, 911	0	402	372, 963	0	90. 02
90. 03	09003 I NFUSI ON CENTER	3, 866	0	-,	112, 572	0	
90. 04 90. 05	09004 PRI MARY CARE SENI ORS	0	0	22, 780	1, 762, 046 2, 090, 954	0	90.04
90.05	09005 PAIN MANAGEMENT 09006 WOUND CARE CENTER	475	0	84, 095 3, 951	2, 090, 954 267, 760	0	90. 05 90. 06
90. 07	09007 SLEEP CENTER	0	Ö	38, 336	776, 590	0	90. 07
91. 00	09100 EMERGENCY	47, 825	0	351, 843	17, 574, 710	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
	09600 DURABLE MEDI CAL EQUI P-RENTED	12, 213					96.00
101.00	10100 HOME HEALTH AGENCY   SPECIAL PURPOSE COST CENTERS	2, 432	0	13, 267	1, 304, 104	0	101. 00
116 00	11600 HOSPI CE	9, 448	0	1, 537	1, 113, 593	0	116. 00
118.00	1 1	1, 186, 548		1	190, 806, 076		
	NONREI MBURSABLE COST CENTERS					•	
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6, 435	0	0	744, 384		190. 00
	19200 PHYSI CI ANS' PRI VATE OFFI CES	25, 967	0	39, 435	6, 285, 244		192. 00
192.01	19201 DEACONESS URGENT CARE  19202 HEARTCARE OFFICES	0	0	0	0		192. 01 192. 02
	19202  HEARTCARE OFFICES   19203  FAMILY PHARMACY	1, 818	0	51, 175	233, 374 522, 272		192. 02
	07950 OTHER NONREIMBURSABLE COST CENTERS	8, 555	13, 834		949, 111		194. 00
	07951 OCCUPATI ONAL HEALTH	10, 878		847	349, 202		194. 01
	07952 OTHER FACILITIES	5, 449	0	1	108, 920		194. 02
194. 03	07953 THE HEART HOSPITAL	0	0	0	0	0	194. 03

Health Finar	ncial Systems	DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10		
COST ALLOCA	TION - STATISTICAL BASIS		Provi der		Peri od: From 10/01/2013	Worksheet B-1	
					To 09/30/2014		
		CAPITAL RELATED COSTS					
	Cost Center Description	NEW BLDG &	NEW BLDG &	NEW MVBLE		Reconciliation	
		FLXT	FIXT	EQUI P	BENEFI TS		
		(SQUARE FEE	(SQUARE FEE	(DEPRECIATI	DEPARTMENT		
		T - A)	T - B)	ON EXPENSE)	(GROSS		
					SALARI ES)		
		1.00	1. 01	2. 00	4. 00	5A	
194. 04 07954	PUBLIC RELATIONS	0	0	5, 36	9 574, 699	0	194. 04
194. 05 07955	CHILD CARE CENTER	15, 640	0	9, 41	2 1, 076, 414	0	194. 05
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)	17, 802, 886	61, 274	27, 408, 31	1 52, 188, 812		202. 00
203.00	Unit cost multiplier (Wkst. B, Part I)	14. 114824	1. 241495	1. 43379	4 0. 258809		203. 00
204. 00	Cost to be allocated (per Wkst. B, Part II)				188, 232		204. 00
205. 00	Unit cost multiplier (Wkst. B, Part				0. 000933		205. 00

	Financial Systems	DEACONESS			In Lie	u of Form CMS-2	2552-10
COST A	ALLOCATION - STATISTICAL BASIS		Provi der	F	eriod: rom 10/01/2013	Worksheet B-1	
				Т	0 09/30/2014	Date/Time Pre 2/28/2015 3:3	
	Cost Center Description	ADMI NI STRATI VE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING (SQUARE FEE	DI ETARY (MEALS)	
		(ACCUM.	(SQUARE FEE	(POUNDS OF	T - A)	(WEALS)	
		COST) 5. 00	T - A) 7. 00	LAUNDRY) 8. 00	9. 00	10.00	
	GENERAL SERVICE COST CENTERS	3.00	7.00	0.00	7. 00	10.00	
1. 00 1. 01	00100 NEW CAP REL COSTS-BLDG & FIXT 00101 NEW CAP REL COSTS- BLDG & FIXT						1. 00 1. 01
2. 00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	274 (22 400					4.00
5. 00 7. 00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	374, 622, 408 14, 490, 053					5. 00 7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	1, 687, 651	26, 389	4, 500, 974			8. 00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY	5, 195, 972 3, 699, 609		1	892, 013 29, 129	559, 823	9. 00 10. 00
11. 00	01100 CAFETERI A	1, 107, 488	10, 191	0	10, 191	0	11. 00
13. 00 14. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	3, 653, 639 3, 375, 510		1	3, 749 25, 793	0	13. 00 14. 00
15. 00	01500 PHARMACY	9, 528, 610			12, 768	0	15. 00
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	4, 518, 300 3, 616, 000			10, 495 5, 302	0	16. 00 17. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	1, 374, 564	5, 302	ı	0, 302	0	21.00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	1, 091, 983		1	0	0	22. 00
23. 00 23. 01	02300   PARAMED ED PRGM - PHARMACY   02301   PARAMED ED PRGM - CHAPLAIN RESIDENCY	240, 206 229, 073			126 325	0	23. 00 23. 01
23. 03	02302 PARAMED ED PRGM- NURSING	323, 034			0	0	23. 03
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	49, 779, 640	285, 924	2, 177, 622	285, 924	389, 135	30. 00
31. 00	03100   NTENSIVE CARE UNIT	14, 180, 139		1	57, 469	59, 126	31.00
32. 00 40. 00	03200 CORONARY CARE UNIT 04000 SUBPROVI DER - I PF	3, 396, 287			8, 704 4, 900	14, 014 13, 993	32. 00 40. 00
44. 00	04400 SKILLED NURSING FACILITY	1, 354, 879 0		1	4, 900	13, 993	44. 00
FO 00	ANCILLARY SERVICE COST CENTERS	22 /5/ //2	105 000	47/ 525	105 000	0	FO 00
50. 00 54. 00	05000   OPERATI NG ROOM   05400   RADI OLOGY-DI AGNOSTI C	33, 656, 662 19, 596, 042		1		0	50. 00 54. 00
55. 00	05500 RADI OLOGY - THERAPEUTI C	2, 924, 716	17, 400	1	17, 400	0	55. 00
59. 00 60. 00	05900   CARDI AC   CATHETERI ZATI ON   06000   LABORATORY	2, 262, 722 30, 821, 070		1		0	59. 00 60. 00
64. 00	06400 I NTRAVENOUS THERAPY	1, 884, 768	1, 275	0	1, 275	0	64. 00
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	4, 123, 309 7, 041, 386		1		0	65. 00 66. 00
69. 00	06900 ELECTROCARDI OLOGY	1, 956, 307	3, 989		3, 989	0	69. 00
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT	18, 161, 528 21, 284, 469		0	0	0	71. 00 72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	31, 031, 303		ő	o	0	73. 00
	07400 RENAL DIALYSIS	1, 521, 490				0	74.00
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES  OUTPATI ENT SERVI CE COST CENTERS	1, 028, 252	0	0	0	0	76. 00
90.00	09000 CLINIC	2, 410, 294				0	90.00
90. 01 90. 02	09001 FAMILY PRACTICE CLINIC 09002 OUTPATIENT PSYCHIATRIC SERVICES	1, 902, 023 712, 654			18, 445 5, 911	0	90. 01 90. 02
90. 03	09003 INFUSION CENTER	808, 706	3, 866	6, 523	3, 866	0	90. 03
90. 04 90. 05	09004 PRI MARY CARE SENI ORS 09005 PAI N MANAGEMENT	1, 465, 528 3, 035, 667	0	982 36, 079	0	0	90. 04 90. 05
90.06	09006 WOUND CARE CENTER	400, 723		5, 097	475	0	90. 06
90. 07 91. 00	09007 SLEEP CENTER 09100 EMERGENCY	1, 155, 293 19, 809, 776				0 11, 436	90. 07 91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	17,007,770	47,023	430, 310	47, 023	11, 430	92.00
96. 00	OTHER REIMBURSABLE COST CENTERS 09600 DURABLE MEDICAL EQUIP-RENTED	5, 394, 206	12, 213	0	12, 213	0	96. 00
	0 10100 HOME HEALTH AGENCY	2, 537, 606		1			101. 00
116 00	SPECIAL PURPOSE COST CENTERS 0 11600 HOSPI CE	2, 172, 374	9, 448	14, 241	9, 448	2 2/1	116. 00
118.00		341, 941, 511		1		490, 045	
100.00	NONREI MBURSABLE COST CENTERS	1 //0 0//	/ 425	7 427	( 425	-	100.00
	0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 19200 PHYSICIANS' PRIVATE OFFICES	1, 669, 066 9, 918, 952			6, 435 25, 967		190. 00 192. 00
192. 01	1 19201 DEACONESS URGENT CARE	0	0	3, 319	0	0	192. 01
	2 19202 HEARTCARE OFFICES 3 19203 FAMILY PHARMACY	1, 250, 118 9, 141, 322	0 1, 818	0	0 1, 818		192. 02 192. 03
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	2, 437, 095	8, 555	45, 766	8, 555	47, 366	194. 00
	1 07951 0CCUPATIONAL HEALTH 2 07952 OTHER FACILITIES	717, 714 3, 317, 246	10, 878 5, 449		10, 878 5, 449		194. 01 194. 02
194. 03	3 07953 THE HEART HOSPITAL	402, 152			0, 449	22, 412	194. 03
	4 07954 PUBLIC RELATIONS	2, 061, 528		10 413	15 440		194. 04 194. 05
200.00	507955 CHILD CARE CENTER Cross Foot Adjustments	1, 765, 704	15, 640	18, 612	15, 640		200. 00
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Heal th Fi	nancial Systems	DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10		
COST ALLO	CATION - STATISTICAL BASIS		Provi der		Period: From 10/01/2013	Worksheet B-1	
					To 09/30/2014	Date/Time Pre 2/28/2015 3:3	
	Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL	PLANT	LINEN SERVICE	(SQUARE FEE	(MEALS)	
		(ACCUM.	(SQUARE FEE	(POUNDS OF	T - A)		
		COST)	T - A)	LAUNDRY)			
		5. 00	7. 00	8. 00	9. 00	10.00	
201.00	Negative Cost Centers						201. 00
202.00	Cost to be allocated (per Wkst. B,	110, 506, 379	18, 764, 343	2, 716, 99	6, 994, 738	5, 628, 032	202. 00
	Part I)						
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 294981	20. 141822	0. 60364	7. 841520	10. 053235	203. 00
204.00	Cost to be allocated (per Wkst. B,	19, 016, 702	3, 605, 203	843, 43	3 550, 245	870, 013	204.00
	Part II)						
205.00	Unit cost multiplier (Wkst. B, Part	0. 050762	3. 869859	0. 18738	9 0. 616858	1. 554086	205.00
	11)						

	Financial Systems	DEACONESS		2011 450000 5		u of Form CMS-	
COST A	NLLOCATION - STATISTICAL BASIS		Provi der		eriod: rom 10/01/2013 o 09/30/2014	Worksheet B-1 Date/Time Pre 2/28/2015 3:3	pared:
	Cost Center Description	CAFETERI A (FTES)	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQ UIS.)	MEDI CAL RECORDS & LI BRARY	
			(FTE'S -NRSG)	(COSTED REQ UIS.)		(GROSS REVE NUE)	
		11. 00	13.00	14. 00	15. 00	16. 00	
	GENERAL SERVICE COST CENTERS						
1. 00 1. 01 2. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00101 NEW CAP REL COSTS- BLDG & FIXT 00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY						1. 00 1. 01 2. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00
11. 00	01100 CAFETERI A	28, 381					11.00
13. 00	01300 NURSING ADMINISTRATION	447					13. 00
14. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	577		58, 973, 753			14.00
15. 00 16. 00	01600 MEDI CAL RECORDS & LI BRARY	990 1, 020		0 457, 715		1, 896, 366, 757	15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	525		621	0	0	1
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD	187		0	0	0	
22. 00 23. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM - PHARMACY	30 27		0	0	0	
23. 00	02301 PARAMED ED PRGM- CHAPLAIN RESIDENCY	56	1	0	0	0	23. 00
23. 03	02302 PARAMED ED PRGM- NURSING	41	41	0	0	0	23. 03
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	6, 974	6, 974	1, 002, 840	24, 478	136, 539, 499	30.00
31. 00	03100   NTENSI VE CARE UNI T	1, 759		513, 650		49, 141, 926	
32. 00	03200 CORONARY CARE UNIT	410	1	156, 219		11, 812, 731	
40. 00 44. 00	04000 SUBPROVI DER - I PF 04400 SKI LLED NURSI NG FACI LI TY	224	1	0	_	8, 451, 137 0	1
44. 00	ANCI LLARY SERVICE COST CENTERS		ή	J	J	0	1 44.00
50.00	05000 OPERATING ROOM	2, 115		284, 975		238, 724, 842	
54. 00 55. 00	05400  RADI OLOGY-DI AGNOSTI C   05500  RADI OLOGY - THERAPEUTI C	1, 602	1	1, 562, 241 5, 989	6, 712 21	290, 272, 529 19, 545, 112	1
59. 00	05900 CARDI AC CATHETERI ZATI ON	164		53, 060		33, 242, 926	1
60.00	06000 LABORATORY	2, 746		9, 632, 843		245, 197, 141	
64. 00 65. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	101 531		565, 662 196, 108		3, 533, 435 27, 863, 435	1
66. 00	06600 PHYSI CAL THERAPY			157, 404		49, 189, 699	1
69. 00	06900 ELECTROCARDI OLOGY	71		80, 408		28, 627, 157	
71. 00 72. 00	O7100   MEDICAL SUPPLIES CHARGED TO PATIENTS   O7200   IMPL. DEV. CHARGED TO PATIENT		1	19, 962, 598 20, 682, 751	0	86, 915, 208 47, 306, 826	1
73. 00	07300 DRUGS CHARGED TO PATIENTS		1	755, 311	_	194, 951, 450	
	07400 RENAL DIALYSIS	32		111, 962		6, 212, 648	
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES OUTPATI ENT SERVI CE COST CENTERS	185	185	0	0	432, 674	76.00
90.00	09000 CLI NI C	276				5, 466, 112	
90. 01 90. 02	09001 FAMILY PRACTICE CLINIC 09002 OUTPATIENT PSYCHIATRIC SERVICES	216		41, 528 0		2, 789, 531	
90. 02	09002 OUTPATTENT PSYCHIATRIC SERVICES	18		107, 760	_	4, 017, 876 8, 212, 927	90. 02 90. 03
90. 04	09004 PRI MARY CARE SENI ORS	210	210	5, 730	39, 591	1, 495, 627	90. 04
90. 05 90. 06	09005 PAIN MANAGEMENT 09006 WOUND CARE CENTER	382		24, 147 0		28, 697, 819 1, 845, 787	90. 05 90. 06
90. 07	09007 SLEEP CENTER	152		28, 094	,	3, 564, 555	
91. 00	09100 EMERGENCY	1, 794	1, 794	459, 711	2, 248	168, 229, 447	91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92.00
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	455	j 0	1, 687, 040	347, 491	15, 457, 175	96. 00
101.00	10100 HOME HEALTH AGENCY	215	215	61, 063	89	2, 570, 018	101. 00
116 00	SPECIAL PURPOSE COST CENTERS 11600 HOSPI CE	175	175	25, 281	120, 696	3, 465, 821	116 00
118.00		24, 938				1, 723, 773, 070	
100.00	NONREI MBURSABLE COST CENTERS	202	al al			0	1100.00
	1900  GIFT, FLOWER, COFFEE SHOP & CANTEEN   1920  PHYSICIANS' PRIVATE OFFICES	292 760		34, 666	17, 775	288, 644	190.00
	19201 DEACONESS URGENT CARE	0		0	0		192. 01
	19202 HEARTCARE OFFICES	73		0	7 050 (00	2, 474, 431	
	19203  FAMILY PHARMACY   07950  OTHER NONREIMBURSABLE COST CENTERS	78 299		51, 241 61, 467	7, 859, 688 4, 737	11, 952, 749 0	192. 03
	07951 OCCUPATI ONAL HEALTH	77	o o	41, 809			194. 01
	07952 OTHER FACILITIES	27		0	0		194. 02
	07953 THE HEART HOSPITAL 07954 PUBLIC RELATIONS	1, 299		0 1, 558	1, 399 0		194. 03 194. 04
	07955 CHI LD CARE CENTER	428					194. 05

Health Fina	ancial Systems	DEACONESS HOSPITAL			In Lieu of Form CMS-2552-10		
COST ALLOC	ATION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-1	
					From 10/01/2013 To 09/30/2014	Date/Time Pre 2/28/2015 3:3	
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		(FTES)	ADMI NI STRATI ON	SERVICES &	(COSTED REQ	RECORDS &	
				SUPPLY	UIS.)	LI BRARY	
			(FTE'S -NRSG)	(COSTED REQ		(GROSS REVE	
				UIS.)		NUE)	
		11.00	13.00	14.00	15. 00	16.00	
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)	1, 719, 354	4, 863, 383	5, 147, 83	5 12, 756, 636	6, 246, 787	202. 00
203.00	Unit cost multiplier (Wkst. B, Part I)	60. 581163	315. 108397	0. 08729	0. 439012	0. 003294	203. 00
204.00	Cost to be allocated (per Wkst. B,	246, 625	613, 065	964, 98	1, 199, 429	458, 813	204. 00
	Part II)						
205. 00	Unit cost multiplier (Wkst. B, Part	8. 689792	39. 721718	0. 01636	3 0. 041278	0. 000242	205. 00

Cost Center Description			icial Systems	DEACONESS		0011 150000 5		u of Form CMS-2	2552-10
Cost Center Description	COST	ALLOCA	ITON - STATISTICAL BASIS		Provi der			Worksheet B-1	
Digit Center Description									
Cost Center Pescription					INTERNS &	RESIDENTS		2/28/2015 3:3	ı pm
CENTRAL SERVICE DUST CENTERS   17.00   21.00   22.00   27.00					THIERING Q	RESTRENTS			
CHOIRS - A)			Cost Center Description	SOCI AL SERVI CE					
				(HOUDE A)					
DEPUTED   SPENITED CRIST CHATTERS   17.00   21.00   22.00   23.00   23.01				(HOURS - A)	(HOURS - B)	(HOURS - B)			
1.00				17. 00	21. 00	22.00			
1.01   00101   INEN CAP REL COSTS - BLIDG & FIXT   2.00   00200   DOUBLY CAPE BLOSTS - BURGE AND									
2.00		4	•						ı
4.00									
5.00   00000   ADMIN ISTRATIVE & GENERAL						•			ı
8.00   00800  LAURDRY & LINEN SERVICE     8.00   9.00   10.00   10.00   10.70   10.00   10.00   10.70   10.0		1	•						
9.00   0.000		1	l .						
10.00   01000   DETARY		4	•						l
11.00   01100  CAFTERIA		4	•						1
13.00   03.00   NURSING AMM IN STRATION     13.00   14.00   140.		4	•						•
15.00   01500   PHARMACY		1	l .						•
16.00   1000   NEDICAL RECORDS & LIBRARY   2		1	ł .						•
17.00   01700   SCOLAL SERVICE   221   2		1	ł .						•
21.00     20.00     18.7 SERVICES-SALARY & FRINCES APPRVD   0   42,432   22.00   222.00   222.01   18.7 SERVICES-SHER PRIMIC POSTS APPRVD   0   42,432   23.00   23.		1	ł .	221					•
22 00				1	42, 432				•
33.01   02301   PARAMED ED PRICA - CHAPILAIN RESIDENCY   0   0   0   23.03   10301   PARAMED ED PRICA - SURVIVE SERVICE COST CENTERS   0   0   0   0   0   0   0   0   0	22. 00			0		42, 432			22. 00
23.03   02302   PARAMED ED PRICA - NURSING   0   0   0   23.03				0					
INPATI ENT ROUTINE SERVICE COST CENTERS   182   19,614   19,614   0   100   30.00   30.00   30.00   1000   20   10   17   18   19   614   0   100   30.00   31.00   31.00   30.00   31.00   30.00   31.00   30.00				1					ł
30.00   3000   ADULTS & PEDIATRICS   182   19,614   19,614   0   100   30.00   31.00	23.03			_jU			U		23.03
32.00   03200C CORONARY CARE UNIT   9	30.00			182	19, 614	19, 614	0	100	30.00
40. 00   04000   SUBJEROVI DER - 1 PF   0   0   0   0   0   0   0   0   0		4	•	14	683	i		-	ł
44, 00   04400   SKILLED NURSING FACILITY				9	0				ł
ANCILLARY SERVICE COST CENTERS		1	•	1	0			-	
54.00   0.6400   RADIOLOGY-DI AGNOSTIC   0   275   275   0   0   5.5.00   5.50   0.550   0.550   0.650   RADIOLOGY-THERAPEUTIC   0   0   0   0   5.5.00   0.550   0.6500   RADIOLOGY-THERAPEUTIC   0   0   0   0   0   5.5.00   0.500   0.600   0.6000   ABORATORY   0   0   0   0   0   0   0   0   0	44. 00			<u> </u>		<u> </u>	O O		1 44.00
55.00   OSSOO   RADIOLOGY - THERAPEUTIC   0 0 0 0 0 55.00   0.59.00   OSSOO   CARDIAC CARTHETRIZATION   0 355 355 0 0.59.00   OSSOO   CARDIAC CARTHETRIZATION   0 355 355 0 0.59.00   OSSOO   CARDIAC CARTHETRIZATION   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	1	0		l		0	
59.00   05900   CARDIA C. CATHETERIZATION   0   355   355   0   0   59.00		1	•	0	275	1		_	
60.00   06000   LABORATORY   0 0 0 0 0 0 0 0 6.00		1	•	0	255	1		-	
64.00   0.6400   INTRAVENDUS THERAPY   0   0   0   0   0   0   64.00				0	0	1		-	l
66.00   06600   PHYSI CAL THERAPY   0   0   0   0   0   66.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   07.00		1		0	0	0	0	0	•
69 00   06900   06900   0   0   0   0   0   0   0   0   0				0	0		0	o o	•
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 72. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENT 0 0 0 0 0 0 0 0 73. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 73. 00 74. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 0 0 0 74. 00 75. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 74. 00  00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	0		0	0	
72. 00   07200   MPL   DEV   CHARGED TO PATIENTS   0   0   0   0   0   0   0   72. 00				0	0		0	0	•
74. 00   07400   REMAL DIALYSIS   0   0   0   0   0   0   74. 00   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   0   0   0   0   0   0   0   76. 00   00000   00000   00000   00000   00000   00000   00000   00000   00000   00000   00000   0		1	1	o	0		-	_	
76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   0   0				0	0			-	
OUTPATI ENT SERVICE COST CENTERS   O		1	ł .	1	_				
90. 00   09000   CLINI C   0   31   31   0   0   90. 00   90. 01   09001   FAMILLY PRACTICE CLINI C   0   15, 102   15, 102   0   0   90. 01   90. 02   09002   0UTPATIENT PSYCHIATRI C SERVI CES   0   0   0   0   0   0   90. 03   09003   INFUSI ON CENTER   0   0   0   0   0   0   90. 04   09004   PRI MARY CARE SENI ORS   0   498   498   0   0   90. 03   90. 05   09005   PAI N MANAGEMENT   0   40   40   0   0   0   90. 07   09007   SLEEP CENTER   0   0   0   0   0   0   90. 08   09006   WOUND CARE CENTER   0   0   0   0   0   0   91. 00   09100   EMERGENCY   16   1, 328   1, 328   0   0   91. 00   92. 00   09200   09SERVATI ON BEDS (NON-DISTINCT PART)   92. 00   94. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   0   95. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   0   116. 00   11600   HOSPI CE   SUBTOTALS (SUM OF LINES 1-117)   221   42, 432   42, 432   100   100   118. 00   SUBTOTALS (SUM OF LINES 1-117)   221   42, 432   42, 432   100   100   119. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   0   0   0   192. 01   19200   PHYSI CI ANDS* PRI VATE OFFI CES   0   0   0   0   0   0   0   192. 02   19202   HEARTCARE OFFI CES   0   0   0   0   0   0   192. 03   19203   FAMILY PHARMACY   0   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   0   194. 03   07953   THE HEART HOSPI TAL   0   0   0   0   0   0   194. 03   07953   THE HEART	76.00			0	0	0	U	0	76.00
90. 01   09001   FAMILLY PRACTICE CLINIC   0   15, 102   15, 102   0   0   90. 01   90. 02   09002   0UTPATI ENT PSYCHIATRIC SERVICES   0   0   0   0   0   0   90. 03   09003   INFUSION CENTER   0   0   0   0   0   90. 04   09004   PRI MARY CARE SENIORS   0   498   498   498   0   0   90. 03   90. 05   09005   PAIN MANAGEMENT   0   40   40   0   0   0   0   90. 06   09006   WOUND CARE CENTER   0   0   0   0   0   0   0   90. 07   09007   SLEEP CENTER   0   0   0   0   0   0   0   90. 07   09007   SLEEP CENTER   0   0   0   0   0   0   91. 00   09006   WERGENCY   16   1,328   1,328   0   0   91. 00   92. 00   09200   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   96. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   97. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   98. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   99. 00   09600   09600   09600   0   0   0   0   99. 00   09600   09600   0   0   0   0   0   99. 00   09600   09600   09600   0   0   0   0   99. 00   09600   09600   09600   0   0   0   0   99. 00   09600   09600   0   0   0   0   99. 00   09600   09600   0   0   0   0   0   99. 00   09600   09600   09600   0   0   0   0   99. 00   09600   09600   09600   0   0   0   0   99. 00   09600   09600   0   0   0   0   0   99. 00   09600   09600   09600   0   0   0   0   99. 00   09600   09600   09600   0   0   0   0   99. 00   09600   09600   09600   0   0   0   0   99. 00   09600   09600   09600   0   0   0   0   99. 00	90. 00			0	31	31	0	0	90.00
90. 03   09003   INFUSION CENTER   0   0   0   0   0   0   90. 03   90. 04   099004 PRI MARY CARE SENI ORS   0   498   498   0   0   90. 04   90. 05   09005 PAIN MANAGEMENT   0   40   40   40   0   0   90. 05   90. 06   09006   WOUND CARE CENTER   0   0   0   0   0   0   0   90. 07   09007   SLEEP CENTER   0   0   0   0   0   0   0   91. 00   09100   EMERGENCY   16   1,328   1,328   0   0   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   94. 00   09000   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   0   101. 00   10100   HOME HEALTH AGENCY   0   0   0   0   0   0   0    SPECIAL PURPOSE COST CENTERS   118. 00   118. 00   SUBTOTALS (SUM OF LINES 1-117)   221   42, 432   42, 432   100   100   118. 00   192. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   0   0   119. 00   192. 01   19200   PHYSICI LANS' PRIVATE OFFI CES   0   0   0   0   0   0   192. 01   192. 02   19202   HEARTCARE OFFI CES   0   0   0   0   0   0   192. 01   194. 00   07950   OTHER NONREI MBURSABLE COST CENTERS   0   0   0   0   0   0   192. 02   194. 01   07951   OCCUPATI ONAL HEALTH   0   0   0   0   0   0   194. 02   194. 01   07952   OTHER RACILITIES   0   0   0   0   0   0   0   0   194. 02   07952   OTHER FACILITIES   0   0   0   0   0   0   0   194. 03   07953   THE HEART HOSPITAL   0   0   0   0   0   0   0   194. 03   07953   THE HEART HOSPITAL   0   0   0   0   0   0   0   194. 03   07953   THE HEART HOSPITAL   0   0   0   0   0   0   194. 03   07953   THE HEART HOSPITAL   0   0   0   0   0   0   194. 04   07950   OTHER RACILITIES   0   0   0   0   0   0   194. 05   07950   OTHER RACILITIES   0   0   0   0   0   0   194. 05   07950   OTHER RACILITIES   0   0   0   0   0   0   194. 05   07950   OTHER RACILITIES   0   0   0   0   0   0   194. 05   07950   OTHER RACILITIES   0   0   0   0   0   0   194. 06   07950   OTHER RACILITIES   0   0   0   0   0   0   194. 07   07950   OTHER RACILITIES   0   0   0   0   0   0   194. 07   07950   OTHER RACILITIES   0   0   0   0   0   0   194. 07	90. 01	09001	FAMILY PRACTICE CLINIC	0			0	0	90. 01
90. 04   09004   PRI MARY CARE SENI ORS   0   498   498   0   0   90. 04   90. 05   09005   PAI N MANAGEMENT   0   40   40   0   0   0   90. 06   09006   WOUND CARE CENTER   0   0   0   0   0   90. 07   09007   SLEEP CENTER   0   0   0   0   0   91. 00   09100   EMERGENCY   16   1,328   1,328   0   0   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   92. 00   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   97. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   98. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   99. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   99. 00   09600   09600   0   0   0   0   99. 00   09600   09600   0   0   0   0   99. 00   09600   09600   0   0   0   0   99. 00   09600   09600   0   0   0   0   99. 00   09600   09600   0   0   0   0   99. 00   09600   09600   0   0   0   0   99. 00   09600   09600   0   0   0   0   99. 00   09600   09600   0   0   0   99. 00   09600   09600   0   0   0   0   99.				0	0		0	-	
90. 05   09005   PAI N MANAGEMENT   0   40   40   0   0   90. 05   90. 06   09006   WOUND CARE CENTER   0   0   0   0   0   0   90. 07   09007   SLEEP CENTER   0   0   0   0   0   91. 00   09100   EMERGENCY   16   1,328   1,328   0   0   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   92. 00    101. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   101. 00   OSPOO   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0    101. 00   SPECIAL PURPOSE COST CENTERS   90   0   0   0   0   116. 00   OSPI CE   0   0   0   0   0   0   118. 00   SUBTOTALS (SUM OF LINES 1-117)   221   42, 432   42, 432   100   100   118. 00    190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   0   0   192. 01   19201   DEACONESS URGENT CARE   0   0   0   0   0   0   192. 01   19201   DEACONESS URGENT CARE   0   0   0   0   0   194. 00   07950   OTHER NONREI MBURSABLE COST CENTERS   0   0   0   0   194. 00   07950   OTHER NONREI MBURSABLE COST CENTERS   0   0   0   0   194. 01   07951   OCCUPATI ONAL HEALTH   0   0   0   0   0   194. 02   07952   OTHER FACILITIES   0   0   0   0   194. 03   07953   THE HEART HOSPITAL   0   0   0   0   194. 03   07953   OTHER FACILITIES   0   0   0   0   194. 03   07953   OTHER FACILITIES   0   0   0   0   194. 03   07953   OTHER FACILITIES   0   0   0   0   194. 03   07953   OTHER FACILITIES   0   0   0   0   194. 03   07953   OTHER RACILITIES   0   0   0   0   194. 03   07953   OTHER RACILITIES   0   0   0   0   194. 03   07953   OTHER FACILITIES   0   0   0   0   194. 03   07953   OTHER RACILITIES   0   0   0   0   194. 03   07953   OTHER RACILITIES   0   0   0   0   194. 03   07953   OTHER FACILITIES   0   0   0   0   194. 03   07953   OTHER FACILITIES   0   0   0   0   194. 03   07953   OTHER REACTER FACILITIES   0   0   0   0   194. 03   07953   OTHER REACTER FACILITIES   0   0   0   0   194. 03   07953   OTHER REACTER FACILITIES   0   0   0   0   194. 03   07953   OTHER REACTER FACILITIES   0   0   0   0   0   194. 03   07953   OTHER REACTER FACILITIES   0				0	0		0	ŭ	
90. 06   09006   WOUND CARE CENTER   0   0   0   0   0   0   0   0   0		4	•	0		1	0	-	
91. 00				0	0		0	0	
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   92. 00     OTHER REI MBURSABLE COST CENTERS   96. 00   00   00   00   00   00   00     101.00   10100   HOME HEALTH AGENCY   00   00   00   00   00   00   101. 00     SPECIAL PURPOSE COST CENTERS   00   00   00   00   116. 00     118. 00   SUBTOTALS (SUM OF LINES 1-117)   221   42, 432   42, 432   100   100   118. 00     NONREI MBURSABLE COST CENTERS   00   00   00   00   00   118. 00     190. 00   190.00   197. FLOWER, COFFEE SHOP & CANTEEN   00   00   00   00   00   192. 00     192. 01   19200   PHYSI CI ANS' PRI VATE OFFI CES   00   00   00   00   00     192. 01   19201   DEACONESS URGENT CARE   00   00   00   00   192. 01     192. 02   19202   HEARTCARE OFFI CES   00   00   00   00   00     192. 03   19203   FAMI LY PHARMACY   00   00   00   00   00     194. 00   07950   OTHER NONREI MBURSABLE COST CENTERS   00   00   00   00     194. 01   07951   OCCUPATI ONAL HEALTH   00   00   00   00   00     194. 02   07952   OTHER FACI LITIES   00   00   00   00   00     194. 03   07953   THE HEART HOSPI TAL		4	•	0	0	0	0	-	
96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   0   0   0   0				16	1, 328	1, 328	0	0	
96. 00	92.00								92.00
SPECIAL PURPOSE COST CENTERS   116.00   11600   HOSPI CE	96. 00			0	0	0	0	0	96. 00
116. 00	101.00			0	0	0	0	0	101. 00
118.00   SUBTOTALS (SUM OF LINES 1-117)   221   42,432   42,432   100   100   118.00	11/ 0/				0			0	111/ 00
NONREI MBURSABLE COST CENTERS   190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   0   190. 00		1		1	42 432	l .			
190. 00       19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN       0       0       0       0       190. 00         192. 00       19200 PHYSI CI ANS' PRI VATE OFFI CES       0       0       0       0       0       192. 00         192. 01       19201 DEACONESS URGENT CARE       0       0       0       0       0       192. 01         192. 02       19202 HEARTCARE OFFI CES       0       0       0       0       0       0       192. 02         192. 03       19208 FAMI LY PHARMACY       0       0       0       0       0       0       192. 03         194. 00       07950       OTHER NONREI MBURSABLE COST CENTERS       0       0       0       0       0       0       194. 01         194. 01       07951       OCCUPATI ONAL HEALTH       0       0       0       0       0       0       194. 02         194. 03       07952       OTHER FACILITIES       0       0       0       0       0       194. 03         194. 03       07953       THE HEART HOSPI TAL       0       0       0       0       0       0       194. 03	110.00			221	42, 432	42,432	100	100	1110.00
192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 192. 01 192. 02 19202 HEARTCARE OFFICES 0 0 0 0 0 0 192. 02 192. 03 19203 FAMI LY PHARMACY 0 0 0 0 0 0 192. 03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 0 0 0 0 0 194. 00 194. 01 194. 02 194. 01 194. 02 194. 03 194. 03 194. 03 194. 03 1953 THE HEART HOSPI TAL 0 0 0 0 0 194. 03 194. 03 194. 03 1953 THE HEART HOSPI TAL		19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192. 02 19202 HEARTCARE OFFICES 0 0 0 0 0 192. 02 192. 03 19203 FAMILY PHARMACY 0 0 0 0 0 192. 03 194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS 0 0 0 0 0 194. 00 194. 01 194. 02 07952 OTHER FACILITIES 0 0 0 0 0 194. 02 194. 03 07953 THE HEART HOSPITAL 0 0 0 0 0 194. 03				0	0		0		
192. 03				0	0		0		
194. 00   07950   OTHER NONREIMBURSABLE COST CENTERS   0   0   0   194. 00   194. 00   194. 01   194. 01   194. 02   07951   OCCUPATI ONAL HEALTH   0   0   0   0   194. 01   194. 02   07952   OTHER FACILITIES   0   0   0   0   194. 02   194. 03   07953   THE HEART HOSPITAL   0   0   0   0   194. 03   194. 03   07953   0   0   0   0   0   0   0   0   0					0	0	0		
194. 01 07951 OCCUPATIONAL HEALTH 0 0 0 0 0 194. 01 194. 02 197952 OTHER FACILITIES 0 0 0 0 0 194. 02 194. 03 07953 THE HEART HOSPITAL 0 0 0 0 0 194. 03				Ö	Ö	Ö	ő		
194. 03 07953 THE HEART HOSPITAL 0 0 0 0 0 194. 03	194. 01	07951	OCCUPATIONAL HEALTH	0	0	0	o	0	194. 01
				0	0	0	0		
					0	0	0		
		,	,	<u>,                                    </u>			<u> </u>		

Heal th Fina	ncial Systems	DEACONESS HOSPITAL			In Lieu of Form CMS-2552-10			
COST ALLOCA	TION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-1		
		,			From 10/01/2013 To 09/30/2014			
			INTERNS &	RESI DENTS				
	Cost Center Description	SOCI AL SERVI CE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHE PRGM COSTS		PARAMED ED PRGM- CHAPLAIN		
		(HOURS - A)	(HOURS - B)	(HOURS - B)	PHARMACY	RESI DENCY		
		17. 00	21. 00	22.00	(HOURS - C) 23.00	(HOURS - D) 23.01		
104 05 0705	CHILD CARE CENTER	17.00	21.00	22.00	0 23.00		194. 05	
200. 00	Cross Foot Adjustments				0	J	200.00	
201.00	Negative Cost Centers						201. 00	
202. 00	Cost to be allocated (per Wkst. B,	4, 862, 878	1, 791, 363	1, 415, 91	4 316, 224	309, 132		
203. 00	Unit cost multiplier (Wkst. B, Part I)	22, 003. 972851	42. 217265	33. 36901	4 3, 162. 240000	3, 091. 320000	203. 00	
204. 00	Cost to be allocated (per Wkst. B, Part II)	289, 915	1				204. 00	
205 00	Unit cost multiplier (Wkst B Part	1 311 832579	1 706731	1 32946	8 149 420000	189 730000	205 00	

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Peri od: Worksheet B-1 From 10/01/2013 To 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm Provi der CCN: 150082

			2/28/2015 3:3	
	Cost Center Description	PARAMED ED		
		PRGM- NURSING		
		(HOURS - F)		
		23. 03		
	GENERAL SERVICE COST CENTERS	20.00		
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
1. 01	00101 NEW CAP REL COSTS- BLDG & FLXT	1		1. 01
2. 00	00200 NEW CAP REL COSTS-MVBLE EQUIP	i i		2. 00
4.00		1		1
	00400 EMPLOYEE BENEFITS DEPARTMENT	1		4.00
5.00	00500 ADMINISTRATIVE & GENERAL	1		5. 00
7.00	00700 OPERATION OF PLANT			7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE			8. 00
9. 00	00900 HOUSEKEEPI NG			9. 00
10. 00	01000 DI ETARY			10.00
11.00	01100  CAFETERI A			11. 00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14. 00
15. 00	01500 PHARMACY			15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY	]		16. 00
	01700 SOCIAL SERVICE	1		17. 00
	02100 I &R SERVICES-SALARY & FRINGES APPRVD	1		21. 00
	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	1		22. 00
	02300 PARAMED ED PRGM - PHARMACY	1		23. 00
		1		
	02301 PARAMED ED PRGM- CHAPLAIN RESIDENCY	0.040		23. 01
23. 03	02302 PARAMED ED PRGM- NURSI NG	8, 368		23. 03
	I NPATIENT ROUTINE SERVICE COST CENTERS			_
	03000 ADULTS & PEDIATRICS	4, 960		30.00
31. 00	03100 INTENSIVE CARE UNIT	2, 048		31. 00
32.00	03200 CORONARY CARE UNIT	584		32. 00
40.00	04000 SUBPROVI DER - I PF	o		40.00
44.00	04400 SKILLED NURSING FACILITY	l ol		44. 00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATI NG ROOM	392		50.00
	05400 RADI OLOGY-DI AGNOSTI C	0		54. 00
55. 00	05500 RADI OLOGY - THERAPEUTI C			55. 00
		1		1
	05900 CARDI AC CATHETERI ZATI ON	0		59. 00
60. 00	06000 LABORATORY	0		60.00
64. 00	06400 I NTRAVENOUS THERAPY	0		64. 00
	06500 RESPI RATORY THERAPY	0		65. 00
66. 00	06600 PHYSI CAL THERAPY	0		66. 00
69.00	06900 ELECTROCARDI OLOGY	0		69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	o		71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	l		72. 00
	07300 DRUGS CHARGED TO PATIENTS	0		73. 00
	07400 RENAL DIALYSIS	O		74. 00
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES			76.00
70.00	OUTPATIENT SERVICE COST CENTERS			1 70.00
00.00				1 00 00
	09000 CLINIC	0		90.00
	09001 FAMILY PRACTICE CLINIC	0		90. 01
	09002 OUTPATIENT PSYCHIATRIC SERVICES	0		90. 02
	09003 INFUSION CENTER	0		90. 03
	09004 PRI MARY CARE SENI ORS	0		90. 04
90. 05	09005 PAIN MANAGEMENT	0		90. 05
90.06	09006 WOUND CARE CENTER	O		90. 06
90. 07	09007 SLEEP CENTER	o		90. 07
	09100 EMERGENCY	384		91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
	OTHER REIMBURSABLE COST CENTERS	· · · · · · · · · · · · · · · · · · ·		1
96 00	09600 DURABLE MEDICAL EQUIP-RENTED	0		96. 00
	10100 HOME HEALTH AGENCY			
101.00		J U		101. 00
11/ 00	SPECIAL PURPOSE COST CENTERS			111/ 00
	11600 HOSPI CE	0		116. 00
118. 00	,	8, 368		118. 00
	NONREI MBURSABLE COST CENTERS			
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190. 00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0		192. 00
192. 01	19201 DEACONESS URGENT CARE	0		192. 01
	19202 HEARTCARE OFFICES	o		192. 02
	19203 FAMILY PHARMACY	O		192. 03
	07950 OTHER NONREIMBURSABLE COST CENTERS			194. 00
	07951 OCCUPATI ONAL HEALTH			194. 01
	07952 OTHER FACILITIES			194. 01
				194. 02
	07953 THE HEART HOSPI TAL			1
	07954 PUBLIC RELATIONS	0		194. 04
	07955 CHI LD CARE CENTER	0		194. 05
200.00	, ,			200. 00
201.00	Negative Cost Centers		 	201. 00

Health Fina	ancial Systems	DEACONESS HOSP	I TAL	In Lie	u of Form CMS-2552-10
COST ALLOC	ATION - STATISTICAL BASIS		Provi der CCN: 150082	Peri od: From 10/01/2013	Worksheet B-1
				To 09/30/2014	Date/Time Prepared: 2/28/2015 3:31 pm
	Cost Center Description	PARAMED ED			
		PRGM- NURSING			
		(HOURS - F)			
		23. 03			
202.00	Cost to be allocated (per Wkst. B,	433, 726			202. 00
	Part I)				
203.00	Unit cost multiplier (Wkst. B, Part I)	51. 831501			203. 00
204.00	Cost to be allocated (per Wkst. B,	18, 622			204. 00
	Part II)				
205.00	Unit cost multiplier (Wkst. B, Part	2. 225382			205. 00
	11)				

					rom 10/01/2013 o 09/30/2014	Part I Date/Time Pre	
			T: +1	e XVIII	Haani tal	2/28/2015 3: 3 PPS	1 pm
			11 (1	e xviii	Hospi tal Costs	PP3	
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	oust defiter beschiptron	(from Wkst. B,	Adj.	10141 00313	Di sal I owance	10141 00313	
		Part I, col.	7.05		Di oui i oliulioo		
		26)					
		1.00	2.00	3. 00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	85, 430, 302		85, 430, 302		85, 795, 679	30. 00
31. 00	03100 INTENSIVE CARE UNIT	22, 099, 794		22, 099, 794	36, 469	22, 136, 263	31. 00
32.00	03200 CORONARY CARE UNIT	5, 292, 128		5, 292, 128		5, 292, 128	
40.00	04000 SUBPROVI DER - I PF	2, 153, 542		2, 153, 542		2, 153, 542	
44. 00	04400 SKILLED NURSING FACILITY	0		C	0	0	44. 00
	ANCILLARY SERVICE COST CENTERS	T	Γ				
50.00	05000 OPERATING ROOM	48, 473, 753	l e	48, 473, 753		49, 269, 411	50.00
54.00	05400 RADI OLOGY - DI AGNOSTI C	27, 978, 707	l e	27, 978, 707		28, 135, 577	54.00
55.00	O5500   RADI OLOGY - THERAPEUTI C	4, 344, 607		4, 344, 607		4, 344, 607	55. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	3, 513, 141		3, 513, 141		3, 721, 883	1
60.00	06000 LABORATORY 06400 I NTRAVENOUS THERAPY	43, 078, 628	l e	43, 078, 628		43, 457, 418	
64. 00 65. 00	06500 RESPIRATORY THERAPY	2, 575, 467 5, 855, 878	l e	2, 575, 467		2, 575, 467 5, 855, 878	64. 00 65. 00
66. 00	06600 PHYSI CAL THERAPY	9, 547, 125	l	.,		9, 547, 125	1
69. 00	06900 ELECTROCARDI OLOGY	2, 757, 647	l .	2, 757, 647		2, 757, 647	69.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25, 547, 668	l	25, 547, 668		25, 547, 668	
71.00	07200 IMPL. DEV. CHARGED TO PATIENT	29, 524, 226		29, 524, 226		29, 524, 226	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	50, 205, 612		50, 205, 612		50, 205, 612	
74. 00	07400 RENAL DIALYSIS	2, 029, 304		2, 029, 304		2, 034, 374	74. 00
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1, 402, 495	l	1, 402, 495		1, 402, 495	
	OUTPATIENT SERVICE COST CENTERS	., ., ., ., .,		., ., .,=,	-	., ., ., ., ., .,	
90.00	09000 CLI NI C	3, 437, 749		3, 437, 749	1, 022	3, 438, 771	90.00
90. 01	09001 FAMILY PRACTICE CLINIC	3, 107, 551		3, 107, 551		3, 107, 551	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1, 134, 202		1, 134, 202	el o	1, 134, 202	90. 02
90. 03	09003 INFUSION CENTER	1, 202, 601		1, 202, 601	0	1, 202, 601	90. 03
90.04	09004 PRI MARY CARE SENI ORS	2, 000, 127		2, 000, 127	0	2, 000, 127	90. 04
90. 05	09005 PAIN MANAGEMENT	4, 194, 942		4, 194, 942	3, 649	4, 198, 591	90. 05
90. 06	09006 WOUND CARE CENTER	566, 813		566, 813		566, 886	90. 06
90. 07	09007 SLEEP CENTER	1, 527, 038		1, 527, 038		1, 531, 585	90. 07
91. 00	09100 EMERGENCY	29, 019, 607		29, 019, 607		31, 524, 900	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14, 785, 675		14, 785, 675		14, 785, 675	92. 00
	OTHER REIMBURSABLE COST CENTERS						
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	7, 705, 449		7, 705, 449		7, 705, 449	
101.00	10100 HOME HEALTH AGENCY	3, 448, 816		3, 448, 816		3, 448, 816	101. 00
11/ 00	SPECIAL PURPOSE COST CENTERS	2 242 252	I	2 242 252		2 242 252	11/ 00
	11600 HOSPI CE	3, 242, 058	l e	3, 242, 058		3, 242, 058	
200. 00 201. 00		447, 182, 652	ŀ		1 ' ' 1	451, 644, 212 14, 785, 675	
201.00		14, 785, 675 432, 396, 977		14, 785, 675 432, 396, 977		436, 858, 537	
202.00	Total (see Histructions)	432, 390, 977	ı	432, 370, 9//	4, 461, 560	430, 000, 537	1202.00

| Peri od: | Worksheet C | From 10/01/2013 | Part I | To 09/30/2014 | Date/Time Prepared:

				'	0 07/30/2014	2/28/2015 3: 3	
			Ti tl	e XVIII	Hospi tal	PPS	<u> </u>
			Charges		i i		
	Cost Center Description	Inpati ent	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
	, , , , , , , , , , , , , , , , , , ,			+ col. 7)	Ratio	Inpati ent	
				,		Rati o	
		6.00	7.00	8.00	9. 00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			•			
30.00	03000 ADULTS & PEDIATRICS	112, 664, 254		112, 664, 254			30. 00
31.00	03100 INTENSIVE CARE UNIT	49, 141, 926		49, 141, 926		· '	31.00
32.00	03200 CORONARY CARE UNIT	11, 812, 731		11, 812, 731			32.00
40.00	04000 SUBPROVI DER - I PF	8, 451, 137		8, 451, 137			40.00
44.00	04400 SKILLED NURSING FACILITY	o		l o			44. 00
	ANCILLARY SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·		<u>'</u>	'		
50.00	05000 OPERATING ROOM	95, 921, 804	154, 543, 536	250, 465, 340	0. 193535	0.000000	50. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	71, 824, 225	218, 448, 304	290, 272, 529	0. 096388	0.000000	54.00
55.00	05500 RADI OLOGY - THERAPEUTI C	937, 573	18, 607, 539	19, 545, 112	0. 222286	0.000000	55. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	20, 227, 513	13, 015, 413			0. 000000	59.00
60.00	06000 LABORATORY	125, 102, 843	120, 094, 298	245, 197, 141	0. 175690	0. 000000	60.00
64.00	06400 I NTRAVENOUS THERAPY	3, 444, 060	89, 375			0. 000000	
65.00	06500 RESPIRATORY THERAPY	25, 492, 136	2, 371, 299			0.000000	1
66.00	06600 PHYSI CAL THERAPY	33, 906, 000	15, 283, 699			0.000000	
69.00	06900 ELECTROCARDI OLOGY	16, 669, 943	11, 957, 214			0.000000	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	53, 564, 146	23, 453, 416			0.000000	71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENT	34, 523, 611	10, 940, 364			0.000000	1
73. 00	07300 DRUGS CHARGED TO PATIENTS	111, 457, 181	83, 494, 269			0. 000000	1
74. 00	07400 RENAL DI ALYSI S	5, 651, 334	561, 314			0. 000000	
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	181, 091	251, 583			0. 000000	ł
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	12, 130	5, 453, 982	5, 466, 112	0. 628920	0.000000	90.00
90. 01	09001 FAMILY PRACTICE CLINIC	3, 712	2, 785, 819		1. 114005	0. 000000	ł
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	586	4, 017, 290			0. 000000	•
90. 03	09003 INFUSION CENTER	55, 174	8, 157, 753			0. 000000	•
90. 04	09004 PRI MARY CARE SENI ORS	4, 523	1, 491, 104			0. 000000	1
90. 05	09005 PAI N MANAGEMENT	21, 041	28, 676, 778			0. 000000	•
90. 06	09006 WOUND CARE CENTER	3, 884	1, 841, 902			0. 000000	
90. 07	09007 SLEEP CENTER	10, 376	3, 554, 179			0. 000000	1
91. 00	09100 EMERGENCY	61, 593, 022	106, 636, 425			0. 000000	1
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7, 709, 498	16, 165, 748			0. 000000	
72.00	OTHER REIMBURSABLE COST CENTERS	7,707,170	10, 100, 710	20,070,210	0.017207	0.00000	72.00
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0	15, 457, 175	15, 457, 175	0. 498503	0.000000	96. 00
	10100 HOME HEALTH AGENCY	1, 394	2, 568, 625			0.000000	101. 00
101.00	SPECIAL PURPOSE COST CENTERS	1,071	2,000,020	2,070,017			1101.00
116, 00	11600 HOSPI CE	88, 328	3, 377, 493	3, 465, 821			116. 00
200.00		850, 477, 176		1, 723, 773, 072			200. 00
201.00	1 1	300,, 170	2.0,2.0,070	1, , , 20, , , 0, 2			201. 00
202.00		850, 477, 176	873, 295, 896	1, 723, 773, 072			202.00
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	300,, 170	5.0,2.0,070	1 ., . 20, 0, 0 / 2	ı		,_ 5 55

Health Financial Systems	DEACONESS HOSPITAL	In Lieu	u of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provi der CCN: 150082	From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared:

Cost Center Description					10 09/30/2014	2/28/2015 3:3	
INPATIENT ROUTINE SERVICE COST CENTERS   11.00				Title XVIII	Hospi tal		· ·  p
INPATI ENT ROUTINE SERVICE COST CENTERS   11.00		Cost Center Description	PPS Inpatient				
INPATI ENT ROUTINE SERVICE COST CENTERS   30 .00   330 .00   331		•					
30 0   03000   ADULTS & PEDIATRICS   31 0 00   32 00   03200   CORONARY CARE LINI T   32 00   03200   CORONARY CARE LINI T   32 00   040 00   04000   SUBPROVI DER - I PF   44.00   04400   SWEDROVI DER - I PF   44.00   05400   CARDINIOR DER - I PF   04.00   05500   CARDINIOR DER - I PF   05500   05500   05500   CARDINIOR DER - I PF   05500			11.00				
31 .00   03100   INTENSIVE CARE UNIT   31 .00   20 .00		INPATIENT ROUTINE SERVICE COST CENTERS					
32.00   03200   CORMARY CARE UNIT	30.00	03000 ADULTS & PEDI ATRI CS					30.00
40. 00   04000   SUBPROVI DER - I PF	31.00	03100 INTENSIVE CARE UNIT					31.00
44.00   A40O  SKILLED NURSING FACILITY	32.00	03200 CORONARY CARE UNIT					32.00
ANCILLARY SERVICE COST CENTERS   50.00	40.00	04000 SUBPROVI DER - I PF					40.00
50.00	44.00	04400 SKILLED NURSING FACILITY					44.00
54. 00   05400   RADI OLOGY - DI AGNOSTI C   0. 096928   5. 4. 00   05500   RADI OLOGY - THERAPEUTI C   0. 222286   5. 00   05500   RADI OLOGY - THERAPEUTI C   0. 222286   5. 00   05900   CARDI AC CATHETERI ZATI ON   0. 111960   5. 00   06000   06000   CABORATORY   0. 177235   6. 0. 00   06000   CABORATORY   0. 177235   6. 0. 00   06000   CABORATORY   0. 177235   6. 0. 00   06500   RESPI RATORY THERAPY   0. 210164   6. 0. 00   06600   RESPI RATORY THERAPY   0. 194088   6. 0. 00   06000   06000   CELCTROCARDI OLOGY   0. 096330		ANCILLARY SERVICE COST CENTERS					
55.00   05500   RADI OLOGY - THERAPEUTIC   0.222286   55.00   05900   CARDI AC CATHETERI ZATION   0.111960   59.00   06.00   06000   LABORATORY   0.177235   60.00   06.00   06000   LABORATORY   0.177235   60.00   06.00   06000   LABORATORY   0.177235   60.00   06.00   06000   LABORATORY   0.210164   65.00   06500   RESPIRATORY THERAPY   0.210164   65.00   06600   RESPIRATORY THERAPY   0.194088   66.00   06.00	50.00	05000 OPERATING ROOM	0. 196711				50.00
59.00   05900   CARDI AC CATHETERI ZATI ON   0. 111960   0. 000   06000   LABORATORY   0. 1117950   0. 0. 000   06000   LABORATORY   0. 0. 01177235   0. 0. 000   0	54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 096928				54. 00
60. 00   06000   LABORATORY   0. 177235   60. 00   06400   INTRAVENOUS THERAPY   0. 210164   65. 00   06500   RESPI RATORY THERAPY   0. 210164   65. 00   06500   RESPI RATORY THERAPY   0. 210164   65. 00   06600   PHYSI CAL THERAPY   0. 194088   66. 00   06900   ELECTROCARDI OLOGY   0. 096330   69. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0. 331712   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENT   0. 649398   72. 00   73.00   DRUGS CHARGED TO PATI ENT   0. 257529   73. 00   73.00   DRUGS CHARGED TO PATI ENT   0. 257529   73. 00   07300   DRUGS CHARGED TO PATI ENT   0. 257529   73. 00   07300   DRUGS CHARGED TO PATI ENT   0. 257529   74. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   3. 241459   76. 00   0000   CLI NI C   0. 629107   90. 00   0000   CLI NI C   0. 629107   90. 00   0000   CLI NI C   0. 629107   90. 00   0000   DRUGATI ENT SERVI CE COST CENTERS   90. 02   0000   0000   DRUGATI ENT SERVI CE SERVI CES   0. 282289   90. 02   0000   0000   0000   DRUGATI ENT SERVI CE SERVI CES   0. 282289   90. 02   0000   000	55.00	05500 RADI OLOGY - THERAPEUTI C	0. 222286				55. 00
64. 00 06400 INTRAVENOUS THERAPY 0. 72885 65.00 06500 RESPIRATORY THERAPY 0. 210164 66.00 06600 RESPIRATORY THERAPY 0. 194088 66.00 06600 PHYSI CAL THERAPY 0. 194088 66.00 06900 ELECTROCARDI OLOGY 0. 096330 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0. 331712 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0. 331712 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0. 257529 73.00 07300 DRUGS CHARGED TO PATI ENTS 0. 257529 73.00 07300 DRUGS CHARGED TO PATI ENTS 0. 257529 73.00 07300 DRUGS CHARGED TO PATI ENTS 0. 257529 73.00 07300 DRUGS CHARGED TO PATI ENTS 0. 257529 74.00 07400 RENAL DI ALYSIS 0. 327457 74.00 07400 RENAL DI ALYSIS 0. 327457 76.00 07400 RENAL DI ALYSIS 0. 327457 76.00 07400 RENAL DI ALYSIS 0. 3241459 76.00 07400 RENAL DI ALYSIS	59.00	05900 CARDI AC CATHETERI ZATI ON	0. 111960				59.00
65. 00   06500   RESPIRATORY THERAPY   0. 210164   66. 00   06600   PHYSI CAL THERAPY   0. 194088   66. 00   06900   PHYSI CAL THERAPY   0. 194088   66. 00   06900   ELECTROCARDI OLOGY   0. 096330   69. 00   06900   ELECTROCARDI OLOGY   0. 096330   69. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0. 331712   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0. 649398   72. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 257529   73. 00   74. 00   07400   RENAL DI ALYSIS   0. 327457   74. 00   07400   RENAL DI ALYSIS   0. 327457   76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   3. 241459   76. 00   00900   CLI NIC   0. 09000   CLI NIC   0. 09000   CLI NIC   0. 09000   CLI NIC   0. 09000   009000   CLI NIC   0. 09000   09000   CLI NIC   0. 09000   09000   09000   CLI NIC   0. 09000   090	60.00	06000 LABORATORY	0. 177235				60.00
66. 00	64.00	06400 I NTRAVENOUS THERAPY	0. 728885				64.00
69. 00 6900   CLECTROCARDIOLOGY	65.00	06500 RESPIRATORY THERAPY	0. 210164				65.00
71. 00	66.00	06600 PHYSI CAL THERAPY	0. 194088				66.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT 0. 649398 72. 00 7300 DRUGS CHARGED TO PATIENTS 0. 257529 73. 00 74. 00 07400 RENAL DIALYSIS 0. 327457 74. 00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 3. 241459 76. 00 007400 CLINIC 0.000 CLINIC 0	69.00	06900 ELECTROCARDI OLOGY	0. 096330				69. 00
73. 00	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 331712				71.00
74. 00	72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0. 649398				72.00
76. 00 03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   3. 241459   76. 00   0UTPATI ENT SERVI CE COST CENTERS   90. 00   90. 01 09000   CLI NI C   0. 629107   90. 01   90. 02 09002   OUTPATI ENT PSYCHI ATRI C SERVI CES   0. 282289   90. 01   90. 03 09003   INFUSI ON CENTER   0. 146428   90. 03   90. 04 09004   PRI MARY CARE SENI ORS   1. 337317   90. 04   90. 05 09005   PAIN IN MANAGEMENT   0. 146303   90. 05   90. 06 09006   WOUND CARE CENTER   0. 307124   90. 06   90. 07 09007   SLEEP CENTER   0. 429671   90. 07   91. 00 09100   EMERGENCY   0. 187392   91. 00   92. 00 09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0. 619289   0THER REI MBURSABLE COST CENTERS   92. 00   0THER REI MBURSABLE COST CENTERS   96. 00   101. 00   10100   HOME HEALTH AGENCY   101. 00   SPECI AL PURPOSE COST CENTERS   116. 00   200. 00   Subtotal (see instructions)   Less Observation Beds   201. 00	73.00	07300 DRUGS CHARGED TO PATIENTS	0. 257529				73.00
OUTPATIENT SERVICE COST CENTERS   O. 09000   O9000   CLI NI C   O. 629107   O9001   O9001   FAMILY PRACTICE CLINIC   I. 114005   O9001   O9001   FAMILY PRACTICE CLINIC   I. 114005   O9002   O9002   OUTPATIENT PSYCHIATRIC SERVICES   O. 282289   O9. 03   O9003   INFUSION CENTER   O. 146428   O90. 03   O9004   PRI MARY CARE SENI ORS   I. 337317   O90. 04   O9005   PAIN MANAGEMENT   O. 146303   O9005   O9006   O9006   WOUND CARE CENTER   O. 307124   O90. 05   O9007   SLEEP CENTER   O. 429671   O9007   SLEEP CENTER   O. 429671   O9100   EMERGENCY   O. 187392   O91. 00   O9200   OSSERVATION BEDS (NON-DISTINCT PART)   O. 619289   O70HER REIMBURSABLE COST CENTERS   O. 498503   O96. 00   O9600   DURABLE MEDICAL EQUI P-RENTED   O. 498503   O96. 00   O9600   DURABLE MEDICAL EQUI P-RENTED   O. 498503   O96. 00   O1100   HOME HEALTH AGENCY   O1100   O1100   HOME HEALTH AGENCY   O1100   O1100   O0500   O0500   O0500   OUTPATION   O0500   O0500   O0500   OUTPATION   O0500   O0500   O0500   OUTPATION   O0500   O0500   OUTPATION   O0500   O0500   O0500   OUTPATION   O0500   O0500   O0500   OUTPATION   O0500	74.00	07400 RENAL DI ALYSI S	0. 327457				74.00
90. 00 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 02 90. 00 90. 02 90. 00 90. 02 90. 03 90. 03 90. 03 90. 03 90. 04 90. 05 90. 05 90. 05 90. 05 90. 06 90. 06 90. 07 90. 06 90. 07 90. 07 90. 07 91. 00 90. 07 90. 00 90	76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	3. 241459				76. 00
90. 01		OUTPATIENT SERVICE COST CENTERS					
90. 02							
90. 03   09003   INFUSION CENTER   0. 146428   90. 03   90. 04   90. 04   90. 04   90. 04   90. 05   90. 05   90. 05   90. 05   90. 05   90. 05   90. 06   90. 06   90. 06   90. 07   90. 07   90. 07   90. 07   90. 00   9							90. 01
90. 04   09004   09004   09004   09004   09005   09005   09005   09005   09005   09005   09005   09006	90. 02		0. 282289				
90. 05   09005   09006   09006   09006   09006   09006   09006   09006   09006   09006   09006   09007   09007   09007   09007   09100							90. 03
90. 06   09006   09006   09006   09006   09007   SLEEP CENTER   0. 307124   90. 07   91. 00   09100   EMERGENCY   0. 187392   91. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   0. 619289   92. 00   07000			1. 337317				
90. 07   09007   SLEEP CENTER   0. 429671   90. 07   91. 00   09100   EMERGENCY   0. 187392   91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0. 619289   92. 00   09600   DURASABLE COST CENTERS   96. 00   09600   DURASLE MEDI CAL EQUI P-RENTED   0. 498503   96. 00   10100   HOME HEALTH AGENCY   5PECI AL PURPOSE COST CENTERS   116. 00   11600   HOSPI CE   116. 00   200. 00   Subtotal (see instructions)   200. 00   201. 00   Less Observation Beds   201. 00							
91. 00   09100   EMERGENCY   0. 187392   0. 619289   92. 00							90. 06
92. 00   09200   0BSERVATI ON BEDS (NON-DI STINCT PART)   0. 619289   92. 00   0THER REIMBURSABLE COST CENTERS   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0. 498503   96. 00   10100   HOME HEALTH AGENCY   101. 00   SPECI AL PURPOSE COST CENTERS   116. 00   11600   HOSPI CE   116. 00   200. 00   Subtotal (see instructions)   200. 00   201. 00   Less Observation Beds   201. 00		1					
OTHER REIMBURSABLE COST CENTERS   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0. 498503   96. 00   101.00   HOME HEALTH AGENCY   101. 00   SPECI AL PURPOSE COST CENTERS   116. 00   11600   HOSPI CE   116. 00   200. 00   Subtotal (see instructions)   200. 00   201. 00   Less Observation Beds   201. 00	91.00						
96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0. 498503   96. 00   101. 00   10100   HOME HEALTH AGENCY   101. 00   SPECI AL PURPOSE COST CENTERS   116. 00   200. 00   Subtotal (see instructions)   200. 00   201. 00   Less Observation Beds   201. 00	92.00		0. 619289				92. 00
101. 00							
SPECIAL PURPOSE COST CENTERS     116.00   11600   HOSPI CE     116.00   200.00     Subtotal (see instructions)   200.00   201.00   Less Observation Beds   201.00			0. 498503				96. 00
116. 00       11600 HOSPI CE       116. 00         200. 00       Subtotal (see instructions)       200. 00         201. 00       Less Observation Beds       201. 00	101.00	10100 HOME HEALTH AGENCY					101. 00
200.00         Subtotal (see instructions)         200.00           201.00         Less Observation Beds         201.00							
201.00 Less Observation Beds 201.00							
202.00   Total (see instructions)		1 1					
	202.00	Total (see instructions)					202. 00

09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm Title XIX Hospi tal PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 4. 00 1.00 2.00 3.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 30 00 03000 ADULTS & PEDIATRICS 85, 430, 302 85, 430, 302 365, 377 85, 795, 679 03100 INTENSIVE CARE UNIT 22, 099, 794 22, 099, 794 36, 469 22, 136, 263 31.00 31.00 03200 CORONARY CARE UNIT 5, 292, 128 5, 292, 128 32.00 5, 292, 128 0 32.00 04000 SUBPROVI DER - I PF 40.00 2, 153, 542 2, 153, 542 0 2, 153, 542 40.00 04400 SKILLED NURSING FACILITY 44.00 0 44.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 48, 473, 753 48, 473, 753 795, 658 49, 269, 411 50.00 27, 978, 707 27, 978, 707 28, 135, 577 05400 RADI OLOGY-DI AGNOSTI C 54.00 156, 870 54.00 55.00 05500 RADI OLOGY - THERAPEUTI C 4, 344, 607 4, 344, 607 4, 344, 607 55.00 59.00 05900 CARDIAC CATHETERIZATION 3, 513, 141 3, 513, 141 208, 742 3, 721, 883 59.00 43, 457, 418 06000 LABORATORY 43, 078, 628 43, 078, 628 378, 790 60.00 60.00 06400 I NTRAVENOUS THERAPY 2, 575, 467 2, 575, 467 64.00 2, 575, 467 0 64.00 65.00 06500 RESPIRATORY THERAPY 5, 855, 878 5, 855, 878 0 5, 855, 878 65.00 06600 PHYSI CAL THERAPY 9, 547, 125 9, 547, 125 66.00 9, 547, 125 0 66.00 06900 ELECTROCARDI OLOGY 2.757.647 2. 757. 647 0 2, 757, 647 69 00 69 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 25, 547, 668 71.00 25, 547, 668 25, 547, 668 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 29, 524, 226 29, 524, 226 0 29, 524, 226 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 50, 205, 612 50, 205, 612 0 50, 205, 612 73.00 07400 RENAL DIALYSIS 2, 029, 304 2, 029, 304 74 00 5, 070 2, 034, 374 74 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.00 1, 402, 495 1, 402, 495 1, 402, 495 76.00 OUTPATIENT SERVICE COST CENTERS 3, 437, 749 90.00 09000 CLINIC 3, 437, 749 1 022 3 438 771 90 00 09001 FAMILY PRACTICE CLINIC 90.01 3, 107, 551 3, 107, 551 3, 107, 551 90.01 90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES 1, 134, 202 1, 134, 202 0 1, 134, 202 90.02 90. 03 09003 INFUSION CENTER 1, 202, 601 1, 202, 601 o 1, 202, 601 90.03 09004 PRIMARY CARE SENIORS 90 04 2 000 127 2 000 127 0 2,000,127 90 04 4, 198, 591 90.05 09005 PALN MANAGEMENT 4, 194, 942 4, 194, 942 3, 649 90.05 09006 WOUND CARE CENTER 566, 813 566, 813 73 566, 886 90.06 90.06 09007 SLEEP CENTER 90.07 1, 527, 038 1, 527, 038 4,547 1, 531, 585 90.07 91.00 09100 EMERGENCY 31, 524, 900 29, 019, 607 29, 019, 607 2, 505, 293 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 14, 785, 675 14, 785, 675 14, 785, 675 92.00 OTHER REIMBURSABLE COST CENTERS 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 7, 705, 449 7, 705, 449 7, 705, 449 96.00 101.00 10100 HOME HEALTH AGENCY 3, 448, 816 101. 00 3, 448, 816 3, 448, 816 SPECIAL PURPOSE COST CENTERS 116.00 11600 HOSPI CE 3, 242, 058 3, 242, 058 3, 242, 058 116. 00 447, 182, 652 447, 182, 652 451, 644, 212 200. 00 200.00 Subtotal (see instructions) 0 4, 461, 560 14, 785, 675 201. 00 201.00 Less Observation Beds 14, 785, 675 14, 785, 675

432, 396, 977

432, 396, 977

4, 461, 560

436, 858, 537 202. 00

202.00

Total (see instructions)

Title XIX						2/28/2015 3:3	1 pm
Inpati ent			Ti 1	le XIX	Hospi tal	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			Charges				
INPATI ENT ROUTI NE SERVICE COST CENTERS	Cost Center Description	Inpatient	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
INPATI ENT ROUTI NE SERVICE COST CENTERS	· ·	' '	i i	+ col. 7)	Ratio	Inpati ent	
INPAIL ENT ROUTI NE. SERVI CE. COST. CENTERS   112, 664, 254				ĺ			
INPATI ENT ROUTI NE SERVI CE COST CENTERS   30.00   30.00   0000   00ULTS & PEDI ATRI CS   112, 664, 254   31.00   31.00   03100   INTERSI VE CARE UNIT   49, 141, 926   49, 141, 926   31.00   31.00   03200   CORONARY CARE UNIT   11, 812, 731   11, 812, 731   32.00   44.00   04000 SUBPROVI DER - I IPF   8, 451, 137   40.00   440.00   440.00   04000 SUBPROVI DER - I IPF   8, 451, 137   40.00   440.00   04000 SUBPROVI DER - I IPF   8, 451, 137   40.00   440.00   04000 SIX LILED NURSING FACILITY   40.00   440.00		6.00	7.00	8.00	9. 00		
30.00	INPATIENT ROUTINE SERVICE COST (	CENTERS	•	•			
31.00   03100   INTENSIVE CARE LINIT   49, 141, 926   49, 141, 926   31.00   32.00   03200   02000ARPX CARE LINIT   1812, 731   8, 451, 137   40.00   44.00   04400   SURPROVI DER - 1 PF   8, 451, 137   8, 451, 137   40.00   44.00   04400   SURPROVI DER - 1 PF   8, 451, 137   8, 451, 137   40.00   44.00   04400   SURPROVI DER - 1 PF   8, 451, 137   8, 451, 137   40.00   44.00   04400   04400   05410	30. 00 03000 ADULTS & PEDIATRICS	112, 664, 25	4	112, 664, 254			30.00
32.00   03200   CORNARY CARE UNIT   11, 812, 731   8, 451, 137   8, 451, 137   40.00							
40. 00   04000   SUBPROVI DER - I PF   8, 451, 137   0   0   0   0   0   0   0   0   0			l .	1			
44. 00			•				
ANCILLARY SERVICE COST CENTERS		1	1	1			
50.00			<u> </u>				1 44.00
54. 00		05 021 80	154 543 534	250 465 340	0 103535	0.00000	50 00
55.00   05500   RADI OLOCY - THERAPEUTI C   937, 573   18, 607, 539   19, 545, 112   0, 22286   0, 000000   55.00   05900   CARDIA C CATHETERI ZATION   20, 227, 513   13, 015, 413   33, 242, 926   0, 105681   0, 000000   59, 00   06000   0, 00000   0, 000000   0, 00000   0, 00000   0, 00000   0, 0000000   0, 000000   0, 0000000   0, 0000000   0, 0000000   0, 00000000		1		1			
59,00   05900   CARDIAC CATHETERIZATION   20,227,513   13,015,413   33,242,926   0.105681   0.000000   59.00   06.00   06000   LABORATORY   125,102,843   120,094,298   245,197,141   0.175690   0.000000   64.00   64.00   06400   INTRAVENOUS THERAPY   25,492,136   2,371,299   27,863,435   0.210164   0.000000   64.00   66.00   06600   PHYSICAL THERAPY   25,492,136   2,371,299   27,863,435   0.210164   0.000000   65.00   66.00   06600   PHYSICAL THERAPY   33,496,000   15,833,699   0.194088   0.000000   65.00   06900   ELECTROCARDIOLOGY   16,669,943   11,957,214   28,627,157   0.096330   0.000000   69.00   071.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   53,564,146   23,453,461   77,017,562   0.331712   0.000000   72.00   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   34,523,611   10,940,364   45,463,975   0.469398   0.000000   72.00   72.00   07300   DRUGS CHARGED TO PATIENTS   111,457,181   83,494,269   194,951,450   0.257529   0.000000   73.00   07400   RENAL DIALYSIS   56,513,34   561,314   6,212,648   0.326641   0.000000   74.00   76.00   07400   RENAL DIALYSIS   181,091   251,583   432,674   3.241459   0.000000   76.00   07500   DRUGS CHARGED TO PATIENTS   181,091   251,583   432,674   3.241459   0.000000   76.00   07500   DRUGS CHARGED TO PATIENTS   181,091   251,583   432,674   3.241459   0.000000   76.00   07500   DRUGS CHARGED TO PATIENTS   181,091   251,583   432,674   3.241459   0.000000   76.00   07500   DRUGS CHARGED TO PATIENTS   181,091   251,583   432,674   3.241459   0.000000   76.00   07500   DRUGS CHARGED TO PATIENTS   181,091   251,583   432,674   3.241459   0.000000   76.00   07500							1
60.00   06000   LABORATORY   125, 102, 843   120, 094, 298   245, 197, 141   0. 175690   0. 000000   60. 00   64.00   06400   INTRAVENDUS THERAPY   3, 444, 060   89, 375   3, 533, 435   0. 728885   0. 000000   65. 00   65.00   06500   RESPI RATORY THERAPY   33, 906, 000   15, 283, 699   49, 189, 699   0. 194088   0. 000000   65. 00   66.00   06600   PHYSI CAL THERAPY   33, 906, 000   15, 283, 699   49, 189, 699   0. 194088   0. 000000   65. 00   67.00   06900   ELECTROCARDI OLOGY   16, 669, 943   11, 957, 214   28, 627, 157   0. 096330   0. 000000   65. 00   67.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   53, 564, 146   23, 453, 416   77, 017, 562   0. 331712   0. 000000   71. 00   72.00   07200   IMPL. DEV. CHARGED TO PATI ENT   34, 523, 611   10, 940, 364   45, 463, 975   0. 649398   0. 000000   72. 00   74.00   07400   RENAL DI ALYSIS   5, 651, 334   83, 494, 269   149, 951, 450   0. 257529   0. 000000   74. 00   74.00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   181, 091   251, 583   432, 674   3. 241459   0. 000000   76. 00   76.00   09001   CLI NI C   12, 130   5, 453, 982   5, 466, 112   0. 628920   0. 000000   90. 01   76.00   09002   OUTPATI ENT SERVI CE COST CENTERS   11, 491, 104   1, 495, 627   1. 337317   0. 000000   90. 02   76.01   09001   FAMILY PRACTICE CLI NI C   3, 712   2, 788, 819   2, 789, 531   1. 114005   0. 000000   90. 02   76.02   09002   OUTPATI ENT SERVI CE SERVI CES   586   4, 017, 290   4, 017, 876   0. 282289   0. 000000   90. 02   76.03   09003   INFUSI ON CENTER   555, 174   8, 157, 753   8, 212, 927   0. 146428   0. 000000   90. 02   77.00   09004   PRI MARY CARE SENI ORS   4, 523   1, 491, 104   1, 495, 627   1. 337317   0. 000000   90. 02   77.00   09005   PAI N MANAGEMENT   21, 041   28, 676, 778   28, 697, 819   0. 146176   0. 000000   90. 05   77.00   09007   SLEEP CENTER   3, 884   1, 841, 902   1, 845, 786   0. 307085   0. 000000   90. 05   77.00   09007   SLEEP CENTER   3, 88, 328   3, 377, 493   3, 465, 821   3, 875, 246   0. 619289   0. 000000   90. 05		4					
64. 00   06400   INTRAVENOUS THERAPY   3,444,060   89,375   3,533,435   0.728885   0.000000   64. 00   65. 00   06500   RESPI RATORY THERAPY   25,492,136   2,371,299   27,863,435   0.210164   0.000000   65. 00   66. 00   06600   PHYSI CAL THERAPY   33,906,000   15,283,699   49,189,699   0.194088   0.000000   66. 00   69. 00   06600   PHYSI CAL THERAPY   33,906,000   15,283,699   49,189,699   0.194088   0.000000   66. 00   69. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   16,669,943   11,957,214   28,627,157   0.096330   0.000000   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   3,544,146   23,453,416   77,017,562   0.331712   0.000000   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   111,457,181   83,494,269   194,951,450   0.257529   0.000000   73. 00   74. 00   07400   ENALD I JALYSIS   5,561,334   6,212,468   0.326641   0.000000   74. 00   76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   181,091   251,583   432,674   3.241459   0.000000   76. 00   76. 00   09000   CLI NI C   12,130   5,453,982   5,466,112   0.628920   0.000000   90. 00   79. 01   09001   FAMILLY PRACTICE CLI INI C   3,712   2,785,819   2,789,531   1.114005   0.000000   90. 01   79. 02   09002   0UTPATI ENT PSYCHI ATRI C SERVI CES   586   4,017,290   4,017,876   0.28289   0.000000   90. 01   79. 04   09004   PRI MARY CARE SENI ORS   4,523   1,491,104   1,495,627   1.337317   0.000000   90. 03   79. 05   09005   FAIN MANGEMENT   21,041   2,676,778   28,697,819   0.146176   0.000000   90. 05   79. 06   09006   WONDO CARE CENTER   3,884   1,841,902   1,845,786   0.307085   0.000000   90. 07   79. 00   09100   EMERGENCY   61,593,022   616,534   25   168,229,447   0.172500   0.000000   90. 07   79. 00   09000   DURABLE MEDI CAL EQUI P-RENTED   7,709,498   16,165,748   23,875,246   0.619289   0.000000   90. 07   79. 00   09000   DURABLE MEDI CAL EQUI P-RENTED   7,709,498   16,165,748   23,875,246   0.619289   0.000000   90. 00   79. 00   09000   DURABLE MEDI CAL EQUI P-RENTED   7,709,498   16,165,748   23,773,70,							
65. 00   06500   RESPI RATORY THERAPY   25, 492, 136   2, 371, 299   27, 863, 435   0, 210164   0, 000000   65. 00   066. 00   066. 00   06600   PHYSI CAL THERAPY   133, 906, 000   15, 283, 699   49, 189, 699   0. 194088   0, 000000   66. 00   06900   ELECTROCARDI OLOGY   16, 669, 943   11, 957, 214   28, 627, 157   0. 096330   0. 000000   69. 00   071. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   53, 564, 146   23, 453, 416   77, 017, 562   0. 331712   0. 000000   71. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   111, 457, 181   83, 494, 269   194, 951, 450   0. 257529   0. 000000   72. 00   07300   DRUGS CHARGED TO PATI ENTS   111, 457, 181   83, 494, 269   194, 951, 450   0. 257529   0. 000000   74. 00   07400   RENAL DI ALYSI S   5, 651, 334   561, 314   6, 212, 648   0. 326641   0. 000000   74. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   181, 091   251, 583   432, 674   3. 241459   0. 000000   76. 00   000000   76. 00   000000   000000   00000000000000							
66. 00   06600   PHYSICAL THERAPY   33, 906, 000   15, 283, 699   49, 189, 699   0. 194088   0. 000000   66. 00   69. 00   06900   ELECTROCARDIOLOGY   16, 669, 943   11, 957, 214   28, 627, 157   0. 096330   0. 0000000   69. 00   71. 00   The property of							
69. 00   06900   ELECTROCARDIOLOGY   16, 669, 943   11, 957, 214   28, 627, 157   0. 096330   0. 000000   69. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENT   53, 564, 146   23, 453, 416   77, 017, 562   0. 331712   0. 000000   71. 00   72. 0							
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   53,564,146   23,453,416   77,017,562   0.331712   0.000000   71.00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENT   34,523,611   10,940,364   45,463,975   0.649398   0.000000   72.00   73. 00   07300   DRUGS CHARGED TO PATIENTS   111,457,181   83,494,269   194,951,450   0.257529   0.000000   73.00   74. 00   07400   RENAL DI ALYSI S   5,651,334   561,314   6,212,648   0.326641   0.000000   74.00   76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   181,091   251,583   432,674   3.241459   0.000000   76.00   76. 00   07000   CLI NI C   12,130   5,453,982   5,466,112   0.628920   0.000000   76.00   76. 00   09000   CLI NI C   12,130   5,453,982   5,466,112   0.628920   0.000000   90.01   76. 00   09001   FAMI LLY PRACTI CE CLI NI C   3,712   2,785,819   2,789,531   1.114005   0.000000   90.01   76. 00   09002   0UTPATI ENT PSYCHI ATRI C SERVI CES   586   4,017,290   4,017,876   0.282289   0.000000   90.01   77. 00   09003   INFUSI ON CENTER   55,174   8,157,753   8,212,927   0.146428   0.000000   90.03   77. 00   09004   PRI MARY CARE SENI ORS   4,523   1,491,104   1,495,627   1.337317   0.000000   90.04   78. 00   09006   WOUND CARE CENTER   21,041   28,676,778   28,697,819   0.146176   0.000000   90.05   79. 00   09006   WOUND CARE CENTER   10,376   3,554,179   3,564,555   0.428395   0.000000   90.05   79. 00   09006   BURRGENCY   61,593,022   106,636,425   168,229,447   0.172500   0.000000   90.07   79. 00   09007   SLEEP CENTER   10,376   3,554,179   3,564,555   0.428395   0.000000   90.07   79. 00   09008   DURABLE MEDI CAL EQUI P-RENTED   0   15,457,175   15,457,175   0.498503   0.000000   90.07   79. 00   09009   DURABLE MEDI CAL EQUI P-RENTED   0   15,457,175   15,457,175   0.498503   0.000000   90.00   79. 00   09009   DURABLE MEDI CAL EQUI P-RENTED   0   15,457,175   15,457,175   0.498503   0.000000   90.00   79. 00   09009   Surbable Medi Call Part Part   0.000000   0.000000   0.000000000000							
72. 00   07200   IMPL. DEV. CHARGED TO PATIENT   34,523,611   10,940,364   45,463,975   0.649398   0.000000   72.00   73.00   07300   DRUGS CHARGED TO PATIENTS   111,457,181   83,494,269   194,951,450   0.257529   0.000000   73.00   74.00							
73. 00   07300   DRUGS CHARGED TO PATIENTS   111, 457, 181   83, 494, 269   194, 951, 450   0.257529   0.000000   73. 00   74. 00				1			1
74. 00   07400   RENAL DI ALYSI S   5, 651, 334   561, 314   6, 212, 648   0. 326641   0. 000000   74. 00   076. 00		¥					
76. 00 03550 PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES 181, 091 251, 583 432, 674 3. 241459 0. 000000 76. 00 0TPATI ENT SERVI CE COST CENTERS  90. 01 09000 CLI NI C 12, 130 5, 453, 982 5, 466, 112 0. 628920 0. 000000 90. 00 09000 CLI NI C 3, 712 2, 785, 819 2, 789, 531 1. 114005 0. 000000 90. 01 09001 FAMI LY PRACTI CE CLINI C 3, 712 2, 785, 819 2, 789, 531 1. 114005 0. 000000 90. 01 09001 FAMI LY PRACTI CE SERVI CES 586 4, 017, 290 4, 017, 876 0. 282289 0. 000000 90. 02 09002 0UTPATI ENT PSYCHIATRI C SERVI CES 586 4, 017, 290 4, 017, 876 0. 282289 0. 000000 90. 03 09003 INFUSI ON CENTER 55, 174 8, 157, 753 8, 212, 927 0. 146428 0. 000000 90. 03 09004 PRI MARY CARE SENI ORS 4, 523 1, 491, 104 1, 495, 627 1. 337317 0. 000000 90. 04 09004 PRI MARY CARE SENI ORS 4, 523 1, 491, 104 1, 495, 627 1. 337317 0. 000000 90. 04 09006 WOUND CARE CENTER 3, 884 1, 841, 902 1, 845, 786 0. 307085 0. 000000 90. 06 09006 WOUND CARE CENTER 3, 884 1, 841, 902 1, 845, 786 0. 307085 0. 000000 90. 06 09006 WOUND CARE CENTER 10, 376 3, 554, 179 3, 564, 555 0. 428395 0. 000000 90. 06 09006 WOUND CARE CENTER 10, 376 3, 554, 179 3, 564, 555 0. 428395 0. 000000 90. 07 09007 SLEEP CENTER 10, 376 3, 554, 179 3, 564, 555 0. 428395 0. 000000 90. 07 09000 BERGENCY 61, 593, 022 106, 636, 425 168, 229, 447 0. 172500 0. 000000 90. 07 09000 DURABLE MEDI CAL EQUI P-RENTED 7, 709, 498 16, 165, 748 23, 875, 246 0. 619289 0. 000000 92. 00 09000 DURABLE MEDI CAL EQUI P-RENTED 0 15, 457, 175 15, 457, 175 0. 498503 0. 000000 96. 00 09000 DURABLE MEDI CAL EQUI P-RENTED 0 15, 457, 175 15, 457, 175 0. 498503 0. 000000 96. 00 09000 DURABLE MEDI CAL EQUI P-RENTED 0 15, 457, 175 15, 457, 175 0. 498503 0. 000000 96. 00 09000 DURABLE MEDI CAL EQUI P-RENTED 0 15, 457, 175 15, 457, 175 0. 498503 0. 000000 96. 00 09000 DURABLE MEDI CAL EQUI P-RENTED 0 15, 457, 175 15, 457, 175 15, 457, 175 0. 498503 0. 000000 96. 00 09000 DURABLE MEDI CAL EQUI P-RENTED 0 10100 HOME HEALTH AGENCY 1, 394 2, 568, 625 2, 570, 019 101. 00 09000 DURABLE MEDI CAL EQUI P-RENTED 0 100000000 DURA		111, 457, 18					
90. 00 0 0000 CLINIC 12, 130 5, 453, 982 5, 466, 112 0.628920 0.000000 90. 00 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 02 90. 03 90. 02 90. 03 90. 03 1NFUSION CENTER 555, 174 8, 157, 753 8, 212, 927 0.146428 0.00000 90. 03 90. 04 90. 04 PRI MARY CARE SENI ORS 4, 523 1, 491, 104 1, 495, 627 1.337317 0.000000 90. 04 90. 05 90. 05 90. 05 90. 05 PAIN MANAGEMENT 21, 041 28, 676, 778 28, 697, 819 0.146176 0.000000 90. 05 90. 07 90. 0							
90. 00   09000   CLINIC   12, 130   5, 453, 982   5, 466, 112   0. 628920   0. 000000   90. 00   90. 01   90. 01   FAMILY PRACTICE CLINIC   3, 712   2, 785, 819   2, 789, 531   1. 114005   0. 000000   90. 01   90. 02   09002   00TPATIENT PSYCHIATRIC SERVICES   586   4, 017, 290   4, 017, 876   0. 282289   0. 000000   90. 02   90. 03   1NFUSION CENTER   55, 174   8, 157, 753   8, 212, 927   0. 146428   0. 000000   90. 03   90. 04   90. 05   90. 04   90. 05   PAI N MANAGEMENT   21, 041   28, 676, 778   28, 697, 819   0. 146176   0. 000000   90. 05   90. 06   90. 06   90. 06   90. 07   90. 07   SLEEP CENTER   3, 884   1, 841, 902   1, 845, 786   0. 307085   0. 000000   90. 07   90. 07   90. 07   SLEEP CENTER   10, 376   3, 554, 179   3, 564, 555   0. 428395   0. 000000   90. 07   91. 00   EMERGENCY   61, 593, 022   106, 636, 425   168, 229, 447   0. 172500   0. 000000   92. 00   92. 00   005   00			1 251, 583	432, 674	3. 241459	0.000000	76. 00
90. 01							
90. 02		12, 13	0 5, 453, 982	5, 466, 112	0. 628920	0. 000000	90.00
90. 03	90.01 09001 FAMILY PRACTICE CLINIC	3, 71	2, 785, 819	2, 789, 531	1. 114005	0.000000	90. 01
90. 04	90. 02 09002 OUTPATIENT PSYCHIATRIC SER	RVI CES 58	6 4, 017, 290	4, 017, 876	0. 282289	0.000000	90. 02
90. 05	90. 03 09003 INFUSION CENTER	55, 17	4 8, 157, 753	8, 212, 927	0. 146428	0. 000000	90. 03
90. 06	90. 04 09004 PRIMARY CARE SENIORS	4, 52	3 1, 491, 104	1, 495, 627	1. 337317	0. 000000	90. 04
90. 07	90. 05 09005 PAIN MANAGEMENT	21, 04	1 28, 676, 778	28, 697, 819	0. 146176	0. 000000	90. 05
90. 07		•		1			
91. 00				1			
92. 00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 7, 709, 498 16, 165, 748 23, 875, 246 0. 619289 0. 000000 92. 00  OTHER REI MBURSABLE COST CENTERS  96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 15, 457, 175 15, 457, 175 0. 498503 0. 000000 96. 00  101. 00 10100 HOME HEALTH AGENCY 1, 394 2, 568, 625 2, 570, 019 101. 00  SPECI AL PURPOSE COST CENTERS  116. 00 11600 HOSPI CE 88, 328 3, 377, 493 3, 465, 821 116. 00  200. 00 Subtotal (see instructions) 850, 477, 176 873, 295, 896 1, 723, 773, 072 200. 00  201. 00 Less Observation Beds							
OTHER REIMBURSABLE COST CENTERS  96. 00	· · · · · · · · · · · · · · · · · · ·						
96. 00			0 10, 100, 710	20,070,210	0.017207	0.000000	72.00
101.00 10100 HOME HEALTH AGENCY 1, 394 2, 568, 625 2, 570, 019 101.00 SPECIAL PURPOSE COST CENTERS  116.00 11600 HOSPI CE 88, 328 3, 377, 493 3, 465, 821 116.00 Subtotal (see instructions) 850, 477, 176 873, 295, 896 1, 723, 773, 072 200.00 Less Observation Beds 201.00			0 15 457 175	15 457 175	0.498503	0.000000	96.00
SPECIAL PURPOSE COST CENTERS						0.000000	
116. 00		1,37	7 2, 300, 020	2,370,017			1101.00
200.00 Subtotal (see instructions) 850,477,176 873,295,896 1,723,773,072 200.00 201.00 Less Observation Beds 200.00		00 22	0 2 277 403	2 465 021			116 00
201.00 Less Observation Beds 201.00							
		000,477,17	0/3,273,890	1, 123, 113, 012			
202.00   Total (See Histractions)   800, 477, 179   873, 243, 849   1, 723, 773, 072		0EO 477 17	4 072 205 004	1 700 770 070			
	202.00   TOTAL (See THSTRUCTIONS)	850, 477, 17	ul 013, 243, 846	րլ ւ, /23, //3, 0/2	1 1		1202.00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu	u of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provi der CCN: 150082	From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared:

Cost Center Description					10 09/30/2014	2/28/2015 3:3	
INPATIENT ROUTINE SERVICE COST CENTERS   11.00				Title XIX	Hospi tal		. p
INPATI ENT ROUTINE SERVICE COST CENTERS   11.00		Cost Center Description	PPS Inpatient				
HAPATI ENT ROUTINE SERVICE COST CENTERS   30.00   03		•					
30.00   03000   ADULTS & PEDIATRICS   31.00   032.00   03200   03200   CARDINATY CARE UNIT   32.00   03200   03200   CARDINATY CARE UNIT   32.00   04.00   04.00   04.00   04.00   04.00   05.00   SUBPROVIDER - IPF   44.00   04.00   SUBPROVIDER - IPF   44.00   05.00   SUBPROVIDER - IPF   44.00   05.00   SUBPROVIDER - IPF   44.00   05.00   SUBPROVIDER - IPF   54.00   05.00   SUBPROVIDER - IPF   55.00   05.00   SUBPROVIDER -			11.00				
31 .00   03100   INTENSIVE CARE LINIT   31 .00   20 .00		INPATIENT ROUTINE SERVICE COST CENTERS					
32.00   03200   CORMARY CARE UNIT	30.00	03000 ADULTS & PEDI ATRI CS					30. 00
40. 00   04000  SUBPROVIDER - IPF   44. 00   4	31.00	03100 INTENSIVE CARE UNIT					31. 00
44.00	32.00	03200 CORONARY CARE UNIT					32. 00
ANCILLARY SERVICE COST CENTERS   50.00	40.00	04000 SUBPROVI DER - I PF					40.00
50.00	44.00	04400 SKILLED NURSING FACILITY					44.00
54. 00   05400   RADI OLOGY - DI KAROSTI C   0. 096928   5.4. 00   05500   RADI OLOGY - THERAPEUTI C   0. 222286   5.5. 00   05500   RADI OLOGY - THERAPEUTI C   0. 222286   5.5. 00   05900   CARDI AC CATHETERI ZATI ON   0. 111960   5.9. 00   06000   0. 06000   0. 06000   0. 06000   0. 06000   0. 077235   6.0. 00   0. 06000   0. 06000   0. 0782885   6.0. 00   0. 06000   0. 06000   0. 06000   0. 0782885   6.0. 00   0. 060330   0. 060000   0. 060000   0. 060000   0. 060000   0. 060000   0. 060000   0. 060000   0. 0600000   0. 06000000   0. 060000000000		ANCILLARY SERVICE COST CENTERS					
55.00   05500   RADI OLOGY - THERAPEUTIC   0.222266   55.00   05900   CARDI AC CATHETERI ZATI ON   0.111960   59.00   06.00   06000   LABORATORY   0.177235   60.00   06000   LABORATORY   0.177235   60.00   06000   LABORATORY   0.22885   64.00   06500   RESPIRATORY THERAPY   0.210164   65.00   06600   RESPIRATORY THERAPY   0.210164   65.00   06600   RESPIRATORY THERAPY   0.194088   66.00   06900   ELECTROCARDI OLOGY   0.194088   0.90630   0.096330   0.906330   0.90030   0.00000   0.00000   0.000000   0.00000   0.00000   0.00000   0.0000	50.00	05000 OPERATING ROOM	0. 196711				50.00
59.00   05900   CARDI AC CATHETERI ZATION   0. 111960   0. 000   06000   LABORATORY   0. 117935   0. 0. 000   06000   LABORATORY   0. 728885   064.00   06400   INTRAVENDUS THERAPY   0. 728885   065.00   06500   RESPI RATORY THERAPY   0. 194088   066.00   06600   PHYSI CAL THERAPY   0. 194088   066.00   06600   PHYSI CAL THERAPY   0. 194088   069.00   06900   ELECTROCARDIOLOGY   0. 096330   0. 09630   0. 09630	54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 096928				54.00
60. 00   06000   LABORATORY   0. 177235   60. 00   064.00   064000   INTRAVENOUS THERAPY   0. 210164   65. 00   06500   RESPIRATORY THERAPY   0. 210164   65. 00   06500   RESPIRATORY THERAPY   0. 210164   65. 00   06600   PHYSI CAL THERAPY   0. 194088   66. 00   06900   ELECTROCARDI OLOGY   0. 096330   69. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0. 331712   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENT   0. 649398   72. 00   73.00   DRUGS CHARGED TO PATIENTS   0. 257529   73. 00   73.00   DRUGS CHARGED TO PATIENTS   0. 257529   73. 00   07300   DRUGS CHARGED TO PATIENTS   0. 257529   74. 00   07500   RENAL DI ALYSI S   0. 237457   74. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   3. 241459   76. 00   09000   CLI NI C   0. 629107   90. 01   90001   FAMIL LY PRACTI CE CLI NI C   0. 629107   90. 01   09000   CHI NI C   0. 629107   90. 01   09000   FAMIL LY PRACTI CE CLI NI C   0. 146428   90. 02   90. 03   90.003   NFUSI ON CENTER   0. 146428   90. 03   90. 04   PRI MARY CARE SENI ORS   1. 337317   90. 04   90. 05   PAI N MANAGEMENT   0. 146303   90. 05   90. 05   PAI N MANAGEMENT   0. 146303   90. 05   90. 05   PAI N MANAGEMENT   0. 146303   90. 05   90. 07   90.007   SLEPE CENTER   0. 249671   90. 07   90. 07   90.007   SLEPE CENTER   0. 249671   90. 07   90. 07   90.007   SLEPE CENTER   0. 249671   90. 07   90. 07   90.007   SLEPE CENTER   0. 249671   90. 07   90	55.00	05500 RADI OLOGY - THERAPEUTI C	0. 222286				55. 00
64. 00   06400   NTRAVENOUS THERAPY   0. 728885   64. 00   65. 00   06500   RESPI RATORY THERAPY   0. 194088   66. 00   06600   PHYSI CAL THERAPY   0. 194088   66. 00   06900   ELECTROCARDI OLOGY   0. 096330   69. 00   071. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0. 331712   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 649398   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 257529   73. 00   74. 00   07400   RENAL DI ALYSIS   0. 327457   74. 00   07400   RENAL DI ALYSIS   0. 327457   76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   3. 241459   76. 00   09000   CLI NI C   0. 629107   0. 00   09000   CLI NI C   0. 629107   0. 00   09000   DI AMI LY PRACTI CE CLI NI C   1. 114005   90. 01   09001   FAMI LY PRACTI CE CLI NI C   1. 114005   90. 02   09002   017971 ENT PSYCHI ATRI C SERVI CES   0. 282289   90. 02   09000   017971 ENT PSYCHI ATRI C SERVI CES   0. 146428   90. 03   90. 05   90. 0	59.00	05900 CARDI AC CATHETERI ZATI ON	0. 111960				59. 00
65. 00 06500 RESPIRATORY THERAPY 0. 210164 66. 00 06600 PHYSI CAL THERAPY 0. 194088 66. 00 06900 PHYSI CAL THERAPY 0. 194088 66. 00 06900 ELECTROCARDI OLOGY 0. 096330 69. 00 0710. 00 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0. 331712 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0. 331712 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0. 257529 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0. 257529 73. 00 07400 RENAL DI ALYSI S 0. 327457 74. 00 07400 RENAL DI ALYSI S 0. 327457 76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 3. 241459 76. 00 0000 CLI NI C 0.0000 CLI	60.00	06000 LABORATORY	0. 177235				60.00
66. 00   06600   PHYSI CAL THERAPY   0. 194088   66. 00   69. 00   06900   ELECTROCARDI OLOGY   0. 096330   0. 096330   69. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0. 331712   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0. 649398   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0. 257529   73. 00   74. 00   7400   RFDLA DI ALYSI S   0. 327457   74. 00   76. 00   07400   RFDLA DI ALYSI S   0. 327457   76. 00   07400   RFDLA DI ALYSI S   0. 327457   76. 00   07400   RFDLA DI ALYSI S   0. 327457   76. 00   07400   RFDLA DI ALYSI S   0. 327457   76. 00   07400   RFDLA DI ALYSI S   0. 327457   76. 00   07400   RFDLA DI ALYSI S   0. 327457   76. 00   0. 00   09000   CLIN C   0. 629107   90. 00   09000   CLIN C   0. 629107   90. 00   09000   CLIN C   0. 629107   90. 00   09000   D9000   D9000   DOS DEVENTOR S   0. 327457   90. 01   90.	64.00	06400 I NTRAVENOUS THERAPY	0. 728885				64. 00
69. 00 06900   ELECTROCARDIOLOGY	65.00	06500 RESPIRATORY THERAPY	0. 210164				65. 00
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0. 331712   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0. 649398   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 649398   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 327457   74. 00   07400   RENAL DI ALYSIS   0. 327457   74. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   3. 241459   76. 00   0000   CLI NI C   0. 629107	66.00	06600 PHYSI CAL THERAPY	0. 194088				66. 00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT 0. 649398 72. 00 7300 DRUGS CHARGED TO PATIENTS 0. 257529 73. 00 7400 RENAL DIALYSIS 0. 327457 74. 00 03550 PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES 3. 241459 76. 00 0000 CLI NI C 0. 629107 90. 01 09001 FAMI LY PRACTI CE CLI NI C 1. 114005 90. 01 9000 CLI NI C 90. 01 9000 CLI NI C 1. 114005 90. 02 9002 OUTPATI ENT PSYCHIATRI C SERVI CES 0. 282289 90. 02 90. 03 09003 I NFUSI ON CENTER 0. 146428 90. 03 90003 I NFUSI ON CENTER 0. 146428 90. 03 90. 04 09004 PRI MARY CARE SENI ORS 1. 337317 90. 04 90. 05 90. 06 09006 WOUND CARE CENTER 0. 146303 90. 05 90. 06 09006 WOUND CARE CENTER 0. 307124 90. 05 90. 06 09006 WOUND CARE CENTER 0. 429671 90. 07 90. 07 SLEEP CENTER 0. 429671 90. 07 91. 00 09100 IEMERGENCY 0. 187392 90. 00 99200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0. 619289 92. 00 07HER REI MBURSABLE COST CENTERS 92. 00 09200 DURABLE MEDI CAL EQUI P-RENTED 0. 498503 96. 00 10100 IUTO INDIO IMME HEALTH AGENCY 97. 00 10100 IUTO INDIO IUTO INDIO IUTO INDIO IUTO IUTO IUTO IUTO IUTO IUTO IUTO IU	69.00	06900 ELECTROCARDI OLOGY	0. 096330				69. 00
73. 00	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 331712				71. 00
74. 00 07400 RENAL DIALYSIS 0. 327457 3. 241459 76. 00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 3. 241459 76. 00 0000 CLINIC 0. 0. 629107 90. 00 09000 CLINIC 1. 114005 90. 01 09001 FAMILY PRACTICE CLINIC 1. 114005 90. 01 90. 02 09002 0UTPATI ENT PSYCHIATRIC SERVICES 0. 282289 90. 02 00002 0UTPATI ENT PSYCHIATRIC SERVICES 0. 146428 90. 02 90. 04 09004 PRI MARY CARE SENIORS 1. 337317 90. 03 09005 PAIN MANAGEMENT 0. 146303 90. 05 09005 PAIN MANAGEMENT 0. 146303 90. 06 09006 WOUND CARE CENTER 0. 307124 90. 05 90. 07 09007 SLEEP CENTER 0. 429671 90. 07 91. 00 09100 EMERGENCY 0. 187392 91. 00 09100 EMERGENCY 0. 187392 91. 00 07000 O9200 OBSERVATION BEDS (NON-DISTINCT PART) 0. 619289 92. 00 07000 DTHER REI MBURSABLE COST CENTER 0. 498503 90. 00 09000 HABALE MEDI CAL EQUI P-RENTED 0. 498503 90. 00 00 0000 HOME HEALTH AGENCY 0. 116. 00 11000 HOME HEALTH AGENCY 101. 00 00 00 00 00 00 00 00 00 00 00 00 00	72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0. 649398				72. 00
76. 00 03550   PSYCHIATRI C/PSYCHOLOGICAL SERVI CES   3. 241459   76. 00 0UTPATI ENT SERVI CE COST CENTERS   90. 00 90. 01 90. 00   09000   CLI NI C   0. 629107   90. 00 90. 01   09001   FAMI LY PRACTI CE CLI NI C   1. 114005   90. 01 90. 02   09002   0UTPATI ENT PSYCHIATRI C SERVI CES   0. 282289   90. 02 90. 03   09003   INFUSI ON CENTER   0. 146428   90. 03 90. 04   09004   PRI MARY CARE SENI ORS   1. 337317   90. 04 90. 05   09005   PAIN MANAGEMENT   0. 146303   90. 05 90. 06   09006   WOUND CARE CENTER   0. 307124   90. 06 90. 07   09007   SLEEP CENTER   0. 429671   90. 07 91. 00   09100   EMERGENCY   0. 187392   91. 00 92. 00   09200   OBSERVATI ON BEDS (NON-DISTI NCT PART)   0. 619289   91. 00  0THER REI MBURSABLE COST CENTERS   92. 00  0THER REI MBURSABLE COST CENTERS   96. 00 101.00   10100   HOME HEALTH AGENCY   101. 00  SPECI AL PURPOSE COST CENTERS   116. 00 200. 00   Subtotal (see instructions)   200. 00 201. 00   Less Observation Beds   201. 00	73.00	07300 DRUGS CHARGED TO PATIENTS	0. 257529				73. 00
OUTPATIENT SERVICE COST CENTERS   O9000   O9000   CLI NI C	74.00	07400 RENAL DI ALYSI S	0. 327457				74.00
90. 00 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 02 90. 00 90. 02 90. 03 90. 03 90. 03 1 NFUSI ON CENTER 90. 04 90. 05 90. 05 90. 06 90. 07 90. 06 90. 07 90. 07 90. 07 90. 00 90. 07 90. 00 90. 07 90. 00 90. 0	76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	3. 241459				76. 00
90. 01		OUTPATIENT SERVICE COST CENTERS					
90. 02	90.00	09000 CLI NI C	0. 629107				90.00
90. 03   09003   1 NFUSI ON CENTER   0. 146428   90. 04   90. 04   09004   PRI MARY CARE SENI ORS   1. 337317   90. 04   90. 05   09005   PAI N MANAGEMENT   0. 146303   90. 05   90. 06   09006   WOUND CARE CENTER   0. 307124   90. 06   90. 07   09007   SLEEP CENTER   0. 429671   90. 06   91. 00   09100   EMERGENCY   0. 187392   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0. 619289   92. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0. 498503   96. 00   1010. 00   HOME HEALTH AGENCY   101. 00   SPECI AL PURPOSE COST CENTERS   116. 00   11600   HOSPI CE   116. 00   200. 00   Subtotal (see instructions)   Less Observation Beds   201. 00			1. 114005				90. 01
90. 04   09004   PRI MARY CARE SENI ORS   1. 337317   90. 04   90. 05   09005   PAI N MANAGEMENT   0. 146303   90. 05   90. 06   09006   WOUND CARE CENTER   0. 307124   90. 06   90. 07   09007   SLEEP CENTER   0. 429671   90. 07   91. 00   09100   EMERGENCY   0. 187392   91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0. 619289   92. 00   0000   DURABLE MEDI CAL EQUI P-RENTED   0. 498503   96. 00   101. 00   10100   HOME HEALTH AGENCY   101. 00   SPECI AL PURPOSE COST CENTERS   116. 00   11600   HOSPI CE   116. 00   200. 00   Subtotal (see instructions)   Less Observation Beds   201. 00   201. 00   Cost of the c	90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 282289				90. 02
90. 05   09005   PAI N MANAGEMENT   0. 146303   90. 05   90. 06   09006   WOUND CARE CENTER   0. 307124   90. 06   90. 07   09007   SLEEP CENTER   0. 429671   90. 07   91. 00   09100   EMERGENCY   0. 187392   91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0. 619289   92. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0. 498503   96. 00   10100   HOME HEALTH AGENCY   SPECI AL PURPOSE COST CENTERS   116. 00   11600   HOSPI CE   Subtotal (see instructions)   Less Observation Beds   200. 00   201. 00   Less Observation Beds   201. 00	90. 03						90. 03
90. 06   09006   WOUND CARE CENTER   0. 307124   90. 06   90. 07   09007   SLEEP CENTER   0. 429671   90. 07   91. 00   09100   EMERGENCY   0. 187392   91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0. 619289   92. 00   OTHER REI MBURSABLE COST CENTERS   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0. 498503   96. 00   10100   HOME HEALTH AGENCY   SPECI AL PURPOSE COST CENTERS   116. 00   11600   HOSPI CE   116. 00   Subtotal (see instructions)   Less Observation Beds   200. 00   201. 00   Less Observation Beds   201. 00	90. 04		1. 337317				
90. 07   09007   SLEEP CENTER   0. 429671   90. 07   91. 00   09100   EMERGENCY   0. 187392   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0. 619289   92. 00   071   072   072   073   074			0. 146303				
91. 00   09100   EMERGENCY   0. 187392   0. 619289   92. 00	90.06		0. 307124				90. 06
92. 00   09200   OBSERVATI ON BEDS (NON-DI STINCT PART)   0. 619289   92. 00   OTHER REIMBURSABLE COST CENTERS   96. 00   O9600   DURABLE MEDI CAL EQUI P-RENTED   0. 498503   96. 00   OTHER REIMBURSABLE COST CENTERS   OTHER REIMBURSABLE MEDI CAL EQUI P-RENTED   OTHER REIMBURSABLE MEDI CAL EQUI P-RENTED   OTHER REIMBURSABLE COST CENTERS   OTHER	90. 07	09007 SLEEP CENTER	0. 429671				90. 07
OTHER REIMBURSABLE COST CENTERS   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0. 498503   96. 00   101. 00   10100   HOME   HEALTH   AGENCY   101. 00   SPECI AL PURPOSE COST CENTERS   116. 00   11600   HOSPI CE   116. 00   200. 00   Subtotal (see instructions)   200. 00   201. 00   Less Observation Beds   201. 00	91.00						
96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0. 498503   96. 00   101. 00   10100   HOME   HEALTH   AGENCY   101. 00   SPECI   AL   PURPOSE   COST   CENTERS   116. 00   200. 00   Subtotal   (see   instructions)   200. 00   201. 00   Less   0bservation   Beds   201. 00	92.00		0. 619289				92. 00
101. 00							
SPECIAL PURPOSE COST CENTERS   116.00   11600   HOSPI CE   200.00   Subtotal (see instructions)   200.00   201.00   Less Observation Beds   201.00			0. 498503				96. 00
116. 00       116.00       HOSPI CE       116. 00         200. 00       Subtotal (see instructions)       200. 00         201. 00       Less Observation Beds       201. 00	101.00	10100 HOME HEALTH AGENCY					101. 00
200.00       Subtotal (see instructions)       200.00         201.00       Less Observation Beds       201.00							
201.00 Less Observation Beds 201.00							
202.00   Total (see instructions)		1 1					
	202.00	Total (see instructions)					202. 00

Health Financial Systems	DEACONESS HOSP	TAL	In Lie	u of Form CMS-2552-10
CALCULATION OF OUTPATIENT SERVICE COST TO	O CHARGE RATIOS NET OF	Provider CCN: 150082		Worksheet C
REDUCTIONS FOR MEDICALD ONLY			From 10/01/2013	Part II

To 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm Title XIX Hospi tal PPS Operating Cost Capital Cost Operating Cost Cost Center Description Total Cost Capi tal (Wkst. B, Part (Wkst. B, Part Net of Capital Reducti on Reducti on I, col. 26) Cost (col. 1 Amount II col. 26) col. 2) 1.00 2.00 3.00 4.00 5.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 48, 473, 753 6, 620, 036 41, 853, 717 50.00 50.00 0 0 0 0 0 0 0 0 0 0 0 0 0 05400 RADI OLOGY-DI AGNOSTI C 3, 775, 391 24, 203, 316 54.00 54.00 27, 978, 707 0 55.00 05500 RADI OLOGY - THERAPEUTI C 4, 344, 607 523, 222 3, 821, 385 55.00 0 05900 CARDIAC CATHETERIZATION 2, 947, 589 59.00 3, 513, 141 565, 552 0 59.00 06000 LABORATORY 3, 545, 993 39, 532, 635 60.00 43, 078, 628 60.00 0 06400 INTRAVENOUS THERAPY 64.00 2, 575, 467 144, 719 2, 430, 748 0 64.00 65.00 06500 RESPIRATORY THERAPY 5, 855, 878 605, 211 5, 250, 667 0 65.00 66.00 06600 PHYSI CAL THERAPY 9, 547, 125 576, 701 8, 970, 424 66.00 0 06900 ELECTROCARDI OLOGY 2, 570, 028 69.00 2, 757, 647 187, 619 Ω 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 25, 547, 668 1, 269, 596 24, 278, 072 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 29, 524, 226 1, 430, 316 28, 093, 910 0 72.00 47, 724, 996 73.00 07300 DRUGS CHARGED TO PATIENTS 50, 205, 612 2, 480, 616 0 73.00 07400 RENAL DIALYSIS 1, 936, 021 74.00 74.00 2,029,304 93, 283 0 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 1, 402, 495 62, 101 1, 340, 394 0 76.00 OUTPATIENT SERVICE COST CENTERS 3, 437, 749 90.00 09000 CLI NI C 0 90.00 269, 081 3, 168, 668 0 0 0 0 0 0 0 09001 FAMILY PRACTICE CLINIC 90.01 3, 107, 551 467, 188 2, 640, 363 0 90.01 90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES 1, 134, 202 152, 238 981, 964 0 90.02 90. 03 09003 INFUSION CENTER 1, 202, 601 123, 757 1, 078, 844 0 90.03 09004 PRIMARY CARE SENIORS 1, 878, 987 90.04 90 04 2,000,127 121, 140 0 90.05 09005 PAIN MANAGEMENT 4, 194, 942 309, 395 3, 885, 547 0 90.05 09006 WOUND CARE CENTER 90.06 566, 813 39, 619 527, 194 0 90.06 119, 320 90 07 09007 SLEEP CENTER 1, 527, 038 1, 407, 718 Ω 90.07 91.00 09100 EMERGENCY 29, 019, 607 2, 674, 393 26, 345, 214 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 14, 785, 675 1, 807, 785 12, 977, 890 0 92.00 OTHER REIMBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 7 705 449 682, 398 7, 023, 051 0 n 96.00 101.00 10100 HOME HEALTH AGENCY 3, 448, 816 206, 324 3, 242, 492 0 0 101.00 SPECIAL PURPOSE COST CENTERS 116. 00 11600 HOSPI CE 3, 242, 058 310, 278 2, 931, 780 0 116. 00 0 0 200. 00 200.00 Subtotal (sum of lines 50 thru 199) 332, 206, 886 29, 163, 272 303, 043, 614 0 201.00 Less Observation Beds 14, 785, 675 1, 807, 785 12, 977, 890 0 201. 00

317, 421, 211

27, 355, 487

290, 065, 724

0 202. 00

202.00

Total (line 200 minus line 201)

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
CALCULATION OF OUTPATIENT SERVICE COST TO REDUCTIONS FOR MEDICALD ONLY	CHARGE RATIOS NET OF Provider CCN: 1500	R2 Period: Worksheet C From 10/01/2013 To 09/30/2014 Date/Time Prepared: 2.31 pm

				'	0 077 007 2011	2/28/2015 3: 3	31 pm
			Ti t	le XIX	Hospi tal	PPS	
	Cost Center Description	Cost Net of	Total Charges	Outpati ent			
	·	Capital and	(Worksheet C,	Cost to Charge			
		Operating Cost	Part I, column	Ratio (col. 6			
		Reduction	8)	/ col. 7)			
		6.00	7. 00	8. 00			
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	48, 473, 753		0. 193535			50.00
54.00	05400   RADI OLOGY-DI AGNOSTI C	27, 978, 707	290, 272, 529	0. 096388			54.00
55.00	05500   RADI OLOGY - THERAPEUTI C	4, 344, 607	19, 545, 112	0. 222286			55. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	3, 513, 141	33, 242, 926	0. 105681			59. 00
60.00	06000 LABORATORY	43, 078, 628	245, 197, 141				60.00
64.00	06400 I NTRAVENOUS THERAPY	2, 575, 467	3, 533, 435	0. 728885			64. 00
65.00	06500 RESPI RATORY THERAPY	5, 855, 878	27, 863, 435	0. 210164			65. 00
66.00	06600 PHYSI CAL THERAPY	9, 547, 125		0. 194088			66. 00
69. 00	06900 ELECTROCARDI OLOGY	2, 757, 647					69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25, 547, 668	77, 017, 562	0. 331712			71. 00
	07200 I MPL. DEV. CHARGED TO PATIENT	29, 524, 226	45, 463, 975	0. 649398			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50, 205, 612	194, 951, 450	0. 257529			73. 00
74.00	07400 RENAL DIALYSIS	2, 029, 304	6, 212, 648	0. 326641			74. 00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1, 402, 495	432, 674	3. 241459			76. 00
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLI NI C	3, 437, 749					90.00
	09001 FAMILY PRACTICE CLINIC	3, 107, 551					90. 01
	09002 OUTPATIENT PSYCHIATRIC SERVICES	1, 134, 202					90. 02
	09003 INFUSION CENTER	1, 202, 601	8, 212, 927				90. 03
	09004 PRI MARY CARE SENI ORS	2, 000, 127	1, 495, 627	1. 337317			90. 04
	09005 PAIN MANAGEMENT	4, 194, 942	28, 697, 819	0. 146176			90. 05
	09006 WOUND CARE CENTER	566, 813	1, 845, 786				90. 06
90. 07	09007 SLEEP CENTER	1, 527, 038	3, 564, 555	0. 428395			90. 07
91.00	09100 EMERGENCY	29, 019, 607	168, 229, 447	0. 172500			91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14, 785, 675	23, 875, 246	0. 619289			92.00
	OTHER REIMBURSABLE COST CENTERS						
	09600 DURABLE MEDICAL EQUIP-RENTED	7, 705, 449					96. 00
101.00	10100 HOME HEALTH AGENCY	3, 448, 816	2, 570, 019	1. 341942			101. 00
	SPECIAL PURPOSE COST CENTERS				i e		
	11600 HOSPI CE	3, 242, 058					116. 00
200.00		332, 206, 886					200. 00
201.00	I I	14, 785, 675					201. 00
202.00	Total (line 200 minus line 201)	317, 421, 211	1, 541, 703, 024				202. 00

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORT	TONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS			Period: From 10/01/2013 To 09/30/2014	Worksheet D Part I Date/Time Pre 2/28/2015 3:3	
				e XVIII	Hospi tal	PPS	
	Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient		
		Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
		(from Wkst. B,		Related Cost			
		Part II, col.		(col. 1 - col			
		26)		2)			
		1.00	2.00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10, 489, 926	0	10, 489, 92	6 110, 400	95. 02	30.00
31.00	INTENSIVE CARE UNIT	2, 751, 035		2, 751, 03	5 16, 859	163. 18	31.00
32.00	CORONARY CARE UNIT	504, 848		504, 84	4, 003	126. 12	32.00
40.00	SUBPROVI DER - I PF	199, 655	0	199, 65	5 3, 994	49. 99	40.00
44.00	SKILLED NURSING FACILITY	0			0	0.00	44.00
200.00	Total (lines 30-199)	13, 945, 464		13, 945, 46	4 135, 256		200. 00
	Cost Center Description	I npati ent	I npati ent				
		Program days	Program				
			Capital Cost				
			(col. 5 x col.				
			6)				
		6. 00	7. 00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	41, 710	3, 963, 284				30.00
31.00	INTENSIVE CARE UNIT	8, 103	1, 322, 248				31.00
32.00	CORONARY CARE UNIT	1, 965	247, 826	,			32.00
40.00	SUBPROVI DER - I PF	1, 587	79, 334				40.00
44.00	SKILLED NURSING FACILITY	0		1			44.00
200.00	Total (lines 30-199)	53, 365	5, 612, 692				200. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der		Peri od:	Worksheet D		
				From 10/01/2013 To 09/30/2014		nared:	
				10 07/30/2014	2/28/2015 3:3	1 pm	
		Ti tl	e XVIII	Hospi tal	PPS		
Cost Center Description	Capi tal	Total Charges			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)						
ANOLILIA DIVI OFFICIA DE COOT, OFFITEDO	1. 00	2. 00	3. 00	4. 00	5. 00		
ANCILLARY SERVICE COST CENTERS	/ /00 00/	050 4/5 040	0.00740	07.045.005	000 /00	F0 00	
50. 00 05000 OPERATING ROOM	6, 620, 036		1				
54. 00 05400 RADI OLOGY - DI AGNOSTI C	3, 775, 391		1				
55. 00   05500   RADI OLOGY - THERAPEUTI C	523, 222						
59. 00 05900 CARDI AC CATHETERI ZATI ON	565, 552				170, 636		
60. 00 06000 LABORATORY	3, 545, 993					60.00	
64. 00 06400 I NTRAVENOUS THERAPY	144, 719				71, 872	64.00	
65. 00 06500 RESPIRATORY THERAPY	605, 211						
66. 00 06600 PHYSI CAL THERAPY	576, 701						
69. 00 06900 ELECTROCARDI OLOGY	187, 619				61, 328		
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 269, 596					71.00	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	1, 430, 316						
73. 00 07300 DRUGS CHARGED TO PATIENTS	2, 480, 616					73.00	
74. 00 07400 RENAL DIALYSIS	93, 283		1				
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	62, 101	432, 674	0. 14352	5, 488	788	76. 00	
90. 00 OPPATI ENT SERVI CE COST CENTERS	269, 081	5, 466, 112	0. 04922	2 5//	126	90.00	
90. 00   09000   CLINIC 90. 01   09001   FAMILY PRACTICE CLINIC	467, 188		1				
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	152, 238						
90. 03   09003   NFUSION CENTER	123, 757						
90. 04   09004   PRI MARY CARE SENI ORS	121, 140				152	90.03	
90. 05   09005   PALIN MANAGEMENT	309, 395				11	90.05	
90. 06   09006   WOUND CARE CENTER	39, 619					90.06	
90. 07   09007   SLEEP CENTER	119, 320						
91. 00 09100 EMERGENCY	2, 674, 393					1	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 807, 785						
OTHER REIMBURSABLE COST CENTERS	1,007,700	20,070,240	0.07371	٦, ٥٥٥, 420	303, 203	/2.00	
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	682, 398	15, 457, 175	0. 04414	.8 0	0	96. 00	
200.00 Total (lines 50-199)		1, 535, 667, 184	1	315, 069, 956	ľ		
	20,0.0,070	1 ., 555, 557, 10	.1	0.0,007,700	0,00.,702	1-30.00	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COS	TS Provi der	CCN: 150082	Peri od:	Worksheet D	
				From 10/01/2013 To 09/30/2014		nared·
					2/28/2015 3:3	
			e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School			Swi ng-Bed	Total Costs	
		Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cos		1 through 3,	
				instructions)		
	1.00	2. 00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	0	566, 216		0	566, 216	
31.00 03100 INTENSIVE CARE UNIT	0	106, 151	1	0	106, 151	31. 00
32. 00 03200 CORONARY CARE UNIT	0	30, 270		0	30, 270	
40. 00   04000   SUBPROVI DER - 1 PF	0	) (		0	0	40. 00
44.00  04400 SKILLED NURSING FACILITY	0	) (	)	0	0	1
200.00 Total (lines 30-199)	0	702, 637		0	702, 637	200. 00
Cost Center Description	Total Patient	Per Diem (col.		I npati ent		
	Days	5 ÷ col. 6)	Program Days			
				Pass-Through		
				Cost (col. 7 x		
				col . 8)		
	6. 00	7. 00	8. 00	9. 00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	110, 400	<b>1</b>		·		30.00
31.00  03100 INTENSIVE CARE UNIT	16, 859	<b>1</b>			1	31. 00
32. 00   03200   CORONARY CARE UNIT	4, 003	7. 56	1, 96	55 14, 855		32. 00
40. 00   04000   SUBPROVI DER - 1 PF	3, 994	0.00	1, 58	37 0		40.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00		0 0		44. 00
200.00 Total (lines 30-199)	135, 256	<u>,                                    </u>	53, 36	279, 876		200. 00

Health Financial Systems	DEACONESS HOSPI	I TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provi der CCN: 150082	From 10/01/2013	Worksheet D Part IV Date/Time Prepared: 2/28/2015 3:31 pm
		Title XVIII	Hospi tal	PPS

			''	0 07/30/2014	2/28/2015 3: 3	
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician	Nursing School	Allied Health	All Other	Total Cost	
	Anestheti st			Medi cal	(sum of col 1	
	Cost			Education Cost	9	
					4)	
	1. 00	2. 00	3. 00	4. 00	5. 00	
ANCI LLARY SERVI CE COST CENTERS	_			_		
50. 00   05000   OPERATING ROOM	0	0	20, 318	0	20, 318	
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	0	0	0	01	54. 00
55. 00   05500   RADI OLOGY - THERAPEUTI C	0	0	0	0	01	55. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON	0	0	0	0	01	59. 00
60. 00   06000   LABORATORY	0	0	0	0	0	60. 00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
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	0	69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	316, 224	0	316, 224	73. 00
74.00  07400 RENAL DIALYSIS	0	0	0	0	0	74. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	0	0	76. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00  09000   CLI NI C	0	0	0	0	0	90. 00
90.01 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90. 02
90.03 09003 INFUSION CENTER	0	0	0	0	0	90. 03
90. 04 09004 PRIMARY CARE SENIORS	0	0	0	0	0	90. 04
90. 05   09005   PAI N MANAGEMENT	0	0	0	0	0	90. 05
90.06 09006 WOUND CARE CENTER	0	0	0	0	0	90.06
90. 07   09007   SLEEP CENTER	0	0	0	0	0	90. 07
91. 00   09100   EMERGENCY	0	0	19, 903	0	19, 903	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	97, 585	0	97, 585	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	
200.00 Total (lines 50-199)	0	0	454, 030	0	454, 030	200. 00

Health Financial Systems	DEACONESS	<b>HOSPI</b>	TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PAS	S	Provi der		Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Pre 2/28/2015 3:3	
			Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Total	Tota	l Charges	Ratio of Cost	Outpati ent	I npati ent	
	Outpati ent	(from	n Wkst. C,	to Charges	Ratio of Cost	Program	
	Cost (sum of	Part	I, col.	(col. 5 ÷ col	. to Charges	Charges	
	col . 2, 3 and		8)	7)	(col . 6 ÷ col .		
	4.)				71		

							2/28/2015 3: 3	ı pm
					e XVIII	Hospi tal	PPS	
	Cost Center Description	Total			Ratio of Cost		I npati ent	
			(from Wk	st. C,	to Charges	Ratio of Cost	Program	
		Cost (sum of			(col. 5 ÷ col.	to Charges	Charges	
		col . 2, 3 and	8)		7)	(col. 6 ÷ col.		
		4)				7)		
		6. 00	7.0	0	8. 00	9. 00	10.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	20, 318	250, 4	65, 340	0. 000081	0. 000081	37, 215, 325	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	290, 2	72, 529	0.000000	0.000000	34, 641, 540	54.00
55.00	05500 RADI OLOGY - THERAPEUTI C	0	19, 5	45, 112	0. 000000	0. 000000	332, 683	55.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	33, 2	42, 926	0. 000000	0. 000000	10, 029, 741	59. 00
60.00	06000 LABORATORY	0	245, 1	97, 141	0.000000	0.000000	62, 545, 194	60.00
64.00	06400 I NTRAVENOUS THERAPY	0	3, 5	33, 435	0. 000000	0.000000	1, 754, 821	64.00
65.00	06500 RESPI RATORY THERAPY	0	27, 8	63, 435	0.000000	0.000000	12, 284, 252	65. 00
66.00	06600 PHYSI CAL THERAPY	0	49, 1	89, 699	0. 000000	0.000000	18, 358, 604	66. 00
69.00	06900 ELECTROCARDI OLOGY	0	28, 6	27, 157	0. 000000	0.000000	9, 357, 321	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	77, 0	17, 562	0. 000000	0.000000	26, 948, 049	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0	45, 4	63, 975	0. 000000	0. 000000	15, 074, 713	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	316, 224	194, 9	51, 450	0. 001622	0. 001622	51, 690, 416	73. 00
74.00	07400 RENAL DIALYSIS	0		12, 648			3, 150, 141	74.00
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0		32, 674		0. 000000	5, 488	76. 00
	OUTPATIENT SERVICE COST CENTERS	'	•		<u> </u>			
90.00	09000 CLI NI C	0	5, 4	66, 112	0.000000	0.000000	2, 566	90. 00
90. 01	09001 FAMILY PRACTICE CLINIC	0		89, 531		0. 000000	1, 942	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0		17, 876		0. 000000	586	90. 02
90. 03	09003 INFUSION CENTER	0	8, 2	12, 927	0. 000000	0. 000000	13, 824	90. 03
90. 04	09004 PRI MARY CARE SENI ORS	0	1.4	95, 627	0. 000000	0. 000000	1, 881	90. 04
90. 05	09005 PALN MANAGEMENT	0		97, 819			1, 033	90. 05
90. 06	09006 WOUND CARE CENTER	0	1	45, 786			1, 053	90. 06
90. 07	09007 SLEEP CENTER	0		64, 555			9, 655	90. 07
91. 00	09100 EMERGENCY	19, 903		29, 447			•	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	97, 585		75, 246			4, 005, 428	
	OTHER REIMBURSABLE COST CENTERS	,					.,,	
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0	15. 4	57, 175	0.000000	0. 000000	0	96. 00
200.00		454, 030	1, 535, 6				315, 069, 956	
		1			1	1		

Health Financial Systems

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

DEACONESS HOSPITAL

In Lieu of Form CMS-2552-10

Provider CCN: 150082
From 10/01/2013
To 09/30/2014
Date/Time Prepared:

Title   XVII   Hospital   PPS					0 77 307 2014	2/28/2015 3:3	
Program Pass-Through Costs (col. 8 x col. 10)			Ti tl	e XVIII	Hospi tal		
Pass-Through Costs (col. 9 x col. 10)   x col. 10)   x col. 10	Cost Center Description	I npati ent	Outpati ent	Outpati ent			
Costs (col. 9   x col. 10)   x col. 10)   x col. 12)		Program	Program	Program			
X COL. 10)   X COL. 12    X C		Pass-Through	Charges				
11.00   12.00   13.00							
ANCILLARY SERVICE COST CENTERS							
50. 00   05000   OPERATI NG ROOM   3, 014   24, 733, 224   2, 003   50. 00   54. 00   55. 00   05500   RADI OLOGY - DI AGNOSTI C   0   58, 601, 338   0   55. 00   05500   RADI OLOGY - THERAPEUTI C   0   8, 467, 047   0   0   55. 00   05900   CARDI AC CATHETERI ZATI ON   0   5, 690, 283   0   60. 00   06000   LABORATORY   0   13, 518, 493   0   0   0   0   0   0   0   0   0		11. 00	12. 00	13. 00			
54. 00   05400   RADI OLOGY - DI AGNOSTI C   0   58, 601, 338   0   54. 00   55. 00   05500   RADI OLOGY - THERAPEUTI C   0   8, 467, 047   0   55. 00   05900   CARDI DAC CATHETERIZATI ON   0   5, 690, 283   0   59. 00   06. 00   06000   LABORATORY   0   13, 518, 493   0   0   06. 00   06							
55. 00   05500   RADI OLOGY - THERAPEUTI C   0   8, 467, 047   0   55. 00		3, 014		· ·			
59.00   05900   CARDI AC CATHETERI ZATI ON   0   5, 690, 283   0   0   0   0   0   0   0   0   0		0					
60. 00   06000   LABORATORY   0   13, 518, 493   0   60. 00   64. 00   06400   INTRAVENOUS THERAPY   0   0   0   0   0   65. 00   06500   RESPI RATORY THERAPY   0   527, 173   0   66. 00   06500   RESPI RATORY THERAPY   0   133, 029   0   66. 00   06600   PHYSI CAL THERAPY   0   133, 029   0   67. 00   06900   ELECTROCARDI OLOGY   0   3, 265, 577   0   67. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   7, 729, 894   0   67. 00   07200   IMPL. DEV. CHARGED TO PATIENT   0   3, 857, 687   0   67. 00   07300   DRUGS CHARGED TO PATIENTS   83, 842   30, 875, 489   50, 080   67. 00   07300   DRUGS CHARGED TO PATIENTS   83, 842   30, 875, 489   50, 080   67. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   14, 613   0   67. 00   0000   CLI NI C   0   248, 866   0   69. 01   09000   CLI NI C   0   248, 866   0   69. 02   09002   OUTPATI ENT PSYCHI ATRI C SERVI CES   0   332, 014   0   69. 03   09003   INFUSI ON CENTER   0   3, 188, 792   0   69. 04   09004   PRI MARY CARE SENI ORS   0   917, 295   0   69. 05   09005   PAI N MANAGEMENT   0   11, 689, 466   0   69. 06   09006   WOUND CARE CENTER   0   5, 121   0   69. 00   09007   DEMERGENCY   3, 262   21, 348, 280   2, 519   60. 00   09000   DIRABLE MEDI CAL EQUI P-RENTED   0   0   60. 00   09000   DIRABLE MEDI CAL EQUI P-RENTED   0   0   60. 00   09000   DIRABLE MEDI CAL EQUI P-RENTED   0   0   60. 00   09000   00000   00000   00000   0   60. 00   00000   00000   00000   000000   0   60. 00   00000   00000   00000   00000   0   60. 00   00000   000000   000000   000000   000000		0					
64. 00   06400   INTRAVENOUS THERAPY   0   0   0   0   0   0   0   0   0		0					•
65. 00 06500 RESPIRATORY THERAPY 0 527, 173 0 66. 00 66.00 PHYSI CAL THERAPY 0 133, 029 0 66. 00 66.00 PHYSI CAL THERAPY 0 133, 029 0 66. 00 67. 00 69.00 PHYSI CAL THERAPY 0 133, 029 0 66. 00 69.00 071. 00		0	13, 518, 493	0			
66. 00 06600 PHYSICAL THERAPY 0 133, 029 0 66. 00 69. 00 69. 00 ELECTROCARDI OLOGY 0 3, 265, 577 0 69. 00 71. 00 77100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 7, 729, 894 0 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENT 0 3, 857, 687 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENT 883, 842 30, 875, 489 50, 080 73. 00 74. 00 07400 RENAL DI ALYSI S 0 310, 531 0 74. 00 07400 RENAL DI ALYSI S 0 310, 531 0 74. 00 07500 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 14, 613 0 0 76. 00 07500 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 14, 613 0 0 76. 00 07500 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 1, 911, 807 0 90. 00 90. 01 90. 01 FAMI LY PRACTI CE CLINI C 0 248, 866 0 90. 01 90. 01 90. 01 FAMI LY PRACTI CE CLINI C 0 332, 014 0 90. 02 90. 02 0UTPATI ENT PSYCHI ATRI C SERVI CES 0 3, 188, 792 0 90. 03 90. 03 18FUSI ON CENTER 0 3, 188, 792 0 90. 03 90. 03 90. 03 18FUSI ON CENTER 0 3, 188, 792 0 90. 03 90. 03 90. 04 90. 04 90. 04 90. 04 PRI MARY CARE SENI ORS 0 917, 295 0 90. 04 90. 05 90. 05 PAI N MANAGEMENT 0 11, 689, 466 0 90. 05 90. 05 PAI N MANAGEMENT 0 11, 689, 466 0 90. 05 90. 05 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 07 90. 08 PAI N MANAGEMENT 0 16, 370 3, 895, 734 15, 922 90. 07 90. 07 90. 07 90. 07 90. 08 PAI N BEDS (NON-DISTINCT PART) 16, 370 3, 895, 734 15, 922 90. 07 90. 07 90. 07 90. 00 9		0	0	0			
69. 00		0					
71. 00		0	•				
72. 00		0					
73. 00		0					
74. 00 76. 00 03550   PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES		0					
76. 00   03550   PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES   0   14, 613   0   76. 00		83, 842	30, 875, 489	50, 080			
OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICE COST CENTERS     90. 00   09000   CLINIC   OUTPATIENT SERVICES   OUTPATIENT PSYCHIATRIC P		0	310, 531	0			74. 00
90. 00   09000   CLI NI C   0   1, 911, 807   0   90. 00   09001   FAMI LY PRACTI CE CLI NI C   0   248, 866   0   90. 01   09002   09002   0UTPATI ENT PSYCHI ATRI C SERVI CES   0   332, 014   0   90. 02   09003   NFUSI ON CENTER   0   3, 188, 792   0   90. 03   09003   NFUSI ON CENTER   0   917, 295   0   90. 04   09004   PRI MARY CARE SENI ORS   0   917, 295   0   90. 04   09005   PAI NANAGEMENT   0   11, 689, 466   0   90. 05   09006   WOUND CARE CENTER   0   595, 121   0   90. 06   09007   SLEEP CENTER   0   1, 285, 892   0   90. 06   09100   EMERGENCY   3, 262   21, 348, 280   2, 519   91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   16, 370   3, 895, 734   15, 922   92. 00   07HER REI MBURSABLE COST CENTERS   0   0   0   0   0   96. 00   00   00   00   00   00   00   00		0	14, 613	0			76. 00
90. 01   09001   FAMILY PRACTICE CLINIC   0   248, 866   0   90. 01   90. 02   90. 02   90. 03   09002   0UTPATI ENT PSYCHI ATRIC SERVICES   0   332, 014   0   90. 02   90. 03   09003   INFUSION CENTER   0   3, 188, 792   0   90. 03   90. 04   09004   PRI MARY CARE SENIORS   0   917, 295   0   90. 04   90. 05   09005   PAI N MANAGEMENT   0   11, 689, 466   0   90. 05   90. 06   09006   WOUND CARE CENTER   0   595, 121   0   90. 06   90. 07   09007   SLEEP CENTER   0   1, 285, 892   0   90. 07   91. 00   09100   EMERGENCY   3, 262   21, 348, 280   2, 519   91. 00   92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   16, 370   3, 895, 734   15, 922   92. 00   071HER REI MBURSABLE COST CENTERS   0   0   0   0   0   96. 00   00   00   00   00   00   00   00							
90. 02   09002   0UTPATI ENT PSYCHI ATRI C SERVI CES   0   332, 014   0   90. 02   09003   1NFUSI ON CENTER   0   3, 188, 792   0   90. 03   09003   1NFUSI ON CENTER   0   917, 295   0   90. 04   09004   PRI MARY CARE SENI ORS   0   917, 295   0   90. 04   09005   09005   PAI N MANAGEMENT   0   11, 689, 466   0   90. 05   09006   WOUND CARE CENTER   0   595, 121   0   90. 06   09007   SLEEP CENTER   0   1, 285, 892   0   90. 07   09007   SLEEP CENTER   0   1, 285, 892   0   90. 07   09100   EMERGENCY   3, 262   21, 348, 280   2, 519   91. 00   09100   DSERVATI ON BEDS (NON-DI STI NCT PART)   16, 370   3, 895, 734   15, 922   92. 00   071000   07100   07100   07100   07100   07100   07100   07100   071		0					
90. 03   09003   INFUSION CENTER   0   3, 188, 792   0   90. 03   09004   09004   PRI MARY CARE SENI ORS   0   917, 295   0   90. 04   09005   09005   PAI N MANAGEMENT   0   11, 689, 466   0   90. 05   09006   WOUND CARE CENTER   0   595, 121   0   90. 06   09007   SLEEP CENTER   0   1, 285, 892   0   90. 07   09007   SLEEP CENTER   3, 262   21, 348, 280   2, 519   91. 00   09100   EMERGENCY   3, 262   21, 348, 280   2, 519   92. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   16, 370   3, 895, 734   15, 922   92. 00   0700   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   96. 00   00   00   00   00   00   00   00		0	248, 866	0			90. 01
90. 04   09004   PRI MARY CARE SENI ORS   0   917, 295   0   90. 04   90. 05   09005   PAI N MANAGEMENT   0   11, 689, 466   0   90. 05   90. 06   09006   WOUND CARE CENTER   0   595, 121   0   90. 06   90. 07   09007   SLEEP CENTER   0   1, 285, 892   0   90. 07   91. 00   09100   EMERGENCY   3, 262   21, 348, 280   2, 519   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   16, 370   3, 895, 734   15, 922   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   96. 00   99. 04		0	332, 014	0			
90. 05		0					
90. 06   09006   WOUND CARE CENTER   0   595, 121   0   90. 06   09007   SLEEP CENTER   0   1, 285, 892   0   90. 07   09100   EMERGENCY   3, 262   21, 348, 280   2, 519   91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   16, 370   3, 895, 734   15, 922   92. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   96. 00   00   00   00   00   00   00   00		0					
90. 07   09007   SLEEP CENTER   0   1, 285, 892   0   90. 07   09100   EMERGENCY   3, 262   21, 348, 280   2, 519   91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   16, 370   3, 895, 734   15, 922   92. 00   071HER REI MBURSABLE COST CENTERS   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   96. 00   00   00   00   00   00   00   00		0	11, 689, 466	0			1
91. 00   09100   EMERGENCY   3, 262   21, 348, 280   2, 519   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   16, 370   3, 895, 734   15, 922   92. 00   07   0   0   0   0   0   0   0   0		0	595, 121	0			
92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   16, 370   3, 895, 734   15, 922   92. 00   OTHER REI MBURSABLE COST CENTERS   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   96. 00   96. 00   0   0   0   0   0   0   0   0   0		0	1, 285, 892	0			
OTHER REI MBURSABLE COST CENTERS           96. 00         09600 DURABLE MEDI CAL EQUI P-RENTED         0         0         0         96. 00	91. 00  09100 EMERGENCY	3, 262	21, 348, 280				91.00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 96. 00		16, 370	3, 895, 734	15, 922			92. 00
200. 00   Total (lines 50-199)   106, 488  203, 137, 645  70, 524    200. 00		-1	0				
	200.00   Total (lines 50-199)	106, 488	203, 137, 645	70, 524			200. 00

Health Financial Systems	D	EACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
APPORTIONMENT OF MEDICAL, OTHER HE	ALTH SERVICES AND VACCI	NE COST	Provi der		Peri od:	Worksheet D		
					rom 10/01/2013	Part V		
					o 09/30/2014	Date/Time Pre	pared:	
			Ti +I	e XVIII	Hospi tal	2/28/2015 3: 3 PPS	ı pm	
			11 (1	Charges	nospi tai	Costs		
Cost Center Description	n Cost t	to Charge	PPS Reimbursed		Cost	PPS Servi ces		
cost center bescription		o From	Services (see	Rei mbursed	Rei mbursed	(see inst.)		
		sheet C,	inst.)	Servi ces	Services Not	(300 11131.)		
		, col . 9	11131.)	Subject To	Subject To			
	, a. c .	,,		Ded. & Coins.	Ded. & Coins.			
				(see inst.)	(see inst.)			
		1. 00	2. 00	3.00	4.00	5. 00		
ANCILLARY SERVICE COST CENTE	- I		2.00	0.00		0.00		
50. 00 05000 OPERATING ROOM		0. 193535	24, 733, 224	C	0	4, 786, 745	50.00	
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 096388	58, 601, 338			5, 648, 466		
55. 00 05500 RADI OLOGY - THERAPEUTI	С	0. 222286	8, 467, 047	d	0	1, 882, 106		
59. 00 05900 CARDI AC CATHETERI ZATI 0	1	0. 105681	5, 690, 283	d	0	601, 355		
60. 00   06000   LABORATORY		0. 175690	13, 518, 493	8, 494	0	2, 375, 064		
64.00 06400 INTRAVENOUS THERAPY		0. 728885	0	,	0	0	64. 00	
65. 00 06500 RESPIRATORY THERAPY		0. 210164	527, 173	ď		110, 793	1	
66. 00 06600 PHYSI CAL THERAPY		0. 194088	133, 029	ď		25, 819	66. 00	
69. 00 06900 ELECTROCARDI OLOGY		0. 096330	3, 265, 577	ď		314, 573		
71. 00 07100 MEDICAL SUPPLIES CHARG	FD TO PATIENTS	0. 331712	7, 729, 894	2, 638	-	2, 564, 099		
72. 00 07200 I MPL. DEV. CHARGED TO		0. 649398	3, 857, 687	2,000		2, 505, 174	72. 00	
73. 00 07300 DRUGS CHARGED TO PATIE		0. 257529	30, 875, 489	d	307, 448	7, 951, 334	73. 00	
74. 00 07400 RENAL DIALYSIS		0. 326641	310, 531	d		101, 432		
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI	CAL SERVICES	3. 241459	14, 613	d	0	47, 367	76. 00	
OUTPATIENT SERVICE COST CENT						, , , , , , , , , , , , , , , , , , , ,		
90. 00 09000 CLI NI C		0. 628920	1, 911, 807	C	0	1, 202, 374	90.00	
90. 01 09001 FAMILY PRACTICE CLINIC		1. 114005	248, 866		0	277, 238	90. 01	
90. 02 09002 OUTPATIENT PSYCHIATRIC	SERVI CES	0. 282289	332, 014		0	93, 724	90. 02	
90.03 09003 INFUSION CENTER		0. 146428	3, 188, 792	C	0	466, 928	90. 03	
90. 04 09004 PRIMARY CARE SENIORS		1. 337317	917, 295	C	0	1, 226, 714	90. 04	
90. 05 09005 PALN MANAGEMENT		0. 146176	11, 689, 466		0	1, 708, 719	90. 05	
90.06 09006 WOUND CARE CENTER		0. 307085	595, 121	C	0	182, 753	90. 06	
90. 07 09007 SLEEP CENTER		0. 428395	1, 285, 892	C	0	550, 870	90. 07	
91. 00 09100 EMERGENCY		0. 172500	21, 348, 280	c	0	3, 682, 578	91. 00	
92.00 09200 OBSERVATION BEDS (NON-	DISTINCT PART)	0. 619289	3, 895, 734	C	0	2, 412, 585	92.00	
OTHER REIMBURSABLE COST CENT	ERS							
96. 00 09600 DURABLE MEDICAL EQUIP-	RENTED	0. 498503	0	C	0	0	96. 00	
200.00 Subtotal (see instruct			203, 137, 645	11, 132	307, 448	40, 718, 810		
201.00 Less PBP Clinic Lab. S	ervi ces-Program			C	0		201. 00	
Only Charges								
202.00 Net Charges (line 200	+/- line 201)		203, 137, 645	11, 132	307, 448	40, 718, 810	202. 00	

						2/28/2015 3:3	31 pm
			Ti tl	e XVIII	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				
	NCILLARY SERVICE COST CENTERS						
	5000 OPERATING ROOM	0	0				50. 00
	5400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
55.00 0	5500 RADI OLOGY - THERAPEUTI C	0	0				55. 00
59.00 0	5900 CARDI AC CATHETERI ZATI ON	0	0				59. 00
60.00 0	6000 LABORATORY	1, 492	0				60.00
64.00 0	6400 I NTRAVENOUS THERAPY	0	0				64. 00
65.00 0	6500 RESPI RATORY THERAPY	0	0				65. 00
66.00 0	16600 PHYSI CAL THERAPY	0	0				66. 00
69.00 0	6900 ELECTROCARDI OLOGY	0	0				69. 00
71.00 0	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	875	0				71. 00
72.00 0	7200 IMPL. DEV. CHARGED TO PATIENT	0	0				72. 00
73.00 0	7300 DRUGS CHARGED TO PATIENTS	0	79, 177				73. 00
74.00 0	7400 RENAL DIALYSIS	0	0				74. 00
76.00 0	3550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0				76. 00
	UTPATIENT SERVICE COST CENTERS						
90.00 0	99000 CLI NI C	0	0				90. 00
90. 01 0	99001 FAMILY PRACTICE CLINIC	0	0				90. 01
90. 02 0	9002 OUTPATIENT PSYCHIATRIC SERVICES	0	0				90. 02
90. 03 0	99003 INFUSION CENTER	0	0				90. 03
90. 04 0	9004 PRIMARY CARE SENIORS	0	0				90. 04
	99005 PAIN MANAGEMENT	0	0				90. 05
90.06 0	99006 WOUND CARE CENTER	0	0				90. 06
90. 07 0	99007 SLEEP CENTER	0	0				90. 07
91.00 0	9100 EMERGENCY	0	0				91. 00
92.00 0	9200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92. 00
	THER REIMBURSABLE COST CENTERS						
	9600 DURABLE MEDICAL EQUIP-RENTED	0	0				96. 00
200.00	Subtotal (see instructions)	2, 367	79, 177				200. 00
201.00	Less PBP Clinic Lab. Services-Program	0					201. 00
	Only Charges						
202.00	Net Charges (line 200 +/- line 201)	2, 367	79, 177				202. 00

Heal th Financial   Systems   DEACONESS HOSPITAL   Financial   Systems   The Cost   Provider   Coll: 150082   From 10/01/2013   Part II   Date/Time   Prepared: 2/28/2015   3:31   pm   Prepared: 2/28/2015   3:								
Component CN: 155082   From 10/01/2013   Part II   Date/Time Prepared: 2/28/2015 3:31 pm	Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
Component CON: 155082   To   O9/30/2014   Date/Time Prepared: 2/28/2015 3: 31 pm	APPORT	TONMENT OF INPATIENT ANCILLARY SERVICE CAPITA						
Cost Center Description							Part II	
Capital Related Cost (From Wisst. B, Part II, col.   PS   Related Cost (From Wisst. B, Part II, col.   PS   PART II, col.   PART II, col.   PS   PART III, col.   PS   PART II, col.   PS   PART III, col.   PS   P				Component	CCN: 15S082	To 09/30/2014		
PF   Capital   Related Cost   Capital   Related Cost   Cost   Capital   Related Cost				Ti +I	o V/III	Subprovidor		т рііі
Capital Charges   Ratio of Cost   Inpatient   Capital Costs (From Wkst. B, Part II. col.   Charges   Column 4 x   Column 3 x   Column 4 x   Column 4 x   Charges   C				11 (1	e viii	I PF	FF3	
Related Cost (From Wkst. B, Part I, col.   Part I, col.   Part I, col.   Part II, col.   Par		Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
CFrom Wisst. B, Part I, col.   Col.   1								
Part II, col.   8)   2)   20   20   3.00   4.00   5.00								
ANCILLARY SERVICE COST CENTERS			Part II, col.			3.1	,	
ANCILLARY SERVICE COST CENTERS				- 7	<b>_</b>			
SOLO   05000   05000   05000   054001   13,320   352   50.00			1.00	2.00	3.00	4. 00	5. 00	
54. 00         05400         RADI OLOGY-DI AGNOSTI C         3,775,391         290,272,529         0.013006         22,864         297         54.00           55. 00         05500         RADI OLOGY - THERAPEUTI C         523,222         19,545,112         0.026770         0         0         55.00           60. 00         60.00         LABORATORY         3,545,993         245,197,141         0.014462         364,015         5,264         60.00           64. 00         06400         IABORATORY         144,719         3,533,435         0.040957         0         0         64.00           65. 00         06500         RESPIRATORY THERAPY         605,211         27,863,435         0.021721         4,051         88         65.00           66. 00         06400         PHYSI CAL THERAPY         576,701         49,189,699         0.011724         0         0         66.00           69. 00         06900         ELECTROCARDI OLOGY         187,619         28,627,157         0.006554         0         0         69.00           72. 00         07200 I IMPL. DEV. CHARGED TO PATI ENTS         1,269,596         77,017,562         0.016484         5,209         86         71.00           74. 00         07300         RENAL DI ALY								
55. 00         05500 RADI OLOGY - THERAPEUTI C         523, 222         19, 545, 112         0.026770         0         0         55. 00           59. 00         05900 CARDI AC CATHETERI ZATI ON         565, 552         33, 242, 926         0.017013         0         0         59. 00           60. 00         06000 CABORATORY         3, 545, 993         245, 197, 141         0.01462         364, 015         5, 264         60. 00           64. 00         06400 INTRAVENOUS THERAPY         144, 719         3, 533, 435         0.040957         0         0         64. 00           65. 00         06500 RESPI RATORY THERAPY         605, 211         27, 863, 435         0.021721         4, 051         88         65. 00           69. 00         06900 ELECTROCARDI OLOGY         187, 619         28, 627, 157         0.006554         0         0         66. 00           71. 00         07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS         1, 269, 596         77, 017, 562         0.016484         5, 209         86         71. 00           73. 00         07300 DRUGS CHARGED TO PATI ENTS         2, 480, 616         194, 951, 450         0.012724         286, 612         3, 647         73. 00           74. 00         07400 RENAL DI ALYSIS         93, 283         6, 212, 648	50.00	05000 OPERATING ROOM	6, 620, 036	250, 465, 340	0. 02643	13, 320	352	50. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON   565, 552   33, 242, 926   0. 017013   0   0   59. 00	54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 775, 391	290, 272, 529	0. 01300	22, 864	297	54.00
60.00   06000   LABORATORY   3,545,993   245,197,141   0.014462   364,015   5,264   60.00   64.00   06400   INTRAVENOUS THERAPY   144,719   3,533,435   0.040957   0   0.64.00   64.00   65.00   65500   RESPIRATORY THERAPY   576,701   49,189,699   0.011724   0.0   0.0600   066000   066000   06600   06600   06600   06600   06600   06600   06600   06	55.00	05500 RADI OLOGY - THERAPEUTI C	523, 222	19, 545, 112	0. 0267	70 0	0	55. 00
64. 00   06400   INTRAVENOUS THERAPY   144, 719   3, 533, 435   0. 040957   0   0   64. 00   65. 00   06500   RESPI RATORY THERAPY   605, 211   27, 863, 435   0. 021721   4, 051   88   65. 00   66. 00   06600   PHYSI CAL THERAPY   576, 701   49, 189, 699   0. 011724   0   0   06. 00   06. 00   06900   ELECTROCARDI OLOGY   187, 619   28, 627, 157   0. 006554   0   0   69. 00   071.00   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   1, 269, 596   77, 017, 562   0. 016484   5, 209   86   71. 00   72. 00   72. 00   0. 07200   MPL. DEV. CHARGED TO PATI ENTS   1, 430, 316   45, 463, 975   0. 031460   11   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   2, 480, 616   194, 951, 450   0. 012724   286, 612   3, 647   73. 00   07300   DRUGS CHARGED TO PATI ENTS   93, 283   6, 212, 648   0. 015015   0   0   74. 00	59.00	05900 CARDI AC CATHETERI ZATI ON	565, 552	33, 242, 926	0. 0170°	13 0	0	59. 00
65. 00   06500   RESPI RATORY THERAPY   605, 211   27, 863, 435   0.021721   4,051   88   65. 00   66. 00   06600   PHYSI CAL THERAPY   576, 701   49, 189, 699   0.011724   0   0   66. 00   66. 00   0690   ELECTROCARDI OLOGY   187, 619   28, 627, 157   0.006554   0   0   69. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   1,269, 596   77, 017, 562   0.016484   5,209   86   71. 00   73. 00   07200   IMPL. DEV. CHARGED TO PATI ENT   1,430, 316   45, 463, 975   0.031460   11   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   2,480, 616   194, 951, 450   0.012724   286, 612   3,647   73. 00   74. 00   07400   RENAL DI ALYSI S   93, 283   6, 212, 648   0.015015   0   0.74	60.00	06000 LABORATORY	3, 545, 993	245, 197, 141	0. 01446	364, 015	5, 264	60.00
66. 00   06600   PHYSI CAL THERAPY   576, 701   49, 189, 699   0. 011724   0   0   66. 00   69. 00   06900   ELECTROCARDI OLOGY   187, 619   28, 627, 157   0. 006554   0   0   69. 00   69. 00   71. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   1, 269, 596   77, 017, 562   0. 016484   5, 209   86   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   1, 269, 596   77, 017, 562   0. 016484   5, 209   86   71. 00   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   2, 480, 616   194, 951, 450   0. 012724   286, 612   3, 647   73. 00   74.	64.00	06400 I NTRAVENOUS THERAPY	144, 719	3, 533, 435	0. 0409	57 0	0	64.00
69. 00   06900   ELECTROCARDI OLOGY   187, 619   28, 627, 157   0.006554   0   0   69. 00   71. 00   71. 00   71. 00   70700   MEDI CAL SUPPLIES CHARGED TO PATI ENT   1, 269, 596   77, 017, 562   0.016484   5, 209   86   71. 00   72. 00   73. 00   73. 00   07300   DRUGS CHARGED TO PATI ENT   1, 430, 316   45, 463, 975   0.031460   11   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   2, 480, 616   194, 951, 450   0.012724   286, 612   3, 647   73. 00   74. 00   07400   RENAL DI ALYSIS   93, 283   6, 212, 648   0.015015   0   0   74. 00   74. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   62, 101   432, 674   0.143528   3, 773   542   76. 00   00000   CLI NI C   269, 081   5, 466, 112   0.049227   0   0   90. 00   00000   CLI NI C   467, 188   2, 789, 531   0.167479   0   0   90. 00   90. 00   09000   CUTPATI ENT PSYCHI ATRI C SERVI CES   152, 238   4, 017, 876   0.037890   0   0   90. 02   90. 03   09003   INFUSI ON CENTER   123, 757   8, 212, 927   0.015069   29   0   90. 03   90. 03   09003   INFUSI ON CENTER   123, 757   8, 212, 927   0.015069   29   0   90. 03   90. 05   90. 05   PAI N MANAGEMENT   309, 395   28, 697, 819   0.010781   0   0   90. 05   90. 05   90. 05   PAI N MANAGEMENT   309, 395   28, 697, 819   0.010781   0   0   90. 05   90. 05   90. 05   SLEEP CENTER   119, 320   3, 564, 555   0.033474   0   0   90. 06   90. 06   90. 06   90. 06   90. 06   PSEEVATI ON BEDS (NON-DI STI NCT PART)   0   23, 875, 246   0.000000   0   90. 06   90. 06   90. 06   90. 06   PSEEVATI ON BEDS (NON-DI STI NCT PART)   0   23, 875, 246   0.004148   0   0   96. 00   96	65.00	06500 RESPI RATORY THERAPY	605, 211	27, 863, 435	0. 02172	4, 051	88	65. 00
71. 00	66.00	06600 PHYSI CAL THERAPY	576, 701	49, 189, 699	0. 01172	24 0	0	66. 00
72. 00	69.00	06900 ELECTROCARDI OLOGY	187, 619	28, 627, 157	0. 0065	54 0	0	69. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 269, 596	77, 017, 562	0. 01648	5, 209	86	71.00
74. 00	72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1, 430, 316	45, 463, 975	0. 03146	50 11	0	72. 00
76. 00 03550 PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES 62, 101 432, 674 0. 143528 3, 773 542 76. 00 0UTPATI ENT SERVI CE COST CENTERS  90. 00 09000 CLI NI C 269, 081 5, 466, 112 0. 049227 0 0 0 90. 01 90. 01 FAMI LY PRACTI CE CLI NI C 467, 188 2, 789, 531 0. 167479 0 0 90. 01 90. 02 09002 0UTPATI ENT PSYCHIATRI C SERVI CES 152, 238 4, 017, 876 0. 037890 0 0 90. 02 90. 03 09003 I NFUSI ON CENTER 123, 757 8, 212, 927 0. 015069 29 0 90. 03 90. 04 09004 PRI MARY CARE SENI ORS 121, 140 1, 495, 627 0. 080996 0 0 90. 04 90. 05 09005 PAI N MANAGEMENT 309, 395 28, 697, 819 0. 010781 0 0 90. 05 90. 06 09006 WOUND CARE CENTER 39, 619 1, 845, 786 0. 021465 0 0 90. 06 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 90. 07 91. 00 09100 EMERGENCY 2, 674, 393 168, 229, 447 0. 015897 278, 295 4, 424 91. 00 070 070 DTHER REI MBURSABLE COST CENTERS  96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 682, 398 15, 457, 175 0. 044148 0 0 96. 00	73.00	07300 DRUGS CHARGED TO PATIENTS	2, 480, 616			24 286, 612	3, 647	73. 00
OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICE COST CENTERS     90. 00   O9000   CLINIC   CLIN	74.00	07400 RENAL DIALYSIS	93, 283	6, 212, 648	0. 0150°	15 0	0	74. 00
90. 00	76.00		62, 101	432, 674	0. 14352	28 3, 773	542	76. 00
90. 01								
90. 02							0	
90. 03	90. 01						0	
90. 04	90. 02						0	
90. 05	90. 03						0	
90. 06   09006   WOUND CARE CENTER   39, 619   1, 845, 786   0. 021465   0   0   90. 06   90. 07   90. 07   90. 07   90. 07   90. 07   90. 07   90. 07   90. 07   90. 07   90. 07   90. 00   90. 07   90. 00   90. 07   90. 00   90. 07   90. 00   90. 07   90. 00   90.								
90. 07							1	
91. 00								
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 23, 875, 246 0.000000 0 0 92. 00 OTHER REI MBURSABLE COST CENTERS  96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 682, 398 15, 457, 175 0.044148 0 0 96. 00	90. 07							
OTHER REI MBURSABLE COST CENTERS  96. 00							l	
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 682, 398 15, 457, 175 0. 044148 0 9 96. 00	92. 00		0	23, 875, 246	0.00000	00 0	0	92.00
200. 00   Total (lines 50-199)   26,838,885  1,535,667,184    978,179  14,700 200. 00								
	200.00	Total (lines 50-199)	26, 838, 885	1, 535, 667, 184		978, 179	14, 700	200. 00

Heal th	Financial Systems	DEACONESS I	HOSPI TAI		In lie	eu of Form CMS-2	2552-10
APPORT	TONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER H COSTS		Provider Componer	CCN: 150082	Peri od: From 10/01/2013 To 09/30/2014	Worksheet D Part IV	pared:
			Ti t	le XVIII	Subprovi der - PP: I PF		
	Cost Center Description	Non Physician Anesthetist Cost	Nursing Schoo	Allied Healt	h All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0		0 20, 3	18 0	20, 318	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0		0	0 0	0	54.00
55.00	05500   RADI OLOGY - THERAPEUTI C	0		0	0 0	0	55. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0		0	0	0	59. 00
60.00	06000 LABORATORY	0		0	0	0	60.00
64.00	06400 I NTRAVENOUS THERAPY	0		0	0	0	64. 00
	06500 RESPI RATORY THERAPY	0		0	0	0	65. 00
	06600 PHYSI CAL THERAPY	0		0	0	0	66. 00
	06900 ELECTROCARDI OLOGY	0		0	0	0	69. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71. 00
	07200 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0		316, 2	24 0	316, 224	
	07400 RENAL DIALYSIS	0		0	0	0	74. 00
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0		0	0 0	0	76. 00
00.00	OUTPATIENT SERVICE COST CENTERS  09000 CLINIC	O			0 0	0	00 00
	09000 CLINIC   09001 FAMILY PRACTICE CLINIC	0		0	0 0	0	90. 00 90. 01
	09002 OUTPATIENT PSYCHIATRIC SERVICES	0			0	0	90.01
	09003 INFUSION CENTER	0			0	0	90.02
	09004 PRI MARY CARE SENI ORS	0			0	0	90.03
	09005 PAIN MANAGEMENT	0				0	90.04
	09006 WOUND CARE CENTER	0			0 0	0	90.06
	09007 SLEEP CENTER	0			0 0	0	90.00
	09100 EMERGENCY			19, 9	-1	19, 903	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)			0	0 0		92.00
,	OTHER REIMBURSABLE COST CENTERS	٩		-1	-, 0		1 2.00
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0		ol	0 0	0	96. 00
200.00		o		356, 4			

	Financial Systems	DEACONESS						u of Form CMS-2	2552-10
	ONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	VICE OTHER PASS	S Pro				Period: From 10/01/2013	Worksheet D Part IV	
THROUGH	I COSTS		Cor	mnonent	CCN: 15		Fo 09/30/2014		nared·
			001	mporterre	0011. 13	3002	10 07/30/2014	2/28/2015 3:3	1 pm
				Ti tl	e XVIII		Subprovi der -	PPS	
							I PF		
	Cost Center Description	Total	Total C	harges	Ratio c	of Cost	Outpati ent	I npati ent	
		Outpati ent	(from Wk		to Cha		Ratio of Cost		
		Cost (sum of			(col. 5			Charges	
		col . 2, 3 and	8)	)	7)	)	(col . 6 ÷ col .		
		4)					7)		
		6. 00	7.0	00	8. (	00	9. 00	10. 00	
	ANCILLARY SERVICE COST CENTERS				_		.1		
	O5000 OPERATING ROOM	20, 318		165, 340		. 00008		13, 320	
	D5400 RADI OLOGY-DI AGNOSTI C	0		272, 529		. 000000		22, 864	54. 00
	D5500 RADIOLOGY - THERAPEUTIC	0		545, 112		. 000000			
	05900 CARDI AC CATHETERI ZATI ON	0		242, 926		. 000000			59. 00
	06000 LABORATORY	0		197, 141	_	. 000000			60.00
	06400 INTRAVENOUS THERAPY	0		533, 435		. 000000			
	06500 RESPI RATORY THERAPY	0		363, 435		. 000000			
	06600 PHYSI CAL THERAPY	0		189, 699		. 000000			66. 00
	06900 ELECTROCARDI OLOGY	0		527, 157		. 000000			69. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		017, 562		. 000000			
	07200 I MPL. DEV. CHARGED TO PATIENT	0		463, 975		. 000000			72.00
	07300 DRUGS CHARGED TO PATIENTS	316, 224		951, 450		. 001622			1
	07400 RENAL DIALYSIS	0		212, 648		. 000000			
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	4	132, 674	0.	. 000000	0. 000000	3, 773	76. 00
	OUTPATIENT SERVICE COST CENTERS	T _			_			Γ _	
	09000 CLI NI C	0		466, 112		. 000000			
	09001 FAMILY PRACTICE CLINIC	0		789, 531	_	. 000000			90. 01
	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	1	017, 876	_	. 000000			90. 02
	09003 I NFUSI ON CENTER	0		212, 927		. 000000		29	90. 03
	09004 PRI MARY CARE SENI ORS	0		195, 627		. 000000			
	09005 PAIN MANAGEMENT	0		597, 819		. 000000		l e	90. 05
	09006 WOUND CARE CENTER	0		345, 786		. 000000		0	90. 06
	09007 SLEEP CENTER	0		564, 555		. 000000			
	09100 EMERGENCY	19, 903		229, 447		. 000118			91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	23, 8	375, 246	0.	. 000000	0.000000	0	92.00
-	OTHER REIMBURSABLE COST CENTERS	_	45.	453 435		00000	0.000000		0, 00
	09600 DURABLE MEDICAL EQUIP-RENTED	0		457, 175		. 000000	0. 000000		
200. 00	Total (lines 50-199)	356, 445	1, 535, 6	007, 184			1	978, 179	J200. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILL THROUGH COSTS	ARY SERVICE OTHER PASS			From 10/01/2013	Worksheet D Part IV Date/Time Prepared: 2/28/2015 3:31 pm
		Ti t	le XVIII	Subprovi der  - I PF	PPS
Cost Center Description	Inpatient Program	Outpatient Program	Outpatient Program		

					I PF		
	Cost Center Description	I npati ent	Outpati ent	Outpati ent			
		Program	Program	Program			
		Pass-Through	Charges	Pass-Through			
		Costs (col. 8		Costs (col. 9			
		x col. 10)		x col. 12)			
		11. 00	12.00	13.00			
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1	0	C	)	5	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	C		5	4.00
55.00	05500 RADI OLOGY - THERAPEUTI C	0	0	C		5	55.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	C		5	9. 00
60.00	06000 LABORATORY	0	0	C		6	60.00
64.00	06400 I NTRAVENOUS THERAPY	0	0	C		6	64.00
65.00	06500 RESPI RATORY THERAPY	0	0	C	)	6	55.00
66.00	06600 PHYSI CAL THERAPY	0	0	C	)	6	6.00
69.00	06900 ELECTROCARDI OLOGY	0	0	C	)	6	9. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	C	)	7	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	C	)	7	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	465	0	C	)	7	73. 00
74.00	07400 RENAL DIALYSIS	0	0	l c	)	7	74. 00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	d		7	76. 00
	OUTPATIENT SERVICE COST CENTERS	•					
90.00	09000 CLI NI C	0	0	C	)	9	90.00
90. 01	09001 FAMILY PRACTICE CLINIC	0	0	C	)	9	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	C	)	9	90. 02
90. 03	09003 INFUSION CENTER	0	0	, c		9	90. 03
90.04	09004 PRI MARY CARE SENI ORS	0	0	, c		9	90. 04
90. 05	09005 PAIN MANAGEMENT	0	0	, c		9	90. 05
90.06	09006 WOUND CARE CENTER	0	0	, c		9	90.06
90. 07	09007 SLEEP CENTER	0	0	d		9	90. 07
91.00	09100 EMERGENCY	33	0	d		9	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	C		9	92.00
	OTHER REIMBURSABLE COST CENTERS	'		•			
96. 00	09600 DURABLE MEDI CAL EQUI P-RENTED	0	0	C		9	96. 00
200.00	Total (lines 50-199)	499	0			20	00.00
		1			!		

Health Financial Systems	DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS			Period: From 10/01/2013 To 09/30/2014	Worksheet D Part I Date/Time Pre 2/28/2015 3:3	pared: 1 pm	
		Ti t	le XIX	Hospi tal	PPS		
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient			
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)		
	(from Wkst. B,		Related Cost				
	Part II, col.		(col . 1 - col				
	26)		2)				
	1.00	2.00	3.00	4. 00	5. 00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00 ADULTS & PEDIATRICS	10, 489, 926	0	10, 489, 92	6 110, 400	95. 02	30. 00	
31.00 INTENSIVE CARE UNIT	2, 751, 035		2, 751, 03	5 16, 859			
32. 00   CORONARY CARE UNIT	504, 848		504, 84	8 4, 003	126. 12	32. 00	
40. 00 SUBPROVI DER - I PF	199, 655	0	199, 65	5 3, 994	49. 99	40. 00	
44.00 SKILLED NURSING FACILITY	0			0 0	0.00	44. 00	
200.00 Total (lines 30-199)	13, 945, 464		13, 945, 46	4 135, 256		200. 00	
Cost Center Description	I npati ent	I npati ent					
	Program days	Program					
		Capital Cost					
		(col. 5 x col.					
		6)					
	6. 00	7. 00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00 ADULTS & PEDIATRICS	8, 263					30. 00	
31. 00   I NTENSI VE CARE UNIT	1, 411		•			31. 00	
32. 00 CORONARY CARE UNIT	478		•			32. 00	
40. 00 SUBPROVI DER - I PF	599	29, 944				40. 00	
44.00 SKILLED NURSING FACILITY	0	0	)			44. 00	
200.00 Total (lines 30-199)	10, 751	1, 105, 626				200. 00	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der		Period: From 10/01/2013 To 09/30/2014	Worksheet D Part II Date/Time Pre 2/28/2015 3:3		
		Ti t	le XIX	Hospi tal	PPS		
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs		
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x		
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)		
	Part II, col.	8)	2)				
	26)						
	1.00	2.00	3. 00	4. 00	5. 00		
ANCILLARY SERVICE COST CENTERS			ı				
50. 00   05000   OPERATING ROOM	6, 620, 036				-		
54. 00   05400   RADI OLOGY-DI AGNOSTI C	3, 775, 391				89, 443		
55. 00   05500   RADI OLOGY - THERAPEUTI C	523, 222				6, 429		
59. 00   05900   CARDI AC CATHETERI ZATI ON	565, 552				-		
60. 00  06000   LABORATORY	3, 545, 993				-		
64.00 06400 INTRAVENOUS THERAPY	144, 719				-	64. 00	
65. 00  06500   RESPI RATORY THERAPY	605, 211						
66. 00 06600 PHYSI CAL THERAPY	576, 701				32, 355		
69. 00   06900   ELECTROCARDI OLOGY	187, 619	28, 627, 157					
71.00 O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 269, 596					71.00	
72.00 O7200 MPL. DEV. CHARGED TO PATIENT	1, 430, 316	45, 463, 975	0. 03146	0 2, 268, 477	71, 366	72. 00	
73.00 07300 DRUGS CHARGED TO PATIENTS	2, 480, 616	194, 951, 450	0. 01272	13, 889, 309	176, 728	73. 00	
74. 00   07400   RENAL DI ALYSI S	93, 283	6, 212, 648	0. 01501	5 554, 324	8, 323	74. 00	
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	62, 101	432, 674	0. 14352	85, 699	12, 300	76. 00	
OUTPATIENT SERVICE COST CENTERS							
90. 00  09000  CLI NI C	269, 081	5, 466, 112	0. 04922	1, 434	71	90. 00	
90.01 09001 FAMILY PRACTICE CLINIC	467, 188	2, 789, 531	0. 16747	9 1, 770	296	90. 01	
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	152, 238	4, 017, 876	0. 03789	0 0	0	90. 02	
90. 03   09003   INFUSION CENTER	123, 757	8, 212, 927	0. 01506	9 12, 256	185	90. 03	
90.04 09004 PRIMARY CARE SENIORS	121, 140	1, 495, 627	0. 08099	6 0	0	90. 04	
90. 05   09005   PALN MANAGEMENT	309, 395	28, 697, 819	0. 01078	1, 816	20	90. 05	
90.06 09006 WOUND CARE CENTER	39, 619	1, 845, 786	0. 02146	5 0	0	90.06	
90. 07   09007   SLEEP CENTER	119, 320	3, 564, 555	0. 03347	4 183	6	90. 07	
91. 00   09100   EMERGENCY	2, 674, 393	168, 229, 447	0. 01589	7, 012, 728	111, 481	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 807, 785	23, 875, 246	0. 07571	8 336, 940	25, 512	92. 00	
OTHER REIMBURSABLE COST CENTERS						]	
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	682, 398	15, 457, 175	0. 04414	8 0	0	96. 00	
200.00 Total (lines 50-199)	28, 646, 670	1, 535, 667, 184		69, 274, 335	1, 183, 623	200. 00	

Health Financial Systems	DEACONESS	HOSPI TAL		In Li∈	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA			Period: From 10/01/2013 To 09/30/2014	Date/Time Prep 2/28/2015 3:3		
			le XIX	Hospi tal	PPS	
Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cos	Swing-Bed Adjustment	Total Costs (sum of cols.	
			Education Cos		1 through 3, minus col. 4)	
	1.00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS			•			
30. 00 03000 ADULTS & PEDIATRICS	0	566, 216		0 0	566, 216	30.00
31.00 03100 INTENSIVE CARE UNIT	0	106, 151		0	106, 151	31.00
32. 00 03200 CORONARY CARE UNIT	0	30, 270		0	30, 270	32.00
40. 00   04000   SUBPROVI DER - I PF	0	0		0 0	0	40.00
44.00   04400   SKILLED NURSING FACILITY	0	0		0	0	44. 00
200.00 Total (lines 30-199)	0	702, 637		0	702, 637	200. 00
Cost Center Description	Total Patient	Per Diem (col.	I npati ent	I npati ent		
	Days	5 ÷ col. 6)	Program Days			
				Pass-Through		
				Cost (col. 7 x		
				col. 8)		
	6. 00	7. 00	8. 00	9. 00		
I NPATI ENT ROUTI NE SERVI CE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	110, 400					30. 00
31. 00 03100 I NTENSI VE CARE UNI T	16, 859					31. 00
32. 00 03200 CORONARY CARE UNIT	4, 003					32. 00
40. 00   04000   SUBPROVI DER -   PF	3, 994					40.00
44. 00 04400 SKI LLED NURSI NG FACI LI TY	0	0.00		0 0		44.00
200.00   Total (lines 30-199)	135, 256	l	10, 75	1 54, 892		200. 00

Heal th Financial	Systems	DEACONESS HOSPITAL						In Lie	u of Form CMS-2	2552-10
APPORTI ONMENT OF THROUGH COSTS	I NPATI ENT/OUTPATI ENT	ANCILLARY :	SERVICE O	THER PASS	S	Provi der		From 10/01/2013	Worksheet D Part IV Date/Time Pre 2/28/2015 3:3	pared: 1 pm
						Ti t	le XIX	Hospi tal	PPS	
Cost	Center Description		Anest	nysi ci an theti st ost	Nursi	ing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col.	

				le XIX	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursing School	Allied Health	All Other	Total Cost	
		Anesthetist			Medi cal	(sum of col 1	
		Cost			Education Cost	through col.	
						4)	
		1.00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000  OPERATI NG ROOM	0	(	20, 318	0	20, 318	50. 00
54.00	05400   RADI OLOGY-DI AGNOSTI C	0	C	0	0	0	54. 00
55.00	05500   RADI OLOGY - THERAPEUTI C	0	C	0	0	0	55. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	C	0	0	0	59. 00
60.00	06000 LABORATORY	0	C	0	0	0	60.00
64.00	06400 I NTRAVENOUS THERAPY	0	C	0	0	0	64.00
65.00	06500 RESPI RATORY THERAPY	0	C	0	0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	0	(	0	0	0	66. 00
69.00	06900 ELECTROCARDI OLOGY	0	(	0	0	0	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	l c	0	0	0	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	l c	0	0	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	l c	316, 224	0	316, 224	73. 00
74.00	07400 RENAL DIALYSIS	0	l c	0	0	0	74. 00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0		ol o	o	0	76. 00
	OUTPATIENT SERVICE COST CENTERS		•	•			
90.00	09000 CLI NI C	0	C	0	0	0	90.00
90. 01	09001 FAMILY PRACTICE CLINIC	0	l c	0	0	0	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	l c	0	0	0	90. 02
90. 03	09003 INFUSION CENTER	0	l c	0	0	0	90. 03
90.04	09004 PRIMARY CARE SENIORS	0	(	0	0	0	90. 04
90. 05	09005 PAIN MANAGEMENT	0	1 0	0	0	0	90. 05
90.06	09006 WOUND CARE CENTER	0		ol o	0	0	90. 06
90. 07	09007 SLEEP CENTER	0		ol o	0	0	90. 07
91.00	09100 EMERGENCY	0		19, 903	0	19, 903	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			o	0	92. 00
	OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	C	0	0	0	96. 00
200.00	Total (lines 50-199)	0	C	356, 445	o	356, 445	200. 00

Heal th Financial	Systems		DEACONESS	In Lie	u of Form CMS-2	2552-10			
APPORTI ONMENT OF	I NPATI ENT/OUTPATI ENT	ANCILLARY S	ERVICE OTHER PASS	S	Provi der	CCN: 150082	Peri od:	Worksheet D	
THROUGH COSTS							From 10/01/2013	Part IV	
111100011 00010							To 09/30/2014	Date/Time Pre	pared:
								2/28/2015 3:3	1 pm
					Ti t	le XIX	Hospi tal	PPS	
Cost	Center Description		Total	Tota	I Charges	Ratio of Cos	0utpatient	Inpati ent	
			Outpati ent	(fror	n Wkst. C,	to Charges	Ratio of Cost	Program	
			Cost (sum of	Part	t I, col.	(col. 5 ÷ col	. to Charges	Charges	
			col . 2, 3 and		8)	7)	(col. 6 ÷ col.		
			4)				7)		
			6.00		7 00	8 00	9.00	10.00	

			Ti t	le XIX	Hospi tal	PPS	
	Cost Center Description	Total		Ratio of Cost	Outpati ent	I npati ent	
			(from Wkst. C,	to Charges	Ratio of Cost	Program	
		Cost (sum of		(col. 5 ÷ col.	to Charges	Charges	
		col . 2, 3 and	8)	7)	(col. 6 ÷ col.		
		4)			7)		
		6.00	7. 00	8. 00	9. 00	10. 00	
	ANCILLARY SERVICE COST CENTERS						
50. 00	05000 OPERATI NG ROOM	20, 318			0. 000081	7, 969, 600	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	270,272,027			6, 877, 053	54. 00
55.00	05500   RADI OLOGY - THERAPEUTI C	0	19, 545, 112			240, 144	55.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	33, 242, 926			2, 002, 269	
60.00	06000 LABORATORY	0	245, 197, 141			14, 561, 580	
64. 00	06400 I NTRAVENOUS THERAPY	0	3, 533, 435			496, 778	
65. 00	06500 RESPI RATORY THERAPY	0	27, 863, 435			3, 418, 568	
66.00	06600 PHYSI CAL THERAPY	0	49, 189, 699			2, 759, 725	
69. 00	06900 ELECTROCARDI OLOGY	0	28, 627, 157			1, 270, 370	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	77, 017, 562			5, 513, 312	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0	45, 463, 975	0.000000	0.000000	2, 268, 477	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	316, 224	194, 951, 450	0. 001622	0. 001622	13, 889, 309	73.00
74.00	07400 RENAL DIALYSIS	0	6, 212, 648	0.000000	0.000000	554, 324	74.00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	432, 674	0.000000	0. 000000	85, 699	76.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	5, 466, 112	0.000000	0.000000	1, 434	90.00
90. 01	09001 FAMILY PRACTICE CLINIC	0	2, 789, 531	0.000000	0.000000	1, 770	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	4, 017, 876	0.000000	0.000000	0	90. 02
90. 03	09003 INFUSION CENTER	0	8, 212, 927	0.000000	0.000000	12, 256	90. 03
90. 04	09004 PRI MARY CARE SENI ORS	0	1, 495, 627	0.000000	0.000000	0	90. 04
90.05	09005 PAIN MANAGEMENT	0	28, 697, 819	0.000000	0.000000	1, 816	90. 05
90.06	09006 WOUND CARE CENTER	0	1, 845, 786	0.000000	0.000000	0	90.06
90. 07	09007 SLEEP CENTER	0	3, 564, 555	0.000000	0.000000	183	90. 07
91.00	09100 EMERGENCY	19, 903	168, 229, 447	0. 000118	0. 000118	7, 012, 728	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	23, 875, 246	0.000000	0.000000	336, 940	92.00
	OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	15, 457, 175	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	356, 445	1, 535, 667, 184			69, 274, 335	200. 00

Heal th Financ	cial Systems		DEACONESS HOSP	I TAL		In Lie	u of Form CMS-2552-10
APPORTI ONMENTHROUGH COSTS	T OF INPATIENT/OUTPATIENT S	ANCILLARY SERVICE	OTHER PASS	Provi der CCN:	150082	From 10/01/2013	Worksheet D Part IV Date/Time Prepared:

			10	09/ 30/ 2014	2/28/2015 3:3	
		Ti tle XIX	Ho	ospi tal	PPS	
Cost Center Description		utpatient Outpati				
	Program	Program Progra				
	Pass-Through	Charges Pass-Three				
	Costs (col. 8	Costs (co				
	x col . 10)	x col.				
ANCILLARY SERVICE COST CENTERS	11.00	12.00 13.00	)			
50. 00 05000 OPERATING ROOM	646	O	0			50.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	040	0	0			54.00
55. 00   05500 RADI OLOGY - THERAPEUTI C		0	0			55.00
59. 00   05900 CARDI AC CATHETERI ZATI ON		0	0			59.00
60. 00   06000   LABORATORY	0	0	0			60.00
64. 00   06400   NTRAVENOUS THERAPY	0	0	0			64.00
65. 00   06500   RESPI RATORY   THERAPY		0	0			65.00
66. 00   06600 PHYSI CAL THERAPY		0	0			66.00
69. 00   06900   ELECTROCARDI OLOGY		Ö	0			69. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIE	NTS 0	0	Ö			71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	o	o	O			72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	22, 528	0	0			73. 00
74.00 07400 RENAL DIALYSIS	o	О	О			74. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CE	S 0	О	О			76. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0	0	0			90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	O	0			90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	О			90. 02
90. 03   09003   I NFUSI ON CENTER	0	0	0			90. 03
90. 04 09004 PRI MARY CARE SENI ORS	0	0	О			90. 04
90. 05   09005   PAIN MANAGEMENT	0	0	0			90. 05
90.06 09006 WOUND CARE CENTER	0	0	0			90. 06
90. 07  09007   SLEEP CENTER	0	0	0			90. 07
91. 00   09100   EMERGENCY	828	O	0			91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PA	ART) 0	0	0			92. 00
OTHER REIMBURSABLE COST CENTERS	-1	ما				1
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
200.00   Total (lines 50-199)	24, 002	0	0			200. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN	ID VACCINE COST	Provi der		Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Pre 2/28/2015 3:3	
		Ti t	le XIX	Hospi tal	PPS	· p
			Charges		Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
· ·	Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins.			
			(see inst.)	(see inst.)		
	1.00	2.00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						1
50. 00   05000   OPERATI NG ROOM	0. 193535			9, 161, 369	0	00.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 096388		1	0 24, 630, 280	0	54. 00
55. 00   05500   RADI OLOGY - THERAPEUTI C	0. 222286	<b>I</b>	1	0 1, 557, 383	0	55. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 105681		1	0 1, 403, 356	0	59. 00
60. 00   06000   LABORATORY	0. 175690		1	0 18, 182, 684	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0. 728885		1	0 19, 007	0	64. 00
65. 00 06500 RESPI RATORY THERAPY	0. 210164		1	0 464, 326	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0. 194088		1	0 347, 638	0	66. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 096330		1	0 974, 737	0	69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 331712	1	1	0 4, 322, 021	0	71. 00
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	0. 649398	1	1	0 1, 058, 570	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 257529		1	0 8, 121, 300		73. 00
74. 00   07400   RENAL DI ALYSI S	0. 326641			0 129, 118		74. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	3. 241459	) C		0 91, 059	0	76. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0. 628920		•	0 491, 890	0	70.00
90. 01 09001 FAMILY PRACTICE CLINIC	1. 114005	l control of the cont		0 1, 943, 509	0	
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 282289		1	0 57, 014	0	90. 02
90. 03   09003   INFUSION CENTER	0. 146428		1	0 603, 034	0	90. 03
90. 04   09004   PRI MARY CARE SENI ORS	1. 337317		1	0 1, 012	0	90. 04
90. 05   09005   PAI N MANAGEMENT	0. 146176	1	1	0 2, 977, 701	0	90. 05
90. 06   09006   WOUND CARE CENTER	0. 307085		1	0 168, 497	0	90.06
90. 07   09007   SLEEP CENTER	0. 428395		•	0 419, 975	0	90. 07
91. 00   09100   EMERGENCY	0. 172500			0 23, 372, 322	0	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0. 619289	) C	)	0 3, 459, 566	0	92. 00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0. 498503	S C		0 0	0	96. 00
200.00 Subtotal (see instructions)	3	1	1	0 103, 957, 368	· · · · · · · · · · · · · · · · · · ·	200.00
201.00 Less PBP Clinic Lab. Services-Program			1	0 0	Ĭ	201.00
Only Charges				-		[
202.00   Net Charges (line 200 +/- line 201)		c		0 103, 957, 368	0	202. 00

				10 07/30/2014	2/28/2015 3:3	
		Ti t	le XIX	Hospi tal	PPS	
	Cost	ts				
Cost Center Description	Cost	Cost				
	Rei mbursed	Rei mbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
	Ded. & Coins. [	Ded. & Coins.				
	(see inst.)	(see inst.)				
	6. 00	7. 00				
ANCILLARY SERVICE COST CENTERS						
50.00   05000   OPERATING ROOM	0	1, 773, 046				50.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	2, 374, 063				54.00
55. 00   05500   RADI OLOGY - THERAPEUTI C	0	346, 184				55. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON	0	148, 308				59. 00
60. 00   06000   LABORATORY	0	3, 194, 516				60.00
64.00 06400 INTRAVENOUS THERAPY	0	13, 854				64. 00
65. 00 06500 RESPIRATORY THERAPY	0	97, 585				65. 00
66. 00   06600 PHYSI CAL THERAPY	0	67, 472				66. 00
69. 00 06900 ELECTROCARDI OLOGY	0	93, 896				69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1, 433, 666				71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	687, 433				72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2, 091, 470				73. 00
74.00 07400 RENAL DIALYSIS	0	42, 175				74. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	295, 164				76. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0	309, 359				90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	2, 165, 079				90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	16, 094				90. 02
90. 03   09003   INFUSION CENTER	0	88, 301				90. 03
90. 04 09004 PRIMARY CARE SENIORS	0	1, 353				90. 04
90. 05   09005   PAIN MANAGEMENT	0	435, 268				90. 05
90.06 09006 WOUND CARE CENTER	0	51, 743				90. 06
90. 07   09007   SLEEP CENTER	0	179, 915				90. 07
91. 00   09100   EMERGENCY	0	4, 031, 726				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2, 142, 471				92. 00
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0				96. 00
200.00 Subtotal (see instructions)	0	22, 080, 141				200. 00
201.00 Less PBP Clinic Lab. Services-Program	0					201. 00
Only Charges						
202.00   Net Charges (line 200 +/- line 201)	0	22, 080, 141				202. 00

Heal th Financial   Systems								
Component   CN: 155082   From   10/01/2013   Part II   Date/Time Prepared: 2/28/2015 3: 31 mm   Prepared: 2/28/2015 3: 31	Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
Component CON: 155082   To	APPORT	TONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provi der	CCN: 150082			
Cost Center Description								
Cost Center Description				Component	CCN: 15S082	To 09/30/2014		
Cost Center Description								
Capit at   Charges   From West   Capit at   Charges   From West   Capit at   Charges				111	I E XIX		PF3	
Related Cost		Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
ANCILLARY SERVICE COST CENTERS   Part I, col.   20   3.00   4.00   5.00							(column 3 x	
Part II, col.   8)   2)								
ANCI LLARY SERVICE COST CENTERS							.,	
1.00   2.00   3.00   4.00   5.00				- 7				
50.00				2.00	3.00	4. 00	5. 00	
54. 00   05400   RADI OLOGY - DI AGNOSTI C   3,775, 391   290, 272, 529   0,013006   16,903   220   54. 00   55. 00   05500   RADI OLOGY - THERAPEUTI C   523, 222   19,545, 112   0,026770   0   0   55. 00   60. 00   05900   CARDI AC CATHETERI ZATI ON   565, 555   33, 242, 926   0,017013   0   0   59. 00   60. 00   06000   LABORATORY   3,545,993   245, 197, 141   0,014462   214,874   3,108   60. 00   64. 00   06400   INTRAVENOUS THERAPY   144,719   3,533,435   0.040957   0   0   64. 00   66. 00   06500   RESPI RATORY THERAPY   605, 211   27,863,435   0.021721   949   21   65. 00   66. 00   06600   PHYSI CAL THERAPY   576, 701   49, 189, 699   0.011724   0   0   66. 00   66. 00   06600   PHYSI CAL THERAPY   576, 701   49, 189, 699   0.011724   0   0   66. 00   67. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   1, 269, 596   77, 017, 562   0.016484   3, 094   51   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENT   1, 430, 316   45, 463, 975   0.031460   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   2, 480, 616   49, 4951, 450   0.012724   114, 732   1, 460   73. 00   74. 00   07400   RENAL DI ALYSI S   93, 283   6, 212, 648   0.015015   0   0   74. 00   75. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   62, 101   432, 674   0.143528   3, 430   492   76. 00   09000   CLI NI C   269, 081   5, 466, 112   0.049227   0   0   90. 01   79. 01   09001   FAMI LY PRACTI CE CLI NI C   467, 188   2, 789, 531   0.167479   0   90. 01   79. 01   09002   0197ATI ENT SERVI CE S   152, 238   4, 017, 876   0.037890   0   0   90. 02   79. 02   09003   1NFUSI ON CENTER   123, 757   8, 212, 927   0.015069   0   90. 03   79. 04   09004   PRI MARY CARRE SENI ORS   121, 140   1, 495, 627   0.080996   0   0   90. 04   79. 05   09005   PAIN MANAGEMENT   39, 619   1, 845, 786   0.021465   0   0   90. 05   79. 06   09006   MUND CARE CENTER   119, 320   3, 564, 555   0.033474   0   0   90. 05   79. 00   09000   DIRER REIMBURSABLE COST CENTERS   154, 457, 175   0.044148   0   0   96. 00   70. 00   09000								
55. 00   05500   RADI OLOGY - THERAPEUTI C   523, 222   19, 545, 112   0.026770   0   0   55. 00	50.00	05000 OPERATING ROOM	6, 620, 036	250, 465, 340	0. 02643	7, 156	189	50.00
59. 00   05900   CARDI AC CATHETERI ZATI ON   565, 552   33, 242, 926   0. 017013   0   0   59. 00	54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 775, 391	290, 272, 529	0. 01300	16, 903	220	54.00
60. 00   06000   LABORATORY   3, 545, 993   245, 197, 141   0. 014462   214, 874   3, 108   60. 00   64. 00   64. 00   06400   INTRAVENUUS THERAPY   144, 719   3, 533, 435   0. 040957   0   0   64. 00   64. 00   6500   RESPI RATORY THERAPY   605, 211   27, 863, 435   0. 021721   949   21   65. 00   66. 00   66. 00   66. 00   66. 00   66. 00   69. 00   6900   ELECTROCARDI OLOGY   187, 619   28, 627, 157   0. 006554   765   5   69. 00   69. 00   6700   CALSUPPLIES CHARGED TO PATIENTS   1, 269, 596   77, 107, 562   0. 016484   3, 094   51   71. 00   71. 00   07100   MEDIC ALL SUPPLIES CHARGED TO PATIENTS   1, 430, 316   45, 463, 975   0. 031460   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   2, 480, 616   194, 951, 450   0. 012724   114, 732   1, 460   73. 00   74. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   62, 101   432, 674   0. 143528   3, 430   492   76. 00   00000   CLINIC   CLINIC   269, 081   5, 466, 112   0. 049227   0   0. 00000   00000   CLINIC   CLINIC   467, 188   2, 789, 531   0. 167479   0   0. 90. 01   09001   FAMILY PRACTICE CLINIC   467, 188   2, 789, 531   0. 167479   0   0. 90. 01   09000   017PATI ENT PSYCHI ATRI C/PSYCHOLOGI CS   152, 238   4, 017, 876   0. 037890   0   0. 90. 02   00000   017PATI ENT PSYCHI ATRI C SERVI CES   152, 238   4, 017, 876   0. 037890   0   0. 90. 02   00000   00000   00000   00000   00000   00000   000000	55.00	05500 RADI OLOGY - THERAPEUTI C	523, 222	19, 545, 112	0. 0267	70 0	0	55. 00
64. 00   06400   INTRAVENOUS THERAPY   144, 719   3, 533, 435   0. 040957   0   0   64. 00   65. 00   06500   RESPIRATORY THERAPY   605, 211   27, 863, 435   0. 021721   949   21   65. 00   66. 00   06600   PHYSI CAL THERAPY   576, 701   49, 189, 699   0. 011724   0   0   0   66. 00   69. 00   06900   ELECTROCARDI OLOGY   187, 619   28, 627, 157   0. 006554   765   5   69. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   1, 269, 596   77, 017, 562   0. 016484   3, 094   51   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   1, 430, 316   45, 463, 975   0. 031460   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   2, 480, 616   194, 951, 450   0. 012724   114, 732   1, 460   73. 00   74. 00   07400   RENAL DI ALYSI S   93, 283   6, 212, 648   0. 015015   0   0   74. 00   76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   62, 101   432, 674   0. 143528   3, 430   492   76. 00   79. 01   09001   FAMI LY PRACTI CE CLI NI C   467, 188   2, 789, 531   0. 167479   0   0   90. 01   79. 02   09002   OUTPATI ENT SERVI CE SCRVI CES   152, 238   4, 017, 876   0. 037890   0   0   90. 02   79. 03   09003   INFUSI ON CENTER   123, 757   8, 212, 927   0. 015069   0   0   90. 03   79. 04   09004   PRI MARY CARE SENI ORS   121, 140   1, 495, 627   0. 080996   0   0   90. 05   79. 05   09005   PAI N MANAGEMENT   309, 395   28, 697, 819   0. 010781   0   90. 05   79. 06   09006   WOUND CARE CENTER   39, 619   1, 845, 786   0. 021465   0   0   90. 05   79. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0   23, 875, 246   0. 000000   0   0. 05   79. 00   09400   DURABLE MEDI CAL EQUI P-RENTED   682, 398   15, 457, 175   0. 044148   0   0   96. 00   79. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   682, 398   15, 457, 175   0. 044148   0   0   96. 00   79. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   682, 398   15, 457, 175   0. 044148   0   0   96. 00   79. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   682, 398   15, 457, 175   0. 044148   0   0   96. 00   79. 00   09600   DURABLE	59.00	05900 CARDI AC CATHETERI ZATI ON	565, 552	33, 242, 926	0. 0170°	13 0	0	59. 00
65. 00 06500 RESPIRATORY THERAPY 605, 211 27, 863, 435 0. 021721 949 21 65. 00 66.00 06600 PHYSI CAL THERAPY 576, 701 49, 189, 699 0. 011724 0 0 66. 00 66. 00 06900 ELECTROCARDI OLOGY 187, 619 28, 627, 157 0. 006554 765 5 69. 00 71. 00 7100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 1, 269, 596 77, 017, 562 0. 016484 3, 094 51 71. 00 72. 00 7200 IMPL. DEV. CHARGED TO PATI ENT 1, 430, 316 45, 463, 975 0. 031460 0 0 72. 00 73. 00 07400 RENAL DI ALYSI S 2, 480, 616 194, 951, 450 0. 012724 114, 732 1, 460 73. 00 74. 00 07400 RENAL DI ALYSI S 93, 283 6, 212, 648 0. 015015 0 0 74. 00 74. 00 09000 ELI NI C 09000 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 62, 101 432, 674 0. 143528 3, 430 492 76. 00 9000 09000 PATI ENT SERVI CE COST CENTERS 152, 238 4, 017, 876 0. 037890 0 0 90. 02 09002 OUTPATI ENT PSYCHI ATRI C SERVI CES 152, 238 4, 017, 876 0. 037890 0 0 90. 02 09002 OUTPATI ENT PSYCHI ATRI C SERVI CES 123, 757 8, 212, 927 0. 015069 0 0 90. 03 09003 I NFUSI ON CENTER 123, 757 8, 212, 927 0. 015069 0 0 90. 03 09004 PRI MARY CARE SENI ORS 121, 140 1, 495, 627 0. 080996 0 0 90. 04 90. 05 09005 PAI N MANAGEMENT 309, 395 28, 697, 819 0. 010781 0 0 90. 05 09006 WOUND CARE CENTER 39, 619 1, 845, 786 0. 021465 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 0 90. 07 09007	60.00	06000 LABORATORY	3, 545, 993	245, 197, 141	0. 01446	214, 874	3, 108	60.00
66. 00 06600 PHYSICAL THERAPY 570, 701 49, 189, 699 0. 011724 0 0 66. 00 6900 ELECTROCARDI OLOGY 187, 619 28, 627, 157 0. 006554 765 5 69. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 1, 269, 596 77, 017, 562 0. 016484 3, 094 51 71. 00 7100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 1, 269, 596 77, 017, 562 0. 016484 3, 094 51 71. 00 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENT 1, 430, 316 45, 463, 975 0. 031460 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 2, 480, 616 194, 951, 450 0. 012724 114, 732 1, 460 73. 00 74. 00 07400 RENAL DI ALYSI S 93, 283 6, 212, 648 0. 015015 0 0 74. 00 07400 RENAL DI ALYSI S 93, 283 6, 212, 648 0. 015015 0 0 74. 00 07400 RENAL DI ALYSI S 93, 283 6, 212, 648 0. 015015 0 0 74. 00 00 00 00 00 00 00 00 00 00 00 00 00	64.00	06400 I NTRAVENOUS THERAPY	144, 719	3, 533, 435	0. 0409	57 0	0	64.00
69. 00 06900 ELECTROCARDI OLOGY 187, 619 28, 627, 157 0. 006554 765 5 69. 00 71. 00 MEDI CAL SUPPLIES CHARGED TO PATIENTS 1, 269, 596 77, 017, 562 0. 016484 3, 094 51 71. 00 72. 00 70200 IMPL. DEV. CHARGED TO PATIENT 1, 430, 316 45, 463, 975 0. 031460 0 0 72. 00 7300 DRUGS CHARGED TO PATIENT 2, 480, 616 194, 951, 450 0. 012724 114, 732 1, 460 73. 00 74. 00 07400 RENAL DI ALYSIS 93, 283 6, 212, 648 0. 015015 0 0 74. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 62, 101 432, 674 0. 143528 3, 430 492 76. 00 00000 CLI NI C 269, 081 5, 466, 112 0. 049227 0 0 90. 00 9000 CLI NI C 269, 081 5, 466, 112 0. 049227 0 0 90. 01 09001 FAMI LY PRACTI CE CLI NI C 467, 188 2, 789, 531 0. 167479 0 90. 01 990. 02 09002 0UTPATI ENT PSYCHI ATRI C SERVI CES 152, 238 4, 017, 876 0. 037890 0 0 90. 02 90. 03 09003 I NFUSI ON CENTER 123, 757 8, 212, 927 0. 015069 0 0 90. 03 09004 PRI MARY CARE SENI ORS 121, 140 1, 495, 627 0. 080996 0 0 90. 03 09004 PRI MARY CARE SENI ORS 121, 140 1, 495, 627 0. 080996 0 0 90. 05 09005 PAI N MANAGEMENT 309, 395 28, 697, 819 0. 010781 0 0 90. 05 09005 PAI N MANAGEMENT 309, 395 28, 697, 819 0. 010781 0 0 90. 06 090. 06 09000 WOUND CARE CENTER 39, 619 1, 845, 786 0. 021465 0 0 90. 06 090. 07 09007 SLEEP CENTER 119, 320 3, 564, 555 0. 033474 0 0 90. 06 09000 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 23, 875, 246 0. 000000 0 0 92. 00 00000 DURABLE MEDI CAL EQUI P-RENTED 682, 398 15, 457, 175 0. 044148 0 0 0 96. 00	65.00	06500 RESPI RATORY THERAPY	605, 211	27, 863, 435	0. 02172	21 949	21	65.00
71. 00	66.00	06600 PHYSI CAL THERAPY	576, 701	49, 189, 699	0. 01172	24 0	0	66. 00
72. 00	69.00	06900 ELECTROCARDI OLOGY	187, 619	28, 627, 157	0. 0065	765	5	69. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 269, 596	77, 017, 562	0. 01648	3, 094	51	71. 00
74. 00	72.00	07200 I MPL. DEV. CHARGED TO PATIENT	1, 430, 316	45, 463, 975	0. 03146	0 0	0	72. 00
76. 00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 62, 101 432, 674 0. 143528 3, 430 492 76. 00 01 07 07 07 07 07 07 07 07 07 07 07 07 07	73.00	07300 DRUGS CHARGED TO PATIENTS	2, 480, 616	194, 951, 450	0. 01272	24 114, 732	1, 460	73. 00
OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICE COST CENTERS								
90. 00	76. 00		62, 101	432, 674	0. 14352	28 3, 430	492	76. 00
90. 01								
90. 02					l .			
90. 03			· ·		l .		_	
90. 04   09004   PRI MARY CARE SENI ORS   121, 140   1, 495, 627   0. 080996   0   0   90. 04   90. 05   09005   PAI N MANAGEMENT   309, 395   28, 697, 819   0. 010781   0   0   90. 05   90. 06   09006   WOUND CARE CENTER   39, 619   1, 845, 786   0. 021465   0   0   90. 06   90. 07   09007   SLEEP CENTER   119, 320   3, 564, 555   0. 033474   0   0   0   90. 07   91. 00   09100   EMERGENCY   2, 674, 393   168, 229, 447   0. 015897   203, 100   3, 229   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0   23, 875, 246   0. 000000   0   0   92. 00   94. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   682, 398   15, 457, 175   0. 044148   0   0   96. 00   95. 00   09000   09000   00   00   00   00							1	
90. 05								1
90. 06   09006   WOUND CARE CENTER   39, 619   1, 845, 786   0. 021465   0   0   90. 06   90. 07   09007   SLEEP CENTER   119, 320   3, 564, 555   0. 033474   0   0   90. 07   91. 00   09100   EMERGENCY   2, 674, 393   168, 229, 447   0. 015897   203, 100   3, 229   91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0   23, 875, 246   0. 000000   0   0   92. 00   000000   0   0   0000000   0   0								
90. 07   09007   SLEEP CENTER   119, 320   3, 564, 555   0. 033474   0   0   90. 07   91. 00   09100   EMERGENCY   2, 674, 393   168, 229, 447   0. 015897   203, 100   3, 229   91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0   23, 875, 246   0. 000000   0   0   92. 00   000000   0   0   0000000   0   0			· ·		l .		1	
91. 00			· ·					
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   0   23, 875, 246   0.000000   0   0   92. 00			· ·					
OTHER REI MBURSABLE COST CENTERS           96. 00         09600 DURABLE MEDI CAL EQUI P-RENTED         682, 398         15, 457, 175         0.044148         0         0         96.00								
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 682, 398 15, 457, 175 0. 044148 0 0 96. 00	92.00		0	23, 875, 246	0.00000	00 0	0	92.00
200. 00   Total (lines 50-199)   26, 838, 885  1, 535, 667, 184    565, 003  8, 775 200. 00								
	200.00	Total (lines 50-199)	26, 838, 885	1, 535, 667, 184		565, 003	8, 775	200. 00

	inancial Systems	DEACONESS I				u of Form CMS-	2552-10
APPORTI ( THROUGH	ONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER COSTS	VICE OTHER PASS		CCN: 150082 t CCN: 15S082	Peri od: From 10/01/2013 To 09/30/2014		pared:
			Ti t	le XIX	Subprovi der - I PF	PPS	<u> </u>
	Cost Center Description	Non Physician Anesthetist	Nursing School	Allied Healt	Medi cal	Total Cost (sum of col 1	
		Cost			Education Cost	4)	
1		1.00	2. 00	3.00	4. 00	5. 00	
	NCILLARY SERVICE COST CENTERS	,					1
	5000 OPERATING ROOM	0	C	20, 3		20, 318	1
	5400 RADI OLOGY-DI AGNOSTI C	0	C	)	0 0	0	
	5500 RADI OLOGY - THERAPEUTI C	0	C	)	0 0	0	
	5900 CARDI AC CATHETERI ZATI ON	0	C	2	0	0	
	6000 LABORATORY	0	C	2	0	0	
	6400 I NTRAVENOUS THERAPY	0	C	2	0	0	64.00
	6500 RESPIRATORY THERAPY	0	C	(	0	0	
	6600 PHYSI CAL THERAPY	0	C	(	0	0	
	6900 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C		0	0	
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 7200 IMPL. DEV. CHARGED TO PATIENT	0			0 0	0	
	7300 DRUGS CHARGED TO PATIENTS			316, 22	-	316, 224	
	7400 RENAL DIALYSIS			310, 22	0 0	0 310, 224	1
	3550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES				0 0	0	
	UTPATIENT SERVICE COST CENTERS	<u> </u>		′1	0 0		70.00
90.00 0	9000 CLI NI C	0	C	)	0 0	0	90.00
	9001 FAMILY PRACTICE CLINIC	0	C	)	0 0	0	90. 01
	9002 OUTPATIENT PSYCHIATRIC SERVICES	0	C	)	0	0	90. 02
	9003 INFUSION CENTER	0	C	)	0	0	
	9004 PRIMARY CARE SENIORS	0	C	)	0 0	0	
	9005 PAIN MANAGEMENT	0	C	)	0 0	0	
	9006 WOUND CARE CENTER	0	C		0	0	90. 06
	9007 SLEEP CENTER	0	C	)	0 0	0	
	9100 EMERGENCY	0	C			19, 903	
	9200 OBSERVATION BEDS (NON-DISTINCT PART) THER REIMBURSABLE COST CENTERS	] 0	C	7	0 0	0	92.00
	9600 DURABLE MEDICAL EQUIP-RENTED	l ol		\	0 0	0	96. 00
90. UU 10	YOUU DURADLE MEDICAL EQUIP-KENIED	ı U	C	Л	0 0	ı 0	J 40. UU

	Financial Systems	DEACONESS						u of Form CMS-2	2552-10
	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	VICE OTHER PAS	S Pi	rovi der	CCN: 150		Period: From 10/01/2013	Worksheet D Part IV	
THROUG	SH COSTS		Co	omnonent	CCN: 15		o 09/30/2014	Date/Time Pre	nared:
			0	•		1	0 077 007 2011	2/28/2015 3:3	1 pm
				Ti t	le XIX		Subprovi der -	PPS	
							I PF		
	Cost Center Description	Total	Total (	Charges	Ratio o	f Cost	Outpati ent	Inpati ent	
		Outpati ent		lkst. C,	to Cha		Ratio of Cost	Program	
		Cost (sum of			(col. 5		to Charges	Charges	
		col. 2, 3 and	8	3)	7)		(col. 6 ÷ col.		
		4)		0.0			7)	10.00	
	ANOLILIADY CERVI OF COCT CENTERS	6. 00	/.	00	8.0	00	9. 00	10.00	
F0 00	ANCILLARY SERVICE COST CENTERS	00.040	050	4/5 040		000001	0.000004	7.45/	F0 00
50.00	05000 OPERATING ROOM	20, 318		465, 340		000081		7, 156	
54.00	05400 RADI OLOGY - DI AGNOSTI C	0		272, 529		000000		16, 903	
55.00	05500 RADI OLOGY - THERAPEUTI C	0		545, 112		000000		0	
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	,	242, 926		000000		0	59. 00
60.00	06000 LABORATORY	0		197, 141		000000		214, 874	60.00
64.00	06400 I NTRAVENOUS THERAPY	0		533, 435		000000		0	
65.00	06500 RESPI RATORY THERAPY	0		863, 435		000000		949	65.00
66.00	06600 PHYSI CAL THERAPY	0		189, 699		000000		0	66.00
69.00	06900 ELECTROCARDI OLOGY	0		627, 157		000000		765	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		017, 562		000000		3, 094	
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0		463, 975		000000		0	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	316, 224		951, 450		001622		114, 732	73.00
74.00	07400 RENAL DIALYSIS	0		212, 648		000000		0	
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES OUTPATI ENT SERVI CE COST CENTERS	0	4	432, 674	0.	000000	0. 000000	3, 430	76. 00
90. 00	09000 CLINIC	0	J -	466, 112		000000	0. 000000	0	90.00
90.00	09000 CEINIC			789, 531		000000		0	90.00
90.01	09001 PAWILT PRACTICE CLINIC			017, 876		000000		0	90.01
90. 02	09002 OUTPATTENT PSTCHLARRIC SERVICES		1	212, 927		000000		0	90.02
90.03	09004 PRI MARY CARE SENI ORS			495, 627		000000		0	90.03
90.04	09005 PALN MANAGEMENT			697, 819		000000		0	90.04
90.03	09006 WOUND CARE CENTER			845, 786		000000		0	90.03
90.00	09007 SLEEP CENTER			564, 555		000000		0	90.08
91. 00	09100 EMERGENCY	19, 903		229, 447		000000		203, 100	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	19, 903		875, 246		000000			1
72.00	OTHER REIMBURSABLE COST CENTERS		y 23,	075, 240	<u> </u>	000000	0.00000		72.00
96. 00		1 0	15	457, 175	0	000000	0.000000	0	96. 00
200.00				667, 184		000000	0.00000	565, 003	
200.00	11000 (111103 30 177)	330, 443	1, 555,	557, 104	l		I	303,003	1200.00

Health Financial Systems	DEACONESS	H0SPI	TAL		In Lie	u of Form CMS-2	552-10
			CCN: 150082		Worksheet D		
THROUGH COSTS			Component	CCN: 15S082	To 09/30/2014		oared: I pm
			Ti t	le XIX	Subprovi der – I PF	PPS	
Cost Center Description	Inpatient Program	Р	tpatient rogram	Outpatient Program			

					TPF	
	Cost Center Description	I npati ent	Outpati ent	Outpati ent		
		Program	Program	Program		
		Pass-Through	Charges	Pass-Through		
		Costs (col. 8		Costs (col. 9		
		x col. 10)		x col. 12)		
		11. 00	12. 00	13. 00		
	ANCILLARY SERVICE COST CENTERS					
	05000 OPERATING ROOM	1	0	(	)	50. 00
54.00	D5400 RADI OLOGY-DI AGNOSTI C	0	0	(		54.00
55.00	D5500 RADI OLOGY - THERAPEUTI C	0	0	C		55. 00
59.00	D5900 CARDI AC CATHETERI ZATI ON	0	0	(		59.00
60.00	D6000 LABORATORY	0	0	C		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	C		64. 00
65.00	06500 RESPIRATORY THERAPY	0	0	C		65.00
66.00	06600 PHYSI CAL THERAPY	0	0			66. 00
69.00	06900 ELECTROCARDI OLOGY	o	0	(		69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	o	0	(		71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	o	0	(		72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	186	0			73. 00
74.00	07400 RENAL DIALYSIS	o	0			74. 00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	o	0			76. 00
C	OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLI NI C	0	0	(	)	90.00
90. 01	09001 FAMILY PRACTICE CLINIC	o	0	(		90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	o	0	(		90. 02
90. 03	09003 INFUSION CENTER	o	0	(		90. 03
90. 04	09004 PRIMARY CARE SENIORS	o	0	1 0		90. 04
90.05	D9005 PAIN MANAGEMENT	o	0			90. 05
90.06	09006 WOUND CARE CENTER	o	0			90. 06
90. 07	09007 SLEEP CENTER	o	0			90. 07
91.00	09100 EMERGENCY	24	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	o	0			92. 00
	OTHER REIMBURSABLE COST CENTERS				1	
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	C		96.00
200.00	Total (lines 50-199)	211	0			200. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 150082	Peri od: From 10/01/2013	Worksheet D-1	
		To 09/30/2014	Date/Time Pre 2/28/2015 3:3	
	Title XVIII	Hospi tal	PPS	
Cost Center Description				
			1. 00	
PART I - ALL PROVIDER COMPONENTS				

		Title XVIII	Hospi tal	PPS	
	Cost Center Description		-	1 00	
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days,	excluding newborn)		110, 400	1.00
2.00	Inpatient days (including private room days, excluding swing-be			110, 400	2. 00
3.00	Private room days (excluding swing-bed and observation bed days	). If you have only pr	ivate room days,	0	3. 00
4.00	do not complete this line.  Semi-private room days (excluding swing-bed and observation bed	days)		91, 374	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private room		r 31 of the cost	0	5. 00
	reporting period	3 . 0			
6. 00	Total swing-bed SNF type inpatient days (including private room	days) after December	31 of the cost	0	6. 00
7. 00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7. 00
7.00	reporting period	days) till odgir becember	or or the cost	G	7.00
8.00	Total swing-bed NF type inpatient days (including private room	days) after December 3	1 of the cost	0	8. 00
	reporting period (if calendar year, enter 0 on this line)				
9. 00	Total inpatient days including private room days applicable to newborn days)	the Program (excluding	swing-bed and	41, 710	9. 00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl	y (including private r	oom days)	0	10. 00
	through December 31 of the cost reporting period (see instructi	ons)			
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl		oom days) after	0	11. 00
12. 00	December 31 of the cost reporting period (if calendar year, ent Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12. 00
	through December 31 of the cost reporting period	om y (morading private	o i com dayo)	Ü	.2.00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13.00
14. 00	after December 31 of the cost reporting period (if calendar yea Medically necessary private room days applicable to the Program	r, enter 0 on this line	e)	0	14. 00
15. 00	Total nursery days (title V or XIX only)	(excluding swing-bed	uays)	0	15. 00
16. 00	Nursery days (title V or XIX only)			0	16. 00
	SWING BED ADJUSTMENT				
17. 00	Medicare rate for swing-bed SNF services applicable to services reporting period	through December 31 o	f the cost	0. 00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0. 00	18. 00
	reporting period				
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	through December 31 of	the cost	0. 00	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0. 00	20. 00
	reporting period				
21. 00	Total general inpatient routine service cost (see instructions)	21 -6 -6		85, 795, 679	
22. 00	Swing-bed cost applicable to SNF type services through December $5 \times 1$ line 17)	31 of the cost report	ing period (iine	0	22. 00
23. 00	Swing-bed cost applicable to SNF type services after December 3	1 of the cost reporting	g period (line 6	0	23. 00
0.4.00	x line 18)	04 6 11 1 11			04.00
24. 00	Swing-bed cost applicable to NF type services through December   7 x line 19)	3) of the cost reporti	ng period (iine	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December 31	of the cost reporting	period (line 8	0	25. 00
	x line 20)			_	
26. 00 27. 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost (I	ino 21 minus lino 26)		0 85, 795, 679	26. 00
27.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	The 21 millius Title 20)		03, 173, 017	27.00
28. 00	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	
30.00	Semi-private room charges (excluding swing-bed charges)	lino 20)		0 000000	30.00
31. 00 32. 00	General inpatient routine service cost/charge ratio (line 27 ÷ Average private room per diem charge (line 29 ÷ line 3)	111le 28)		0. 000000 0. 00	31. 00 32. 00
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00	
34. 00	Average per diem private room charge differential (line 32 minu	s line 33)(see instruc	tions)	0. 00	
35.00	Average per diem private room cost differential (line 34 x line	31)		0.00	
36.00	Private room cost differential adjustment (line 3 x line 35)	4	66	0	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost an 27 minus line 36)	u private room cost di	rrerential (line	85, 795, 679	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS	TMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see i	*		777. 13	38. 00
39. 00 40. 00	Program general inpatient routine service cost (line 9 x line 3 Medically necessary private room cost applicable to the Program	•		32, 414, 092 0	39. 00 40. 00
	Total Program general inpatient routine service cost (line 39 +	,		32, 414, 092	
		•	'		

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10	
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der	CCN: 150082	Peri od:	Worksheet D-1		
					From 10/01/2013 To 09/30/2014	Date/Time Pre		
			Ti +I	e XVIII	Hospi tal	2/28/2015 3: 3 <sup>3</sup> PPS	1 pm	
	Cost Center Description	Total	Total	Average Per		Program Cost		
	·	Inpatient Cost	Inpatient Days		÷	(col. 3 x col.		
		1.00	2. 00	col . 2) 3.00	4. 00	4) 5. 00		
42. 00	NURSERY (title V & XIX only)	11.00	2100	0.00	11 00	0.00	42. 00	
42.00	Intensive Care Type Inpatient Hospital Units	22 12/ 2/2	1/ 050	1 212 6	0 100	10 (20 401	42.00	
43. 00 44. 00	INTENSIVE CARE UNIT	22, 136, 263 5, 292, 128					43. 00 44. 00	
45. 00		3, 272, 120	4,003	1, 522.	1, 703	2,377,007	45. 00	
46. 00	1						46. 00	
47. 00	OTHER SPECIAL CARE (SPECIFY)  Cost Center Description						47. 00	
	- Cost center bescription					1. 00		
48. 00						72, 049, 238		
49. 00	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48)(	(see instruction	ons)		117, 700, 540	49.00	
50.00	Pass through costs applicable to Program inp.	atient routine	services (from	n Wkst. D, sum	n of Parts I and	5, 813, 234	50. 00	
F1 00		_#:#:		WI+ D -	£ D+- 11	F (00 100	F1 00	
51. 00	Pass through costs applicable to Program inpland IV)	atient anciliar	ry services (Tr	OM WKST. D, S	sum or Parts II	5, 608, 190	51. 00	
52. 00	Total Program excludable cost (sum of lines					11, 421, 424	52. 00	
53. 00	Total Program inpatient operating cost exclu	9 1	elated, non-phy	sician anesth	netist, and	106, 279, 116	53. 00	
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION	32)						
	Program di scharges					0		
55. 00							55. 00	
56. 00 57. 00	Target amount (line 54 x line 55) Difference between adjusted inpatient operat	ing cost and ta	arget amount (L	ine 56 minus	line 53)	0	56. 00 57. 00	
58. 00	Bonus payment (see instructions)	g ooot and to	ar got amount (i			0	58. 00	
59. 00	Lesser of lines 53/54 or 55 from the cost re	porting period	endi ng 1996, u	ipdated and co	ompounded by the	0.00	59. 00	
60. 00	market basket 60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							
61. 00	If line 53/54 is less than the lower of line	s 55, 59 or 60	enter the less	er of 50% of		0.00	60. 00 61. 00	
	which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							
62. 00	0	62. 00						
63. 00	63.00 Allowable Inpatient cost plus incentive payment (see instructions)							
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of the	cost reporti	ng period (See	<u> </u>	64. 00	
01.00	instructions)(title XVIII only)	to thi odgir book		, cost reporti	ing period (occ		01.00	
65. 00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	per 31 of the c	ost reporting	g period (See	0	65. 00	
66. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line 6	5)(title XVII	I only). For	0	66. 00	
	CAH (see instructions)	·	·		3,			
67. 00	Title V or XIX swing-bed NF inpatient routing (line 12 x line 19)	e costs through	n December 31 d	of the cost re	eporting period	0	67. 00	
68. 00	Title V or XIX swing-bed NF inpatient routing	e costs after [	December 31 of	the cost repo	orting period	0	68. 00	
40.00	(line 13 x line 20)		(1: /7   1:	(0)			40.00	
69. 00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER NI		•			1 0	69. 00	
70. 00	Skilled nursing facility/other nursing facil	ity/ICF/MR rout	tine service co	st (line 37)			70. 00	
71. 00 72. 00	Adjusted general inpatient routine service of Program routine service cost (line 9 x line		ine 70 ÷ line	2)			71. 00 72. 00	
73. 00	Medically necessary private room cost applications		n (line 14 x li	ne 35)			73.00	
74. 00	Total Program general inpatient routine serv	ice costs (line	e 72 + line 73)				74. 00	
75. 00	Capital-related cost allocated to inpatient 26, line 45)	routine service	e costs (from W	<i>l</i> orksheet B, F	Part II, column		75. 00	
76. 00	Per diem capital-related costs (line 75 ÷ li	ne 2)					76. 00	
77. 00	Program capital-related costs (line 9 x line						77. 00 78. 00	
78. 00 79. 00								
80.00	Total Program routine service costs for comp.			*.	nus line 79)		79. 00 80. 00	
81.00	00 Inpatient routine service cost per diem limitation							
82. 00 83. 00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (		* .				82. 00 83. 00	
84. 00			13)				84. 00	
85.00	Utilization review - physician compensation	(see instructio					85. 00	
86. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		nrough 85)			L	86. 00	
87. 00						19, 026	87. 00	
88. 00						777. 13		
89.00	Observation bed cost (line 87 x line 88) (se	e instructions)	)			14, 785, 675	89.00	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
				From 10/01/2013 To 09/30/2014	Date/Time Prep 2/28/2015 3:3	oared: 1 pm
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital -related cost	10, 489, 926	85, 795, 679	0. 12226	6 14, 785, 675	1, 807, 785	90.00
91.00 Nursing School cost	0	85, 795, 679	0.00000	0 14, 785, 675	0	91.00
92.00 Allied health cost	566, 216	85, 795, 679	0.00660	0 14, 785, 675	97, 585	92.00
93.00 All other Medical Education	0	85, 795, 679	0. 00000	0 14, 785, 675	0	93. 00

Heal th Financ	ial Systems	DEACONESS HOSPITAL		In Lie	u of Form CMS-2552-10
COMPUTATION O	OF INPATIENT OPERATING COST	Provi der CCI	N: 150082		Worksheet D-1
				From 10/01/2013	
		Component Co	CN: 15S082	To 09/30/2014	Date/Time Prepared:
					2/28/2015 3:31 pm
		Title >	(VIII	Subprovi der -	PPS
				LDE	

		litie XVIII	I PF	PPS	
	Cost Center Description				
	DADT I ALL DOOM DED COMPONENTO			1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1. 00	Inpatient days (including private room days and swing-bed days,	excluding newborn)		3, 994	1. 00
2.00	Inpatient days (including private room days, excluding swing-bed			3, 994	2. 00
3.00	Private room days (excluding swing-bed and observation bed days)	). If you have only pr	ivate room days,	0	3.00
	do not complete this line.				
4. 00 5. 00	Semi-private room days (excluding swing-bed and observation bed Total swing-bed SNF type inpatient days (including private room		r 21 of the cost	3, 994 0	4. 00 5. 00
5.00	reporting period	days) thi ough becembe	i 31 of the cost	O	3. 00
6.00	Total swing-bed SNF type inpatient days (including private room	days) after December	31 of the cost	0	6.00
	reporting period (if calendar year, enter 0 on this line)				
7. 00	Total swing-bed NF type inpatient days (including private room or reporting period	days) through December	31 of the cost	0	7. 00
8. 00	Total swing-bed NF type inpatient days (including private room o	days) after December 3	1 of the cost	0	8. 00
	reporting period (if calendar year, enter 0 on this line)	3 7			
9.00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	1, 587	9. 00
10. 00	newborn days)	, (including private n	room days)	0	10. 00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only through December 31 of the cost reporting period (see instruction		oolii days)	U	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only		oom days) after	0	11.00
	December 31 of the cost reporting period (if calendar year, ent				
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX (	only (including privat	e room days)	0	12. 00
13. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX of	only (including privat	e room days)	0	13. 00
	after December 31 of the cost reporting period (if calendar year			Ü	10.00
14.00	Medically necessary private room days applicable to the Program	(excluding swing-bed	days)	0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16. 00
17. 00	Medicare rate for swing-bed SNF services applicable to services	through December 31 o	f the cost	0.00	17. 00
	reporting period				
18. 00	Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0. 00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0.00	19. 00
17.00	reporting period	till odgir becember 31 or	the cost	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0.00	20.00
21. 00	reporting period Total general inpatient routine service cost (see instructions)			2, 153, 542	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December	31 of the cost report	ing period (line	2, 153, 542	
	5 x line 17)				
23. 00	Swing-bed cost applicable to SNF type services after December 3	1 of the cost reportin	g period (line 6	0	23. 00
24. 00	x line 18) Swing-bed cost applicable to NF type services through December:	R1 of the cost reporti	ng period (line	0	24. 00
21.00	7 x line 19)	or the cost reporti	ng perrod (rine	G	21.00
25. 00	Swing-bed cost applicable to NF type services after December 31	of the cost reporting	period (line 8	0	25. 00
26. 00	x line 20)  Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost (I)	ne 21 minus line 26)		2, 153, 542	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	,			
	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)		28. 00
29. 00	Pri vate room charges (excluding swing-bed charges)			0	
30. 00 31. 00	Semi-private room charges (excluding swing-bed charges)   General inpatient routine service cost/charge ratio (line 27 ÷ 1	ine 28)		0. 000000	30. 00 31. 00
32. 00	Average private room per diem charge (line 29 ÷ line 3)	THE 20)		0. 00	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
34. 00	Average per diem private room charge differential (line 32 minus		tions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x line	31)		0.00	
36. 00 37. 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost and	d nrivate room cost di	fferential (line	0 2, 153, 542	36. 00 37. 00
37.00	27 minus Line 36)	a private room cost ur	Treferitial (TITIE	2, 100, 042	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
20.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUST			F00 10	20.00
38. 00 39. 00	Adjusted general inpatient routine service cost per diem (see in			539. 19 855, 695	
40. 00	Program general inpatient routine service cost (line 9 x line 3) Medically necessary private room cost applicable to the Program			000, 090	
	Total Program general inpatient routine service cost (line 39 +	,		855, 695	
	·		'	'	

MPUT	ATION OF INPATIENT OPERATING COST		SPI TAL Provi der C		Peri od:	u of Form CMS-2 Worksheet D-1	
			Component		From 10/01/2013 To 09/30/2014	Date/Time Pre	
			Title	XVIII	Subprovi der -	2/28/2015 3: 3 PPS	81 pm
	Cost Center Description	Total	Total	Average Per	IPF Program Days	Program Cost	
	cost center bescription	Inpati ent Cost In			÷	(col. 3 x col.	
		1.00	2. 00	3. 00	4. 00	5. 00	
	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	:					42.
. 00	INTENSIVE CARE UNIT	0	0	0.0	0 0	0	43.
. 00	CORONARY CARE UNIT	0	0	0.0	0 0	0	
. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						45. 46.
	OTHER SPECIAL CARE (SPECIFY)						47.
	Cost Center Description	1					
00	Decree in the control of the control	D 2 2	1: 200)			1. 00	10
	Program inpatient ancillary service cost (W Total Program inpatient costs (sum of lines			s)		210, 133 1, 065, 828	
. 00	PASS THROUGH COST ADJUSTMENTS	11 till ough 10) (30	e matruction	3)		1, 000, 020	1 17
. 00	Pass through costs applicable to Program in	oatient routine se	rvices (from \	Vkst. D, sum	of Parts I and	79, 334	50
. 00	III) Pass through costs applicable to Program in	nationt ancillary	sorvices (fro	n Wkst D s	um of Darte II	15, 199	51
. 00	and IV)	battent and train	services (III)	ii wkst. D, s	um or rarts ir	15, 177	
. 00	Total Program excludable cost (sum of lines	,				94, 533	
. 00	Total Program inpatient operating cost exclumedical education costs (line 49 minus line		ted, non-phys	ci an anesth	etist, and	971, 295	53
	TARGET AMOUNT AND LIMIT COMPUTATION	52)					
	Program di scharges						54
00	Target amount per discharge Target amount (line 54 x line 55)					0.00	1
00	Difference between adjusted inpatient opera	ting cost and targ	et amount (li	ne 56 minus	line 53)	0	1
00	Bonus payment (see instructions)	0	·		ŕ	0.00	58
00							
. 00	market basket 00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						
. 00	If line 53/54 is less than the lower of line				the amount by	0. 00 0	
	which operating costs (line 53) are less that		(lines 54 x 6	D), or 1% of	the target		
. 00	amount (line 56), otherwise enter zero (see Relief payment (see instructions)	instructions)				0	62
	Allowable Inpatient cost plus incentive pay	ment (see instruct	i ons)			0	
00	PROGRAM INPATIENT ROUTINE SWING BED COST	ata thraugh Dagamh	on 21 of the	anat manamti	ng ported (Coo	0	
. 00	Medicare swing-bed SNF inpatient routine communications)(title XVIII only)	sts through Decemb	er 31 of the (	cost reporti	ng period (see	Ü	64
. 00	Medicare swing-bed SNF inpatient routine cos	sts after December	31 of the co	st reporting	period (See	0	65
00	instructions) (title XVIII only)	no costo (lino (4	nlug ling (F	\( \	l anly) For	0	
. 00	Total Medicare swing-bed SNF inpatient rout CAH (see instructions)	ne costs (Tine 64	prus rine 65	(title XVII	i only). For	Ü	66
. 00	Title V or XIX swing-bed NF inpatient routi	ne costs through D	ecember 31 of	the cost re	porting period	0	67
. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routing	no costo often Doo	ombon 21 of t		mting nomind	0	
. 00	(line 13 x line 20)	ie costs arter bec	elliber 31 01 ti	ie cost repo	iting period	U	68
. 00	Total title V or XIX swing-bed NF inpatient					0	69
. 00	PART III - SKILLED NURSING FACILITY, OTHER N						70
. 00	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service						71
. 00	Program routine service cost (line 9 $\times$ line	71)					72
. 00	Medically necessary private room cost applic	,		e 35)			73
. 00	Total Program general inpatient routine services to inpatient capital-related cost allocated to inpatient	•		rksheet R D	art II column		74
. 55	26, line 45)	. 301.1.0 301 VI 60 C			,		
. 00	Per diem capital related costs (line 75 ÷ li						76
	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minument)						77
	Aggregate charges to beneficiaries for excess		vi der records	)			79
. 00	Total Program routine service costs for com	parison to the cos			us line 79)		80
. 00 . 00	Inpatient routine service cost per diem lim Inpatient routine service cost limitation (						81
. 00	Reasonable inpatient routine service costs						83
. 00	Program inpatient ancillary services (see in	nstructions)					84
	Utilization review - physician compensation						85
. 00	Total Program inpatient operating costs (sur PART IV - COMPUTATION OF OBSERVATION BED PAS		ugn 85)				86
						0	
. 00	Total observation bed days (see instructions	5)			I	0	87

Health Financial Systems	DE/TOOMESS I	HOSPI TAL		III LI E	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
		Component	CCN: 15S082	From 10/01/2013 To 09/30/2014	Doto/Time Dros	aanad.
		Component	CCN: 155082	10 09/30/2014	Date/Time Prep 2/28/2015 3:3	
		Title	e XVIII	Subprovi der -	PPS	
	<u> </u>			IPF		
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from		
				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	199, 655	2, 153, 542	0. 09271	0 0	0	90.00
91.00 Nursing School cost	0	2, 153, 542	0.00000	0 0	0	91.00
92.00 Allied health cost	0	2, 153, 542	0.00000	0 0	0	92.00
93.00 All other Medical Education	0	2, 153, 542	0.00000	이 이	0	93. 00

Heal th	Financial Systems DEACONESS HOSP	ΙΤΔΙ	Inlie	u of Form CMS-2	2552-10	
	ATION OF INPATIENT OPERATING COST	Provi der CCN: 150082	Peri od:	Worksheet D-1		
			From 10/01/2013			
			To 09/30/2014	Date/Time Pre		
		Title XIX	Hospi tal	2/28/2015 3: 3 PPS	т ріп	
	Cost Center Description	THE XIX	nospi tui	113		
				1. 00		
	PART I - ALL PROVIDER COMPONENTS					
	I NPATI ENT DAYS					
1. 00	Inpatient days (including private room days and swing-bed days,			110, 400		
2.00	Inpatient days (including private room days, excluding swing-be			110, 400		
3.00	Private room days (excluding swing-bed and observation bed days	). If you have only pr	ivate room days,	0	3. 00	
4. 00	do not complete this line. Semi-private room days (excluding swing-bed and observation bed	days		91, 374	4. 00	
5. 00	Total swing-bed SNF type inpatient days (including private room		r 21 of the cost	91, 3/4	5. 00	
3.00	reporting period	days) through becembe	i 31 of the cost	O	3.00	
6.00	Total swing-bed SNF type inpatient days (including private room	davs) after December	31 of the cost	0	6.00	
	reporting period (if calendar year, enter 0 on this line)					
7.00	Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7. 00	
	reporting period					
8.00						
9. 00	reporting period (if calendar year, enter 0 on this line)  Total inpatient days including private room days applicable to the Program (excluding swing-bed and 8,263)					
9.00	newborn days)	the Program (excluding	swing-bed and	8, 263	9. 00	
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl	v (including private r	oom days)	0	10.00	
	through December 31 of the cost reporting period (see instructi					
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl		oom days) after	0	11. 00	
	December 31 of the cost reporting period (if calendar year, ent					
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX through December 31 of the cost reporting period	only (including private	e room days)	0	12. 00	
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including privat	e room days)	0	13. 00	
13.00	after December 31 of the cost reporting period (if calendar yea	r. enter 0 on this line	e)	0	13.00	
14.00	Medically necessary private room days applicable to the Program			0	14. 00	
15. 00	Total nursery days (title V or XIX only)		,	0	15. 00	
16. 00	Nursery days (title V or XIX only)			0	16. 00	
	SWING BED ADJUSTMENT					
17. 00	Medicare rate for swing-bed SNF services applicable to services	through December 31 o	f the cost	0. 00	17. 00	
18. 00	reporting period Medicare rate for swing-bed SNF services applicable to services	ofter December 21 of	the cost	0.00	18. 00	
18.00	reporting period	arter becember 31 or	the cost	0.00	18.00	
19. 00	Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0.00	19. 00	
	reporting period			3.00		
20.00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0. 00	20. 00	
	reporting period					
21. 00	Total general inpatient routine service cost (see instructions)			85, 795, 679		
22. 00	Swing-bed cost applicable to SNF type services through December $5 \times 1$ ine 17)	3) OF the Cost report	ing period (line	0	22. 00	
	o a time 17)				I	

		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	I NPATI ENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	110, 400	1.0
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	110, 400	2. 0
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days,	0	3. 0
	do not complete this line.		
4.00	Semi-private room days (excluding swing-bed and observation bed days)	91, 374	4. 0
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost	0	5. 0
	reporting period		
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost	0	6. 0
0.00		٥	0.0
	reporting period (if calendar year, enter 0 on this line)	_	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost	0	7. 0
	reporting period		
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost	O	8. 0
	reporting period (if calendar year, enter 0 on this line)		
9. 00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and	8, 263	9. 0
9.00		0, 203	9.0
	newborn days)		
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days)	0	10. 0
	through December 31 of the cost reporting period (see instructions)		
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after	ol	11. 0
55	December 31 of the cost reporting period (if calendar year, enter 0 on this line)	ĭ	5
12 00		0	12.0
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)	U	12. 0
	through December 31 of the cost reporting period		
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)	0	13. 0
	after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	o	14. 0
15. 00		Ö	15. 0
	, , , , , , , , , , , , , , , , , , ,		
16.00	Nursery days (title V or XIX only)	0	16. 0
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost	0.00	17. 0
	reporting period		
18. 00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost	0.00	18. 0
10.00		0.00	10.0
	reporting period		
19. 00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost	0.00	19. 0
	reporting period		
20.00		0.00	20. 0
	reporting period		
21 00		05 705 (70	21 0
21. 00	, , , , , , , , , , , , , , , , , , , ,	85, 795, 679	1
22. 00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line	0	22. 0
	5 x line 17)		
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6	0	23. 0
	x line 18)		
24. 00		0	24. 0
24.00		٥	24.0
	7 x line 19)		
25. 00		0	25. 0
	x line 20)		
26 00	Total swing-bed cost (see instructions)	0	26. 0
	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	85, 795, 679	
27.00		03, 173, 019	21.0
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. 00		0	28. 0
29. 00	Private room charges (excluding swing-bed charges)	0	29. 0
30. 00		o	30. 0
		0. 000000	
31.00			
32. 00			32. 0
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33. 0
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x line 31)	0.00	
		ı	
36. 00	Private room cost differential adjustment (line 3 x line 35)	0	36. 0
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line	85, 795, 679	37. 0
37.00	27 minus line 36)		
37.00			
37.00	IPART II - HOSPITAL AND SURPROVIDERS ONLY		
37.00	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	777. 13	38. 0
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	777. 13 6, 421, 425	
38. 00 39. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)	6, 421, 425	39. 0
38. 00 39. 00 40. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost per diem (see instructions)	i	39. 0 40. 0

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der	CCN: 150082	Peri od:	Worksheet D-1	
					From 10/01/2013 To 09/30/2014	Date/Time Pre	
			Ti +	le XIX	Hospi tal	2/28/2015 3: 3 <sup>3</sup> PPS	1 pm
	Cost Center Description	Total	Total	Average Per		Program Cost	
	·	Inpatient Cost	Inpatient Days		÷	(col. 3 x col.	
		1.00	2.00	col . 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only)		2100	0.00	11 00	0.00	42. 00
42.00	Intensive Care Type Inpatient Hospital Units	22 12/ 2/2	1/ 050	1 212 (	20 4 411	1 052 /71	42.00
43. 00 44. 00	INTENSIVE CARE UNIT	22, 136, 263 5, 292, 128					43. 00 44. 00
45. 00	1	0,2,2,120	1,7000	1,022.		001,700	45. 00
46. 00	1						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)  Cost Center Description						47. 00
	, and the second of the second					1. 00	
48. 00				>		15, 697, 212	
49. 00	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48)(	see instructio	ins)		24, 603, 243	49.00
50.00	Pass through costs applicable to Program inp	atient routine	services (from	Wkst. D, sun	n of Parts I and	1, 130, 574	50. 00
51. 00		ationt ancillar	sy sorvicos (fr	com Wkst D s	rum of Darts II	1, 207, 625	51. 00
51.00	and IV)	atrent andiria	y services (II	OIII WKSt. D, S	Sum of Farts II	1, 207, 025	31.00
52. 00	Total Program excludable cost (sum of lines					2, 338, 199	
53. 00	Total Program inpatient operating cost exclumedical education costs (line 49 minus line	9 1	elated, non-phy	sician anesth	netist, and	22, 265, 044	53. 00
	TARGET AMOUNT AND LIMIT COMPUTATION	32)					
	Program di scharges					0	
55. 00 56. 00	Target amount per discharge Target amount (line 54 x line 55)					0.00	55. 00 56. 00
57. 00	, ,	ing cost and ta	arget amount (I	ine 56 minus	line 53)	Ö	57. 00
58. 00	Bonus payment (see instructions)					0	58. 00
59. 00	Lesser of lines 53/54 or 55 from the cost re market basket	porting period	ending 1996, u	ipdated and co	ompounded by the	0.00	59. 00
60.00	Lesser of lines 53/54 or 55 from prior year					0.00	
61. 00						0	61. 00
	which operating costs (line 53) are less tha amount (line 56), otherwise enter zero (see						
62. 00	Relief payment (see instructions)	·				0	
63. 00	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instru	uctions)			0	63. 00
64. 00		ts through Dece	ember 31 of the	cost reporti	ng period (See	0	64. 00
/F 00	instructions)(title XVIII only)	to often Decemb	21 of the o		nonind (Coo		4F 00
65. 00	Medicare swing-bed SNF inpatient routine cos instructions) (title XVIII only)	ts after beceilik	ber 31 of the C	ost reporting	perrod (See	0	65. 00
66. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line 6	5)(title XVII	I only). For	0	66. 00
67. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routin	e costs through	n December 31 o	of the cost re	enorting period	0	67. 00
07.00	(line 12 x line 19)	c costs till odgi	i becomber or o	in the cost is	ppor tring period		07.00
68. 00	Title V or XIX swing-bed NF inpatient routin	e costs after [	December 31 of	the cost repo	orting period	0	68. 00
69. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (	(line 67 + line	: 68)		0	69. 00
	PART III - SKILLED NURSING FACILITY, OTHER N	URSING FACILITY	, AND ICF/MR O	NLY			
70. 00 71. 00	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service c	-					70. 00 71. 00
72.00	Program routine service cost (line 9 x line	71)		•			72.00
73.00	Medically necessary private room cost applic						73.00
74. 00 75. 00	Total Program general inpatient routine serv Capital-related cost allocated to inpatient	•			Part II column		74. 00 75. 00
70.00	26, line 45)	routine service		orkaneer b, i	art II, corami		70.00
76. 00	Per diem capital related costs (line 75 ÷ li						76. 00
77. 00 78. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minu						77. 00 78. 00
79. 00	Aggregate charges to beneficiaries for exces	s costs (from p		· .			79. 00
80. 00 81. 00	Total Program routine service costs for comp Inpatient routine service cost per diem limi		cost limitation	(line 78 mir	nus line 79)		80. 00 81. 00
82. 00	Inpatient routine service cost per dreim frim		1)				82. 00
83.00	Reasonable inpatient routine service costs (	see instruction	* .				83. 00
84. 00 85. 00	Program inpatient ancillary services (see in Utilization review - physician compensation		nns)				84. 00 85. 00
86. 00	1						86. 00
07.00	PART IV - COMPUTATION OF OBSERVATION BED PAS					40.05	07.00
87. 00 88. 00	,	•	: line 2)			19, 026 777. 13	
	Observation bed cost (line 87 x line 88) (se	•				14, 785, 675	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
				From 10/01/2013 To 09/30/2014	Date/Time Prep 2/28/2015 3:3	
		Tit	le XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	10, 489, 926	85, 795, 679	0. 12226	6 14, 785, 675	1, 807, 785	90.00
91.00 Nursing School cost	0	85, 795, 679	0.00000	0 14, 785, 675	0	91.00
92.00 Allied health cost	566, 216	85, 795, 679	0.00660	0 14, 785, 675	97, 585	92.00
93.00 All other Medical Education	0	85, 795, 679	0. 00000	0 14, 785, 675	0	93. 00

Health Financial Systems	DEACONESS HOSPI TAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 150082		Worksheet D-1
	Component CCN: 15SO82	From 10/01/2013 To 09/30/2014	
	Title XIX	Subprovi der -	PPS
		LDE	

			IPF		
	Cost Center Description		-	1. 00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days,			3, 994	1. 00
2. 00 3. 00	Inpatient days (including private room days, excluding swing-bed Private room days (excluding swing-bed and observation bed days)		o room days	3, 994 0	2. 00 3. 00
3.00	do not complete this line.	7. IT you have only privat	e room days,	U	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed	days)		3, 994	4. 00
5.00	Total swing-bed SNF type inpatient days (including private room	days) through December 31	of the cost	0	5. 00
6. 00	reporting period Total swing-bed SNF type inpatient days (including private room	days) after December 31 o	f the cost	0	6. 00
0.00	reporting period (if calendar year, enter 0 on this line)	days) arter becember 51 0	Tile cost	O	0.00
7.00	Total swing-bed NF type inpatient days (including private room	days) through December 31	of the cost	0	7. 00
0.00	reporting period				0.00
8. 00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) after December 31 of	the cost	0	8. 00
9. 00	Total inpatient days including private room days applicable to	the Program (excluding swi	ng-bed and	599	9. 00
	newborn days)				
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII only through December 31 of the cost reporting period (see instruction)		days)	0	10. 00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII only		davs) after	0	11. 00
	December 31 of the cost reporting period (if calendar year, enti-				
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including private ro	om days)	0	12.00
13. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX	only (including private ro	om days)	0	13. 00
13.00	after December 31 of the cost reporting period (if calendar yea		Oil days)	O	13.00
14. 00	Medically necessary private room days applicable to the Program	(excluding swing-bed days	)	0	14. 00
15. 00	Total nursery days (title V or XIX only)			0	15.00
16. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16. 00
17. 00	Medicare rate for swing-bed SNF services applicable to services	through December 31 of th	e cost	0.00	17. 00
	reporting period				
18. 00	Medicare rate for swing-bed SNF services applicable to services	after December 31 of the	cost	0. 00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	through December 31 of the	cost	0.00	19. 00
17.00	reporting period	in dagn becomber of or the	0031	0.00	17.00
20. 00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of the c	ost	0.00	20. 00
21. 00	reporting period Total general inpatient routine service cost (see instructions)			2, 153, 542	21 00
22. 00	Swing-bed cost applicable to SNF type services through December	31 of the cost reporting	period (line	2, 155, 542	
	5 x line 17)	or are some some report and			
23. 00	Swing-bed cost applicable to SNF type services after December 3	l of the cost reporting pe	riod (line 6	0	23. 00
24. 00	x line 18)   Swing-bed cost applicable to NF type services through December:	31 of the cost reporting n	eriod (line	0	24. 00
24.00	7 x line 19)	or the cost reporting p	ciroa (iriic	O	24.00
25. 00	Swing-bed cost applicable to NF type services after December 31	of the cost reporting per	iod (line 8	0	25. 00
26. 00	x line 20)   Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost (	ne 21 minus Line 26)		2, 153, 542	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-bed	and observation bed charge	s)	-	28. 00
29. 00	Pri vate room charges (excluding swing-bed charges)			0	
30. 00 31. 00	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27 ÷	ine 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)	1110 20)		0. 00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus	, ,	s)	0.00	
35. 00 36. 00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)	31)		0.00	35. 00 36. 00
37. 00	General inpatient routine service cost net of swing-bed cost and	d private room cost differ	ential (line	2, 153, 542	
	27 minus line 36)		, , ,		
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	MENTO			
38. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUST Adjusted general inpatient routine service cost per diem (see in			539. 19	38. 00
39. 00	Program general inpatient routine service cost per dreim (see 1)			322, 975	
40. 00	Medically necessary private room cost applicable to the Program			0	40.00
41. 00	Total Program general inpatient routine service cost (line 39 +	line 40)		322, 975	41. 00

MPUT	ATION OF INPATIENT OPERATING COST		Provi der CO		Peri od:	u of Form CMS-2 Worksheet D-1	
			Component (		From 10/01/2013 To 09/30/2014	Date/Time Pre	
			Title	XIX	Subprovider -	2/28/2015 3: 3 PPS	sı pm
	Cost Center Description	Total	Total	Average Per	IPF Program Days	Program Cost	
	·	Inpatient Cost In	patient Days Di	em (col. 1 col. 2)	÷	(col. 3 x col. 4)	
	AND SERVICE AND	1.00	2.00	3. 00	4. 00	5. 00	
. 00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units						42.
. 00	INTENSIVE CARE UNIT	l ol	ol	0.0	ol ol	0	43.
. 00	CORONARY CARE UNIT	o	ō	0. 0		0	
. 00	BURN INTENSIVE CARE UNIT						45
. 00	SURGICAL INTENSIVE CARE UNIT						46
. 00	OTHER SPECIAL CARE (SPECIFY)  Cost Center Description						47
	cost center bescriptron					1. 00	
. 00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3,	line 200)			121, 152	48
. 00	Total Program inpatient costs (sum of lines	41 through 48)(se	e instructions	.)		444, 127	49
- 00	PASS THROUGH COST ADJUSTMENTS			(l.=+ D =	-£ D 11	20.044	٠,
. 00	Pass through costs applicable to Program inp	attent routine se	ervices (ironi w	KSt. D, Sulli	or Parts r and	29, 944	50
. 00	Pass through costs applicable to Program inp	atient ancillary	services (from	Wkst. D, s	um of Parts II	8, 986	51
٠.	and IV)		•				.
. 00	Total Program excludable cost (sum of lines		امريطم ممم لمحد	ai an anaath	atiot and	38, 930	
. 00	Total Program inpatient operating cost exclumedical education costs (line 49 minus line		iteu, non-pnysi	cran anesth	erist, and	405, 197	53
	TARGET AMOUNT AND LIMIT COMPUTATION	02)					
	Program discharges						54
00	Target amount per discharge					0.00	
00	Target amount (line 54 x line 55) Difference between adjusted inpatient operat	ing cost and tard	net amount (lin	a 56 minus	line 53)	0	
00	Bonus payment (see instructions)	ing cost and targ	get amount (iii	e 50 iii 11d3	11116 33)	0	1
00	Lesser of lines 53/54 or 55 from the cost re	porting period er	ndi ng 1996, upd	ated and co	mpounded by the	0.00	59
	market basket						
. 00	00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket 00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by						60
. 00	which operating costs (line 53) are less that					0	
	amount (line 56), otherwise enter zero (see		,	,,			
. 00	Relief payment (see instructions)					0	
. 00	00 Allowable Inpatient cost plus incentive payment (see instructions) PROGRAM INPATIENT ROUTINE SWING BED COST						63
. 00	Medicare swing-bed SNF inpatient routine cos	ts through Decemb	oer 31 of the c	ost reporti	ng period (See	0	64
	instructions)(title XVIII only)	Ü		·			
. 00	Medicare swing-bed SNF inpatient routine cos	ts after December	31 of the cos	t reporting	period (See	0	65
. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi	ne costs (line 64	Inlus line 65)	(title XVII	lonly) For	0	66
. 00	CAH (see instructions)	110 00313 (11110 04	F prus Tric 00)	(trtic xvii	1 0111 y). 101	O	
. 00	Title V or XIX swing-bed NF inpatient routin	e costs through D	December 31 of	the cost re	porting period	0	67
00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin	a agota often Dag	.amban 21 af th		sting posied	0	1,
. 00	(line 13 x line 20)	e costs arter bec	ember 31 of th	e cost repo	rting period	U	68
. 00	Total title V or XIX swing-bed NF inpatient	routine costs (li	ne 67 + line 6	8)		0	69
	PART III - SKILLED NURSING FACILITY, OTHER N						
. 00 . 00	Skilled nursing facility/other nursing facil						70
. 00	Adjusted general inpatient routine service of Program routine service cost (line 9 x line		ie 70 ÷ Title 2)				72
. 00	Medically necessary private room cost applic	,	[line 14 x line	35)			73
00	Total Program general inpatient routine serv	•					74
. 00	Capital-related cost allocated to inpatient	routine service o	costs (from Wor	ksheet B, Pa	art II, column		75
. 00	26, line 45) Per diem capital-related costs (line 75 ÷ li	ne 2)					76
00	Program capital-related costs (line 9 x line	76)					77
	Inpatient routine service cost (line 74 minu						78
00	Aggregate charges to beneficiaries for exces				us lino 70)		80
00	Total Program routine service costs for comp Inpatient routine service cost per diem limi		st iimitatiON (	TITIE /O IIII N	us 11118 /7)		81
00	Inpatient routine service cost per drem rimi						82
. 00	Reasonable inpatient routine service costs (	see instructions)					83
. 00	Program inpatient ancillary services (see in						84
. 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85
. 00	PART IV - COMPUTATION OF OBSERVATION BED PAS		ragii 00)				1 00
							1
. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per				I	0 0. 00	

Health Financial Systems D		IOSPI TAL		TIT LIC	u of Form CMS-2	2002-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
		Companant	CCN: 15S082	From 10/01/2013 To 09/30/2014	Date/Time Prep	annod:
		Component	CCN. 155062	10 09/30/2014	2/28/2015 3: 3	
		Ti tl	le XIX	Subprovi der -	PPS	
				I PF		
Cost Center Description		Routine Cost	column 1 ÷	Total	Observation	
	(	(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1. 00	2.00	3.00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital -related cost	199, 655	2, 153, 542	0. 09271	0	0	90.00
91.00 Nursing School cost	0	2, 153, 542	0.00000	0 0	0	91.00
92.00 Allied health cost	0	2, 153, 542	0.00000	0 0	0	92.00
93.00 All other Medical Education	0	2, 153, 542	0.00000	0 0	0	93. 00

I NPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150082	Peri od: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Pre 2/28/2015 3:3	pared
		Ti tl	e XVIII	Hospi tal	PPS	
	Cost Center Description		Ratio of Cos To Charges	Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2. 00	3. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1			
0.00	03000 ADULTS & PEDI ATRI CS			47, 296, 852		30.
1.00	03100 I NTENSI VE CARE UNI T			22, 907, 873		31.
2.00	03200 CORONARY CARE UNIT			5, 558, 452		32.
0. 00	04000 SUBPROVIDER - IPF			0		40.
0.00	ANCI LLARY SERVI CE COST CENTERS  05000 OPERATI NG ROOM		0. 1967	37, 215, 325	7, 320, 664	50.
1. 00	05400 RADI OLOGY-DI AGNOSTI C		0. 1907			
5. 00	05500 RADI OLOGY - THERAPEUTI C		0. 22228			
9. 00	05900 CARDI AC CATHETERI ZATI ON		0. 22220		1, 122, 930	
0.00	06000 LABORATORY		0. 1772			
4. 00	06400 I NTRAVENOUS THERAPY		0. 7772.		1, 279, 063	
5. 00	06500 RESPIRATORY THERAPY		0. 21016		2, 581, 708	
5. 00	06600 PHYSI CAL THERAPY		0. 19408		3, 563, 185	
9. 00	06900 ELECTROCARDI OLOGY		0. 09633		901, 391	
1. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 3317			
2. 00	07200 IMPL. DEV. CHARGED TO PATIENT		0. 64939			
3. 00	07300 DRUGS CHARGED TO PATIENTS		0. 25752			
4. 00	07400 RENAL DIALYSIS		0. 3274		1, 031, 536	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		3. 2414		17, 789	
3. 00	OUTPATIENT SERVICE COST CENTERS		0.2	57 07 100	117707	1
0.00	09000 CLI NI C		0. 62910	2, 566	1, 614	90.
0. 01	09001 FAMILY PRACTICE CLINIC		1. 11400		2, 163	90.
0. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES		0. 28228		165	1
0. 03	09003 I NFUSI ON CENTER		0. 14642		2, 024	90.
0. 04	09004 PRI MARY CARE SENI ORS		1. 3373		2, 515	
0. 05	09005 PAIN MANAGEMENT		0. 14630		151	90.
0. 06	09006 WOUND CARE CENTER		0. 30712		323	90.
0. 07	09007 SLEEP CENTER		0. 4296			1
1. 00	09100 EMERGENCY		0. 1873		-	
2. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 61928			
	OTHER REIMBURSABLE COST CENTERS		•			1
	09600 DURABLE MEDICAL FOULP-RENTED		0.49850	73 0		96

315, 069, 956

315, 069, 956

0 96.00

201. 00 202. 00

72, 049, 238 200. 00

96. 00 09600 DURABLE MEDICAL EQUIP-RENTED

200.00

201. 00 202. 00 Total (sum of lines 50-94 and 96-98)

Less PBP Clinic Laboratory Services-Program only charges (line 61) Net Charges (line 200 minus line 201)

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150082	Peri od:		
			From 10/01/2013	Worksheet D-3	
	Componen	t CCN: 15S082		Date/Time Pre 2/28/2015 3:3	
	Ti tl	e XVIII	Subprovi der - I PF	PPS	
Cost Center Description		Ratio of Cos		I npati ent	
		To Charges		Program Costs	
			Charges	(col. 1 x col.	
		1 00	0.00	2)	
LADATI ENT. DOUTLAGE CEDAL OF COCT. CENTEDO		1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		1		I	20.00
30. 00 03000 ADULTS & PEDI ATRI CS			0		30.00
31. 00   03100   INTENSIVE CARE UNIT 32. 00   03200   CORONARY CARE UNIT			0		31.00
			2 247 200		32.00
40. 00   04000   SUBPROVI DER - I PF   ANCI LLARY SERVI CE COST CENTERS		<u> </u>	3, 347, 208		40. 00
50. 00 O5000 OPERATING ROOM		0. 1967	11 13, 320	2, 620	50.00
54. 00   05400   RADI OLOGY - DI AGNOSTI C		0. 1907			1
55. 00   05500   RADI OLOGY - THERAPEUTI C		0. 2222	-	1	
59. 00   05900   CARDI AC   CATHETERI ZATI ON		0. 2222			
60. 00   06000   LABORATORY		0. 1772		1	
64. 00   06400   NTRAVENOUS THERAPY		0. 7288		04,310	1
65. 00 06500 RESPIRATORY THERAPY		0. 2101		851	65. 00
66. 00 06600 PHYSI CAL THERAPY		0. 1940			
69. 00 06900 ELECTROCARDI OLOGY		0. 0963		0	69.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 3317		1, 728	71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENT		0. 6493	98 11	7	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 2575	29 286, 612	73, 811	73. 00
74. 00   07400   RENAL DI ALYSI S		0. 3274	57 0	0	74.00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		3. 2414	59 3, 773	12, 230	76. 00
OUTPATIENT SERVICE COST CENTERS					
90. 00   09000   CLI NI C		0. 6291			
90. 01   09001   FAMILY PRACTICE CLINIC		1. 1140		-	
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES		0. 2822		-	
90. 03   09003   I NFUSI ON CENTER		0. 1464			90. 03
90. 04   09004   PRI MARY CARE SENI ORS		1. 3373		1	
90. 05   09005   PAI N   MANAGEMENT		0. 1463		-	
90. 06   09006   WOUND CARE CENTER		0. 3071		1	
90. 07   09007   SLEEP CENTER		0. 4296		-	
91. 00 09100 EMERGENCY		0. 1873			
92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)		0. 6192	89 0	0	92.00
OTHER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED		0.4005	02		04 00
		0. 4985		1	
200.00 Total (sum of lines 50-94 and 96-98) 201.00 Less PBP Clinic Laboratory Services-Program only charc	roc (lino 41)		978, 179 0		200.00
202.00   Net Charges (line 200 minus line 201)	ges (ITHE 61)		978, 179		201.00

lealth Financial Systems DEACONES  NPATIENT ANCILLARY SERVICE COST APPORTIONMENT	SS HOSPITAL	CCN: 150082	Peri od:	eu of Form CMS Worksheet D-3	
NPATTENT ANGILLARY SERVICE COST APPORTIONMENT	Provider	CCN. 130062	From 10/01/2013		
			To 09/30/2014		
	Ti t	le XIX	Hospi tal	PPS	•
Cost Center Description		Ratio of Cos	t Inpatient	Inpatient	
		To Charges		Program Costs	
			Charges	(col. 1 x col.	
		1 00	0.00	2)	
LAIDATI ENT. DOUTLAGE OFFICE COOK. OFFITEDO		1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS		1	10 205 504	1	30.0
30.00  03000 ADULTS & PEDIATRICS 31.00  03100 INTENSIVE CARE UNIT			19, 285, 596 5, 739, 956	1	31. 0
32.00   03200   CORONARY CARE UNIT			1, 941, 204		32. 0
40. 00   04000   SUBPROVI DER - I PF			1, 741, 204		40.0
ANCI LLARY SERVI CE COST CENTERS				1	40.0
50. 00 05000 OPERATI NG ROOM		0. 1967	7, 969, 600	1, 567, 708	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 0969			
55. 00   05500 RADI OLOGY - THERAPEUTI C		0. 2222			
59. 00   05900 CARDIAC CATHETERIZATION		0. 1119			
50. 00 06000 LABORATORY		0. 1772	35 14, 561, 580	2, 580, 822	60.0
64.00 06400 INTRAVENOUS THERAPY		0. 7288	85 496, 778	362, 094	64.0
55. 00 06500 RESPIRATORY THERAPY		0. 2101	64 3, 418, 568	718, 460	65.0
66. 00   06600 PHYSI CAL THERAPY		0. 1940	88 2, 759, 725	535, 630	66.0
59. 00   06900   ELECTROCARDI OLOGY		0. 0963		122, 375	69.0
71.00 O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 3317			
72.00 O7200 IMPL. DEV. CHARGED TO PATIENT		0. 6493			
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 2575			
74. 00   07400   RENAL DI ALYSI S		0. 3274			
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES OUTPATI ENT SERVI CE COST CENTERS		3. 2414	59 85, 699	277, 790	76. 0
20. 00 09000 CLINIC		0. 6291	07 1, 434	902	90.0
PO. 01   09000   CEINIC PO. 01   09001   FAMILY PRACTICE CLINIC		1. 1140	·		
00. 02   09002  OUTPATIENT PSYCHIATRIC SERVICES		0. 2822		1	1
PO. 03   09003   INFUSION CENTER		0. 2022			
00. 04   09004   PRI MARY CARE SENI ORS		1. 3373	·	1	
O. 05   09005   PALN MANAGEMENT		0. 1463			
0. 06   09006   WOUND CARE CENTER		0. 3071		1	1
0. 07   09007   SLEEP CENTER		0. 4296			
1. 00   09100   EMERGENCY		0. 1873		l	
22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 6192			1
OTHER REIMBURSABLE COST CENTERS					1
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED		0. 4985	03 0	0	96.0
200.00 Total (sum of lines 50-94 and 96-98)			69, 274, 335	15, 697, 212	200.0
201.00 Less PBP Clinic Laboratory Services-Program only ch	arges (line 61)		0	)	201. 0
Net Charges (line 200 minus line 201)		[	69, 274, 335	i	202. 0

Health Financial Systems DEACONESS HOSPI	TAL		In Lie	eu of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		CCN: 150082	Peri od:	Worksheet D-3	
	Componen	t CCN: 15S082	From 10/01/2013 To 09/30/2014	Date/Time Pre 2/28/2015 3:3	
	Ti t	le XIX	Subprovi der - I PF	PPS	<u>'</u>
Cost Center Description		Ratio of Cos To Charges		Inpatient Program Costs (col. 1 x col. 2) 3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS			0		30.00
31.00 03100 INTENSIVE CARE UNIT			0		31.00
32. 00 03200 CORONARY CARE UNIT			0		32.00
40. 00   04000   SUBPROVI DER - 1 PF			1, 607, 775		40.00
ANCILLARY SERVICE COST CENTERS		•		•	
50. 00 05000 OPERATING ROOM		0. 1967	7, 156	1, 408	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 0969	28 16, 903	1, 638	54.00
55. 00 05500 RADI OLOGY - THERAPEUTI C		0. 2222	86 0	0	55. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 1119	60 0	0	59. 00
60. 00 06000 LABORATORY		0. 1772	35 214, 874	38, 083	60.00
64. 00 06400 I NTRAVENOUS THERAPY		0. 7288	85 0	0	64. 00
65. 00 06500 RESPI RATORY THERAPY		0. 2101	64 949	199	65. 00
66. 00 06600 PHYSI CAL THERAPY		0. 1940	88 0	0	66. 00
69. 00 06900 ELECTROCARDI OLOGY		0. 0963	30 765	74	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 3317	12 3, 094	1, 026	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 6493	98 0	0	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 2575	29 114, 732	29, 547	73. 00
74. 00 07400 RENAL DI ALYSI S		0. 3274		0	74. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		3. 2414	59 3, 430	11, 118	76. 00
OUTPATIENT SERVICE COST CENTERS		•			1
90. 00 09000 CLI NI C		0. 6291	07 0	0	90.00
90. 01 09001 FAMILY PRACTICE CLINIC		1. 1140	05 0	0	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES		0. 2822	89 0	0	90. 02
90. 03   09003   NFUSION CENTER		0. 1464	28 0	0	90. 03
90. 04   09004   PRI MARY CARE SENI ORS		1. 3373	17 0	0	90. 04
90. 05   09005   PAI N MANAGEMENT		0. 1463	03 0	0	90. 05
90. 06   09006   WOUND CARE CENTER		0. 3071	24 0	0	90.06
90. 07   09007   SLEEP CENTER		0. 4296	71 0	0	90. 07
91. 00   09100   EMERGENCY		0. 1873	92 203, 100	38, 059	91.00
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 6192	89 0	0	92. 00
OTHER REIMBURSABLE COST CENTERS					
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED		0. 4985	03 0	0	96. 00
200.00 Total (sum of lines 50-94 and 96-98)			565, 003	121, 152	200. 00
201.00 Less PBP Clinic Laboratory Services-Program only charges (	line 61)		0		201. 00
202.00 Net Charges (line 200 minus line 201)	•	1	565, 003	l	202.00

Title XVIII Hospit  before 1/1 on/after  0 1.00 1.00  PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  1.00 DRG Amounts Other than Outlier Payments  1.01 DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)  1.02 DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)  1.03 DRG for Federal specific operating payment for Model 4  BPCI (see instructions)  2.00 Outlier payments for discharges. (see instructions)  3, 494, 279  2.01 Outlier payment for discharges for Model 4 BPCI (see	r 1/1
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  1.00 DRG Amounts Other than Outlier Payments 1.01 DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions) 1.02 DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions) 1.03 DRG for Federal specific operating payment for Model 4 BPCI (see instructions) 2.00 Outlier payments for discharges. (see instructions) 3, 494, 279 0 Outlier reconciliation amount	1 2.00 1.00 1.01 1.02 1.03 2.00 2.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  1.00 DRG Amounts Other than Outlier Payments  1.01 DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)  1.02 DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)  1.03 DRG for Federal specific operating payment for Model 4 BPCI (see instructions)  2.00 Outlier payments for discharges. (see instructions)  3,494,279  2.01 Outlier reconciliation amount	1. 00 1. 01 1. 02 1. 03 2. 00 2. 01
1.00 DRG Amounts Other than Outlier Payments 1.01 DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions) 1.02 DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions) 1.03 DRG for Federal specific operating payment for Model 4 BPCI (see instructions) 2.00 Outlier payments for discharges. (see instructions) 3, 494, 279 0 Outlier reconciliation amount	1. 01 1. 02 1. 03 2. 00 2. 01
1.01 DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)  1.02 DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)  1.03 DRG for Federal specific operating payment for Model 4  BPCI (see instructions)  2.00 Outlier payments for discharges. (see instructions)  3,494,279  0 outlier reconciliation amount	1. 01 1. 02 1. 03 2. 00 2. 01
1.02 DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)  1.03 DRG for Federal specific operating payment for Model 4 BPCI (see instructions)  2.00 Outlier payments for discharges. (see instructions)  3,494,279  2.01 Outlier reconciliation amount	1. 03 2. 00 2. 01
occurring on or after October 1, 2013 (see instructions)  1.03 DRG for Federal specific operating payment for Model 4  BPCI (see instructions)  2.00 Outlier payments for discharges. (see instructions)  3,494,279  2.01 Outlier reconciliation amount	1. 03 2. 00 2. 01
1.03 DRG for Federal specific operating payment for Model 4 BPCI (see instructions) 2.00 Outlier payments for discharges. (see instructions) 3,494,279 0utlier reconciliation amount	2. 00 2. 01
BPCI (see instructions) 2.00 Outlier payments for discharges. (see instructions) 3,494,279 0utlier reconciliation amount	2. 00 2. 01
2.00 Outlier payments for discharges. (see instructions) 2.01 Outlier reconciliation amount 3,494,279 0	2. 01
2.01 Outlier reconciliation amount 0	2. 01
2.02  Outlier payment for discharges for Model 4 BPCI (see   0   0	
instructions)	
3.00   Managed Care Simulated Payments   21,323,835	3.00
4.00 Bed days available divided by number of days in the cost 415.64	4.00
reporting period (see instructions)	
Indirect Medical Education Adjustment  5.00 FTE count for allopathic and osteopathic programs for the 15.30	5.00
most recent cost reporting period ending on or before	3.00
12/31/1996. (see instructions)	
6.00 FTE count for allopathic and osteopathic programs which 2.22	6.00
meet the criteria for an add-on to the cap for new	
programs in accordance with 42 CFR 413.79(e)	
7.00 MMA Section 422 reduction amount to the IME cap as  0.00	7.00
specified under 42 CFR §412.105(f)(1)(iv)(B)(1) 7.01 ACA Section 5503 reduction amount to the IME cap as 0.00	7.01
specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the	7.01
cost report straddles July 1, 2011 then see instructions.	
8.00 Adjustment (increase or decrease) to the FTE count for 0.00	8.00
allopathic and osteopathic programs for affiliated	
programs in accordance with 42 CFR 413.75(b),	
413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12,	
1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	
8.01 The amount of increase if the hospital was awarded FTE cap 0.00	8. 01
slots under section 5503 of the ACA. If the cost report	
straddles July 1, 2011, see instructions.	
8.02 The amount of increase if the hospital was awarded FTE cap 0.00	8. 02
slots from a closed teaching hospital under section 5506	
of ACA. (see instructions) 9.00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus 17.52	9.00
lines (8, 8,01 and 8,02) (see instructions)	9.00
10.00 FTE count for all opathic and osteopathic programs in the	10.00
current year from your records	
11.00 FTE count for residents in dental and podiatric programs. 0.00	11.00
12.00   Current year allowable FTE (see instructions) 17.52	12. 00
13.00 Total allowable FTE count for the prior year.	13.00
14.00 Total allowable FTE count for the penultimate year if that  17.52	14.00
year ended on or after September 30, 1997, otherwise enter zero.	
15.00 Sum of lines 12 through 14 divided by 3.	15.00
16.00 Adjustment for residents in initial years of the program 0.00	16. 00
17.00 Adjusment for residents displaced by program or hospital 0.00	17. 00
closure	
18.00 Adjusted rolling average FTE count 17.52	18. 00
19.00 Current year resident to bed ratio (line 18 divided by 0.042152	19. 00
line 4).	20.00
20.00 Prior year resident to bed ratio (see instructions)  21.00 Enter the lesser of lines 19 or 20 (see instructions)  0.041049  0.041049	20.00
21.00 Enter the lesser of lines 19 or 20 (see instructions)  22.00 IME payment adjustment (see instructions)  0.041049 2, 273, 754	21.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA	
23.00 Number of additional allopathic and osteopathic IME FTE 0.00	23.00
resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	
24.00 IME FTE Resident Count Over Cap (see instructions) 1.00	24. 00
25.00 If the amount on line 24 is greater than -0-, then enter 0.00	25. 00
the lower of line 23 or line 24 (see instructions)	
26.00 Resident to bed ratio (divide line 25 by line 4)  27.00 LME payments adjustment factor (ass instructions)	26. 00 27. 00
27.00   IME payments adjustment factor. (see instructions) 0.000000   28.00   IME add-on adjustment amount (see instructions) 0	27.00
29.00 Total IME payment (sum of lines 22 and 28)  2, 273, 754	29.00
Di sproporti onate Share Adjustment	27.00
30.00 Percentage of SSI recipient patient days to Medicare Part 5.85	30.00
A patient days (see instructions)	
31.00 Percentage of Medicaid patient days (see instructions) 15.04	31.00
32.00  Sum of lines 30 and 31   20.89	32.00

33. 00	Allowable disproportionate share percentage (	see	· ·	6. 45	1.01	2.00	33. 00
	instructions)						
34. 00	Disproportionate share adjustment (see instru	ıcti ons)		1, 309, 559			34.00
				Prior to		On/After	
				October 1		October 1	
		(	)	1.00	1. 01	2. 00	
25 00	Uncompensated Care Adjustment					0.04/ 200 142	25 00
35. 00	Total uncompensated care amount (see instructions)			0		9, 046, 380, 143	35. 00
35. 01	Factor 3 (see instructions)			0. 000000000		0. 000591028	35. 01
35. 02	Hospital uncompensated care payment (If			0.00000000		5, 346, 664	
00.02	line 34 is zero, enter zero on this line)					0,0.0,00.	00.02
	(see instructions)						
35. 03	Pro rata share of the hospital uncompensated			0		5, 346, 664	35. 03
	care payment amount (see instructions)						
36. 00	Total uncompensated care (sum of columns 1			5, 346, 664			36. 00
	and 2 on line 35.03)	D	-I:I				
40.00	Additional payment for high percentage of ESR	D beneficiary	di scharges	O			40 00
40. 00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652,			U U			40. 00
	682, 683, 684 and 685 (see instructions)						
41.00	Total ESRD Medicare discharges excluding			0	0		41.00
	MS-DRGs 652, 682, 683, 684 an 685. (see						
	instructions)						
41. 01	Total ESRD Medicare covered and paid			0	0		41. 01
	di scharges excluding MS-DRGs 652, 682, 683,						
42.00	684 an 685. (see instructions)			0.00			40.00
42. 00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00			42. 00
43. 00	Total Medicare ESRD inpatient days excluding			0			43. 00
43.00	MS-DRGs 652, 682, 683, 684 an 685. (see						43.00
	instructions)						
44.00	Ratio of average length of stay to one week			0. 000000			44. 00
	(line 43 divided by line 41 divided by 7						
	days)						
45. 00	Average weekly cost for dialysis treatments			0.00	0. 00		45. 00
47 00	(see instructions)			0			47 00
46. 00	Total additional payment (line 45 times line 44 times line 41.01)			U			46. 00
47. 00	Subtotal (see instructions)			93, 637, 237			47. 00
48. 00	Hospital specific payments (to be completed			0			48. 00
	by SCH and MDH, small rural hospitals						
	only. (see instructions)						
49. 00	Total payment for inpatient operating costs			93, 637, 237			49. 00
	SCH and MDH only (see instructions)			7 074 040			
50. 00	Payment for inpatient program capital (from			7, 371, 012			50. 00
51. 00	Worksheet L, Parts I, II, as applicable) Exception payment for inpatient program						51. 00
31.00	capital (Worksheet L, Part III, see			o o			31.00
	instructions)						
52.00	Direct graduate medical education payment			790, 712			52.00
	(from Worksheet E-4, line 49 see						
	instructions).						
53.00	Nursing and Allied Health Managed Care			276, 623			53. 00
F4 00	payment			7 001			F4 00
54. 00 55. 00	Special add-on payments for new technologies			7, 031			54. 00 55. 00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)						33.00
56. 00	Cost of physicians' services in a teaching			0			56. 00
00.00	hospital (see intructions)						00.00
57.00	Routine service other pass through costs			279, 876			57.00
	(from Wkst D, Part III, column 9, lines 30						
	through 35).						
58. 00	Ancillary service other pass through costs			106, 488			58. 00
59. 00	from Worksheet D, Part IV, col. 11 line 200) Total (sum of amounts on lines 49 through			102, 468, 979			59. 00
37.00	[58]			102, 400, 979			39.00
60. 00	Primary payer payments			48, 429			60.00
61.00	Total amount payable for program			102, 420, 550			61.00
	beneficiaries (line 59 minus line 60)						
62.00	Deductibles billed to program beneficiaries			8, 973, 408			62. 00
63. 00	Coinsurance billed to program beneficiaries			323, 864			63. 00
64.00	Allowable bad debts (see instructions)			1, 073, 444			64.00
65. 00	Adjusted reimbursable bad debts (see			697, 739			65. 00
	instructions)			l l	ا		l

| In Lieu of Form CMS-2552-10 | Period: | Worksheet E | From 10/01/2013 | Part A | To 09/30/2014 | Date/Time Prepared: | 2/28/2015 3:31 pm Health Financial Systems
CALCULATION OF REIMBURSEMENT SETTLEMENT Provi der CCN: 150082

						2/28/2015 3: 3	I pm
			litl	e XVIII	Hospi tal	PPS	
				Prior to		On/After	
				October 1		October 1	
		0		1.00	1. 01	2.00	
66. 00	Allowable bad debts for dual eligible			275, 651			66. 00
	beneficiaries (see instructions)						
67.00	Subtotal (line 61 plus line 65 minus lines			93, 821, 017			67. 00
	62 and 63)			,			
68. 00	Credits received from manufacturers for			0			68. 00
00.00	replaced devices applicable to MS-DRG (see			Ĭ			00.00
	instructions)						
69. 00	Outlier payments reconciliation (sum of			_			69. 00
09.00	lines 93, 95 and 96). (For SCH see			0			09.00
70.00	instructions)			_			70.00
70. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS)			0			70. 00
70 50	(SPECIFY)			_			70 50
70. 50	RURAL DEMONSTRATION PROJECT			0			70. 50
70. 92	Bundled Model 1 discount amount			0			70. 92
70. 93	HVBP incentive payment (see instructions)			20, 275			70. 93
70. 94	Hospital readmissions reduction adjustment			-162, 439			70. 94
	(see instructions)						
70. 95	Recovery of accelerated depreciation			0			70. 95
70. 96	Low volume adjustment for federal fiscal		0	0			70. 96
	year (yyyy) (Enter in column 0 the						
	corresponding federal year for the period						
	prior to 10/1)						
70. 97	Low volume adjustment for federal fiscal		0	0			70. 97
70. 77	year (yyyy) (Enter in column 0 the		Ü	Ĭ			70.77
	corresponding federal year for the period						
	ending on or after 10/1)						
70. 98	Low Volume Payment-3			_			70. 98
71. 00	Amount due provider (line 67 minus lines 68			93, 678, 853			71.00
71.00				93, 070, 003			71.00
71 01	plus/minus lines 69 & 70)			1 070 577			71 01
71. 01	Sequestration adjustment (see instructions)			1, 873, 577			71. 01
72. 00	Interim payments			91, 632, 271			72. 00
73. 00	Tentative settlement (for contractor use			0			73. 00
	onl y)						
74. 00	Balance due provider (Program) line 71 minus			173, 005			74. 00
	lines 71.01, 72 and 73						
75.00	Protested amounts (nonallowable cost report			1, 084, 054			75. 00
	items) in accordance with CMS Pub. 15-2,						
	chapter 1, §115.2						
	TO BE COMPLETED BY CONTRACTOR						
90.00	Operating outlier amount from Worksheet E,			0			90.00
	Part A line 2 (see instructions)						
91.00	Capital outlier from Worksheet L, Part I,			0			91. 00
	line 2						
92.00	Operating outlier reconciliation adjustment			0			92.00
	amount (see instructions)						
93.00	Capital outlier reconciliation adjustment			0			93. 00
70.00	amount (see instructions)			Ĭ			70.00
94. 00	The rate used to calculate the time value of			0.00			94.00
74.00	money (see instructions)			] 0.00			74.00
95. 00	Time value of money for operating expenses			0			95. 00
70.00	(see instructions)			l "			75.00
96. 00	Time value of money for capital related			0		1	96. 00
70. UU				l "			70.00
	expenses (see instructions)			I	I	I	I

09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm Title XVIII Hospi tal PPS W/S E, Part A Amounts (from Pre/Post Period Prior Total (Col 2 Peri od to 10/01 Part A) On/After 10/01 line Entitlement through 4) 4 00 0 1 00 2 00 3 00 5 00 1.00 DRG amounts other than outlier 1.00 81, 212, 981 81, 212, 981 81, 212, 981 1.00 payments DRG amounts other than outlier 1.01 1.01 0 1.01 payments for discharges occurring prior to October 1, 2013 1.02 DRG amounts other than outlier 1.02 1.02 payments for discharges occurring on or after October 1, 2013 DRG for Federal specific 1 03 1 03 1 03 0 operating payment for Model 4 BPCI 2.00 Outlier payments for 2.00 3, 494, 279 3, 494, 279 3, 494, 279 2.00 discharges (see instructions) 2.01 Outlier payments for 2.02 0 2.01 0 discharges for Model 4 BPCI 3.00 Operating outlier 2 01 0 3.00 reconciliation 4.00 Managed care simulated 3.00 21, 323, 835 C 4.00 payments Indirect Medical Education Adjustment Amount from Worksheet E, Part 0.041049 5 00 21 00 0.041049 0 041049 0 041049 5 00 A, line 21 (see instructions) 2, 273, 754 6.00 IME payment adjustment (see 22.00 2, 273, 754 2. 273. 754 6.00 instructions) Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA Amount from Worksheet E Part 7.00 0.000000 0.000000 7.00 27 00 0.000000 0.000000 A, line 27 (see instructions) 8.00 IME adjustment (see 28.00 0 8.00 instructions) 9.00 Total IME payment (sum of 29.00 2, 273, 754 0 2, 273, 754 2, 273, 754 9.00 lines 6 and 8) Disproportionate Share Adjustment 10.00 Allowable disproportionate 33.00 0.0645 0.0645 0.06450.0645 10.00 share percentage (see instructions) 11.00 Disproportionate share 34.00 1, 309, 559 0 1, 309, 559 1, 309, 559 11.00 adjustment (see instructions) Uncompensated care payments 36.00 11 01 5 346 664 0 11 01 Additional payment for high percentage of ESRD beneficiary discharges 12.00 Total ESRD additional payment 46. 00 0 0 12.00 (see instructions) 13.00 Subtotal (see instructions) 47.00 93, 637, 237 0 93, 637, 237 93, 637, 237 13.00 Hospital specific payments (to 14 00 48 00 0 14 00 be completed by SCH and MDH, small rural hospitals only. (see instructions) 15.00 Total payment for inpatient 49.00 93.637.237 0 93. 637. 237 93, 637, 237 15. 00 operating costs SCH and MDH only (see instructions) 16.00 Payment for inpatient program 50.00 7, 371, 012 0 7, 371, 012 7, 371, 012 16.00 capital (from Worksheet L,

7,031

0

0

 $\cap$ 

7,031

101, 015, 280

0

7,031

101, 015, 280 19. 00

17.00

18.00

Parts I, as applicable)

adjustment amount (see

new technologies

instructions)

Special add-on payments for

Capital outlier reconciliation

54.00

93.00

17.00

18.00

19.00 SUBTOTAL

Heal th	Financial Systems		DEACONESS HO	OSPI TAL		In Lie	u of Form CMS-2	2552-10
LOW VO	DLUME CALCULATION EXHIBIT 4					Period: From 10/01/2013 To 09/30/2014	2/28/2015 3:3	oared:
				Ti tl	e XVIII	Hospi tal	PPS	
		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	6, 397, 238	0		0 6, 397, 238	6, 397, 238	
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	594, 417	0		0 594, 417	594, 417	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. 0161	0. 0161	0. 016	0. 0161		22. 00
23. 00	Indirect medical education adjustment (line 20 times line 22)	6. 00	102, 996	0		0 102, 996	102, 996	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0432	0. 0432	0. 043	0. 0432		24. 00
25. 00		11. 00	276, 361	0		0 276, 361	276, 361	25. 00
26. 00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12. 00	7, 371, 012	0		0 7, 371, 012	7, 371, 012	26. 00
			(Amounts to E,					
		line	Part A)					
	T	0	1.00	2. 00	3. 00	4. 00	5. 00	
27. 00 28. 00	Low volume adjustment (transfer amount to W/S E Part	70. 96			0. 00000	0. 000000	0	27. 00 28. 00
20 00	A line)	70.07				0	0	20.00

100. 00

29.00 Low volume adjustment (transfer amount to W/S E Part A line)

adjustments to W/S E Part A.

100.00 Transfer low volume

70. 97

Health Financial Systems	DEACONESS HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150082	From 10/01/2013	Worksheet E Part B Date/Time Prepared: 2/28/2015 3:31 pm
	Title XVIII	Hospi tal	PPS

			10 09/30/2014	2/28/2015 3:3	
		Title XVIII	Hospi tal	PPS	Грііі
		TI CI C XVIII	nospi tai	113	
				1. 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		I	11 00	
1.00	Medical and other services (see instructions)			81, 544	1.00
2.00	Medical and other services reimbursed under OPPS (see instructi	ons)		40, 648, 286	2. 00
3.00	O PPS payments				3. 00
4.00	Outlier payment (see instructions)			59, 143	4. 00
5.00	Enter the hospital specific payment to cost ratio (see instruct	i ons)		0.000	5. 00
6.00	Line 2 times line 5			0	6. 00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00	7. 00
8.00	Transitional corridor payment (see instructions)			0	8. 00
9.00	Ancillary service other pass through costs from Worksheet D, Pa	rt IV, column 13, line	200	70, 524	9. 00
10.00	Organ acqui si ti ons			0	10.00
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			81, 544	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable charges				
12.00	Ancillary service charges			318, 580	
13. 00	Organ acquisition charges (from Worksheet D-4, Part III, line 6	9, col. 4)		0	13. 00
14. 00	Total reasonable charges (sum of lines 12 and 13)			318, 580	14. 00
	Customary charges				
15. 00	Aggregate amount actually collected from patients liable for pa			0	
16. 00	Amounts that would have been realized from patients liable for	payment for services or	n a chargebasis	0	16. 00
47.00	had such payment been made in accordance with 42 CFR 413.13(e)			0.000000	47.00
17. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
18.00	Total customary charges (see instructions)		44) (	318, 580	
19. 00	Excess of customary charges over reasonable cost (complete only	IT line 18 exceeds lir	ne II) (see	237, 036	19. 00
20.00	instructions)	. ! <del>.   !   </del>	10) (	0	20.00
20. 00	Excess of reasonable cost over customary charges (complete only instructions)	II Tine II exceeds III	ie is) (see	0	20. 00
21. 00	Lesser of cost or charges (line 11 minus line 20) (for CAH see	i netructione)		81, 544	21. 00
22. 00	Interns and residents (see instructions)	mstructrons)		01, 544	
23. 00	Cost of physicians' services in a teaching hospital (see instru	ctions)		0	23. 00
24. 00	Total prospective payment (sum of lines 3, 4, 8 and 9)	Ct1 0113)		39, 195, 791	
21.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			07, 170, 771	21.00
25. 00	Deductibles and coinsurance (for CAH, see instructions)			528	25. 00
26. 00	Deductibles and Coinsurance relating to amount on line 24 (for	CAH, see instructions)		8, 439, 431	
27. 00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus t		23} (for CAH.	30, 837, 376	
	see instructions)			,,	
28.00	Direct graduate medical education payments (from Worksheet E-4,	line 50)		271, 648	28. 00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 3	6)		0	29. 00
30.00	Subtotal (sum of lines 27 through 29)			31, 109, 024	30. 00
31.00	Primary payer payments			15, 060	31. 00
32.00	Subtotal (line 30 minus line 31)			31, 093, 964	32. 00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE)	S)			
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0	
34.00	Allowable bad debts (see instructions)			1, 044, 999	
35. 00	Adjusted reimbursable bad debts (see instructions)			679, 249	
36. 00	Allowable bad debts for dual eligible beneficiaries (see instru	ctions)		413, 742	
37. 00	Subtotal (see instructions)			31, 773, 213	
	MSP-LCC reconciliation amount from PS&R				38. 00
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
39. 98	Partial or full credits received from manufacturers for replace	d devices (see instruct	(i ons)	0	
39. 99	RECOVERY OF ACCELERATED DEPRECIATION			0	39. 99
40.00	Subtotal (see instructions)			31, 773, 539	40.00
40. 01	Sequestration adjustment (see instructions)			635, 471	40. 01
41. 00	Interim payments			31, 085, 987	
42.00	Tentative settlement (for contractors use only)			0	42.00
43.00	Balance due provider/program (see instructions)	: II ONC D.I. 45 O		52, 081	43. 00
44. 00	Protested amounts (nonallowable cost report items) in accordance	e with CMS Pub. 15-2, c	chapter I,	0	44. 00
	§115. 2				
00.00	TO BE COMPLETED BY CONTRACTOR			^	00 00
90. 00 91. 00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	90. 00 91. 00
91.00	The rate used to calculate the Time Value of Money			0. 00	
92.00	Time Value of Money (see instructions)			0.00	
	Total (sum of lines 91 and 93)			0	
00	1 (		I	O	

Health Financial Systems

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Period: Worksheet E-1
From 10/01/2013 Part I
To 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm Provi der CCN: 150082

Title XVIII   Hospital   PPS						2/28/2015 3: 3	1 pm
mm/dd/yyyy							
1.00			Inpatien	t Part A	Par	rt B	
1.00			mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
Interim payments payable on Individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or neter a zero.				2.00		4. 00	
Submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero   2.00	1.00	Total interim payments paid to provider		91, 399, 471		30, 903, 387	1. 00
Services rendered in the cost reporting period. If none, write "NONE" or neter a zero.	2.00	Interim payments payable on individual bills, either		0		0	2. 00
### WONE" or enter a zero  3. 00 Usis separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)  Program to Provider  3. 01 ADUSTMENTS TO PROVIDER  4. 00 4/29/2014 232,800 04/29/2014 182,600 3.03 0.00 0.00 0.00 0.00 0.00 0.00 0		submitted or to be submitted to the contractor for					
List separately each retroactive lump sum adjustment amount based on subsequent revision of the interin rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		services rendered in the cost reporting period. If none,					
amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)  Program to Provider  3.01 3.01 3.02 3.03 3.04 3.05 Provider to Program  3.50 3.51 3.51 3.52 3.53 3.54 4.00 3.05 3.55 3.54 4.00 3.05 3.55 3.59 4.00 3.04 3.00 3.05 4.00 3.05 4.00 3.05 4.00 3.06 3.06 4.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00		write "NONE" or enter a zero					
For the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)   Program to Provider   182,600   3.01   3.02   0   0   0   3.02   3.03   0   0   0   0   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.05   3.05   0   0   0   0   3.05   3.	3.00	List separately each retroactive lump sum adjustment					3. 00
Dayment. If none, write "NONE" or enter a zero. (1)   Program to Provider		amount based on subsequent revision of the interim rate					
Program to Provider   ADJUSTMENTS TO PROVIDER   O4/29/2014   232,800   O4/29/2014   182,600   3.01   3.03   3.03   3.04   3.05   O   O   O   O   3.05   3.05   O   O   O   O   O   O   O   O   O		for the cost reporting period. Also show date of each					
ADJUSTMENTS TO PROVIDER		payment. If none, write "NONE" or enter a zero. (1)					
3.02   0		Program to Provider					
3.03   0.04   0.0   0.	3.01	ADJUSTMENTS TO PROVIDER	04/29/2014	232, 800	04/29/2014	182, 600	3. 01
3.04	3.02			0		0	3. 02
3.05	3.03			0		0	3. 03
Provider to Program   ADJUSTMENTS TO PROGRAM   0   0   3.50   3.51   3.52   0   0   0   3.51   3.52   0   0   0   3.51   3.52   3.53   0   0   0   3.53   3.54   0   0   0   3.53   3.54   0   0   0   3.53   3.54   0   0   0   3.53   3.54   3.59   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)   3.50-3.98)   3.50-3.98)   7.01   10	3.04			0		0	3. 04
ADJUSTMENTS TO PROGRAM	3.05			0		0	3. 05
3.51   3.52   3.53   0		Provider to Program	•	•			
3.52   3.53   3.54   3.99   3.50	3.50	ADJUSTMENTS TO PROGRAM		0		0	3. 50
3.53   3.54   0   0   3.53   3.54   0   0   0   3.53   3.54   3.59   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)   To BE COMPLETED BY CONTRACTOR	3.51			0		0	3. 51
3.54   3.99   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)   182,600   3.54   3.99   3.50-3.98)   182,600   3.59   3.50-3.98)   182,600   3.99   3.50-3.98)   182,600   3.99   3.50-3.98)   182,600   3.99   3.50-3.98)   31,085,987   4.00   182,600   3.99   3.50-3.98)   91,632,271   31,085,987   4.00   3.50-3.20   31,085,987   4.00   31,085,987   4.00   31,085,987   4.00   31,085,987   4.00   31,085,987   4.00   31,085,987   4.00   31,085,987   4.00   31,085,987   4.00   31,085,987   4.00   31,085,987   4.00   31,085,987   4.00   31,085,987   4.00   31,085,987   4.00	3.52			0		0	3. 52
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.09   3.59   3.99   3.50-3.98   3.99   3.50-3.98   3.99   91,632,271   31,085,987   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   91,632,271   31,085,987   4.00   3.99   70 BE COMPLETED BY CONTRACTOR	3.53			0		0	3. 53
3.50-3.98   Total interim payments (sum of lines 1, 2, and 3.99)	3.54			0		0	3. 54
3.50-3.98   Total interim payments (sum of lines 1, 2, and 3.99)	3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		232, 800		182, 600	3. 99
Contractor   Con		3. 50-3. 98)					
appropriate   TO BE COMPLETED BY CONTRACTOR	4.00	Total interim payments (sum of lines 1, 2, and 3.99)		91, 632, 271		31, 085, 987	4. 00
TO BE COMPLÉTED BY CONTRACTOR		(transfer to Wkst. E or Wkst. E-3, line and column as					
5.00		appropri ate)					
desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)   Program to Provider		TO BE COMPLETED BY CONTRACTOR					
Write "NONE" or enter a zero. (1)   Program to Provider	5.00	List separately each tentative settlement payment after					5. 00
Program to Provider		desk review. Also show date of each payment. If none,					
TENTATI VE TO PROVIDER							
5. 02					T.		
Solution   Settlement to Program   Settlement amount (balance due) based on the cost report. (1)   Settlement to Program   Settlement amount (balance due) based on the cost report. (1)   Settlement to Program   Settlement amount (balance due) based on the cost report. (1)   Settlement to Program   Settlement amount (balance due) based on the cost report. (1)   Settlement to Program   Settlement amount (balance due) based on the cost report. (1)   Settlement to Program   Settlement amount (balance due) based on the cost report. (1)   Settlement to Program   Settlement amount (balance due) based on the cost report. (1)   Settlement to Program   Settlement amount (balance due) based on the cost report. (1)   Settlement to Program   Settlement amount (balance due) based on the cost report. (1)   Settlement amount (balanc		TENTATI VE TO PROVI DER					
Provider to Program							
TENTATI VE TO PROGRAM   0	5.03			0		0	5. 03
5.51   0							
5.52   0 0 5.52   5.99   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   6.00   Determined net settlement amount (balance due) based on the cost report. (1)   6.01   SETTLEMENT TO PROVIDER   173,005   52,081   6.01   6.02   SETTLEMENT TO PROGRAM   0   0   6.02   7.00   Total Medicare program liability (see instructions)   91,805,276   31,138,068   7.00		TENTATI VE TO PROGRAM					
5. 99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) 6. 00 Determined net settlement amount (balance due) based on the cost report. (1) 6. 01 SETTLEMENT TO PROVIDER 173,005 52,081 6.01 6. 02 SETTLEMENT TO PROGRAM 0 0 0 6.02 7. 00 Total Medicare program liability (see instructions) 91,805,276 31,138,068 7.00  Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00							
5.50-5.98   6.00   Determined net settlement amount (balance due) based on the cost report. (1)   6.01   SETTLEMENT TO PROVIDER   173,005   52,081   6.01   6.02   SETTLEMENT TO PROGRAM   0   0   6.02   7.00   Total Medicare program liability (see instructions)   91,805,276   31,138,068   7.00   Contractor NPR Date (Mo/Day/Yr)				ľ			
6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  Contractor NPR Date (Mo/Day/Yr)  0 1.00 2.00	5. 99			0		0	5. 99
the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  Contractor NPR Date (Mo/Day/Yr)  0 1.00 2.00							
6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  Contractor NPR Date (Mo/Day/Yr)  0 1.00 2.00	6.00						6. 00
6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  91,805,276  Contractor Number (Mo/Day/Yr)  0 1.00 2.00							
7.00 Total Medicare program liability (see instructions) 91,805,276 31,138,068 7.00  Contractor NPR Date (Mo/Day/Yr)  0 1.00 2.00							
Contractor   NPR Date				ľ		-	
Number         (Mo/Day/Yr)           0         1.00         2.00	7. 00	Total Medicare program liability (see instructions)		91, 805, 276			7. 00
0 1.00 2.00							
8.00   Name of Contractor     8.00		In		)	1. 00	2. 00	
	8.00	Name of Contractor					8.00

Health Financial Systems

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

		Ti tl	e XVIII	Subprovi der  - I PF	PPS	
		Inpatien	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1. 00	2. 00	3. 00	4. 00	
1. 00 2. 00	Total interim payments paid to provider Interim payments payable on individual bills, either		919, 266 0		0	1. 00 2. 00
2.00	submitted or to be submitted to the contractor for		O		ا	2.00
	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			1		
3. 01	ADJUSTMENTS TO PROVIDER		0		0	3. 01
3. 02			0		0	3. 02
3. 03 3. 04			0		0	3. 03 3. 04
3.04			0		0	3. 04
0.00	Provider to Program				Ü	0.00
3.50	ADJUSTMENTS TO PROGRAM		0		0	3. 50
3.51			0		0	3. 51
3.52			0		0	3. 52
3. 53			0		0	3. 53
3.54	Cubtatal (aum af lines 2 01 2 40 minus aum af lines		0		0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3. 99
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		919, 266		0	4. 00
1. 00	(transfer to Wkst. E or Wkst. E-3, line and column as		717, 200		Ĭ	1. 00
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER		0		0	5. 01
5. 02	TERMINE TO TROVIDER		0		ő	5. 02
5.03			0		0	5. 03
	Provider to Program					
5. 50	TENTATI VE TO PROGRAM		0		0	5. 50
5. 51			0		0	5. 51
5. 52 5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		0		0	5. 52 5. 99
5. 77	5. 50-5. 98)		O		ا	5. 77
6.00	Determined net settlement amount (balance due) based on					6. 00
	the cost report. (1)					
6. 01	SETTLEMENT TO PROVIDER		1, 133		0	6. 01
6. 02	SETTLEMENT TO PROGRAM		0		0	6. 02
7. 00	Total Medicare program liability (see instructions)		920, 399		NPR Date	7. 00
				Contractor Number	MPR Date (Mo/Day/Yr)	
		(	)	1. 00	2. 00	
8. 00	Name of Contractor					8. 00
				•	. '	

Heal th	Financial Systems DEACONESS HOSF	PI TAL	In Lie	u of Form CMS-2	2552-10	
CALCUL	CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT Provider CCN: 150082 Period: Wo					
	From 10/01/2013   Part II To 09/30/2014   Date/Ti   2/28/20					
		Title XVIII	Hospi tal	PPS		
				1. 00		
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS					
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-	-3, Part I column 15 li	ne 14	23, 498	1.00	
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8	3-12		51, 778	2.00	
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			14, 646	3.00	
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1,	8-12		112, 236		
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1, 723, 773, 072	5.00	
6.00	Total hospital charity care charges from Wkst S-10, column 3 li			49, 379, 684	6.00	
7. 00	CAH only - The reasonable cost incurred for the purchase of cer	rtified HIT technology	Worksheet S-2,	0	7. 00	
	Part I line 168					
8.00	Calculation of the HIT incentive payment (see instructions)			970, 341	8. 00	
9.00	Sequestration adjustment amount (see instructions)			19, 407	9. 00	
10. 00	Calculation of the HIT incentive payment after sequestration (s	see instructions)		950, 934	10.00	
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH					
	Initial/interim HIT payment adjustment (see instructions)			937, 489		
31. 00	Other Adjustment (specify)			0	31. 00	
32. 00	Balance due provider (line 8 (or line 10) minus line 30 and lir	ne 31) (see instruction	s)	13, 445	32. 00	

Health Financial Systems	DEACONESS HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150082	Peri od: From 10/01/2013	Worksheet E-3
	Component CCN: 15SO82		
	Title XVIII	Subprovi der -	PPS
		IPF	

	IPF		
		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1. 00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1, 098, 499	1. 00
2.00	Net IPF PPS Outlier Payments	3, 902	2. 00
3.00	Net IPF PPS ECT Payments	2, 183	3. 00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November	0.00	4. 00
	15, 2004. (see instructions)		
4. 01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4. 01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "ne	w 0.00	6.00
	teaching program". (see inst.)		
7. 00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "ne teaching program". (see inst.)	w 0.00	7. 00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8. 00
9.00	Average Daily Census (see instructions)	10. 942466	9. 00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	
11. 00	Teaching Adjustment (line 1 multiplied by line 10).	0	11. 00
12. 00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1, 104, 584	
13. 00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14. 00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15. 00	Cost of physicians' services in a teaching hospital (see instructions)	0	
16. 00	Subtotal (see instructions)	1, 104, 584	
17. 00	Pri mary payer payments	0	17. 00
18. 00	Subtotal (line 16 less line 17).	1, 104, 584	
19. 00	Deducti bl es	142, 272	
20.00	Subtotal (line 18 minus line 19)	962, 312	
21. 00	Coi nsurance	24, 256	
22. 00	Subtotal (line 20 minus line 21)	938, 056	
23. 00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	966	
24. 00	Adjusted reimbursable bad debts (see instructions)	628	
25. 00	Allowable bad debts for dual eligible beneficiaries (see instructions)	-3, 834	
26. 00	Subtotal (sum of lines 22 and 24)	938, 684	
27. 00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27. 00
28. 00	Other pass through costs (see instructions)	499	
29. 00	Outlier payments reconciliation	0	
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	
30. 99	Recovery of Accelerated Depreciation	0	30. 99
31.00	Total amount payable to the provider (see instructions)	939, 183	
31. 01	Sequestration adjustment (see instructions)	18, 784	
32. 00	Interim payments	919, 266	
33. 00	Tentative settlement (for contractor use only)	0	
34. 00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	1, 133	
35. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35. 00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	3, 902	50.00
51. 00	Outlier reconciliation adjustment amount (see instructions)	0	51. 00
52. 00	The rate used to calculate the Time Value of Money	0.00	
	Time Value of Money (see instructions)	0	

Heal th	Financial Systems DEACONESS HOSE	PI TAL		In Lie	u of Form CMS-2	2552-10
DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT L EDUCATION COSTS		CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet E-4  Date/Time Prep 2/28/2015 3:31	pared:
		Ti tl	e XVIII	Hospi tal	PPS	, p
					1.00	
1.00	COMPUTATION OF TOTAL DIRECT GME AMOUNT Unweighted resident FTE count for allopathic and osteopathic pr	rograms for	cost reporti	ng peri ods	18. 00	1. 00
	ending on or before December 31, 1996.					
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR	413. 79(e)(	1) (see instr	uctions)	0.00	2.00
3. 00 3. 01	Amount of reduction to Direct GME cap under section 422 of MMA Direct GME cap reduction amount under ACA §5503 in accordance v	vith 42 CFR	§413.79 (m).	(see	1. 40 0. 00	3. 00 3. 01
	instructions for cost reporting periods straddling 7/1/2011)					
4. 00	Adjustment (plus or minus) to the FTE cap for allopathic and os	steopathi c	programs due	to a Medicare	0. 00	4. 00
4. 01	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)) ACA Section 5503 increase to the Direct GME FTE Cap (see instru	ictions for	cost roporti	na nori ode	0.00	4. 01
4.01	straddling 7/1/2011)	actions for	cost reporti	rig per rous	0.00	4.01
4. 02	ACA Section 5506 number of additional direct GME FTE cap slots	(see inst	ructions for	cost reporting	0. 00	4. 02
5. 00	periods straddling 7/1/2011) FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus	or minus	lino 4 plus l	ince 4 01 and	16. 60	5. 00
3.00	4.02 plus applicable subscripts	s or illitius	iiile 4 pius i	THES 4.01 and	10.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic pr	ograms for	the current	year from your	18. 60	6. 00
	records (see instructions)					
7. 00	Enter the lesser of line 5 or line 6		Primary Care	Other	16. 60 Total	7. 00
			1.00	2.00	3. 00	
8. 00	Weighted FTE count for physicians in an allopathic and osteopat	thi c	18. 6		18. 60	8. 00
9. 00	program for the current year.  If line 6 is less than 5 enter the amount from line 8, otherwise		16. 6	0.00	16. 60	9. 00
7.00	multiply line 8 times the result of line 5 divided by the amour		10.0	0.00	10.00	7. 00
10. 00	6. Weighted dental and podiatric resident FTE count for the currer	nt year		0.00		10. 00
11. 00	Total weighted FTE count		16. 6	0.00		11.00
12. 00	Total weighted resident FTE count for the prior cost reporting instructions)	year (see	16. 6	0.00		12. 00
13. 00	Total weighted resident FTE count for the penultimate cost repoyear (see instructions)	orting	16. 6	0.00		13. 00
14. 00	Rolling average FTE count (sum of lines 11 through 13 divided b	ov 3).	16. 6	0.00		14. 00
15. 00	Adjustment for residents in initial years of new programs	,	0.0	0.00		15. 00
16. 00	Adjustment for residents displaced by program or hospital closu	ıre	0.0	0.00		16. 00
17. 00	Adjusted rolling average FTE count		16. 6			17. 00
18.00	Per resident amount		112, 803. 4		4 070 507	18.00
19. 00	Approved amount for resident costs		1, 872, 53	7 0	1, 872, 537	19. 00
					1. 00	
20. 00	Additional unweighted allopathic and osteopathic direct GME FTE	resi dent	cap slots rec	eived under 42		20. 00
21 00	Sec. 413.79(c)(4)	h!>			2 00	21 00
21. 00 22. 00	Direct GME FTE unweighted resident count over cap (see instruct Allowable additional direct GME FTE Resident Count (see instruct	,				21. 00 22. 00
23. 00	Enter the locally adjustment national average per resident amou		structions)			23. 00
	Multiply line 22 time line 23	3111 (300 111	311 4011 0113)		0.00	
	Total direct GME amount (sum of lines 19 and 24)				1, 872, 537	
			Inpatient Par	t Managed care		
			1. 00	2.00	2.00	
	COMPUTATION OF PROGRAM PATIENT LOAD		1.00	2. 00	3. 00	
26. 00	Inpatient Days (see instructions)		53, 36	14, 646		26. 00
27. 00	Total Inpatient Days (see instructions)		116, 23			27. 00
28. 00	Ratio of inpatient days to total inpatient days		0. 45913			28. 00
29. 00	Program direct GME amount		859, 74			29. 00
	Reduction for direct GME payments for Medicare Advantage			33, 341	4 2/2 2:-	30.00
31.00	Net Program direct GME amount		1		1, 062, 360	31.00

Heal th	Financial Systems DEACONESS HOSP	ΙΤΔΙ	Inlie	u of Form CMS-2	2552_10
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der CCN: 150082	Peri od:	Worksheet E-4	2002 10
	L EDUCATION COSTS		From 10/01/2013 To 09/30/2014	Date/Time Prep 2/28/2015 3:3	
		Title XVIII	Hospi tal	PPS	
				1. 00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE EDUCATION COSTS)	`		CAL	
32. 00	Renal dialysis direct medical education costs (from Wkst. B, Pt and 94)	. I, sum of col. 20 an	d 23, lines 74	0	32. 00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I,	col. 8, sum of lines	74 and 94)	6, 212, 648	33. 00
34.00	Ratio of direct medical education costs to total charges (line	32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35. 00
36.00	Medicare outpatient ESRD direct medical education costs (line 3			0	36. 00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII O	NLY			
	Part A Reasonable Cost				
37. 00				118, 766, 368	
38. 00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38. 00
	Cost of physicians' services in a teaching hospital (see instru	ctions)		0	39. 00
	Primary payer payments (see instructions)			48, 429	
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus	line 40)		118, 717, 939	41. 00
40.00	Part B Reasonable Cost			40,000,054	40.00
42.00	Reasonable cost (see instructions)			40, 800, 354	
43.00	Primary payer payments (see instructions) Total Part B reasonable cost (line 42 minus line 43)			15, 060	
44.00	Total reasonable cost (sum of lines 41 and 44)			40, 785, 294 159, 503, 233	
	Ratio of Part A reasonable cost to total reasonable cost (line	41 . lipo 4E)		0. 744298	
	Ratio of Part B reasonable cost to total reasonable cost (line			0. 744296	
47.00	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART			0. 255702	47.00
48 00	Total program GME payment (line 31)	5		1, 062, 360	48 00
	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (	see instructions)		790, 712	
	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (			271, 648	
55.50	1. 2. 2 22. 22. 2 32 pay (1.1.0 1. 1. 1.0) (2. 21.0 NVIII 0111 y) (		I	27.1,010	

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

Provider CCN: 150082 | Period: From 10/01/201

Peri od: From 10/01/2013 To 09/30/2014 Worksheet user to be prepared: 2/28/2015 3:31 pm

					2/28/2015 3:3	1 pm
		General Fund	Speci fi c	Endowment Fund	Plant Fund	
			Purpose Fund			
		1.00	2. 00	3. 00	4. 00	
	CURRENT ASSETS					
1. 00	Cash on hand in banks	83, 735, 192	1	0	_	1. 00
2.00	Temporary investments	4, 351, 171	1	0		2. 00
3.00	Notes receivable	0	0	0	0	3. 00
4.00	Accounts receivable	200, 636, 438	0	0	0	4. 00
5.00	Other recei vabl e	0	0	0	0	5. 00
6.00	Allowances for uncollectible notes and accounts receivable	-117, 186, 272	1	0	0	6. 00
7. 00	Inventory	6, 338, 569		0	0	7. 00
8. 00	Prepai d expenses	5, 417, 241		0	0	8. 00
9. 00	Other current assets	5, 943, 058	1	0	0	9. 00
10. 00	Due from other funds	0	0	0	0	10. 00
11. 00	Total current assets (sum of lines 1-10)	189, 235, 397	0	0	0	11. 00
	FIXED ASSETS					
12. 00	Land	10, 570, 957	1	0	_	12. 00
13. 00	Land improvements	5, 361, 820	0	0		13.00
14. 00	Accumulated depreciation	-4, 116, 916	1	0	_	14.00
15. 00	Bui I di ngs	479, 910, 222	0	0	1	15. 00
16. 00	Accumul ated depreciation	-255, 507, 086	0	0	0	16. 00
17. 00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumul ated depreciation	0	0	0	0	18. 00
19.00	Fi xed equipment	0	0	0	0	19.00
20.00	Accumul ated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumul ated depreciation	0	0	0	0	22. 00
23.00	Major movable equipment	267, 484, 272	0	0	0	23.00
24.00	Accumul ated depreciation	-208, 022, 674	0	0	0	24. 00
25.00	Mi nor equi pment depreci abl e	0	0	0	0	25. 00
26. 00	Accumulated depreciation	1 0	0	0	0	26. 00
27. 00	HIT designated Assets	0	Ó	0	0	27. 00
28. 00	Accumul ated depreciation	0	o o	0	0	28. 00
29. 00	Mi nor equi pment-nondepreci abl e	0	0	0		29. 00
30. 00	Total fixed assets (sum of lines 12-29)	295, 680, 595	0	0	1	30. 00
00.00	OTHER ASSETS	27070007070				00.00
31. 00	Investments	447, 468, 459	12, 453, 541	0	0	31. 00
32. 00	Deposits on Leases	0	0	0		32. 00
33. 00	Due from owners/officers		0	0	l ő	33. 00
34. 00	Other assets	41, 960, 846	1	0	0	34. 00
35. 00	Total other assets (sum of lines 31-34)	489, 429, 305	1	0		35. 00
36. 00	Total assets (sum of lines 11, 30, and 35)	974, 345, 297		0		36. 00
30.00	CURRENT LIABILITIES	774, 343, 277	12, 433, 341			30.00
37. 00	Accounts payable	36, 636, 537	0	0	0	37. 00
38. 00	Salaries, wages, and fees payable	31, 094, 183	1	0		38. 00
39. 00	Payrol I taxes payable	3, 232, 647	1	0	Ö	39. 00
40. 00	Notes and Loans payable (short term)	6, 529, 004	1	0	Ö	40. 00
41. 00	Deferred income	0, 327, 004		0	Ö	41. 00
42. 00	Accel erated payments			O	Ĭ	42. 00
43. 00	Due to other funds		1	0	0	43. 00
44. 00	Other current liabilities	10, 778, 083	0	0	Ö	44. 00
45. 00	Total current liabilities (sum of lines 37 thru 44)	88, 270, 454	1	0		45. 00
43.00	LONG TERM LIABILITIES	00, 270, 434	· · · · · ·			43.00
46. 00	Mortgage payable		0	0	0	46. 00
47. 00	Notes payable	205, 953, 522		0	1	47. 00
48. 00	Unsecured Loans	203, 733, 322	Ö	0		48. 00
49. 00	Other long term liabilities	54, 641, 489		0		49. 00
50.00	Total long term liabilities (sum of lines 46 thru 49	260, 595, 011		0		50. 00
51. 00	Total liabilites (sum of lines 45 and 50)	348, 865, 465	1	0		51. 00
31.00	CAPITAL ACCOUNTS	340, 000, 400	<u> </u>		0	31.00
52. 00	General fund balance	625, 479, 832	ı			52. 00
		023, 479, 032	1			
53.00	Specific purpose fund Donor created - endowment fund balance - restricted		12, 453, 541	^		53. 00 54. 00
54.00				0		54. 00 55. 00
55. 00	Donor created - endowment fund balance - unrestricted			0		
56. 00	Governing body created - endowment fund balance			0	_	56.00
57. 00	Plant fund balance - invested in plant				0	57. 00
58. 00	Plant fund balance - reserve for plant improvement,				0	58. 00
EO 00	replacement, and expansion	4 OF 470 COO	10 450 544	^	_	E0 00
59. 00	Total fund balances (sum of lines 52 thru 58)	625, 479, 832	1	0	0	59.00
60. 00	Total liabilities and fund balances (sum of lines 51 and	974, 345, 297	12, 453, 541	0	0	60. 00
	[59]	I	I		I	l

Provi der CCN: 150082

				To	09/30/2014	Date/Time Prep 2/28/2015 3:31	
		General	Fund	Speci al Pu	rpose Fund	Endowment Fund	•
		1. 00	2.00	3. 00	4. 00	5. 00	
1.00	Fund balances at beginning of period		508, 447, 188		11, 858, 630		1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)		113, 048, 930				2.00
3.00	Total (sum of line 1 and line 2)		621, 496, 118		11, 858, 630		3. 00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	NET UNREALIZED GAIN ON INVESTMENTS	14, 093, 451		664, 100		0	5. 00
6.00	BENEFIT RELATED CHANGES	7, 075, 463		0		0	6. 00
7. 00		0		0		0	7. 00
8.00		0		0		0	8. 00
9.00	T	O	04 4/0 044	0	/// 100	0	9.00
10.00	Total additions (sum of line 4-9)		21, 168, 914		664, 100		10.00
11.00	Subtotal (line 3 plus line 10)		642, 665, 032	0	12, 522, 730		11. 00
12. 00 13. 00	Deductions (debit adjustments) (specify) CHANGES IN UNRESTRICTED ASSETS (TRAN	17, 185, 200		0		0	12. 00 13. 00
14. 00	NET INCOME - FOUNDATION	17, 163, 200		69, 188		0	14. 00
15. 00	ROUNDI NG			07, 100		0	15. 00
16. 00	NOOND! NO					Ö	16. 00
17. 00				0		ő	17. 00
18. 00	Total deductions (sum of lines 12-17)	i j	17, 185, 200	Š	69, 189		18. 00
19. 00	Fund balance at end of period per balance		625, 479, 832		12, 453, 541		19.00
	sheet (line 11 minus line 18)						
		Endowment Fund	PI ant	Fund			
		6.00	7. 00	8. 00			
1.00	Fund balances at beginning of period	0.00	7.00	0.00			1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)	1					2. 00
3.00	Total (sum of line 1 and line 2)	o		0			3. 00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	NET UNREALIZED GAIN ON INVESTMENTS		0				5.00
6.00	BENEFIT RELATED CHANGES		0				6.00
7.00			0				7. 00
8.00			0				8.00
9. 00			0				9. 00
10. 00	Total additions (sum of line 4-9)	0		0			10.00
11. 00	Subtotal (line 3 plus line 10)	0	_	0			11. 00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	CHANGES IN UNRESTRICTED ASSETS (TRAN		0				13.00
14.00	NET I NCOME - FOUNDATION		0				14. 00 15. 00
15. 00 16. 00	ROUNDI NG	}	0				16. 00
17. 00		1	0				17. 00
18. 00	Total deductions (sum of lines 12-17)		U U	0			18. 00
19. 00	Fund balance at end of period per balance			0			19. 00
	sheet (line 11 minus line 18)						
	•			. '		•	

| Peri od: | Worksheet G-2 | From 10/01/2013 | Parts | & II | To | 09/30/2014 | Date/Time | Prepared: Health Financial Systems
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provi der CCN: 150082

			То	09/30/2014	Date/Time Prep 2/28/2015 3:3	
	Cost Center Description	Inpatient		Outpati ent	Total	ı piii
	oost oonton bood (ptron	1.00		2. 00	3. 00	
	PART I - PATIENT REVENUES				2. 22	
	General Inpatient Routine Services					
1.00	Hospi tal	139, 717, 0	)48		139, 717, 048	1.00
2.00	SUBPROVIDER - I PF	8, 487, 1			8, 487, 113	2.00
3.00	SUBPROVI DER - I RF					3.00
4.00	SUBPROVI DER					4.00
5.00	Swing bed - SNF		0		0	5.00
6.00	Swing bed - NF		0		0	6.00
7.00	SKILLED NURSING FACILITY		0		0	7.00
8.00	NURSING FACILITY					8.00
9.00	OTHER LONG TERM CARE					9. 00
10. 00	Total general inpatient care services (sum of lines 1-9)	148, 204, 1	61		148, 204, 161	10. 00
	Intensive Care Type Inpatient Hospital Services					
11. 00	INTENSIVE CARE UNIT	51, 122, 9			51, 122, 930	11. 00
12.00	CORONARY CARE UNIT	12, 188, 8	342		12, 188, 842	12.00
13.00	BURN INTENSIVE CARE UNIT					13.00
14.00	SURGICAL INTENSIVE CARE UNIT					14.00
15. 00 16. 00	OTHER SPECIAL CARE (SPECIFY)	63, 311, 7	77		63, 311, 772	15. 00 16. 00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	03, 311, 7	12		03, 311, 772	16.00
17. 00	Total inpatient routine care services (sum of lines 10 and 16)	211, 515, 9	133		211, 515, 933	17. 00
18. 00	Ancillary services	620, 339, 4		693, 806, 907		18. 00
19. 00	Outpatient services	62, 697, 3		263, 985, 278	326, 682, 667	19. 00
20. 00	RURAL HEALTH CLINIC	02,077,0	0	0	020, 002, 007	20. 00
21. 00	FEDERALLY QUALIFIED HEALTH CENTER		0	ol	0	21. 00
22. 00	HOME HEALTH AGENCY			2, 570, 018	2, 570, 018	
23. 00	AMBULANCE SERVICES			_,,	_, _, _, _,	23. 00
24.00	CMHC					24.00
25.00	AMBULATORY SURGICAL CENTER (D. P. )					25.00
26.00	HOSPI CE	88, 3	28	3, 377, 493	3, 465, 821	26.00
27.00	OTHER (SPECIFY)		0	o	0	27.00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst	894, 641, 1	15	963, 739, 696	1, 858, 380, 811	28.00
	G-3, line 1)					
	PART II - OPERATING EXPENSES					
29. 00	Operating expenses (per Wkst. A, column 3, line 200)			567, 061, 170		29. 00
30. 00	ADD (SPECIFY)		0			30.00
31. 00			0			31. 00
32.00			0			32. 00
33.00			0			33. 00
34. 00			0			34. 00
35. 00	Total additions (sum of Lines 20 25)		U	o		35. 00 36. 00
36. 00 37. 00	Total additions (sum of lines 30-35) DEDUCT (SPECIFY)		0	٩		36.00
38. 00	ROUNDI NG		2			38. 00
39.00	INCOME! NO		0	ŀ		39. 00
40. 00			0			40. 00
41. 00			0			41. 00
42. 00	Total deductions (sum of lines 37-41)		ا	2		42. 00
43. 00	Total operating expenses (sum of lines 29 and 36 minus line 42)(trans	fer		567, 061, 168		43. 00
	to Wkst. G-3, line 4)					
				•	-	

Health Financial Systems DEACONESS HOSPITAL II	n Lieu of Form CMS-2552-10
STATEMENT OF REVENUES AND EXPENSES Provider CCN: 150082 Period:	Worksheet G-3
From 10/01/ To 09/30/	
	1. 00
1.00 Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1, 858, 380, 811 1. 00
2.00 Less contractual allowances and discounts on patients' accounts	1, 234, 745, 863 2. 00
3.00 Net patient revenues (line 1 minus line 2)	623, 634, 948 3. 00
4.00 Less total operating expenses (from Wkst. G-2, Part II, line 43)	567, 061, 168 4. 00
5.00 Net income from service to patients (line 3 minus line 4)	56, 573, 780 5. 00
OTHER I NCOME	1 4 00
6.00 Contributions, donations, bequests, etc	0 6.00
7.00   Income from investments	12, 925, 889 7. 00
8.00 Revenues from telephone and other miscellaneous communication services 9.00 Revenue from television and radio service	0 8.00
10. 00   Purchase di scounts	0 9.00
11.00 Rebates and refunds of expenses	0 11.00
12.00 Parking Lot receipts	0 12.00
13.00 Revenue from Laundry and Linen service	0 12.00
14.00 Revenue from meals sold to employees and quests	0 13.00
15.00 Revenue from rental of living quarters	0 15.00
16.00 Revenue from sale of medical and surgical supplies to other than patients	0 16.00
17.00 Revenue from sale of drugs to other than patients	0 17.00
18.00 Revenue from sale of medical records and abstracts	0 18.00
19.00 Tuition (fees, sale of textbooks, uniforms, etc.)	0 19.00
20.00 Revenue from gifts, flowers, coffee shops, and canteen	0 20.00
21. 00 Rental of vending machines	0 21.00
22. 00 Rental of hospital space	0 22.00
23.00 Governmental appropriations	0 23.00
24. 00 OTHER OPERATING REVENUE	43, 549, 261 24. 00
25.00 Total other income (sum of lines 6-24)	56, 475, 150 25. 00
26. 00   Total (line 5 plus line 25)	113, 048, 930 26. 00
27. 00 OTHER EXPENSES (SPECIFY)	0 27.00
28.00   Total other expenses (sum of line 27 and subscripts)	0 28.00
29.00 Net income (or loss) for the period (line 26 minus line 28)	113, 048, 930 29. 00
and the state of t	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

		Recl assi fi cati	Recl assi fi ed	Adjustments	Net Expenses	
		on	Trial Balance		for Allocation	
			(col. 6 +		(col. 8 + col.	
			col . 7)		9)	
		7. 00	8. 00	9. 00	10.00	
	GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. &	0	0	0	0	1.00
	Fi xtures					
2.00	Capital Related - Movable	0	0	0	0	2. 00
	Equi pment					
3.00	Plant Operation & Maintenance	0	0	0	0	3. 00
4.00	Transportation	0	3, 934		3, 934	4. 00
5.00	Administrative and General	0	585, 616	0	585, 616	5. 00
	HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	0	759, 780	0	759, 780	6. 00
7.00	Physi cal Therapy	0	433, 312	0	433, 312	7. 00
8.00	Occupational Therapy	0	168, 401	0	168, 401	8. 00
9.00	Speech Pathology	0	39, 657	0	39, 657	9. 00
10.00	Medical Social Services	0	33, 860	0	33, 860	10.00
11.00	Home Health Aide	0	61, 031	0	61, 031	11. 00
12.00	Supplies (see instructions)	0	61, 063	0	61, 063	12. 00
13.00	Drugs	0	89	0	89	13. 00
14.00	DME	0	0	0	0	14. 00
	HHA NONREIMBURSABLE SERVICES					1
15.00	Home Dialysis Aide Services	0	0	0	0	15. 00
16.00	Respiratory Therapy	0	0	0	0	16. 00
17.00	Private Duty Nursing	0	0	0	0	17. 00
18.00	Clinic	0	0	0	0	18. 00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21. 00	Home Delivered Meals Program	0	0	0	0	21. 00
22. 00	Homemaker Service	0	0	0	O	22. 00
23.00	All Others (specify)	0	0	0	0	23. 00
24.00	Total (sum of lines 1-23)	0	2, 146, 743	0	2, 146, 743	24. 00

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2, 146, 743

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23 00

24.00

16.00

17.00

18.00

19. 00 20. 00

21.00

22.00

23 00

Clinic

Respiratory Therapy

Day Care Program

Homemaker Service

All Others (specify)

24.00 Total (sum of lines 1-23)

Private Duty Nursing

Health Promotion Activities

Home Delivered Meals Program

Health Financial Systems	DEACONESS HOSPITAL	In Lie	u of Form CMS-2552-10
COST ALLOCATION - HHA STATISTICAL BASIS	Provi der CCN: 150082	Peri od:	Worksheet H-1
		From 10/01/2013	
	HHA CCN: 157132	To 09/30/2014	Date/Time Prepared:
			2/28/2015 3:31 pm
		Home Health	PPS

							2/28/2015 3:3	ı pm
						Home Health	PPS	
						Agency I		
		Capital Rel	ated Costs					
		BI dgs &	Movabl e	PI ant	Transportation	 nReconciliation	Administrative	
		Fixtures	Equi pment	Operation &	(MI LEAGE)	The content of a cross	& General	
			(DOLLAR VALUE)	Mai ntenance	(WI ELTIOL)		(ACCUM. COST)	
		(SQUARE TEET)	(DOLLAN VILOL)	(SQUARE FEET)			(1000)	
		1.00	2. 00	3.00	4.00	5A. 00	5. 00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. &	0				0		1. 00
	Fi xtures							
2.00	Capital Related - Movable		0			0		2. 00
	Equi pment							
3.00	Plant Operation & Maintenance	0	0	C	)	0		3. 00
4.00	Transportation (see	0	0	C	1, 000			4. 00
	instructions)							
5. 00	Administrative and General	0	0	C	1, 000	-589, 550	1, 557, 193	5. 00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	C	) (	0	759, 780	6. 00
7.00	Physi cal Therapy	0	0	C	) (	0	433, 312	7. 00
8.00	Occupational Therapy	0	0	C	) (	0	168, 401	8. 00
9.00	Speech Pathology	0	0	C	) (	0	39, 657	9. 00
10. 00	Medical Social Services	0	0	C	) (	0	33, 860	
11. 00	Home Health Aide	0	0	C	) (	0	61, 031	11. 00
12. 00	Supplies (see instructions)	0	0	C	) (	0	61, 063	
13. 00	Drugs	0	0	C	)	0	89	13.00
14.00	DME	0	0	C	) (	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15. 00	Home Dialysis Aide Services	0	0	C	) (	0	0	15. 00
16. 00	Respiratory Therapy	0	0	C	) (	0	0	16. 00
17. 00	Private Duty Nursing	0	0	C	) (	0	0	17. 00
18. 00	Clinic	0	0	C	) (	0	0	18. 00
19. 00	Health Promotion Activities	0	0	C	) (	0	0	19. 00
20.00	Day Care Program	0	0	C	) (	0	0	20. 00
21. 00	Home Delivered Meals Program	0	0	C	) (	0	0	21. 00
22. 00	Homemaker Service	0	0	C	) (	0	0	22. 00
23. 00	All Others (specify)	0	0	C	) (	0	0	23. 00
24.00	Total (sum of lines 1-23)	0	0	C	1, 000			
25. 00	Cost To Be Allocated (per	0	0	C	3, 934	1	589, 550	25. 00
	Worksheet H-1, Part I)							
26. 00	Unit Cost Multiplier	0. 000000	0. 000000	0. 000000	3. 934000	)	0. 378598	26. 00

Peri od: Worksheet H-2
From 10/01/2013 Part I
To 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm

Home Heal th PPS Provider CCN: 150082 Peri od: HHA CCN: 157132

						Home Health Agency I	PPS	
			CAP	TAL RELATED CO	OSTS	Agency		
	Cost Center Description	HHA Trial Balance (1)	NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUI P	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		0	1.00	1. 01	2.00	4. 00	4A	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00 21. 00	Day Care Program Home Delivered Meals Program Homemaker Service	0 1, 047, 432 597, 363 232, 157 54, 671 46, 679 84, 137 84, 181 123 0 0 0 0 0 0 0 0 0 0	34, 327 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000000000000000000000000000000000000000	19, 022	136, 994 179, 979 0 0 0 8, 359 12, 182 0 0 0 0 0 0 0 0	190, 343 1, 227, 411 597, 363 232, 157 54, 671 55, 038 96, 319 84, 181 123 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 19. 00 20. 00
	column 26, line 1, rounded to 6 decimal places.  Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
		& GENERAL 5.00	PLANT 7. 00	LINEN SERVICE 8.00	9.00	10.00	11. 00	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00 21. 00	Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service	56, 148 362, 063 176, 211 68, 482 16, 127 16, 235 28, 412 24, 832 36 0 0 0 0 0 0 748, 546	48, 985 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	19, 071		5, 634 6, 362 0 0 363 666 0 0 0 0 0 0 0 0 0 0	3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00

<sup>(1)</sup> Column O, line 20 must agree with Wkst. A, column 7, line 101.(2) Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Peri od: Worksheet H-2
From 10/01/2013 Part I
To 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm Provider CCN: 150082 Peri od: HHA CCN: 157132 Home Health PPS

						Home Health Agency I	PPS	
						Agency	INTERNS &	
							RESI DENTS	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	SERVI CES-SALAR	
		ADMI NI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY		Y & FRINGES	
		13. 00	14. 00	15.00	16. 00	17. 00	21. 00	
1.00	Administrative and General	29, 305	0	0	8, 466	0	-	1. 00
2.00	Skilled Nursing Care	33, 086	0		1	0		2. 00
3.00	Physi cal Therapy	0	0	0	) C	0	0	3. 00
4.00	Occupational Therapy	0	0	0		0	0	4. 00
5. 00 6. 00	Speech Pathology Medical Social Services	1, 891	0		1		0	5. 00 6. 00
7. 00	Home Heal th Aide	3, 466	0	-	1		0	
8. 00	Supplies (see instructions)	0	5, 330	-		_	l o	
9.00	Drugs	0	0	39	ol c	0	0	9. 00
10.00	DME	0	0	1	1	_	0	10.00
11. 00	Home Dialysis Aide Services	0	0	1		_	0	11.00
12. 00 13. 00	Respiratory Therapy Private Duty Nursing	0	0			0	0	12. 00 13. 00
14. 00	, ,		0		1	0	l o	14. 00
15. 00	4	0	0		o c	0	o	15. 00
16.00	Day Care Program	0	0	0	) c	0	0	16. 00
17. 00	9	0	0	1	1	0	I "I	17. 00
18. 00 19. 00		0	0	0	1	0	0	18.00
20. 00	( )	67, 748	5, 330	-	1	0	0	19. 00 20. 00
21. 00	Unit Cost Multiplier: column	07, 740	5, 550	3,	0, 400	,	Ĭ	21. 00
	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	column 26, line 1, rounded to 6 decimal places.							
	o deciliai praces.	INTERNS &						
		RESI DENTS						
	Cost Center Description	SERVI CES-OTHER	PARAMED ED	PARAMED ED	PARAMED ED	Subtotal	Intern &	
		PRGM COSTS	PRGM - PHARMACY	PRGM- CHAPLAIN RESIDENCY	PRGM- NURSING		Residents Cost & Post	
			THANWACT	RESTRENCT			Stepdown	
							Adjustments	
		22. 00	23. 00	23. 01	23. 03	24. 00	25. 00	
1.00	Administrative and General	0	0		1	,	0	1.00
2. 00 3. 00	Skilled Nursing Care Physical Therapy	0	0	1	1		0	2. 00 3. 00
4. 00	Occupational Therapy		0	1		300, 639	1	
5. 00	Speech Pathology	0	0	1				
6.00	Medical Social Services	0	0	0	) c	73, 527	0	6. 00
7. 00	Home Heal th Ai de	0	0		1			
8. 00 9. 00	Supplies (see instructions)	0	0	•	1	,		
10.00	Drugs DME		0	0		198	0	9. 00 10. 00
11. 00	4	l ő	0	٥		o o	l o	11. 00
12. 00	1	0	0			0	1	
13. 00	Private Duty Nursing	0	0		1	0	0	
14.00	1	0	0		1	0	0	
15.00	Health Promotion Activities Day Care Program	0	0	1	1	0	0	
17. 00			0			0	0	17. 00
18. 00		l o	0	Ö		o o	ő	
19. 00	All Others (specify)	0	0	0	) c	0	0	19. 00
20. 00	, , , ,	0	0	0	) C	3, 448, 816	0	20. 00
21. 00								21. 00
	26, line 1 divided by the sum of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.				1			

<sup>(1)</sup> Column O, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Home Health PPS

Cost Center Description						Agency I	113	
110		Cost Center Description	Subtotal	Allocated HHA	Total HHA			
1.00   Administrative and General   357,952   1.00   28.00		·		A&G (see Part	Costs			
1.00				11)				
2. 00       Skilled Nursing Care       1,628,922       188,644       1,817,566       2.00         3. 00       Physical Therapy       773,574       89,588       863,162       3.00         4. 00       Occupational Therapy       300,639       34,817       335,456       4.00         5. 00       Speech Pathology       70,798       8,199       78,997       5.00         6. 00       Medical Social Services       73,527       8,515       82,042       6.00         7. 00       Home Heal th Aide       128,863       14,924       143,787       7.00         8. 00       Supplies (see instructions)       114,343       13,242       127,585       8.00         9. 00       Drugs       198       23       221       9.00         10. 00       DME       0       0       0       10.00         11. 00       Home Dialysis Aide Services       0       0       0       11.00         12. 00       Respiratory Therapy       0       0       0       12.00         13. 00       Private Duty Nursing       0       0       0       12.00         15. 00       Health Promotion Activities       0       0       0       15.00			26. 00	27.00	28. 00			
3.00   Physical Therapy   773,574   89,588   863,162   3.00   4.00   Occupational Therapy   300,639   34,817   335,456   4.00   5.00   Speech Pathology   70,798   8,199   78,997   5.00   6.00   Medical Social Services   73,527   8,515   82,042   6.00   7.00   Home Health Aide   128,863   14,924   143,787   7.00   8.00   Supplies (see instructions)   114,343   13,242   127,585   8.00   9.00   Drugs   19	1.00	Administrative and General	357, 952					1. 00
4.00 Occupational Therapy	2.00	Skilled Nursing Care	1, 628, 922	188, 644	1, 817, 566			2. 00
5. 00         Speech Pathology         70,798         8,199         78,997         5.00           6. 00         Medical Social Services         73,527         8,515         82,042         6.00           7. 00         Home Heal th Aide         128,863         14,924         143,787         7.00           8. 00         Supplies (see instructions)         114,343         13,242         127,585         8.00           9. 00         Drugs         198         23         221         9.00           10. 00         DME         0         0         0           11. 00         Home Dial ysis Aide Services         0         0         0           12. 00         Respiratory Therapy         0         0         0           13. 00         Private Duty Nursing         0         0         0           15. 00         Heal th Promotion Activities         0         0         0           15. 00         Bay Care Program         0         0         0           16. 00         0         0         0         15.00           17. 00         Home Delivered Meals Program         0         0         0         17.00           18. 00         Homemaker Service	3.00	Physi cal Therapy	773, 574	89, 588	863, 162			3. 00
6.00 Medical Social Services 73,527 8,515 82,042 7.00 Home Health Aide 128,863 14,924 143,787 7.00 8.00 Supplies (see instructions) 114,343 13,242 127,585 8.00 10.00 DME 0 0 0 0 11.00 DME 0 0 0 0 11.00 Home Dialysis Aide Services 0 0 0 0 0 11.00 12.00 Respiratory Therapy 0 0 0 0 0 12.00 Respiratory Therapy 0 0 0 0 0 12.00 13.00 Clinic 0 0 0 0 0 13.00 Clinic 0 0 0 0 15.00 Health Promotion Activities 0 0 0 0 0 15.00 Home Delivered Meals Program 0 0 0 0 15.00 Home Delivered Meals Program 0 0 0 0 17.00 Home Delivered Meals Program 0 0 0 0 0 18.00 17.00 Home Delivered Meals Program 0 0 0 0 0 0 19.00 20.00 All Others (specify) 0 0 0 0 0 19.00 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to	4.00	Occupati onal Therapy	300, 639	34, 817	335, 456			4. 00
7. 00       Home Heal th Ai de       128,863       14,924       143,787       7.00         8. 00       Supplies (see instructions)       114,343       13,242       127,585       8.00         9. 00       Drugs       198       23       221       9.00         10. 00       DME       0       0       0       10.00         11. 00       Home Dialysis Aide Services       0       0       0       0       11.00         12. 00       Respiratory Therapy       0       0       0       0       11.00         13. 00       Pri vate Duty Nursing       0       0       0       0       13.00         14. 00       Clinic       0       0       0       13.00         15. 00       Heal th Promotion Activities       0       0       0       15.00         16. 00       Day Care Program       0       0       0       16.00         17. 00       Home Delivered Meals Program       0       0       0       17.00         18. 00       Home Delivered Meals Program       0       0       0       18.00         19. 00       All Others (specify)       0       0       0       0       19.00	5.00	Speech Pathology	70, 798	8, 199	78, 997			5. 00
8.00 Supplies (see instructions) 9.00 Drugs 114,343 13,242 127,585 9.00 Drugs 10.00 DME 0 0 0 0 11.00 DME 0 0 0 0 11.00 Home Dialysis Aide Services 0 0 0 0 12.00 Respiratory Therapy 0 0 0 0 13.00 Private Duty Nursing 0 0 0 0 14.00 Clinic 0 0 0 0 15.00 Heal th Promotion Activities 0 0 0 0 16.00 Day Care Program 0 0 0 0 17.00 Home Delivered Meals Program 18.00 Homemaker Service 0 0 0 0 18.00 Homemaker Service 0 0 0 0 19.00 All Others (specify) 0 0 0 10.0	6.00	Medical Social Services	73, 527	8, 515	82, 042			6. 00
9.00 Drugs   198   23   221   9.00   10.00 DME	7.00	Home Health Aide	128, 863	14, 924	143, 787			7. 00
10.00 DME  11.00 Home Dialysis Aide Services  0 0 0 0 0 11.00  12.00 Respiratory Therapy  0 0 0 0 0 12.00  13.00 Private Duty Nursing  0 0 0 0 0 13.00  14.00 Clinic  15.00 Health Promotion Activities  0 0 0 0 0 15.00  16.00 Day Care Program  0 0 0 0 0 15.00  17.00 Home Delivered Meals Program  0 0 0 0 0 17.00  18.00 Homemaker Service  0 0 0 0 0 17.00  18.00 Homemaker Service  0 0 0 0 0 17.00  18.00 Homemaker Service  0 0 0 0 0 17.00  18.00 Line 1 divided by the sum of column 26, line 10 inus column 26, line 1, rounded to	8.00	Supplies (see instructions)	114, 343	13, 242	127, 585			8. 00
11. 00 Home Dialysis Aide Services 0 0 0 0 12. 00 Respiratory Therapy 0 0 0 0 0 12. 00 13. 00 Private Duty Nursing 0 0 0 0 0 13. 00 14. 00 Clinic 0 0 0 0 0 15. 00 Health Promotion Activities 0 0 0 0 0 15. 00 Home Delivered Meals Program 0 0 0 0 0 17. 00 Home Delivered Meals Program 0 0 0 0 0 17. 00 Home Delivered Meals Program 0 0 0 0 0 17. 00 Home Delivered Meals Program 0 0 0 0 0 18. 00 19. 00 All Others (specify) 0 0 0 0 19. 00 1	9.00	Drugs	198	23	221			9. 00
12.00 Respiratory Therapy 0 0 0 0 0 13.00 13.00 Private Duty Nursing 0 0 0 0 13.00 14.00 Clinic 0 0 0 0 14.00 15.00 Heal th Promotion Activities 0 0 0 0 16.00 16.00 Day Care Program 0 0 0 0 16.00 17.00 Home Delivered Meals Program 0 0 0 16.00 18.00 Homemaker Service 0 0 0 0 18.00 19.00 All Others (specify) 0 0 0 19.00 20.00 Total (sum of lines 1-19) (2) 3,448,816 357,952 3,448,816 20.00 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to	10.00	DME	0	0	0			10. 00
13.00 Private Duty Nursing 0 0 0 0 13.00 14.00 Clinic 0 0 0 0 14.00 15.00 Health Promotion Activities 0 0 0 0 15.00 16.00 Day Care Program 0 0 0 0 16.00 17.00 Home Delivered Meals Program 0 0 0 0 17.00 18.00 Homemaker Service 0 0 0 0 18.00 19.00 All Others (specify) 0 0 0 19.00 20.00 Total (sum of lines 1-19) (2) 3,448,816 357,952 3,448,816 20.00 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to	11. 00	Home Dialysis Aide Services	0	0	0			11. 00
14.00 Clinic	12.00	Respiratory Therapy	0	0	0			12. 00
15.00 Health Promotion Activities 0 0 0 15.00 16.00 Day Care Program 0 0 0 16.00 17.00 Home Delivered Meals Program 0 0 0 0 17.00 18.00 Homemaker Service 0 0 0 0 18.00 19.00 All Others (specify) 0 0 0 19.00 20.00 Total (sum of lines 1-19) (2) 3,448,816 357,952 3,448,816 20.00 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 15.00 0 0 16.00 21.00 Unit Cost Multiplier: column 26, line 20 minus column 26, line 1, rounded to 15.00	13.00	Private Duty Nursing	0	0	0			13. 00
16.00 Day Care Program 0 0 0 0 17.00 Home Delivered Meals Program 0 0 0 0 17.00 18.00 Home maker Service 0 0 0 0 18.00 19.00 All Others (specify) 0 0 0 19.00 20.00 Total (sum of lines 1-19) (2) 3,448,816 357,952 3,448,816 20.00 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 16.00 0 0 17.00 17.00 18.00 0 0 18.00 0 19.00 0	14.00	Clinic	0	0	0			14. 00
17. 00 Home Delivered Meals Program 0 0 0 18. 00 18. 00 18. 00 19. 00 18. 00 0 0 18. 00 19. 0	15. 00	Health Promotion Activities	0	0	0			15. 00
18.00 Homemaker Service 0 0 0 0 0 19.00 19.00 20.00 Total (sum of lines 1-19) (2) 3,448,816 357,952 3,448,816 20.00 21.00 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 18.00 0 0 19.00 21	16.00	Day Care Program	0	0	0			16. 00
19.00 All Others (specify) 0 0 0 19.00 20.00 Total (sum of lines 1-19) (2) 3,448,816 20.00 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	17.00	Home Delivered Meals Program	0	0	0			17. 00
20.00 Total (sum of lines 1-19) (2) 3,448,816 357,952 3,448,816 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 20.00	18.00	Homemaker Service	0	0	0			18. 00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to	19.00	All Others (specify)	0	0	0			19. 00
26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to	20.00	Total (sum of lines 1-19) (2)	3, 448, 816	357, 952	3, 448, 816			20. 00
of column 26, line 20 minus column 26, line 1, rounded to	21.00	Unit Cost Multiplier: column		0. 115810				21. 00
column 26, line 1, rounded to		26, line 1 divided by the sum						
		of column 26, line 20 minus						
		column 26, line 1, rounded to						
6 decimal places.		6 decimal places.						

<sup>(1)</sup> Column O, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Peri od: Worksheet H-2
From 10/01/2013 Part II
To 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm BASIS HHA CCN: 157132 Home Health PPS

						Agency I	PPS	
		CAP	TAL RELATED CO	STS		Agency 1		
	Cost Center Description	NEW BLDG &	NEW BLDG &	NEW MVBLE	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
		FIXT	FIXT	EQUI P	BENEFITS		& GENERAL	
		(SQUARE FEE T - A)	(SQUARE FEE T - B)	(DEPRECIATI ON EXPENSE)	DEPARTMENT (GROSS		(ACCUM. COST)	
		1 - A)	I - D)	UN EXPENSE)	SALARI ES)		(031)	
		1.00	1. 01	2. 00	4. 00	5A	5. 00	
1.00	Administrative and General	2, 432	0	13, 267	529, 326			1. 00
2.00	Skilled Nursing Care	0	0	0	695, 409	0	1, 227, 411	2.00
3.00	Physical Therapy	0	0	0	0	0	597, 363	3.00
4.00	Occupational Therapy	0	0	0	0	0	232, 157	4. 00
5. 00	Speech Pathology	0	0	0	0	0	54, 671	5. 00
6. 00	Medical Social Services	0	0	0	32, 299		55, 038	6. 00
7.00	Home Heal th Ai de	0	0	0	47, 070			7. 00
8. 00 9. 00	Supplies (see instructions)	0	0	0		0	0.7.0.	8.00
10. 00	Drugs DME		0	0		_	1 120	9. 00 10. 00
11. 00	Home Dialysis Aide Services		0	0		_	-	11. 00
12. 00	Respiratory Therapy		0	0		_		12. 00
13. 00	Private Duty Nursing	l ő	0	0	ĺ	Ö	Ö	13. 00
14. 00	Clinic	0	0	0	0	Ō	o	14. 00
15. 00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	o	16.00
17. 00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18. 00	Homemaker Service	0	0	0	0	0	0	18. 00
19. 00	All Others (specify)	0	0	0	0	0	0	19. 00
20.00	Total (sum of lines 1-19)	2, 432	0	13, 267	1, 304, 104		2, 537, 606	20.00
21. 00	Total cost to be allocated	34, 327	0	19, 022	337, 514		748, 546	21.00
	Unit cost multiplion	14 114720	0 000000	1 /22702	0 250000		0.204001	22 00
22. 00		14. 114720	0. 000000	1. 433783	0. 258809		0. 294981	22. 00
22.00	Unit cost multiplier Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	NURSI NG	22. 00
22. 00								22. 00
22.00		OPERATION OF PLANT (SQUARE FEE T - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T - A)	DI ETARY (MEALS)	CAFETERI A (FTES)	NURSI NG ADMI NI STRATI ON (FTE' S -NRSG)	22. 00
	Cost Center Description	OPERATION OF PLANT (SQUARE FEE T - A) 7.00	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8.00	HOUSEKEEPING (SQUARE FEE T - A)	DI ETARY (MEALS)	CAFETERI A (FTES) 11.00	NURSI NG ADMI NI STRATI ON (FTE' S -NRSG) 13.00	
1.00	Cost Center Description  Administrative and General	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2,432	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY) 8.00	HOUSEKEEPING (SQUARE FEE T - A) 9.00 2,432	DI ETARY (MEALS)	CAFETERI A (FTES) 11. 00	NURSI NG ADMI NI STRATI ON (FTE' S -NRSG) 13.00	1. 00
1.00	Cost Center Description  Administrative and General Skilled Nursing Care	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2,432	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY) 8.00	HOUSEKEEPI NG (SQUARE FEE T - A) 9.00 2,432 0	DI ETARY (MEALS)	CAFETERI A (FTES)  11. 00  93 105	NURSI NG ADMI NI STRATI ON (FTE' S -NRSG) 13. 00 93 105	1. 00 2. 00
1. 00 2. 00 3. 00	Cost Center Description  Administrative and General Skilled Nursing Care Physical Therapy	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2,432	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8.00 0	HOUSEKEEPING (SQUARE FEE T - A) 9.00 2,432	DI ETARY (MEALS)	CAFETERI A (FTES)  11. 00  93 105	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13. 00 93 105	1. 00 2. 00 3. 00
1. 00 2. 00 3. 00 4. 00	Cost Center Description  Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2,432	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY) 8.00 0	HOUSEKEEPI NG (SQUARE FEE T - A) 9.00 2,432 0 0	DI ETARY (MEALS)	CAFETERI A (FTES)  11. 00  93 105	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13. 00 93 105 0	1. 00 2. 00 3. 00 4. 00
1. 00 2. 00 3. 00 4. 00 5. 00	Cost Center Description  Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2,432 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0 0 0 0 0	HOUSEKEEPI NG (SQUARE FEE T - A) 9.00 2,432 0	DI ETARY (MEALS)	CAFETERI A (FTES)  11. 00  93 105 0 0 0	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13. 00 93 1055 0 0	1. 00 2. 00 3. 00 4. 00 5. 00
1. 00 2. 00 3. 00 4. 00	Cost Center Description  Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2,432	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY) 8.00 0	HOUSEKEEPI NG (SQUARE FEE T - A)  9.00 2,432 0 0 0 0	DI ETARY (MEALS)	11. 00 93 105 0 0 6	NURSI NG ADMI NI STRATI ON (FTE' S -NRSG) 13. 00 93 105 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00	Cost Center Description  Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2,432 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0  0  0  0  0	9.00 9.00 2,432 0 0	DI ETARY (MEALS)	CAFETERI A (FTES)  11. 00  93 105 0 0 6 11	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13. 00 93 105 0 0 6 11	1. 00 2. 00 3. 00 4. 00 5. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2,432 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0  0  0  0  0  0  0  0  0	9. 00 9. 00 2, 432 0 0 0 0	DI ETARY (MEALS)  10. 00  0 0 0 0 0 0 0 0 0	CAFETERI A (FTES)  11. 00  93 105 0 0 6 11	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13. 00 93 105 0 0 6 11	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME	OPERATION OF PLANT (SOUARE FEE T - A) 7.00 2,432 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)  8.00  0  0  0  0  0  0  0  0  0  0  0  0	9.00 9.00 2,432 0 0 0 0 0 0	10. 00 00 00 00 00 00 00 00 00 00	CAFETERI A (FTES)  11. 00  93 105 0 0 6 111 0 0	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13. 00 93 105 0 0 6 11 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2,432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0  0  0  0  0  0  0  0  0  0  0  0	9.00 9.00 2,432 0 0 0 0 0 0	10. 00 10. 00 0 0 0 0 0 0 0 0 0 0	CAFETERI A (FTES)  11. 00  93 105 0 0 6 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13.00 93 105 0 0 6 11 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2,432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0  0  0  0  0  0  0  0  0  0  0  0	9. 00 2, 432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DI ETARY (MEALS)  10. 00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CAFETERI A (FTES)  11. 00  93 105 0 0 6 11 0 0 0 0 0 0 0 0 0 0 0 0 0	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13.00 93 105 0 0 6 11 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
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9. 00  2, 432  0  0  0  0  0  0  0  0  0  0  0  0  0	10. 00 00 00 00 00 00 00 00 00 00 00 00 00	CAFETERI A (FTES)  11. 00  93 105 0 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13. 00 93 105 0 0 6 111 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
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 12. 00 12. 00 13. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2,432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0  0  0  0  0  0  0  0  0  0  0  0	9. 00 2, 432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DI ETARY (MEALS)  10. 00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CAFETERI A (FTES)  11. 00  93 105 0 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13. 00 93 105 0 0 6 111 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 11. 00 11. 00 12. 00 13. 00 14. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2, 432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0  0  0  0  0  0  0  0  0  0  0  0	9. 00  2, 432  0  0  0  0  0  0  0  0  0  0  0  0  0	10. 00 00 00 00 00 00 00 00 00 00 00 00 00	CAFETERI A (FTES)  11. 00  93 105 0 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13.00 93 105 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2, 432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0  0  0  0  0  0  0  0  0  0  0  0	9.00 2,432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10. 00 00 00 00 00 00 00 00 00 00 00 00 00	CAFETERI A (FTES)  11. 00  93 105 0 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13.00 93 105 0 0 6 111 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 2, 432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0  0  0  0  0  0  0  0  0  0  0  0	9. 00  2, 432  0  0  0  0  0  0  0  0  0  0  0  0  0	10. 00 00 00 00 00 00 00 00 00 00 00 00 00	CAFETERI A (FTES)  11. 00  93 105 0 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13.00 93 105 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service	OPERATION OF PLANT (SOUARE FEE T - A) 7.00 2, 432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0  0  0  0  0  0  0  0  0  0  0  0	9.00 2,432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10. 00 00 00 00 00 00 00 00 00 00 00 00 00	CAFETERI A (FTES)  11. 00  93 105 0 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NURSI NG ADMI NI STRATI ON  (FTE'S -NRSG)  13. 00  93  105  0  0  0  0  0  0  0  0  0  0  0  0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program	OPERATION OF PLANT (SOUARE FEE T - A) 7.00 2, 432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 2,432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10. 00 00 00 00 00 00 00 00 00 00 00 00 00	CAFETERI A (FTES)  11. 00  93 105 0 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13. 00 93 105 0 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	OPERATION OF PLANT (SQUARE FEE T - A) 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9. 00  9. 00  2, 432  0  0  0  0  0  0  0  0  0  0  0  0  0	10. 00 00 00 00 00 00 00 00 00 00 00 00 00	CAFETERIA (FTES)  11. 00  93 105 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13.00 93 105 0 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00 21. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19)	OPERATION OF PLANT (SQUARE FEE T - A) 7.00  2,432 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)  8.00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00  2,432  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DI ETARY (MEALS)  10. 00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CAFETERI A (FTES)  11. 00  93 105 0 0 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0 215 13, 025	NURSI NG ADMI NI STRATI ON (FTE'S -NRSG) 13.00 93 105 0 0 6 6 111 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00 21. 00

Peri od: Worksheet H-2
From 10/01/2013 Part II
To 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm BASIS HHA CCN: 157132 Home Health PPS

					Agency I	PPS	
					Agency I		
					INTERNS &		
					RESI DENTS		
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	SERVI CES-SALAR	SERVICES-OTHER	
	SERVICES &	(COSTED REQ	RECORDS &		Y & FRINGES	PRGM COSTS	
	SUPPLY	UIS.)	LI BRARY	(HOURS - A)	(HOURS - B)	(HOURS - B)	
	(COSTED REQ		(GROSS REVE				
	UIS.)		NUE)				
	14. 00	15. 00	16.00	17. 00	21. 00	22. 00	
1.00 Administrative and General	0	0	2, 570, 018	0	0	0	1. 00
2.00 Skilled Nursing Care	0	0		0	0	0	2. 00
3.00 Physical Therapy	0	0		1	0	0	3.00
4.00 Occupational Therapy	0	0	l o		0	0	4. 00
5. 00 Speech Pathology		0	٥		Ö	0	5. 00
6.00 Medical Social Services		0		1	0	0	6.00
		0		1	0	-	
7.00 Home Heal th Ai de	1	_	l ~	1	-	0	7. 00
8.00 Supplies (see instructions)	61, 063	0	0		0	0	8. 00
9. 00 Drugs	0	89	0	1	0	0	9. 00
10. 00 DME	0	0	0		0	0	
11.00 Home Dialysis Aide Services	0	0	0	1	0	0	11. 00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14. 00   Cl i ni c	0	0		0	0	0	14.00
15.00 Health Promotion Activities	0	0	l 0	0	0	0	15. 00
16.00 Day Care Program	0	0	0	) 0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0		0	0	17. 00
18.00 Homemaker Service		0	٥		0	0	18. 00
19.00 All Others (specify)		0			0	0	19. 00
1 1 37	(1.0(2	_	2 570 010		0	0	20.00
20.00 Total (sum of lines 1-19)	61, 063	89	2, 570, 018	1	0	0	
21.00 Total cost to be allocated	5, 330	39	8, 466	0	Ö	0	21. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier	5, 330 0. 087287	39 0. 438202	8, 466 0. 003294	0	0 0. 000000	0. 000000	21. 00
21.00 Total cost to be allocated	5, 330 0. 087287 PARAMED ED	39 0. 438202 PARAMED ED	8, 466 0. 003294 PARAMED ED	0	Ö	0. 000000	21. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier	5, 330 0. 087287 PARAMED ED PRGM -	39 0. 438202 PARAMED ED PRGM- CHAPLAIN	8, 466 0. 003294 PARAMED ED PRGM- NURSING	0	Ö	0. 000000	21. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY	39 O. 438202 PARAMED ED PRGM- CHAPLAIN RESI DENCY	8, 466 0. 003294 PARAMED ED	0	Ö	0. 0000000	21. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C)	39 0. 438202 PARAMED ED PRGM- CHAPLAIN RESI DENCY (HOURS - D)	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F)	0	Ö	0. 0000000	21. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00	39 0. 438202 PARAMED ED PRGM- CHAPLAIN RESI DENCY (HOURS - D) 23. 01	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F)	0.000000	Ö	0. 000000	21. 00 22. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier Cost Center Description	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00	39 0. 438202 PARAMED ED PRGM- CHAPLAIN RESI DENCY (HOURS - D) 23. 01	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F)	0.000000	Ö	0.000000	21. 00 22. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 1. 00 2. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care Physical Therapy	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 1. 00 2. 00 3. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0	0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM- CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions)	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM- CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM- CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 DME 11.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM- CHAPLAIN RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM- CHAPLAIN RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F)  23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 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
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 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
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F)  23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 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
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F) 23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 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
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F)  23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 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
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F)  23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service 19.00 All Others (specify) 20.00 Total (sum of lines 1-19)	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM - CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F)  23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00
21.00 Total cost to be allocated 22.00 Unit cost multiplier  Cost Center Description  1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service 19.00 All Others (specify)	5, 330 0. 087287 PARAMED ED PRGM - PHARMACY (HOURS - C) 23. 00 0 0 0 0 0 0 0 0 0 0 0 0	39 0. 438202 PARAMED ED PRGM- CHAPLAI N RESI DENCY (HOURS - D) 23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 466 0. 003294 PARAMED ED PRGM- NURSI NG (HOURS - F)  23. 03	0.000000	Ö	0.000000	21. 00 22. 00 22. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00

APPORT			DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
	TIONMENT OF PATIENT SERVICE COST	S		Provi der	CCN: 150082	Peri od:	Worksheet H-3	
				HHA CCN:	157132	From 10/01/2013 To 09/30/2014	Date/Time Pre	
				Ti tl	e XVIII	Home Health	2/28/2015 3: 3 <sup>-</sup> PPS	ı pm
	Cost Center Description	From, Wkst.	Facility Costs	Shared	Total HHA	Agency I Total Visits	Average Cost	
	cost center bescription	H-2, Part I,	(from Wkst.	Ancillary	Costs (cols.		Per Vi si t	
		col. 28, line		Costs (from	+ 2)		(col. 3 ÷ col.	
				Part ÌI)			4)	
		0	1.00	2. 00	3. 00	4. 00	5. 00	
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION	OF AGGREGATE F	PROGRAM COST, A	GGREGATE OF TH	HE PROGRAM LIM	ILTATION COST, OF	₹	
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2. 00			1, 817, 56			
2.00	Physical Therapy	3.00		C	1,		185. 59	
3.00	Occupati onal Therapy	4.00		C	, 000, 10			
4. 00 5. 00	Speech Pathology Medical Social Services	5. 00 6. 00		C	78, 99 82, 04		l .	
6. 00	Home Health Aide	7. 00			143, 78		l	
7. 00	Total (sum of lines 1-6)	7.00	3, 321, 010	(	1			7. 00
7.00	Total (Sum of Titles 1 0)		3, 321, 010		Program Visit			7.00
						art B		i
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject t			
	•		, ,		Deductibles Coinsurance	& Deductibles		
		0	1.00	2. 00	3. 00	4. 00	5. 00	
	Limitation Cost Computation							
8. 00	Skilled Nursing Care		21780	479	1			8. 00
8. 01	Skilled Nursing Care		99915	16	1	96		8. 01
9. 00	Physi cal Therapy		21780	365	1			9. 00
9. 01	Physi cal Therapy		99915	10		12		9. 01
10.00	Occupational Therapy		21780	138				10.00
10. 01	Occupational Therapy		99915	1		37		10.01
11. 00 11. 01	Speech Pathology Speech Pathology		21780 99915	20	1	2		11. 00 11. 01
12. 00	Medical Social Services		21780	C	Ί	57		12.00
12. 00	Medical Social Services		99915	,	j -	2		12.00
13. 00	Home Heal th Aide		21780	107	89	205		13. 00
13. 01	Home Heal th Aide		99915	3		0		13. 01
	Total (sum of lines 8-13)			1, 148	9, 19	94		14. 00
		From Wkst. H-2	Facility Costs		Total HHA		Ratio (col. 3	
		Part I, col.	(from Wkst.	Ancillary	Costs (cols.	1 (from HHA	÷ col. 4)	
		28, line	H-2, Part I)	Costs (from	+ 2)	Record)		
			4.00	Part II)	0.00	4.00	5.00	
	Supplies and Drugs Cost Comput	0	1.00	2.00	3. 00	4. 00	5. 00	
15. 00		8.00	127, 585	C	127, 58	35 0	0. 000000	15. 00
16. 00		9. 00		C				
			Program Visits		Cost of			
					Servi ces			
			Par			Part B		
	Cost Center Description	Part A	Not Subject to		Part A	Not Subject to		
			Deductibles &			Deductibles &		
		4.00	Coi nsurance	Coi nsurance	0.00	Coi nsurance	Coi nsurance	
	PART I - COMPUTATION OF LESSER	0.00	7.00 PROGRAM COST A	8.00 GGREGATE OF TH	9.00	10.00	11.00	
		J. AGGREGATE I		CONCORTE OF TH	TROOKFW EIW		•	
	BENEFICIARY COST LIMITATION							I
1.02	BENEFICIARY COST LIMITATION Cost Per Visit Computation				1	v a s.e ::-		4
1. 00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care	495			113, 78			
2.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy	375	2, 552		69, 59	473, 626		2. 00
2. 00 3. 00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy	375 139	2, 552 986		69, 59 26, 06	96 473, 626 54 184, 885		2. 00 3. 00
2. 00 3. 00 4. 00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	375 139 20	2, 552 986 154		69, 59 26, 06 4, 51	96 473, 626 54 184, 885 4 34, 759		2. 00 3. 00 4. 00
2. 00 3. 00 4. 00 5. 00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	375 139 20 9	2, 552 986 154 59		69, 59 26, 06 4, 51 6, 47	96 473, 626 64 184, 885 4 34, 759 77 42, 461		1. 00 2. 00 3. 00 4. 00 5. 00
2. 00 3. 00 4. 00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	375 139 20	2, 552 986 154 59 895		69, 59 26, 06 4, 51	26 473, 626 64 184, 885 64 34, 759 77 42, 461 64 112, 394		2. 00 3. 00 4. 00

	Financial Systems		DEACONESS		001 450000		u of Form CMS-	
APPORI	FIONMENT OF PATIENT SERVICE COST	S		HHA CCN:	CCN: 150082 157132	Period: From 10/01/2013 To 09/30/2014	Worksheet H-3 Part I Date/Time Pre	pared:
				Ti tl	e XVIII	Home Health	2/28/2015 3: 3 PPS	1 pm
	Cost Center Description					Agency I		
	Limitation Cost Computation	6. 00	7. 00	8. 00	9. 00	10.00	11. 00	
8. 00 8. 01 9. 00 9. 01 10. 00 10. 01 11. 00 11. 01 12. 00 12. 01 13. 00	Limitation Cost Computation Skilled Nursing Care Skilled Nursing Care Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Speech Pathology Speech Pathology Medical Social Services Home Health Aide							8. 00 8. 01 9. 00 9. 01 10. 00 11. 00 11. 01 12. 00 12. 01 13. 00
13. 01	Home Health Aide							13. 01
14. 00	Total (sum of lines 8-13)	Progi	ram Covered Cha		Cost of Services			14.00
	Cost Center Description	Part A	Par Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	Supplies and Drugs Cost Computa	6.00 ations	7. 00	8. 00	9. 00	10.00	11. 00	
15. 00 16. 00	Cost of Medical Supplies Cost of Drugs		0	0		0	C	15. 00 16. 00
	Cost Center Description	Total Program Cost (sum of cols. 9-10) 12.00						
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION	OF AGGREGATE F	PROGRAM COST, A	GGREGATE OF TH	E PROGRAM LII	MITATION COST, OR	!	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description	1, 159, 235 543, 222 210, 949 39, 273 48, 938 126, 208 2, 127, 825						1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
	Limitation Cost Computation	12. 00						
8. 00 8. 01 9. 00 9. 01 10. 00 10. 01 11. 00 11. 01 12. 00 12. 01 13. 00	Skilled Nursing Care Skilled Nursing Care Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Speech Pathology Medical Social Services Medical Social Services Home Health Aide Home Health Aide							8. 00 8. 01 9. 00 9. 01 10. 00 11. 00 11. 01 12. 00 12. 01 13. 00

Health Financial Systems DEACONESS HOSPITAL						In Lie	u of Form CMS-2	2552-10	
APP0R	FIONMENT OF PATIENT SERVICE COST	S	ļ				Peri od:	Worksheet H-3	
					HHA CCN:	157132	From 10/01/2013 To 09/30/2014	Part II Date/Time Prep 2/28/2015 3:3	
					Ti tl	e XVIII	Home Health	PPS	
							Agency I		
	Cost Center Description	From Wkst. C,	Cost to Charge	To	tal HHA	HHA Shared	Transfer to		
		Part I, col.	Ratio	Char	rge (from	Ancillary	Part I as		
		9, line		pr	ovi der	Costs (col.	1 Indicated		
				re	ecords)	x col. 2)			
		0	1. 00		2.00	3. 00	4. 00		
	PART II - APPORTIONMENT OF COST	T OF HHA SERVIO	ES FURNI SHED B	Y SHA	ARED HOSPI	TAL DEPARTMEN	ITS		
1.00	Physi cal Therapy	66. 00	0. 194088		0		0 col. 2, line 2	. 00	1.00
2.00	Occupational Therapy								2.00
3.00	Speech Pathology								3.00
4.00	Cost of Medical Supplies	71. 00	0. 331712		0		0 col. 2, line 1	5. 00	4.00
5.00	Cost of Drugs	73. 00	0. 257529		0		0 col. 2, line 1	6. 00	5. 00

th Financial Systems DEACONESS HOULD TO THE PROPERTY OF THE PR		CCN: 150082	Period:	u of Form CMS-2 Worksheet H-4	
SOLATION OF THE RETWINDUNGEMENT SETTELMENT	HHA CCN:	157132	From 10/01/2013	Part I-II	pare
	Ti tl	e XVIII	Home Health Agency I	PPS	
	·		Par	t B	
		Part A	Not Subject to Deductibles & Coinsurance		
		1. 00	2. 00	3. 00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUST	TOMARY CHARGES	S			
Reasonable Cost of Part A & Part B Services					
Reasonable cost of services (see instructions)			0 0		
Total charges			0 0	0	2
Customary Charges  Amount actually collected from patients liable for payment for	or services		0 0	0	3
on a charge basis (from your records)	or services				
Amount that would have been realized from patients liable for	r payment		0 0	0	4
for services on a charge basis had such payment been made in					
with 42 CFR 413.13(b)					
Ratio of line 3 to line 4 (not to exceed 1.000000)		0. 0000			5
Total customary charges (see instructions)  Excess of total customary charges over total reasonable cost	(complete		0 0	0	6
only if line 6 exceeds line 1)	(comprete		0	U	′
Excess of reasonable cost over customary charges (complete of 1 exceeds line 6)	nlyifline		0 0	0	8
O Primary payer amounts			0 0	0	9
			Part A	Part B	
			Servi ces	Servi ces	
DADT II. CONDUTATION OF HUA DELABURGEMENT CETTLEMENT			1. 00	2. 00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT  Total reasonable cost (see instructions)			0	0	10
700 Total PPS Reimbursement - Full Episodes without Outliers			151, 811	1, 243, 781	
700 Total PPS Reimbursement - Full Episodes with Outliers			4, 017	18, 467	
700 Total PPS Reimbursement - LUPA Episodes			884	24, 978	
OO Total PPS Reimbursement - PEP Episodes			0	38, 752	14
OO Total PPS Outlier Reimbursement - Full Episodes with Outliers	5		479	3, 880	15
Total PPS Outlier Reimbursement - PEP Episodes			0	431	16
OO Total Other Payments			0	0	
DO DME Payments			0	0	18
00   Oxygen Payments 00   Prosthetic and Orthotic Payments			0	0	19
00   Part B deductibles billed to Medicare patients (exclude coin:	surance)			0	2
OD Subtotal (sum of lines 10 thru 20 minus line 21)	Ju. 41.00)		157, 191	1, 330, 289	
			0	0	23
DO Excess reasonable cost (from line 8)			157, 191	1, 330, 289	24
OO Subtotal (line 22 minus line 23)				0	25
Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records)					
Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25)			157, 191	1, 330, 289	
Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records)			157, 191	1, 330, 289	
Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see					28
Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see Total costs - current cost reporting period (line 26 plus line)			157, 191 157, 191	1, 330, 289	28 29
Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see lotal costs - current cost reporting period (line 26 plus line) OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			157, 191 0	1, 330, 289 0	28 29 30
Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see Total costs - current cost reporting period (line 26 plus line)				1, 330, 289	28 29 30 31
Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see Total costs - current cost reporting period (line 26 plus line) OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Subtotal (line 29 plus/minus line 30)			157, 191 0 157, 191	1, 330, 289 0 1, 330, 289 26, 606	28 29 30 31 31
Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see Total costs - current cost reporting period (line 26 plus line) Total costs - Subtotal (line 29 plus/minus line 30) Sequestration adjustment (see instructions)			157, 191 0 157, 191 3, 144	1, 330, 289 0 1, 330, 289 26, 606	30 31 31 32
Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see in total costs - current cost reporting period (line 26 plus line 25) Subtotal (line 29 plus/minus line 30) Sequestration adjustment (see instructions)	ne 27) nd 33		157, 191 0 157, 191 3, 144	1, 330, 289 0 1, 330, 289 26, 606 1, 303, 683	28 29 30 31 31 32 33

 
 Heal th
 Financial
 Systems
 DEACONESS
 HOSE

 ANALYSIS
 OF
 PAYMENTS
 TO
 PROVI DER-BASED
 HHAS
 FOR
 SERVI CES
 RENDERED
 TO
 DEACONESS HOSPITAL In Lieu of Form CMS-2552-10

150082 | Peri od: | Worksneet ii 5 | From 10/01/2013 | To 09/30/2014 | Date/Time Prepared: 2/28/2015 3:31 pm | PPS Provi der CCN: 150082 PROGRAM BENEFICIARIES HHA CCN:

				Home Health Agency I	PPS	
		Inpatien	t Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2. 00	3. 00	4. 00	
1. 00 2. 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		154, 048 0		1, 303, 683 0	1. 00
3. 00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)  Program to Provider					3. 00
3. 01			0		0	3. 01
3. 02			0	)	0	3. 02
3.03			0	)	0	3. 03
3.04			0	)	0	3. 04
3.05			0		0	3. 05
	Provider to Program	T		1		
3.50			0		0	3. 50
3. 51			0		0	3. 51
3.52			0		0 0	3. 52 3. 53
3. 53 3. 54		•				3. 53
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines					3. 99
3. 77	3. 50-3. 98)		١			3. 77
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32) TO BE COMPLETED BY CONTRACTOR		154, 048		1, 303, 683	4. 00
5. 00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5. 00
5. 01	Program to Provider		0		1 0	5. 01
5. 01						5. 01
5. 02			0			5. 02
0.00	Provider to Program			1		0.00
5.50			0	)	0	5. 50
5. 51			0	)	0	5. 51
5.52			0	)	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		0		0	5. 99
6. 00	5.50-5.98) Determined net settlement amount (balance due) based on the cost report. (1)					6. 00
6. 01	SETTLEMENT TO PROVIDER		0	)	0	6. 01
6. 02	SETTLEMENT TO PROGRAM		1		0	6. 02
7.00	Total Medicare program liability (see instructions)		154, 047		1, 303, 683	7. 00
				Contractor Number	NPR Date (Mo/Day/Yr)	
0.00	Name of Contractor	(	)	1. 00	2. 00	0.00
8. 00	Name of Contractor	I		1	1 1	8. 00

			nospi ce (	JCN. 131312 1	0 09/30/2014	2/28/2015 3:3	
					Hospi ce I	2, 20, 2010 010	. р
		Salaries (from	Empl oyee	Transportati on		Other	
			Benefits (from		Services (from		
			Wkst. K-2)	( ( ) ( ) ( )	Wkst. K-3)		
		1.00	2.00	3.00	4. 00	5. 00	
	GENERAL SERVICE COST CENTERS	<u> </u>					
1.00	Capital Related Costs-Bldg and Fixt.			C		0	1. 00
2.00	Capital Related Costs-Movable Equip.			0	)	0	2. 00
3.00	Plant Operation and Maintenance	o	0	) c	o	0	3. 00
4.00	Transportation - Staff	o	0	o	o	0	4. 00
5.00	Volunteer Service Coordination	34, 177	0	o	o	0	5. 00
6.00	Administrative and General	322, 071	0	2, 029	o	269, 065	6. 00
	I NPATI ENT CARE SERVI CE	, , ,				,	
7.00	Inpatient - General Care	269, 625	0	0	0	0	7. 00
8.00	Inpatient - Respite Care	44, 148	0	ol 0	o	0	8. 00
	VISITING SERVICES	<u>,                                      </u>					
9.00	Physi ci an Servi ces	0	C	0	0	35, 099	9. 00
10.00	Nursing Care	282, 753	0	13, 760	o	0	10.00
11. 00	Nursing Care-Continuous Home Care	o	Ō	o c	o	0	11. 00
12.00	Physi cal Therapy	o	0	) c	1, 462	0	12.00
13.00	Occupational Therapy	o	0	ol c	415	0	13. 00
14.00	Speech/ Language Pathology	o	0	) c	o	0	14. 00
15. 00	Medical Social Services	32, 385	0	982	o	0	15. 00
16.00	Spiritual Counseling	25, 995	0	1, 696	o	0	16. 00
17. 00	Di etary Counseling	o	0		o	0	17. 00
18.00	Counseling - Other	o	0	ol 0	o	0	18. 00
19.00	Home Health Aide and Homemaker	100, 972	Ō	14, 360	o	0	19. 00
20.00	HH Aide & Homemaker - Cont. Home Care	o	0		o	0	20. 00
21.00	Other	o	Ō	) c	o	0	21. 00
	OTHER HOSPICE SERVICE COSTS	<u> </u>		•			
22.00	Drugs, Biological and Infusion Therapy	0	C	) C	0	168, 296	22. 00
23.00	Anal gesi cs	o	Ō	0	o	0	23. 00
24.00	Sedatives / Hypnotics	o	Ō	0	o	0	24. 00
25. 00	Other - Specify	o	0	) c	o	0	25. 00
26.00	Durable Medical Equipment/Oxygen	o	Ō	o	o	62, 661	26. 00
27. 00	Patient Transportation	o	0	33, 118	o	0	27. 00
28. 00	I maging Services	o	Ō	0	o	6, 904	28. 00
29.00	Labs and Diagnostics	1, 467	Ō	o	o	0	29. 00
30.00	Medical Supplies	o	Ō	o	o	25, 165	30.00
31.00	Outpatient Services (including E/R Dept.)	o	Ō	o	o	0	31. 00
32.00	Radi ati on Therapy	o	Ō	o	o	0	32. 00
33.00	Chemotherapy	o	Ō	o	o	0	33. 00
34.00	Other	o	Ō	o	o	0	34. 00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	O	) C	0	0	35. 00
36.00	Volunteer Program Costs		0	0	o	0	36. 00
37.00	Fundrai si ng		0	0	ol	0	37. 00
38. 00	Other Program Costs	0	0	0	o	0	38. 00
39. 00	Total (sum of lines 1 thru 38)	1, 113, 593	0	65, 945	1, 877	567, 190	39. 00
		· ·		-	•		

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
ANALYSIS OF PROVIDER-BASED HOSPICE COSTS	Provi der CCN: 150082	Period: Worksheet K From 10/01/2013

Hospi ce CCN: 151512 To 09/30/2014 Date/Time Prepared: 2/28/2015 3:31 pm

			Hospi ce (	CON: 151512 10	09/30/2014	2/28/2015 3:3	
					Hospi ce I	272072010 0.0	ı pııı
		Total (cols.	Reclassi fi cati	Subtotal (col.	Adjustments	Total (col. 8	
		1-5)	on	6 ± col . 7)		± col . 9)	
		6.00	7. 00	8. 00	9. 00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	C	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	C	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	C	0	0	0	3. 00
4.00	Transportation - Staff	0	C	0	0	0	4. 00
5.00	Volunteer Service Coordination	34, 177	C	34, 177	0	34, 177	5. 00
6.00	Administrative and General	593, 165	C	593, 165	0	593, 165	6. 00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	269, 625	C	269, 625	0	269, 625	7. 00
8.00	Inpatient - Respite Care	44, 148	C	44, 148	0	44, 148	8. 00
	VISITING SERVICES						
9.00	Physi ci an Servi ces	35, 099	C	35, 099	0	35, 099	9. 00
10.00	Nursing Care	296, 513	C	296, 513	0	296, 513	10.00
11. 00	Nursing Care-Continuous Home Care	0	C	0	0	0	11. 00
12.00	Physi cal Therapy	1, 462	C	1, 462	0	1, 462	12.00
13.00	Occupational Therapy	415	C	415	0	415	13. 00
14.00	Speech/ Language Pathology	0	C	0	0	0	14. 00
15. 00	Medical Social Services	33, 367	C	33, 367	0	33, 367	15. 00
16.00	Spiritual Counseling	27, 691	C	27, 691	0	27, 691	16. 00
17. 00	Di etary Counseling	0	C	0	0	0	17. 00
18. 00	Counseling - Other	0	C	0	0	0	18. 00
19. 00	Home Health Aide and Homemaker	115, 332	C	115, 332	0	115, 332	19. 00
20.00	HH Aide & Homemaker - Cont. Home Care	0	C	1	0	0	20. 00
21. 00	Other	0	C	0	0	0	21. 00
	OTHER HOSPICE SERVICE COSTS						
22. 00	Drugs, Biological and Infusion Therapy	168, 296	C	,	0	168, 296	1
23. 00	Anal gesi cs	0	C	0	0	0	23. 00
24. 00	Sedatives / Hypnotics	0	C	0	0	0	24. 00
25. 00	Other - Specify	0	C	0	0	0	25. 00
26. 00	Durable Medical Equipment/Oxygen	62, 661	C	62, 661	0	62, 661	26. 00
27. 00	Patient Transportation	33, 118	C	33, 118	0	33, 118	1
28. 00	I maging Services	6, 904	C	6, 904	0	6, 904	28. 00
29. 00	Labs and Diagnostics	1, 467	C	1, 467	0	1, 467	29. 00
30.00	Medical Supplies	25, 165	C	25, 165	0	25, 165	30.00
31. 00	Outpatient Services (including E/R Dept.)	0	C	0	0	0	31.00
32. 00	Radi ati on Therapy	0	C	0	0	0	32. 00
33. 00	Chemotherapy	0	C	-	0	0	33. 00
34. 00	Other	0	C	0	0	0	34. 00
05.00	HOSPI CE NONREI MBURSABLE SERVI CE				ام	-	05.00
35. 00	Bereavement Program Costs	0	C		0		35. 00
36.00	Volunteer Program Costs	0	C	0	0	0	36.00
37. 00	Fundrai si ng	0	C		0	0	37. 00
38.00	Other Program Costs Total (sum of lines 1 thru 38)	1, 748, 605	C	1 740 405	0	0 1 749 40E	38. 00
37.00	Tiotai (Suii Oi Tilles I tillu 38)	1, /48, 005	C	1, 748, 605	υĮ	1, 748, 605	J 37. UU

			nospi ce c	CN. 131312 1	0 09/30/2014	2/28/2015 3:3	
					Hospi ce I		<u> </u>
		Admi ni strator	Di rector	Soci al	Supervi sors	Nurses	
				Servi ces			
		1.00	2.00	3. 00	4. 00	5. 00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1. 00
2.00	Capital Related Costs-Movable Equip.						2. 00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3. 00
4.00	Transportation - Staff	0	0	0	0	0	4. 00
5.00	Volunteer Service Coordination	0	0	0		0	
6.00	Administrative and General	0	22, 986	0	89, 642	97, 747	6. 00
	I NPATI ENT CARE SERVI CE						
7.00	Inpatient - General Care	0	0			179, 028	7. 00
8.00	Inpatient - Respite Care	0	0	0	0	29, 295	8. 00
	VISITING SERVICES						
9.00	Physi ci an Servi ces	0	0	0		0	9. 00
10. 00	Nursing Care	0	0	0	0	282, 753	
11. 00	Nursing Care-Continuous Home Care	0	0	0	0	0	11. 00
12. 00	Physi cal Therapy	0	0	0	0	0	12. 00
13. 00	Occupational Therapy	0	0	0	0	0	
14. 00		0	0	0	0	0	14. 00
15. 00		0	0	32, 385	0	0	15. 00
	Spiritual Counseling	0	0	0	0	0	16. 00
	Di etary Counsel i ng	0	0	0	0	0	17. 00
	Counseling - Other	0	0	0	0	0	18. 00
19. 00	Home Health Aide and Homemaker	0	0	_		0	
20. 00	HH Aide & Homemaker - Cont. Home Care	0	0	_		0	20. 00
21. 00	Other	0	0	0	0	0	21. 00
	OTHER HOSPICE SERVICE COSTS				T T		
	Drugs, Biological and Infusion Therapy						22. 00
	Anal gesi cs						23. 00
24. 00	Sedatives / Hypnotics						24. 00
	Other - Specify						25. 00
26. 00	Durable Medical Equipment/Oxygen		0			0	26. 00
27. 00	The state of the s	0	0	0	U	0	
28. 00	I maging Services	0	0		0	0	28. 00
	Labs and Diagnostics		0		0	0	29. 00 30. 00
30. 00 31. 00	Medical Supplies		0		0	0	31.00
	, ,		0		0	0	
32.00	Radiation Therapy		0	0	0	0	32.00
33. 00 34. 00	Chemotherapy	0	0		0	0	
34.00	Other HOSPICE NONREIMBURSABLE SERVICE	l ol	U		l d	0	34.00
35. 00	Bereavement Program Costs	O	0	0	ol	0	35. 00
	Volunteer Program Costs		0			0	36.00
37. 00	Fundrai si ng		0			0	37. 00
38. 00	9		0			0	1
	Total (sum of lines 1 thru 38)		22, 986	32, 385	89, 642	ū	
37.00	Tiotal (Sam of Tilles I till a so)	١	22, 700	1 52, 505	07,042	300, 023	1 37.00

Health Financial Systems	DEACONESS	<b>HOSPI</b>	TAL		In Lie	u of Form CMS-2	2552-10
HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES			Provi der	CCN: 150082	Peri od: From 10/01/2013	Worksheet K-1	
			Hospi ce (	CCN: 151512	To 09/30/2014	Date/Time Pre 2/28/2015 3:3	
					Hospi ce I		
	Total		Ai des	All-Other	Total (1)		
	Therapi sts						
	4 00		7 00	0 00	0.00		

						2/28/2015 3:31 pm
					Hospi ce I	
		Total	Ai des	All-Other	Total (1)	
		Therapists	7.00	0.00	0.00	
	GENERAL SERVICE COST CENTERS	6. 00	7. 00	8. 00	9. 00	
1.00	Capital Related Costs-Bldg and Fixt.					1, 00
2.00	Capital Related Costs-Blug and Trxt.  Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		_	_	0	3. 00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	34, 177	34, 177	5. 00
6.00	Administrative and General			· ·	322, 071	6. 00
6.00	I NPATI ENT CARE SERVI CE		U	111, 090	322, 071	8.00
7. 00	Inpatient - General Care		90, 597	0	269, 625	7. 00
8. 00	Inpatient - Respite Care		14, 853		44, 148	8. 00
0.00	VI SI TI NG SERVI CES		14, 000	0	44, 140	0.00
9.00	Physician Services		0	0	0	9, 00
10. 00	Nursing Care		Ö		282, 753	10.00
11. 00	Nursing Care-Continuous Home Care		0		202, 733	11. 00
12. 00	Physical Therapy	0	0	0	0	12. 00
13. 00	Occupational Therapy	0	0	0	0	13. 00
14. 00	Speech/ Language Pathology	0	0	0	0	14. 00
15. 00	Medical Social Services		0	0	32, 385	15. 00
16. 00	Spiritual Counseling		0		25, 995	16. 00
17. 00	Di etary Counsel i ng		0	23, 773	25, 775	17. 00
18. 00	Counseling - Other		0	Ö	0	18. 00
19. 00	Home Health Aide and Homemaker		100, 972	_	100, 972	19. 00
20. 00	HH Ai de & Homemaker - Cont. Home Care		0	i .	0	20. 00
21. 00	Other		Ö		0	21.00
21.00	OTHER HOSPICE SERVICE COSTS				J	21.00
22. 00	Drugs, Biological and Infusion Therapy					22. 00
23. 00	Anal gesi cs					23. 00
24. 00	Sedatives / Hypnotics					24. 00
25. 00	Other - Specify					25. 00
26. 00	Durable Medical Equipment/Oxygen					26. 00
27. 00	Patient Transportation		0	0	0	27. 00
28. 00	I maging Services		0	0	0	28. 00
29. 00	Labs and Diagnostics		0	1, 467	1, 467	29. 00
30.00	Medical Supplies		0	0	0	30.00
31. 00	Outpatient Services (including E/R Dept.)		0	0	0	31. 00
32. 00	Radi ati on Therapy		0	0	0	32. 00
33. 00	Chemotherapy		Ö	0	0	33. 00
34. 00	Other		0		0	34.00
	HOSPICE NONREIMBURSABLE SERVICE					3 66
35.00	Bereavement Program Costs		0	0	0	35. 00
36. 00	Volunteer Program Costs		Ō		0	36. 00
37. 00	Fundrai si ng	]	ĺ	l o	0	37. 00
38. 00	Other Program Costs		0	0	0	38. 00
	Total (sum of lines 1 thru 38)	0	206, 422	173, 335	1, 113, 593	39. 00
		. '	•			

 
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 Systems
 DEACONESS HOSE

 HOSPI CE
 COMPENSATI ON ANALYSI S CONTRACTED SERVI CES/PURCHASED SERVI CES
 

						2/28/2015 3:3	1 pm
					Hospi ce I		
		Admi ni strator	Di rector	Soci al Servi ces	Supervi sors	Nurses	
		1.00	2. 00	3. 00	4. 00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2. 00
3.00	Plant Operation and Maintenance	ol	(	ol	0 0	0	3. 00
4.00	Transportation - Staff	O	Ċ		0	0	
5.00	Volunteer Service Coordination	O	Ċ		0		
6.00	Administrative and General	O	Ċ		0	0	
	I NPATI ENT CARE SERVI CE					_	
7.00	Inpatient - General Care	0	(		0 0	0	7.00
8. 00	Inpatient - Respite Care	O	Ċ		0 0		8. 00
	VI SI TI NG SERVI CES					_	
9.00	Physi ci an Servi ces	0	(		0 0	0	9.00
10.00	Nursing Care	O	(	ol	0 0	0	10.00
11.00	Nursing Care-Continuous Home Care	O	(	ol	0 0	0	11. 00
12.00	Physical Therapy	o	Ċ		0	0	1
13.00	Occupational Therapy	o	Ċ		0	0	13.00
14.00	Speech/ Language Pathology	o	Ċ		0	0	14. 00
15. 00	Medical Social Services	o	Ċ		0	0	15. 00
16. 00	Spiritual Counseling	o	Ċ		0	0	16, 00
17.00	Di etary Counseling	l	(	ol	0 0	0	17. 00
18.00	Counseling - Other	o	(	ol	0 0	0	18. 00
19.00	Home Health Aide and Homemaker	o	(	ol	0 0	0	19. 00
20.00	HH Aide & Homemaker - Cont. Home Care	o	(	ol	0 0	0	20.00
21.00	Other	o	(	ol	0 0	0	21. 00
	OTHER HOSPICE SERVICE COSTS			•			
22.00	Drugs, Biological and Infusion Therapy						22. 00
23.00	Anal gesi cs						23. 00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25. 00
26.00	Durable Medical Equipment/Oxygen						26. 00
27.00	Patient Transportation	0	(	o	0 0	0	27. 00
28.00	I maging Services	0	(	o	0 0	0	28. 00
29.00	Labs and Diagnostics	0	(	o	0 0	0	29. 00
30.00	Medical Supplies	0	(	o	0 0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	(	o	0 0	0	31.00
32.00	Radi ati on Therapy	0	(	o	0	0	32. 00
33.00	Chemotherapy	0	(		0	0	33. 00
34.00	Other	0	(	o	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	(	D	0 0	0	35. 00
36.00	Volunteer Program Costs	0	(	0	0 0	0	36. 00
37.00	Fundrai si ng	0	(	0	0 0	0	37. 00
38. 00	Other Program Costs	0	(	o	0 0	0	
39. 00	Total (sum of lines 1 thru 38)	0	(	o	0 0	0	39. 00

Heal th	Financial Systems	DEACONESS HOS	PI TAL		In Lie	u of Form CMS-2552-10
HOSPI C	CE COMPENSATION ANALYSIS CONTRACTED SERVICES/F	PURCHASED SERVICES	Provi der	CCN: 150082	Peri od:	Worksheet K-3
			Hospi ce C	CCN: 151512	From 10/01/2013 To 09/30/2014	Date/Time Prepared:
					Hospi so I	2/28/2015 3:31 pm
		Total	Ai des	All-Other	Hospi ce I Total (1)	
			Arues	Ai i -utilei	10(a) (1)	
		Therapists 6.00	7. 00	8. 00	9. 00	
	GENERAL SERVICE COST CENTERS	8.00	7.00	0.00	9.00	
1 00						1 00
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capi tal Related Costs-Movable Equip.		0			2. 00
3.00	Plant Operation and Maintenance		0		0 0	3. 00
4.00	Transportation - Staff		0		0 0	4. 00
5. 00	Volunteer Service Coordination		0		0 0	5. 00
6.00	Administrative and General		0		0 0	6. 00
	I NPATI ENT CARE SERVI CE					
7.00	Inpatient - General Care		0		0 0	7. 00
8.00	Inpatient - Respite Care		0		0 0	8. 00
	VISITING SERVICES					
9.00	Physi ci an Servi ces		0		0 0	9. 00
10.00	Nursing Care		0		0	10.00
11. 00	Nursing Care-Continuous Home Care		0		0 0	11. 00
12.00	Physi cal Therapy	1, 462	0		0 1, 462	12. 00
13.00	Occupational Therapy	415	0		0 415	13.00
14.00	Speech/ Language Pathology	0	0		0 0	14. 00
15.00	Medical Social Services		0		0 0	15. 00
16.00	Spiritual Counseling		0		o o	16. 00
17. 00	Di etary Counseling		0		o o	17. 00
18. 00	Counseling - Other		0		o o	18. 00
19. 00	Home Health Aide and Homemaker		0		0	19. 00
20. 00	HH Aide & Homemaker - Cont. Home Care		0		o o	20. 00
21. 00	Other		0		o o	21. 00
	OTHER HOSPICE SERVICE COSTS	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	-,			- 11
22. 00						22. 00
23. 00	Anal gesi cs					23. 00
24. 00	Sedatives / Hypnotics					24.00
25. 00	7.					25. 00
26. 00	Durable Medical Equipment/Oxygen					26. 00
27. 00	Patient Transportation		0		0	27. 00
28. 00			0			28. 00
29. 00	Labs and Diagnostics		0		0	29.00
30.00			0			30.00
31. 00	Outpatient Services (including E/R Dept.)		0		0 0	31. 00
32. 00			0		0 0	32.00
	Radiation Therapy		0		-	
33.00	Chemotherapy		0		0 0	33.00
34. 00	Other		0		0 0	34. 00
25 62	HOSPI CE NONREI MBURSABLE SERVI CE					25.00
35. 00	Bereavement Program Costs		0		0 0	35.00
36.00	9		0		0 0	36.00
37. 00	Fundrai si ng		0		0 0	37. 00
38. 00	Other Program Costs	4 077	0		0 0	38.00
39.00	Total (sum of lines 1 thru 38)	1, 877	O		0 1, 877	39.00

 Provider CCN:
 150082
 Period: From 10/01/2013
 Worksheet K-4 Part I Date/Time Prepared: 2/28/2015

 Hospice CCN:
 151512
 To 09/30/2014
 Date/Time Prepared: 2/28/2015

			·			2/28/2015 3: 3 <sup>2</sup>	1 pm
					Hospi ce I		
			CAPITAL RE	LATED COST			
		NET EXPENSES FOR COST ALLOCATION	BUI LDI NGS & FI XTURES	MOVABLE EQUI PMENT	PLANT OPERATION & MAINT.	TRANSPORTATI ON	
		0	1.00	2.00	3. 00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1. 00
2.00	Capital Related Costs-Movable Equip.	o			o		2. 00
3.00	Plant Operation and Maintenance	o	0		o o		3. 00
4.00	Transportation - Staff	o	0		0	ol	4. 00
5. 00	Volunteer Service Coordination	34, 177	0		o o		5. 00
6.00	Administrative and General	593, 165	0		o o		6. 00
	I NPATI ENT CARE SERVI CE	2107100				_	
7.00	Inpatient - General Care	269, 625	0		0 0	0	7. 00
8. 00	Inpatient - Respite Care	44, 148	0		0 0		8. 00
	VI SI TI NG SERVI CES	,				_	
9.00	Physician Services	35, 099	0		0 0	0	9. 00
10. 00	Nursing Care	296, 513	0		o o	1	10.00
11. 00	Nursing Care-Continuous Home Care	0	0		0		11. 00
12. 00	Physical Therapy	1, 462	0		0	o	12. 00
13. 00	Occupational Therapy	415	0				13. 00
14. 00	Speech/ Language Pathology	0	0				14. 00
15. 00	Medical Social Services	33, 367	0				15. 00
16. 00	Spiritual Counseling	27, 691	0		0 0	-	16. 00
17. 00	Di etary Counsel i ng	2,,0,1	0			-	17. 00
18. 00	Counseling - Other		0		0 0	-	18. 00
19. 00	Home Health Aide and Homemaker	115, 332	0		0 0	-	19. 00
20. 00	HH Ai de & Homemaker - Cont. Home Care	113, 332	0				20.00
21. 00	Other		0				21.00
21.00	OTHER HOSPICE SERVICE COSTS	<u> </u>			0 0		21.00
22. 00	Drugs, Biological and Infusion Therapy	168, 296	0		0 0	0	22. 00
23. 00	Anal gesi cs	100, 270	0				23. 00
24. 00	Sedatives / Hypnotics		0			-	24. 00
25. 00	Other - Specify		0				25. 00
26. 00	Durable Medical Equipment/Oxygen	62, 661	0				26. 00
27. 00	Patient Transportation	33, 118	0			Ö	27. 00
28. 00	Imaging Services	6, 904	0				28. 00
29. 00	Labs and Diagnostics	1, 467	0		0 0	Ö	29. 00
30. 00	Medical Supplies	25, 165	0				30.00
31. 00	Outpatient Services (including E/R Dept.)	25, 100	0				31.00
32. 00	Radi ati on Therapy		0				32.00
33. 00	Chemotherapy		0				33.00
34. 00	Other		0				34. 00
34.00	HOSPICE NONREIMBURSABLE SERVICE	<u> </u>			<u> </u>		34.00
35 00	Bereavement Program Costs		0		0 0	0	35. 00
36. 00	Volunteer Program Costs		0		0 0		36.00
37. 00	Fundrai si ng		0		0 0	0	37.00
38. 00	Other Program Costs		0		0 0	-	38.00
	Total (sum of lines 1 thru 38)	1, 748, 605	0		0 0		
37.00	Trotal (Sam of Triles I till a So)	1, 170,000	U	I	51	ا	37.00

			Hospi ce (	CON: 151512 10	0 09/30/2014	2/28/2015 3:31 pm
					Hospi ce I	27 207 2010 0. 01 pm
		VOLUNTEER	SUBTOTAL	ADMI NI STRATI VE		
		SERVI CES	(cols. 0 - 5)	& GENERAL	± col. 6)	
		COORDI NATOR	(		,	
		5. 00	5A	6.00	7. 00	
	GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.					1. 00
2.00	Capital Related Costs-Movable Equip.					2. 00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4. 00
5.00	Volunteer Service Coordination	34, 177				5. 00
6.00	Administrative and General	34, 177	627, 342	627, 342		6. 00
	INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0			420, 479	7. 00
8.00	Inpatient - Respite Care	0	44, 148	24, 701	68, 849	8. 00
	VISITING SERVICES					
9.00	Physi ci an Servi ces	0				9. 00
10. 00	Nursing Care	0		165, 896	462, 409	10.00
11. 00	Nursing Care-Continuous Home Care	0	-	0	0	11.00
12. 00	Physi cal Therapy	0	1, 462		2, 280	12. 00
13. 00	Occupational Therapy	0	1	1	647	13. 00
14. 00	Speech/ Language Pathology	0	C	ή	0	14.00
15. 00	Medical Social Services	0	,		52, 036	15. 00
16. 00	1 '	0	27, 691		43, 184	16. 00
17. 00	Di etary Counsel i ng	0	C	0	0	17. 00
18.00	Counseling - Other	0		0	0	18. 00
19. 00	Home Health Aide and Homemaker	0	115, 332	64, 528	179, 860	19. 00
20.00	HH Aide & Homemaker - Cont. Home Care	0		0	0	20.00
21. 00	Other	0		) 0	0	21. 00
22.00	OTHER HOSPICE SERVICE COSTS	1 0	1/0.20/	04.1/1	2/2 457	22.00
22. 00	Drugs, Biological and Infusion Therapy	0	168, 296	94, 161	262, 457	22. 00
23. 00	Anal gesi cs	0			0	23. 00
24. 00	1	0			0	24. 00
25. 00	Other - Specify	0	(2.44	25 050	07 720	25. 00
26. 00 27. 00	Durable Medical Equipment/Oxygen Patient Transportation	0	62, 661 33, 118		97, 720 51, 647	26. 00 27. 00
28. 00			6, 904		10, 767	28.00
29. 00	Labs and Diagnostics		1, 467		2, 288	29.00
	Medical Supplies		25, 165		2, 200 39, 245	30.00
31. 00	Outpatient Services (including E/R Dept.)		25, 105	14,000	37, 243	31.00
32. 00	Radiation Therapy				0	32.00
33. 00	Chemotherapy				0	33.00
34. 00	Other			-	0	34.00
34.00	HOSPI CE NONREI MBURSABLE SERVI CE		1	,, U	<u> </u>	34.00
35. 00	Bereavement Program Costs	0		0	0	35. 00
36. 00	Volunteer Program Costs		}	· -	-	36.00
37. 00	Fundrai si ng				0	37.00
38. 00	Other Program Costs				0	38.00
	Total (sum of lines 1 thru 38)	34, 177	1, 748, 605		1, 748, 605	
07.00	1.111. (11 0. 1 0. 1 0.0)	0.,177	.,	1	.,	1 37.00

 TAL
 In Lieu of Form CMS-2552-10

 Provider CCN:
 150082
 Peri od: From 10/01/2013
 Worksheet K-4 Part II

 Hospice CCN:
 151512
 To 09/30/2014
 Date/Time Prepared: 2/28/2015
 3: 31 pm

						2/28/2015 3:3	1 pm
					Hospi ce I		
		CAPI TAL RE	LATED COST				
		BUILDINGS &	MOVABLE	PLANT	TRANSPORTATI ON	VOLUNTEER	
		FIXTURES (SQ.	EQUIPMENT (\$	OPERATION &	(MI LEAGE)	SERVI CES	
		FT.)	VALUE)	MAINT. (SQ.	, ,	COORDI NATOR	
		,		FT.)		(HOURS)	
		1.00	2. 00	3.00	4. 00	5. 00	
	GENERAL SERVICE COST CENTERS				•		
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	1	,			2.00
3. 00	Plant Operation and Maintenance	0			0		3. 00
4. 00	Transportation - Staff	0	0		0		4. 00
5. 00	Volunteer Service Coordination	0	l o		0	1, 224	5. 00
6. 00	Administrative and General				0	.,	6.00
0.00	I NPATI ENT CARE SERVI CE			'	J 0	1, 224	0.00
7. 00		0	О		0 0	0	7. 00
	Inpatient - General Care						
8. 00	Inpatient - Respite Care	0		1	J  U	0	8. 00
0.00	VISITING SERVICES	0	0	ı	0 (	0	0.00
9.00	Physician Services	0		1	-		9.00
10.00	Nursing Care	0	0		0	_	10.00
11. 00	Nursing Care-Continuous Home Care	0	0	1	0	Ĭ	11.00
12. 00	Physi cal Therapy	0	0	l .	0	0	12. 00
13. 00	Occupational Therapy	0	0	l .	0	_	13. 00
14. 00	Speech/ Language Pathology	0	0	1	0 0	0	14. 00
15. 00	Medical Social Services	0	0	1	0	_	15. 00
16. 00	Spiritual Counseling	0	0		0	0	16. 00
17. 00	Di etary Counsel i ng	0	0		0	0	17. 00
18. 00	Counseling - Other	0	0		0	0	18. 00
19.00	Home Health Aide and Homemaker	0	0		0 0	0	19. 00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		0	0	20. 00
21.00	Other	0	0	)	0	0	21. 00
	OTHER HOSPICE SERVICE COSTS						
22. 00	Drugs, Biological and Infusion Therapy	0	0		0	0	22. 00
23.00	Anal gesi cs	0	0	)	0	0	23. 00
24.00	Sedatives / Hypnotics	0	0		0	0	24. 00
25.00	Other - Specify	0	0		0	0	25. 00
26.00	Durable Medical Equipment/Oxygen	0	l o	1	0	0	26. 00
27. 00	Pati ent Transportation	0	0		0	0	27. 00
28. 00	I maging Services	0	0		0	0	28. 00
29. 00	Labs and Diagnostics	0	0		0	0	29. 00
30. 00	Medical Supplies	0	ĺ	1	0		30.00
31. 00	Outpatient Services (including E/R Dept.)	0		l .	0	0	31.00
32. 00	Radi ati on Therapy			1	0		32.00
33. 00	Chemotherapy			l .	0	_	33.00
	1 3	0	1	1		-	
34. 00	Other HOSPICE NONREIMBURSABLE SERVICE	1 0	0	1	0	0	34. 00
35. 00		0	0		0 (	0	35. 00
	Bereavement Program Costs	0		1			
36.00	Volunteer Program Costs			1	-	0	36.00
37. 00	Fundrai si ng	0			0	0	37. 00
38. 00	Other Program Costs				0	0	38. 00
39. 00	Cost to be Allocated (per Wkst. K-4, Part I)	0 000000	0 00000	0.00000	0 000000	34, 177	
40. 00	Unit Cost Multiplier	0. 000000	0. 000000	0.00000	0.000000	27. 922386	40.00

2/28/2015 3:31 pm Hospi ce I RECONCI LI ATI ON ADMI NI STRATI VE & GENERAL (ACC. COST) 6A 6.00 GENERAL SERVICE COST CENTERS Capital Related Costs-Bldg and Fixt. 1.00 0 2.00 Capital Related Costs-Movable Equip. 2.00 3.00 Plant Operation and Maintenance 0 3.00 Transportation - Staff 0 4.00 4.00 5.00 Volunteer Service Coordination 5.00 Administrative and General -627, 342 6.00 1, 121, 263 6.00 INPATIENT CARE SERVICE Inpatient - General Care Inpatient - Respite Care 7.00 0 269, 625 7.00 44, 148 8.00 0 8.00 VISITING SERVICES 9.00 Physician Services 0 35, 099 9.00 10.00 Nursing Care 0 296, 513 10.00 Nursing Care-Continuous Home Care 000000000 11.00 11.00 0 12.00 Physical Therapy 1, 462 12.00 13.00 Occupational Therapy 415 13.00 Speech/ Language Pathology Medical Social Services 14.00 14.00 C 15.00 15.00 33, 367 16.00 Spiritual Counseling 27, 691 16.00 Dietary Counseling 17.00 17.00 0 Counseling - Other 18.00 18.00 Home Heal th Aide and Homemaker 19.00 115, 332 19.00 0 20.00 HH Aide & Homemaker - Cont. Home Care 0 20.00 0 21.00 0ther 0 21.00 OTHER HOSPICE SERVICE COSTS 0 22.00 Drugs, Biological and Infusion Therapy 168, 296 22.00 23.00 Anal gesi cs 0 23.00 24.00 Sedatives / Hypnotics 0000000000 0 24.00 Other - Specify 25.00 Ω 25.00 26.00 Durable Medical Equipment/Oxygen 62, 661 26.00 27.00 Patient Transportation 33, 118 27.00 6, 904 28 00 Imaging Services 28 00 Labs and Diagnostics 1, 467 29.00 29.00 30.00 Medical Supplies 25, 165 30.00 31.00 Outpatient Services (including E/R Dept.) 0 31.00 32.00 32.00 Radiation Therapy 0 33.00 Chemotherapy 0 33.00 34.00 34.00 HOSPICE NONREIMBURSABLE SERVICE 35.00 Bereavement Program Costs 0 35.00 0 36.00 Volunteer Program Costs 0 36.00 37.00 Fundrai si ng 0 37.00 38.00 Other Program Costs 0 38.00 0 39.00 | Cost to be Allocated (per Wkst. K-4, Part I) 627, 342 39.00

0. 559496

40.00

40.00 Unit Cost Multiplier

Peri od: From 10/01/2013 To 09/30/2014 Hospi ce CCN: 151512

Worksheet K-5 Part I Date/Time Prepared: 2/28/2015 3:31 pm

					Hospi ce I		
			CAPI	TAL RELATED CO	STS		
	Cost Center Description	Hospi ce Tri al	NEW BLDG &	NEW BLDG &	NEW MVBLE	EMPLOYEE	
		Bal ance (1)	FLXT	FLXT	EQUI P	BENEFI TS	
						DEPARTMENT	
	Territoria de la compansión de la compan	0	1. 00	1. 01	2. 00	4. 00	
1.00	Administrative and General		133, 357	0	2, 204	125, 265	1. 00
2. 00	Inpatient - General Care	420, 479	0	0	0	90, 895	2. 00
3.00	Inpatient - Respite Care	68, 849	0	0	0	14, 883	3. 00
4.00	Physician Services	54, 737	0	0	0	0	4. 00
5.00	Nursing Care	462, 409	0	0	0	0	5. 00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6. 00
7.00	Physi cal Therapy	2, 280	0	0	0	0	7. 00
8.00	Occupational Therapy	647	0	0	0	0	8. 00
9.00	Speech/ Language Pathology	0	0	0	0	0	9. 00
10. 00	Medical Social Services	52, 036	0	0	0	10, 918	
11. 00	Spiritual Counseling	43, 184	0	0	0	11, 713	
12.00	Di etary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13. 00
14.00	Home Health Aide and Homemaker	179, 860	0	0	0	34, 039	14. 00
15. 00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15. 00
16.00	Other	0	0	0	0	0	16. 00
17. 00	Drugs, Biological and Infusion Therapy	262, 457	0	0	0	0	17. 00
18.00	Anal gesi cs	0	0	0	0	0	18. 00
19. 00	Sedatives / Hypnotics	0	0	0	0	0	19. 00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	97, 720	0	0	0	0	21. 00
22. 00	Pati ent Transportation	51, 647	0	0	0	0	22. 00
23.00	I maging Services	10, 767	0	0	0	0	23. 00
24.00	Labs and Diagnostics	2, 288	0	0	0	495	24. 00
25. 00	Medical Supplies	39, 245	0	0	0	0	25. 00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26. 00
27.00	Radi ati on Therapy	0	0	0	0	0	27. 00
28.00	Chemotherapy	0	0	0	0	0	28. 00
29.00	Other	0	0	0	0	0	29. 00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundrai si ng	0	0	0	0	0	32. 00
33.00	Other Program Costs	0	0	0	o	0	33. 00
34.00	Total (sum of lines 1 thru 33) (2)	1, 748, 605	133, 357	0	2, 204	288, 208	34.00
35.00	Unit Cost Multiplier (see instructions)						35. 00
			'	'	'		•

Hospi ce CCN: 151512

					Hospi ce I		
	Cost Center Description	Subtotal	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
			& GENERAL	PLANT	LINEN SERVICE		
		4A	5. 00	7. 00	8. 00	9. 00	
1.00	Administrative and General	260, 826	76, 939	190, 300	0	74, 087	1. 00
2.00	Inpatient - General Care	511, 374	150, 844	- C	7, 144	0	2. 00
3.00	Inpatient - Respite Care	83, 732	24, 699	· C	1, 177	0	3. 00
4.00	Physi ci an Servi ces	54, 737	16, 146	C	0	0	4. 00
5.00	Nursi ng Care	462, 409	136, 402	C	276	0	5. 00
6.00	Nursing Care-Continuous Home Care	0	0	O C	0	0	6. 00
7.00	Physi cal Therapy	2, 280			0	0	7. 00
8.00	Occupational Therapy	647	191	0	0	0	8. 00
9.00	Speech/ Language Pathology	0	0	C	0	0	9. 00
10.00	Medical Social Services	62, 954	18, 570	O C	0	0	10. 00
11.00	Spiritual Counseling	54, 897	16, 194	. c	0	0	11. 00
12.00	Di etary Counsel i ng	0	0	O C	0	0	12.00
13.00	Counseling - Other	0	0	O C	0	0	13.00
14.00	Home Health Aide and Homemaker	213, 899	63, 096	C	0	0	14. 00
15. 00	HH Aide & Homemaker - Cont. Home Care	0	0	C	0	0	15. 00
16.00	Other	0	0	C	0	0	16. 00
17.00	Drugs, Biological and Infusion Therapy	262, 457	77, 420	O C	0	0	17. 00
18. 00	Anal gesi cs	0	0	C	0	0	18. 00
19. 00	Sedatives / Hypnotics	0	0	C	0	0	19. 00
20.00	Other - Specify	0	0	C	0	0	20. 00
21. 00	Durable Medical Equipment/Oxygen	97, 720		C	0	0	21. 00
22. 00	Pati ent Transportation	51, 647		C	0	0	22. 00
23.00	I maging Services	10, 767			0	0	23. 00
24.00	Labs and Diagnostics	2, 783			0	0	24. 00
25. 00	Medical Supplies	39, 245	11, 577	C	0	0	25. 00
26.00	Outpatient Services (including E/R Dept.)	0	0	C	0	0	26. 00
27. 00	Radiation Therapy	0	0	C	0	0	27. 00
28. 00	Chemotherapy	0	0	C	0	0	28. 00
29. 00	Other	0	0	C	0	0	29. 00
30.00	Bereavement Program Costs	0	0	C	0	0	30. 00
31.00	Volunteer Program Costs	0	0	O C	0	0	31.00
32.00	Fundrai si ng	0	0	O C	0	0	32. 00
33.00	Other Program Costs	0	0	0	0	0	33. 00
34.00	Total (sum of lines 1 thru 33) (2)	2, 172, 374	640, 809	190, 300	8, 597	74, 087	34. 00
35.00	Unit Cost Multiplier (see instructions)	0. 000000					35. 00

 
 TAL
 In Lieu of Form CMS-2552-10

 Provider CCN:
 150082
 Period: From 10/01/2013
 Worksheet K-5 Part I Date/Time Prepared: 2/28/2015
 3:31 pm
 Health Financial Systems DEAC ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

						2/28/2015 3:3	1 pm
					Hospi ce I		
	Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	
				ADMI NI STRATI ON	SERVICES &		
					SUPPLY		
		10.00	11. 00	13. 00	14. 00	15. 00	
1.00	Administrative and General	0	3, 030		0	0	1. 00
2.00	Inpatient - General Care	19, 564	2, 726		0	0	2. 00
3.00	Inpatient - Respite Care	3, 217	485	2, 521	0	0	3. 00
4.00	Physi ci an Servi ces	0	0	0	0	0	4. 00
5.00	Nursing Care	754	2, 242	11, 659	0	0	5. 00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6. 00
7.00	Physi cal Therapy	0	0	0	0	0	7. 00
8.00	Occupational Therapy	0	0	0	0	0	8. 00
9.00	Speech/ Language Pathology	0	0	0	0	0	9. 00
10.00	Medical Social Services	0	363	1, 891	0	0	10.00
11.00	Spiritual Counseling	0	363	1, 891	0	0	11.00
12.00	Di etary Counsel i ng	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	1, 393	7, 247	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17. 00	Drugs, Biological and Infusion Therapy	0	0	0	0	52, 987	17.00
18.00	Anal gesi cs	0	0	0	0	0	18.00
19. 00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22. 00	Patient Transportation	0	0	0	0	0	22. 00
23.00	I maging Services	0	0	0	0	0	23. 00
24.00	Labs and Diagnostics	0	0	0	0	0	24. 00
25.00	Medical Supplies	0	0	0	2, 207	0	25. 00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26. 00
27. 00	Radiation Therapy	0	0	0	0	0	27. 00
28. 00	Chemotherapy	0	0	0	0	0	28. 00
29.00	Other	0	0	0	0	0	29. 00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundrai si ng	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	23, 535	10, 602	55, 144	2, 207	52, 987	34.00
35. 00	Unit Cost Multiplier (see instructions)						35.00

 
 TAL
 In Lieu of Form CMS-2552-10

 Provider CCN:
 150082
 Peri od: From 10/01/2013
 Worksheet K-5 Part I

 Hospice CCN:
 151512
 To 09/30/2014
 Date/Time Prepared: 2/28/2015
 Prepared: 3:31 pm
 Health Financial Systems DEACO

						2/20/2013 3.3	ı pııı
					Hospi ce I		
				INTERNS	& RESIDENTS		
	Cost Center Description	MEDI CAL	SOCIAL SERVICE		R SERVI CES-OTHER		
		RECORDS &		Y & FRINGES	PRGM COSTS	PRGM -	
		LI BRARY				PHARMACY	
		16. 00	17. 00	21.00	22.00	23. 00	
1.00	Administrative and General	11, 416	C	)	0	0	1. 00
2.00	Inpatient - General Care	0	C	)	0	0	2. 00
3.00	Inpatient - Respite Care	0	C	)	0	0	3. 00
4.00	Physi ci an Servi ces	0	C		0	0	4. 00
5.00	Nursi ng Care	0	C		0	0	5. 00
6.00	Nursing Care-Continuous Home Care	0	C	)	0 0	0	6. 00
7.00	Physi cal Therapy	0	C		0 0	0	7. 00
8.00	Occupational Therapy	0	C		0 0	0	8. 00
9.00	Speech/ Language Pathology	0	C		0	0	9. 00
10.00	Medical Social Services	0	c		0 0	0	10.00
11. 00	Spiritual Counseling	0	c		0 0	0	11. 00
12.00	Di etary Counsel i ng	0	C		0	0	12.00
13.00	Counseling - Other	0	c		0 0	0	13.00
14.00	Home Health Aide and Homemaker	0	c		0 0	0	14.00
15. 00	HH Aide & Homemaker - Cont. Home Care	0	l c		0 0	0	15. 00
16. 00	Other	0	l c		0 0	0	16. 00
17. 00	Drugs, Biological and Infusion Therapy	0	l c		0 0	0	17. 00
18. 00	Anal gesi cs	0	l c		0 0	0	18. 00
19. 00	Sedatives / Hypnotics	0	l c		0 0	0	19.00
20.00	Other - Specify	0	l c		0 0	0	20. 00
21. 00	Durable Medical Equipment/Oxygen	0	l c		0 0	0	21. 00
22. 00	Patient Transportation	1 0	l c		0 0	0	22. 00
23. 00	I maging Services	1 0	l c		0 0	0	23. 00
24.00	Labs and Diagnostics	1 0	l c		0 0	0	24. 00
25. 00	Medical Supplies	1 0	l c		0 0	0	25. 00
26. 00	Outpatient Services (including E/R Dept.)	1 0	l c		0 0	0	26. 00
27. 00	Radiation Therapy	1 0	l c		0 0	0	27. 00
28. 00	Chemotherapy	1 0	l c		0 0	0	28. 00
29. 00	Other	1 0	l c		0 0	0	29. 00
30. 00	Bereavement Program Costs				0 0	0	30.00
31. 00	Volunteer Program Costs				0 0	0	31.00
32. 00	Fundrai si ng				0 0	0	32. 00
33. 00	Other Program Costs	1	d		0 0	0	33. 00
34. 00	Total (sum of lines 1 thru 33) (2)	11, 416	l d		0 0	0	34. 00
	Unit Cost Multiplier (see instructions)						35. 00
	1	T.	I .	1	1	1	

Health Financial Systems DEAC ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

			· ·			2/28/2015 3:3	1 pm
					Hospi ce I		
	Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Subtotal	
		PRGM- CHAPLAIN	PRGM- NURSING	(col s. 4A-23)	Residents Cost	(cols. 24 ±	
		RESI DENCY			& Post	25)	
					Stepdown		
					Adjustments		
		23. 01	23. 03	24. 00	25.00	26.00	
1.00	Administrative and General	0	0	632, 353	3		1. 00
2.00	Inpatient - General Care	0	0	705, 832	0	705, 832	2. 00
3.00	Inpatient - Respite Care	0	0	115, 831	0	115, 831	3. 00
4.00	Physician Services	0	0	70, 883	0	70, 883	4. 00
5.00	Nursi ng Care	0	0	613, 742	0	613, 742	5.00
6.00	Nursing Care-Continuous Home Care	0	0	(	0	0	6. 00
7.00	Physi cal Therapy	0	0	2, 953	0	2, 953	7. 00
8.00	Occupational Therapy	0	0	838	0	838	8. 00
9.00	Speech/ Language Pathology	0	0	(	0	0	9. 00
10.00	Medical Social Services	0	0	83, 778	0	83, 778	10.00
11. 00	Spiritual Counseling	0	0	73, 345	0	73, 345	11.00
12.00	Di etary Counsel i ng	0	0	(	0	0	12.00
13.00	Counseling - Other	0	0	(	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	285, 635	0	285, 635	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	(	0	0	15.00
16.00	Other	0	0	(	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	392, 864	0	392, 864	17.00
18.00	Anal gesi cs	0	0	(	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	(	0	0	19.00
20.00	Other - Specify	0	0	(	0	0	20.00
21. 00	Durable Medical Equipment/Oxygen	0	0	126, 546	0	126, 546	21. 00
22. 00	Patient Transportation	0	0	66, 882	0	66, 882	22. 00
23.00	I maging Services	0	0	13, 943	0	13, 943	23.00
24.00	Labs and Diagnostics	0	0	3, 604		3, 604	24.00
25.00	Medical Supplies	0	0	53, 029	0	53, 029	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	(	0	0	26.00
27. 00	Radiation Therapy	0	0	(	0	0	27. 00
28. 00	Chemotherapy	0	0	(	0	0	28. 00
29. 00	Other	0	0	(	0	0	29. 00
30.00	Bereavement Program Costs	0	0	(	0	0	30.00
31. 00	Volunteer Program Costs	0	0	(	0	0	31. 00
32.00	Fundrai si ng	0	0	(	0	0	32.00
33.00	Other Program Costs	0	0	(	0	0	33. 00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	3, 242, 058	0	3, 242, 058	34.00
35. 00	Unit Cost Multiplier (see instructions)						35. 00

Hospi ce CCN: 151512

				Hospi ce I	
	Cost Center Description	Allocated	Total Hospice		
		Hospi ce A&G	Costs (cols.		
		(See Part II)	26 ± 27)		
		27. 00	28. 00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	171, 028			2.00
3.00	Inpatient - Respite Care	28, 067	143, 898		3.00
4.00	Physi ci an Servi ces	17, 176	88, 059		4.00
5.00	Nursing Care	148, 715	762, 457		5. 00
6.00	Nursing Care-Continuous Home Care	0	0		6. 00
7.00	Physi cal Therapy	716			7. 00
8.00	Occupational Therapy	203	1, 041		8.00
9.00	Speech/ Language Pathology	0	· · · · · · · · · · · · · · · · · · ·	1	9. 00
10.00	Medical Social Services	20, 300	104, 078		10.00
11. 00	Spiritual Counseling	17, 772	91, 117		11.00
12.00	Di etary Counsel i ng	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	69, 212	354, 847		14.00
15. 00	HH Aide & Homemaker - Cont. Home Care	0	0		15. 00
16. 00	Other	0	0		16. 00
17. 00	Drugs, Biological and Infusion Therapy	95, 194	488, 058		17. 00
18. 00	Anal gesi cs	0	0		18. 00
19. 00	Sedatives / Hypnotics	0	0		19. 00
20.00	Other - Specify	0	0		20. 00
21. 00	Durable Medical Equipment/Oxygen	30, 663			21.00
22. 00	Patient Transportation	16, 206			22. 00
23. 00	I maging Services	3, 379			23. 00
24. 00	Labs and Diagnostics	873			24. 00
25. 00	Medical Supplies	12, 849	65, 878		25. 00
26. 00	Outpatient Services (including E/R Dept.)	0	0		26. 00
27. 00	Radiation Therapy	0	0		27. 00
28. 00	Chemotherapy	0	0		28. 00
29. 00	Other	0	0		29. 00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundrai si ng	0	0		32. 00
33.00	Other Program Costs	0	0		33. 00
34.00	Total (sum of lines 1 thru 33) (2)		3, 242, 058		34. 00
35. 00	Unit Cost Multiplier (see instructions)	0. 242308			35. 00

					2/28/2015 3:3	1 pm
				Hospi ce I		
	CAPI	TAL RELATED CO	OSTS			
Cost Center Description	NEW BLDG &	NEW BLDG &	NEW MVBLE	EMPLOYEE	Reconciliation	
	FLXT	FLXT	EQUI P	BENEFITS		
	(SQUARE FEE	(SQUARE FEE	(DEPRECIATI	DEPARTMENT		
	T - A)	`T - B)	ON EXPENSE)	(GROSS		
	,	ŕ	,	SALARI ES)		
	1.00	1. 01	2.00	4. 00	5A	
1.00 Administrative and General	9, 448	0	1, 537	371, 576	0	1. 00
2.00 Inpatient - General Care	0	0	0	269, 625	0	2. 00
3.00 Inpatient - Respite Care	0	0	0	44, 148		3. 00
4.00 Physician Services	0	0	0	C		4. 00
5.00 Nursing Care	0	0	0	C	o o	5. 00
6.00 Nursing Care-Continuous Home Care	0	0	0	Ċ		6. 00
7. 00 Physical Therapy	0	0	o o	Č		7. 00
8.00 Occupational Therapy	0	0	o o	Č		8. 00
9. 00   Speech / Language Pathology	0	0	0	0		9. 00
10. 00   Medi cal   Soci al   Servi ces	0	0	0	32, 385		10. 00
11.00 Spiritual Counseling	0	0	0	34, 745		11. 00
12.00 Dietary Counseling	0	0	0	34, 743		12.00
13.00 Counseling - Other	0	0	0			13. 00
14.00 Home Health Aide and Homemaker	0	0	0	100, 972		14. 00
	0	0	0	100, 972		15. 00
	0	0	0			
16.00 Other	0	0	0	C		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	C	0	17. 00
18. 00 Anal gesi cs	0	0	0	C	0	18.00
19.00   Sedatives / Hypnotics	0	0	0	C	0	19. 00
20.00 Other - Specify	0	0	0	C	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	C	0	21. 00
22.00 Patient Transportation	0	0	0	C	0	22. 00
23.00 I maging Services	0	0	0	C	0	23. 00
24.00 Labs and Diagnostics	0	0	0	1, 467		24. 00
25.00 Medical Supplies	0	0	0	C	0	25. 00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	C	0	26. 00
27.00 Radiation Therapy	0	0	0	C	0	27. 00
28.00 Chemotherapy	0	0	0	C	0	28. 00
29.00 Other	0	0	0	C	0	29. 00
30.00 Bereavement Program Costs	0	0	0	C	0	30.00
31.00 Volunteer Program Costs	0	0	0	C	0	31.00
32. 00 Fundrai si ng	0	0	0	C	0	32.00
33.00 Other Program Costs	0	0	0	C	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	9, 448	0	1, 537	854, 918	В	34.00
35.00 Total cost to be allocated	133, 357	0	2, 204	288, 208	В	35. 00
36.00 Unit Cost Multiplier (see instructions)	14. 114839	0. 000000	1. 433962	0. 337118	3	36. 00
					•	-

 
 TAL
 In Lieu of Form CMS-2552-10

 Provider CCN:
 150082
 Peri od: From 10/01/2013
 Worksheet K-5 Part II

 Hospice CCN:
 151512
 To 09/30/2014
 Date/Time Prepared: 2/28/2015
 Prepared: 3:31 pm
 STATISTICAL BASIS

						2/28/2015 3:3	т ріп
					Hospi ce I		
	Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL	PLANT	LINEN SERVICE	(SQUARE FEE	(MEALS)	
		(ACCUM.	(SQUARE FEE	(POUNDS OF	T - A)		
		COST)	T - A)	LAUNDRY)			
		5. 00	7. 00	8. 00	9. 00	10.00	
1.00	Administrative and General	260, 826	9, 448	0	9, 448	0	1.00
2.00	Inpatient - General Care	511, 374	0	11, 835	0	1, 946	2. 00
3.00	Inpatient - Respite Care	83, 732	0	1, 949	0	320	3.00
4.00	Physi ci an Servi ces	54, 737	0	0	0	0	4.00
5.00	Nursing Care	462, 409	0	457	0	75	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	o	1
7. 00	Physical Therapy	2, 280	0	0	0	o	7. 00
8.00	Occupational Therapy	647	0	0	0	0	
9. 00	Speech/ Language Pathology	0	0	0	0	o o	1
10. 00	Medical Social Services	62, 954	0	1	0	o o	1
11. 00	Spiritual Counseling	54, 897	0	0	0	ا م	11.00
12. 00	Di etary Counsel i ng	0.7077	0	0	0	o o	12. 00
13. 00	Counseling - Other	0	0	1	0	0	1
14. 00	Home Health Aide and Homemaker	213, 899	0	1	0	0	1
15. 00	HH Aide & Homemaker - Cont. Home Care	210,077	0	1	o o	١	15. 00
16. 00	Other	o o	0	-	o o	0	1
17. 00	Drugs, Biological and Infusion Therapy	262, 457	0	1	0	l ől	17. 00
18. 00	Anal gesi cs	202, 437	0	1	0	0	18.00
	Sedatives / Hypnotics	0	0		0	١	19.00
20. 00	Other - Specify	0	0	1	0	0	20.00
21. 00	Durable Medical Equipment/Oxygen	97, 720	0	1	0	l ől	21.00
22. 00	Patient Transportation	51, 647	0	1	0		22. 00
23. 00	Imaging Services	10, 767	0	1	0		23. 00
24. 00	Labs and Diagnostics	2, 783	0		0		24.00
25. 00	Medical Supplies	39, 245	0	1	0		25. 00
26. 00	Outpatient Services (including E/R Dept.)	39, 243	0	1	0		26.00
26. 00		0	0	0	0	ارا	1
	Radiation Therapy	0	0	0	0	ارا	27. 00
28. 00	Chemotherapy	0	0	0	0	0	28. 00
29. 00	Other	0	0	0	0	0	
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	01	31.00
32.00	Fundrai si ng	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2, 172, 374	9, 448				
35. 00	Total cost to be allocated	640, 809	190, 300		74, 087		
36.00	Unit Cost Multiplier (see instructions)	0. 294981	20. 141829	0. 603680	7. 841554	10. 053396	36.00

					Hooni oo I	2/20/2013 3.3	ı pııı
	Cook Cooker Doorsinting	CAFETERIA	NUDCLNC	CENTRAL	Hospi ce I	MEDICAL	
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		(FTES)	ADMI NI STRATI ON	SERVICES &	(COSTED REQ	RECORDS &	
			(FTELC NDCC)	SUPPLY	UI S. )	LI BRARY	
			(FTE'S -NRSG)	(COSTED REQ		(GROSS REVE	
		11.00	12.00	UI S. ) 14. 00	15. 00	NUE) 16. 00	
1 00	Administrative and Conseq	11.00	13.00	14.00			1 00
1. 00 2. 00	Administrative and General	45		0	0	3, 465, 821	1.00
3.00	Inpatient - General Care	45	45	0	0	0	2.00
	Inpatient - Respite Care	8	8	0	U	-	3. 00
4.00	Physi ci an Servi ces	0	0	0	0	0	4. 00
5.00	Nursing Care	37	37	0	0	0	5. 00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6. 00
7. 00	Physi cal Therapy	0	0	0	0	0	7. 00
8.00	Occupational Therapy	0	0	0	0	0	8. 00
9.00	Speech/ Language Pathology	0	0	0	0	0	9. 00
10. 00	Medical Social Services	6	6	0	0	0	10. 00
11. 00	Spiritual Counseling	6	6	0	0	0	11. 00
12. 00	Di etary Counseling	0	0	0	0	0	12. 00
13. 00	Counseling - Other	0	0	0	0	0	13. 00
14. 00	Home Health Aide and Homemaker	23	23	0	0	0	14. 00
15. 00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15. 00
16.00	Other	0	0	0	0	0	16. 00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	120, 696	0	17. 00
18.00	Anal gesi cs	0	0	0	0	0	18. 00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19. 00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21. 00
22.00	Pati ent Transportation	0	0	0	0	0	22. 00
23.00	I maging Services	0	o	0	o	0	23. 00
24.00	Labs and Diagnostics	0	0	0	0	0	24. 00
25.00	Medical Supplies	0	0	25, 281	0	0	25. 00
26. 00	Outpatient Services (including E/R Dept.)	0	0	0	o	0	26. 00
27. 00	Radi ati on Therapy	0	0	0	o	0	27. 00
28. 00	Chemotherapy	0	O	0	o	0	28. 00
29. 00	Other	0	o	0	o	0	29. 00
30.00	Bereavement Program Costs	0	o	0	o	0	30.00
31. 00	Volunteer Program Costs	0	0	0	0	0	31. 00
32. 00	Fundrai si ng	0	0	0	0	0	32. 00
33. 00	Other Program Costs	0	0	0	0	0	33. 00
34. 00	Total (sum of lines 1 thru 33) (2)	175	175	25, 281	120, 696	3, 465, 821	34. 00
35. 00	Total cost to be allocated	10, 602			52, 987	11, 416	35. 00
	Unit Cost Multiplier (see instructions)	60. 582857				0. 003294	
55.50	12 1 2222a. t. p. 1 5. (555 15t. 45t. 615)	1 33. 332007	1 0.000071	3. 33. £77	00.012	0.000271	30.00

						2/28/2015 3:3	Грііі
					Hospi ce I		
			INTERNS &	RESI DENTS			
	Cost Center Description	SOCIAL SERVICES	SERVI CES-SALAR	SERVICES-OTHER	PARAMED ED	PARAMED ED	
	5551 5511(51 55551 ) pt (51)	0001712 021111 021	Y & FRINGES	PRGM COSTS		PRGM- CHAPLAIN	
		(HOURS - A)	(HOURS - B)	(HOURS - B)	PHARMACY	RESI DENCY	
		(1100K3 - A)	(1100113 - 1)	(110013 - 1)	(HOURS - C)	(HOURS - D)	
		17. 00	21 00	22.00		23. 01	
4 00			21.00	22.00	23. 00		4 00
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2. 00
3.00	Inpatient - Respite Care	0	0	0	0	0	3. 00
4.00	Physi ci an Servi ces	0	0	0	0	0	4. 00
5.00	Nursing Care	0	0	0	0	0	5. 00
6.00	Nursing Care-Continuous Home Care	ol	0	0	0	0	6. 00
7.00	Physical Therapy	ol	0	o	0	0	7. 00
8. 00	Occupational Therapy	0	0	0	Ō	0	8. 00
9. 00	Speech/ Language Pathology		0		0	0	9. 00
10. 00	Medical Social Services	0	0	0	0	0	10. 00
			0	0	0	0	
11.00	Spiritual Counseling	0	0	0	0	-	11.00
12. 00	Di etary Counsel i ng	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14. 00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15. 00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15. 00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18. 00	Anal gesi cs	ol	0	o	0	0	18. 00
19.00	Sedatives / Hypnotics	l ol	0	o	0	0	19. 00
20. 00	Other - Specify	0	0	0	0	0	20. 00
21. 00	Durable Medical Equipment/Oxygen		0	0	0	0	21. 00
22. 00	Patient Transportation		0	٥	0	0	22. 00
23. 00	Imaging Services	0	0	0	0	0	23. 00
		0	0	0	0	0	
24. 00	Labs and Diagnostics	0	0	0	0		24. 00
25. 00	Medical Supplies	0	0	0	0	0	25. 00
26. 00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26. 00
27. 00	Radiation Therapy	0	0	0	0	0	27. 00
28. 00	Chemotherapy	0	0	0	0	0	28. 00
29.00	Other	0	0	0	0	0	29. 00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	ol	0	o	0	0	31. 00
32.00	Fundrai si ng	0	0	0	0	0	32. 00
33. 00	Other Program Costs		0	٥	0	0	33. 00
34. 00	Total (sum of lines 1 thru 33) (2)		0		0	0	34. 00
35. 00	Total cost to be allocated		0		0	0	35. 00
		0 000000	0 000000	0 000000	0.000000		
36.00	Unit Cost Multiplier (see instructions)	0. 000000	0. 000000	0. 000000	0. 000000	0. 000000	36.00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
ALLOCATION OF GENERAL SERVICE COSTS TO HOSE STATISTICAL BASIS		0082   Peri od:

-				2/20/2013 3.31 pill
			Hospi ce I	
	Cost Center Description	PARAMED ED		
		PRGM- NURSING		
		(HOURS - F)		
1.00		23. 03		1.00
1.00	Administrative and General	0		1.00
2.00	Inpatient - General Care	0		2. 00
3.00	Inpatient - Respite Care	0		3. 00
4.00	Physi ci an Servi ces	0		4.00
5.00	Nursi ng Care	0		5. 00
6.00	Nursing Care-Continuous Home Care	0		6. 00
7.00	Physi cal Therapy	0		7. 00
8.00	Occupational Therapy	0		8. 00
9.00	Speech/ Language Pathology	0		9. 00
10.00	Medical Social Services	O		10.00
11.00	Spiritual Counseling	O		11. 00
12.00	Di etary Counseling	o		12. 00
13.00	Counseling - Other	o		13. 00
14.00	Home Health Aide and Homemaker	o		14. 00
15. 00	HH Aide & Homemaker - Cont. Home Care	l ol		15. 00
16.00	Other	l ol		16. 00
17. 00	Drugs, Biological and Infusion Therapy	o		17. 00
18. 00	Anal gesi cs	o		18. 00
	Sedatives / Hypnotics	0		19. 00
20.00	Other - Specify	0		20. 00
		l ol		21. 00
22. 00	Patient Transportation	l ol		22.00
				23.00
24. 00	Labs and Diagnostics			24.00
25. 00	Medical Supplies	0		25. 00
26. 00	Outpatient Services (including E/R Dept.)			26. 00
27. 00	Radi ati on Therapy			27. 00
28. 00	Chemotherapy			28.00
29. 00	Other			29.00
30.00	Bereavement Program Costs			30.00
31. 00	Volunteer Program Costs			31.00
32. 00	Fundrai si ng			32.00
33. 00	Other Program Costs			33. 00
34. 00	Total (sum of lines 1 thru 33) (2)	0		34.00
35. 00	Total cost to be allocated	0		35. 00
	Unit Cost Multiplier (see instructions)	0. 000000		36.00
30.00	Join Cost Multiplier (See Histructions)	0. 000000		36.00

Heal th	Financial Systems DEACO	ONESS HOSP	TAL		In Lie	u of Form CMS-2	2552-10
COMPUT	TATION OF TOTAL HOSPICE SHARED COSTS		Provi der	CCN: 150082	Peri od:	Worksheet K-5	
			Hospice (	CCN: 151512	From 10/01/2013 To 09/30/2014		narod:
			nospi ce c	JON. 131312	10 09/30/2014	2/28/2015 3:3	1 pm
					Hospi ce I		
	Cost Center Description	Wkst	. C, Part	Cost to Char	ge Total Hospice		
		Ι,	col . 11	Ratio	Charges	Ancillary	
			line			Costs (cols. 1	
					Records)	x 2)	
			0	1.00	2. 00	3. 00	
	ANCILLARY SERVICE COST CENTERS			,			
1.00	PHYSI CAL THERAPY		66. 00	1	88 0	0	1. 00
2.00	OCCUPATI ONAL THERAPY		67. 00				2. 00
3.00	SPEECH PATHOLOGY		68. 00	1			3. 00
4.00	DRUGS CHARGED TO PATIENTS		73. 00	1		0	4. 00
5.00	DURABLE MEDICAL EQUIP-RENTED		96.00	0. 4985	0	0	5. 00
6.00	LABORATORY		60.00	0. 1772	35 0	0	6. 00
6. 01	BLOOD LABORATORY		60. 01				6. 01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0. 3317	12 0	0	7. 00
8.00	OTHER OUTPATIENT SERVICE COST CENTER		93.00	)			8. 00
9.00	RADI OLOGY - THERAPEUTI C		55.00	0. 2222	86 0	0	9. 00
10.00	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		76.00	3. 2414	59 0	0	10.00
11.00	Totals (sum of lines 1-10)					0	11.00

Health Financial Systems	DEACONESS HOSP	I TAL		In Lie	u of Form CMS-2	2552-10
CALCULATION OF HOSPICE PER DIEM COST		Provi der	CCN: 150082	Peri od: From 10/01/2013	Worksheet K-6	
		Hospi ce (		To 09/30/2014		
				Hospi ce I		
·	Ti t	tle XVIII	Title XIX	Other	Total	
		1. 00	2 00	3 00	4 00	

				Hospice i		
		Title XVIII	Title XIX	0ther	Total	
		1.00	2.00	3. 00	4. 00	
1.00	Total cost (see instructions)				3, 242, 058	1. 00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				8, 215	2.00
3.00	Average cost per diem (line 1 divided by line 2)				394. 65	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line	6, 999				4.00
	5)					
5.00	Aggregate Medicare cost (line 3 time line 4)	2, 762, 155				5. 00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line		479			6.00
	5)					
7. 00	Aggregate Medicaid cost (line 3 time line 60)		189, 037			7. 00
8.00	Upduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9. 00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		6			10.00
11. 00	Aggregate NF cost (line 3 times line 10)		2, 368			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			737		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			290, 857		13.00

	<del>_</del>	ESS HOSPITAL	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF CAPITAL PAYMENT	Provi der CCN: 150082	Peri od:	Worksheet L	
			From 10/01/2013	Parts I-III	
			To 09/30/2014		
		TI 11 100111		2/28/2015 3:3	1 pm
	<u> </u>	Title XVIII	Hospi tal	PPS	
				1. 00	
	PART I - FULLY PROSPECTIVE METHOD			1.00	
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			6, 397, 238	1.00
1. 01	Model 4 BPCI Capital DRG other than outlier			0	1. 01
2.00	Capital DRG outlier payments			594, 417	2. 00
2. 01	Model 4 BPCI Capital DRG outlier payments			0	
3.00	Total inpatient days divided by number of days in the c	ost reporting period (see inst	ructions)	309. 75	
4. 00	Number of interns & residents (see instructions)	ost reporting period (see that	r do tr ons)	17. 52	
5. 00	Indirect medical education percentage (see instructions	)		1. 61	5. 00
6. 00	Indirect medical education adjustment (multiply line 5		`	102, 996	
7. 00	Percentage of SSI recipient patient days to Medicare Pa			5. 85	
7.00	30) (see instructions)	TEA patreit days (worksheet L	, part A Title	5.05	7.00
8.00	Percentage of Medicaid patient days to total days (see	instructions)		15. 04	8. 00
9. 00	Sum of Lines 7 and 8	,		20. 89	
10.00	Allowable disproportionate share percentage (see instru	ctions)		4. 32	
11. 00	Disproportionate share adjustment (line 10 times the su			276, 361	
12. 00	Total prospective capital payments (sum of lines 1, 1.0			7, 371, 012	
12.00	Total prospective capital payments (sam of fines f, f. o	11, 2, 2.01, 0 and 11)		7, 371, 012	12.00
				1. 00	
	PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instruction			0	1. 00
2.00	Program inpatient ancillary capital cost (see instructi			0	2. 00
3.00	Total inpatient program capital cost (line 1 plus line	2)		0	
4.00	Capital cost payment factor (see instructions)			0	4. 00
5. 00	Total inpatient program capital cost (line 3 x line 4)			0	5. 00
				1. 00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS			1.00	
1.00	Program inpatient capital costs (see instructions)			0	1. 00
2.00	Program inpatient capital costs for extraordinary circu	mstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line	2)		0	3. 00
4.00	Applicable exception percentage (see instructions)	•		0.00	4. 00
5.00	Capital cost for comparison to payments (line 3 x line	4)		0	5. 00
6.00	Percentage adjustment for extraordinary circumstances (			0.00	6.00
7. 00	Adjustment to capital minimum payment level for extraor		line 6)	0	
8.00	Capital minimum payment level (line 5 plus line 7)	arriary or reassectances (rrine 2 x		0	8. 00
9. 00	Current year capital payments (from Part I, line 12, as	annlicable)		0	9. 00
10. 00	Current year comparison of capital minimum payment leve		less line 0)	0	
11. 00	Carryover of accumulated capital minimum payment level			0	11.00
11.00	Worksheet L, Part III, Line 14)	over capital payment (110m pil	oi yeai	O	11.00
12. 00	Net comparison of capital minimum payment level to capi	tal payments (line 10 plus lin	e 11)	0	12. 00
13.00					13.00
14. 00	Carryover of accumulated capital minimum payment level		·	0	
	(if line 12 is negative, enter the amount on this line)	1 1 3	3 1	_	
15.00	Current year allowable operating and capital payment (s			0	15. 00
16.00	Current year operating and capital costs (see instructi			0	
17. 00	Current year exception offset amount (see instructions)			0	17. 00
	· · · · · · · · · · · · · · · · · · ·		'		•