payments made	is required by law (42 USC 1395g; 42 e since the beginning of the cost rep					FORM APPROVED OMB NO. 0938-0 EXPIRES 05-31-	
HOSPITAL AND AND SETTLEMEN	HOSPITAL HEALTH CARE COMPLEX COST RE NT SUMMARY	PORT CERTIFICATION	Provider CCN:		eriod: rom 10/01/2015 o 09/30/2016	Worksheet S Parts I-III Date/Time Prep 2/27/2017 10:3	
CONTRACTOR CONTRACTOR OF A DATA AND AND A DATA AND A DATA AND A DATA AND AND A DATA AND AND A DATA AND AND AND AND AND AND AND AND AND AN	REPORT STATUS			the star and st			
Provider use only	<ol> <li>[X] Electronically filed cost rep</li> <li>[] Manually submitted cost rep</li> <li>[0] If this is an amended repor</li> <li>[4] Medicare Utilization. Enter</li> </ol>	oort rt enter the number	of times the p L" for low.	rovider resu	Date: 2/27/20		:32 ai
Contractor use only	<ul> <li>(1) As Submitted</li> <li>(2) Settled without Audit 8. [ N</li> </ul>	e Received: tractor No.  ]Initial Report fo  ]Final Report for	or this Provide this Provider	11. Cor	Date: tractor's Vendo ]If line 5, cc number of tim	or Code: olumn 1 is 4: En mes reopened = 0	4 nter )-9.
PART II - CE	RTIFICATION						
ADMINISTRATI	PROCURED THROUGH THE PAYMENT DIRECTLY /E ACTION, FINES AND/OR IMPRISONMENT CERTIFICATION BY OFFICER OR ADMI REBY CERTIFY that I have read the abo	MAY RESULT.	DER(S)				
elec Expe endi comp exce heal laws <u>Encr</u>	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my k lete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. yption Information Date: 2/27/2017 Time: 10:32 am	ed cost report and (15-0082) for the knowledge and belie records of the pro I am familiar with	the Balance She cost reporting f, this report vider in accord the laws and r his cost report	et and State period begins and statemer ance with age egulations of were provide hurth of hurth of hur	ment of Revenue nning 10/01/20 It are true, co oplicable instru- regarding the p	e and 15 and rrect, uctions, rovision of ce with such	
elec Expe endi comp exce heal laws Encr ECR: Gnra	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my k lete and prepared from the books and pt as noted. I further certify that th care services, and that the servic and regulations. yption Information Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6CmC8Afuox0	ed cost report and (15-0082) for the nowledge and belie records of the pro I am familiar with ces identified in t	the Balance She cost reporting f, this report vider in accord the laws and r his cost report	et and State period begins and statemer ance with age egulations of were provide hurth of hurth of hur	ment of Revenue inning 10/01/20 it are true, co opplicable instru- regarding the p led in compliant	e and 15 and rrect, uctions, rovision of ce with such	
elec Expe endi comp exce heal laws <u>Encr</u> Gnra nHdo	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my k lete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. yption Information Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6CmC8Afuox0 709p5sD:.yfCTlyjoldw.luGvQ	ed cost report and (15-0082) for the nowledge and belie records of the pro I am familiar with ces identified in t	the Balance She cost reporting f, this report vider in accord the laws and r his cost report	et and State period begins and statemer ance with age egulations of were provide hurth of hurth of hur	ment of Revenue inning 10/01/20 it are true, co opplicable instru- regarding the p led in compliant	e and 15 and rrect, uctions, rovision of ce with such	
elec Expe endi comp exce heal laws Encr ECR: Gnra Hdo tOe:	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my k lete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. yption Information Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6CmC8Afuox0 709p5sD:.YfCTlyjoldw.luGvQ 2yji2gOGLsjE	ed cost report and (15-0082) for the nowledge and belie records of the pro I am familiar with ces identified in t	the Balance She cost reporting f, this report vider in accord the laws and r his cost report	et and State period begi and statemer ance with ap egulations i were provid or Administ	ment of Revenu nning 10/01/20 ht are true, co oplicable instri- regarding the p led in compliant rator of Provid	e and 15 and rrect, uctions, rovision of ce with such	
elec Expe endi comp exce heal laws Encr ECR: Gnra nHdo tOe: PI:	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my k lete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. yption Information Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6CmC8Afuox0 709p5sD:.yfCTlyjoldw.luGvQ	ed cost report and (15-0082) for the nowledge and belie records of the pro I am familiar with ces identified in t	the Balance She cost reporting f, this report vider in accord the laws and r his cost report	et and State period begi and statemer ance with ap egulations i were provid or Administ	ment of Revenue inning 10/01/20 it are true, co opplicable instru- regarding the p led in compliant	e and 15 and rrect, uctions, rovision of ce with such	
elec Expe endi comp exce heal laws Encr ECR: Gnra nHdo tOe: PI: xDOA sj08	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my k lete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. <b>yption Information</b> Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6CmC8Afuox0 709p5sb:.vfCTlyjoldw.luGvQ 2yji2gOGLsjE Date: 2/27/2017 Time: 10:32 am kpgLDez9igOfFITS1br1aI9HM0 a07VsARfn71bnURsso09MUK7T8	ed cost report and (15-0082) for the nowledge and belie records of the pro I am familiar with ces identified in t	the Balance She cost reporting f, this report vider in accord the laws and r his cost report	et and State period begi and statemer ance with ap egulations i were provid or Administ	ment of Revenu nning 10/01/20 ht are true, co oplicable instri- regarding the p led in compliant rator of Provid	e and 15 and rrect, uctions, rovision of ce with such	
elec Expe endi comp exce heal laws Encr ECR: Gnra nHdo tOe: PI: XDOA Sj08	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my klete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. <b>yption Information</b> Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6Cmc8Afuox0 709pSsD:.YfCTlyjoldW.luGvQ 2yji2gOGLsjE Date: 2/27/2017 Time: 10:32 am kpgLDez9igOFFIIS1br1aI9HM0	ed cost report and (15-0082) for the nowledge and belie records of the pro I am familiar with ces identified in t	the Balance She cost reporting f, this report vider in accord the laws and r his cost report ) Officer Title Date	et and State period begind and statemer ance with ap egulations in were provid or Administ 2/21/2	ment of Revenu nning 10/01/20 ht are true, co oplicable instri- regarding the p led in compliant rator of Provid	e and 15 and rrect, uctions, rovision of ce with such	
elec Expe endi comp exce heal laws Encr ECR: Gnra nHdo tOe: PI: xDOA sj08	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my k lete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. <b>yption Information</b> Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6CmC8Afuox0 709p5sb:.vfCTlyjoldw.luGvQ 2yji2gOGLsjE Date: 2/27/2017 Time: 10:32 am kpgLDez9igOfFITS1br1aI9HM0 a07VsARfn71bnURsso09MUK7T8	ed cost report and (15-0082) for the nowledge and belie: records of the pro I am familiar with ces identified in the (Signed	the Balance She cost reporting f, this report vider in accord the laws and r his cost report 0 0 0 fficer Title Date Title XV	et and Statt period begins and statemeric ance with appenditions in where provide h m h n or Administ 2/27/3 TII	ment of Revenu nning 10/01/20 nt are true, co opplicable instru- egarding the p led in complian Labor rator of Provid	e and 15 and rrect, uctions, rovision of ce with such er(s)	
elec Expe endi comp exce heal laws Encr ECR: Gnra nHdo tOe: xDOA sj08	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my k lete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. <b>yption Information</b> Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6CmC8Afuox0 709p5sb:.vfCTlyjoldw.luGvQ 2yji2gOGLsjE Date: 2/27/2017 Time: 10:32 am kpgLDez9igOfFITS1br1aI9HM0 a07VsARfn71bnURsso09MUK7T8	ed cost report and (15-0082) for the nowledge and belie records of the pro I am familiar with ces identified in t	the Balance She cost reporting f, this report vider in accord the laws and r his cost report ) Officer Title Date	et and State period begind and statemer ance with ap egulations in were provid or Administ 2/21/2	ment of Revenu nning 10/01/20 ht are true, co oplicable instri- regarding the p led in compliant rator of Provid	e and 15 and rrect, uctions, rovision of ce with such	
elec Expe endi comp exce heal laws Encr ECR: Gnra nHdo tOe: PI: xDOA Sj08 VtEH	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my k lete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. <b>yption Information</b> Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6CmC8Afuox0 709p5sb:.vfCTlyjoldw.luGvQ 2yji2gOGLsjE Date: 2/27/2017 Time: 10:32 am kpgLDez9igOfFITS1br1aI9HM0 a07VsARfn71bnURsso09MUK7T8	d cost report and (15-0082) for the cnowledge and belie records of the pro I am familiar with es identified in the (Signed	the Balance She cost reporting f, this report vider in accord the laws and r his cost report 0) Officer Title Date Title XV Part A	et and State period begi and statemer ance with a egulations in were provid or Administ OFO 2/27/5 III Part B 3.00	ment of Revenu nning 10/01/20 of are true, co oplicable instri- regarding the p led in compliant frator of Provid 2017 HIT 4.00	e and 15 and rrect, uctions, rovision of ce with such ler(s) Title XIX 5.00	
elec Expe endi comp exce heal laws Encr ECR: Gnra nHdo tOe: PI: XDOA Sj08 VtEH	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my k lete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. yption Information Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6CmC8Afuox0 709p5sD:.YfCTlyjoldw.luGvQ 2yji2gGLsjE Date: 2/27/2017 Time: 10:32 am kpgLDez9igOfFII51br1aI9HMO a07vsARfn71bnUKsso09MUK7T8 0FTgnCORWOBK II - SETTLEMENT SUMMARY cal	ed cost report and (15-0082) for the nowledge and belie: records of the pro I am familiar with ces identified in the (Signed Title V 1.00	the Balance She cost reporting f, this report vider in accord the laws and r his cost report 0 0fficer Title Date Title XV Part A 2.00 -839,765	et and Statt period begins and statemers ance with appenditions in which appendix the egulations in which appendix the or Administ OFO 2/27/5 TII Part B 3.00 24,447	ment of Revenue nning 10/01/20 nt are true, co opplicable instru- egarding the p led in compliant Labor rator of Provid 2017 HIT 4.00	e and 15 and rrect, uctions, rovision of ce with such der(s) Title XIX 5.00 0	
elec Expe endi comp exce heal laws Encr ECR: Gnra nHdo t0e: PI: xD0A Sj08 VtEH	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my klete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. <b>yption Information</b> Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6Cmc8Afuox0 709pSsD:.vfCrlyjoldw.luGvQ 2yji2gOGLsjE Date: 2/27/2017 Time: 10:32 am kpgLDez9igOfFIIS1brlaI9HMO a07VsARfn7lbnURsso09MUK7T8 OFTgnCORWOBK <b>II - SETTLEMENT SUMMARY</b> cal	ed cost report and (15-0082) for the cnowledge and belie: records of the pro I am familiar with ces identified in the (Signed Title V 1.00	the Balance She cost reporting f, this report vider in accord the laws and r his cost report 0) 0fficer Title Date Title XV Part A 2.00 -839,765 39,747	et and Statt period beg and statemen ance with a egulations i were provid or Administ 2/21/2 III Part B 3.00 24,447	ment of Revenu nning 10/01/20 nt are true, co pplicable instri- regarding the p led in complian Matter rator of Provid 2017 HIT 4.00	e and 15 and rrect, uctions, rovision of ce with such er(s) Title XIX 5.00 0 0	2.0
elec Expe endi comp exce heal laws Encr ECR: Gnra nHdo t0e: PI: xD0A Sj08 vtEH Hospit L.00 Subpro Subpro	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my klete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. <b>yption Information</b> Date: 2/27/2017 Time: 10:32 am 10/2019, Cyclosed and 2019, Cyclosed and 2	ed cost report and (15-0082) for the knowledge and belie records of the pro I am familiar with es identified in the (Signed	the Balance She cost reporting f, this report vider in accord the laws and r his cost report 0) 0fficer Title Date Title XV Part A 2.00 -839,765 39,747 0	et and State period begins and statement ance with appendix egulations in were provide or Administ 2/27/2 III Part B 3.00	ment of Revenu inning 10/01/20 it are true, co pplicable instri- regarding the p led in compliant A A A A rator of Provid 2017 HIT 4.00	e and 15 and rrect, uctions, rovision of ce with such ler(s) Title XIX 5.00 0 0 0 0 0	2.0
elec Expe endi comp exce heal laws Encr ECR: Gnra nHdo tOe: PI: XDOA Sj08 VtEH L.00 Hospit 2.00 Subpro 5.00 Swing	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my k lete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. yption Information Date: 2/27/2017 Time: 10:32 am IQ7PD.qCuypmAlu6CmC8Afuox0 709pSsD:.YfCTlyjoldw.luGvQ 2yji2gOGLsjE Date: 2/27/2017 Time: 10:32 am kpgLDez9igOfFII51br1aI9HMO a07VsARfn71bnURsso09MUK7T8 OFTgnCORWOBK II - SETTLEMENT SUMMARY cal wider - IPF byder - IRF bed - SNF	d cost report and (15-0082) for the cnowledge and belie records of the pro I am familiar with es identified in the (Signed	the Balance She cost reporting f, this report vider in accord the laws and r his cost report 0) 0fficer Title Date Title XV Part A 2.00 -839,765 39,747	et and Statt period beg and statemen ance with a egulations i were provid or Administ 2/21/2 III Part B 3.00 24,447	ment of Revenu inning 10/01/20 it are true, co pplicable instri- regarding the p led in compliant A A A A rator of Provid 2017 HIT 4.00	e and 15 and rrect, uctions, rovision of ce with such der(s) Title XIX 5.00 0 0 0 0 0 0 0 0 0 0 0 0	2.0
elec Expe endi comp exce heal laws Encr ECR: Gnra nHdo tOe: PI: XDOA Sj08 VtEH L.00 Hospit S.00 Subpro 5.00 Swing	tronically filed or manually submittenses prepared by DEACONESS HOSPITAL ( ng 09/30/2016 and to the best of my klete and prepared from the books and pt as noted. I further certify that th care services, and that the service and regulations. <b>yption Information</b> Date: 2/27/2017 Time: 10:32 am 10/2019, Cyclosed and 2019, Cyclosed and 2	ed cost report and (15-0082) for the knowledge and belie records of the pro I am familiar with es identified in the (Signed	the Balance She cost reporting f, this report vider in accord the laws and r his cost report 0) 0fficer Title Date Title XV Part A 2.00 -839,765 39,747 0	et and State period begins and statement ance with appendix egulations in were provide or Administ 2/27/2 III Part B 3.00	ment of Revenue nning 10/01/20 nt are true, co oplicable instru- egarding the p led in compliant Labor rator of Provid 2017 HIT 4.00	e and 15 and rrect, uctions, rovision of ce with such der(s) Title XIX 5.00 0 0 0 0 0 0 0 0 0 0 0 0	1.0 2.0 3.0 5.0 6.0 200.0

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.

SPIT	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX I	DENTIFICATION DA	ATA	Provi d	er CCN: ′		Period:	/2015	Workshe	et S-2	_
							From 10/01. To 09/30.		Part I Date/Ti		
	1.00	2	. 00		3.00			4.00	2/27/20	17 10:	18 a
	Hospital and Hospital Health Care Cor		. 00		3.00			4.00			
0	Street: 600 MARY STREET	P0 Box:									1.
0	City: EVANSVILLE	State:			e: 47747- CBSA	Count Provi der	ty: VANDERBL		nt Syst	om (D	2
		Component Na		CCN lumber	Number	Type	Certified		0, or		
						511		V	XVIII	XIX	1
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
0	Hospital and Hospital-Based Component Hospital	<u>E Identification</u> DEACONESS HOSPIT		50082	21780	1	06/02/1966	N	P	Р	3
0	Subprovider - IPF	DEACONESS PSYCHI UNI T		5S082	21780	4	10/01/2009		P	P	4
0	Subprovider - IRF										5
0 0	Subprovider - (Other) Swing Beds - SNF										6
0	Swing Beds - NF										8
0	Hospital-Based SNF										9
00 00	Hospital-Based NF Hospital-Based OLTC										10   11
00	Hospi tal -Based HHA										12
00	Separately Certified ASC										13
00		DEACONESS - HOSP	ICE 1	51512	21780		02/06/1991				14
00 00	Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FQHC										15   16
00	Hospi tal -Based (CMHC) I										17
00	Renal Dialysis										18
00	Other						From		То		19
							1.00		2.0		1
00	Cost Reporting Period (mm/dd/yyyy)						10/01/2	015	09/30/	2016	20
00	Type of Control (see instructions) Inpatient PPS Information						2				21
00	Does this facility qualify and is it	currently receiv	ving payme	nts for	di sprop	ortionate	Y		N		22
	share hospital adjustment, in accorda	ance with 42 CFR	§412.106?	In co	lumn 1,	enter "Y"					
	for yes or "N" for no. Is this facili amendment hospital?) In column 2, ent				2.106(c)	(2) (Pi ckl	e				
01	Did this hospital receive interim und				s cost r	eporting	N		Y		22
	period? Enter in column 1, "Y" for ye										
	reporting period occurring prior to ( for no for the portion of the cost re										
	(see instructions)	eporting period (	Jecuiring			UDEI I.					
02	Is this a newly merged hospital that						N		N		22
	determined at cost report settlement? or "N" for no, for the portion of the	•	,			2	s				
	in column 2, "Y" for yes or "N" for r						n				
	or after October 1.	·									
03	Did this hospital receive a geographi of the OMB standards for delineating	c reclassi fi cati	ion from u	rban to	rural a	is a resul	t N		N		22
	in column 1, "Y" for yes or "N" for r										
	prior to October 1. Enter in column 2	2, "Y" for yes ou	r "N" for	no for	the port	ion of th	e				
	cost reporting period occurring on or hospital contain at least 100 but not						ь				
	42 CFR 412.105)? Enter in column 3, "		•	Sunteu	in accor	Gance Wil					
00	Which method is used to determine Med	dicaid days on li	ines 24 an					3	N		23
	1, enter 1 if date of admission, 2 if method of identifying the days in thi										
	used in the prior cost reporting peri										
			In-State			Out-of		ledi ca		ther	
			Medicaid paid days			State edicaid   I	Medicaid	IMO dag		i cai d ays	
				unpa	aid pa		eligible			<b>J</b>	
			1.00	day		2.00	unpai d	F 00		00	-
00	If this provider is an IPPS hospital,	enter the	1.00	2.0	396	3.00	4.00	5.00 14,		. 00	24
	in-state Medicaid paid days in column		2,40	.	5,5	1, 000		17,		240	27
	Medicaid eligible unpaid days in colu	umn 2,									
	out-of-state Medicaid paid days in co out-of-state Medicaid eligible uppaid										
	out-of-state Medicaid eligible unpaid 4, Medicaid HMO paid and eligible but										
	column 5, and other Medicaid days in	column 6.									
00	If this provider is an IRF, enter the			0	0	0	0		0		25
	Medicaid paid days in column 1, the i Medicaid eligible unpaid days in colu										
	precisaria errgibre unpara days fil COL		1								
	out-of-state Medicaid days in column	3, out-of-state				1	1				
	out-of-state Medicaid days in column Medicaid eligible unpaid days in colu HMO paid and eligible but unpaid days	umn 4, Medicaid									

105911	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	TA	Provider CCI	F	eriod: rom 10/01/2 o 09/30/2		Workshe Part I Date/Ti		
					Urban/Rura		2/27/20	17 10:	<u>18 am</u>
26.00	Enter your standard geographic classification (not wa		tuo ot the hea	inning of the	1.00	1	2.0	0	26.00
	cost reporting period. Enter "1" for urban or "2" for Enter your standard geographic classification (not wa reporting period. Enter in column 1, "1" for urban or	rural. nge) sta "2" fo	atus at the end or rural. If ap	of the cost		1			27.00
5. 00	enter the effective date of the geographic reclassifi If this is a sole community hospital (SCH), enter the effect in the cost reporting period.			H status in		0			35. 0
					Begi nni n	g:	Endi		
36.00	Enter applicable beginning and ending dates of SCH st	atus. S	Subscript line	36 for number	1.00		2.0	0	36.00
37. 00	of periods in excess of one and enter subsequent date If this is a Medicare dependent hospital (MDH), enter is in effect in the cost reporting period.		umber of period	s MDH status		0			37.00
37. 01	Is this hospital a former MDH that is eligible for th accordance with FY 2016 OPPS final rule? Enter "Y" fo								37.01
38.00	instructions) If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number of								38.00
	enter subsequent dates.				Y/N		Y/		
39.00	Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(ii or "N" for no. Does the facility meet the mileage req	)? Ent∈ µuiremer	er in column 1 nts in accordan	"Y" for yes ce with 42	1.00 N		2.0 N		39.00
10. 00	CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octob no in column 2, for discharges on or after October 1.	n adjust ber 1. E	tment? Enter "Y Enter "Y" for y	" for yes or	N		N		40.00
	rio in cordinin 2, for discharges of or after october 1.	(300 1	histi deti olisj		-	V 1.00	XVIII 2.00	XI X 3.00	-
	Prospective Payment System (PPS)-Capital								
	Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exce					N N	Y N	N	45.00
	pursuant to 42 CFR §412.348(f)? If yes, complete Wkst Pt. III. Is this a new hospital under 42 CFR §412.300 PPS capi					N	N	N	47.0
	Is the facility electing full federal capital payment Teaching Hospitals					N	N	N	48.0
56.00	Is this a hospital involved in training residents in or "N" for no.	approve	ed GME programs	? Enter "Y"	for yes	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting p GME programs trained at this facility? Enter "Y" for is "Y" did residents start training in the first mont for yes or "N" for no in column 2. If column 2 is "Y "N", complete Wkst. D, Parts III & IV and D-2, Pt. II	yes or h of th ", comp	"N" for no in his cost report plete Worksheet	column 1. If ing period?	column 1 Enter "Y"	N			57.00
58.00	defined in CMS Pub. 15-1, chapter 21, §2148? If yes,	oursemer	nt for physicia	ns' services a	as	Ν			58.0
	Are costs claimed on line 100 of Worksheet A? If yes Are you claiming nursing school and/or allied health	s, compl costs f	ete Wkst. D-2, for a program t	hat meets the		N Y			59. 0 60. 0
	provider-operated criteria under §413.85? Enter "Y"	Y/N	I ME	Direct GME			Di rect	GME	
		1.00	2.00	3.00	4.00		5. C		
	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N				0.00		0.00	0 61.00
51. 01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.0	b				61.0
01. 02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of		0.00	0.0					61.0
o1. 03	ACA). (see instructions) Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see		0.00	0.0	þ				61.0
51.04	instructions) Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the		0. 00	0.0	b				61.0
	current cost reporting period. (see instructions). Enter the difference between the baseline primary		0.00	0.0					61. 0

alth Financial Systems DSPITAL AND HOSPITAL HEALTH CARE C			HOSPI TAL Provi der CC	F	eriod: rom 10/01/2015 o 09/30/2016	Worksheet S-2 Part I Date/Time Pre 2/27/2017 10:	pared
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3. 00	4.00	5.00	1
I. 06 Enter the amount of ACA §550: used for cap relief and/or F care or general surgery. (see	TEs that are nonprimary		0.00	0.0	C		61.0
		Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
<ul> <li>I. 10 Of the FTEs in line 61.05, specialty, if any, and the min for each new program. (see in column 1, the program name, or program code, enter in column unweighted count and enter in FTE unweighted count.</li> <li>I. 20 Of the FTEs in line 61.05, special ty, if any is a special ty,</li></ul>	umber of FTE residents nstructions) Enter in enter in column 2, the n 3, the IME FTE n column 4, direct GME pecify each expanded				0. 00		61.
program specialty, if any, and residents for each expanded p instructions) Enter in column enter in column 2, the progra 3, the IME FTE unweighted cou 4, direct GME FTE unweighted	program. (see n 1, the program name, am code, enter in column unt and enter in column						
						1.00	-
ACA Provisions Affecting the					ind free which	0.00	
2.00 Enter the number of FTE resid your hospital received HRSA I			d in this cost	reporting per	iod for which	0.00	62.
2.01 Enter the number of FTE resident during in this cost reporting Teaching Hospitals that Claim	dents that rotated from g period of HRSA THC pro	a Teachi gram. (s	see instruction		your hospital	0.00	62.
3.00 Has your facility trained res "Y" for yes or "N" for no in	sidents in nonprovider s	ettings	during this co		period? Enter	Y	63.
		010 1111		Unwei ghted		Ratio (col. 1/	•
				FTEs Nonprovi der Si te	FTEs in Hospital	(col. 1 + col. 2))	
Section 5504 of the ACA Base	Year FTF Residents in N	lonprovi	der Settings1	1.00 This base year	2.00	<u> </u>	
period that begins on or after 4.00 Enter in column 1, if line 63 in the base year period, the resident FTEs attributable to settings. Enter in column 2 resident FTEs that trained in of (column 1 divided by (colu	er July 1, 2009 and befo 3 is yes, or your facili number of unweighted no o rotations occurring in the number of unweighte n your hospital. Enter i	re June ty trair n-primar all nor d non-pr n columr	30, 2010. ned residents ry care nprovider rimary care n 3 the ratio	0.00	-		64.
	Program Name	Pro	ogram Code	Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
5.00 Enter in column 1, if line (	1.00 53 FAMILY PRACTICE	1350	2.00	3.00	4.00 16.16	5.00 0.124594	
b) the little in the little interval of th	e e in			. 2. 3	. 10.10	. 0. 124374	

Health Financial Systems	DEA	CONESS HOSPI TAL		In Lie	u of Form CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COM	IPLEX I DENTIFICATION DA	ATA Provider (		eriod: rom 10/01/2015 o 09/30/2016		pared:
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
Section 5504 of the ACA Curren	t Year FTF Residents i	n Nonprovider Settin	<u> </u>	2.00 2.00	3.00	
66.00 Enter in column 1 the number o FTEs attributable to rotations Enter in column 2 the number o FTEs that trained in your hosp (column 1 divided by (column 1	2010 funweighted non-prima occurring in all nonp funweighted non-prima tal. Enter in column	ry care resident rovider settings. ry care resident 3 the ratio of	0.00			66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
67.00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	9	2.00	3.00	<u>4.00</u> 2 17.91	<u>5.00</u> 0.126341	67.00
				1.0	0 2.00 3.00	
Inpatient Psychiatric Facility					0 2.00 3.00	
<ul> <li>70.00 Is this facility an Inpatient Enter "Y" for yes or "N" for</li> <li>71.00 If line 70 yes: Column 1: Did recent cost report filed on or</li> <li>42 CFR 412.424(d)(1)(iii)(c))</li> <li>program in accordance with 42</li> <li>Column 3: If column 2 is Y, in (see instructions)</li> </ul>	no. the facility have an a before November 15, 2 Column 2: Did this fac CFR 412.424 (d)(1)(iii dicate which program y	pproved GME teaching 004? Enter "Y" for ility train resident )(D)? Enter "Y" for	, program in the yes or "N" for r s in a new teach yes or "N" for r	most N no. (see ni ng no.	N O	70.00
Inpatient Rehabilitation Facil 75.00 Is this facility an Inpatient		y (IRF), or does it (	contain an IRF	N		75.00
subprovider? Enter "Y" for ye 76.00 If line 75 yes: Column 1: Did recent cost reporting period e no. Column 2: Did this facilit CFR 412.424 (d)(1)(iii)(D)? En indicate which program year be	s and "N" for no. the facility have an a nding on or before Nov y train residents in a ter "Y" for yes or "N"	pproved GME teaching ember 15, 2004? Ente new teaching prograu for no. Column 3: 1	program in the r "Y" for yes or m in accordance f column 2 is Y,	"N" for with 42	0	76.00
					1.00	
Long Term Care Hospital PPS 80.00 Is this a long term care hospi 81.00 Is this a LTCH co-located with "Y" for yes and "N" for no. TEFRA Providers				period? Enter	N N	80. 00 81. 00
85.00 Is this a new hospital under 4 86.00 Did this facility establish a §413.40(f)(1)(ii)? Enter "Y"	new Other subprovider for yes and "N" for no	(excluded unit) unde	r 42 CFR Sectior	1	N	85. 00 86. 00
87.00 Is this hospital a "subclause for yes or "N" for no.	(II)" LICH CLASSIFIEd	under section 1886(d	)(I)(B)(IV)(II)?		N	87.00
				V 1.00	XI X 2.00	
Title V and XIX Services90.00Does this facility have title		hospital services?	Enter "Y" for	N	Y	90.00
yes or "N" for no in the appli 91.00 Is this hospital reimbursed fo	r title V and/or XIX t			N	N	91.00
full or in part? Enter "Y" for 92.00 Are title XIX NF patients occu	yes or "N" for no in	the applicable column	n.		N	92.00
instructions) Enter "Y" for ye 93.00 Does this facility operate an	s or "N" for no in the	applicable column.		N	N	93.00
94.00 "Y" for yes or "N" for no in t Does title V or XIX reduce cap applicable column.	ne applicable column.			Ν	N	94.00

	Provider C		Period: From 10/01/ To 09/30/	2015	Workshe Part I Date/Ti 2/27/20	et S-2 me Pre	epared:
			V		XI		-
			1.00		2.0		05.00
95.00 If line 94 is "Y", enter the reduction percentage in the ap 96.00 Does title V or XIX reduce operating cost? Enter "Y" for ye applicable column.			0. 00 N		0. ( N		95.00 96.00
97.00 If line 96 is "Y", enter the reduction percentage in the ap Rural Providers		n	0.00		0.0	00	97.00
105.00 Does this hospital qualify as a critical access hospital (C 106.00 If this facility qualifies as a CAH, has it elected the all for outpatient services? (see instructions)		hod of payment	N N				105.00 106.00
107.00 If this facility qualifies as a CAH, is it eligible for cos training programs? Enter "Y" for yes or "N" for no in colum yes, the GME elimination is not made on Wkst. B, Pt. I, col reimbursed. If yes complete Wkst. D-2, Pt. II.	n 1. (see inst . 25 and the p	ructions) lf rogram is cost					107.00
108.00 Is this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	CRNA fee sche	dule? See 42	N Speec	h	Respi r	atory	108.00
	1.00	2.00	3.00		4. (		1
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		2.00					109.00
				-	1. (	00	-
110.00 Did this hospital participate in the Rural Community Hospit the current cost reporting period? Enter "Y" for yes or "N"	al Demonstration for no.	on project (41	OA Demo)for	-	N		110.00
Miscellaneous Cost Reporting Information				1.00	2.00	3.00	-
115.00 Is this an all-inclusive rate provider? Enter "Y" for yes o is yes, enter the method used (A, B, or E only) in column 2 3 either "93" percent for short term hospital or "98" perce psychiatric, rehabilitation and long term hospitals provide	. If column 2 i nt for long te	is "E", enter rm care (inclu	in column des	N		0	115.00
Pub.15-1, chapter 22, §2208.1. 116.00 Is this facility classified as a referral center? Enter "Y" 117.00 Is this facility legally-required to carry malpractice insu			"N" for	N Y			116.00
no. 118.00 is the malpractice insurance a claims-made or occurrence po				1			118.00
claim-made. Enter 2 if the policy is occurrence.							110.00
		Premi ums	Losse		Insur	ance	118.00
				S			-
118.01 list amounts of malpractice premiums and paid losses:		1.00	2.00	S	l nsur 3. (	)0	
118.01 List amounts of malpractice premiums and paid losses:			2.00 1 35	s 4, 000	3. (	)0 (	
118.01 List amounts of malpractice premiums and paid losses: 118.02 Are malpractice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.		1.00 1,394,54 than the	2.00	s 4, 000		)0 (	- 0 118. 01 -
<ul> <li>118.02 Are malpractice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.</li> <li>119.00 DO NOT USE THIS LINE</li> <li>120.00 Is this a SCH or EACH that qualifies for the Outpatient Hol §3121 and applicable amendments? (see instructions) Enter i "N" for no. Is this a rural hospital with &lt; 100 beds that q Hold Harmless provision in ACA §3121 and applicable amendme</li> </ul>	dule listing c d Harmless pro n column 1, "Y ualifies for th	1.00 1,394,54 than the ost centers vision in ACA " for yes or he Outpatient	2.00 1 35 1.00	s 4, 000	3. (	00 (	) 118. 01 - 118. 02 119. 00
<ul> <li>118. 02 Are mal practice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.</li> <li>119. 00 D0 NOT USE THIS LINE</li> <li>120. 00 Is this a SCH or EACH that qualifies for the Outpatient Hol §3121 and applicable amendments? (see instructions) Enter i "N" for no. Is this a rural hospital with &lt; 100 beds that q Hold Harmless provision in ACA §3121 and applicable amendme Enter in column 2, "Y" for yes or "N" for no.</li> <li>121. 00 Did this facility incur and report costs for high cost impl</li> </ul>	dule listing c d Harmless pro n column 1, "Y ualifies for t nts? (see inst	1.00 1,394,54 than the ost centers vision in ACA " for yes or he Outpatient ructions)	2.00 1 35- 1.00 N	s 4, 000	3. (	00 (	118. 01 118. 02 119. 00 120. 00
<ul> <li>118.02 Are mal practice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.</li> <li>119.00 D0 NOT USE THIS LINE</li> <li>120.00 Is this a SCH or EACH that qualifies for the Outpatient Hol §3121 and applicable amendments? (see instructions) Enter i "N" for no. Is this a rural hospital with &lt; 100 beds that q Hold Harmless provision in ACA §3121 and applicable amendme Enter in column 2, "Y" for yes or "N" for no.</li> <li>121.00 Did this facility incur and report costs for high cost impl patients? Enter "Y" for yes or "N" for no.</li> <li>122.00 Does the cost report contain state health or similar taxes? for no in column 1. If column 1 is "Y", enter in column 2 t</li> </ul>	dule listing co d Harmless prov n column 1, "Y ualifies for th nts? (see inst antable devices	1.00 1,394,54 than the ost centers vision in ACA " for yes or he Outpatient ructions) s charged to yes or "N"	2.00 1 35 1.00 N	s 4, 000	3. (	00 (	118. 01 118. 02 119. 00 120. 00
<ul> <li>118. 02 Are mal practice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.</li> <li>119. 00 D0 NOT USE THIS LINE</li> <li>120. 00 Is this a SCH or EACH that qualifies for the Outpatient Hol §3121 and applicable amendments? (see instructions) Enter i "N" for no. Is this a rural hospital with &lt; 100 beds that q Hol d Harmless provision in ACA §3121 and applicable amendme Enter in column 2, "Y" for yes or "N" for no.</li> <li>121. 00 Did this facility incur and report costs for high cost impl patients? Enter "Y" for yes or "N" for no.</li> <li>122. 00 Does the cost report contain state heal th or similar taxes? for no in column 1. If column 1 is "Y", enter in column 2 t where these taxes are included. Transplant Center Information</li> <li>125. 00 Does this facility operate a transplant center? Enter "Y" for "Y" for the contain t</li></ul>	dule listing co d Harmless pro n column 1, "Y ualifies for ti nts? (see inst antable device: Enter "Y" for he Worksheet A	1.00 1,394,54 than the ost centers vision in ACA " for yes or he Outpatient ructions) s charged to yes or "N" line number	2.00 1 35 1.00 N N Y	s 4, 000	3. (	00 (	118.01 118.02 119.00 120.00 121.00 122.00
<ul> <li>118. 02 Are mal practice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.</li> <li>119. 00 D0 NOT USE THIS LINE</li> <li>120. 00 Is this a SCH or EACH that qualifies for the Outpatient Hol §3121 and applicable amendments? (see instructions) Enter i "N" for no. Is this a rural hospital with &lt; 100 beds that q Hold Harmless provision in ACA §3121 and applicable amendme Enter in column 2, "Y" for yes or "N" for no.</li> <li>121. 00 Did this facility incur and report costs for high cost impl patients? Enter "Y" for yes or "N" for no.</li> <li>122. 00 Does the cost report contain state health or similar taxes? for no in column 1. If column 1 is "Y", enter in column 2 t where these taxes are included. Transplant Center Information</li> <li>125. 00 Does this facility operate a transplant center? Enter "Y" fyes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>126. 00 If this is a Medicare certified kidney transplant center, e</li> </ul>	dule listing co d Harmless prov n column 1, "Y ualifies for th nts? (see inst antable devices Enter "Y" for he Worksheet A or yes and "N" nter the certi	1.00 1,394,54 than the ost centers vision in ACA " for yes or he Outpatient ructions) s charged to yes or "N" line number for no. If	2.00 1 35 1.00 N N Y N	s 4, 000	3. (	00 (	118. 01 118. 01 118. 02 119. 00 120. 00 121. 00 122. 00
<ul> <li>118. 02 Are mal practice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.</li> <li>119. 00 D0 NOT USE THIS LINE</li> <li>120. 00 Is this a SCH or EACH that qualifies for the Outpatient Hol §3121 and applicable amendments? (see instructions) Enter i "N" for no. Is this a rural hospital with &lt; 100 beds that q Hol d Harmless provision in ACA §3121 and applicable amendme Enter in column 2, "Y" for yes or "N" for no.</li> <li>121. 00 Did this facility incur and report costs for high cost impl patients? Enter "Y" for yes or "N" for no.</li> <li>122. 00 Does the cost report contain state heal th or similar taxes? for no in column 1. If column 1 is "Y", enter in column 2 t where these taxes are included. Transplant Center Information</li> <li>125. 00 Does this facility operate a transplant center? Enter "Y" for "Y" for the contain t</li></ul>	dule listing co d Harmless provin n column 1, "Y ualifies for ti nts? (see insti- antable device: Enter "Y" for he Worksheet A cor yes and "N" nter the certification ter the certification ter the certification ter the certification ter the certification ter the certification ter the certification	1.00 1,394,54 than the ost centers vision in ACA " for yes or he Outpatient ructions) s charged to yes or "N" line number for no. If fication date	2.00 1 35 1.00 N N Y N	s 4, 000	3. (	00 (	118. 01 118. 02 119. 00 120. 00 121. 00 122. 00 125. 00 126. 00
<ul> <li>118. 02 Are mal practice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.</li> <li>119. 00 D0 NOT USE THIS LINE</li> <li>120. 00 Is this a SCH or EACH that qualifies for the Outpatient Hol §3121 and applicable amendments? (see instructions) Enter i "N" for no. Is this a rural hospital with &lt; 100 beds that q Hold Harmless provision in ACA §3121 and applicable amendme Enter in column 2, "Y" for yes or "N" for no.</li> <li>121. 00 Did this facility incur and report costs for high cost impl patients? Enter "Y" for yes or "N" for no.</li> <li>122. 00 Does the cost report contain state health or similar taxes? for no in column 1. If column 1 is "Y", enter in column 2 t where these taxes are included.</li> <li>125. 00 Does this facility operate a transplant center? Enter "Y" fyes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>126. 00 If this is a Medicare certified kidney transplant center, en in column 1 and termination date, if applicable, in column 128. 00 If this is a Medicare certified liver transplant center, en in column 1 and termination date, if applicable, in column</li> </ul>	dule listing co d Harmless prov n column 1, "Y ualifies for th nts? (see inst antable devices Enter "Y" for he Worksheet A vor yes and "N" nter the certif 2. ter the certif 2. ter the certif 2.	1.00 1,394,54 than the ost centers vision in ACA " for yes or he Outpatient ructions) s charged to yes or "N" line number for no. If fication date ication date	2.00 1 35 1.00 N N Y N	s 4, 000	3. (	00 (	118. 01 118. 02 119. 00 120. 00 121. 00 122. 00 125. 00 126. 00 127. 00 128. 00
<ul> <li>118. 02 Are mal practice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.</li> <li>119. 00 D0 NOT USE THIS LINE</li> <li>120. 00 Is this a SCH or EACH that qualifies for the Outpatient Hol §3121 and applicable amendments? (see instructions) Enter i "N" for no. Is this a rural hospital with &lt; 100 beds that q Hol d Harmless provision in ACA §3121 and applicable amendme Enter in column 2, "Y" for yes or "N" for no.</li> <li>121. 00 Did this facility incur and report costs for high cost impl patients? Enter "Y" for yes or "N" for no.</li> <li>122. 00 Does the cost report contain state heal th or similar taxes? for no in column 1. If column 1 is "Y", enter in column 2 t where these taxes are included.</li> <li>17ansplant Center Information</li> <li>125. 00 Does this facility operate a transplant center? Enter "Y" f yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>126. 00 If this is a Medicare certified kidney transplant center, entin column 1 and termination date, if applicable, in column</li> <li>127. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column</li> <li>128. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column</li> <li>129. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column</li> <li>129. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column</li> <li>129. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column</li> <li>129. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column</li> </ul>	dule listing of d Harmless provin n column 1, "Y ualifies for th nts? (see insti- antable devices Enter "Y" for he Worksheet A for yes and "N" nter the certification ter the certification ter the certification er the certification	1.00 1.394,54 than the ost centers vision in ACA " for yes or he Outpatient ructions) s charged to yes or "N" line number for no. If fication date ication date ication date in	2.00 1 35 1.00 N N Y N	s 4, 000	3. (	00 (	118. 01 118. 02 119. 00 120. 00 121. 00 122. 00 125. 00 126. 00 127. 00 128. 00 129. 00
<ul> <li>118. 02 Are mal practice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.</li> <li>119. 00 D0 NOT USE THIS LINE</li> <li>120. 00 Is this a SCH or EACH that qualifies for the Outpatient Hol §3121 and applicable amendments? (see instructions) Enter i "N" for no. Is this a rural hospital with &lt; 100 beds that q Hol d Harmless provision in ACA §3121 and applicable amendments? (see instructions).</li> <li>121. 00 Did this facility incur and report costs for high cost impl patients? Enter "Y" for yes or "N" for no.</li> <li>122. 00 Does the cost report contain state heal th or similar taxes? for no in column 1. If column 1 is "Y", enter in column 2 t where these taxes are included.</li> <li>Transplant Center Information</li> <li>125. 00 Does this facility operate a transplant center? Enter "Y" fyes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>126. 00 If this is a Medicare certified kidney transplant center, en in column 1 and termination date, if applicable, in column 127. 00 If this is a Medicare certified liver transplant center, en in column 1 and termination date, if applicable, in column 128. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 129. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 129. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 129. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 129. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 129. 00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 129. 00 If this is a Medicare certified liver transplant center, entin col</li></ul>	dule listing co d Harmless prov n column 1, "Y ualifies for th nts? (see inst antable devices Enter "Y" for he Worksheet A cor yes and "N" nter the certific ter the certific enter the certific enter the certific enter the certific nter the certific enter the certific enter the certific	1.00 1.394,54 than the ost centers vision in ACA " for yes or he Outpatient ructions) s charged to yes or "N" line number for no. If fication date ication date ication date in tification	2.00 1 35 1.00 N N Y N	s 4, 000	3. (	00 (	118.00 118.01 118.02 119.00 120.00 121.00 122.00 125.00 126.00 127.00 128.00 129.00 130.00 131.00

Health Financial Systems	DEACONESS H	IOSPI TAL		In Li	eu of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	Provider CC		Period: From 10/01/2015	Worksheet S-2	2
				To 09/30/2016	Date/Time Pre	epared:
					2/27/2017 10:	18 am
				1.00	2.00	-
133.00 If this is a Medicare certified ot			cation date			133.00
in column 1 and termination date, 134.00 If this is an organ procurement or			n column 1			134.00
and termination date, if applicabl						
All Providers			<u></u>		1100770	
140.00 Are there any related organization chapter 10? Enter "Y" for yes or "				Y	HB0778	140.00
are claimed, enter in column 2 the						
1.00	2.0			3.00	-6 +1	
If this facility is part of a chai home office and enter the home off				alle and address	of the	
141.00 Name: DEACONESS HEALTH SYSTEM	Contractor's Name: WP			or's Number: 080	01	141.00
142.00 Street: 600 MARY STREET 143.00 City: EVANSVILLE	PO Box: State: IN		Zip Code:	477	10	142.00 143.00
145. 00 CTTY. EVANSVILLE			Zip code.	477		143.00
					1.00	
144.00 Are provider based physicians' cos	ts included in Worksheet A	/?			Y	144.00
				1.00	2.00	-
145.00 If costs for renal services are cl				Y	2100	145.00
inpatient services only? Enter "Y"						
no, does the dialysis facility inc period? Enter "Y" for yes or "N"		TOP THIS COST	reporting			
146.00 Has the cost allocation methodolog		usly filed cost	t report?	N		146.00
Enter "Y" for yes or "N" for no in		5-2, chapter 4	40, §4020) If			
yes, enter the approval date (mm/d	d/yyyy) in column 2.					
					1.00	
147.00 Was there a change in the statisti					N	147.00
148.00 Was there a change in the order of 149.00 Was there a change to the simplifi		5		no	N N	148.00 149.00
147. oolias there a change to the shiptern		Part A	Part B	Title V	Title XIX	147.00
		1.00	2.00	3.00	4.00	
Does this facility contain a provi or charges? Enter "Y" for yes or "						
155. 00 Hospi tal		N	N N	N	N	155.00
156.00 Subprovider - IPF		N	N	N	N	156.00
157.00 Subprovi der – IRF 158.00 SUBPROVI DER		N	N	N	N	157.00 158.00
159. 00 SNF		Ν	N	N	Ν	159.00
160.00 HOME HEALTH AGENCY		Ν	N	N	N	160. 00
161.00 CMHC			N	N	N	161.00
					1.00	1
Multicampus						
165.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no.	mpus hospital that has one	e or more campu	uses in diffe	rent CBSAs?	N	165.00
	Name	County		p Code CBSA	FTE/Campus	
1// 00/15 line 1/5 is yes far asch	0	1.00	2.00	3.00 4.00	5.00	1// 00
166.00 If line 165 is yes, for each campus enter the name in column					0.00	166.00
0, county in column 1, state in						
column 2, zip code in column 3,						
CBSA in column 4, FTE/Campus in column 5 (see instructions)						
				L. L.		
Health Information Technology (417	) incontivo in the America	n Pocovory an	d Poinvostmon	t Act	1.00	
Health Information Technology (HI 167.00 Is this provider a meaningful user				I AUI	Y	167.00
168.00 If this provider is a CAH (line 10	5 is "Y") and is a meaning	∫ful user (line		, enter the		168.00
reasonable cost incurred for the H			auglify for	a hardehi a		160 01
168.01 If this provider is a CAH and is n exception under §413.70(a)(6)(ii)?				a narusni p		168. 01
169.00 If this provider is a meaningful u	ser (line 167 is "Y") and			"N"), enter the	9.99	9169.00
transition factor. (see instruction	ns)					

Health Financial Systems	DEACONESS HOS	SPI TAL	In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDE	ENTIFICATION DATA	Provider CCN: 15-0082	Period: From 10/01/2015	Worksheet S-2 Part I	2
			To 09/30/2016		epared: 18 am
			Begi nni ng	Endi ng	
			1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR begin period respectively (mm/dd/yyyy)	ning date and ending dat	e for the reporting	10/03/2016	12/31/2016	170.00
			1.00	2.00	-
171.00 If line 167 is "Y", does this provider section 1876 Medicare cost plans repor "Y" for yes and "N" for no in column 1 1876 Medicare days in column 2. (see i	ted on Wkst. S-3, Pt. I, . If column 1 is yes, en	line 2, col. 6? Enter	N		0171.00

OSPI T	Financial Systems DEACONESS H AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNALRE	Provider C	CN: 15-0082	Period: From 10/01/2015 To 09/30/2016	u of Form CMS Worksheet S- Part II Date/Time Pr	-2
					2/27/2017 10	
				Y/N	Date	_
		fair all NO in	<b></b>	1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS	TOT ALL NU TE	esponses. Ente	er all dates in t	ne	
	Provider Organization and Operation					_
. 00	Has the provider changed ownership immediately prior to the	beginning of	the cost	N		1.0
	reporting period? If yes, enter the date of the change in c	olumn 2. (see	instructions)	)		
			Y/N	Date	V/I	
			1.00	2.00	3.00	
. 00	Has the provider terminated participation in the Medicare P yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.		N			2.0
. 00	Is the provider involved in business transactions, including contracts, with individuals or entities (e.g., chain home of or medical supply companies) that are related to the provid- officers, medical staff, management personnel, or members of of directors through ownership, control, or family and othe relationships? (see instructions)	ffices, drug er or its f the board	Y			3. (
			Y/N	Туре	Date	
			1.00	2.00	3.00	
. 00	Financial Data and Reports Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" fo or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions.	or Compiled,	Y	A		4.0
. 00	Are the cost report total expenses and total revenues diffe		Y			5.0
	those on the filed financial statements? If yes, submit rec	onciliation.		Y/N 1.00	Legal Oper. 2.00	
	Approved Educational Activities			1.00	2.00	
. 00	Column 1: Are costs claimed for nursing school? Column 2: the legal operator of the program?	lfyes, is th	ne provider is	s Y	Ν	6. (
. 00 . 00	Are costs claimed for Allied Health Programs? If "Y" see in: Were nursing school and/or allied health programs approved		during the	Y N		7. 8.
. 00	cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction:	0	cal education	Y		9. (
0. 00	Was an approved Intern and Resident GME program initiated o cost reporting period? If yes, see instructions.		the current	Ν		10.
1.00	Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	proved	Y		11.
					Y/N 1.00	
2 00	Bad Debts Is the provider seeking reimbursement for bad debts? If yes	SPP instruct	ions		Y	12.
	If line 12 is yes, did the provider's bad debt collection p period? If yes, submit copy.			ost reporting	N	13.
4.00		nts waived? If	°yes, see in:	structions.	Ν	14.
5.00	Did total beds available change from the prior cost reporti	<u>v</u> i	yes, see ins <sup>.</sup> t A	tructions.	Y t B	15.
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
5. 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	Ν		N		16.
7.00	instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date	Y	02/01/2017	Y	02/01/2017	17.
3. 00	in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this	Ν		Ν		18.
9. 00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report	Ν		Ν		19.

IOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCI	N: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Pre 2/27/2017 10:	pared:
		Descrip		Y/N	Y/N	
		0		1.00	3.00	
. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			Ν	Ν	20.00
	Report data for other: bescribe the other adjustments.	Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
1. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	DT CHILDDENS HO	SDI TALS)		1.00	
	Completed by cost Retmborsed and terra hospitals oner (exce	FT CHILDRENS HO	SFITALS)			
2.00	Have assets been relifed for Medicare purposes? If yes, see	e instructions				22.00
3.00	Have changes occurred in the Medicare depreciation expense	due to appraisa	ls made dur	ing the cost		23.00
4.00	reporting period? If yes, see instructions. Were new leases and/or amendments to existing leases entered	ed into during t	his cost re	porting period?		24.00
E 00	If yes, see instructions	the east report	ing part of			25.00
5.00	Have there been new capitalized leases entered into during instructions.	the cost report	ing period?	TT yes, see		25.00
6. 00	Were assets subject to Sec. 2314 of DEFRA acquired during th instructions.	ne cost reportin	g period? I	f yes, see		26.00
7.00	Has the provider's capitalization policy changed during the	e cost reporting	period? If	yes, submit		27.00
	copy.			-		
8.00	Interest Expense Were new Loans, mortgage agreements or letters of credit er	ntered into duri	ng the cost	reporting		28.00
9.00	period? If yes, see instructions. Did the provider have a funded depreciation account and/or	hand funda (Dah	t Comulao F			29.00
9.00	treated as a funded depreciation account? If yes, see instr		L Service R	eserve runu)		29.00
0. 00	Has existing debt been replaced prior to its scheduled matu	urity with new d	ebt? If yes	, see		30.00
1.00	instructions. Has debt been recalled before scheduled maturity without is	ssuance of new d	ebt? If yes	, see		31.00
	instructions.					
2.00	Purchased Services Have changes or new agreements occurred in patient care ser	vices furnished	through co	ntractual		32.00
	arrangements with suppliers of services? If yes, see instru	uctions.	0			
3.00	If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.	olied pertaining	to competi	tive bidding? If		33.00
	Provi der-Based Physi ci ans					
4.00	Are services furnished at the provider facility under an ar	rrangement with	provi der-ba	sed physi ci ans?		34.00
5.00	If yes, see instructions. If line 34 is yes, were there new agreements or amended exi	sting agreement	s with the	provi der-based		35.00
0.00	physicians during the cost reporting period? If yes, see in					00.00
				Y/N 1.00	 2.00	
	Home Office Costs			1.00	2.00	
	Were home office costs claimed on the cost report?			Y		36.00
	If line 36 is yes, has a home office cost statement been pr	repared by the h	ome office?	Y		37.00
8. 00	If yes, see instructions. If line 36 is yes , was the fiscal year end of the home off			N		38.00
9.00	the provider? If yes, enter in column 2 the fiscal year end If line 36 is yes, did the provider render services to othe			. Y		39.00
	see instructions.		5			
0. 00	If line 36 is yes, did the provider render services to the instructions.	nome office? I	r yes, see	Y		40.00
		1.0	0	2.	00	
	Cost Report Preparer Contact Information	1.0		2.		
1. 00		ERI C		HENDERSON		41.00
	respectivel y.		TAI			42.00
2.00	Enter the employer/company name of the cost report	IDEACONESS HOSPE	TAL		1	4/ (#
2.00	preparer.	DEACONESS HOSPI 812-450-6856	TAL			42.0

Heal th	Financial Systems DEACON	IESS	HOSPI TAL		In Lie	u of Form CMS-	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082		i od:	Worksheet S-2	
				To	m 10/01/2015 09/30/2016		pared: <u>18 am</u>
			3.00				
	Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position		REIMBURSEMENT COORDINATOR				41.00
	held by the cost report preparer in columns 1, 2, and 3	3,					
	respecti vel y.						
42.00	Enter the employer/company name of the cost report						42.00
	preparer.						
43.00	Enter the telephone number and email address of the cos	st					43.00
	report preparer in columns 1 and 2, respectively.						

HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	CN: 15-0082	Period: From 10/01/2015 To 09/30/2016		
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		Line Number 1.00	2.00	Available 3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30,00	2.00	<u> </u>			1.00
2.00	8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions)	30.00	417	153, 0			2.00
3.00	HMO I PF Subprovider						3.00
4.00	HMO I RF Subprovider						4.00
5.00 6.00 7.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation		417	153, 09	0.00	0 0 0	5.00 6.00 7.00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31.00	67	24, 52			8.00
9.00	CORONARY CARE UNI T	32.00	16	5, 85			9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0		0 0.00	0	10.00
11.00	SURGI CAL INTENSI VE CARE UNI T						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)		500	183, 47	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	16	5, 85	56	0	16.00
17.00	SUBPROVIDER – IRF						17.00
18.00	SUBPROVI DER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23.00
24.00	HOSPI CE	116.00	0		0		24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		516				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambul ance Trips						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
33.00	outpatient days (see instructions) LTCH non-covered days						33.00

HOSPI T	TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider CC		Period: From 10/01/2015 To 09/30/2016	Date/Time Pre	pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time	<u>2/27/2017_10:</u> Equi val ents	18 am
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
				Patients	& Residents	Payrol I	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	45, 347	3, 734	100, 71	7		1.00
2.00	HMO and other (see instructions)	16, 987	14, 896				2.00
3.00	HMO I PF Subprovi der	143	1,074				3.00
4.00	HMO I RF Subprovi der	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0		0		6,00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	45, 347	3, 734	100, 71	7		7.00
8.00	INTENSIVE CARE UNIT	8, 304	978	17, 88	2		8.00
9.00	CORONARY CARE UNI T	1, 976	311	4, 16	4		9.00
10.00	BURN INTENSIVE CARE UNIT	0	0		0		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)	55, 627	5, 023	122, 76	3 22.80	3, 893. 27	14.00
15.00	CAH visits	0	0		0		15.00
16.00	SUBPROVIDER - IPF	1, 388	127	3, 82	. 00	23.53	
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVI DER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D. P. )		0		0 0 00	0.00	23.00
24.00	HOSPICE	0	0		0 0.00	0.00	
24.10	HOSPICE (non-distinct part)	0	0		0		24.10
25.00 26.00	CMHC - CMHC RURAL HEALTH CLINIC						25.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.00	0.00	
20.25	Total (sum of lines 14-26)	0	0		22.80		
28.00	Observation Bed Days		4, 453	17, 65		3, 710.00	28.00
29.00	Ambul ance Trips	0	4, 400	17,00	0		29.00
30.00	Employee discount days (see instruction)	0			0		30.00
31.00	Employee discount days (see first detroit)				0		31.00
32.00	Labor & delivery days (see instructions)	0	0		0		32.00
32.00	Total ancillary labor & delivery room	Ŭ	0		0		32.00
	outpatient days (see instructions)						
33 00	LTCH non-covered days	0					33.00

	Financial Systems TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	DEACONESS HO		00	N: 15-0082	Peri od:	u of Form CMS-2 Worksheet S-3	
10351 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC		FIOVIDEI			From 10/01/2015 To 09/30/2016	Part I	pared:
		Full Time Equivalents			Di so	charges		
	Component	Nonpai d Workers	Title V		Title XVIII	Title XIX	Total All Patients	
		11.00	12.00		13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	12, 08	9 891	26, 497	1.0
2.00 3.00	HMO and other (see instructions) HMO IPF Subprovider				3, 17	9 2, 739 195		2.0 3.0
1.00	HMO IRF Subprovider					0		4.0
5.00	Hospital Adults & Peds. Swing Bed SNF							5.0
5.00	Hospital Adults & Peds. Swing Bed NF							6. C
. 00	Total Adults and Peds. (exclude observation beds) (see instructions)							7.0
. 00	INTENSIVE CARE UNIT							8. (
. 00	CORONARY CARE UNIT							9.
0.00	BURN INTENSIVE CARE UNIT							10.
1.00	SURGICAL INTENSIVE CARE UNIT							11.
2.00	OTHER SPECIAL CARE (SPECIFY)							12.
3.00	NURSERY				10.00		o	13.
4.00	Total (see instructions)	0.00		0	12, 08	89 891	26, 497	14.
5.00	CAH visits	0.00			1/	0 00	FF/	15.
6.00	SUBPROVIDER - IPF	0.00		0	16	0 28	556	16. 17.
7.00	SUBPROVI DER – I RF SUBPROVI DER							17.
6.00 9.00	SUBPROVIDER SKILLED NURSING FACILITY							10.
9.00 0.00	NURSING FACILITY							20.
1.00	OTHER LONG TERM CARE							20.
2.00	HOME HEALTH AGENCY							21.
3.00	AMBULATORY SURGICAL CENTER (D. P. )							23.
4.00	HOSPI CE	0, 00						24.
4. 10	HOSPICE (non-distinct part)	0.00						24.
5.00	CMHC - CMHC							25.
6.00	RURAL HEALTH CLINIC							26.
6.25	FEDERALLY QUALIFIED HEALTH CENTER	0, 00						26.
7.00	Total (sum of lines 14-26)	0, 00						27.
8.00	Observation Bed Days							28.
9.00	Ambulance Trips							29.
0.00	Employee discount days (see instruction)							30.
1.00	Employee discount days - IRF							31.
2.00	Labor & delivery days (see instructions)							32.
2.01	Total ancillary labor & delivery room							32.
	outpatient days (see instructions)							
3 00	LTCH non-covered days							33.

SPI T <i>i</i>	AL WAGE INDEX INFORMATION			Provider CC		Period: From 10/01/2015 To 09/30/2016		pared
		Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Related to	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							-
00	SALARIES Total salaries (see	200.00	237, 690, 696	-869, 228	236, 821, 46	8 8,062,290.00	29. 37	1.
	instructions)							
00	Non-physician anesthetist Part A		C	0	(	0.00	0.00	2.
00	Non-physician anesthetist Part		989, 498	0	989, 49	8 10, 665. 00	92. 78	3.
00	B Physician-Part A -		3, 709, 440	0	3, 709, 44	15, 310. 00	242. 29	4.
50	Admi ni strati ve		3,707,440	0	3, 707, 44	13, 310. 00	242.27	4.
01	Physicians - Part A - Teaching		0	1, 176, 891	1, 176, 89			
00	Physician and Non Physician-Part B		29, 495, 165	0	29, 495, 16	5 158, 802. 00	185. 74	5.
00	Non-physician-Part B for		3, 780, 623	0	3, 780, 62	3 69, 117. 00	54. 70	6.
	hospital-based RHC and FQHC							
00	services Interns & residents (in an	21.00	C	1, 454, 659	1, 454, 65	9 46, 653.00	31. 18	7.
	approved program)							
01	Contracted interns and residents (in an approved		C	0 0	(	0.00	0.00	7.
	programs)							
00	Home office and/or related		50, 191, 761	0	50, 191, 76	1 2, 701, 147. 00	18. 58	8.
00	organization personnel SNF	44.00	C	0	(	0.00	0.00	9
00	Excluded area salaries (see		12, 176, 677	1, 900, 268	14, 076, 94	5 556, 869. 00	25. 28	10.
	instructions) OTHER WAGES & RELATED COSTS							-
00	Contract Labor: Direct Patient		237, 910	0	237, 91	2, 217. 00	107. 31	11
00	Care		~				0.00	1.0
00	Contract Labor: Top Level management and other management and administrative services		C	0		0.00	0.00	
00	Contract Labor: Physician-Part		7, 285, 530	0	7, 285, 53	63, 808. 00	114. 18	13
00	A - Administrative		14 002 /10	0	14 002 (1)	200 10/ 00	27.00	11
00	Home office and/or related orgainzation salaries and		14, 803, 610	0	14, 803, 610	399, 196. 00	37.08	14
	wage-related costs							
	Home office salaries Related organization salaries		38, 928, 239	0	38, 928, 23	9 2, 149, 123. 00 0. 00		
	Home office: Physician Part A		197, 161	0	197, 16			
00	- Administrative		~	0			0.00	11
00	Home office and Contract Physicians Part A - Teaching		C	0		0.00	0.00	10
	WAGE-RELATED COSTS						1	1
00	Wage-related costs (core) (see instructions)		68,017,231	0	68, 017, 23	1		17
00	Wage-related costs (other)		C	0	(	b		18
00	(see instructions)		10 050 455		12, 850, 65	_		19
00	Excluded areas Non-physician anesthetist Part		12, 850, 655 C	0	12, 650, 65	0		20
	A							
00	Non-physician anesthetist Part B		136, 565	0	136, 56	5		21
00	Þ Physician Part A -		283, 259	0	283, 25	9		22
01	Administrative		1/7 700		1/7 70			0
	Physician Part A - Teaching Physician Part B		167, 782 4, 739, 314		167, 78: 4, 739, 31			22
00	Wage-related costs (RHC/FQHC)		C	0	(	C		24
00	Interns & residents (in an approved program)		346, 804	. 0	346, 80	4		25
50	Home office wage-related		C	0	(	b		25
51	Related orgainzation		C	0	(	C		25
52	wage-related Home office: Physician Part A - Administrative -		C	0	(	D		25
53	wage-related Home office & Contract		r	0		0		25
	Physicians Part A - Teaching -		C					23
	wage-rel ated	C C						
	OVERHEAD COSTS - DIRECT SALARIE Employee Benefits Department	4.00	1, 899, 249	47, 871	1, 947, 12	74, 837. 42	26. 02	26
	Administrative & General	5.00	38, 379, 528			5 1, 223, 838. 63		

Heal th	Financial Systems		DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider CO		Period: From 10/01/2015 To 09/30/2016		pared:
		Worksheet A		Reclassi fi cati			Average Hourly	
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from	(col.2 ± col.		col. 5)	
				Worksheet A-6)		col. 4		
	1	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1, 742, 984	0	1, 742, 98	4 4, 792. 00	363. 73	28.00
29.00	Maintenance & Repairs	6.00	0	0		0 0.00	0.00	29.00
30.00	Operation of Plant	7.00	3, 231, 195	102, 230	3, 333, 42	5 130, 560. 00	25. 53	30.00
31.00	Laundry & Linen Service	8.00	612, 847	13, 354	626, 20	1 52, 202. 55	12.00	31.00
32.00	Housekeepi ng	9.00	4, 155, 597	34, 469	4, 190, 06	6 347, 741. 79	12.05	32.00
33.00	Housekeeping under contract (see instructions)		0	0		0 0.00	0.00	33.00
34.00	Dietary	10.00	3, 530, 217	-2, 158, 181	1, 372, 03	6 105, 878. 26	12.96	34.00
35.00	Dietary under contract (see instructions)		0	0		0 0.00	0.00	35.00
36.00	Cafeteri a	11.00	0	1, 181, 871	1, 181, 87	1 91, 326. 65	12.94	36.00
37.00	Maintenance of Personnel	12.00	0	0		0.00	0.00	37.00
38.00	Nursing Administration	13.00	2, 212, 295	10, 583	2, 222, 87	8 100, 288. 88	22. 16	38.00
39.00	Central Services and Supply	14.00	2,023,299	36, 156	2, 059, 45			39.00
40.00	Pharmacy	15.00	7,887,609		7, 915, 72			40.00
41.00	Medical Records & Medical Records Library	16.00	4, 185, 563					
42.00	Social Service	17.00	3, 335, 040	23, 994	3, 359, 03	4 121, 653. 30	27.61	42.00
43.00	Other General Service	18.00	0	0		0.00		43.00

Heal th	Financial Systems		DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
HOSPI T	AL WAGE INDEX INFORMATION			Provider CO		Period: From 10/01/2015 To 09/30/2016		pared:	
		Worksheet A	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly		
		Line Number		on of Salaries			Wage (col. 4 ÷		
			·	(from	(col.2 ± col.		col. 5)		
				Worksheet A-6)	3)	col. 4			
		1.00	2.00	3.00	4.00	5.00	6.00		
	PART III - HOSPITAL WAGE INDEX	SUMMARY		•		-			
1.00	Net salaries (see		154, 976, 633	-3, 500, 778	151, 475, 85	5 5, 072, 172. 00	29.86	1.00	
	instructions)		40 474 477				05.00		
2.00	Excluded area salaries (see instructions)		12, 176, 677	1, 900, 268	14, 076, 94	5 556, 869. 00	25. 28	2.00	
3.00	Subtotal salaries (line 1		142, 799, 956	-5, 401, 046	137, 398, 91	0 4, 515, 303. 00	30. 43	3.00	
	minus line 2)								
4.00	Subtotal other wages & related		61, 452, 450	0	61, 452, 45	2, 614, 978. 00	23. 50	4.00	
5.00	costs (see inst.) Subtotal wage-related costs		68, 300, 490		68, 300, 49	0.00	49. 71	5.00	
5.00	(see inst.)		00, 300, 490	0	00, 300, 49	0.00	49.71	5.00	
6.00	Total (sum of lines 3 thru 5)		272, 552, 896	-5, 401, 046	267, 151, 85	7, 130, 281. 00	37.47	6.00	
7.00	Total overhead cost (see		73, 195, 423	-2, 831, 050	70, 364, 37	3 2, 795, 311. 34	25. 17	7.00	
	instructions)								

Heal th	Financial Systems	DEACONESS HOSPI TAL		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL WAGE RELATED COSTS	Provi der CCN	: 15-0082	Period: From 10/01/2015 To 09/30/2016		pared:
					Amount Reported	
					1.00	
	PART IV - WAGE RELATED COSTS					
	Part A - Core List					
	RETI REMENT COST					
1.00	401K Employer Contributions				7, 121, 288	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contributio	n			0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see inst				0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instruc				10, 886, 866	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organ	ni zati on)				
5.00	401K/TSA Plan Administration fees				28, 898	
6.00	Legal/Accounting/Management Fees-Pension Plan				110, 379	
7.00	Employee Managed Care Program Administration Fee	S			0	7.00
	HEALTH AND INSURANCE COST					
8.00	Health Insurance (Purchased or Self Funded)				44, 070, 119	8.00
8.01	Health Insurance (Self Funded without a Third Pa				0	
8.02	Health Insurance (Self Funded with a Third Party	Admi ni strator)			0	
8.03	Heal th Insurance (Purchased)				0	
9.00	Prescription Drug Plan				0	
10.00	Dental, Hearing and Vision Plan				1,024,346	
11.00	Life Insurance (If employee is owner or benefici				223, 562	11.00 12.00
12.00 13.00	Accident Insurance (If employee is owner or bene Disability Insurance (If employee is owner or be					
13.00	Long-Term Care Insurance (If employee is owner of be				3, 304, 825	13.00
14.00	Workers' Compensation Insurance	i beneficialy)			916, 817	
16.00	Retirement Health Care Cost (Only current year,	not the extraordinary accr	al roquire	d by EASP 106	910, 817	
10.00	Non cumulative portion)	not the extraordinary accr		u by 1755 100.	0	10.00
	TAXES					
17.00	FICA-Employers Portion Only				16, 146, 217	17.00
18.00	Medicare Taxes - Employers Portion Only				0	
19.00	Unemployment Insurance				37, 463	
20.00	State or Federal Unemployment Taxes				784	
	OTHER					
21.00	Executive Deferred Compensation (Other Than Reti instructions))	rement Cost Reported on lin	nes 1 throu	gh 4 above. (see	1, 163, 038	21.00
22.00	Day Care Cost and Allowances				1, 063, 620	22.00
23.00	Tuition Reimbursement				440, 409	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)				86, 541, 610	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 TAL	In Lie	u of Form CMS-2	2552-10
HOSPI 1	AL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0082	Period: From 10/01/2015	Worksheet S-3 Part V	
			To 09/30/2016		pared:
				2/27/2017 10:	
	Cost Center Description		Contract Labor		
	1		1.00	2.00	
	PART V - Contract Labor and Benefit Cost				
	Hospital and Hospital-Based Component Identifi				
1.00	Total facility's contract labor and benefit co	ost	0	0	1.00
2.00	Hospi tal		0	0	2.00
3.00	Subprovider - IPF		0	0	3.00
4.00	Subprovider - IRF				4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	
7.00	Swing Beds - NF		0	0	1.00
8.00	Hospital-Based SNF				8.00
9.00	Hospital-Based NF				9.00
10.00	Hospi tal -Based OLTC				10.00
11.00	Hospital-Based HHA				11.00
12.00	Separately Certified ASC				12.00
13.00	Hospi tal -Based Hospi ce		0	0	13.00
14.00	Hospital-Based Health Clinic RHC				14.00
15.00	Hospital-Based Health Clinic FQHC				15.00
16.00	Hospital-Based-CMHC				16.00
	Renal Dialysis		0	0	
18.00	Other		0	0	18.00

Heal th	Financial Systems DEACONESS HOS	SPI TAL		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CO	CN: 15-0082	Peri od:	Worksheet S-1	0
				From 10/01/2015		
				To 09/30/2016	Date/Time Pre 2/27/2017 10:	
					2/2//2017 10.	
					1.00	
	Uncompensated and indigent care cost computation				1.00	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 di	vided by Li	ne 202 colum	1.8)	0. 241825	1.00
	Medicaid (see instructions for each line)	inded by in	10 202 001 0		01211020	
2.00	Net revenue from Medicaid				41,001,669	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplementa	al payments	from Medicaid	1?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments fro				0	5.00
6.00	Medi cai d charges				276, 062, 092	6.00
7.00	Medicaid cost (line 1 times line 6)				66, 758, 715	7.00
8.00	Difference between net revenue and costs for Medicaid program	(line 7 min	us sum of lir	nes 2 and 5; if	25, 757, 046	8.00
	< zero then enter zero)					
	Children's Health Insurance Program (CHIP) (see instructions f	for each lin	e)		-	
9.00	Net revenue from stand-alone CHIP				0	9.00
10.00	Stand-alone CHIP charges				0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)				0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP	(line 11 mi	nus line 9; i	f < zero then	0	12.00
	enter zero)					
	Other state or local government indigent care program (see ins					
13.00	Net revenue from state or local indigent care program (Not inc				0	
14.00	Charges for patients covered under state or local indigent car	re program (	Not included	in lines 6 or	0	14.00
45 00						45 00
15.00	State or local indigent care program cost (line 1 times line 1				0	
16.00	Difference between net revenue and costs for state or local ir 13; if < zero then enter zero)	ndigent care	program (III	ie is minus line	0	16.00
	Uncompensated care (see instructions for each line)				<u> </u>	
17.00	Private grants, donations, or endowment income restricted to f	Funding char	ity care		0	17.00
18.00	Government grants, appropriations or transfers for support of				0	
19.00	Total unreimbursed cost for Medicaid , CHIP and state and Loca			(sum of lines	25, 757, 046	
17.00	8, 12 and 16)	ar margent	eare program		20, 107, 010	17.00
			Uni nsured	Insured	Total (col. 1	
			patients	pati ents	+ col. 2)	
			1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions	s)	20, 309, 8	6 9, 377, 889	29, 687, 755	20.00
21.00	Cost of patients approved for charity care (line 1 times line	20)	4, 911, 4	33 2, 267, 808	7, 179, 241	21.00
22.00	Partial payment by patients approved for charity care		141, 19		141, 195	22.00
23.00	Cost of charity care (line 21 minus line 22)		4, 770, 23	38 2, 267, 808	7, 038, 046	23.00
					1.00	
24.00	Does the amount in line 20 column 2 include charges for patier		nd a length o	of stay limit	N	24.00
	imposed on patients covered by Medicaid or other indigent care					
25.00	If line 24 is "yes," charges for patient days beyond an indig			n or stay limit	0	25.00 26.00
27.00						
	28.00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27) 31, 252, 239					
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt ex	kpense (IIne	I TIMES IING	28)	7, 557, 573	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	ing 20)			14, 595, 619	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus l	ine 30)			40, 352, 665	J 31.00

02,00	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	F EXPENSES	Provider CC		eriod: rom 10/01/2015	Worksheet A	
					o 09/30/2016	Date/Time Pre 2/27/2017 10:	
	Cost Center Description	Sal ari es	Other	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	-
-	GENERAL SERVICE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
	00100 CAP REL COSTS-BLDG & FIXT		25, 470, 799	25, 470, 799	101, 381	25, 572, 180	] 1
01	00101 CAP REL COSTS-BLDG & FIXT		0	0	64, 421	64, 421	
	00200 CAP REL COSTS-MVBLE EQUIP		5, 138, 619	5, 138, 619	21, 605, 076	26, 743, 695	
	00300 OTHER CAP REL COSTS	1 000 040	0	0	1 000 011	0	
00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	1, 899, 249 38, 379, 528	42, 903, 735 84, 573, 814	44, 802, 984 122, 953, 342		46, 683, 795 108, 376, 593	
00	00700 OPERATION OF PLANT	3, 231, 195	8, 886, 591	12, 117, 786		12, 115, 350	
	00800 LAUNDRY & LINEN SERVICE	612, 847	615, 470	1, 228, 317		1, 066, 448	
	00900 HOUSEKEEPING	4, 155, 597	1, 177, 555	5, 333, 152		5, 340, 658	
00	01000 DI ETARY	3, 530, 217	3, 373, 646	6, 903, 863	-4, 288, 791	2, 615, 072	10
	01100 CAFETERI A	0	0	0	2, 246, 082	2, 246, 082	
	01300 NURSING ADMINISTRATION	2, 212, 295	1, 237, 117	3, 449, 412		2, 969, 734	
	01400 CENTRAL SERVICES & SUPPLY	2,023,299	2, 353, 002	4, 376, 301	-645, 905	3, 730, 396	
	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	7, 887, 609 4, 185, 563	44, 271, 777 -702, 746	52, 159, 386 3, 482, 817		8, 679, 912 3, 407, 276	
	01700 SOCIAL SERVICE	3, 335, 040	501, 662	3, 836, 702		3, 876, 801	
	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0,000,010	001,002	0,000,702		1, 454, 659	
	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1, 233, 094	1, 233, 094	
	02300 PARAMED ED PRGM-PHARMACY	244, 860	23, 820	268, 680	589	269, 269	23
	02301 PARAMED ED PRGM-CHAPLAIN	0	0	0	205, 754	205, 754	
	02303 PARAMED ED PRGM-NURSI NG	0	0	0	617, 949	617, 949	2
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	50, 890, 467	14 044 194	64, 934, 651	1 000 222	42 024 220	30
	03100 INTENSIVE CARE UNIT	10, 907, 041	14, 044, 184 2, 760, 393	13, 667, 434		63, 934, 328 13, 398, 500	
	03200 CORONARY CARE UNIT	2, 753, 426	768, 717	3, 522, 143		3, 409, 444	
	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	
00	04000 SUBPROVI DER – I PF	1, 117, 206	114, 093	1, 231, 299	4, 688	1, 235, 987	40
	ANCI LLARY SERVI CE COST CENTERS	1					
	05000 OPERATING ROOM	23, 180, 005	74, 791, 787	97, 971, 792		72, 044, 426	
	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	9, 358, 166 705, 473	13, 309, 035 9, 884, 137	22, 667, 201 10, 589, 610		18, 816, 489 10, 579, 521	
	05900 CARDI AC CATHETERI ZATI ON	1, 273, 876	4, 845, 789	6, 119, 665		3, 688, 919	
	06000 LABORATORY	13, 020, 403	19,062,052	32, 082, 455		31, 573, 406	
00	06400 INTRAVENOUS THERAPY	650, 281	1, 328, 679	1, 978, 960	-6, 578	1, 972, 382	64
	06500 RESPI RATORY THERAPY	3, 171, 395	1, 202, 050	4, 373, 445		4, 029, 321	
	06600 PHYSI CAL THERAPY	0	14, 862, 962	14, 862, 962	-30, 367	14, 832, 595	
	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	408, 226	1, 832, 123	2, 240, 349		2, 235, 545 10, 187, 823	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10, 187, 823 19, 443, 183	19, 443, 183	
	07300 DRUGS CHARGED TO PATIENTS	0	0	0		43, 382, 031	
	07400 RENAL DI ALYSI S	260, 775	1, 473, 036	1, 733, 811		1, 733, 811	
00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	0	0	70
	OUTPATIENT SERVICE COST CENTERS						
		1, 643, 010	513, 045	2, 156, 055		2, 162, 458	
	09001 FAMILY PRACTICE CLINIC 09002 OUTPATIENT PSYCH SERVICES	3, 562, 000 495, 952	921, 309 283, 175	4, 483, 309		1, 799, 531 1, 076, 417	
	09002 OUTPATIENT PSYCH SERVICES	495, 952 713, 178	283, 175 365, 571	779, 127 1, 078, 749		1, 078, 417	
	09004 PRIMARY CARE FOR SENIORS	1, 889, 665	625, 990	2, 515, 655		2, 501, 886	
	09005 PALN MANAGEMENT	2, 197, 172	1, 452, 356	3, 649, 528		3, 191, 734	
	09006 WOUND CARE CENTER	637, 281	235, 733	873, 014		873, 950	
	09007 SLEEP CENTER	2,071,632	1, 225, 112	3, 296, 744		3, 247, 375	
	09008 MED/ONCOLOGY	238, 241	167, 789	406, 030		398, 922	
	09100 EMERGENCY	21, 314, 173	10, 713, 148	32, 027, 321	-893, 250	31, 134, 071	
	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
	09600 DURABLE MEDICAL EQUIP-RENTED	2, 719, 742	5, 191, 317	7, 911, 059	- 440, 524	7, 470, 535	9
	SPECIAL PURPOSE COST CENTERS					1	
	11600 HOSPI CE	0	0	0			110
3. 00		226, 876, 085	401, 798, 443	628, 674, 528	18, 677	628, 693, 205	118
	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	2,005,499	2,005,499	10
	19200 PHYSICIANS' PRIVATE OFFICES	0 7, 087, 946	0 2, 179, 731	0 9, 267, 677		2,005,499 8,962,847	
	19200 DEACONESS URGENT CARE	7,087,940	∠, 1,7, 73T ∩	9,207,077	-304, 830		192
	19202 HEARTCARE	93, 146	387, 272	480, 418	-	480, 855	
	19203 FAMILY PRACTICE	624, 617	11,043,545	11, 668, 162		10, 686, 183	
	07950 MI SC NONREI MBURSABLE	985, 986	1, 820, 876	2, 806, 862		2, 805, 859	
i. 00		380, 663	210, 751	591, 414	8, 874	600, 288	
4. 01	07951 OCCUPATIONAL HEALTH						
4. 01 4. 02	07952 OTHER FACILITIES	0	3, 651, 590	3, 651, 590		2, 938, 412	
4. 01 4. 02 4. 03		0 0 550, 957	3, 651, 590 323, 979 978, 551	3, 651, 590 323, 979 1, 529, 508	0	2, 938, 412 323, 979 1, 481, 831	194

Health Financial Systems	DEACONESS H	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider C		Period:	Worksheet A	
				rom 10/01/2015 o 09/30/2016		
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	
194.06 07956 CENTER FOR LIFE BALANCE	1, 856	34, 543	36, 399	-2, 688	33, 711	194.06
194.0707957 DEACONESS VNA	130	745, 568	745, 698	-1, 383	744, 315	194.07
194. 08 07958 HEALTHSOUTH	0	0	(	0 0	0	194.08
194.0907959 HOME OFFICE	0	0	(	0 0	0	194.09
200.00 TOTAL (SUM OF LINES 118-199)	237, 690, 696	423, 484, 934	661, 175, 630	0	661, 175, 630	200. 00

				To 09/30/2016 Da	
					ite/Time Prepare 27/2017 10:18 a
	Cost Center Description		Net Expenses for Allocation		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS	1 (00 470	07 400 050		
	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT	1, 620, 172	27, 192, 352 64, 421		1.
	00200 CAP REL COSTS-BEDG & TTXT	0	26, 743, 695		2.
	00300 OTHER CAP REL COSTS	0	20, 743, 075		3.
	00400 EMPLOYEE BENEFITS DEPARTMENT	-3, 622, 193	43,061,602		4.
0C	00500 ADMINI STRATI VE & GENERAL	-41, 837, 799	66, 538, 794		5
00	00700 OPERATION OF PLANT	-597, 458	11, 517, 892		7.
	00800 LAUNDRY & LINEN SERVICE	-279, 906	786, 542		8
	00900 HOUSEKEEPI NG	-520, 717	4, 819, 941		9
	01000 DI ETARY	-352, 720	2, 262, 352		10
	01100 CAFETERIA	-478, 524	1, 767, 558		11
	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	-10, 439 -110, 104	2, 959, 295 3, 620, 292		13
	01500 PHARMACY	-1, 398, 373	7, 281, 539		15
	01600 MEDICAL RECORDS & LIBRARY	-769, 055	2, 638, 221		16
	01700 SOCIAL SERVICE	-525, 663	3, 351, 138		17
	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	1, 454, 659		21
. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1, 233, 094		22
. 00	02300 PARAMED ED PRGM-PHARMACY	0	269, 269		23
	02301 PARAMED ED PRGM-CHAPLAIN	0	205, 754		23
. 03	02303 PARAMED ED PRGM-NURSING	0	617, 949		23
	INPATIENT ROUTINE SERVICE COST CENTERS		17 011 050		
	03000 ADULTS & PEDIATRICS	-16, 622, 470	47, 311, 858		30
	03100 I NTENSI VE CARE UNI T	-62, 503	13, 335, 997		31
	03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT	0	3, 409, 444		32
	04000 SUBPROVIDER - IPF	0	1, 235, 987		40
	ANCI LLARY SERVICE COST CENTERS		1,200,707		
	05000 OPERATI NG ROOM	-30, 357, 769	41, 686, 657		50
	05400 RADI OLOGY-DI AGNOSTI C	-940, 457	17, 876, 032		54
. 00	05500 RADI OLOGY-THERAPEUTI C	-6, 470, 853	4, 108, 668		55
. 00	05900 CARDI AC CATHETERI ZATI ON	-428, 198	3, 260, 721		59
	06000 LABORATORY	-676, 185	30, 897, 221		60
	06400 I NTRAVENOUS THERAPY	255, 013	2, 227, 395		64
	06500 RESPI RATORY THERAPY	0	4, 029, 321		65
	06600 PHYSI CAL THERAPY	-5, 952, 346	8, 880, 249		66
	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	22,879	2, 258, 424		69 71
	07200 IMPL. DEV. CHARGED TO PATIENTS	-60, 804	10, 127, 019 19, 443, 183		71
	07300 DRUGS CHARGED TO PATIENTS	0	43, 382, 031		72
	07400 RENAL DIALYSIS	-1, 662	1, 732, 149		74
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		76
	OUTPATIENT SERVICE COST CENTERS		-1		
	09000 CLI NI C	17, 133	2, 179, 591		90
. 01	09001 FAMILY PRACTICE CLINIC	-280, 927	1, 518, 604		90
	09002 OUTPATI ENT PSYCH SERVI CES	0	1, 076, 417		90
	09003 I NFUSI ON CENTER	-19, 038	1,050,439		90
	09004 PRIMARY CARE FOR SENIORS	-1, 268, 345	1, 233, 541		90
		-307, 447	2, 884, 287		90
	09006 WOUND CARE CENTER 09007 SLEEP CENTER	-82, 220 -1, 152, 996	791, 730		90
	09007 SLEEP CENTER 09008 MED/ONCOLOGY	-1, 152, 996	2, 094, 379 398, 922		90
	09100 EMERGENCY	-12, 130, 557	19,003,514		91
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	12, 100, 007	17,000,011		92
	OTHER REIMBURSABLE COST CENTERS	I			/2
. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0	7, 470, 535		96
	SPECIAL PURPOSE COST CENTERS	· · · · ·			
	11600 H0SPI CE	0	0		116
3. 00		-125, 402, 531	503, 290, 674		118
	NONREI MBURSABLE COST CENTERS	1	0.005.10-		
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,005,499		190
	19200 PHYSI CLANS' PRI VATE OFFICES	0	8, 962, 847		192
	19201 DEACONESS URGENT CARE 19202 HEARTCARE	0	0 480, 855		192 192
	19202 HEARTCARE 19203 FAMILY PRACTICE	0	480, 855 10, 686, 183		192
	07950 MISC NONREIMBURSABLE		2, 805, 859		192
	07951 OCCUPATI ONAL HEALTH	0	600, 288		194
	07952 OTHER FACILITIES	0	2, 938, 412		194
	07953 HEART HOSPI TAL	o	323, 979		194
4.03					
	07954 PUBLIC RELATIONS	0	1, 481, 831		194
4.04 4.05	07954 PUBLIC RELATIONS 07955 CHILD CARE CENTER 07956 CENTER FOR LIFE BALANCE	0	1, 481, 831		194 194 194

Health Financial Systems	DEACONESS	HOSPI TAL	In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CCN: 15-0082	Period: From 10/01/2015	Worksheet A
			To 09/30/2016	Date/Time Prepared: 2/27/2017 10:18 am
Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6.00	7.00		
194. 08 07958 HEALTHSOUTH	0	0		194.08
194. 09 07959 HOME OFFICE	0	0		194.09
200.00 TOTAL (SUM OF LINES 118-199)	-125, 402, 531	535, 773, 099		200.00

	Financial Systems		DEACONESS H	HOSPI TAL Provi der CCN: 15-0082	In Lieu Period:	J of Form CMS-2552-10 Worksheet A-6
EOEAG					From 10/01/2015 To 09/30/2016	Date/Time Prepared:
	Cost Center	Increases Line #	Salary	0ther		2/27/2017 10:18 am
	2.00	3.00	Salary 4.00	5.00		
1.00	A - BUILDING DEPRECIATION CAP REL COSTS-BLDG & FIXT	1.00	0	725, 905		1.00
2.00		0.00	0	Ο		2.00
3.00 4.00		0.00	0	0		3. 00 4. 00
	O B - EQUIPMENT DEPRECIATION		0	725, 905		
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	20, 897, 948		1.00
2.00 3.00		0.00 0.00	0 0	0 0		2.00 3.00
4.00 5.00		0.00 0.00	0	0 0		4.00 5.00
6.00		0.00	0	0		6.00
7.00 8.00		0.00 0.00	0	0 0		7.00
9.00		0.00	0	0		9.00
10. 00 11. 00		0.00 0.00	0	0 0		10.00 11.00
12. 00 13. 00		0.00 0.00	0	0		12.00 13.00
14.00		0.00	0	0		14.00
15. 00 16. 00		0.00 0.00	0	0 0		15.00 16.00
17.00		0.00	0	Ο		17.00
18. 00 19. 00		0.00 0.00	0	0 0		18.00 19.00
20.00		0.00	0	0		20.00
21.00 22.00		0.00 0.00	0	0 0		21.00 22.00
23.00 24.00		0.00 0.00	0	0 0		23.00 24.00
25.00		0.00	0	0		25.00
26.00 27.00		0.00 0.00	0	0 0		26.00 27.00
28.00		0.00	0	0		28.00
29.00 30.00		0.00 0.00	0	0 0		29.00 30.00
31.00		0.00	0	0		31.00
32.00 33.00		0.00 0.00	0	0 0		32. 00 33. 00
34.00 35.00		0.00 0.00	0	0 0		34. 00 35. 00
36.00		0.00	0	0		36.00
37.00 38.00		0.00 0.00	0	0 0		37.00 38.00
39.00		0.00	0	0		39.00
40.00 41.00		0.00 0.00	0	0 0		40.00 41.00
42.00		0.00	0	0		42.00
43.00 44.00		0. 00 0. 00	0	0		43.00 44.00
45.00 46.00		0.00 0.00	0	0		45.00 46.00
10.00	0		<u>0</u>	20, 897, 948		
1.00	C - INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP	2.00	0	253, 514		1.00
2.00		0.00	0	0		2.00
	D – CAFETERIA		0	253, 514		
1.00 2.00	CAFETERIA GIFT, FLOWER, COFFEE SHOP &	11.00 190.00	1, 181, 871 1, 055, 278	0		1.00
	CANTEEN			U		
3.00 4.00	CAFETERI A	0.00 11.00	0	0 1, 064, 211		3.00 4.00
4.00 5.00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	950, 221		5. 00
6.00	CANTEEN	0.00	0	0		6.00
			2, 237, 149	2,014,432		
1.00	E - INCENTIVE COMPENSATION EMPLOYEE BENEFITS DEPARTMENT	4.00	53, 582	0		1.00
2.00 3.00	ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5.00 7.00	1, 414, 522 110, 773	0		2.00 3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	17, 147	0		4.00
5.00	HOUSEKEEPI NG	9.00	66, 426	0		5.00

Provider CCN: 15-0082

	Inlie	u of Form CMS-2552-10
_		
	Period:	Worksheet A-6
	From 10/01/2015	Worksheet A-6 Date/Time Prepared: 2/27/2017 10:18 am
	To 09/30/2016	Date/Time Prepared:
		2/27/2017 10:18 am

		Increases			
	Cost Center 2.00	Li ne # 3.00	Salary 4.00	0ther 5.00	
6.00	DI ETARY	10.00	89, 150	0	6.00
7.00	NURSING ADMINISTRATION	13.00	26, 459	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	38, 987	0	8.00
9.00 10.00	PHARMACY MEDICAL RECORDS & LIBRARY	15. 00 16. 00	121, 773 28, 907	0	9.00 10.00
11.00	SOCIAL SERVICE	17.00	41, 899	0	11.00
12.00	PARAMED ED PRGM-PHARMACY	23.00	589	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	266, 247	0	13.00
14.00 15.00	INTENSIVE CARE UNIT CORONARY CARE UNIT	31.00 32.00	85, 340 31, 241	0	14.00 15.00
16.00	SUBPROVI DER – I PF	40.00	11, 423	0	16.00
17.00	OPERATING ROOM	50.00	166, 080	0	17.00
18.00	RADI OLOGY-DI AGNOSTI C	54.00	121, 085	0	18.00
19.00 20.00	RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON	55.00 59.00	15, 127 12, 321	0	19.00 20.00
20.00	LABORATORY	60.00	197, 564	0	20.00
22.00	INTRAVENOUS THERAPY	64.00	7, 065	0	22.00
23.00	RESPI RATORY THERAPY	65.00	43, 156	0	23.00
24.00	ELECTROCARDI OLOGY	69.00	4, 636	0	24.00
25.00 26.00	CLINIC FAMILY PRACTICE CLINIC	90. 00 90. 01	16, 593 14, 907	0	25.00 26.00
27.00	OUTPATIENT PSYCH SERVICES	90.02	3, 548	0	27.00
28.00	INFUSION CENTER	90. 03	1, 369	0	28.00
29.00	PRIMARY CARE FOR SENIORS	90.04	13, 170	0	29.00
30. 00 31. 00	PAIN MANAGEMENT WOUND CARE CENTER	90. 05 90. 06	27, 440 10, 050	0	30.00 31.00
31.00	SLEEP CENTER	90.08 90.07	10, 050	0	31.00
33.00	EMERGENCY	91.00	61, 882	0	33.00
34.00	DURABLE MEDICAL EQUIP-RENTED	96.00	49, 268	0	34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	17, 332	0	35.00
36.00 37.00	HEARTCARE FAMI LY PRACTI CE	192. 02 192. 03	4, 710 4, 857	0	36.00 37.00
38.00	MI SC NONREI MBURSABLE	194.00	26, 660	0	38.00
39.00	OCCUPATIONAL HEALTH	194.01	9, 165	0	39.00
40.00	PUBLIC RELATIONS	194.04	14, 766	0	40.00
41.00 44.00	CHILD CARE CENTER	194.05 0.00	27, 527	0	41.00 44.00
	0 — — — — — — — —		3, 285, 736	Ö	
4 9 9	F - LEASES	4 00		150.050	
1.00 2.00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	1.00 2.00	0	458, 953 316, 802	1.00
3.00	CAI REE COSTS-MUDEL EQUIT	0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00 7.00		0. 00 0. 00	0	0	6.00 7.00
7.00	o — — — — — —	0.00	— — — of	775,755	7.00
	G - DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	43, 382, 031	1.00
2.00			<u>0</u>	43, 382, 031	2.00
	H - CENTRAL SUPPLY		0	43, 302, 031	
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	416, 681	1.00
2.00	PATIENTS IMPL. DEV. CHARGED TO	72.00	0	53, 071	2.00
2.00	PATIENTS	72.00	0	55,071	2.00
3.00		0.00	0	0	3.00
	0		0	469, 752	_
1.00	I - RESIDENTS I &R SERVICES-SALARY &	21.00	1 454 650	0	1.00
1.00	FRINGES APPRVD	21.00	1, 454, 659	0	1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	1, 176, 891	0	2.00
2.00	COSTS APPRVD	00.00		F/ 000	2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	56, 203	3.00
4.00		0.00	о	0	4.00
5.00		0.00	0	0	5.00
6.00	L	0.00			6.00
	0 J - PASTORAL EDUCATION		2, 631, 550	56, 203	-
1.00	PARAMED ED PRGM-CHAPLAIN	23.01	200, 748	0	1.00
2.00	PARAMED ED PRGM-CHAPLAIN	23.01	0	5, 006	2.00
3.00		0.00	0	0	3.00
4.00	1	0.00	0	0	4.00

	Financial Systems SIFICATIONS		DEACONESS H	HOSPI TAL Provi der CCN: 15-008	2 Period: \	of Form CMS-2552-10 Norksheet A-6
					From 10/01/2015 To 09/30/2016	Date/Time Prepared: 2/27/2017 10:18 am
	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	0		200, 748	5, 006		
1.00	K - INSURANCE CAP REL COSTS-BLDG & FIXT	1.00	0	666, 512		1.00
2.00	CAP REL COSTS BLDG & FIXT	1.01	0	7, 994		2.00
3.00		0.00	• •	<u>0</u>		3.00
	O L - PUBLIC RELATIONS		0	674, 506		
1.00	ADMI NI STRATI VE & GENERAL	5.00	751	0		1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	О	56, 706		2.00
3.00		0.00	0	0		3.00
4.00	<u> </u>	0.00		56, 706		4.00
	M - NURSING EDUCATION					
1.00	PARAMED ED PRGM-NURSING	23.03	617, 949	0		1.00
2.00 4.00		0.00 0.00	0	0		2.00
5.00		0.00	0	Ö		5.00
6.00		0.00	0	0		6.00
7.00 8.00		0. 00 0. 00	0	0		7.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0 617, 949	— — <u>0</u>		11.00
	N – MEDI CAL SUPPLI ES CHARGED		017, 949	0		
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	9, 771, 142		1.00
2.00	PATIENTS IMPL. DEV. CHARGED TO	72.00	0	19, 390, 112		2.00
2.00	PATIENTS	72.00	0	19, 390, 112		2.00
3.00		0.00	О	0		3.00
4.00 5.00		0.00 0.00	0	0		4.00
5.00 6.00		0.00	0	0		6.00
7.00		0.00	О	0		7.00
9.00		0.00	0	0000000		9.00
	P - BENEFITS		<u> </u>	29, 101, 234		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1, 845, 899		1.00
2.00 3.00		0. 00 0. 00	0	0		2.00
3.00	<u> </u>		— — — <del>0</del>	1,845,899		5.00
	Q - PROPERTY TAXES					
1.00 2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	136, 812 0		1.00
2.00	<u> </u>		— — — <del>0</del>	136, 812		2.00
	R – DI SABI LI TY					
1.00 2.00	EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL	4.00 5.00	0	6, 711 88, 679		1.00
2.00	OPERATION OF PLANT	7.00	0	10, 068		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	4, 268		4.00
5.00	HOUSEKEEPING	9.00	0	33, 032		5.00
6.00 7.00	DI ETARY NURSI NG ADMI NI STRATI ON	10.00 13.00	0	11, 107 17, 265		6. 00 7. 00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	3, 356		8.00
9.00	PHARMACY	15.00	0	94, 083		9.00
10. 00 11. 00	MEDI CAL RECORDS & LI BRARY SOCI AL SERVI CE	16. 00 17. 00	0	15, 981 18, 930		10.00
12.00	ADULTS & PEDIATRICS	30.00	0	243, 334		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	76, 191		13.00
14.00		32.00 40.00	0	20, 122		14.00
15.00 16.00	SUBPROVIDER - IPF OPERATING ROOM	40.00 50.00	0	2, 403 72, 194		15.00 16.00
17.00	RADI OLOGY-DI AGNOSTI C	54.00	0	37, 358		17.00
19.00	CARDI AC CATHETERI ZATI ON	59.00	0	8, 454		19.00
20. 00 21. 00	LABORATORY I NTRAVENOUS THERAPY	60.00 64.00	0	98, 035 2, 746		20.00
22.00	RESPI RATORY THERAPY	65.00	0	15, 936		21.00
23.00	ELECTROCARDI OLOGY	69.00	0	2, 620		23.00
24.00 25.00	CLINIC FAMILY PRACTICE CLINIC	90. 00 90. 01	0	4, 867 1, 599		24.00 25.00
25.00 26.00	OUTPATIENT PSYCH SERVICES	90.01	0	694		25.00
27.00	INFUSION CENTER	90. 03	0	2, 511		27.00
28.00	PRIMARY CARE FOR SENIORS	90.04	0	6, 196		28.00
29.00	PAIN MANAGEMENT	90.05	0	8, 287		29.00

1.00         SLE           2.00         EME           3.00         DUR           4.00         PHY           5.00         HEA           6.00         FAM           7.00         MIS           9.00         CHI           0         O           .00         ADM           .00         ADM           .00         ADM           .00         DIE           .00         ADM           .00         DIE           .00         HOU           .00         NUR           .00         NUR           .00         PHA           .00         NUR           .00         CAR           .00         CLI           .00         CLI           .00         CLI           .00         SLE           .00         MIS           .00 <th>Cost Center 2.00 UND CARE CENTER EEP CENTER ERGENCY RABLE MEDICAL EQUIP-RENTED YSICIANS' PRIVATE OFFICES ARTCARE MILY PRACTICE SC NONREIMBURSABLE ILD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFITS DEPARTMENT MI NI STRATIVE &amp; GENERAL ERATION OF PLANT UNDRY &amp; LINEN SERVICE USEKEEPING ETARY RSING ADMINI STRATION NTRAL SERVICES &amp; SUPPLY ARMACY DI CAL RECORDS &amp; LI BRARY CI AL SERVICE ULTS &amp; PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DI OLOGY-DI AGNOSTIC RDI AC CATHETERIZATION BORATORY TRAVENOUS THERAPY SPI RATORY HERAPY</th> <th>Increases           Li ne #           3.00           90.06           90.07           91.00           96.00           192.00           192.02           192.03           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           10.00           13.00           14.00           15.00           16.00           17.00           32.00           40.00           50.00           54.00           59.00           60.00           64.00           65.00</th> <th>Sal ary 4. 00 0 0 0 0 0 0 0 0 0 0 0 0</th> <th>Provi der CCN: 15-00   Other 5.00  1, 335 6, 257 105, 442 14, 029 19, 722 124 9, 707 666 964 9,707 666 964 1, 065, 273  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</th> <th>282         Peri od: From 10/01/201           To         09/30/201</th> <th></th>	Cost Center 2.00 UND CARE CENTER EEP CENTER ERGENCY RABLE MEDICAL EQUIP-RENTED YSICIANS' PRIVATE OFFICES ARTCARE MILY PRACTICE SC NONREIMBURSABLE ILD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFITS DEPARTMENT MI NI STRATIVE & GENERAL ERATION OF PLANT UNDRY & LINEN SERVICE USEKEEPING ETARY RSING ADMINI STRATION NTRAL SERVICES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVICE ULTS & PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DI OLOGY-DI AGNOSTIC RDI AC CATHETERIZATION BORATORY TRAVENOUS THERAPY SPI RATORY HERAPY	Increases           Li ne #           3.00           90.06           90.07           91.00           96.00           192.00           192.02           192.03           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           194.05           00           10.00           13.00           14.00           15.00           16.00           17.00           32.00           40.00           50.00           54.00           59.00           60.00           64.00           65.00	Sal ary 4. 00 0 0 0 0 0 0 0 0 0 0 0 0	Provi der CCN: 15-00   Other 5.00  1, 335 6, 257 105, 442 14, 029 19, 722 124 9, 707 666 964 9,707 666 964 1, 065, 273  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	282         Peri od: From 10/01/201           To         09/30/201	
1.00         SLE           2.00         EME           3.00         DUR           4.00         PHY           5.00         HEA           6.00         FAM           7.00         MIS           9.00         CHI           0         O           .00         ADM           .00         ADM           .00         ADM           .00         DIE           .00         ADM           .00         DIE           .00         HOU           .00         NUR           .00         NUR           .00         PHA           .00         NUR           .00         CAR           .00         CLI           .00         CLI           .00         CLI           .00         SLE           .00         MIS           .00 <th>2.00 UND CARE CENTER EEP CENTER ERGENCY RABLE MEDI CAL EQUI P-RENTED YSI CI ANS' PRI VATE OFFI CES ARTCARE MI LY PRACTI CE SC NONREI MBURSABLE I LD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFI TS DEPARTMENT MI NI STRATI VE &amp; GENERAL ERATI ON OF PLANT UNDRY &amp; LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES &amp; SUPPLY ARMACY DI CAL RECORDS &amp; LI BRARY CI AL SERVI CES ULTS &amp; PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY</th> <th>Li ne # 3. 00 90. 06 90. 07 91. 00 96. 00 192. 00 192. 02 192. 03 194. 00 5. 00 7. 00 8. 00 9. 00 10. 00 13. 00 14. 00 15. 00 16. 00 17. 00 30. 00 31. 00 32. 00 40. 00 59. 00 60. 00 60. 00 64. 00</th> <th>4.00 0 0 0 0 0 0 0 0 0 0 0 0</th> <th>5.00 1, 335 6, 257 105, 442 14, 029 19, 722 124 9, 707 666 <u>964</u> 1, 065, 273 0 0 0 0 0 0 0 0 0 0 0 0 0</th> <th></th> <th>2/27/2017 10: 18 am 30. 0 31. 0 32. 0 33. 0 34. 0 35. 0 36. 0 37. 0 39. 0 1. 0 2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0 16. 0 17. 0 17. 0 18. 0 10. 0 10. 0 11. 0 10. 0 11. 0 12. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0 15. 0 16. 0 16. 0 17. 0 16. 0 16. 0 16. 0 17. 0 16. 0 17. 0 17. 0 17. 0 18. 0 19. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0 15. 0 16. 0 15. 0 16. 0 15. 0 16. 0 16.</th>	2.00 UND CARE CENTER EEP CENTER ERGENCY RABLE MEDI CAL EQUI P-RENTED YSI CI ANS' PRI VATE OFFI CES ARTCARE MI LY PRACTI CE SC NONREI MBURSABLE I LD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFI TS DEPARTMENT MI NI STRATI VE & GENERAL ERATI ON OF PLANT UNDRY & LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CES ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	Li ne # 3. 00 90. 06 90. 07 91. 00 96. 00 192. 00 192. 02 192. 03 194. 00 5. 00 7. 00 8. 00 9. 00 10. 00 13. 00 14. 00 15. 00 16. 00 17. 00 30. 00 31. 00 32. 00 40. 00 59. 00 60. 00 60. 00 64. 00	4.00 0 0 0 0 0 0 0 0 0 0 0 0	5.00 1, 335 6, 257 105, 442 14, 029 19, 722 124 9, 707 666 <u>964</u> 1, 065, 273 0 0 0 0 0 0 0 0 0 0 0 0 0		2/27/2017 10: 18 am 30. 0 31. 0 32. 0 33. 0 34. 0 35. 0 36. 0 37. 0 39. 0 1. 0 2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0 16. 0 17. 0 17. 0 18. 0 10. 0 10. 0 11. 0 10. 0 11. 0 12. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0 15. 0 16. 0 16. 0 17. 0 16. 0 16. 0 16. 0 17. 0 16. 0 17. 0 17. 0 17. 0 18. 0 19. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0 15. 0 16. 0 15. 0 16. 0 15. 0 16.
1.00         SLE           2.00         EME           3.00         DUR           4.00         PHY           5.00         HEA           6.00         FAM           7.00         MIS           9.00         CHI           0         O           .00         ADM           .00         ADM           .00         ADM           .00         DIE           .00         ADM           .00         DIE           .00         HOU           .00         NUR           .00         NUR           .00         PHA           .00         NUR           .00         CAR           .00         CLI           .00         CLI           .00         CLI           .00         SLE           .00         MIS           .00 <th>2.00 UND CARE CENTER EEP CENTER ERGENCY RABLE MEDI CAL EQUI P-RENTED YSI CI ANS' PRI VATE OFFI CES ARTCARE MI LY PRACTI CE SC NONREI MBURSABLE I LD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFI TS DEPARTMENT MI NI STRATI VE &amp; GENERAL ERATI ON OF PLANT UNDRY &amp; LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES &amp; SUPPLY ARMACY DI CAL RECORDS &amp; LI BRARY CI AL SERVI CES ULTS &amp; PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY</th> <th>Li ne # 3. 00 90. 06 90. 07 91. 00 96. 00 192. 00 192. 02 192. 03 194. 00 5. 00 7. 00 8. 00 9. 00 10. 00 13. 00 14. 00 15. 00 16. 00 17. 00 30. 00 31. 00 32. 00 40. 00 59. 00 60. 00 60. 00 64. 00</th> <th>4.00 0 0 0 0 0 0 0 0 0 0 0 0</th> <th>5.00 1, 335 6, 257 105, 442 14, 029 19, 722 124 9, 707 666 <u>964</u> 1, 065, 273 0 0 0 0 0 0 0 0 0 0 0 0 0</th> <th></th> <th>31.0 32.0 33.0 34.0 35.0 36.0 37.0 39.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 14.0 15.0 14.0 15.0 16.0</th>	2.00 UND CARE CENTER EEP CENTER ERGENCY RABLE MEDI CAL EQUI P-RENTED YSI CI ANS' PRI VATE OFFI CES ARTCARE MI LY PRACTI CE SC NONREI MBURSABLE I LD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFI TS DEPARTMENT MI NI STRATI VE & GENERAL ERATI ON OF PLANT UNDRY & LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CES ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	Li ne # 3. 00 90. 06 90. 07 91. 00 96. 00 192. 00 192. 02 192. 03 194. 00 5. 00 7. 00 8. 00 9. 00 10. 00 13. 00 14. 00 15. 00 16. 00 17. 00 30. 00 31. 00 32. 00 40. 00 59. 00 60. 00 60. 00 64. 00	4.00 0 0 0 0 0 0 0 0 0 0 0 0	5.00 1, 335 6, 257 105, 442 14, 029 19, 722 124 9, 707 666 <u>964</u> 1, 065, 273 0 0 0 0 0 0 0 0 0 0 0 0 0		31.0 32.0 33.0 34.0 35.0 36.0 37.0 39.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 14.0 15.0 14.0 15.0 16.0
1.00         SLE           2.00         EME           3.00         DUR           4.00         PHY           5.00         HEA           6.00         FAM           7.00         MIS           9.00         CHI           0         O           .00         ADM           .00         ADM           .00         ADM           .00         DIE           .00         ADM           .00         DIE           .00         HOU           .00         NUR           .00         NUR           .00         PHA           .00         NUR           .00         CAR           .00         CLI           .00         CLI           .00         CLI           .00         SLE           .00         MIS           .00 <th>2.00 UND CARE CENTER EEP CENTER ERGENCY RABLE MEDI CAL EQUI P-RENTED YSI CI ANS' PRI VATE OFFI CES ARTCARE MI LY PRACTI CE SC NONREI MBURSABLE I LD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFI TS DEPARTMENT MI NI STRATI VE &amp; GENERAL ERATI ON OF PLANT UNDRY &amp; LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES &amp; SUPPLY ARMACY DI CAL RECORDS &amp; LI BRARY CI AL SERVI CES ULTS &amp; PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY</th> <th>3.00 90.06 90.07 91.00 96.00 192.02 192.03 194.05 194.05 00 7.00 8.00 9.00 10.00 13.00 14.00 15.00 16.00 17.00 30.00 31.00 32.00 40.00 59.00 60.00 60.00 64.00</th> <th>4.00 0 0 0 0 0 0 0 0 0 0 0 0</th> <th>5.00 1, 335 6, 257 105, 442 14, 029 19, 722 124 9, 707 666 <u>964</u> 1, 065, 273 0 0 0 0 0 0 0 0 0 0 0 0 0</th> <th></th> <th>31.0 32.0 33.0 34.0 35.0 36.0 37.0 39.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 14.0 15.0 14.0 15.0 16.0</th>	2.00 UND CARE CENTER EEP CENTER ERGENCY RABLE MEDI CAL EQUI P-RENTED YSI CI ANS' PRI VATE OFFI CES ARTCARE MI LY PRACTI CE SC NONREI MBURSABLE I LD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFI TS DEPARTMENT MI NI STRATI VE & GENERAL ERATI ON OF PLANT UNDRY & LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CES ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	3.00 90.06 90.07 91.00 96.00 192.02 192.03 194.05 194.05 00 7.00 8.00 9.00 10.00 13.00 14.00 15.00 16.00 17.00 30.00 31.00 32.00 40.00 59.00 60.00 60.00 64.00	4.00 0 0 0 0 0 0 0 0 0 0 0 0	5.00 1, 335 6, 257 105, 442 14, 029 19, 722 124 9, 707 666 <u>964</u> 1, 065, 273 0 0 0 0 0 0 0 0 0 0 0 0 0		31.0 32.0 33.0 34.0 35.0 36.0 37.0 39.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 14.0 15.0 14.0 15.0 16.0
1.00         SLE           2.00         EME           3.00         DUR           4.00         PHY           5.00         HEA           6.00         FAM           7.00         MIS           9.00         CHI           0         O           .00         ADM           .00         ADM           .00         ADM           .00         DIE           .00         ADM           .00         DIE           .00         HOU           .00         NUR           .00         NUR           .00         PHA           .00         NUR           .00         CAR           .00         CLI           .00         CLI           .00         CLI           .00         SLE           .00         MIS           .00 <th>EEP CENTER ERGENCY RABLE MEDI CAL EQUI P-RENTED YSI CI ANS' PRI VATE OFFI CES ARTCARE MILY PRACTI CE SC NONREI MBURSABLE ILD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFI TS DEPARTMENT MI NI STRATI VE &amp; GENERAL ERATI ON OF PLANT UNDRY &amp; LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES &amp; SUPPLY ARMACY DI CAL RECORDS &amp; LI BRARY CI AL SERVI CE ULTS &amp; PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY</th> <th>90. 07 91. 00 96. 00 192. 02 192. 03 194. 00 194. 05 UNTS 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 13. 00 14. 00 15. 00 16. 00 17. 00 30. 00 31. 00 32. 00 40. 00 59. 00 60. 00 64. 00</th> <th>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</th> <th><math display="block">\begin{array}{c} 6, 257 \\ 105, 442 \\ 14, 029 \\ 19, 722 \\ 124 \\ 9, 707 \\ 666 \\ - 964 \\ - 964 \\ \hline 1, 065, 273 \\ \hline \end{array}</math></th> <th></th> <th>31.0 32.0 33.0 34.0 35.0 36.0 37.0 39.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 14.0 15.0 14.0 15.0 16.0</th>	EEP CENTER ERGENCY RABLE MEDI CAL EQUI P-RENTED YSI CI ANS' PRI VATE OFFI CES ARTCARE MILY PRACTI CE SC NONREI MBURSABLE ILD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFI TS DEPARTMENT MI NI STRATI VE & GENERAL ERATI ON OF PLANT UNDRY & LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CE ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	90. 07 91. 00 96. 00 192. 02 192. 03 194. 00 194. 05 UNTS 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 13. 00 14. 00 15. 00 16. 00 17. 00 30. 00 31. 00 32. 00 40. 00 59. 00 60. 00 64. 00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 6, 257 \\ 105, 442 \\ 14, 029 \\ 19, 722 \\ 124 \\ 9, 707 \\ 666 \\ - 964 \\ - 964 \\ \hline 1, 065, 273 \\ \hline \end{array}$		31.0 32.0 33.0 34.0 35.0 36.0 37.0 39.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 14.0 15.0 14.0 15.0 16.0
2.00         EME           3.00         DUR           3.00         DUR           4.00         PHY           5.00         HEA           6.00         FAM           7.00         MI S           9.00         CHI           0         S           .00         ADM           .00         ADM           .00         DI E           .00         DI E           .00         DI E           .00         PHA           .00         DI E           .00         HOU           .00         DI E           .00         PHA           .00         DI E           .00         PHA           .00         DI E           .00         DI E           .00         FAM           .00         DI E           .00         SUB           6.00         OPE           7.00         RAD           8.00         CAR           9.00         LAB           5.00         OUT           6.00         PRI           7.00         FAH	ERGENCY RABLE MEDI CAL EQUI P-RENTED YSI CI ANS' PRI VATE OFFI CES ARTCARE MI LY PRACTI CE SC NONREI MBURSABLE ILD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFITS DEPARTMENT MI NI STRATI VE & GENERAL ERATION OF PLANT UNDRY & LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CE ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	91.00 96.00 192.02 192.03 194.00 194.05 UNTS 4.00 5.00 7.00 8.00 9.00 10.00 13.00 14.00 15.00 16.00 17.00 30.00 31.00 32.00 40.00 59.00 60.00 64.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$ \begin{array}{c} 105, 442 \\ 14, 029 \\ 19, 722 \\ 124 \\ 9, 707 \\ 666 \\ - 964 \\ - 964 \\ 1, 065, 273 \\ \hline 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\$		32. 0 33. 0 34. 0 35. 0 36. 0 37. 0 39. 0 1. 0 2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0 17. 0 16. 0 16. 0 17. 0 16. 0 17. 0 16. 0 17. 0 16. 0 17. 0 16. 0 17. 0 17. 0 16. 0 17. 0 16. 0 17. 0 16. 0 17.
3.00         DUR           4.00         PHY           5.00         HEA           6.00         FAM           7.00         MIS           9.00         CHI           9.00         CHI           0.00         EMP           .00         EMP           .00         LAU           .00         DI E           .00         HOU           .00         DI E           .00         NUR           .00         PHA           .00         NUR           .00         NUR           .00         NUR           .00         NUR           .00         SUB           .00         INT           .00         CAR           9.00         LAB           5.00         OU           1.00         FAM           5.00         OU           1.00         FAH	RABLE MEDICAL EQUIP-RENTED YSICIANS' PRIVATE OFFICES ARTCARE MILY PRACTICE SC NONREIMBURSABLE ILD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFITS DEPARTMENT MINISTRATIVE & GENERAL ERATION OF PLANT UNDRY & LINEN SERVICE USEKEEPING ETARY RSING ADMINISTRATION NTRAL SERVICES & SUPPLY ARMACY DICAL RECORDS & LIBRARY CIAL SERVICE ULTS & PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DI OLOGY-DIAGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY	96.00 192.02 192.03 194.00 194.05 UNTS 4.00 5.00 7.00 8.00 9.00 10.00 13.00 14.00 15.00 16.00 17.00 30.00 31.00 32.00 40.00 59.00 60.00 60.00 64.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$ \begin{array}{c} 14,029\\ 19,722\\ 124\\ 9,707\\ 666\\ -964\\ -964\\ -964\\ -964\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$		33. 0 34. 0 35. 0 36. 0 37. 0 39. 0 1. 0 2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
4.00 PHY 5.00 HEA 6.00 FAM 7.00 MIS 9.00 CHI 0 5.00 EMP 5.00 ADM 5.00 OPE 5.00 LAU 5.00 DI E 5.00 CAR 5.00 CAR 5.	YSI CI ANS' PRI VATE OFFI CES ARTCARE MI LY PRACTI CE SC NONREI MBURSABLE ILD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFI TS DEPARTMENT MI NI STRATI VE & GENERAL ERATI ON OF PLANT UNDRY & LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CE ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	192.00 192.02 192.03 194.00 194.05 UNTS 4.00 5.00 7.00 8.00 9.00 10.00 13.00 14.00 15.00 16.00 16.00 17.00 30.00 31.00 32.00 40.00 59.00 60.00 60.00 64.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	19, 722 124 9, 707 666 <u>964</u> <u>1, 065, 273</u> 0 0 0 0 0 0 0 0 0 0 0 0 0		34. 0 35. 0 36. 0 37. 0 39. 0 1. 0 2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 14. 0 15. 0 16. 0
5.00         HEA           6.00         FAM           7.00         MIS           9.00         CHI           0         S           .00         EMP           .00         ADM           .00         ADM           .00         OPE           .00         ADM           .00         DO           .00         DO           .00         DIE           .00         NUR           .00         PHA           .00         MCD           .00         CAR           .00	ARTCARE MI LY PRACTI CE SC NONREI MBURSABLE I LD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFI TS DEPARTMENT MI NI STRATI VE & GENERAL ERATI ON OF PLANT UNDRY & LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CE ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	192. 02 192. 03 194. 00 194. 05 UNTS UNTS 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 13. 00 14. 00 15. 00 16. 00 17. 00 30. 00 31. 00 32. 00 40. 00 59. 00 60. 00 64. 00	1, 000 8, 093 1, 525 475 1, 075 1, 075 1, 245 525 425 725 1, 245 525 42, 985 2, 250 200 160 4, 095 435 575 2, 615 25	124 9, 707 666 <u>964</u> <u>1, 065, 273</u> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		35. 0 36. 0 37. 0 39. 0 1. 0 2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 14. 0 0 15. 0 16. 0
6. 00 FAM 7. 00 MI S 9. 00 CHI 0 . 00 EMP . 00 ADM . 00 OPE . 00 LAU . 00 DI E . 00 CAN . 00 CAN	MI LY PRACTI CE SC NONREI MBURSABLE ILD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFITS DEPARTMENT MI NI STRATI VE & GENERAL ERATI ON OF PLANT UNDRY & LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CE ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	192.03 194.00 194.05 UNTS 4.00 5.00 7.00 8.00 9.00 10.00 13.00 14.00 15.00 16.00 17.00 30.00 31.00 32.00 40.00 59.00 60.00 64.00	0 0 0 1,000 8,093 1,525 475 1,075 925 1,245 525 425 725 1,025 42,985 2,250 200 160 4,095 435 575 2,615 25	9,707 666 964 1,065,273 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		36. 0 37. 0 39. 0 1. 0 2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
9.00 CHI 0 5.00 EMP .00 ADM .00 OPE .00 LAU .00 DI E .00 DI E .00 CRN .00 PHA 0.00 MED 1.00 SOC 2.00 ADU 3.00 INT 1.00 SOC 2.00 ADU 3.00 OPE 7.00 RAD 8.00 CAR 9.00 LAB 6.00 OPE 7.00 RAD 8.00 CAR 9.00 LAB 6.00 OPE 7.00 RAD 8.00 CAR 9.00 LAB 6.00 OPE 7.00 RAD 8.00 CAR 9.00 LAB 5.00 SUB 6.00 PE 7.00 RAD 8.00 CAR 9.00 LAB 5.00 CAR 9.00 LAB 5.00 SUB 6.00 PE 3.00 CLI 1.00 FAN 5.00 OUT 1.00 FAN 5.00 OUT 7.00 PAI 8.00 WOU 9.00 SLE 0.00 MED 7.00 PAI 8.00 POT 7.00 PAI 8.00 VOU 9.00 SLE 0.00 MED 7.00 CHI 0.00 CHI	ILD CARE CENTER - SALARY IN NON-SALARY ACCO PLOYEE BENEFITS DEPARTMENT MINISTRATIVE & GENERAL ERATION OF PLANT UNDRY & LINEN SERVICE USEKEEPING ETARY RSING ADMINISTRATION NTRAL SERVICES & SUPPLY ARMACY DICAL RECORDS & LIBRARY CIAL SERVICE ULTS & PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DI OLOGY-DIAGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY	194.05 UNTS 4.00 5.00 7.00 8.00 9.00 10.00 13.00 14.00 15.00 16.00 17.00 30.00 31.00 32.00 40.00 50.00 54.00 59.00 60.00 64.00	0 1,000 8,093 1,525 475 1,075 925 1,245 525 425 725 1,025 42,985 2,250 200 160 4,095 435 575 2,615 25			39.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 16.0
0 S - 00 EMP 00 ADW 00 OPE 00 LAU 00 DI E 00 NUR 00 DI E 00 NUR 00 PHA 00 PHA 00 OPE 100 SUB 6.00 OPE 7.00 RAD 8.00 CAR 9.00 LAB 6.00 OPE 7.00 RAD 8.00 CAR 9.00 LAB 6.00 OPE 7.00 RAD 8.00 CAR 9.00 LAB 6.00 OPE 7.00 RAD 8.00 CAR 9.00 LAB 6.00 OPE 7.00 RAD 8.00 CAR 9.00 LAB 5.00 SUB 6.00 PPE 3.00 CLI 1.00 FAN 5.00 OV 9.00 SLE 0.00 MED 7.00 PAI 8.00 VOU 9.00 SLE 0.00 MED 7.00 PAI 8.00 OV 9.00 SLE 0.00 MED 7.00 CLI 1.00 FAN 5.00 OV 9.00 SLE 0.00 MED 7.00 CO 0.00 INT 1.00 CO 0.00 INT 1.00 FAN 5.00 OV 0.00 CLI 1.00 CO 0.00 INT 1.00 CO 0.00 CI 1.00 CO 0.00 INT 1.00 CO 0.00 CI 1.00 CO 0.00 INT 1.00 CO 0.00 CO 0.0	- SALARY IN NON-SALARY ACCO PLOYEE BENEFITS DEPARTMENT MINISTRATIVE & GENERAL ERATION OF PLANT UNDRY & LINEN SERVICE USEKEEPING ETARY RSING ADMINISTRATION NTRAL SERVICES & SUPPLY ARMACY DICAL RECORDS & LIBRARY CIAL SERVICE ULTS & PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DIOLOGY-DIAGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY	UNTS 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 13. 00 14. 00 15. 00 16. 00 17. 00 30. 00 31. 00 32. 00 40. 00 59. 00 60. 00 64. 00	1, 000 8, 093 1, 525 475 1, 075 925 1, 245 525 425 725 1, 025 42, 985 2, 250 200 160 4, 095 435 575 2, 615 25	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1. 0 2. 0 3. 0 4. 0 5. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
.00         EMP           .00         ADM           .00         OPE           .00         DADM           .00         DEU           .00         DEU           .00         DI E           .00         NUR           .00         CEN           .00         MUR           .00         INT           .00         CAR           .00         INT           .00         CAR           .00         INT           .00         CAR           .00         CAR           .00         CAR           .00         CAR           .00         FAM           .00         FAM           .00         MUS           .00         MIS           .00         CHI           .00	PLOYEE BENEFITS DEPARTMENT MINISTRATIVE & GENERAL ERATION OF PLANT UNDRY & LINEN SERVICE USEKEEPING ETARY RSING ADMINISTRATION NTRAL SERVICES & SUPPLY ARMACY DICAL RECORDS & LIBRARY CIAL SERVICE ULTS & PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DIOLOGY-DIAGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 40.\ 00\\ 50.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ \end{array}$	$\begin{array}{c} 1,000\\ 8,093\\ 1,525\\ 475\\ 1,075\\ 925\\ 1,075\\ 525\\ 425\\ 725\\ 1,025\\ 42,985\\ 2,250\\ 200\\ 160\\ 4,095\\ 435\\ 575\\ 2,615\\ 25\end{array}$			2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
.00         EMP           .00         ADM           .00         DPE           .00         DPE           .00         DPE           .00         DPE           .00         DPE           .00         DE           .00         DIE           .00         NUR           .00         CON           .00         MED           .00         MED           .00         MED           .00         MED           .00         INT           .00         CAR           .00         CAR           .00         FAM           .00         FAM           .00         CAR           .00         MIN           .00         MIN           .00         MIN           .00         MIN           .00	PLOYEE BENEFITS DEPARTMENT MINISTRATIVE & GENERAL ERATION OF PLANT UNDRY & LINEN SERVICE USEKEEPING ETARY RSING ADMINISTRATION NTRAL SERVICES & SUPPLY ARMACY DICAL RECORDS & LIBRARY CIAL SERVICE ULTS & PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DIOLOGY-DIAGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 40.\ 00\\ 50.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ \end{array}$	$\begin{array}{c} 8,093\\ 1,525\\ 475\\ 1,075\\ 925\\ 1,245\\ 525\\ 425\\ 725\\ 1,025\\ 1,025\\ 42,985\\ 2,250\\ 200\\ 160\\ 4,095\\ 435\\ 575\\ 2,615\\ 25\end{array}$			2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
.00         OPE           .00         LAU           .00         LAU           .00         DI E           .00         DI C           .00         NUR           .00         PHA           .00         PHA           .00         PHA           .00         PHA           .00         PHA           .00         PHA           .00         NUR           .00         PHA           .00         INT           .00         CON           .00         INT           .00         COR           .00         INT           .00         INT           .00         INT           .00         CLI           .00         INT           .00         INT           .00         CLI           .00         CLI           .00         FAN           .00         CLI           .00         SLE           .00         MI S           .00         CHI           .00         CHI           .00         CHI           .00 <td>ERATION OF PLANT UNDRY &amp; LINEN SERVICE USEKEEPING ETARY RSING ADMINISTRATION NTRAL SERVICES &amp; SUPPLY ARMACY DICAL RECORDS &amp; LIBRARY CIAL SERVICE ULTS &amp; PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DIOLOGY-DIAGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY</td> <td><math display="block">\begin{array}{c} 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 16.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 40.\ 00\\ 50.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ \end{array}</math></td> <td><math display="block">\begin{array}{c} 1, 525 \\ 475 \\ 1, 075 \\ 925 \\ 1, 245 \\ 525 \\ 425 \\ 725 \\ 1, 025 \\ 42, 985 \\ 2, 250 \\ 200 \\ 160 \\ 4, 095 \\ 435 \\ 575 \\ 2, 615 \\ 25 \end{array}</math></td> <td></td> <td></td> <td>3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0</td>	ERATION OF PLANT UNDRY & LINEN SERVICE USEKEEPING ETARY RSING ADMINISTRATION NTRAL SERVICES & SUPPLY ARMACY DICAL RECORDS & LIBRARY CIAL SERVICE ULTS & PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DIOLOGY-DIAGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 16.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 40.\ 00\\ 50.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ \end{array}$	$\begin{array}{c} 1, 525 \\ 475 \\ 1, 075 \\ 925 \\ 1, 245 \\ 525 \\ 425 \\ 725 \\ 1, 025 \\ 42, 985 \\ 2, 250 \\ 200 \\ 160 \\ 4, 095 \\ 435 \\ 575 \\ 2, 615 \\ 25 \end{array}$			3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
.00         LAU           .00         HOU           .00         DIE           .00         NUR           .00         PHA           .00         SOC           2.00         ADU           3.00         INT           .00         RAD           8.00         CAR           9.00         LAB           0.00         INT           1.00         RES           2.00         ELE           3.00         CLI           4.00         FAR           9.00         SLE           0.00         MI S           0.00         MI S           5.00         OCC           4.00         MI S           5.00         OCC           6.00         PUB           7.00         CHI           0         T	UNDRY & LI NEN SERVI CE USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CE ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ 16. \ 00\\ 17. \ 00\\ 30. \ 00\\ 31. \ 00\\ 32. \ 00\\ 40. \ 00\\ 50. \ 00\\ 54. \ 00\\ 59. \ 00\\ 60. \ 00\\ 64. \ 00\\ 64. \ 00\\ \end{array}$	$\begin{array}{c} 475\\ 1,075\\ 925\\ 1,245\\ 525\\ 425\\ 725\\ 1,025\\ 42,985\\ 2,250\\ 200\\ 160\\ 4,095\\ 435\\ 575\\ 2,615\\ 25\end{array}$			4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
.00         HOU           .00         DI E           .00         DI E           .00         NUR           .00         CEN           .00         PHA           .00         MED           .00         MED           .00         MED           .00         MED           .00         MED           .00         MED           .00         INT           4.00         COR           5.00         GUB           7.00         RAD           8.00         CAR           9.00         LAB           0.00         INT           1.00         RES           2.00         DUR           3.00         CLI           4.00         FAM           5.00         OUT           6.00         PRI           7.00         SLE           0.00         MES           5.00         OUC           1.00         EME           2.00         DUR           3.00         PHY           4.00         MIS           5.00         OCC	USEKEEPI NG ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CE ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 9,\ 00\\ 10,\ 00\\ 13,\ 00\\ 14,\ 00\\ 15,\ 00\\ 16,\ 00\\ 17,\ 00\\ 30,\ 00\\ 31,\ 00\\ 32,\ 00\\ 40,\ 00\\ 50,\ 00\\ 54,\ 00\\ 59,\ 00\\ 60,\ 00\\ 64,\ 00\\ \end{array}$	$\begin{array}{c} 1,075\\ 925\\ 1,245\\ 525\\ 425\\ 725\\ 1,025\\ 42,985\\ 2,250\\ 200\\ 160\\ 4,095\\ 435\\ 575\\ 2,615\\ 25\end{array}$			5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
.00         DI E           .00         NUR           .00         CEN           .00         PHA           .00         MED           .00         MED           .00         MED           .00         MED           .00         SOC           .00         MED           .00         SOC           .00         INT           4.00         COR           5.00         SUB           6.00         OPE           7.00         RAD           8.00         CAR           9.00         LAB           0.00         FAM           5.00         OUT           6.00         PRI           7.00         FAI           8.00         KOU           9.00         LAB           0.00         FAM           5.00         OUT           6.00         PRI           8.00         MED           1.00         EME           2.00         DUR           3.00         PHY           4.00         MI S           5.00         OCC	ETARY RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CE ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 10.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 40.\ 00\\ 50.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ \end{array}$	925 1, 245 525 425 725 1, 025 42, 985 2, 250 200 160 4, 095 435 575 2, 615 25			6.0 7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 16.0
.00         NUR           .00         CEN           .00         PHA           .00         MED           .00         MED           .00         SOC           .00         ADU           .00         INT           .00         FAM           .00         PNI           .00         PNI           .00         MED           .00         MIS           .00         PUB           .00         PUB           .00         CHI           .00         CHI           .00         T	RSI NG ADMI NI STRATI ON NTRAL SERVI CES & SUPPLY ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CE ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 40.\ 00\\ 50.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ \end{array}$	$\begin{array}{c} 1, 245\\ 525\\ 425\\ 725\\ 1, 025\\ 42, 985\\ 2, 250\\ 200\\ 160\\ 4, 095\\ 435\\ 575\\ 2, 615\\ 25\end{array}$			7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 16.0
.00         CEN           .00         PHA           .00         PHA           .00         MED           1.00         SOC           2.00         ADU           3.00         INT           4.00         COR           5.00         SUB           6.00         OPE           7.00         RADU           9.00         LAB           0.00         INT           1.00         RES           2.00         ELE           3.00         CLI           3.00         CLI           5.00         SUB           6.00         PRI           7.00         PAI           8.00         WOU           9.00         SLE           0.00         MED           1.00         EME           2.00         DUR           2.00         DUR           3.00         PHY           4.00         MI S           5.00         OCC           6.00         PUB           7.00         CHI           0         T <td>NTRAL SERVICES &amp; SUPPLY ARMACY DICAL RECORDS &amp; LIBRARY CIAL SERVICE ULTS &amp; PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DI OLOGY-DIAGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY</td> <td><math display="block">\begin{array}{c} 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 40.\ 00\\ 50.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ \end{array}</math></td> <td>525 425 725 1, 025 42, 985 2, 250 200 160 4, 095 435 575 2, 615 25</td> <td></td> <td></td> <td>8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0</td>	NTRAL SERVICES & SUPPLY ARMACY DICAL RECORDS & LIBRARY CIAL SERVICE ULTS & PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DI OLOGY-DIAGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 40.\ 00\\ 50.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ \end{array}$	525 425 725 1, 025 42, 985 2, 250 200 160 4, 095 435 575 2, 615 25			8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
00         PHA           0.00         MED           1.00         SOC           2.00         ADU           3.00         INT           4.00         COR           5.00         SUB           5.00         SUB           5.00         GPE           7.00         RAD           3.00         LAB           9.00         LAB           9.00         INT           1.00         RES           2.00         ELE           3.00         CLI           4.00         FAI           3.00         VOU           2.00         SLE           0.00         SLE           0.00         SLE           0.00         MI S           5.00         OUR           3.00         PHY           4.00         MI S           5.00         OCH           0         T           0         CHI           0         CHI           0         T	ARMACY DI CAL RECORDS & LI BRARY CI AL SERVI CE ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 15. \ 00\\ 16. \ 00\\ 17. \ 00\\ 30. \ 00\\ 31. \ 00\\ 32. \ 00\\ 40. \ 00\\ 50. \ 00\\ 54. \ 00\\ 59. \ 00\\ 60. \ 00\\ 64. \ 00\\ \end{array}$	425 725 1, 025 42, 985 2, 250 200 160 4, 095 435 575 2, 615 25			9.0 10.0 11.0 12.0 13.0 14.0 15.0 16.0
D. 00         MED           1. 00         SOC           2. 00         ADU           3. 00         I NT           4. 00         COR           5. 00         SUB           5. 00         SUB           5. 00         COR           5. 00         COR           5. 00         CAR           7. 00         RAD           3. 00         CAR           9. 00         LAB           2. 00         LAB           3. 00         CLI           4. 00         FAM           5. 00         OR           9. 00         SLED           0. 00         MED           1. 00         EME           2. 00         DUR           3. 00         PHY           4. 00         MI S           5. 00         OCB           7. 00         CHI           0         T	DI CAL RECORDS & LI BRARY CI AL SERVI CE ULTS & PEDI ATRI CS TENSI VE CARE UNI T RONARY CARE UNI T BPROVI DER - I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 16. \ 00\\ 17. \ 00\\ 30. \ 00\\ 31. \ 00\\ 32. \ 00\\ 40. \ 00\\ 50. \ 00\\ 54. \ 00\\ 59. \ 00\\ 60. \ 00\\ 64. \ 00\\ \end{array}$	725 1, 025 42, 985 2, 250 200 160 4, 095 435 575 2, 615 25			10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
1.00         SOC           2.00         ADU           3.00         INT           4.00         COR           5.00         SUB           5.00         OPE           7.00         RAD           3.00         CAR           9.00         LAB           9.00         INT           1.00         RES           2.00         CLI           3.00         CLI           4.00         FAM           5.00         OUT           6.00         PRI           7.00         SLE           9.00         MED           9.00         MED <td>CI AL SERVICE ULTS &amp; PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DIOLOGY-DIAGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY</td> <td><math display="block">\begin{array}{c} 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 40.\ 00\\ 50.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ \end{array}</math></td> <td>42, 985 2, 250 200 160 4, 095 435 575 2, 615 25</td> <td></td> <td></td> <td>12. 0 13. 0 14. 0 15. 0 16. 0</td>	CI AL SERVICE ULTS & PEDIATRICS TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DIOLOGY-DIAGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 40.\ 00\\ 50.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ \end{array}$	42, 985 2, 250 200 160 4, 095 435 575 2, 615 25			12. 0 13. 0 14. 0 15. 0 16. 0
3. 00         I NT           4. 00         COR           5. 00         SUB           5. 00         PE           7. 00         RAD           8. 00         CAR           9. 00         LAB           0.00         I NT           1. 00         RES           2. 00         LAB           3. 00         CLI           3. 00         CLI           4. 00         FAM           5. 00         OUT           6. 00         PRI           7. 00         PAI           8. 00         WOU           9. 00         SLE           1. 00         EME           2. 00         DUR           3. 00         PHY           4. 00         MI S           5. 00         OCC           6. 00         PUB           7. 00         CHI           0         T	TENSIVE CARE UNIT RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DI OLOGY-DI AGNOSTIC RDI AC CATHETERIZATION BORATORY TRAVENOUS THERAPY	$\begin{array}{c} 31.\ 00\\ 32.\ 00\\ 40.\ 00\\ 50.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ \end{array}$	2, 250 200 160 4, 095 435 575 2, 615 25			13. 0 14. 0 15. 0 16. 0
4. 00 COR 5. 00 SUB 5. 00 OPE 7. 00 RAD 9. 00 LAB 0. 00 INT 1. 00 RES 2. 00 ELE 3. 00 CLM 5. 00 OUT 5. 00 PRI 7. 00 PAI 8. 00 WOU 9. 00 SLE 0. 00 MED 1. 00 EME 2. 00 DUR 3. 00 PHY 4. 00 MIS 5. 00 OCC 4. 00 FAM 5. 00 OCC 5. 00 PUB 7. 00 CHI 0 T_	RONARY CARE UNIT BPROVIDER - IPF ERATING ROOM DI OLOGY-DI AGNOSTIC RDIAC CATHETERIZATION BORATORY TRAVENOUS THERAPY	32.00 40.00 50.00 54.00 59.00 60.00 64.00	200 160 4, 095 435 575 2, 615 25	0 0 0 0 0		14. 0 15. 0 16. 0
5. 00 SUB 6. 00 OPE 7. 00 RAD 8. 00 CAR 9. 00 LAB 0. 00 INT 1. 00 RES 2. 00 ELE 3. 00 CLI 4. 00 FAN 5. 00 OUT 5. 00 OUT 5. 00 PRI 7. 00 PAI 8. 00 WOU 9. 00 SLE 0. 00 MED 2. 00 DUR 3. 00 PHY 4. 00 MIS 5. 00 OCC 4. 00 MIS 5. 00 OCC 4. 00 MIS 5. 00 OCC 5. 00 CHI 0 T	BPROVI DER – I PF ERATI NG ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	40.00 50.00 54.00 59.00 60.00 64.00	160 4, 095 435 575 2, 615 25	0 0 0 0 0		15. 0 16. 0
6.00         OPE           7.00         RAD           8.00         CAR           9.00         LAB           9.00         INT           1.00         RES           2.00         ELE           3.00         CLI           4.00         FAM           5.00         OUT           7.00         PAI           8.00         WOU           9.00         SLE           0.00         MED           2.00         EME           2.00         DUR           3.00         PHY           4.00         MI S           5.00         OCC           6.00         PHY           4.00         MI S           5.00         OCC           6.00         PUB           7.00         CHI           0         T	ERATING ROOM DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATION BORATORY TRAVENOUS THERAPY	50.00 54.00 59.00 60.00 64.00	4, 095 435 575 2, 615 25	0 0 0 0		16. 0
7. 00 RAD 8. 00 CAR 9. 00 LAB 0. 00 I NT 1. 00 RES 2. 00 ELE 3. 00 CLI 4. 00 FAM 5. 00 OUT 6. 00 PRI 7. 00 PAI 8. 00 WOU 9. 00 SLE 0. 00 MED 1. 00 EME 2. 00 DUR 3. 00 PHY 4. 00 MIS 5. 00 OCCHI 0 T	DI OLOGY-DI AGNOSTI C RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	54.00 59.00 60.00 64.00	435 575 2, 615 25	0 0 0		
3. 00         CAR           9. 00         LAB           9. 00         INT           1. 00         RES           2. 00         ELE           3. 00         CLI           4. 00         FAM           5. 00         OUT           6. 00         PRI           7. 00         PAI           8. 00         WOU           9. 00         MED           9. 00         PHY           4. 00         MIS           5. 00         OCC           0         T           0         T	RDI AC CATHETERI ZATI ON BORATORY TRAVENOUS THERAPY	59.00 60.00 64.00	575 2, 615 25	0 0		1 17.0
P. 00         LAB           D. 00         I NT           1. 00         RES           2. 00         ELE           3. 00         CLI           4. 00         FAM           5. 00         OUT           5. 00         PRI           7. 00         PAI           8. 00         WOU           9. 00         SLE           2. 00         MED           1. 00         EME           2. 00         DUR           3. 00         PHY           4. 00         MIS           5. 00         OUE           5. 00         PUB           7. 00         CHI           0         T	BORATORY TRAVENOUS THERAPY	60.00 64.00	2, 615 25	0		18.0
D. 00         I NT           1. 00         RES           2. 00         ELE           3. 00         CLI           4. 00         FAM           5. 00         OUT           5. 00         PRI           7. 00         PAI           3. 00         WOU           D. 00         SLE           D. 00         SLE           D. 00         MED           D. 00         EME           D. 00         MIS           S. 00         OUT           S. 00         PUB           7. 00         CHI           0         T	TRAVENOUS THERAPY	64.00	25			19.0
2. 00 ELE 3. 00 CLI 4. 00 FAM 5. 00 OUT 6. 00 PAI 8. 00 WOU 9. 00 SLE 0. 00 MED 1. 00 EME 2. 00 DUR 3. 00 PHY 4. 00 MIS 5. 00 OCHI 0 T	SPI RATORY THERAPY	65.00		0		20.0
3. 00         CLI           4. 00         FAM           5. 00         OUT           5. 00         PRI           7. 00         PAI           9. 00         SLE           0. 00         MOU           9. 00         SLE           0. 00         MED           1. 00         EME           2. 00         DUR           3. 00         PHY           4. 00         MIS           5. 00         OCC           6. 00         PUB           7. 00         CHI           0         T			10	0		21.0
4. 00 FAM 5. 00 OUT 6. 00 PRI 7. 00 PAI 8. 00 WOU 9. 00 SLE 0. 00 MED 1. 00 EME 2. 00 DUR 3. 00 PHY 4. 00 MIS 5. 00 OCC 6. 00 PUB 7. 00 CHI 0 T	ECTROCARDI OLOGY	69.00	150	0		22.0
5.00 OUT 6.00 PRI 7.00 PAI 8.00 WOU 9.00 SLE 0.00 MED 1.00 EME 2.00 DUR 3.00 PHY 4.00 MIS 5.00 OCC 6.00 PUB 7.00 CHI 0 T		90.00	50	0		23.0
6.00 PRI 7.00 PAI 8.00 WOU 9.00 SLE 0.00 MED 1.00 EME 2.00 DUR 3.00 PHY 4.00 MIS 5.00 OCC 6.00 PUB 7.00 CHI 0 T_	MILY PRACTICE CLINIC	90.01	4, 080	0		24.0
7.00 PAI 8.00 WOU 9.00 SLE 0.00 MED 2.00 DUR 3.00 PHY 4.00 MIS 5.00 OCC 6.00 PUB 7.00 CHI 0 T_	TPATIENT PSYCH SERVICES	90. 02 90. 04	300 5, 065	0		25. 0 26. 0
8. 00 WOU 9. 00 SLE 0. 00 MED 1. 00 EME 2. 00 DUR 3. 00 PHY 4. 00 MI S 5. 00 OCC 6. 00 PUB 7. 00 CHI 0 T	IN MANAGEMENT	90.05	875	0		20.0
0.00 MED 1.00 EME 2.00 DUR 3.00 PHY 4.00 MI S 5.00 OCC 6.00 PUB 7.00 <u>CHI</u> 0 <u>T</u> -	UND CARE CENTER	90.06	400	0		28.0
1.00 EME 2.00 DUR 3.00 PHY 4.00 MI S 5.00 OCC 6.00 PUB 7.00 <u>CHI</u> 0 T -	EEP CENTER	90.07	1, 380	0		29.0
2. 00 DUR 3. 00 PHY 4. 00 MI S 5. 00 OCC 6. 00 PUB 7. 00 CHI 0 T -	D/ONCOLOGY	90.08	25	0		30. 0
3. 00 PHY 4. 00 MI S 5. 00 OCC 6. 00 PUB 7. 00 <u>CHI</u> 0 T -	ERGENCY	91.00	1, 715	0		31.0
4.00 MIS 5.00 OCC 6.00 PUB 7.00 <u>CHI</u> 0 T -	RABLE MEDI CAL EQUI P-RENTED	96.00	440	0		32.0
5.00 OCC 6.00 PUB 7.00 CHI 0 T -	YSICIANS' PRIVATE OFFICES SC NONREIMBURSABLE	192.00 194.00	8, 785 25	0		33. 0 34. 0
6. 00 PUB 7. 00 CHI 0 T -	CUPATIONAL HEALTH	194.00	25	0		35.0
7.00 <u>CHI</u> 0 T -	BLIC RELATIONS	194.04	350	0		36.0
	ILD CARE CENTER	194.05	1, 200	0		37.0
			95, 253	ō		
ואון טט.	- PART A PHYSICIANS	21.00	(0.700			
00   I NT	TENSIVE CARE UNIT TENSIVE CARE UNIT	31.00 31.00	60, 700 0	0 6, 450		1.0
.00		0.00	o	0, 430		3.0
00		0.00	0	0		4.0
0			60, 700	6, 450		
	- HEART SALARI ES	!	!			
	MINISTRATIVE & GENERAL	5.00	724	0		1.0
	RSING ADMINISTRATION ULTS & PEDIATRICS	13.00 30.00	144 23, 992	0		2.0
	TENSIVE CARE UNIT	30.00	23, 992	0		4.0
	ERATING ROOM	50.00	31, 696	0		5.0
	DI OLOGY-DI AGNOSTI C	54.00	01,070	13		6.0
	RDIAC CATHETERIZATION	59.00	2, 513	0		7.0
00 EME	ERGENCY		<u>1,979</u>	0		8.0
0			75, 089	13		
		1.01	0	56, 427		1.0
	- HSB BUILDING		<u>0</u>	<u>56, 427</u> 56, 427		1.0
Z -	- HSB BUI LDI NG P REL COSTS-BLDG & FI XT	I				
			349, 596	0		1.0
	P REL COSTS-BLDG & FIXT	30.00				2.0
00 EME	P REL COSTS-BLDG & FIXT - CARE TEAM ULTS & PEDIATRICS TPATIENT PSYCH SERVICES	90.02	320, 771	0		
0 00.00 Gra	P REL COSTS-BLDG & FIXT - CARE TEAM ULTS & PEDIATRICS		320, 771 0 670, 367	0 5 <u>5, 769</u> 55, 769		3. 0

Dest Durit of Units         Dest Stature         Other         Must. A.7.8er           1.00         6.00         0.00         0.00         10.00         1.00           2.00         ADM ASTRATURE A DEPERAL         5.00         0         10.022         9         2.00           4.00         DER INCLUENDS         120.00         0         10.00         9         2.00           4.00         DER INCLUENDS         148.00         0         7.25, 408         9         2.00           5.1         COURTERT DEPERCENTION         0         0         1.40, 00         9         2.00								ate/Time Prepared: /27/2017 10:18 am
0         0.00         7.00         8.00         9.00         10.00           0         ALMIN ISTRATULE & CHIERAL 3.00         0.00         0.00         2.00         3.00           2.00         ANIM ISTRATULE & CHIERAL 3.00         10.222         9         3.00           4.00         DTIRE FACILITISE         194.02         0         2.00         3.00           2.00         ANIM ISTRATULE & CHIERAL 3.00         1.00         0         7.50.99         9           2.00         ANIM INSTRATULE & CHIERAL 3.00         0.00         0         1.40.08         9         1.00           2.00         ANIM INSTRATULE & CHIERAL 3.00         0.00         0         1.40.08         9         1.00           2.00         ANIM INSTRATULE & CHIERAL 3.00         0.00         1.40.08         9         1.00           2.00         ANIM INSTRATULE & CHIERAL 3.00         0.00         1.40.08         9         1.00           3.00         ANIM INSTRATULE & SCHERAL 3.00         0.00         1.40.08         9         1.00           3.00         ANIM INSTRATULE & SCHERAL 3.00         1.00         1.00         1.00         1.00           3.00         ANIM INSTRATULE & SCHERAL 3.00         1.00         1.00         <			Decreases					
A         Delta Disk Depreciation           100         A         Delta Disk Depreciation         0								
1.00 MS:         Addition (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2			7.00	8.00	9.00	10.00		
2.00         MAIN INSTRUTUR A GATERAL         15.00         0.222         9         2.00           3.00         MISS ROULLINGS.         100.02         0.732.178         9         3.00           3.00         DESERDELLATES.         100.02         0.732.178         9         3.00           3.00         DESERDELLATES.         0.00         0.02.258         9         3.00           3.00         DESERDELLATES.         0.00         0.02.258         9         3.00           3.00         DESERDELLATES.         0.00         0.02.258         9         3.00           3.00         DESERDELLATES.         0.00         0.00         1.40.04         9         3.00           3.00         DESERDELLATES.         0.00         1.70.016         9         9.00         3.00         1.70.016         9         9.00           3.00         DESERDELLATES.         0.00         1.50.020         9         9.00         1.00         <	1.00	A - BOILDING DEFRECTATION	0.00	0	0	)	9	1.00
4.00         Differ EAULITIES         124.02         0         773.178         9         4.00           1.00         0         0.01         0		ADMI NI STRATI VE & GENERAL			10, 222	2	9	
0         -				0				3.00
B         - COLI NET: DEPENDENT OF TO A SUPERVISE TO SUPERVISE T	4.00	OTHER_FACILITIES	<u> </u>				9	4.00
1.00         OPENIL COSTS IN LIGK & FLXT         0.00         0         1.40.04H         9         1.00           3.00         IMPLOTIFE INTELTS EPARTMENT         4.00         0         1.46.04H         9         2.00           3.00         IMPLOTIFE INTELTS EPARTMENT         4.00         0         1.46.04H         9         3.00           3.00         IMPLOTIFE INTELTS EPARTMENT         4.00         0         1.66.77         9         5.00           4.00         OPERATION OF PLANT         5.00         0         175.016         9         6.00           0.00         DETARY         1.00         0         126.360         9         7.00           0.00         DETAR         SEMICS & SUPPLY         15.00         210.216         9         11.00           1.00         DETAR         SEMICS & SUPPLY         15.00         210.216         9         11.00           1.00         PARAACY         LEBARY         15.00         210.216         9         11.00           1.00         PARAACY         LEBARY         15.00         2.204.984         9         15.00           1.00         DEADARTA         SUPROVIDE - 1.PP         40.00         4.80.09         9         16.00 </td <td></td> <td></td> <td></td> <td>0</td> <td>/25, 905</td> <td></td> <td></td> <td></td>				0	/25, 905			
2.00         DAP REL COSTS-BLOG & FIXT         1.00         0         1,440,048         0         2.00           0.00         DEPLOYEE ENERTS DEVENTENT         1.00         0         1,86,670         0         3.00           4.00         AUMIN STRATIVE & GENERAL         5.00         0         10,786,869         0         4.00           0.00         DETARY         10.00         12,86,869         0         5.00         7.00           0.00         DETARY         10.00         12,86,869         0         5.00         7.00           0.00         DETARY         10.00         12,80,80         0         5.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         10.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00	1 00	B - EQUIPMENT DEPRECIATION	0.00	0	0	)	9	1 00
1:00         ADMINI STATUTY & GUNRAL         5:00         0         10.788, 699         4.00           0:00         DEPARATION OF FLANT         7:00         0         115,209         9         5:00           0:00         DEPARATION OF FLANT         7:00         0         115,209         9         5:00           0:00         DEPARATION         113,00         0         156,013         9         6:00           0:00         MIREING ABIN INSTRATION         13:00         0         5:00         7:00         10.00           0:00         MIREING ABIN INSTRATION         13:00         0         2:01         10.00         11:00         10.00         11:00         10.00         11:00         10.00         11:00         10.00         11:00         10.00         11:00         10:00		CAP REL COSTS-BLDG & FIXT			1, 440, 048			
5.00         DEFART ON OF CHANT         7.00         113.209         9         5.00           0.01         DATA         NIN NEW CF         8.00         0.700         6.00         7.00           0.01         DELEMENTAN IN NEW CF         8.00         0.00         56.020         7.00           0.01         DELEMANNIN STRAT ON         10.00         0.215.140         9         0.00           0.01         DELEMANNIN STRAT ON         11.00         0.00         215.140         9         0.00           1.00         MANNINGY         15.00         0.215.140         9         11.00           12.00         KEI CAL RECORDS & LIBRAY         16.00         0.10.448         9         12.00           13.00         SALA         SART CE         17.00         0.13.80         20.01         13.80         20.01         14.00 <td>3.00</td> <td>EMPLOYEE BENEFITS DEPARTMENT</td> <td>4.00</td> <td>0</td> <td>18, 670</td> <td>)</td> <td>9</td> <td>3.00</td>	3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18, 670	)	9	3.00
6.00         LUNDRY & LI NR SERVICE         8.00         0         179,016         9         6.00           00         DETARY         10.00         0         59,920         9         7.00           8.00         DETARY         10.00         0         122,366         9         8.00           00         MARING KAUNIN STRATTON         13.00         0         50,01,17         9         9,00           11.00         MARING KAUNIN STRATTON         13.00         212,216         9         110           01         MARING KAUNIN STRATTON         13.00         212,216         9         13.00           12.00         MELCA DECORDS & LIRAW         16.00         1.40,444         9         13.00           13.00         SOLAL SERVICE         17.00         1.800         13.00         13.00           14.00         MITTENS VE CARE UNIT         31.00         22.04,944         9         13.00           15.00         DEFARTING FOOM         50.00         2.204,944         9         10.00           16.00         DEFARTING FOOM         50.00         12.210,9384         9         22.00           16.00         DEFARTING FOOM         50.00         12.210,9384         9							9	
2.00         PUISEREEPING         9.00         0         56,920         9         7.00           0.00         DETRAY         10.00         0.00         550,137         9         9.00           0.00         DETRAY         10.00         0.00         550,137         9         9.00           1.00         DETRAY         16.00         0.215,246         0         10.00           1.00         DETRAY         16.00         0         215,246         0         10.00           1.00         DETRAY         16.00         0         13.00         00         1.30,407         9         14.00           1.00         DETRAY         SERVICE CARE UNIT         31.00         0         23.04         9         16.00           1.00         DETRAY         SERVICE CARE UNIT         32.00         0         2.00         48.00         16.00         17.00         18.00         17.00         18.00         17.00         18.00         17.00         18.00         17.00         18.00         17.00         18.00         17.00         18.00         17.00         18.00         17.00         18.00         17.00         18.00         18.00         18.00         18.00         18.00				-			9	
8.00         DIFTARY         10.00         0         126,360         9         8.00           9.00         NUERING SERVICES & SUPPLY         14.00         0         215,140         9         0.00           10.00         CHITRAL SERVICES & SUPPLY         14.00         0         215,140         9         10.00           11.00         DAMARY         IS LERRY         14.00         0         215,140         9         10.00           13.00         SODIAL SERVICE         17.00         0         1.800         9         13.00           14.00         MITERSIVE CARE UNIT         31.00         0         281.064         9         15.00           15.00         INTERSIVE CARE UNIT         31.00         0         281.064         9         15.00           17.00         SUBBROUTCER - IPF         40.00         0         2.4019         9         15.00           17.00         SUBBROUTCER - IPF         40.00         0         2.4019         9         20.00           17.00         SUBROUTCER - IPF         40.00         0         2.401         70.00         20.00           17.00         SUBROUTCER - IPF         40.00         0         5.0719         22.00         20				-		·	9	
10.00         CRITICAL SERVICES & SUPPLY         14.00         0         219, 716         0         11.00         0         11.00				-			9	
11.00         HARMACY         15.00         219,216         11.00           12.00         MEDICAL RECORDS & LIBBARY         16.00         0         11.00         12.00           13.00         SCO AL SERVICE         17.00         0         1.300         30.00         14.00           15.00         INTERSIVE CARE UNIT         31.00         0         281,964         9         15.00           19.00         DEPEANTING STOM         50.00         0         2.204,943         9         15.00           19.00         DEPEANTING STOM         50.00         0         2.204,943         9         15.00           20.00         RADIOLOGY-ULARING STOM         50.00         0         129,716         9         22.00           21.00         RADIOLOGY-ULARING STOM         50.00         0         129,716         9         22.00           22.00         RADIOLOGY-ULARING STOM         50.00         0         129,716         9         22.00           22.00         RADIOLOGY-ULARING STOM         60.00         0         6644         9         23.00           24.00         RESPLACION         HEARPY         65.00         0         19,704         9         25.00           25.0	9.00			0			9	9.00
12.00       KEDI CAL RECORDS & LIBRARY       16.00       0       104.448       9       12.00         13.00       SCAL SERVICE       30.00       0       1,300,402       9       14.00         14.00       ADULTS & PEDI ATRICS       30.00       0       1,300,402       9       16.00         16.00       CAROMARY CARE UNIT       31.00       0       22.04,934       9       16.00         18.00       PERTINE RIMIT       30.00       0       2.244,934       9       16.00         19.00       RAD QLOY-I ARMOSTIC       54.00       0       2.244,934       9       16.00         19.00       RAD QLOY-I HARMERTERIZATION       59.00       0       25.716       9       22.00         21.00       CAROMARTORY       64.00       0       5.637       9       22.00       22.00         23.00       INTERMERTERIZATION       59.00       0       19.774       9       22.00       22.00       22.00       22.00       22.00       23.00       22.00       22.00       23.00       22.00       23.00       22.00       23.00       22.00       23.00       22.00       23.00       22.00       23.00       22.00       23.00       22.00       23.00 </td <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>9</td> <td></td>				-			9	
13.00       SOCIAL SERVICE       17.00       0       1,800       9       13.00       13.00       13.00       13.00       13.00       15.00       16.00       17.00       16.00       17.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>9</td><td></td></t<>							9	
14 0.0     AUILTS & PERIATRICS     30.00     0     1.330,402     9     14.00       15 00     NIENS VE CARE UNIT     31.00     0     281,964     9     15.00       16 00     COROMARY CARE UNIT     32.00     0     82.019     9     17.00       18 00     OPFRATING, ROM     50.00     0     2.204,984     0     18.00       19 00     RADIOSY - DARONGTIC     54.00     0     1.86.10     9     19.00       21 00     RADIAC SY - DARONGTIC     54.00     0     1.86.10     9     22.00       22 00     LARONAC CATHERENTION     50.00     0     25.00     19.00     22.00       23 00     INTRAVENUS THERAPY     66.00     0     3.664     9     22.00       24 00     PHATORY THERAPY     66.00     0     3.644     9     25.00       25 00     DITRATIENT PARCITICE CLINIC     90.01     0     3.644     9     28.00       27 00     DITRATIENT PSYCH SERVICES     90.02     1.03     3.644     9     28.00       27 00     DITRATIENT PSYCH SERVICES     90.02     1.34     9     33.00       28 00     DITRATIENT PSYCH SERVICES     90.02     1.34     9     33.00       29 00				-			9	
16.00         CORONARY CARE UNIT         32.00         0         82.019         9         16.00           17.00         SUPPOVIDER - IPF         40.00         0         491         9         17.00           18.00         OPERATING ROME         50.00         0         2.204,994         9         18.00           19.00         RADILOGY-DLARNSTIC         54.00         0         1.186,104         9         20.00           20.00         RADILOGY-DLARNSTIC         54.00         0         2.25.16         9         20.00           21.00         CABULOGY-DLARNSTIC         55.00         0         2.26.04         9         21.00           22.00         LARRATORY         66.00         0         30.46.09         23.00           23.00         INTRAVENUS THERAPY         66.00         0         30.46.09         25.00           23.00         PATTERATORY THERAPY         66.00         0         30.46.9         25.00           24.00         DELECTICAMONOLOGY         90.01         0         36.64.69         25.00           25.00         DATTERATORY THERAPY         66.00         9.14.99         30.00         0.00           25.00         DATTERATORY THERAPY         66.00							9	
17.00     SUBPROVIDER - IPF     40.00     0     491     9     17.00	15.00	INTENSIVE CARE UNIT	31.00	0			9	15.00
18. 00         OPERATING ROM         50. 00         2. 204, 984         9           19. 00         RADIOLOGY-ID ACRISTIC         55. 00         0         25. 216         9           20. 01         CABADIOLOGY-ID ACRISTIC         55. 00         0         25. 216         9           21. 00         CABUA CATHEERA ENTIN         55. 00         0         25. 216         9           21. 00         LABORATORY         60. 00         0         706, 613         9         22. 00           22. 00         LABORATORY         HEARY         66. 00         0         30. 307         9         26. 00         26. 00         26. 00         27. 00				-	- 1 - 1		9	
19         00         00         17         186, 104         9           19         00         RADIOLOGY-THEARAPEUTIC         55, 00         0         125, 764         9         22 00           20.00         RADIOLOGY-THEARAPEUTIC         55, 00         0         75, 764         9         22 00           23.00         INTRAVENOUS THERARY         66, 00         0         76, 673         9         23, 00         104         0         76, 673         9         24, 00           24.00         RESPECTACARTION         THERARY         66, 00         0         30, 367         9         24, 00         25, 00         104         9         26, 00         26, 00         0         9, 440         9         26, 00         27, 00         28, 00         20, 00         0         9, 440         9         28, 00         28, 00         28, 00         28, 00         28, 00         28, 00         27, 00         0         10, 441         9         30, 00         0         11, 00         29, 00         00         10, 441         9         33, 00         0         0         0         33, 00         0         0         33, 00         0         0         0         0         0, 00         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>9</td> <td></td>							9	
20.00         RADIOLOGY-THERAPEUTIC         55.00         0         25.216         9         20.00           21.00         CARDING CATHERRAY         60.00         0         175,764         9         22.00           22.00         RESPIRATORY THERAPY         66.00         0         53.697         9         24.00           23.00         INTRAVENUST THERAPY         66.00         0         30.677         9         25.00           25.00         PHSTICAL THERAPY         66.00         0         30.367         9         26.00         22.00           26.00         ELECTROCARDIOLOGY         69.00         0         9,440         9         27.00           28.00         FAMILY PRACTICE CLINIC         90.01         0         36.648         9         28.00           29.00         OUTRATIENT PSYCH SERV CES         90.02         0         34.09         30.00         31.00           31.00         RNIM RAY CARE FOR SENIORS         90.04         0         26.99         9         31.00           32.00         PAIN MANAGEMENT         90.05         0         94.236         9         33.00           33.00         NOUND CARE CENTER         90.07         0         60.342 <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td>·</td><td></td></t<>				-			·	
11.00         CARDIAC CATHETERIZATION         59.00         0         195.704         9         21.00           22.00         LABORATORY         60.00         0         76.613         9         22.00           23.00         INTRAVENUST THERAPY         66.00         0         53.677         9         24.00           25.00         PHYSICAL THERAPY         66.00         0         30.3677         9         25.00           26.00         ELECTRCARDI LOGY         69.00         0         9.440         9         26.00           27.00         CLINIC         0.00         0         10.190         9         28.00           29.00         OUTPATLENT PSYCH SERVICES         90.02         0         343         9         30.00           31.00         PRIMARY CARE FOR SEN ORS         90.04         0         26.939         9         31.00           33.00         MOMD CARE CENTER         90.06         0         7.146         9         35.00           35.00         DEVACONDLOGY         90.06         0         7.146         9         35.00           36.00         EHERGENCY         97.100         0         33.49         9         36.00           37.0				-			9	
22.00         LABORATORY         60.00         0         700, 613         9         22.00         22.00           23.00         INTRAVENUIS THERAPY         66.00         0         53.667         9         24.00         24.00         25.00         PKSPI RATORY THERAPY         66.00         0         30.367         9         25.00         PKSPI RATORY THERAPY         66.00         0         30.367         9         26.00         27.00         27.00         27.00         27.00         27.00         0         0         9         44.00         9         27.00         27.00         27.00         27.00         27.00         0         10.10         9         27.00         27.0							9	
24 00         RESPIRATORY THERAPY         65 00         0         53 697         9         24 00           25 00         PHYSICAL THERAPY         66 00         0         33 677         9         25 00           26 00         FLICTROCADDIOLOGY         69,00         0         10,190         9         26 00         27,00         26 00         27,00         26 00         27,00         28 00         20 00         28 00         20 00         28 00         20 00         20 00         20 00         20 00         20 00         20 00         20 00         20 00         20 00         20 00         20 00         20 00         20 00         20 00         20 00         20 00         20 00	22.00	LABORATORY	60.00	0	706, 613	6	9	22.00
25:00       PHYSICAL THERAPY       66:00       0       30:37       9       25:00       25:00       25:00       25:00       25:00       25:00       25:00       27:00       0       27:00				-			9	
26.00         ELECTROCARD OLOGY         69.00         0         9.440         9         26.00           27.00         ELINIC         90.00         0         10.190         9         37.00         28.00         7.00         28.00         7.00         28.00         7.00         28.00         7.00         343         9         30.00         10.641         9         30.00         10.641         9         30.00         10.641         9         30.00         10.00         20.00         20.00         31.00         30.00         30.00         30.00         90.05         0         9.42.33         9         30.00         33.00         30.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>9</td> <td></td>							9	
27.00         CLINIC         90.00         0         10.190         9         27.00         9           28.00         FAMILY PRACTICE CLINIC         90.01         0         36.648         9         9         90.00         0         36.648         9         99.00         90.00         0         36.648         9         99.00         0         36.648         9         30.00         10.190         91.00         36.648         9         30.00         10.191         90.01         0         36.648         9         30.00         30.00         10.191         9         30.00         10.001         26.939         9         31.00         11.01         9         32.00         33.00         10.010.02         9         11.4         9         32.00         33.00         10.010.02         9         11.00         32.00         33.00         10.010.02         9         13.00         15.01         9         35.00         15.00         36.00         17.106         9         36.00         36.00         17.4680         9         36.00         36.00         17.4680         9         36.00         36.00         10.00         25.151         9         40.00         40.00         40.00         29.194				-			9	
29.00         OUTPATLENT PSYCH SERVICES         90.02         0         jasa         9         29.00           30.00         INEVISION CENTER         90.03         0         10.641         9         30.00           31.00         PRIMARY CABE FOR SEN INRS         90.04         0         26.939         9         31.00           32.00         PAIN MANAGEMENT         90.05         0         94.336         9         32.00           33.00         WOUND CABE CENTER         90.06         94.136         9         33.00           34.00         ELEP CENTER         90.07         0         60.362         9         34.00           35.00         MED/ONCOLORY         90.08         0         7.108         9         35.00           36.00         DIRABLE MEDI CAL EQUI P-RENTED         96.00         0         174.680         9         37.00           37.00         DIRABLE MEDI CAL EQUI P-RENTED         96.00         0         174.680         9         40.00           40.00         FAMI LY PRACTICE         192.02         0         1,344         9         40.00           41.00         DEXTCARE         192.02         0         1,343         9         41.00				-			9	
30.00         INFUSION CENTER         00.03         0         10.441         9         30.00           31.00         PRI MARY CARE FOR SEN IORS         90.04         0         26,939         9         31.00           32.00         MAIN MARGEMENT         90.05         0         94,236         9         32.00           33.00         MOUND CARE CENTER         90.07         0         60.362         9         33.00           34.00         SLEEP CENTER         90.07         0         60.362         9         35.00           35.00         MED/ONCOLOCY         90.08         0         7.108         9         35.00           36.00         DVRABLE MEDI CAL EQUI P.RENTED         96.00         0         145.510         9         37.00           38.00         HYSICLANS' PURITOFILCE         192.02         0         1.344         9         39.00           30.00         HYSICLANS' PURITOR         194.00         0         25.158         9         41.00           42.00         DVBLIC RELATIONS         194.01         0         2.90         43.00         45.00           46.00         DEACATER         194.07         0         2.0897.948         11         1 <t< td=""><td></td><td></td><td></td><td>0</td><td></td><td></td><td>9</td><td></td></t<>				0			9	
11.00     PRIMARY CARE FOR SENIORS     90.04     0     26.939     9       200     PAIN MANGEMENT     90.05     0     94.236     9       31.00     NUND CARE CENTER     90.07     0     60.362     9       31.00     SLEP CENTER     90.07     0     63.60     9       31.00     SLEP CENTER     90.07     0     63.60     9       31.00     SLEP CENTER     90.07     0     33.40     35.00       32.00     SLEP CENTER     90.07     0     0     36.00       33.00     SLEP CENTER     90.00     0     7.108     9       35.00     SLEP CENTER     192.02     0     1.44.49     37.00       38.00     FAILY PACTICE     192.02     0     1.34.49     40.00       40.00     FAILY PACTICE     192.02     0     2.51.51.9     9       41.00     0     2.91.438     9				-			9	
12.00         PAIN         MARGEMENT         90.05         0         94.236         9           33.00         WOUND CARE CENTER         90.06         0         9,114         9           34.00         SLEEP CENTER         90.07         0         60.362         9           35.00         MED/ONCLOGY         90.08         0         7,108         9           36.00         DURABLE MEDI CAL EQUIP-RENTED         96.00         0         174.680         9           38.00         PHIN ATTO TEE         192.00         0         174.680         9         38.00           39.00         HEARTCARE         192.02         0         57.754         9         40.00           41.00         MISC NONREIMBURSABLE         194.00         0         25,158         9         41.00           42.00         DCUPATIONAL HEALTH         194.04         0         4.996         9         43.00           43.00         CHILD CARE CENTER         194.04         0         2.0897.948         41.00           45.00         DEACONESS VNA         0         0         0         1         1         0           0         C - INTER FOR LIPE BALANCE         194.06         0 <td< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td>9</td><td></td></td<>				-			9	
33.00         WOUND CARE CENTER         90.06         0         9,114         9         33.00           34.00         SLEEP CENTER         90.07         0         60.36.2         9         34.00           35.00         MED/ONCOLOGY         90.08         0         7,108         9         36.00           36.00         EMERGENCY         91.00         0         334.959         9         36.00           37.00         DURABLE MED CAL EQUIP-RENTED         96.00         0         174.680         9         37.00           38.00         PHYSICIANS' PRIVATE OFFICES         192.02         0         1,344         9         38.00           40.00         FAMILY PACTICE         192.03         0         57.754         9         40.00           41.00         KOCUPATIONAL HEALTH         194.01         0         291         9         42.00           42.00         CCUPATIONAL HEALTH         194.05         0         8.276         9         44.00           45.00         CENTER FOR LIFE BALANCE         194.05         0         8.276         9         45.00           46.00         CAPREL COSTS-BLDG & FLXT         1.00         0         2.688         9         10				-			9	
34.00         SLEEP CENTER         90.07         0         60.362         9         34.00           35.00         MED/ONCOLOGY         90.08         0         7,108         9         35.00           36.00         EMERGENCY         91.00         0         334.959         9         35.00           37.00         DURABLE MEDI CAL EQUI P-RENTED         96.00         0         174.680         9         37.00           38.00         HEARTCARE         192.02         0         1,344         9         39.00           39.00         HEARTCARE         192.02         0         1,344         9         40.00           41.00         MI SC NOMELINBURSABLE         194.00         0         25.158         9         41.00           42.00         OCUPATI ONAL HEALTH         194.01         0         291         9         42.00           43.00         CHILD CARE CENTER         194.05         0         8.276         9         45.00           44.00         LA 986         9         45.00         46.00         2.087,948         1         0         2.00         2.00         2.00         2.00         2.00         3.00         3.00         3.00         3.00 <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td>9</td><td></td></t<>				-			9	
36.00         EMERGENCY         91.00         0         334.959         9         36.00           37.00         DURABLE MEDICAL EQUIP-RENTED         96.00         0         174.680         9         38.00           38.00         PHYSICLANS' PRIVATE OFFICES         192.00         0         145.510         9         38.00           39.00         HEARTCARE         192.02         0         1.344         9         39.00           40.00         FAMILY PRACTICE         192.03         0         57.754         9         40.00           41.00         MISC NONREI MBURSABLE         194.00         0         25.158         9         41.00           42.00         OCUPATIONAL HEALTH         194.04         0         4.986         9         43.00           43.00         PUBLIC RELATIONS         194.04         0         4.986         9         45.00           46.00         DEACONESS VNA		SLEEP CENTER					9	
37.00       DURABLE MEDICAL EQUIP-RENTED       96.00       0       174.680       9         38.00       PHYSICIANS' PRIVATE OFFICES       192.00       0       145.510       9         39.00       HEARTCARE       192.02       0       1,344       9       38.00         40.00       FAMILY PRACTICE       192.02       0       1,344       9       40.00         41.00       MISC NONREI MURSABLE       194.00       0       251.518       9       41.00         42.00       OCCUPATIONAL HEALTH       194.01       0       2.91       9       43.00         43.00       PUBLIC RELATIONS       194.04       0       4.986       9       43.00         44.00       CHILD CARE CENTER       194.05       0       8.276       9       46.00         6.00       CARCONESS VNA       194.07       0       2.0897.948       9       46.00         0       C       ITEREST EXPENSE       11       1.00       2.00       20.897.948       11       1.00         2.00       CAFETER IA       0.00       0       0       0       0       2.00         3.00       DI ETARY       0.00       0       0       0       2.00<				-			9	
38.00       PHYSICIANS' PRIVATE OFFICES       192.00       0       145,510       9       38.00       39.00         39.00       HEARTCARE       192.02       0       1,344       9       40.00       FAMILY PRACTICE       192.02       0       1,344       9       40.00       FAMILY PRACTICE       192.02       0       57.754       9       40.00       41.00       42.00       42.00       42.00       42.00       42.00       42.00       42.00       42.00       43.00       44.00       4.986       9       43.00       44.00       4.986       9       45.00       Chrl LD CARE CENTER       194.04       0       4.986       9       45.00       Chrl LD CARE CENTER       194.07       0       1.383       9       9       45.00       Chrl Er BALANCE       194.07       0       1.383       9       9       46.00       0       2.688       9       45.00       2.00       2.0897.948       10.00       2.0897.948       10.00       2.09       2.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>9</td><td></td></td<>							9	
39.00       HEARTCARE       192.02       0       1,344       9       39.00         40.00       FAMI LY PRACTICE       192.03       0       57.754       9       41.00         41.00       MSC NONREIMBURSABLE       194.00       0       25.158       9       41.00         42.00       OCCUPATI ONAL HEALTH       194.01       0       2.91       9       42.00         43.00       PUBLI C RELATIONS       194.04       0       4.986       9       43.00         44.00       CH LD CARE CENTER       194.05       0       8.276       9       44.00         45.00       CENTER FOR LIFE BALANCE       194.06       0       2.688       9       45.00         0       C - INTEREST EXPENSE       10.00       0       1.1833       9       46.00         2.00       C-AP REL COSTS-BLDG & FIXT       1.00       0       2.087, 948       11       1.00         2.00       C-AP REL COSTS-BLDG & FIXT       1.00       0       0       0       2.00         3.00       D - CAFETERIA       0.00       0       0       0       2.00       3.00         4.00       2, 237, 149       0       0       0       0       <							9	
40.00       FAMILY PRACTICE       192.03       0       57,754       9       40.00         41.00       MISC NONREI MBURSABLE       194.00       0       25,158       9       41.00         42.00       CCUPATIONAL HEALTH       194.01       0       291       9       42.00         43.00       PUBLIC RELATIONS       194.04       0       4,986       9       43.00         44.00       CHILD CARE CENTER       194.05       0       8,276       9       44.00         45.00       CENTER FOR LIFE BALANCE       194.06       0       2,688       9       45.00         0       DEACONESS VNA							·	
41.00       MISC NONRELMBURSABLE       194.00       0       25,158       9       41.00         42.00       OCCUPATI ONAL HEALTH       194.01       0       291       9       42.00         43.00       PUBLIC RELATIONS       194.04       0       4,986       9       43.00         44.00       CHILD CARE CENTER       194.05       0       8,276       9       44.00         45.00       DEACOMESS WAA       194.07       0       1,833       9       9         0       C       INTEREST EXPENSE       194.07       0       1,833       9         0       C       INTEREST EXPENSE       10.00       0       11       1.00         1.00       CAP REL COSTS-BLDG & FIXT       1.00       2.03,514       11       2.00         0       0       0       0       0       0       2.00         3.00       DI ETARY       10.00       2,237,149       0       0       3.00         4.00       0       0       0       0       0       5.00       6.00         6.00       0       0       0       0       0       0       2.00       3.00         1.00       2,237,149<				0			9	
43.00       PUBLIC RELATIONS       194.04       0       4,986       9       43.00         44.00       CHILD CARE CENTER       194.05       0       8,276       9       44.00         45.00       CENTER FOR LIFE BALANCE       194.06       0       2,688       9       46.00         0       0       0.897,948       9       46.00       46.00       46.00         0       0       0.897,948       9       46.00       46.00         0       0       0       0       11       1.00       20.897,948       9         0       0       0       0       0       11       1.00       20.0897,948       11       1.00         2.00       0       0       0       0       11       1.00       2.00       20.0897,948       10.00       2.00         0       0       0       0       0       11       1.00       2.00		MI SC NONREI MBURSABLE		0	25, 158	8	9	
44.00       CHILD CARE CENTER       194.05       0       8,276       9       44.00         45.00       CENTER FOR LIFE BALANCE       194.07       0       2,688       9       45.00         0       D       0       20,897,948       9       46.00       60.00       10.00       10.00       10.00       10.00       10.00       10.00       20,897,948       10.00       2.00       2.00       10.00       2.00       10.00       2.00       10.00       10.00       2.00				0			9	
45.00       CENTER FOR LIFE BALANCE       194.06       0       2,688       9       45.00       45.00       46.00       40.00       40.00       40.00       40.00       40.00       40.00       40.00       40.00       40.00       40.00       50.00       6.00       40.00       50.00       6.00       40.00       50.00				0			9	
46.00       DEACONESS VNA        194.07        0       1.383       9       46.00         C       I NTEREST EXPENSE        0       0       0       11       100       1.00       20,897.948       11       0       2.00       1.00       2.00       1.00       0       253,514       11       0       2.00       2.00       2.00       2.00       2.00       2.00       0       2.00       2.00       0       2.00       2.00       0       2.00       2.00       2.00       2.00       2.00       0       2.00       3.00       4.00       5.00       6.00       4.00       5.00       6.00       6.00       6.00       6.00       6.00       6.00       6.00       5.00       6.00       6.00       3.00       4.00       5.00       6.00       6.00       6.00       6.00       6.00       6.00       6.00       6.00       6.00       <				0			9	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $							9	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		0					1	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $		C - INTEREST EXPENSE					-	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $								
D - CAFETERIA         0.00         0         0         0         1.00           1.00         0.00         0         0         0         0         2.00           3.00         DI ETARY         10.00         2,237,149         0         0         2.00           3.00         DI ETARY         10.00         2,237,149         0         0         3.00           4.00         0.00         0         0         0         0         5.00         5.00           6.00         DI ETARY         10.00         0         0         0         5.00         5.00           6.00         DI ETARY         10.00         0         0         0         5.00           6.00         DI ETARY         0.00         0         0         5.00         6.00           0         2,237,149         2,014,432         0         5.00         6.00         5.00           1.00         2,2014,432         0         0         0         2.00         3.00           1.00         0.00         0         0         0         0         2.00         3.00           1.00         0.00         0         0         0         3.00	2.00	CAP REL COSTS-BLDG & FIXT						2.00
1.00       0.00       0       0       0       0       1.00         2.00       0.00       0       0       0       0       2.00         3.00       DI ETARY       10.00       2,237,149       0       0       3.00         4.00       0.00       0       0       0       0       4.00         5.00       0       0       0       0       0       4.00         5.00       0       0       0       0       0       5.00         6.00       DI ETARY       10.00       0       0       0       5.00         0       10.00       0       0       0       0       5.00         6.00       DI ETARY       10.00       0       0       0       5.00         6.00       0       0       0       0       0       0       0         0       0.00       0       0       0       0       0       0       0         1.00       2.014, 432       0       0       0       0       0       0       0         2.00       3.00       0       0       0       0       0       0       0		D – CAFETERIA		0	200, 014	r I		
3.00       DI ETARY       10.00       2,237,149       0       0       3.00         4.00       0.00       0       0       0       0       4.00         5.00       0.00       0       0       0       0       4.00         5.00       0.00       0       0       0       0       5.00         6.00       DI ETARY       10.00       0       2,014,432       0       6.00         0       0       0       0       0       0       6.00       6.00         1.00       0.00       0       0       0       0       0       6.00         2.00       0.00       0       0       0       0       0       0.00         2.00       3.00       0       0       0       0       2.00       3.00         1.00       0.00       0       0       0       0       3.00         3.00       0.00       0       0       0       3.00       3.00         4.00       0.00       0       0       0       0       3.00         4.00       0.00       0       0       0       0       5.00         6	1.00		0.00	0	C	)	0	1.00
4.00       0.00       0       0       0       0       4.00         5.00       0.00       0       0       0       0       5.00         6.00       DIETARY       10.00       0       2.014,432       0       6.00         0       2.237,149       2.014,432       0       6.00       6.00         1.00       0.00       0       0       0       2.00       1.00         2.00       0.00       0       0       0       2.00       1.00         2.00       0.00       0       0       0       3.00       2.00       3.00         3.00       0.00       0       0       0       0       3.00       3.00         4.00       0.00       0       0       0       0       5.00       6.00         5.00       0.00       0       0       0       0       5.00       6.00         6.00       0.00       0       0       0       0       5.00       6.00				0	C	)	0	
5.00       0       0       0       0       0       0       0       0       6.00       0       0       6.00       0       0       0       0       6.00       <		DI ETARY		2, 237, 149	C		0	
6.00       DI ETARY				0	0			
0         -         -         -         2, 237, 149         2, 014, 432         -         -         1.00           E - INCENTIVE COMPENSATION         0.00         0         0         0         0         2.00         1.00         2.00         1.00         2.00         3.00         0.00         0         0         0         2.00         3.00         3.00         3.00         0         0         0         3.00		DI FTARY		0	2 014 432		-	
1.00         0.00         0         0         1.00           2.00         0.00         0         0         0         2.00           3.00         0.00         0         0         0         3.00           4.00         0.00         0         0         0         4.00           5.00         0.00         0         0         5.00         6.00	0.00			2, 237, 149				0.00
2.00         0.00         0         0         2.00           3.00         0.00         0         0         3.00           4.00         0.00         0         0         0         3.00           5.00         0.00         0         0         0         5.00           6.00         0.00         0         0         0         6.00		E - INCENTIVE COMPENSATION				T		
3.00         0.00         0         0         3.00           4.00         0.00         0         0         4.00           5.00         0.00         0         0         5.00           6.00         0.00         0         0         6.00							-	
4.00         0.00         0         0         4.00           5.00         0.00         0         0         0         5.00           6.00         0.00         0         0         0         6.00					-		-	
5.00         0.00         0         0         5.00           6.00         0.00         0         0         0         6.00				0	0			
6.00 0.00 0 0 0 6.00				0	0		-	
			0.00	0	C		0	

## Health Financial Systems RECLASSIFICATIONS

## DEACONESS HOSPI TAL

In Lieu of Form CMS-2552-10 Period: Worksheet A-6 From 10/01/2015

Provider CCN: 15-0082

Health Financial Systems RECLASSIFICATIONS

Heal th	Financial Systems		DEACONESS	HOSPI TAL			In Lie	u of Form C	MS-2552-10
RECLASS	SEFECATIONS			Provi der	CCN: 15-0082	Peric		Worksheet	A-6
							10/01/2015 09/30/2016	Date/Time	Prepared:
		D						2/27/2017	
	Cost Center	Decreases	Salary	Other	 Wkst. A-7 Re	f			
	6.00	7.00	8.00	9.00	10.00				
8.00		0.00	0	(		0			8.00
9.00		0.00	0		D D	0			9.00
10. 00 11. 00		0.00 0.00	0 0	(		0			10.00
12.00		0.00	0	(		0			11.00 12.00
13.00		0.00	0	(	-	0			13.00
14.00		0.00	0	(	D	0			14.00
15.00		0.00	0	(		0			15.00
16.00		0.00	0	(		0			16.00
17. 00 18. 00		0.00 0.00	0	(		0			17.00 18.00
19.00		0.00	0	(		0			19.00
20.00		0.00	0	(	D	o			20.00
21.00		0.00	0	(		0			21.00
22.00		0.00	0	(		0			22.00
23.00 24.00		0.00 0.00	0	(		0			23.00 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 30. 00		0.00 0.00	0	(		0			29.00 30.00
31.00		0.00	0	(		0			31.00
32.00		0.00	0	(		0			32.00
33.00		0.00	0	(	C	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	0	(	5	0			38.00
39.00		0.00	0	(	C	0			39.00
40.00		0.00	0	(	-	0			40.00
41.00 44.00		0.00 5.00	2 295 726	(	-	0			41.00 44.00
44.00	ADMI NI STRATI VE & GENERAL		<u>3, 285, 736</u> 3, 285, 736		<u> </u>	4			44.00
	F - LEASES	· · ·							
1.00		0.00	0	(		10			1.00
2.00		0.00	0	(		10			2.00
3.00 4.00	ADMI NI STRATI VE & GENERAL RADI OLOGY-DI AGNOSTI C	5.00 54.00	0	16, 102 624, 890		0			3.00 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48, 048		0			5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	83, 786		0			6.00
7.00	HEARTCARE	192.02	0	2,929		o			7.00
	0 G - DRUGS		0	775, 755	5				
1.00	G - DRUGS	0.00	0	(	0	0			1.00
2.00	PHARMACY	15.00		43, 382, 03	5	0			2.00
	0		0	43, 382, 03		1			
4 9 9	H - CENTRAL SUPPLY				_				
1.00 2.00		0.00 0.00	0	(		0			1.00 2.00
2.00 3.00	CENTRAL SERVICES & SUPPLY	14.00	0	469, 752		0			3.00
0.00	0			469, 752					
	I - RESIDENTS				1	-			
1.00		0.00	0	(	-	0			1.00
2.00 3.00		0.00 0.00	0	(		0			2.00 3.00
4.00	FAMILY PRACTICE CLINIC	90.01	2, 605, 834	(		0			4.00
5.00	FAMILY PRACTICE CLINIC	90.01	2,000,001	56, 203	-	0			5.00
6.00	PHYSICIANS'_PRIVATE_OFFICES	192.00	0	2 <u>5, 7</u> 16	5	o			6.00
			2, 605, 834	81, 919	9				
1.00	J - PASTORAL EDUCATION	0.00	0	(		0			1.00
2.00		0.00	0	(		o			2.00
3.00	ADMI NI STRATI VE & GENERAL	5.00	200, 748	(	-	0			3.00
4.00	ADMI NI STRATI VE & GENERAL	5.00	0	5,006		0			4.00
	0		200, 748	5,000	5				
1.00	K – I NSURANCE	0.00				12			1.00
2.00		0.00	0	(		12			2.00
3.00	ADMI NI STRATI VE & GENERAL	5.00	0	674, 506	6	0			3.00
	0 — — — — — — —	†		674, 506					

	Financial Systems		DEACONESS H	HOSPI TAL Provi der CCN	· 15-0082 P	In Lie Period:	u of Form CMS-2552-10 Worksheet A-6
RECENS					F	rom 10/01/2015 o 09/30/2016	Date/Time Prepared: 2/27/2017 10:18 am
		Decreases					
	Cost Center 6.00	Li ne # 7.00	Salary 8.00	0ther Wk 9.00	st. A-7 Ref. 10.00		
	L - PUBLIC RELATIONS	7.00	0.00	7.00	10.00		
1.00		0.00	0	0	0		1.00
2.00 3.00	PUBLIC RELATIONS	0.00 194.04	0 751	0	0		2.00
4.00	PUBLIC RELATIONS	194.04	0	56, 706	0		4.00
	0		751	56, 706			
	M - NURSING EDUCATION	1			- 1		
1.00 2.00	ADMI NI STRATI VE & GENERAL	0.00 5.00	0 14, 090	0	0		1.00
4.00	ADULTS & PEDIATRICS	30.00	256, 681	0	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	139, 460	0	О		5.00
6.00	CORONARY CARE UNIT	32.00	61, 921	0	0		6.00
7.00 8.00	SUBPROVIDER – IPF OPERATING ROOM	40.00 50.00	6, 244 104, 546	0	0		7.00
9.00	CARDI AC CATHETERI ZATI ON	59.00	22, 473	0	0		9.00
10.00	INTRAVENOUS THERAPY	64.00	6, 959	0	о		10.00
11.00	EMERGENCY	91.00	5,575	0	0		11.00
	N - MEDICAL SUPPLIES CHARGED		617, 949	0			
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00 4.00	OPERATI NG ROOM RADI OLOGY-DI AGNOSTI C	50.00 54.00	0	23, 783, 916 2, 160, 803	0		3.00
4.00 5.00	CARDI AC CATHETERI ZATI ON	59.00	0	2, 224, 890	0		5.00
6.00	RESPI RATORY THERAPY	65.00	0	333, 583	Ō		6.00
7.00	PAIN MANAGEMENT	90.05	0	390, 998	0		7.00
9.00	DURABLE MEDICAL EQUIP-RENTED	<u> </u>	<u>0</u>	<u>267, 0</u> 64 29, 161, 254	º		9.00
	P - BENEFITS	I	0	27, 101, 204			
1.00		0.00	0	0	0		1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	0	916, 817	0		2.00
3.00	FAMI LY_PRACTI CE	1 <u>92.</u> 03	<u>0</u>	<u>929, 0</u> 82 1, 845, 899	0		3.00
	Q - PROPERTY TAXES	<u> </u>		1,010,077			
1.00		0.00	0	0	13		1.00
2.00	ADMI NI STRATI VE & GENERAL		<u>0</u>	<u>136, 8</u> 12 136, 812	0		2.00
	R – DI SABI LI TY	<u> </u>		130, 012			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6, 711	0	0		1.00
2.00 3.00	ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5.00 7.00	88, 679 10, 068	0	0		2.00
3.00 4.00	LAUNDRY & LINEN SERVICE	8.00	4, 268	0	0		4.00
5.00	HOUSEKEEPI NG	9.00	33, 032	0	0		5.00
6.00		10.00	11, 107	0	0		6.00
7.00 8.00	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	13.00 14.00	17, 265 3, 356	0	0 0		7.00
9.00	PHARMACY	15.00	94, 083	0	Ő		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	15, 981	0	0		10.00
11.00	SOCI AL SERVI CE ADULTS & PEDI ATRI CS	17.00 30.00	18, 930	0	0		11.00
12. 00 13. 00	INTENSIVE CARE UNIT	31.00	243, 334 76, 191	0	0		12.00 13.00
14.00	CORONARY CARE UNIT	32.00	20, 122	0	0		14.00
15.00	SUBPROVIDER - IPF	40.00	2, 403	0	0		15.00
16.00 17.00	OPERATI NG ROOM RADI OLOGY-DI AGNOSTI C	50.00 54.00	72, 194 37, 358	0	0		16.00 17.00
19.00	CARDI AC CATHETERI ZATI ON	59.00	8, 454	0	0		19.00
20.00	LABORATORY	60.00	98, 035	0	o		20.00
21.00	INTRAVENOUS THERAPY	64.00	2, 746	0	0		21.00
22. 00 23. 00	RESPI RATORY THERAPY ELECTROCARDI OLOGY	65.00 69.00	15, 936 2, 620	0	0		22.00 23.00
24.00	CLINIC	90.00	4, 867	0	0		24.00
25.00	FAMILY PRACTICE CLINIC	90.01	1, 599	0	0		25.00
26.00	OUTPATIENT PSYCH SERVICES	90.02 90.03	694	0	0		26.00
27.00 28.00	INFUSION CENTER PRIMARY CARE FOR SENIORS	90. 03 90. 04	2, 511 6, 196	0	0		27.00 28.00
29.00	PAIN MANAGEMENT	90.05	8, 287	0	o		29.00
30.00	WOUND CARE CENTER	90.06	1, 335	0	0		30.00
31.00 32.00	SLEEP CENTER EMERGENCY	90.07 91.00	6, 257 105, 442	0	0		31.00 32.00
32.00 33.00	DURABLE MEDICAL EQUIP-RENTED	91.00	105, 442	0	0		32.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	19, 722	Ō	0		34.00
35.00	HEARTCARE	192.02	124	0	0		35.00
36.00 37.00	FAMILY PRACTICE MISC NONREIMBURSABLE	192.03 194.00	9, 707 666	0 0	0		36.00 37.00
57.00	IN SO NONCET NIDORGADEL	174.00	000	U	0		

Heal th	Fi nanci al	Systems
RECLAS	SIFICATION	S

## DEACONESS HOSPI TAL

Heal th	Financial Systems		DEACONESS	HOSPI TAL		In Lie	u of Form CMS	S-2552-10
	SIFICATIONS			Provider (	CCN: 15-0082	Peri od:	Worksheet A	-6
						From 10/01/2015 To 09/30/2016	Date/Time P	renared
							2/27/2017 1	
		Decreases				1		
	Cost Center 6.00	Li ne # 7.00	Salary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00	-		
39.00	CHILD CARE CENTER	194.05	964	9.00		o contraction of the second se		39.00
57.00			1, 065, 273	<u> </u>				37.00
	S - SALARY IN NON-SALARY ACCO	UNTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1, 000		C		1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	0	8, 093		D		2.00
3.00	OPERATION OF PLANT	7.00	0	1, 525				3.00
4.00 5.00	LAUNDRY & LI NEN SERVI CE HOUSEKEEPI NG	8.00 9.00	0	475 1, 075				4.00 5.00
6.00	DI ETARY	10.00	0	925				6.00
7.00	NURSING ADMINISTRATION	13.00	o	1, 245				7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	О	525		c		8.00
9.00	PHARMACY	15.00	0	425		C		9.00
10.00	MEDI CAL RECORDS & LI BRARY	16.00	0	725		D		10.00
11.00	SOCIAL SERVICE	17.00	0	1, 025				11.00
12. 00 13. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30.00 31.00	0	42, 985 2, 250				12.00 13.00
13.00	CORONARY CARE UNIT	32.00	0	2, 230				14.00
15.00	SUBPROVIDER - IPF	40.00	o	160				15.00
16.00	OPERATING ROOM	50.00	0	4, 095		D		16.00
17.00	RADI OLOGY-DI AGNOSTI C	54.00	0	435		C		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	575		C		18.00
19.00	LABORATORY	60.00	0	2, 615				19.00
20.00	INTRAVENOUS THERAPY	64.00	0	25				20.00
21.00 22.00	RESPI RATORY THERAPY ELECTROCARDI OLOGY	65.00 69.00	0	10 150				21.00 22.00
23.00	CLINIC	90.00	0	50				23.00
24.00	FAMILY PRACTICE CLINIC	90.01	o	4, 080				24.00
25.00	OUTPATIENT PSYCH SERVICES	90.02	0	300		D		25.00
26.00	PRIMARY CARE FOR SENIORS	90.04	0	5, 065	(	C		26.00
27.00	PAIN MANAGEMENT	90.05	0	875		D		27.00
28.00	WOUND CARE CENTER	90.06	0	400				28.00
29.00 30.00	SLEEP CENTER MED/ONCOLOGY	90.07 90.08	0	1, 380 25				29.00 30.00
31.00	EMERGENCY	90.00	0	1, 715				31.00
32.00	DURABLE MEDICAL EQUI P-RENTED	96.00	o	440				32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	О	8, 785		c		33.00
34.00	MI SC NONREI MBURSABLE	194.00	0	25		C		34.00
35.00	OCCUPATIONAL HEALTH	194.01	0	25		C		35.00
36.00	PUBLIC RELATIONS	194.04	0	350				36.00
37.00	CHILD CARE CENTER	1 <u>94.</u> 05	4	<u>1, 200</u> 95, 253		2		37.00
	T - PART A PHYSICIANS		UU	70, 200				-
1.00		0.00	0	0	(	C		1.00
2.00		0.00	0	0		c		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	60, 700	0		C		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	<u>6, 450</u>		<u>D</u>		4.00
			60, 700	6, 450				_
1.00	U – HEART SALARIES ADMINISTRATIVE & GENERAL	5.00	0	724				1.00
2.00	NURSI NG ADMI NI STRATI ON	13.00	0	144				2.00
3.00	ADULTS & PEDIATRICS	30.00	o	23, 992				3.00
4.00	INTENSIVE CARE UNIT	31.00	0	14, 041		D		4.00
5.00	OPERATING ROOM	50.00	0	31, 696		b		5.00
6.00	RADI OLOGY-DI AGNOSTI C	54.00	13	0	(	C		6.00
7.00	CARDI AC CATHETERI ZATI ON	59.00	0	2, 513				7.00
8.00	EMERGENCY	<u>91.00</u>	13	<u>1, 979</u> 75, 089		2		8.00
	Y - HSB BUILDING		13	75,009				-
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	56, 427		9		1.00
			<u> </u>	56, 427		1		
	Z – CARE TEAM		<u>.</u>			1		
1.00	EMERGENCY	91.00	670, 367	0				1.00
2.00	ADULTS & PEDIATRICS	30.00 90.02	0	29, 083				2.00
3.00	OUTPATIENT PSYCH SERVICES	<u> </u>	670, 367	<u>26, 686</u> 55, 769		-		3.00
500.00	Grand Total: Decreases		10, 744, 520	100, 770, 427		1		500.00
		I			1	1		

Heal th	Financial Systems	DEACONESS	HOSPI TAL			In Lieu of Form CMS-2552-10		
RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provider CO			od: n 10/01/2015 09/30/2016		pared:
				Acqui si ti on	IS			
		Begi nni ng Bal ances	Purchases	Donati on		Total	Disposals and Retirements	
		1.00	2.00	3.00		4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	T BALANCES		_				
1.00	Land	19, 152, 133	2, 349, 283		0	2, 349, 283	0	1.00
2.00	Land Improvements	0	0		0	0	0	2.00
3.00	Buildings and Fixtures	495, 659, 631	18, 582, 732		0	18, 582, 732	665, 037	3.00
4.00	Building Improvements	0	0		0	0	0	4.00
5.00	Fixed Equipment	0	0		0	0	0	5.00
6.00	Movable Equipment	285, 044, 852	19, 089, 966		0	19, 089, 966	81, 971, 305	6.00
7.00	HIT designated Assets	0	0		0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	799, 856, 616	40, 021, 981		0	40, 021, 981	82, 636, 342	8.00
9.00	Reconciling Items	0	0		0	0	0	9.00
10.00	Total (line 8 minus line 9)	799, 856, 616	40, 021, 981		0	40, 021, 981	82, 636, 342	10.00
		Endi ng Bal ance	Fully					
			Depreci ated					
			Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	T BALANCES						
1.00	Land	21, 501, 416	0					1.00
2.00	Land Improvements	0	0					2.00
3.00	Buildings and Fixtures	513, 577, 326	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	222, 163, 513	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	757, 242, 255	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	757, 242, 255	0					10.00
10.00		1 101, 242, 200	0	I				10.00

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider CC		Period: From 10/01/2015	Worksheet A-7 Part II		
					To 09/30/2016	Date/Time Pre		
						2/27/2017 10:	18 am	
			SL	IMMARY 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 WOR	SHEET A, COLUM	N 2, LINES 1 a	nd 2				
1.00	CAP REL COSTS-BLDG & FIXT	18, 506, 327	0	6, 964, 47	2 0	0	1.00	
1.01	CAP REL COSTS-BLDG & FIXT	0	0		0 0	0	1.01	
2.00	CAP REL COSTS-MVBLE EQUIP	0	5, 138, 619		0 0	0	2.00	
3.00	Total (sum of lines 1-2)	18, 506, 327	5, 138, 619	6, 964, 47	2 0	0	3.00	
		SUMMARY O	F CAPITAL					
	Cost Center Description	Other	Total (1) (sum	1				
		Capi tal -Rel ate	of cols. 9					
		d Costs (see	through 14)					
		instructions)						
		14.00	15.00			-		
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	SHEET A, COLUM						
1.00	CAP REL COSTS-BLDG & FIXT	0	25, 470, 799				1.00	
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01	
2.00	CAP REL COSTS-MVBLE EQUIP	0	5, 138, 619				2.00	
3.00	Total (sum of lines 1-2)	0	30, 609, 418				3.00	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	552-10		
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C	F	Period: From 10/01/2015 Fo 09/30/2016	Date/Time Prep 2/27/2017 10:1			
	COMI	PUTATION OF RA	TIOS	ALLOCATION OF	OTHER CAPI TAL			
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance			
	1.00	2.00	3.00	4.00	5.00			
PART III - RECONCILIATION OF CAPITAL COSTS CE		1						
1.00 CAP REL COSTS-BLDG & FIXT	535, 078, 741	0	535, 078, 741		0	1.00		
1.01 CAP REL COSTS-BLDG & FLXT	0	0		0. 000000	0	1.01		
2.00 CAP REL COSTS-MVBLE EQUIP	222, 163, 513		222, 163, 513		0	2.00		
3.00 Total (sum of lines 1-2)	757, 242, 254		757, 242, 254		0	3.00		
	ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL							
Cost Center Description	Taxes	Other Capital-Relate d Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease			
	6.00	7.00	8.00	9.00	10.00			
PART III - RECONCILIATION OF CAPITAL COSTS CE	INTERS							
1.00 CAP REL COSTS-BLDG & FIXT	0	0	) (	20, 019, 800	458, 953	1.00		
1.01 CAP REL COSTS-BLDG & FIXT	0	0	) (	56, 427	0	1.01		
2.00 CAP REL COSTS-MVBLE EQUIP	0	0	0 0	20, 897, 948	5, 455, 421	2.00		
3.00 Total (sum of lines 1-2)	0	0	) (	40, 974, 175	5, 914, 374	3.00		
		SUMMARY OF CAPITAL						
Cost Center Description	Interest	Insurance (see instructions)		Other Capital-Relate d Costs (see instructions)	Total (2) (sum of cols. 9 through 14)			
	11.00	12.00	13.00	14.00	15.00			
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00 CAP REL COSTS-BLDG & FIXT	6, 047, 087	666, 512	2 (	0 0	27, 192, 352	1.00		
1.01 CAP REL COSTS-BLDG & FIXT	0	7, 994	. C	0	64, 421	1.01		
2.00 CAP REL COSTS-MVBLE EQUIP	253, 514	0	136, 812	0	26, 743, 695	2.00		
3.00 Total (sum of lines 1-2)	6, 300, 601	674, 506	136, 812	0	54, 000, 468	3.00		

JUSTMENTS TO EXPENSES		DEACONESS HOSPI TAL Provi der CCN: 15-0082		Peri od:	u of Form CMS-2552-10 Worksheet A-8	
				From 10/01/2015 To 09/30/2016		
			Expense Classification o To/From Which the Amount is		2/27/2017 10:	
Cost Center Description	Basi s/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Li ne # 4.00	Wkst. A-7 Ref. 5.00	
00 Investment income - CAP REL	В		CAP REL COSTS-BLDG & FIXT	1.00		1.
COSTS-BLDG & FIXT (chapter 2) 1 Investment income - CAP REL		C	CAP REL COSTS-BLDG & FIXT	1.01	0	1.
COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL		C	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.
COSTS-MVBLE EQUIP (chapter 2) Investment income - other		C		0.00	0	3.
(chapter 2) 00 Trade, quantity, and time		C		0.00	0	4.
di scounts (chapter 8) 00 Refunds and rebates of	В	22 012	ADMI NI STRATI VE & GENERAL	5.00		
expenses (chapter 8)	b					
00 Rental of provider space by suppliers (chapter 8)		C		0.00	0	6.
00 Telephone services (pay stations excluded) (chapter		C		0.00	0	7.
21) 00 Television and radio service		C		0.00	0	8.
(chapter 21) 00 Parking Lot (chapter 21)	В	-27 220	CAP REL COSTS-BLDG & FIXT	1.00	9	9.
. 00 Provider-based physician	A-8-2	-44, 501, 651		1.00	0	
adjustment .00 Sale of scrap, waste, etc.		C		0.00	0	11
(chapter 23) .00 Related organization	A-8-1	-55, 049, 215			0	12
transactions (chapter 10) .00 Laundry and linen service		C		0.00	0	13
.00 Cafeteria-employees and guest .00 Rental of guarters to employe		-459, 054	CAFETERI A	11.00 0.00		
and others		0				
.00 Sale of medical and surgical supplies to other than		L		0.00	0	16
patients .00 Sale of drugs to other than		C		0.00	0	17
.00 Sale of medical records and		C		0.00	0	18
abstracts .00 Nursing school (tuition, fees	,	C		0.00	0	19
books, etc.) .00 Vending machines	В	-19 470	CAFETERI A	11.00	0	20
.00 Income from imposition of	B		ADMI NI STRATI VE & GENERAL	5.00		
interest, finance or penalty charges (chapter 21)						
.00 Interest expense on Medicare overpayments and borrowings t	0	C		0.00	0	22
repay Medicare overpayments .00 Adjustment for respiratory	A-8-3	C	RESPI RATORY THERAPY	65.00		23
therapy costs in excess of limitation (chapter 14)						
.00 Adjustment for physical therapy costs in excess of	A-8-3	C	PHYSICAL THERAPY	66.00		24
limitation (chapter 14)						0.5
.00 Utilization review - physicians' compensation		C	*** Cost Center Deleted ***	114.00		25
(chapter 21) .00 Depreciation - CAP REL		C	CAP REL COSTS-BLDG & FIXT	1.00	0	26
COSTS-BLDG & FIXT .01 Depreciation - CAP REL		C	CAP REL COSTS-BLDG & FIXT	1.01	0	26
COSTS-BLDG & FIXT .00 Depreciation - CAP REL			CAP REL COSTS-MVBLE EQUIP	2.00		
COSTS-MVBLE EQUIP						
.00 Non-physician Anesthetist .00 Physicians'assistant		C	*** Cost Center Deleted ***	* 19.00 0.00		28 29
.00 Adjustment for occupational therapy costs in excess of	A-8-3	C	*** Cost Center Deleted ***	67.00		30
limitation (chapter 14) .99 Hospice (non-distinct) (see		ſ	ADULTS & PEDIATRICS	30.00		30.
instructions)			*** Cost Center Deleted ***			
.00 Adjustment for speech pathology costs in excess of	A-8-3	C	COST Center Dereted ^^/	68.00		31.

Heal th	Financial Systems		DEACONESS	HOSPI TAL	In Li€	eu of Form CMS-2	2552-10
	MENTS TO EXPENSES				Period:	Worksheet A-8	
					From 10/01/2015 To 09/30/2016		norod.
					To 09/30/2016	Date/Time Pre 2/27/2017 10:	pareu: 18 am
				Expense Classification o	n Worksheet A		
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for		0		0.00	0	32.00
	Depreciation and Interest						
33.00	FI TNESS MEMBERSHI PS	В		EMPLOYEE BENEFITS DEPARTMEN			
33.01	MI SCELLANEOUS	В		ADMINISTRATIVE & GENERAL	5.00		33. 01
33.02	POPULATION HEALTH	A		ADMINISTRATIVE & GENERAL	5.00		33. 02
33.03	CALL CENTER	В		ADMINISTRATIVE & GENERAL	5.00		33.03
33.04	PRIMARY CARE SENIORS - NON OP	В		PRIMARY CARE FOR SENIORS	90.04		33.04
33.05	PROFESSIONAL BILLING FEES	В		ADMINISTRATIVE & GENERAL	5.00		33.05
33.06	WEIGHT LOSS PROGRAM	В		OPERATING ROOM	50.00		33.06
33.07		A		ADMI NI STRATI VE & GENERAL	5.00		33.07
33.08	HOSPITAL ASSESSMENT FEE	A		ADMI NI STRATI VE & GENERAL	5.00		33.08
33.09	PROPERTY TAX - RENTAL PROPERTY			ADMI NI STRATI VE & GENERAL	5.00		33.09
33.10	FAMILY PRACTICE GRANT	A		FAMILY PRACTICE CLINIC	90.01		33. 10
33.11	NURSING ADMIN GRANT	A		NURSING ADMINISTRATION	13.00		33. 11
33.13	MEDICAL AFFAIRS -MEDICAL STAFF			ADMI NI STRATI VE & GENERAL	5.00		33.13
33.14	DEFEASANCE	A		CAP REL COSTS-BLDG & FIXT	1.00		33.14
33.18	AMORT. PHASE II	A		CAP REL COSTS-BLDG & FIXT	1.00		33. 18
33.19	AMORT. PHASE I	A		CAP REL COSTS-BLDG & FIXT	1.00		33.19
33.20	1982 AMORT A & G COSTS	A		CAP REL COSTS-BLDG & FIXT	1.00		33.20
33.21	PHYSI CI AN RECRUI TMENT	A		ADMI NI STRATI VE & GENERAL	5.00		33.21
42.00	AHA/IHA DUES	A		ADMI NI STRATI VE & GENERAL	5.00		42.00
43.00	ADVERTI SEMENT	A		ADMI NI STRATI VE & GENERAL	5.00		43.00
43.01	ADVERTI SEMENT	A	-5, 759	RADI OLOGY-THERAPEUTI C	55.00		43.01
44.00			0		0.00		44.00
45.02			0		0.00		45.02
45.03			0		0.00	0	45.03
50.00			-125, 402, 531				50.00
	(Transfer to Worksheet A,						
	column 6, line 200.)						

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(2) Additional content of the second pertain the second pertai

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

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

Heal th	Financial Systems	DEACONESS	6 HOS	PI TAL	In Lie	eu of Form CMS-2	2552-10
STATEMI OFFI CE	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOM	ME	Provider CCN: 15-0082	Period: From 10/01/2015	Worksheet A-8	-1
UTTEL	0010					Date/Time Pre 2/27/2017 10:	pared: 18 am
	Li ne No.	Cost Center		Expense Items	Amount of Allowable Cost	Amount Included in	
						Wks. A, column	
						5	
	1.00	2.00		3. 00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTN HOME OFFICE COSTS:	MENTS REQUIRED AS A RESULT OF	TRA	NSACTIONS WITH RELATED	ORGANI ZATI ONS OR	CLAI MED	
1.00	5.00	ADMINISTRATIVE & GENERAL	FACI	LI TY RENT	88, 502	39, 581	1.00
2.00			FACI	LI TY RENT	14, 605	4,674	2.00
3.00				LI TY RENT	298, 976	507, 022	3.00
4.00				LI TY RENT	6, 155	0	4.00
4.01				LITY RENT	0	52, 457	4.01
4.02		PHYSI CAL THERAPY		LITY RENT	104, 643	97, 637	4.02
4.03		CLINIC		LITY RENT	67, 917	43, 350	4.03
4.04	0.00			LITY RENT	0	0	4.04
4.05				LITY RENT	50, 411	71, 310	4.05
4.06		PAIN MANAGEMENT		LITY RENT	181, 831	339, 397	4.06
4.07		EMPLOYEE BENEFITS DEPARTMENT			1,970	0	4.07
4.08		OPERATING ROOM		RACT SERVICES	12, 484, 235	28, 597, 026	4.08
4.09		PHYSICAL THERAPY ADMINISTRATIVE & GENERAL		RACT THERAPY LITY RENT	8, 242, 835	14, 202, 187	4.09
4. 10 4. 11				LITY RENT	151, 076 2, 168	151, 076 2, 168	4. 10 4. 11
4.11		OPERATING ROOM		LITY RENT	2, 100	2, 108	4.11
4.12				LITY RENT	441,860	441,860	4.12
4.13		LABORATORY		LITY RENT	101, 062	101,062	4.13
4.15		CLINIC		LITY RENT	26, 986	26, 986	4.15
4.16				LITY RENT	46, 733	46, 733	4.16
4.17		RADI OLOGY-THERAPEUTI C		RACT SERVICES	2, 544, 862	9, 016, 111	4.17
4.18				RACT SERVICES	0	173, 768	4. 18
4.19		RADI OLOGY-DI AGNOSTI C		RACT SERVICES	436, 796	1, 166, 045	4.19
4.20				RACT SERVICES	211, 327	211, 327	4.20
4.21	64.00	INTRAVENOUS THERAPY	CONT	RACT SERVICES	918, 471	663, 458	4.21
4.22	69.00	ELECTROCARDI OLOGY	CONT	RACT SERVICES	1, 575, 854	1, 366, 096	4.22
4.23				RACT SERVICES	161, 815	222, 619	4.23
4.24				LI TY RENT	55, 093	55, 093	4.24
4.25		OPERATING ROOM		RACT SERVICES	3, 644, 433	5, 406, 714	4.25
4.26		OPERATING ROOM		RACT SERVICES	2, 153, 759	2, 827, 286	4.26
4.27		CARDI AC CATHETERI ZATI ON		RACT SERVICES	1, 215, 122	1, 595, 117	4.27
4.28				OFFICE	13, 181, 857	16, 796, 154	4.28
4.29		ADMINISTRATIVE & GENERAL		OFFICE	42, 319, 761	56, 881, 610	4.29
4.30		OPERATION OF PLANT		OFFICE	2, 195, 172	2, 792, 630	4.30
4.31		LAUNDRY & LINEN SERVICE		OFFICE	1, 348, 788	1, 628, 694	4.31
4.32		HOUSEKEEPING		OFFICE	2, 838, 262	3, 358, 979	4.32
4.33				OFFICE	2, 182, 483	2, 535, 203	4.33
4.34 4.35		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY		OFFICE OFFICE	1, 857, 157 1, 613, 739	1, 967, 636 1, 723, 843	4.34 4.35
4.35 4.36		PHARMACY		OFFICE	4, 973, 462	6, 371, 835	4.35 4.36
4.30		MEDICAL RECORDS & LIBRARY		OFFICE	2, 244, 734	3, 023, 720	4.30
4.37		SOCIAL SERVICE		OFFICE	1, 765, 750	2, 291, 413	4.37
5.00	TOTALS (sum of lines 1-4).			- OTTIOL	111, 975, 509	167, 024, 724	5.00
5.00	Transfer column 6, line 5 to					.07,021,724	0.00
	Worksheet A-8, column 2,						
	line 12.						
* The	amounts on Lines 1-4 (and sub	scripts as appropriate) are t	trans	sferred in detail to Wor	ksheet A column	6 lines as	

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

			Related Organization(s) and/	or Home Office	
Symbol (1)	Name	Percentage of	Name	Percentage of	
<b>y</b>		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 B 100.00 DEACONESS HEALT	0.00	6.00
7.00 B 100.00 DEACONESS HEALT	0.00	7.00
8. 00 B 100. 00 DEACONESS HEALT	0. 00	8.00

Heal th	Financial Systems	DEACONESS	6 HOSPI TAL		In Li	eu of Form CMS-	2552-10
		RELATED ORGANIZATIONS AND HO	ME Provider	CCN: 15-0082	Peri od:	Worksheet A-8	3-1
OFFICE	COSTS				From 10/01/2015 To 09/30/2016		
				Related Orga	nization(s) and/		TO GIN
	Symbol (1)	Name	Percentage of		Name	Percentage of	
	Symbol (1)	Name	Ownership		Name	Ownership	
	1.00	2.00	3.00		4.00	5.00	
9.00	В			DEACONESS HE		0.00	9.00
10.00	В		100.00	DEACONESS HE	ALT	0.00	10.00
10. 01	В		100.00	DEACONESS HE	ALT	0.00	10.01
10. 02	В		100.00	DEACONESS HE	ALT	0.00	10.02
10.03	В			DEACONESS HE		0.00	10.03
10.04	В			DEACONESS HE		0.00	
10. 05	В			DEACONESS HE		0.00	
10.06	C			DEACONESS HE		0.00	
10. 07	C			EVANSVILLE SU		50.00	
10. 08	C			PROGRESSI VE		51.00	
10. 09	С			PROGRESSI VE		51.00	
10. 10	С	DEACONESS HEALT		PROGRESSI VE		51.00	
10. 11	A	DEACONESS HEALT		DEACONESS CL		100.00	
10. 12	A	DEACONESS HEALT		DEACONESS CL		100.00	
10.13	A	DEACONESS HEALT		DEACONESS CLI		100.00	
10.14	A	DEACONESS HEALT		DEACONESS CLI		100.00	
10.15	A	DEACONESS HEALT		DEACONESS CLI		100.00	
10. 16 10. 17	A	DEACONESS HEALT DEACONESS HEALT		DEACONESS CL		100. 00 100. 00	
10. 17	A	DEACONESS HEALT		TRI-STATE RAI		51.00	
10. 18	C			HEART HOSPITA		51.00	
10. 19	C			HEART HOSPIT		51.00	
10. 20	C			HEART HOSPIT		51.00	
10.21	C			HEART HOSPIT		51.00	
10. 22	č			HEART HOSPIT		51.00	-
10.20	č			HEART HOSPIT		51.00	
10.25	Č			MAINSPRING M		51.00	
10.26	C			VASCMED		51.00	
10. 27	С		0.00	VASCMED		51.00	
100.00	G. Other (financial or						100.00
	non-financial) specify:						

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.

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

leal th	Financial Syste	ms	DEACONESS HO	SPI TAL	In Lie	u of Form CMS-2552
			RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-008	2 Period:	Worksheet A-8-1
DFFICE	COSTS				From 10/01/2015	
					To 09/30/2016	Date/Time Prepare 2/27/2017 10:18 a
	Net	Wkst. A-7 Ref.				
	Adjustments					
	(col. 4 minus					
	col. 5)*					
	6.00	7.00				
			ENTS REQUIRED AS A RESULT OF TRA	ANSACTIONS WITH RELATE	D ORGANIZATIONS OR	CLAIMED
1 00	HOME OFFICE COS	0				1.
1.00 2.00	48, 921 9, 931	0				2.
3.00	-208, 046	0				3.
1.00	6, 155	0				4.
i. 00 I. 01	-52, 457	0				4.
1. 01 1. 02	-52, 457 7, 006	0				4.
1.02 1.03	24, 567	0				4.
. 03	24, 567	0				4.
i. 04 I. 05	-20, 899	0				4.
i. 05 I. 06		0				4.
	-157, 566	0				
I. 07 I. 08	1, 970 -16, 112, 791	0				4.
F. 00 F. 09	-5, 959, 352	0				4.
. 10	-5, 959, 552	0				4.
. 10	0	0				4.
. 12	0	0				4.
. 12	0	0				4.
i. 13 I. 14	0	0				4.
I. 14	0	0				4.
i. 15	0	0				4.
1. 10 1. 17	-6, 471, 249	0				4.
+. 17 1. 18	-173, 768	0				4.
1. 10 1. 19	-729, 249	0				4.
l. 20	-729, 249	0				4.
. 20 . 21	255, 013	0				4.
. 22	209, 758	0				4.
. 23	-60, 804	0				4.
. 23	-00, 804	0				4.
. 25	-1, 762, 281	0				4.
. 26	-673, 527	0				4.
. 27	-379, 995	0				4.
. 28	-3, 614, 297	0				4.
. 29	-14, 561, 849	0				4.
. 30	-597, 458	0				4.
. 31	-279, 906	0				4.
. 32	-520, 717	0				4.
. 33	-352, 720	0				4.
. 34	-110, 479	0				4.
. 35	-110, 104	0				4.
. 36	-1, 398, 373	0				4.
1. 37	-778, 986	0				4.
1.38	-525, 663	0				4.
	-55, 049, 215	U				5.

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office		
 Type of Business		
6.00		
B. INTERRELATIONSHIP TO RELAT	ED ORGANIZATION(S) AND/OR HOME OFFICE:	

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

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

1 of mout		
6.00	HEALTH SYSTEM	6.00
7.00	HEALTH SYSTEM	7.00
8.00	HEALTH SYSTEM	8.00
9.00	HEALTH SYSTEM	9.00
10.00	HEALTH SYSTEM	10.00
10.01	HEALTH SYSTEM	10.01
	•	

Heal th	Financial Systems	DEACONESS HO	SPI TAL	In Lieu	u of Form CMS-	2552-10
		RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0082	Peri od:	Worksheet A-8	3-1
OFFI CE	COSTS			From 10/01/2015 To 09/30/2016	Date/Time Pre	epared:
		1			2/27/2017 10:	<u>18 am</u>
	Related Organization(s)					
	and/or Home Office					
	Type of Business	-				
	6. 00					
	HEALTH SYSTEM					10. 02
	HEALTH SYSTEM					10.03
	HEALTH SYSTEM					10. 04
	HEALTH SYSTEM					10. 05
	HEALTH SYSTEM					10.06
	SURGERY					10.07
	THERAPY SERVICE					10.08
	THERAPY SERVICE					10.09
	THERAPY SERVICE					10.10
						10.11
						10.12
						10. 13 10. 14
	CLINIC CLINIC					10. 14
	CLINIC					10.15
	CLINIC					10.10
	RADIATION THRPY					10.17
	HOSPITAL					10.10
	HOSPITAL					10.17
	HOSPITAL					10.20
	HOSPITAL					10.22
	HOSPITAL					10.23
	HOSPITAL					10.24
	SURGERY MGMT					10.25
	SURGERY MGMT					10.26
10. 27	SURGERY MGMT					10. 27
100.00						100.00

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

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

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

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

	Financial Syste R BASED PHYSIC		DEACONESS	Brovidor (	CCN: 15-0082 F	In Lie Period:	eu of Form CMS- Worksheet A-8	
FROVIDE	N DAGED FITTSTC	TAN ADJUSTMENT		FIOVIDEI C	F	From 10/01/2015 To 09/30/2016	5	pared:
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Prov ider Component Hours	10 am
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		ADMI NI STRATI VE & GENERAL	153, 136		153, 136		1, 614	1.00
2.00	30.00	ADULTS & PEDIATRICS	17, 255, 683	15, 764, 246	1, 491, 437	179, 000	7, 358	2.00
3.00		INTENSIVE CARE UNIT	67, 150		67, 150		54	3.00
4.00		OPERATING ROOM	12, 057, 422		1, 543, 235		3, 060	4.00
5.00		RADI OLOGY-DI AGNOSTI C	3, 162		0	,	0	5.00
6.00		CARDI AC CATHETERI ZATI ON	71, 611		71,611	179,000	272	6.00
7.00 8.00		LABORATORY RESPI RATORY THERAPY	698, 082 4, 170		487, 373 4, 170		864 35	7.00 8.00
9.00		ELECTROCARDI OLOGY	186, 879		4,170	179,000	0	9.00
10.00		RENAL DI ALYSI S	3, 900		3,900		26	10.00
11.00		CLINIC	9, 930				29	11.00
12.00		FAMILY PRACTICE CLINIC	355, 768		0		0	12.00
13.00	90. 03	INFUSION CENTER	19, 038	19, 038	0	179,000	0	13.00
14.00		PRIMARY CARE FOR SENIORS	1, 303, 968		88, 901	179, 000	664	14.00
15.00		PAIN MANAGEMENT	160, 036		13, 616		118	15.00
16.00		WOUND CARE CENTER	83, 167		1, 265	179,000	11	16.00
17.00		SLEEP CENTER EMERGENCY	1, 159, 967		9,660		81	17.00
18.00 200.00	91.00	EMERGENCY	17, 153, 917 50, 746, 986		6, 553, 721 10, 492, 310	179, 000		18.00 200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	200.00
		I denti fi er	Limit	Unadjusted RCE			of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
		0.00	0.00	0.00	Education	12	11.00	
1.00	1.00	2.00 ADMI NI STRATI VE & GENERAL	8.00 138,897	9.00 6,945	12.00	13.00 0	14.00	1.00
2.00		ADULTS & PEDIATRICS	633, 213		0			2.00
3.00		I NTENSI VE CARE UNI T	4, 647		0			3.00
4.00		OPERATING ROOM	263, 337		0		0	4.00
5.00	54.00	RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	5.00
6.00		CARDI AC CATHETERI ZATI ON	23, 408		0		0	6.00
7.00		LABORATORY	74, 354		0		0	7.00
8.00		RESPI RATORY THERAPY	4, 380		0	-	0	8.00
9.00		ELECTROCARDI OLOGY	2 222	-	0		0	9.00
10. 00 11. 00		RENAL DIALYSIS CLINIC	2, 238		0		0	10. 00 11. 00
12.00		FAMILY PRACTICE CLINIC	2,490		0		0	12.00
13.00		INFUSION CENTER		-	0		Ő	13.00
14.00		PRIMARY CARE FOR SENIORS	57, 142	2, 857	0	0	0	14.00
15.00	90.05	PAIN MANAGEMENT	10, 155	508	0	0	0	15.00
16.00		WOUND CARE CENTER	947		0		0	16.00
17.00		SLEEP CENTER	6, 971		0		0	17.00
18.00	91.00	EMERGENCY	5, 023, 360				0	18.00
200.00	Wkst. A Line #	Cost Center/Physician	6, 245, 545 Provi der	312,278 Adjusted RCE	O RCE	0 Adjustment	0	200.00
	WRSt. A EINC #	I denti fi er	Component	Limit	Di sal I owance	haj as tiller t		
			Share of col.					
	1.00	2.00	14	1( 00	17.00	10.00		
1.00	1.00	2.00 ADMI NI STRATI VE & GENERAL	15.00	16.00 138,897	17.00 14,239	18.00 14,239		1.00
2.00		ADULTS & PEDIATRICS			858, 224			2.00
3.00	31.00	INTENSIVE CARE UNIT	0	4, 647	62, 503			3.00
4.00	50.00	OPERATING ROOM	0	263, 337	1, 279, 898	11, 794, 085		4.00
5.00		RADI OLOGY-DI AGNOSTI C	0		0	3, 162		5.00
6.00		CARDIAC CATHETERIZATION	0					6.00
7.00				74, 354	413, 019			7.00
8.00 9.00		RESPI RATORY THERAPY ELECTROCARDI OLOGY		4, 380 0	0			8.00 9.00
9.00 10.00		RENAL DIALYSIS		2, 238				9.00 10.00
11.00		CLINIC						11.00
12.00		FAMILY PRACTICE CLINIC			0	355, 768		12.00
13.00		INFUSION CENTER	0	0	0			13.00
14.00		PRIMARY CARE FOR SENIORS	C		31, 759	1, 246, 826		14.00
15.00		PAIN MANAGEMENT	0			149, 881		15.00
16.00		WOUND CARE CENTER	0		318			16.00
17.00 18.00		SLEEP CENTER			2, 689 1, 530, 361			17.00 18.00
200.00		EMERGENCY						200.00
200.00	I	1		1 0,210,040	., 210, 710		I I	_00.00

	Financial Systems ALLOCATION - GENERAL SERVICE COSTS	DEACONESS	Provider C	F	rom 10/01/2015 o 09/30/2016	u of Form CMS-2 Worksheet B Part I Date/Time Pre 2/27/2017 10:	pared:
			CAP	TAL RELATED CO	OSTS	2/2//2017 10.	
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
	OFNERAL OFRICA OCT OFNITERO	0	1.00	1.01	2.00	4.00	
1.00 1.01 2.00 4.00 5.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	27, 192, 352 64, 421 26, 743, 695 43, 061, 602 66, 538, 794	27, 192, 352 0 14, 629 1, 234, 738	64, 421 4, 611 35, 260	26, 743, 695 24, 734	43, 105, 576 6, 646, 278	
7.00 8.00 9.00 10.00 11.00 13.00 14.00	00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 DUADMACY	11, 517, 892 786, 542 4, 819, 941 2, 262, 352 1, 767, 558 2, 959, 295 3, 620, 292 7, 201, 520	3, 650, 523 13, 587 6, 041 59, 307 162, 848 10, 344 8, 994		78, 062 167, 413 0 670, 575 285, 037	611, 770 114, 924 768, 986 251, 804 216, 904 407, 956 377, 964	8.00 9.00 10.00 11.00 13.00 14.00
15. 00 16. 00 17. 00 21. 00 22. 00 23. 00 23. 01 23. 03	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 02100 I &R SERVI CES-SALARY & FRI NGES APPRVD 02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM-PHARMACY 02301 PARAMED ED PRGM-CHAPLAI N 02303 PARAMED ED PRGM-NURSI NG	7, 281, 539 2, 638, 221 3, 351, 138 1, 454, 659 1, 233, 094 269, 269 205, 754 617, 949	5, 906 22, 329 0 0 7, 450 31, 497 36, 495	0 0 0 0 0 935 0 0	138, 382 2, 385 0 7, 131 17, 979	1, 452, 741 770, 665 616, 470 266, 968 215, 990 45, 046 36, 842 113, 410	16.00 17.00 21.00 22.00 23.00 23.01
30. 00 31. 00 32. 00 33. 00 40. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS O3000  ADULTS & PEDI ATRI CS O3100  INTENSI VE CARE UNI T O3200  CORONARY CARE UNI T O3300  BURN I NTENSI VE CARE UNI T O4000  SUBPROVI DER - I PF ANCI LLARY SERVI CE COST CENTERS	47, 311, 858 13, 335, 997 3, 409, 444 0 1, 235, 987	5, 608, 445 1, 088, 545 167, 982 0 94, 567		372, 572 108, 666 0	9, 373, 301 1, 991, 940 496, 038 0 205, 575	31.00 32.00 33.00
$\begin{array}{c} 50.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ \end{array}$	05000 OPERATI NG ROOM 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	41, 686, 657 17, 876, 032 4, 108, 668 3, 260, 721 30, 897, 221 2, 227, 395 4, 029, 321 8, 880, 249	2, 427, 770 825, 378 335, 810 224, 105 951, 886 24, 607 123, 748 149, 339		2, 399, 366 33, 408 259, 286 936, 184 8, 856 71, 143 40, 233	4, 258, 746 1, 732, 910 132, 249 230, 941 2, 408, 329 118, 864 587, 031 0	54.00 55.00 59.00 60.00 64.00 65.00 66.00
72.00 73.00 74.00 76.00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0UTPATI ENT SERVI CE COST CENTERS	2, 258, 424 10, 127, 019 19, 443, 183 43, 382, 031 1, 732, 149 0	0 11, 348 0	0 0 0		75, 318 0 0 47, 859 0	71.00 72.00 73.00 74.00 76.00
90.00 90.01 90.02 90.03 90.04 90.05 90.06 90.07 90.08 91.00 92.00	09000 CLINIC 09001 FAMILY PRACTICE CLINIC 09002 OUTPATIENT PSYCH SERVICES 09003 INFUSION CENTER 09004 PRIMARY CARE FOR SENIORS 09005 PAIN MANAGEMENT 09006 WOUND CARE CENTER 09007 SLEEP CENTER 09008 MED/ONCOLOGY 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 179, 591 1, 518, 604 1, 076, 417 1, 050, 439 1, 233, 541 2, 884, 287 791, 730 2, 094, 379 398, 922 19, 003, 514	187, 185 183, 151 114, 079 74, 612 0 9, 167 134, 826 65, 020 985, 968		48, 555 454 14, 098 35, 691 124, 852 12, 075 79, 973 9, 417	303, 696 178, 672 150, 469 130, 677 349, 012 406, 914 118, 630 381, 321 43, 728 3, 780, 336	90. 01 90. 02 90. 03 90. 04 90. 05 90. 06 90. 07 90. 08
96. 00 116. 00	OTHER REI MBURSABLE COST CENTERS 09600 DURABLE MEDI CAL EQUI P-RENTED SPECI AL PURPOSE COST CENTERS 11600 HOSPI CE	7, 470, 535	377, 632	0		505, 691	96.00
192.00 192.01 192.02	NONREI MBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSI CI ANS' PRI VATE OFFI CES 19201 DEACONESS URGENT CARE 19202 HEARTCARE	503, 290, 674 2, 005, 499 8, 962, 847 480, 855	229, 123 0 0	40, 806 0 0 0 0 0	0 303, 792 0 5, 663	17, 936	190. 00 192. 00 192. 01 192. 02
194.00 194.01 194.02	19203 FAMILY PRACTICE 07950 MISC NONREIMBURSABLE 07951 OCCUPATIONAL HEALTH 07952 OTHER FACILITIES 07953 HEART HOSPITAL	10, 686, 183 2, 805, 859 600, 288 2, 938, 412 323, 979	1, 097, 172	0	386 0		194.00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period:	Worksheet B	
				From 10/01/2015 To 09/30/2016	Part I Date/Time Pre	nared
				10 07/00/2010	2/27/2017 10:	
		CAPI	TAL RELATED C	OSTS		
Cost Costas Description	Nat European					
Cost Center Description	Net Expenses for Cost	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS	
	Allocation				DEPARTMENT	
	(from Wkst A				DEFFICIENCE	
	col. 7)					
	0	1.00	1.01	2.00	4.00	
194. 04 07954 PUBLIC RELATIONS	1, 481, 831	89, 125	(	0 6, 606	103, 751	194.04
194. 05 07955 CHI LD CARE CENTER	1, 418, 646	301, 843	(	0 10, 965	205, 012	194.05
194.0607956 CENTER FOR LIFE BALANCE	33, 711	0	(	3, 561	341	194.06
194.07 07957 DEACONESS VNA	744, 315	135, 250	(	0 1, 832	24	194.07
194. 08 07958 HEALTHSOUTH	0	253, 691	(	0 0	0	194.08
194. 09 07959 HOME OFFICE	0	4,001,965	5, 80	7 0	0	194.09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers		0	(	0 0	0	201.00
202.00 TOTAL (sum lines 118-201)	535, 773, 099	27, 192, 352	64, 42	1 26, 743, 695	43, 105, 576	202.00

From LOWING         Subtrait         MOM IN STRATUYE         OPERATOR         Subtrait         MOM IN STRATUYE         OPERATOR         Subtrait         Subt			DEACONESS		ON 15 0000 D		eu of Form CMS-	2552-10
Cost Center Juscription         Subtotal         Min II Val         Other Service         Other	COST	ALLOCATION - GENERAL SERVICE COSTS		Provider C	F	rom 10/01/2015	Worksheet B Part I	
A. GENERAL         PI AUT         LIFES         SERVIC						0 09/30/2016	2/27/2017 10:	pared: 18 am
BRARDAL SERVICE CONT CHITES:         4A         5.00         7.90         8.00         9.00           1.00         DIDUCE DE REL COSTS MURE A FAT         1		Cost Center Description	Subtotal				HOUSEKEEPI NG	
1.000         DOTOLG AF HEL COSTS-BLUE & FIXI         1.000           1.000         DOTOLG AF HEL COSTS-BLUE & FIXI         1.000           2.000         DORDOLG AF EL COSTS-BLUE & FIXI         1.000           2.000         DORDOLG AF LOT ON FLANTITS DEPARTMENT         1.000           2.000         DORDOLG AF DI ON FLANTITS DEPARTMENT         1.000           2.000         DORDOLG AF LOT ON FLANTITS DEPARTMENT         1.000           2.000         DORDOLG AF LOT ON FLANTITS         1.000           0.000         DORDOLG AF LOT ON FLANTITS         1.000           0.0000         DOTOLG AF LOT ON FLANTITS         1.000           0.0000         DOTOLG AF LOT ON FLANTITS         DOTOLG AF LOT ON FLANTITS <tr< td=""><td></td><td></td><td>4A</td><td></td><td></td><td></td><td>9.00</td><td></td></tr<>			4A				9.00	
1.01         00010         GAP HEL COSTS-HUDE & FUX         4.00           0.0000         GAPLING REEL COSTS-HUDE & EQUIP         4.00           0.0000         GAPLING REEL COSTS-HUDE & EQUIP         4.00           0.0000         GAPLING REEL COSTS-HUDE & EQUIP         5.070.224           0.0000         GAPLING REEL COSTS-HUDE & EQUIP         5.070.224           0.0000         GAPLING REEL COSTS-HUDE & EQUIP         5.070.224           0.0000         GAPLING REEL COSTS-HUDE & SUPPLY         1.152.227         220.821         11.36.01         6.00         6.00         6.00           0.0000         GAPLING REEL COSTS-HUDE & SUPPLY         4.202.227         220.821         1.18.01         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         7.722         1.00         1.00         1.00         6.00         6.00         7.722         1.00	1 00			1	1	1		1 1 00
2.00         02000         CAD         02000         CAD         040000         040000         040000         040000         040000         040000         040000         040000         040000         0400000         040000000000000         04000000000000000000000000000								1.00
5.00         DODDI ADMINISTRATIVE & GIMERAL         BB, 770, 224         BH, 770, 226         BH, 770, 236         Colored ADM, 770, 770, 770, 700         Colored ADM, 770, 774         Colored ADM, 770, 774, 774, 774, 774, 774, 774, 774								2.00
7.00         00700         0FERATION OF FLANT         15, 980, 174         2, 163, 573         19, 092, 747         1, 392, 117         6, 804, 607         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 807         6, 804, 803         6, 804, 803         6, 804, 803         <								4.00
8.00         DOUDON LAIRBERY & LIVEN STRVICE         1, 152, 229         228, 821         11, 347         1, 349, 417         B.0         6, 694, 691         6           0.00         DOUDON LEXERY         2, 740, 572         554, 514         49, 616         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 699         11, 749         10, 60         11, 699         11, 749         11, 619 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>5.00</td></t<>								5.00
9.00         00000         000000         HOUSEKEEPING         5, 672, 030         1, 126, 607         5, 664         0         6, 864, 601         0           11.00         DITOSIDILIAMY         2, 447, 310         426, 434         116, 497         11, 106								8.00
11.00       01100       CAFETERIA       2, 47, 310       426, 424       136, 238       0       68, 596       11.0         12.00       01300       CARTINAL SERVICES       4, 922, 237       852, 405       7, 524       10, 744       2, 647       14.0         13.00       01400       CENTRAL, SERVICES       4, 972, 237       852, 405       7, 524       10, 744       2, 647       14.0       10, 744       2, 647       14.0       10, 744       <								
13 00         01300         NURSING ADMINISTRATION         4, 046, 170         803, 920         23, 077         0         8, 502         13           15 00         01300         NURSING ADMINISTRATION         4, 044         10         11, 722         10, 744         10, 744         10, 744         10, 744         10, 742         11, 742         10, 744         11, 742         16, 744         11, 744         10, 744         11, 744         10, 744         11, 744         11, 744         11, 744         11, 744         11, 744         11, 744         11, 744         11, 744         11, 744         11, 744         11, 744         11, 744         11, 745         11, 744         11, 744         11, 745         11, 745         11, 745         11, 745         11, 745         11, 745         11, 745         11, 745         11, 745         11, 745         11, 745         11, 745         11, 745         11, 745         11, 746         11, 745         11, 745			2, 740, 876	544, 311	49, 616	11, 989	17, 698	10.00
14.00       CNTRAL SERVICES & SUPPLY       4, 920, 207       652, 405       7, 524       10, 744       2, 648       14.0         15.00       1500 PRAMACY       3, 507, 577       708, 866       18, 641       0       6, 663       16         10.01       11700 CALL AL SINCI       Severe Propo       1, 490, 664       387, 774       0								
15.00         01500         PHARMACY         9, 030, 623         1, 792, 391         4, 941         0         1, 722, 150           10.00         017000         SECIAL STRVICE         3, 969, 993         708, 866         16, 681         0								1
10.00         DIACOL MULICAL RECORDS & LIBARYY         3, 569, 597         708, 886         16, 61         0         6, 663         16           21.00         DIACOL AL SERVICES-SALARY & FRIVESS APPRVD         1, 721, 627         341, 896         0         0         0         22.0           23.00         DIACOL ALS SERVICES-SALARY & FRIVESS APPRVD         1, 721, 627         341, 896         0         0         0         22.0           23.00         DIACOL ALS SERVICES-CONVESSING         272, 828         36         6, 315         6, 252         0         12.223         23.0           23.00         DIACOL ALS SERVICE CONVESSING         778, 197         174, 402         40, 553         30, 693         16, 75, 992         0         30.00         3000         101, 78, 992, 774         0								
10.00       D2100       LRR SERVICES-SALARY & FINGES APHYDD       1, 221, 627       341, 994       0       0       0       22.00         22.00       D2200       PRAMED ED PRCM-HARMACY       328, 896       65, 315       6, 22.20       0       22.01       0       22.01       0       12.01       12.023       <	16.00							
22.00         D2200         LAR         SERVICES-OTHER PROKI COSTS APPRVD         1.440,084         287,774         0         0         0         22.00           23.00         D2300         PARAMED DE PRGU-UHARLAN         293,007         58,186         37,910         0         13,522         23.00         23.00         23.00         23.00         23.00         23.00         10.00         10.00         23.00         23.00         10.00         13.522         23.00         23.00         10.00         10.00         10.00         10.00         10.00         10.00         23.00         23.00         23.00         23.00         10.00         10.00         12.714         10.00         10.072         12.73         20.00         10.072         12.73         10.00         0.00         0<						-		
21.00       012300       PARAMED ED PREACHARLANNY       328, 806       65, 315       3.7, 210       0       2.2, 23       23.0       23.01       23.01       PARAMED ED PREACHARLES NA       787, 187       154, 540       30.7, 910       0       13.5, 22       23.0         30.00       305001 ADULTS & PEDI ATRI CS       64, 021, 795       12, 714, 012       4, 692, 006       649, 956       1, 673, 552       30.0       30.0       130.0       120.01       12, 714, 012       4, 692, 006       64, 93, 66       1, 73, 552       30.0       130.0       130.0       130.0       130.0       130.0       130.0       130.0       130.0       130.0       130.0       130.0       140.0       30.0       764       30.0       130.0       140.0       30.0       140.0       30.0       140.0       30.0       150.0       130.0       140.0       130.0       140.0       140.0       140.0       140.0       140.0       130.0       150.0       130.0       150.0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>						-		
23.01         D2301         PARAMED ED PROL-CHAPLAIN         292, 007         B8, 186         37, 710         0         13, 522         23.0           10         20300         PARAMED ED PROL-CHAPLAINES MG         778, 187         154, 543         30, 532         0         100, 000         649, 856         1, 673, 592         30.0           10         03000         MULTS & PEDIATRICS         64, 021, 795         12, 714, 012         44, 692, 006         649, 856         1, 673, 592         30.0           30         03000         GROMARY CARE LINIT         15, 540, 780         30.0         190         0         0         0         0         0         33.0         30.0         130.00         179, 114         4, 222         28, 217         40.0         50.0         6500         640, 020, 716, 040, 020, 716, 040, 020, 716, 040, 020, 716, 040, 020, 716, 040, 020, 716, 040, 020, 716, 040, 020, 716, 040, 020, 716, 040, 020, 716, 040, 020, 716, 040, 020, 716, 040, 020, 716, 050, 0500         50.0         5500         6500, 0401, 020, 071, 040, 005, 010, 020, 716, 040, 020, 014, 020, 014, 020, 014, 020, 014, 020, 014, 020, 014, 020, 014, 020, 016, 020, 01					, v	-	-	
INPART ENT. FRUIT ENT REVICE COST CENTERS         44.021.754         12.714.012         4.692.066         64.98.856         1.673.592         30.0         30.00         30.00         50.00         73.33         60.0         73.33         60.0         73.33         60.0         73.33         60.0         73.33         60.0         73.33         60.0								
30. 00       03000 ADULTS & PEDIATRICS       64.021, 795       12, 714, 012       64.92, 006       644, 956       1, 673, 592       30.0         31. 00       03100 (DITRISNIY CARE UNIT       4, 182, 130       833, 0, 52       140, 533       30, 760       50, 127       32.0         32. 00       03000 (SUBPROVIDER - IPF       1, 536, 780       305, 189       79, 114       4, 222       28, 219       40.0         40. 00       04000 (SUBPROVIDER - IPF       1, 536, 780       305, 189       79, 114       4, 222       28, 219       40.0         50. 00       05000 (DPFRATING ROM       51, 294, 532       10, 186, 581       2, 031, 062       158, 523       724, 460       50.0         50. 00       05000 (APRATING ROM       51, 294, 532       10, 186, 581       2, 031, 062       158, 523       724, 460       50.0         50. 00       05000 (APRATING ROM       51, 294, 532       100, 186, 581       2, 031, 062       158, 523       724, 460       50.0       50.0       500, 0200, 0201, 566       51, 524, 523       724, 460       50.0       50.0       50.0       50.0       50.0       73, 547, 54.0       73, 547, 74.0       747, 580       70.0       70.0       70.0       70.0       70.0       70.0       70.0       70.0       7	23.03		778, 187	154, 540	30, 532	0	10, 890	23.03
31 00 03100 [NTERSIVE CARE UNIT       16,789,054       3.33,4,138       910,672       112,793       324,828       31.0         32 00 03200 (BURN INTERSIVE CARE UNIT       0 </td <td></td> <td></td> <td>(4.004.705</td> <td>40 744 040</td> <td>1 (00 00)</td> <td>( 40, 05 (</td> <td>4 (70 500</td> <td>1 00 00</td>			(4.004.705	40 744 040	1 (00 00)	( 40, 05 (	4 (70 500	1 00 00
32:00       00:2200 (CORDINARY CARE UNIT       4, 182, 130       830, 529       140, 533       30, 760       50, 127       32.00         40:00       04000 (SUBPROVIDER - LIPF       1, 536, 780       305, 189       70, 114       4, 222       28, 219       40.00         AMCLLARY SERVICE COST CENTERS       0       0       00, 8000       (PRIARY SERVICE COST CENTERS)       724, 460       50.00         50:00       05000 (PREALING ROOM       51, 294, 532       10, 186, 581       2, 031, 662       158, 253       224, 400       50.00         50:00       05000 (PREALING ROOM       3, 975, 503       789, 466       187, 488       31, 471       66, 495, 442       690, 508, 433       244, 400       50.00         60:00       000000 (INTRAVIONE THERAPY       3, 975, 5027       6, 989, 109       796, 448       31, 471       66, 473, 471       60.00       32.00       73.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
33. 00       00       0000       000000       000000000000000000000000000000000000								•
ACCILLARY SERVICE COST CENTERS           50.00         05000 (DEPEATI INS FOND         51, 294, 552         10, 186, 581         2, 031, 662         158, 253         724, 460         50           50.00         05000 (ARDIOLOCY-DLAGNOSTI C         22, 833, 686         4, 534, 542         640, 508         65, 333         246, 297         54. 00           50.00         05000 (ARDIACC CATHETRE) ZATI ON         3, 975, 053         789, 406         187, 485         31, 471         66, 874         45. 66           60.00         06000 (ARDIACC CATHETRE) ZATI ON         3, 975, 053         789, 406         187, 485         31, 471         66, 874         744, 485         60, 74, 448         60, 74, 448         60, 00         6000 (DESPI ATIONE) THERAPY         2, 379, 722         472, 589         20, 586         01         7, 433         64. 06         66, 00         06000 (DESPI ATINE THERAPY         9, 069, 821         1, 801, 176         124, 936         18, 325         44, 564         66. 00         7, 000         70. 00			0	0				
50. 00       05000 (DPERATI NG ROOM       51, 294, 532       10, 186, 581       2, 0.31, 062       158, 253       724, 460       50. 0         55. 00       05500 (RADI LOCOS - THERAPEUTI C       4, 610, 135       915, 527       280, 937       0       100, 207       75. 00       05000 (ARDI ACCATHERE TO ATTION       3, 975, 053       789, 406       187, 445       31, 471       66, 674       59. 00         60. 00       06000 (LABDRATORY       3, 975, 053       789, 406       187, 445       31, 471       66, 674       59. 00         66. 00       06600 (RESPI RATORY THERAPY       4, 811, 242       995, 465       103, 527       153       36, 927       65. 00         66. 00       06600 (HYSI CLA THERAPY       4, 811, 242       90. 10, 1176       124, 496       18, 325       44, 544       60. 0         71. 00       07100 (DTOLO DUPLIES CHARGED TO PATIENTS       19, 443, 183       3, 861, 222       0       0       0       72. 00       0       0       72. 00       0       0       0       72. 00       0       0       0       72. 00       0       0       0       72. 00       0       0       0       72. 00       0       0       0       72. 00       73. 00       73. 00       73. 00       73. 00<	40.00		1, 536, 780	305, 189	79, 114	4, 222	28, 219	40.00
54. 00       54.00       54.00       54.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.27       280.937       0       100.207       55.00         55.00       05.00       55.00       187.950.53       789.406       187.485       31.471       66.67.40.495       55.27       280.937       0       10.207       55.0         64.00       06.00       LABORATORY       2.379.722       472.589       20.586       0       7.434       44.048       60.0         66.00       06600       PESPI ATORY THERAPY       4.811.230       64.406       3.629       2.273       60.0       0       7.00       0       0       0       7.00       0       0       0       7.00       0       0       0       0       7.00       0       0       0       0       0       0       0       7.00       0 <td>E0 00</td> <td></td> <td>E1 204 E22</td> <td>10 104 501</td> <td>2 021 042</td> <td>150 252</td> <td>724 460</td> <td>50.00</td>	E0 00		E1 204 E22	10 104 501	2 021 042	150 252	724 460	50.00
55: 00       05500 RADIOLOGY-THERAPEUTIC       4. 610, 135       915, 527       280, 937       0       100, 207       55.         60: 00       06000 LABORATORY       35, 193, 620       6, 989, 101       74, 485       31, 471       66, 874       128, 425       84       1, 251       284, 048       60.       0       64.00       10, 0500       RESPIRATORY       4, 811, 243       955, 465       103, 527       153       36, 927       65.       60.       0       66.00       106.00       118, 325       44, 564       66.       60.00       118, 325       44, 564       66.       66.00       0       00000       118, 325       44, 564       66.       60.00       0       00000       170.00       0000       0000       00000       00000       00000       000000       00000000       000000000000000000000000000000000000								
60.00         LABORATORY         35, 193, 620         6, 999, 101         796, 344         1, 251         284, 048         60.0           66.00         06500 RESPI HATORY THERAPY         2, 379, 722         472, 589         20, 586         0         7, 343         64.0           66.00         06600 RESPI HATORY THERAPY         9, 069, 821         1, 801, 176         124, 936         18, 325         44, 564         66.0           0.00         0000 ELECTROCARDIOLOGY         2, 423, 234         4481, 230         64.406         3, 629         75.00         77.00         0         0         0         77.300         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
64.00         06400         INTRAVENOUS THERAPY         2, 379, 722         472, 589         20, 586         0         7, 343         44.0           65.00         06500         PESPIRATORY THERAPY         4, 811, 243         955, 465         103, 527         153         36, 922         973         65, 00           64.00         06000         PESPIRATORY THERAPY         4, 811, 243         955, 465         103, 527         153         36, 922         973         69, 00           71.00         DELCTROCARGED TO PATI ENTS         10, 127, 019         2, 011, 128         0         0         72         0         0         0         73         0         73         0         73         0         73         0         73         0         73         0         73         0         73         0         73         0         73         0         73         0         73         0         73         0         73         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
65:00         06500         RESPIRATORY THERAPY         4, 811, 243         955, 465         103, 527         153         36, 927         65.0           64:00         06600         PHYSICAL THERAPY         9, 069, 827         1, 801, 176         124, 936         18, 325         44, 564         66.0         6600         0								
66.00         06600         PHYSICAL THERAPY         9.069.821         1.801.176         124.936         18.325         44.564         66.0         66.00           00         0000         LECTROCARDIOLOGY         2.43.234         481.230         64.406         3.629         22.973         69.0           71.00         07100         MEDICAL SUPPLIES CHARGED TO PATIENTS         10.127.019         2.011.125         0         0         0         71.00           72.00         07200         DRUSS CHARGED TO PATIENTS         43.382.031         8.615.238         0         0         0         73.00           74.00         07400 RENAL DIALYSI S         1.791.356         355.745         9.494         0         3.386         74.00           00         07400 RENAL DIALYSI S         1.791.356         353.010         156.598         1.279         55.857         90.01           00.01         OPOOL CILVIC C         2.683.973         533.010         156.598         1.279         55.453         90.01         34.042         90.0         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04								
69:00         06900         ELECTROCARDIOLOGY         2,423,234         481,220         64,406         3,629         22,973         69:0           71:00         07100         MEDICAL SUPPLIES CHARGED TO PATIENTS         10,470,192,011,125         0         0         77.00           73:00         07300         MEMLS CHARGED TO PATIENTS         19,443,183         3,861,222         0         0         73.00           73:00         07300         RENAL DIALYSIS         1,791,353         355,745         9,494         0         3.386         73.00           003500 FSYCHIATRIC/PSYCHOLOGICAL SERVICES         1,791,353         3010         156,598         1,279         55.87         90.00         0								
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       19, 443, 183       3, 641, 222       0       0       0       73.00         73.00       07300       07400       RENAL DI ALYSIS       43, 382, 031       8, 615, 223       0       0       0       0       74.00       0, 0       0       0       0       73.00       73	69.00		2, 423, 234	481, 230	64, 406	3, 629	22, 973	69.00
73. 00       073.00       DRUGS CHARGED TO PATIENTS       43, 382, 031       8, 315, 238       0       0       0       73. 00         74. 00       O7400       RAMO RENAL DIALYSIS       1, 791, 356       3, 57, 45       9, 494       0       3, 386       74. 0         00       000       000       0					, s	-		
74.00       074.00       RENUL DIALYSIS       1,791,366       355,745       9,494       0       3,386       74.00         0.03550       PSYCH INT C/PSYCHOLOCICAL SERVICES       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>						-		
76.00         03550         PSYCHI ATRI C/PSYCHOLGCI CAL SERVICES         0         0         0         0         76.00           0UTPATI ENT SERVICE COST CENTERS         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td>						-	-	
90.00         09000         CLINIC         2,683,973         533,010         156,598         1,279         55,887         90.0           90.01         09001         FAMILY PRACTICE CLINIC         1,928,982         383,077         153,224         859         54,653         90.0           90.02         09002         UITPATIENT PSYCH SERVICES         1,341,419         266,392         95,438         0         34,042         90.0           90.03         09002         UITPATIENT PSYCH SERVICES         1,269,826         252,175         62,420         2,399         22,264         90.0           90.04         09004         PRIMARY CARE FOR SENIORS         1,618,244         321,367         0         272         0         90.0           90.05         09005         PAIN MANAGEMENT         3,416,053         678,394         0         10.628         0         90.0           90.06         09006         MED/ONCOLOCY         517,087         102,688         54,395         0         19,402         90.0           90.00         09000         SECRATION BEDS (NON-DISTINCT PART)         24,213,601         4,808,579         824,857         166,313         294,218         91.0           91.00         090000         DBOSOBERVATIO	76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES				0	0	76.00
90.01       09001       FAMILY PRACTICE CLINIC       1,928,982       383,077       153,224       859       54,653       90.0         90.02       09002       OUTPATIENT PSYCH SERVICES       1,341,419       266,392       95,438       0       34,042       90.0         90.03       09003       INFUSION CENTER       1,269,826       252,175       62,420       2,399       22,264       90.0         90.04       09004       PRIMARY CARE FOR SENIORS       1,618,244       321,367       0       272       0       90.0         90.05       09005       PAIN MANGEMENT       3,416,053       678,394       0       10.628       0       90.00         90.06       09006       MUND CARE CENTER       2,690,499       534,306       112,795       147       40,233       90.0         90.07       09007       SLEP CENTER       2,690,499       534,306       112,795       147       40,233       90.0       90.00         91.00       09100       EMERGENCY       24,213,601       4,808,579       824,857       166,313       294,218       91.0       92.0         92.00       09560       DURABLE MEDICAL EQUIP -RENTED       8,585,290       1,704,953       315,925       0       1				500.040	15/ 500	1 070	55.053	
90.02       09002       01PATLENT PSYCH SERVICES       1,341,419       266,392       95,438       0       34,042       90.0         90.03       09003       INFUSION CENTER       1,269,826       252,175       62,420       2,399       22,264       90.0         90.04       09004       PRIMARY CARE FOR SENIORS       1,618,244       321,367       0       272       0       90.0         90.05       09005       PAIN MANAGEMENT       3,416,053       678,394       0       10,628       0       90.0         90.06       09006       WOUND CARE CENTER       2,690,499       534,306       112,795       147       40,233       90.0         90.06       09007       DISEEP CENTER       2,690,499       534,306       112,795       147       40,233       90.0         90.00       09008       MED/ONCOLOGY       517,087       102,688       54,395       0       19,402       90.0         92.00       OBSERVATION BEDS (NON-DISTINCT PART)       0       0       0       0       0       0       0       0       0       0       0       116.00       116.00       1000000       DERGENCY       24,213,601       1,704,953       315,925       0       112,677								
90.03       09003       INFUSION CENTER       1, 269, 826       252, 175       62, 420       2, 399       22, 264       90.0         90.04       09004       PRIMARY CARE FOR SENIORS       1, 618, 244       321, 367       0       272       90.0         90.05       09005       PAIN MANAGEMENT       3, 416, 053       678, 394       0       10, 628       90.0         90.06       09006       MUND CARE CENTER       931, 602       185, 007       7, 669       1, 996       2, 736       90.0         90.07       09007       SLEEP CENTER       2, 690, 499       534, 306       112, 795       147       40, 233       90.0         90.08       09008       MED/ONCOLOGY       517, 087       102, 688       54, 395       0       19.402       90.0         91.00       DERRCENCY       24, 213, 601       4, 808, 579       824, 857       166, 313       294, 218       91.0         92.00       OSERVATI ON BEDS (NON-DI STI NCT PART)       0       0       112, 687       96.0       112, 687       96.0       112, 687       96.0       112, 687       96.0       112, 687       96.0       112, 247, 003       1, 282, 672       4, 362, 526       118.0       118.0       11600       INSUBTALS (SUM								
90.05       09005       PAIN MANAGEMENT       3, 416, 053       678, 394       0       10, 628       0       90.00         90.06       09006       WOUND CARE CENTER       931, 602       185, 007       7, 669       1, 996       2, 736       90.00         90.07       09007       SLEEP CENTER       2, 690, 499       534, 306       112, 795       147       40.0233       90.00         90.08       09008       MED/ONCOLOGY       517, 087       102, 688       54, 395       0       19, 402       90.00         91.00       DURRECENCY       24, 213, 601       4, 808, 579       824, 857       166, 313       294, 218       91.00         92.00       DERREVATI ON BEDS (NON-DI STI NCT PART)       0       0       0       112, 687       90.00         96.00       DURABLE MEDI CAL EQUIP-RENTED       8, 585, 290       1, 704, 953       315, 925       0       112, 687       90.00         116.00       11600       HOSPI CE       0       0       0       0       0       0       116.00         118.00       11600       HOSPI CE       0       0       0       0       114.00       188.00       0       0       0       192.00       19200       1, 1								
90.06         09006 WOUND CARE CENTER         931,602         185,007         7,669         1,996         2,736         90.07           90.07         09007         SLEEP CENTER         2,690,499         534,306         112,795         147         40,233         90.0         90.07           91.00         09008         MED/ONCOLOGY         24,213,601         4,808,579         824,857         166,313         294,218         91.0           92.00         09500F         DUBSERVATI ON BEDS (NON-DI STINCT PART)         0         166,313         294,218         91.0         92.0         09600F         URBURSABLE COST CENTERS         92.0         112,687         96.0         9600F         09600F         DURABLE MEDI CAL EQUIP-RENTED         8,585,290         1,704,953         315,925         0         112,687         96.0           90.00         SUBTOTALS         SUBTOTALS         SUM OF LINES 1-117         492,956,284         80,267,233         12,247,003         1,282,672         4,362,526         116.0           118.00         ISUBTOTALS         SUBTOTALS         SUM OF LINES 1-117         492,956,284         80,267,233         12,247,003         1,282,672         4,362,526         118.0           192.00         19200         IFVSIC LANS' PRIVATE OFFICES         <			1					
90.07       09007       SLEEP CENTER       2,690,499       534,306       112,795       147       40,233       90.02         90.08       09008       MED/ONCOLOGY       517,087       102,688       54,395       0       19,402       90.07         92.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART)       0       0       92.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART)       0       92.00       92.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART)       0       92.00       92.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART)       0       92.00       92.00       92.00       92.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART)       0       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.01 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
90.08       09008       MED/ONCOLOGY       517,087       102,688       54,395       0       19,402       90.0         91.00       09100       EMERCENCY       24,213,601       4,808,579       824,857       166,313       294,218       91.0         92.00       DSERVATION BEDS (NON-DISTINCT PART)       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
91.00       09100       EMERGENCY       24, 213, 601       4, 808, 579       824, 857       166, 313       294, 218       91.0         92.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART)       0       0       92.0       92.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART)       92.0								
OTHER         REI MBURSABLE         COST         CENTERS         96.00           96.00         09600         DURABLE         MEDI CAL         EQUI P-RENTED         8, 585, 290         1, 704, 953         315, 925         0         112, 687         96.0           SPECIAL         PURPOSE         COST         CENTERS         0         0         0         0         0         116.00         116.00         116.00         NOREI         MBURSABLE         COST         CENTERS         4, 362, 526         118.00         0         0         0         0         116.00         1000         GUITALS         (SUB TOTALS         500, 0         0         0         0         116.00         116.00         1000         0         0         0         0         0         116.00         102.0         1000         1000         1000         1000	91.00							
96.00         O9600         DURABLE MEDI CAL EQUI P-RENTED         8,585,290         1,704,953         315,925         0         112,687           SPECI AL PURPOSE COST CENTERS	92.00		0					92.00
SPECIAL PURPOSE COST CENTERS           116.00         11600         HOSPICE         0         0         0         0         0         116.00           118.00         SUBTOTALS (SUM OF LINES 1-117)         492,956,284         80,267,233         12,247,003         1,282,672         4,362,526         118.00           NONREI MBURSABLE COST CENTERS         0         0         80,267,233         12,247,003         1,282,672         4,362,526         118.00           192.00         19000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         2,354,704         467,621         130,119         1,838         46,412         190.00           192.00         19200         PHYSI CLANS' PRI VATE OFFICES         10,786,618         2,142,114         191,683         7,490         68,371         192.00           192.01         DEACONESS URGENT CARE         0         0         0         192.00         19203         FAMI LY PRACTICE         10,911,530         2,166,921         29,353         0         10,470         192.00           194.00         07950         MIS CNONREI MBURSABLE         3,196,023         634,698         568,801         12,324         202,886         194.01           194.01         07952         OTHER FACI LI TI ES         4,035,584	04 00		9 696 200	1 704 052	215 025	0	110 407	1 04 00
116.00       11600       HOSPICE       0       0       0       0       0       0       0       116.00       116.00         118.00       SUBTOTALS (SUM OF LINES 1-117)       492,956,284       80,267,233       12,247,003       1,282,672       4,362,526       118.00         NONREI MBURSABLE COST CENTERS         190.00       GI FT, FLOWER, COFFEE SHOP & CANTEEN       2,354,704       467,621       130,119       1,838       46,412       190.00         192.00       PHYSI CI ANS' PRI VATE OFFICES       10,786,618       2,142,114       191,683       7,490       68,371       192.0         192.01       DEACONESS URGENT CARE       0       0       0       192.0       19201       DEACONESS URGENT CARE       504,454       100,180       0       0       192.0       192.03       192.03       FAMI LY PRACTI CE       10,911,530       2,166,921       29,353       0       10,470       192.0         194.00       07950       MI SC NONREI MBURSABLE       3,196,023       634,698       568,801       12,324       202,886       194.0         194.02       07951       OCCUPATI ONAL HEALTH       882,161       175,634       2,821       62,647       194.0         194.02       07955	90.00		0, 363, 290	1,704,933	515, 925	<u> </u>	112,007	90.00
NONREL IBBURSABLE COST CENTERS           190.00         19000         GI FT, FLOWER, COFFEE SHOP & CANTEEN         2,354,704         467,621         130,119         1,838         46,412         190.01           192.00         19200         PHYSI CLANS' PRIVATE OFFICES         10,786,618         2,142,114         191,683         7,490         68,371         192.01           192.01         D4201         DEACONESS URGENT CARE         0         0         1,198         0         192.0           192.02         19202         HEARTCARE         504,454         100,180         0         0         192.0           192.03         FAMI LY PRACTICE         10,911,530         2,166,921         29,353         0         10,470         192.0           194.00         07950         MI SC NONREI MBURSABLE         3,196,023         634,698         568,801         12,324         202,886         194.00           194.01         07951         OCCUPATI ONAL HEALTH         882,161         175,188         175,634         2,821         62,647         194.00           194.02         07952         OTHER FACI LITIES         4,035,584         801,427         917,889         0         327,402         194.00           194.03         079	116.00	0 11600 HOSPI CE	0	0	0	0	0	116.00
190.00       19000       GI FT, FLOWER, COFFEE SHOP & CANTEEN       2, 354, 704       467, 621       130, 119       1, 838       46, 412       190.0         192.00       19200       PHYSI CLANS' PRI VATE OFFI CES       10, 786, 618       2, 142, 114       191, 683       7, 490       68, 371       192.0         192.01       19200       DEACONESS URGENT CARE       0       0       0       192.0         192.02       19202       HEARTCARE       504, 454       100, 180       0       0       192.0         192.03       FAMI LY PRACTICE       10, 911, 530       2, 166, 921       29, 353       0       10, 470       192.0         194.00       07950       MI SC NONREI MBURSABLE       3, 196, 023       634, 698       568, 801       12, 324       202, 886       194.00         194.01       07951       OCCUPATI ONAL HEALTH       882, 161       175, 188       175, 634       2, 821       62, 647       194.00         194.02       07952       OTHER FACI LITIES       4, 035, 584       801, 427       917, 889       0       327, 402       194.00         194.03       07953       HEART HOSPI TAL       1, 347, 465       267, 593       856, 245       62, 135       305, 414       194.00	118.00		492, 956, 284	80, 267, 233	12, 247, 003	1, 282, 672	4, 362, 526	118.00
192.00       19200       PHYSI CI ANS' PRI VATE OFFI CES       10, 786, 618       2, 142, 114       191, 683       7, 490       68, 371       192.0         192.01       19201       DEACONESS URGENT CARE       0       0       0       1, 198       0       192.0         192.02       19202       HEARTCARE       504, 454       100, 180       0       0       192.0         192.03       19203       FAMI LY PRACTI CE       10, 911, 530       2, 166, 921       29, 353       0       10, 470       192.0         194.00       07950       MI SC NONREI MBURSABLE       3, 196, 023       634, 698       568, 801       12, 324       202, 886       194.0         194.02       07951       OCUPATI ONAL HEALTH       882, 161       175, 188       175, 634       2, 821       62, 647       194.0         194.02       07952       OTHER FACI LITIES       4, 035, 584       801, 427       917, 889       0       327, 402       194.0         194.03       07953       HEART HOSPI TAL       1, 347, 465       267, 593       856, 245       62, 135       305, 414       194.0         194.04       07954       PUBLI C RELATI ONS       1, 681, 313       333, 892       74, 561       0       26, 595	100.00		0.054.704	4/7/01	100 110	1 020	44 410	100.00
192.01       192.01       DEACONESS URGENT CARE       0       0       1, 198       0       192.02         192.02       19202       HEARTCARE       504, 454       100, 180       0       0       192.02         192.03       19203       FAMI LY PRACTI CE       10, 911, 530       2, 166, 921       29, 353       0       10, 470       192.02         194.00       07950       MI SC NONREI MBURSABLE       3, 196, 023       634, 698       568, 801       12, 324       202, 886       194.02         194.01       07951       OCCUPATI ONAL HEALTH       882, 161       175, 188       175, 634       2, 821       62, 647       194.02         194.02       07952       OTHER FACI LITIES       4, 035, 584       801, 427       917, 889       0       327, 402       194.02         194.03       07953       HEART HOSPI TAL       1, 347, 465       267, 593       856, 245       62, 135       305, 414       194.02         194.04       07955       CHILD CARE CENTER       1, 936, 466       384, 563       252, 520       5, 974       90, 072       194.02         194.05       07955       CHILD CARE CENTER       1, 936, 466       384, 563       252, 520       5, 974       90, 072       194.02 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
192. 02192.02HEARTCARE504, 454100, 18000192. 02192. 0319203FAMI LY PRACTI CE10, 911, 5302, 166, 92129, 353010, 470192. 02194. 0007950MI SC NONREI MBURSABLE3, 196, 023634, 698568, 80112, 324202, 886194. 02194. 0107951OCCUPATI ONAL HEALTH882, 161175, 188175, 6342, 82162, 647194. 02194. 0207952OTHER FACI LI TI ES4, 035, 584801, 427917, 8890327, 402194. 02194. 0307953HEART HOSPI TAL1, 347, 465267, 593856, 24562, 135305, 414194. 02194. 0407954PUBLI C RELATI ONS1, 681, 313333, 89274, 561026, 595194. 02194. 0607956CENTER FOR LI FE BALANCE37, 6137, 470000194. 02194. 0607957DEACONESS VNA881, 421175, 041113, 1502, 27140, 359194. 02			10, 780, 018	0 2, 142, 114				
194. 0007950MISC NONREI MBURSABLE3, 196, 023634, 698568, 80112, 324202, 886194. 0194. 01079510CCUPATI ONAL HEALTH882, 161175, 188175, 6342, 82162, 647194. 0194. 02079520THER FACI LI TI ES4, 035, 584801, 427917, 8890327, 402194. 0194. 0307953HEART HOSPI TAL1, 347, 465267, 593856, 24562, 135305, 414194. 0194. 0407954PUBLI C RELATI ONS1, 681, 313333, 89274, 561026, 595194. 0194. 0507955CHI LD CARE CENTER1, 936, 466384, 563252, 5205, 97490, 02194. 0194. 0707957DEACONESS VNA881, 421175, 041113, 1502, 27140, 359194. 0	192.02	2 19202 HEARTCARE	504, 454	100, 180	-		0	192.02
194. 01079510CCUPATI ONALHEALTH882, 161175, 188175, 6342, 82162, 647194. 0194. 02079520THERFACI LI TI ES4, 035, 584801, 427917, 8890327, 402194. 0194. 0307953HEART HOSPI TAL1, 347, 465267, 593856, 24562, 135305, 414194. 0194. 0407954PUBLI C RELATI ONS1, 681, 313333, 89274, 561026, 595194. 0194. 0507955CHI LD CARE CENTER1, 936, 466384, 563252, 5205, 97490, 072194. 0194. 0607956CENTER FOR LI FE BALANCE37, 6137, 47000194. 0194. 0707957DEACONESS VNA881, 421175, 041113, 1502, 27140, 359194. 0								
194. 02 194. 0307952 079520THER FACILITIES4, 035, 584 1, 347, 465801, 427 267, 593917, 889 856, 2450327, 402 194. 02194. 02 								
194. 0307953HEART HOSPI TAL1, 347, 465267, 593856, 24562, 135305, 414194. 0194. 0407954PUBLI C RELATI ONS1, 681, 313333, 89274, 561026, 595194. 0194. 0507955CHI LD CARE CENTER1, 936, 466384, 563252, 5205, 97490, 072194. 0194. 0607956CENTER FOR LI FE BALANCE37, 6137, 47000194. 0194. 0707957DEACONESS VNA881, 421175, 041113, 1502, 27140, 359194. 0								
194. 0407954PUBLI C RELATIONS1, 681, 313333, 89274, 561026, 595194. 0194. 0507955CHI LD CARE CENTER1, 936, 466384, 563252, 5205, 97490, 072194. 0194. 0607956CENTER FOR LI FE BALANCE37, 6137, 47000194. 0194. 0707957DEACONESS VNA881, 421175, 041113, 1502, 27140, 359194. 0								
194. 06         07956         CENTER FOR LI FE BALANCE         37, 613         7, 470         0         0         194. 0           194. 07         07957         DEACONESS VNA         881, 421         175, 041         113, 150         2, 271         40, 359         194. 0	194.04	07954 PUBLIC RELATIONS	1, 681, 313	333, 892	74, 561	0	26, 595	194.04
194. 07 07957 DEACONESS VNA 881, 421 175, 041 113, 150 2, 271 40, 359 194. 0								
						-		
			253, 691					

Health Fina	ncial Systems	DEACONESS	DEACONESS HOSPI TAL			In Lieu of Form CMS-2552-10			
COST ALLOCA	ATION - GENERAL SERVICE COSTS		Provider C		eriod:	Worksheet B			
					rom 10/01/2015				
				1	o 09/30/2016	Date/Time Pre 2/27/2017 10:			
	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			
194.090795	9 HOME OFFICE	4, 007, 772	795, 903	3, 324, 552	0	1, 185, 834	194.09		
200.00	Cross Foot Adjustments	C					200.00		
201.00	Negative Cost Centers	C	0	C	0	0	201.00		
202.00	TOTAL (sum lines 118-201)	535, 773, 099	88, 770, 224	19, 093, 747	1, 392, 417	6, 804, 691	202.00		

	Financial Systems	DEACONESS H	IOSPI TAL		In Lieu	u of Form CMS-2	2552-10
COST A	ALLOCATION - GENERAL SERVICE COSTS		Provider C	Fr	eriod: com 10/01/2015	Worksheet B Part I	
		·		Тс		Date/Time Pre 2/27/2017 10:	pared: <u>18 am</u>
	Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.00 2.00	00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.01
4.00 5.00	00400 EMPLOYEE BENEFI TS DEPARTMENT 00500 ADMI NI STRATI VE & GENERAL						4.00 5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						8.00 9.00
10.00	01000 DI ETARY	3, 364, 490	0 750 577	-			10.00
11.00 13.00	01100 CAFETERIA 01300 NURSING ADMINISTRATION	0	2, 758, 577 47, 403				11.00 13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	54, 756		5, 220, 400		14.00
15.00	01500 PHARMACY	0	104, 287		0	10, 935, 004	15.00
16.00 17.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	97, 225 57, 464		29	0 94	16.00 17.00
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	22, 057		0	94 0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4, 063		0	0	22.00
23.00	02300 PARAMED ED PRGM-PHARMACY	0	3, 192		0	0	23.00
23.01 23.03	02301 PARAMED ED PRGM-CHAPLAIN	0	6, 191 10 545		0	0	23. 01 23. 03
23.03	02303 PARAMED ED PRGM-NURSING I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	10, 545	31, 808	U	0	23.03
30.00	03000 ADULTS & PEDI ATRI CS	2, 316, 553	748, 005	2, 256, 342	203, 122	3, 634	30.00
31.00	03100 I NTENSI VE CARE UNI T	368, 155	178, 391		97, 379	1, 512	
32.00	03200 CORONARY CARE UNIT	85, 823 0	43, 437		28, 092	466	
33.00 40.00	03300 BURN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	75, 387	0 22, 637	-	0	0	
101.00	ANCI LLARY SERVICE COST CENTERS	, , , , , , , , , , , , , , , , , , , ,	22,007	00,200			101 00
50.00	05000 OPERATING ROOM	0	235, 275		154, 864	5, 974	50.00
54.00	05400 RADI OLOGY - DI AGNOSTI C	0	162, 429		192, 142	3, 834	
55.00 59.00	05500 RADI OLOGY-THERAPEUTI C 05900 CARDI AC CATHETERI ZATI ON	0	11, 609 16, 930		226 6, 000	0 84	55.00 59.00
60.00	06000 LABORATORY	0	299, 608		820, 762	690	
64.00	06400 I NTRAVENOUS THERAPY	0	8, 803		50, 639	32	64.00
65.00		0	54, 465		20, 324	0	65.00
66.00 69.00	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY	0	0 6, 578	, o	18, 071 10, 492	1, 371 247	66.00 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0,0,0		1, 653, 171	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0 0	1, 701, 650	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	, o	74, 571	8, 805, 930	
74.00 76.00	07400 RENAL DI ALYSI S 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	3, 676 0		10, 099 0	197 0	74.00 76.00
70.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>		,			/0.00
90.00	09000 CLINIC	0	27, 958		11, 553	13	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	19, 638		1, 720	17, 711	
90. 02 90. 03	09002 OUTPATIENT PSYCH SERVICES 09003 INFUSION CENTER	0	U O	53, 111 36, 769	11 17, 312	0 253	90. 02 90. 03
90.04	09004 PRI MARY CARE FOR SENI ORS	0	0	62, 157	393	23, 699	
90.05	09005 PALN MANAGEMENT	0	0	117, 603	2, 109	0	
90.06	09006 WOUND CARE CENTER	0	0	32, 100	9, 773	3, 390	
90. 07 90. 08	09007 SLEEP CENTER 09008 MED/ONCOLOGY	0	0	89, 588 18, 093	4, 322 320	16 0	
91.00	09100 EMERGENCY	57, 632	184, 002		94, 108	396	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
0/ 00	OTHER REIMBURSABLE COST CENTERS				7 (00	41 17/	
96.00	09600 DURABLE MEDI CAL EQUI P-RENTED SPECI AL PURPOSE COST CENTERS	0	66, 268	3 0	7, 608	41, 176	96.00
116.00	11600 HOSPI CE	0	C	0 0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	2, 903, 550	2, 496, 892	4, 932, 028	5, 190, 866	8, 910, 719	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38, 503	3 0	0	0	190. 00
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	C	0 0	3, 630		192.00
	19201 DEACONESS URGENT CARE	0	0	0	0		192.01
	2 19202 HEARTCARE 3 19203 FAMILY PRACTICE	0	0 8, 997		0 17, 930	0 2, 000, 461	192.02
	07950 MISC NONREI MBURSABLE	225, 343	8, 997 22, 154		3, 251		192.03
194.01	07951 OCCUPATI ONAL HEALTH	0	0		3, 646		194.01
	207952 OTHER FACILITIES	0	0	0	0		194.02
	07953 HEART HOSPI TAL 07954 PUBLI C RELATI ONS	149, 495	139, 791 10, 061		0 76		194. 03 194. 04
	07955 CHILD CARE CENTER	0	42, 179		/8 0		194.04
194.06	07956 CENTER FOR LIFE BALANCE	0	C	0 0	3	0	194.06
194.07	07957 DEACONESS VNA	0	0	0	998	0	194.07

Health Financial Systems	DEACONESS HOSPI TAL			In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period: From 10/01/2015	Worksheet B Part I		
				To 09/30/2016	Date/Time Pre 2/27/2017 10:	epared: 18 am	
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY		
			ADMI NI STRATI C	N SERVICES &			
				SUPPLY			
	10.00	11.00	13.00	14.00	15.00		
194. 08 07958 HEALTHSOUTH	86, 102	0		0 0	C	194.08	
194.0907959 HOME OFFICE	0	0		0 0	C	194.09	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers	0	0		0 0	C	201.00	
202.00 TOTAL (sum lines 118-201)	3, 364, 490	2, 758, 577	4, 932, 02	8 5, 220, 400	10, 935, 004	202.00	

	nancial Systems	DEACONESS				u of Form CMS-	2552-10
COST ALLO	OCATION - GENERAL SERVICE COSTS		Provider C	F	eriod: rom 10/01/2015 o 09/30/2016	Date/Time Pre	pared:
				I NTERNS &	RESI DENTS	2/27/2017 10:	18 am
	Cost Center Description	MEDICAL RECORDS &	SOCI AL SERVI CE	SERVICES-SALAR Y & FRINGES	SERVI CES-OTHER PRGM COSTS	PARAMED ED PRGM-PHARMACY	-
		LI BRARY 16.00	17.00	21.00	22.00	23.00	
	NERAL SERVICE COST CENTERS	10.00	17.00	21.00	22.00	23.00	
	100 CAP REL COSTS-BLDG & FIXT 101 CAP REL COSTS-BLDG & FIXT						1.00 1.01
	200 CAP REL COSTS-MVBLE EQUIP						2.00
	400 EMPLOYEE BENEFITS DEPARTMENT						4.00
	1500 ADMINISTRATIVE & GENERAL 1700 OPERATION OF PLANT						5.00 7.00
8.00 00	800 LAUNDRY & LINEN SERVICE						8.00
	1900 HOUSEKEEPI NG 000 DI ETARY						9.00 10.00
	100 CAFETERIA						11.00
	300 NURSI NG ADMI NI STRATI ON						13.00
	400 CENTRAL SERVICES & SUPPLY 500 PHARMACY						14.00 15.00
	600 MEDI CAL RECORDS & LI BRARY	4, 401, 081					16.00
	700 SOCIAL SERVICE	0	4, 815, 953	2 005 502			17.00
	200 I & SERVI CES-SALARY & FRI NGES APPRVD 200 I & SERVI CES-OTHER PRGM COSTS APPRVD	0	0	2, 085, 582	1, 740, 921		21.00 22.00
	2300 PARAMED ED PRGM-PHARMACY	0	0		1, 710, 721	405, 858	23.00
	301 PARAMED ED PRGM-CHAPLAIN	0	0				23.01
	2303 PARAMED ED PRGM-NURSING PATIENT ROUTINE SERVICE COST CENTERS	0	21, 891				23.03
30.00 03	000 ADULTS & PEDIATRICS	310, 797	3, 940, 325		919, 338	0	30. 00
	100 I NTENSI VE CARE UNI T	112, 214	306, 470	50, 095	41, 817	0	31.00
	200 CORONARY CARE UNIT 300 BURN INTENSIVE CARE UNIT	26, 545 0	197, 016 0		0	0	32.00 33.00
40.00 04	000 SUBPROVI DER – I PF	17, 510	0	0	0	0	40.00
	CILLARY SERVICE COST CENTERS	(20, 200	0	170 100	141 00/	0	E0.00
	000 OPERATI NG ROOM 400 RADI OLOGY-DI AGNOSTI C	639, 209 738, 954	0	170, 108 6, 889	141, 996 5, 750	0	50.00 54.00
55.00 05	500 RADI OLOGY-THERAPEUTI C	70, 980	0	0	0	0	55.00
	900 CARDI AC CATHETERI ZATI ON	95, 184	0	36, 693	30, 629	0	59.00
	000 LABORATORY 400 I NTRAVENOUS THERAPY	412, 629 8, 097	0		0	0	60.00 64.00
65.00 06	500 RESPI RATORY THERAPY	60, 898	0	0	0	0	65.00
	600 PHYSI CAL THERAPY 900 ELECTROCARDI OLOGY	149, 869 72, 853	0	0	0	0	66.00 69.00
	100 MEDICAL SUPPLIES CHARGED TO PATIENTS	60, 434	0	0	0	0	71.00
	200 IMPL. DEV. CHARGED TO PATIENTS	110, 940	0	0	0	0	72.00
	300 DRUGS CHARGED TO PATIENTS 400 RENAL DIALYSIS	496, 409 17, 369	0		0	405, 858	73.00 74.00
	550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	0	0	76.00
	TPATIENT SERVICE COST CENTERS						
	000 CLINIC 001 FAMILY PRACTICE CLINIC	11, 565 6, 423	0	0 569, 136	0 475, 081	0	90. 00 90. 01
	002 OUTPATI ENT PSYCH SERVICES	8, 079	0	0	0	0	90.02
	003 INFUSION CENTER	26, 016	0	0	0	0	90.03
	004 PRI MARY CARE FOR SENI ORS 005 PAI N MANAGEMENT	3, 454 70, 183	0	53, 516	44, 672 0	0	90. 04 90. 05
90.06 09	006 WOUND CARE CENTER	4, 828	0	0	0	0	90.06
	007 SLEEP CENTER	16, 226	0	0	0	0	90.07
	008 MED/ONCOLOGY 100 EMERGENCY	2, 487 409, 430	350, 251	97, 800	0 81, 638	0	90.08 91.00
92.00 09	200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	HER REIMBURSABLE COST CENTERS	47, 379	0	0	0	0	96.00
	ECIAL PURPOSE COST CENTERS	47, 374	0		0	0	90.00
	600 HOSPI CE	0	0	0	0		116.00
118.00 NO	SUBTOTALS (SUM OF LINES 1-117) NREIMBURSABLE COST CENTERS	4, 006, 961	4, 815, 953	2, 085, 582	1, 740, 921	405, 858	118.00
	000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
	200 PHYSI CI ANS' PRI VATE OFFI CES	1, 338	0	0	0		192.00
	201 DEACONESS URGENT CARE 202 HEARTCARE	0 1, 942			0		192. 01 192. 02
192.0319	203 FAMILY PRACTICE	31, 741	0	0	0		192.02
	950 MI SC NONREI MBURSABLE	0	0	0	0		194.00
	951 OCCUPATIONAL HEALTH 952 OTHER FACILITIES	0			0		194. 01 194. 02
	953 HEART HOSPI TAL	356, 836	0	0	0		194. 02 194. 03
	954 PUBLIC RELATIONS	0	0	0	0		194.04
194.05 07	955 CHILD CARE CENTER	0	0	0	0	0	194. 05

Health Financial Systems	DEACONESS HOSPI TAL			In Lieu of Form CMS-2552-10		
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 10/01/2015 To 09/30/2016		
			I NTERNS	& RESIDENTS		
Cost Center Description	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	SERVICES-SALA Y&FRINGES	RSERVICES-OTHER PRGMCOSTS	PARAMED ED PRGM-PHARMACY	
	16.00	17.00	21.00	22.00	23.00	
194.06 07956 CENTER FOR LIFE BALANCE	0	0		0 0	0	194.06
194.07 07957 DEACONESS VNA	2, 263	0		0 0	0	194.07
194. 08 07958 HEALTHSOUTH	0	0		0 0	0	194.08
194.0907959 HOME OFFICE	0	0		0 0	0	194.09
200.00 Cross Foot Adjustments				0 0	0	200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118-201)	4, 401, 081	4, 815, 953	2, 085, 58	2 1, 740, 921	405, 858	202.00

To 09/30/2016 Da	art I ate/Time Prep /27/2017 10:11 Total 26.00	ared: <u>8 am</u>
Cost Center Description PARAMED ED PARAMED ED Subtotal Intern & Residents Cost & Post	/27/2017 10: 1: Total	<u>8 am</u>
PRGM-CHAPLAIN PRGM-NURSING Residents Cost & Post		
	26.00	
	26.00	
Adjustments	26.00	
23. 01 23. 03 24. 00 25. 00 GENERAL SERVICE COST CENTERS		
1.00 00100 CAP REL COSTS-BLDG & FIXT		1.00
1. 01 00101 CAP REL COSTS-BLDG & FIXT 2. 00 00200 CAP REL COSTS-MVBLE EQUIP		1. 01 2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5. 00 00500 ADMI NI STRATI VE & GENERAL		5.00
7. 00 00700 OPERATION OF PLANT 8. 00 00800 LAUNDRY & LINEN SERVICE		7.00 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 MEDICAL RECORDS & LIBRARY 17. 00 01700 SOCIAL SERVICE		16.00 17.00
21. 00 02100 I &R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23. 00         02300         PARAMED ED PRGM-PHARMACY           23. 01         02301         PARAMED ED PRGM-CHAPLAIN         408, 818	1	23. 00 23. 01
23. 03 02303 PARAMED ED PRGM-VIAPEATIN 400, 818 23. 03 02303 PARAMED ED PRGM-NURSING 1, 038, 393	1	23.01
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		
30. 00         03000         ADULTS & PEDIATRICS         408, 818         441, 396         96, 400, 936         -2, 020, 683           31. 00         03100         INTENSI VE CARE UNIT         0         239, 805         23, 405, 437         -91, 912		30.00 31.00
32. 00 03200 CORONARY CARE UNIT 0 106, 482 5, 852, 967 0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT 0 0 0 0	0	33.00
40. 00 04000  SUBPROVI DER - I PF 0 10, 718 2, 148, 065 0 ANCI LLARY SERVI CE COST CENTERS	2, 148, 065	40.00
50. 00 05000 OPERATI NG ROOM 0 179, 784 66, 631, 801 -312, 104	66, 319, 697	50.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C 0 0 29, 480, 364 -12, 639	29, 467, 725	54.00
55. 00       05500       RADI OLOGY-THERAPEUTI C       0       0       5, 989, 621       0         59. 00       05900       CARDI AC CATHETERI ZATI ON       0       38, 632       5, 325, 509       -67, 322		55.00 59.00
60. 00 06000 LABORATORY 0 0 44, 798, 053 0		60.00
64. 00         06400         I NTRAVENOUS THERAPY         0         11, 976         2, 986, 343         0		64.00
65. 00         06500         RESPI RATORY THERAPY         0         0         6,043,002         0           66. 00         06600         PHYSI CAL THERAPY         0         0         11,228,133         0		65.00 66.00
69. 00 06900 ELECTROCARDI OLOGY 0 3, 085, 642 0		69. 00
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 13, 851, 749 0		71.00
72.00         07200         I MPL.         DEV.         CHARGED         TO PATI ENTS         0         0         25, 116, 995         0           73.00         07300         DRUGS         CHARGED         TO PATI ENTS         0         0         61, 780, 037         0	25, 116, 995 61, 780, 037	72.00
74. 00 07400 RENAL DI ALYSI S 0 0 2, 202, 411 0	2, 202, 411	
76. 00         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         0	0	76.00
OUTPATI ENT_SERVICE_COST_CENTERS           90. 00         09000 CLINIC         0         3, 566, 142         0	3, 566, 142	90.00
90. 01 09001 FAMILY PRACTICE CLINIC 0 3, 669, 743 -1, 044, 217		90.00 90.01
90. 02 09002 OUTPATI ENT PSYCH SERVI CES 0 1, 798, 492 0		90. 02
90. 03         09003         I NFUSI ON CENTER         0         1, 689, 434         0           90. 04         09004         PRI MARY CARE FOR SENI ORS         0         0         2, 127, 774         -98, 188		90. 03 90. 04
90. 05 09005 PALN MANAGEMENT 0 0 4, 294, 970 0		90.04 90.05
90. 06 09006 WOUND CARE CENTER 0 0 1, 179, 101 0		90.06
90. 07         09007         SLEEP CENTER         0         3, 488, 132         0           90. 08         09008         MED/ONCOLOGY         0         0         714, 472         0		90. 07 90. 08
91. 00 09100 EMERGENCY 0 9, 600 32, 147, 464 -179, 438		90.08 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0		92.00
OTHER         REI MBURSABLE         COST         CENTERS           96. 00         09600         DURABLE         MEDI CAL         EQUI P-RENTED         0         10, 881, 286         0	10, 881, 286	06 00
SPECIAL PURPOSE COST CENTERS	10, 001, 200	90.00
116. 00 11600 HOSPI CE 0 0 0 0		16.00
SUBTOTALS         SUBTOTALS <t< td=""><td>468, 057, 572 1</td><td>18.00</td></t<>	468, 057, 572 1	18.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 3, 039, 197 0	3, 039, 197 1	190.00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 0 13, 221, 549 0	13, 221, 549 1	92.00
192.01 19201 DEACONESS URGENT CARE 0 0 1, 198 0	1, 198 1	
192. 02         HEARTCARE         0         606, 576         0           192. 03         19203         FAMI LY         PRACTI CE         0         0         15, 177, 403         0	606, 576 1 15, 177, 403 1	
194. 00 07950 MI SC NONREI MBURSABLE 0 0 4, 866, 739 0	4, 866, 739 1	94.00
194. 01 07951 0CCUPATI ONAL HEALTH 0 0 1, 304, 107 0	1, 304, 107 1	
194. 02 07952 OTHER FACILITIES       0       0       6, 082, 302       0         194. 03 07953 HEART HOSPITAL       0       0       3, 485, 224       0	6, 082, 302 1 3, 485, 224 1	
194. 04 07954 PUBLI C RELATI ONS 0 0 2, 126, 498 0	2, 126, 498 1	94.04
194. 05 07955 CHI LD_CARE_CENTER 0  0  2, 711, 774  0	2, 711, 774 1	94.05

Health Financial Systems DEACONESS HOSPITAL In Lieu						2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period:	Worksheet B	
				From 10/01/2015 To 09/30/2016	Part I Date/Time Pre	pared:
					2/27/2017 10:	
Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Total	
	PRGM-CHAPLAI N	PRGM-NURSING		Residents Cost		
				& Post		
				Stepdown		
				Adjustments		
	23.01	23.03	24.00	25.00	26.00	
194.0607956CENTER FOR LIFE BALANCE	0	0	45, 08		45, 086	
194.07 07957 DEACONESS_VNA	0	0	1, 215, 50	3 0	1, 215, 503	194.07
194. 08 07958  HEALTHSOUTH	0	0	691, 80	7 0	691, 807	194.08
194.0907959 HOME OFFICE	0	0	9, 314, 06	1 0	9, 314, 061	194.09
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)	408, 818	1, 038, 393	535, 773, 09	9 -3, 826, 503	531, 946, 596	202.00

	Financial Systems TION OF CAPITAL RELATED COSTS	DEACONESS	Provider C	F	In Lie eriod: rom 10/01/2015 o 09/30/2016	u of Form CMS-2 Worksheet B Part II Date/Time Pre 2/27/2017 10:	pared:
			CAP	ITAL RELATED CC	ISTS	2/2//2017 10.	
	Cost Center Description	Directly Assigned New	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	Subtotal	
		Capital Related Costs					
	GENERAL SERVICE COST CENTERS	0	1.00	1.01	2.00	2A	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200 CAP REL COSTS-MVBLE EQUIP		44.400		04 704	40.074	2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINI STRATIVE & GENERAL	0	14, 629 1, 234, 738			43, 974 15, 585, 152	4.00
7.00	00700 OPERATION OF PLANT	0	3, 650, 523		149, 989	3, 800, 512	
8.00	00800 LAUNDRY & LINEN SERVICE	0	13, 587		237, 176	250, 763	•
9.00	00900 HOUSEKEEPI NG	0	6, 041		78, 062	84, 103	•
10.00		0	59, 307		167, 413	226, 720	1
11.00 13.00	01100 CAFETERIA 01300 NURSING ADMINISTRATION	0	162, 848 10, 344		0 670, 575	162, 848 680, 919	1
14.00	01400 CENTRAL SERVICES & SUPPLY	0	8, 994		285, 037	294, 031	14.00
15.00	01500 PHARMACY	0	5, 906	0	290, 437	296, 343	15.00
16.00	01600 MEDICAL RECORDS & LI BRARY	0	22, 329		138, 382	160, 711	16.00
17.00 21.00	01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2, 385 0	2, 385 0	17.00
21.00	02200 I &R SERVICES-SALARY & FRINGES APPRVD	0		0	0	0	21.00
23.00	02300 PARAMED ED PRGM-PHARMACY	0	7, 450	-	7, 131	14, 581	
23.01	02301 PARAMED ED PRGM-CHAPLAIN	0	31, 497	935	17, 979	50, 411	23.01
23.03	02303 PARAMED ED PRGM-NURSI NG	0	36, 495	0	10, 333	46, 828	23.03
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	0	5, 608, 445	0	1, 728, 191	7, 336, 636	30.00
30.00	03100 I NTENSI VE CARE UNI T	0	1, 088, 545		372, 572	1, 461, 117	31.00
32.00	03200 CORONARY CARE UNI T	0	167, 982		108, 666	276, 648	
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
40.00	04000 SUBPROVIDER - IPF	0	94, 567	0	651	95, 218	40.00
50.00	ANCI LLARY SERVICE COST CENTERS	0	2, 427, 770	0	2, 921, 359	5, 349, 129	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	825, 378		2, 321, 359	3, 224, 744	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	335, 810		33, 408	369, 218	•
59.00	05900 CARDI AC CATHETERI ZATI ON	0	224, 105		259, 286	483, 391	•
60.00	06000 LABORATORY	0	951, 886		936, 184	1, 888, 070	•
64.00 65.00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	0	24, 607 123, 748		8, 856 71, 143	33, 463 194, 891	•
66.00	06600 PHYSI CAL THERAPY	0	149, 339		40, 233	189, 572	
69.00	06900 ELECTROCARDI OLOGY	0	76, 985			89, 492	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0		0	•
73.00 74.00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DI ALYSI S	0	0 11, 348	-	-	0 11, 348	
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0			0	76.00
	OUTPATI ENT SERVICE COST CENTERS			-	-	-	
90.00	09000 CLINIC	0	187, 185			200, 686	
90.01	09001 FAMILY PRACTICE CLINIC	0	183, 151			231, 706	
90. 02 90. 03	09002 OUTPATI ENT PSYCH SERVICES 09003 INFUSION CENTER	0	114, 079 74, 612		454 14, 098	114, 533 88, 710	
90.04	09004 PRI MARY CARE FOR SENI ORS	0	0	0	35, 691	35, 691	•
90.05	09005 PALN MANAGEMENT	0	0	0	124, 852	124, 852	90.05
90.06	09006 WOUND CARE CENTER	0	9, 167		12, 075	21, 242	•
90. 07 90. 08		0	134, 826		79, 973 9, 417	214, 799	•
90.08 91.00	09008 MED/ONCOLOGY 09100 EMERGENCY		65, 020 985, 968		9, 417 443, 783	74, 437 1, 429, 751	90.08 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	110, 700	0	
	OTHER REIMBURSABLE COST CENTERS						1
96.00	09600 DURABLE MEDI CAL EQUI P-RENTED	0	377, 632	0	231, 432	609, 064	96.00
114 00	SPECIAL PURPOSE COST CENTERS		0	0	0	0	1114 00
116.00	11600 HOSPICE SUBTOTALS (SUM OF LINES 1-117)	0					116.00
110.00	NONREI MBURSABLE COST CENTERS		17, 500, 045	40,000	20, 001, 040	10, 040, 007	1 10.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	155, 534			155, 534	1
	19200 PHYSI CI ANS' PRI VATE OFFI CES	0	229, 123			532, 915	
	19201 DEACONESS URGENT CARE	0	0		0 E 443		192.01
	2 19202 HEARTCARE 3 19203 FAMI LY PRACTI CE		0 35, 086	0	5, 663 76, 518	5, 663 111, 604	192.02 192.03
	07950 MI SC NONREI MBURSABLE	0	153, 295			204, 435	
	07951 OCCUPATI ONAL HEALTH	0	209, 939		386	210, 325	
	07952 OTHER FACILITIES	0	1, 097, 172		0	1, 097, 172	194.02
	07953 HEART HOSPI TAL	0	1, 023, 486			1, 023, 486	
194.04	07954 PUBLI C RELATI ONS	0	89, 125	0	6, 606	95, 731	1194.04

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period: From 10/01/2015 Fo 09/30/2016	Worksheet B Part II Date/Time Pre 2/27/2017 10:	pared: 18 am
		CAPI	TAL RELATED C	OSTS		
Cost Center Description	Di rectl y Assi gned New Capi tal Rel ated Costs	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	Subtotal	
	0	1.00	1.01	2.00	2A	
194. 05 07955 CHI LD CARE CENTER	0	301, 843		0 10, 965	312, 808	194.05
194.0607956 CENTER FOR LIFE BALANCE	0	0		3, 561	3, 561	194.06
194. 07 07957 DEACONESS VNA	0	135, 250		1, 832	137, 082	194. 07
194. 08 07958 HEALTHSOUTH	0	253, 691		0 0	253, 691	194.08
194. 09 07959 HOME OFFICE	0	4, 001, 965	5, 80	7 0	4,007,772	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0		0 0	0	201.00
202.00   TOTAL (sum lines 118-201)	0	27, 192, 352	64, 42	1 26, 743, 695	54, 000, 468	202.00

	Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCA	TION OF CAPITAL RELATED COSTS		Provider C		eriod: rom 10/01/2015	Worksheet B Part II	
					09/30/2016	Date/Time Pre 2/27/2017 10:	pared: 18 am
	Cost Center Description	BENEFI TS	ADMI NI STRATI VE & GENERAL	OPERATI ON OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		DEPARTMENT 4.00	5.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS		I	1			
1.00 1.01	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT						1.00 1.01
2.00	00200 CAP REL COSTS-BEDG & TTXT						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	43, 974					4.00
5.00	00500 ADMI NI STRATI VE & GENERAL	6, 772	15, 591, 924				5.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	623 117	555, 660 40, 191	4, 356, 795 2, 594			7.00 8.00
9.00	00900 HOUSEKEEPING	784	197, 881	1, 153		283, 921	9.00
10.00	01000 DI ETARY	257	95, 604	11, 321	2, 529	738	1
11.00		221	74,900		0	2, 028	
13.00 14.00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	416 385	141, 204 149, 719		0 2, 266	357 112	1
15.00	01500 PHARMACY	1, 480	314, 997		2,200	74	15.00
16.00	01600 MEDI CAL RECORDS & LI BRARY	785	124, 511	4, 263		278	1
17.00	01700 SOCIAL SERVICE	628	138, 477	0		0	17.00
21.00 22.00	02100 I & R SERVI CES-SALARY & FRI NGES APPRVD 02200 I & R SERVI CES-OTHER PRGM COSTS APPRVD	272 220	60, 052 50, 545		-	0	
23.00	02300 PARAMED ED PRGM-PHARMACY	46	11, 472		-	93	
23.01	02301 PARAMED ED PRGM-CHAPLAIN	38	10, 220			564	
23.03	02303 PARAMED ED PRGM-NURSI NG	116	27, 144	6, 967	0	454	23.03
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	9, 603	2, 233, 162	1, 070, 621	137, 057	69, 827	30.00
31.00	03100 I NTENSI VE CARE UNI T	2,030	585, 619			13, 553	1
32.00	03200 CORONARY CARE UNI T	505	145, 877	32, 067	6, 487	2, 092	
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	-	0	
40.00	04000 SUBPROVI DER – I PF ANCI LLARY SERVI CE COST CENTERS	209	53, 604	18, 052	890	1, 177	40.00
50.00	05000 OPERATING ROOM	4, 339	1, 789, 205	463, 446	33, 376	30, 228	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 766	796, 462	157, 560	13, 779	10, 277	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	135	160, 806			4, 181	
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	235 2, 454	138, 654 1, 227, 589			2, 790 11, 852	
64.00	06400 I NTRAVENOUS THERAPY	121	83, 007		204	306	
65.00	06500 RESPI RATORY THERAPY	598	167, 821	23, 623	32	1, 541	65.00
66.00	06600 PHYSI CAL THERAPY	0	316, 364			1, 859	
69.00 71.00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	77	84, 525 353, 241	14, 696	765 0	959 0	69.00 71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	678, 198		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1, 513, 209	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	49	62, 484			141	
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES OUTPATI ENT SERVI CE COST CENTERS	0	0	0	0	0	76.00
90.00	09000 CLINIC	309	93, 620	35, 732	270	2, 331	90.00
90.01	09001 FAMILY PRACTICE CLINIC	182	67, 285			2, 280	
90. 02 90. 03	09002 OUTPATIENT PSYCH SERVICES	153	46, 790			1, 420	
90. 03 90. 04	09003 INFUSION CENTER 09004 PRIMARY CARE FOR SENIORS	133 356	44, 293 56, 446			929 0	
90.05	09005 PAIN MANAGEMENT	415	119, 155	0	2, 242	0	90.05
90.06	09006 WOUND CARE CENTER	121	32, 495			114	1
90.07		389	93, 847			1,679	
90. 08 91. 00	09008 MED/ONCOLOGY 09100 EMERGENCY	45 3, 852	18, 037 844, 595			810 12, 276	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0,002		100,210	00,070	12, 270	92.00
	OTHER REIMBURSABLE COST CENTERS			1			
96.00	09600 DURABLE MEDI CAL EQUI P-RENTED	515	299, 464	72, 088	0	4, 702	96.00
116 00	SPECIAL PURPOSE COST CENTERS	0	0	0	ol	0	116.00
118.00		41, 751	14, 098, 431			182, 022	•
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	197	82, 134	29, 690	388	1, 937	190.00
	19200 PHYSI CLANS' PRI VATE OFFI CES	1, 315	376, 248				192.00
	19201 DEACONESS URGENT CARE	0	0	0			192.01
	19202 HEARTCARE 19203 FAMILY PRACTICE	18 116	17, 596 380, 605		0		192.02 192.03
	07950 MISC NONREI MBURSABLE	189	111, 480				194.00
194.01	07951 OCCUPATI ONAL HEALTH	73	30, 771	40, 076	595	2, 614	194.01
	07952 OTHER FACILITIES	0	140, 765			13,661	
	07953 HEART HOSPI TAL 07954 PUBLI C RELATI ONS	0 106	47, 001 58, 646	195, 377 17, 013		12, 743 1, 110	194.03 194.04
	07955 CHI LD CARE CENTER	209	67, 546				194.04
194.06	07956 CENTER FOR LIFE BALANCE	0	1, 312	0	0	0	194.06
194.07	07957 DEACONESS VNA	0	30, 745	25, 818	479	1, 684	194.07

Health Financial Systems	DEACONESS HOSPI TAL			In Lieu of Form CMS-2552-10			
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		eriod:	Worksheet B		
				rom 10/01/2015 o 09/30/2016		narod	
			1	0 097 307 2010	2/27/2017 10:	18 am	
Cost Center Description	EMPLOYEE	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG		
	BENEFI TS	& GENERAL	PLANT	LINEN SERVICE			
	DEPARTMENT						
	4.00	5.00	7.00	8.00	9.00		
194. 08 07958 HEALTHSOUTH	C	8, 849	48, 428	2, 888	3, 159	194.08	
194. 09 07959 HOME OFFICE	C	139, 795	758, 593	0	49, 478	194.09	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers	C	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	43, 974	15, 591, 924	4, 356, 795	293, 665	283, 921	202.00	

	Financial Systems	DEACONESS		N 15 0000 D		u of Form CMS-2	2552-10
ALLOCA	TION OF CAPITAL RELATED COSTS		Provider C		eriod: com 10/01/2015 o 09/30/2016	Worksheet B Part II Date/Time Pre 2/27/2017 10:	
	Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1 00	GENERAL SERVICE COST CENTERS						1 00
$\begin{array}{c} 1.\ 00\\ 1.\ 01\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETEIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM-PHARMACY	337, 169 0 0 0 0 0 0 0 0 0 0 0 0 0 0	271, 084 4, 658 5, 381 10, 248 9, 554 5, 647 2, 168 399 314	833, 025 0 0 0 0 0 0 0 0	453, 611 0 3 0 0 0 0	624, 269 0 5 0 0 0	$\begin{array}{c} 1. \ 00\\ 1. \ 01\\ 2. \ 00\\ 4. \ 00\\ 5. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 13. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ 15. \ 00\\ 16. \ 00\\ 17. \ 00\\ 21. \ 00\\ 22. \ 00\\ 23. \ 00\end{array}$
23.01	02301 PARAMED ED PRGM-CHAPLAIN	0	608	0	0	0	23.01
23.03	02303 PARAMED ED PRGM-NURSING	0	1, 036	5, 372	0	0	23.03
30. 00 31. 00 32. 00 33. 00 40. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T 03200 BURN I NTENSI VE CARE UNI T 04000 SUBPROVI DER - I PF UNDUL ADV SERVI OF OF OF OF TERE	232, 151 36, 894 8, 601 0 7, 555	73, 507 17, 530 4, 269 0 2, 225	381, 098 90, 888 22, 131 0 11, 534	17, 649 8, 461 2, 441 0 0	207 86 27 0 0	32. 00 33. 00
50.00	ANCI LLARY SERVICE COST CENTERS		22 120	110 970	12 /56	2/1	50 00
$\begin{array}{c} 50.\ 00\\ 54.\ 00\\ 55.\ 00\\ 60.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 69.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 74.\ 00\\ 76.\ 00\end{array}$	05000 OPERATING ROOM 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06400 INTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		23, 120 15, 962 1, 141 1, 664 29, 442 865 5, 352 0 646 0 0 0 0 361 0	119, 870 0 8, 625 0 4, 485 0 0 0 0 0 0 1, 873 0	13, 456 16, 695 20 521 71, 313 4, 400 1, 766 1, 570 912 143, 638 147, 878 6, 479 877 0	341 219 0 5 39 2 0 78 14 0 502, 723 11	74.00
	OUTPATIENT SERVICE COST CENTERS	1					
90. 03 90. 04 90. 05 90. 06 90. 07 90. 08 91. 00	09000 CLINIC 09001 FAMILY PRACTICE CLINIC 09002 OUTPATIENT PSYCH SERVICES 09003 INFUSION CENTER 09004 PRIMARY CARE FOR SENIORS 09005 PAIN MANAGEMENT 09006 WOUND CARE CENTER 09007 SLEEP CENTER 09007 SLEEP CENTER 09008 MED/ONCOLOGY 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0 0 0 0 0 0 0 5, 776	2, 747 1, 930 0 0 0 0 0 0 0 0 18, 082	10, 006 8, 971 6, 210 10, 498 19, 863 5, 422 15, 132 3, 056	1, 004 149 1, 504 34 183 849 376 28 8, 177	1 1, 011 0 14 1, 353 0 194 1 0 23	90. 02 90. 03 90. 04 90. 05 90. 06 90. 07 90. 08
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	6, 512	0	661	2, 351	96.00
	SPECIAL PURPOSE COST CENTERS 11600 HOSPI CE	0 290, 977	0 245, 368	0	0 451, 045		116. 00
190.00 192.00 192.01 192.02 192.03 194.00 194.01	NONRE MBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES 19201 DEACONESS URGENT CARE 19202 HEARTCARE 19203 FAMILY PRACTICE 07950 MISC NONREI MBURSABLE 07951 OCCUPATIONAL HEALTH	200, 711 0 0 0 0 0 22, 582 0 0	3, 784 0 0 884 2, 177 0	0 0 0 0 0 0 0	0 315 0 1, 558 282 317	0 1, 159 0 114, 204 72 115	190. 00 192. 00 192. 01 192. 02 192. 03 194. 00 194. 01
194. 03 194. 04 194. 05 194. 06	07952 OTHER FACILITIES 07953 HEART HOSPITAL 07954 PUBLIC RELATIONS 07955 CHILD CARE CENTER 07956 CENTER FOR LIFE BALANCE 07957 DEACONESS VNA	0 14, 981 0 0 0 0	0 13, 737 989 4, 145 0 0		0 0 7 0 0 87	14 0 0 0	194. 02 194. 03 194. 04 194. 05 194. 06 194. 07

Health Financial Systems	DEACONESS HOSPI TAL			In Lieu of Form CMS-2552-10			
ALLOCATION OF CAPITAL RELATED COSTS				Period: From 10/01/2015	Worksheet B Part II		
				To 09/30/2016			
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY		
			ADMI NI STRATI (	N SERVICES &			
				SUPPLY			
	10.00	11.00	13.00	14.00	15.00		
194. 08 07958 HEALTHSOUTH	8, 629	0	)	0 0	C	194.08	
194.0907959 HOME OFFICE	0	0		0 0	0	194.09	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers	0	0		0 0	0	201.00	
202.00 TOTAL (sum lines 118-201)	337, 169	271, 084	833, 02	453, 611	624, 269	202.00	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	CN: 15-0082	Period: From 10/01/2015	Worksheet B Part II	
				ro 09/30/2016		pared: 18 am
			I NTERNS &	RESIDENTS		
Cost Center Description	MEDICAL RECORDS &	SOCI AL SERVI CE	SERVI CES-SALAF Y & FRI NGES	RSERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PHARMACY	
	LI BRARY					
GENERAL SERVICE COST CENTERS	16.00	17.00	21.00	22.00	23.00	
1. 00 00100 CAP REL COSTS-BLDG & FLXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00 4.00
5.00 00500 ADMINI STRATI VE & GENERAL						5.00
7.00 00700 OPERATI ON OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY						9.00 10.00
11. 00 01100 CAFETERI A						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY						14.00
15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY	300, 105					15.00 16.00
17. 00 01700 SOCIAL SERVICE	C					17.00
21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD	C			2		21.00
22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	C	0		51, 164		22.00
23. 00 02300 PARAMED ED PRGM-PHARMACY 23. 01 02301 PARAMED ED PRGM-CHAPLAI N		-			27, 928	23.00 23.01
23. 01 02301 PARAMED ED PRGM-CHAPLATN 23. 03 02303 PARAMED ED PRGM-NURSING		-				23.01
INPATIENT ROUTINE SERVICE COST CENTERS	~					20100
30. 00 03000 ADULTS & PEDIATRICS	21, 170					30.00
31. 00 03100 I NTENSI VE CARE UNI T	7,644					31.00
32.00 03200 CORONARY CARE UNIT 33.00 03300 BURN INTENSIVE CARE UNIT	1,808	6, 019 0				32.00 33.00
40. 00 04000 SUBPROVI DER - I PF	1, 193					40.00
ANCI LLARY SERVI CE COST CENTERS		1	1	1	I	
50. 00 05000 OPERATI NG ROOM 54. 00 05400 RADI OLOGY-DI AGNOSTI C	43, 540					50.00 54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	4, 835					55.00
59.00 05900 CARDI AC CATHETERI ZATI ON	6, 484					59.00
60. 00 06000 LABORATORY	28, 107					60.00
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	552 4, 148					64.00 65.00
66. 00 06600 PHYSI CAL THERAPY	10, 208	-				66.00
69.00 06900 ELECTROCARDI OLOGY	4, 962					69.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	4, 117					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	7, 557 33, 813					72.00 73.00
74. 00 07400 RENAL DIALYSIS	1, 183					74.00
76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	C					76.00
OUTPATIENT SERVICE COST CENTERS			1			
90.00 09000 CLINIC 90.01 09001 FAMILY PRACTICE CLINIC	788					90.00 90.01
90. 02 09002 OUTPATIENT PSYCH SERVICES	550					90.01
90. 03 09003 INFUSION CENTER	1, 772					90. 03
90. 04 09004 PRI MARY CARE FOR SENI ORS	235					90.04
90. 05 09005 PALN MANAGEMENT 90. 06 09006 WOUND CARE CENTER	4, 781					90. 05 90. 06
90. 07 09007 SLEEP CENTER	1, 105					90.00
90. 08 09008 MED/ONCOLOGY	169	0				90. 08
91.00 09100 EMERGENCY	27, 889	10, 701				91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) OTHER REI MBURSABLE COST CENTERS						92.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	3, 227	0				96.00
SPECIAL PURPOSE COST CENTERS	· · ·	1	1		1	
116.00 11600 HOSPI CE	C					116.00
118.00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	273, 260	147, 142	(	0 0	0	118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	C	0				190.00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	91					192.00
192. 01 19201 DEACONESS URGENT CARE	C	0				192.01
192. 02 19202 HEARTCARE 192. 03 19203 FAMI LY PRACTI CE	132					192. 02 192. 03
192. 03 19203 FAMILY PRACTICE 194. 00 07950 MISC NONREI MBURSABLE	2, 102					192.03
194. 01 07951 OCCUPATI ONAL HEALTH	C	0				194.01
194.0207952 OTHER FACILITIES	C	0				194. 02
194. 03 07953 HEART HOSPI TAL	24, 306					194.03
194. 04 07954 PUBLIC RELATIONS 194. 05 07955 CHILD CARE CENTER		-				194. 04 194. 05
		· · · · · · · · · · · · · · · · · · ·	1	1	1	

Health Financial Systems	DEACONESS I	HOSPI TAL		In Lieu of Form CMS-2552-10		
ALLOCATION OF CAPITAL RELATED COSTS				Period: From 10/01/2015 To 09/30/2016		
			I NTERNS 8	RESI DENTS		
Cost Center Description	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	SERVICES-SALA Y&FRINGES	RSERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PHARMACY	
	16.00	17.00	21.00	22.00	23.00	
194.06 07956 CENTER FOR LIFE BALANCE	0	0				194.06
194.07 07957 DEACONESS VNA	154	0				194.07
194. 08 07958 HEALTHSOUTH	0	0				194.08
194.0907959 HOME OFFICE	0	0	1			194.09
200.00 Cross Foot Adjustments			62, 49	2 51, 164	27, 928	200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118-201)	300, 105	147, 142	62, 49	2 51, 164	27, 928	202.00

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCA	TION OF CAPITAL RELATED COSTS		Provider CO		eriod: rom 10/01/2015	Worksheet B Part II	
				T	09/30/2016	Date/Time Pre 2/27/2017 10:	
	Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Total	
		PRGM-CHAPLAI N	PRGM-NURSI NG		Residents Cost & Post		
					Stepdown		
		23.01	23.03	24.00	Adjustments 25.00	26.00	
	GENERAL SERVICE COST CENTERS	20.01	20.00	21.00	20.00	20.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 2.00	00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.01 2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMI NI STRATI VE & GENERAL						5.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE						7.00 8.00
9.00	00900 HOUSEKEEPI NG						9.00
10.00	01000 DI ETARY 01100 CAFETERI A						10.00
11.00 13.00	01300 NURSI NG ADMI NI STRATI ON						11.00 13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00							15.00
16.00 17.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE						16.00 17.00
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23. 00 23. 01	02300 PARAMED ED PRGM-PHARMACY 02301 PARAMED ED PRGM-CHAPLAIN	70, 491					23.00 23.01
23.03	02303 PARAMED ED PRGM-NURSI NG		88, 586				23.03
20.00	INPATIENT ROUTINE SERVICE COST CENTERS			11 702 077		11 702 077	20.00
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT			11, 703, 077 2, 464, 770		11, 703, 077 2, 464, 770	
32.00	03200 CORONARY CARE UNI T			508, 972	-	508, 972	
33.00	03300 BURN INTENSIVE CARE UNIT				-	0	
40.00	04000 SUBPROVIDER - IPF ANCILLARY SERVICE COST CENTERS			191, 657	0	191, 657	40.00
50.00	05000 OPERATI NG ROOM			7, 870, 050	0	7, 870, 050	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C			4, 288, 120		4, 288, 120	
55.00 59.00	05500 RADI OLOGY-THERAPEUTI C 05900 CARDI AC CATHETERI ZATI ON			604, 440 691, 786		604, 440 691, 786	1
60.00	06000 LABORATORY			3, 440, 839		3, 440, 839	60.00
64.00	06400 I NTRAVENOUS THERAPY			131, 898		131, 898	
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY			399, 772 552, 024		399, 772 552, 024	
69.00	06900 ELECTROCARDI OLOGY			197, 048		197, 048	
71.00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS			500, 996		500, 996 833, 633	
	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS			833, 633 2, 056, 224	0	2, 056, 224	
74.00	07400 RENAL DIALYSIS			80, 493		80, 493	74.00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES			C	0	0	76.00
90, 00	OUTPATIENT SERVICE COST CENTERS			351, 732	ol	351, 732	90.00
90.01	09001 FAMILY PRACTICE CLINIC			350, 130	0	350, 130	90.01
90. 02 90. 03	09002 OUTPATIENT PSYCH SERVICES			194, 195		194, 195	
	09003 INFUSION CENTER 09004 PRIMARY CARE FOR SENIORS			158, 314 104, 670		158, 314 104, 670	
90.05	09005 PAIN MANAGEMENT			271, 491	0	271, 491	90.05
90. 06 90. 07	09006 WOUND CARE CENTER 09007 SLEEP CENTER			62, 937 353, 096		62, 937 353, 096	
	09008 MED/ONCOLOGY			108, 994		108, 994	
91.00	09100 EMERGENCY			2, 678, 160	0	2, 678, 160	91.00
92.00	09200 OBSERVATI ON BEDS (NON-DI STINCT PART) OTHER REIMBURSABLE COST CENTERS				0		92.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED			998, 584	0	998, 584	96.00
	SPECIAL PURPOSE COST CENTERS			1			1
116.00 118.00	11600 HOSPICE SUBTOTALS (SUM OF LINES 1-117)	0	0	C 42, 148, 102			116.00
110.00	NONREIMBURSABLE COST CENTERS	0	0	1 42, 148, 102		42, 148, 102	110.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			273, 664		273, 664	
	19200 PHYSICIANS' PRIVATE OFFICES 19201 DEACONESS URGENT CARE			960, 214 253		960, 214 253	192.00 192.01
	19201 DEACONESS ORGENT CARE			253		253 23, 409	
192.03	19203 FAMILY PRACTICE			618, 268	0	618, 268	192. 03
	07950 MISC NONREI MBURSABLE			482,069		482,069	
	07951 OCCUPATIONAL HEALTH 07952 OTHER FACILITIES			284, 886 1, 461, 041		284, 886 1, 461, 041	
194.03	07953 HEART HOSPI TAL			1, 344, 749	0	1, 344, 749	194. 03
	07954 PUBLIC RELATIONS			173, 602		173, 602	
194.05	07955 CHI LD CARE CENTER			447, 346	0	447, 346	1194.05

Health Financial Systems DEACONESS HOSPITAL In Lieu						2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period:	Worksheet B	
				From 10/01/2015 To 09/30/2016	Part II Date/Time Pre	pared:
					2/27/2017 10:	18 am
Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Total	
	PRGM-CHAPLAI N	PRGM-NURSING		Residents Cost		
				& Post		
				Stepdown		
				Adjustments		
	23.01	23.03	24.00	25.00	26.00	
194.0607956CENTER FOR LIFE BALANCE			4, 87	3 0	4, 873	194.06
194.0707957 DEACONESS VNA			196, 04	9 0	196, 049	194.07
194. 08 07958 HEALTHSOUTH			325, 64	4 0	325, 644	194.08
194.09 07959 HOME OFFICE			4, 955, 63	8 0	4, 955, 638	194.09
200.00 Cross Foot Adjustments	70, 491	88, 586	300, 66	1 0	300, 661	200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118-201)	70, 491	88, 586	54, 000, 46	8 0	54, 000, 468	202.00

	Financial Systems LLOCATION - STATISTICAL BASIS	DEACONESS	HOSPI TAL Provi der CO		eriod:	eu of Form CMS-: Worksheet B-1	2552-10
				Fi To	rom 10/01/2015 p 09/30/2016	Date/Time Pre	
		CAP	I TAL RELATED CO	OSTS		2/27/2017 10:	
	Cost Center Description	BLDG & FIXT (SQUARE FEET - C)	BLDG & FI XT (SQUARE FEET - B)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFI TS DEPARTMENT (GROSS SALARI ES)	Reconciliation	
		1.00	1.01	2.00	4. 00	5A	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	1, 408, 973	1				1.00
$\begin{array}{c} 1.00\\ 1.01\\ 2.00\\ 4.00\\ 5.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 13.00\\ 14.00\\ 15.00\\ 16.00\\ 17.00\\ 21.00\end{array}$	00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	1, 400, 973 0 758 63, 978 189, 152 704 313 3, 073 8, 438 536 466 306 1, 157 0 0	49, 355 3, 533 27, 014 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20, 185, 606 18, 669 10, 804, 791 113, 209 179, 016 58, 920 126, 360 0 506, 137 215, 140 219, 216 104, 448 1, 800 0	234, 874, 348 36, 214, 365 3, 333, 425 626, 201 4, 190, 066 1, 372, 036 1, 181, 871 2, 222, 878 2, 059, 455 7, 915, 724 4, 199, 214 3, 359, 034 1, 454, 659	-88, 770, 224 0 0 0 0 0 0 0 0	1.01 2.00 4.00 5.00 7.00 8.00
21.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	-	0	1, 176, 891	0	22.00
23. 00 23. 01 23. 03	02300 PARAMED ED PRGM-PHARMACY 02301 PARAMED ED PRGM-CHAPLAIN 02303 PARAMED ED PRGM-NURSING I NPATI ENT ROUTI NE SERVI CE COST CENTERS	386 1,632 1,891	716	5, 382 13, 570 7, 799	245, 449 200, 748 617, 949	0	23. 00 23. 01 23. 03
30.00	03000 ADULTS & PEDIATRICS	290, 602	0	1, 304, 404	51, 073, 272	0	30.00
31.00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	56, 403		281, 210	10, 853, 721	0	31.00 32.00
32. 00 33. 00	03300 BURN INTENSIVE CARE UNIT	8, 704	0	82, 019 0	2, 702, 824 0	0	32.00
40.00	04000 SUBPROVIDER - IPF	4,900	0	491	1, 120, 142	0	40.00
50, 00	ANCI LLARY SERVICE COST CENTERS	125, 795	0	2, 204, 984	23, 205, 136	0	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	42, 767	0	1, 810, 994	9, 442, 315	0	54.00
55.00 59.00	05500 RADI OLOGY-THERAPEUTI C 05900 CARDI AC CATHETERI ZATI ON	17, 400		25, 216 195, 704	720, 600 1, 258, 358		55.00 59.00
60.00	06000 LABORATORY	49, 322		706, 613	13, 122, 547	0	60.00
64.00 65.00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	1,275		6, 684 52, 607	647,666	0	64.00 65.00
66. 00	06600 PHYSI CAL THERAPY	6, 412 7, 738		53, 697 30, 367	3, 198, 625 0	0	66.00
69.00	06900 ELECTROCARDI OLOGY	3, 989	0	9, 440	410, 392	0	69.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	71.00 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	-	0	0	0	
74.00	07400 RENAL DI ALYSI S	588		0	260, 775		
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES OUTPATI ENT SERVI CE COST CENTERS	0	0	0	0	0	76.00
90.00	09000 CLI NI C	9, 699		10, 190	1, 654, 786		90.00
90. 01 90. 02	09001 FAMILY PRACTICE CLINIC 09002 OUTPATIENT PSYCH SERVICES	9, 490 5, 911		36, 648 343	973, 554 819, 877	0	90. 01 90. 02
90.03	09003 I NFUSI ON CENTER	3, 866		10, 641	712, 036	-	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	26, 939	1, 901, 704		90.04
90. 05 90. 06	09005 PAIN MANAGEMENT 09006 WOUND CARE CENTER	475	0	94, 236 9, 114	2, 217, 200 646, 396		90.05 90.06
90.07	09007 SLEEP CENTER	6, 986	0	60, 362	2, 077, 748	0	90.07
90. 08 91. 00	09008 MED/ONCOLOGY 09100 EMERGENCY	3, 369		7, 108 334, 959	238, 266 20, 598, 365		90.08 91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	51, 088	0	334, 959	20, 598, 305	0	91.00
	OTHER REIMBURSABLE COST CENTERS		-			-	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS	19, 567	0	174, 680	2, 755, 421	0	96.00
116.00	11600 HOSPI CE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	1, 010, 748	31, 263	19, 851, 500	222, 981, 691	-88, 770, 224	118.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8, 059		0	1, 055, 278		190. 00
	19200 PHYSICIANS' PRIVATE OFFICES 19201 DEACONESS URGENT CARE	11,872	0	229, 296	7, 033, 641		192. 00 192. 01
	19201 DEACONESS ORGENT CARE	0	0	4, 274	97, 732		192.01
192.03	19203 FAMILY PRACTICE	1, 818		57, 754	619, 767	0	192.03
	07950 MI SC NONREI MBURSABLE 07951 OCCUPATI ONAL HEALTH	7, 943		25, 158 291	1, 012, 005 389, 853		194. 00 194. 01
	07951 OCCOPATIONAL HEALTH	56, 850		0	307, 053 0		194.01 194.02
	07953 HEART HOSPI TAL	53, 032		0	0		194.03

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CO		Peri od:	Worksheet B-1	
				From 10/01/2015 To 09/30/2016		
	CAPI	TAL RELATED CO	OSTS			
Cost Center Description	BLDG & FIXT (SQUARE FEET - C)	BLDG & FI XT (SQUARE FEET - B)	MVBLE EQUIP (DOLLAR VALUE		Reconciliation	
	1.00	1.01	2.00	4.00	5A	
194. 04 07954 PUBLIC RELATIONS	4, 618	0	4, 98	6 565, 322	0	194.04
194. 05 07955 CHI LD CARE CENTER	15, 640	0	8, 27	6 1, 117, 073	0	194.05
194.0607956 CENTER FOR LIFE BALANCE	0	0	2, 68	8 1, 856	0	194.06
194.0707957 DEACONESS VNA	7,008	0	1, 38	3 130	0	194. 07
194. 08 07958 HEALTHSOUTH	13, 145	0		0 0	0	194. 08
194. 09 07959 HOME OFFICE	207, 362	4, 449		0 0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	27, 192, 352	64, 421	26, 743, 69	5 43, 105, 576		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	19. 299413	1. 305258	1. 32488	9 0. 183526		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				43, 974		204.00
205.00 Unit cost multiplier (Wkst. B, Part				0. 000187		205.00

	Financial Systems LLOCATION - STATISTICAL BASIS	DEACONESS	Provider CO		Period: From 10/01/2015	u of Form CMS-2 Worksheet B-1	
					09/30/2016	Date/Time Pre 2/27/2017 10:	
	Cost Center Description	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (SQUARE FEET - C)	DI ETARY	
		5.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						1.00
1.01 2.00 4.00 5.00 7.00 8.00	00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	447, 002, 875 15, 930, 174 1, 152, 229 5, 673, 030	1, 182, 582 704	4, 956, 429 C	) 1, 181, 565		1. 01 2. 00 4. 00 5. 00 7. 00 8. 00 9. 00
10.00	01000 DI ETARY	2, 740, 876		42, 677		481, 331	10.00
	01100 CAFETERIA	2, 147, 310		C		0	11.00
	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	4, 048, 170 4, 292, 287		38, 246	1, 485 466	0	13.00 14.00
-	01500 PHARMACY	9, 030, 623		30, 240		0	14.00
	01600 MEDICAL RECORDS & LI BRARY	3, 569, 597		C		0	16.00
	01700 SOCIAL SERVICE	3, 969, 993		C	0 0	0	17.00
	02100 I & R SERVI CES-SALARY & FRI NGES APPRVD 02200 I & R SERVI CES-OTHER PRGM COSTS APPRVD	1, 721, 627		C	0	0	21.00 22.00
	02300 PARAMED ED PRGM-PHARMACY	328, 896			386	0	22.00
	02301 PARAMED ED PRGM-CHAPLAIN	293, 007		C		0	23.01
	02303 PARAMED ED PRGM-NURSING	778, 187	1, 891	C	1, 891	0	23.03
-	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	64, 021, 795	290, 602	2, 313, 218	3 290, 602	331, 411	30.00
	03100 INTENSIVE CARE UNIT	16, 789, 054		401, 497		52, 669	
32.00	03200 CORONARY CARE UNI T	4, 182, 130		109, 493		12, 278	
	03300 BURN I NTENSI VE CARE UNI T	0	° °	0	, u	0	33.00
	04000 SUBPROVIDER - IPF ANCILLARY SERVICE COST CENTERS	1, 536, 780	4, 900	15, 027	4, 900	10, 785	40.00
	05000 OPERATI NG ROOM	51, 294, 532	125, 795	563, 315	125, 795	0	50.00
	05400 RADI OLOGY-DI AGNOSTI C	22, 833, 686		232, 559		0	54.00
	05500 RADI OLOGY-THERAPEUTI C 05900 CARDI AC CATHETERI ZATI ON	4, 610, 135 3, 975, 053		C 112, 024		0	55.00 59.00
-	06000 LABORATORY	35, 193, 620		4, 454		0	60.00
-	06400 I NTRAVENOUS THERAPY	2, 379, 722	1, 275	C		0	64.00
-	06500 RESPIRATORY THERAPY	4, 811, 243		543		0	65.00
	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY	9, 069, 821 2, 423, 234		65, 229 12, 919		0	66.00 69.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10, 127, 019		C	0	0	71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	19, 443, 183		C	0	0	72.00
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	43, 382, 031			) 0 588	0	73.00 74.00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0		C		0	
(	OUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC 09001 FAMILY PRACTICE CLINIC	2, 683, 973		4, 552 3, 056		0	90.00 90.01
	09002 OUTPATIENT PSYCH SERVICES	1, 341, 419		3,050		0	90.01
90.03	09003 INFUSION CENTER	1, 269, 826		8, 541		0	90.03
1	09004 PRIMARY CARE FOR SENIORS	1, 618, 244		969		0	90.04
	09005 PAIN MANAGEMENT 09006 WOUND CARE CENTER	3, 416, 053 931, 602		37, 833 7, 105		0	90.05 90.06
	09007 SLEEP CENTER	2, 690, 499		523		0	90.07
	09008 MED/ONCOLOGY	517, 087		C		0	90.08
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	24, 213, 601	51, 088	592, 007	51, 088	8, 245	91.00 92.00
	OTHER REIMBURSABLE COST CENTERS						72.00
96.00	09600 DURABLE MEDI CAL EQUI P-RENTED	8, 585, 290	19, 567	C	) 19, 567	0	96.00
-	SPECIAL PURPOSE COST CENTERS 11600 HOSPI CE	^		C		^	114 00
118.00		404, 186, 060	-	4, 565, 787	-	415, 388	116. 00 118. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2, 354, 704	8, 059	6, 541	8, 059	0	190. 00
192.00	19200 PHYSI CI ANS' PRI VATE OFFI CES	10, 786, 618	11, 872	26, 661	11, 872	0	192.00
	19201 DEACONESS URGENT CARE		0	4, 263			192.01
197 117	19202 HEARTCARE 19203 FAMILY PRACTICE	504, 454			1, 818		192. 02 192. 03
	07950 MI SC NONREI MBURSABLE	3, 196, 023		43, 867		32, 238	
192.03 194.00		882, 161	10, 878	10, 042	10, 878	0	194.01
192. 03 194. 00 194. 01	07951 OCCUPATIONAL HEALTH				!		40.
192. 03 194. 00 194. 01 194. 02	07952 OTHER FACILITIES	4, 035, 584	56, 850	C 221 174			194.02
192.03 194.00 194.01 194.02 194.03			56, 850 53, 032	C 221, 174 C	53, 032	21, 387	
192. 03 194. 00 194. 01 194. 02 194. 03 194. 04 194. 05	07952 OTHER FACILITIES 07953 HEART HOSPITAL	4, 035, 584 1, 347, 465	56, 850 53, 032 4, 618 15, 640	-	53, 032 4, 618	21, 387 0 0	194. 03

Health Financial Systems DEACONESS HOSPITAL In Lieu of						
COST ALLOCATION - STATISTICAL BASIS		Provider CO		Peri od:	Worksheet B-1	
				From 10/01/2015 To 09/30/2016		nared
					2/27/2017 10:	
Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	& GENERAL	PLANT	LINEN SERVICE	(SQUARE FEET -	(MEALS SERVED)	
	(ACCUM. COST)	(SQUARE FEET -	(POUNDS OF	C)		
		C)	LAUNDRY)			
	5.00	7.00	8.00	9.00	10.00	
194.07 07957 DEACONESS_VNA	881, 421	7,008	8, 08	4 7,008	0	194.07
194. 08 07958  HEALTHSOUTH	253, 691	13, 145	48, 74	5 13, 145	12, 318	194.08
194. 09 07959 HOME OFFICE	4,007,772	205, 908		205, 908	0	194.09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	88, 770, 224	19, 093, 747	1, 392, 41	6, 804, 691	3, 364, 490	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 198590	16. 145812	0. 28093	1 5. 759049	6. 989972	203.00
204.00 Cost to be allocated (per Wkst. B,	15, 591, 924	4, 356, 795	293, 66	5 283, 921	337, 169	204. 00
205.00 Part II) Unit cost multiplier (Wkst. B, Part II)	0. 034881	3. 684138	0. 05924	9 0. 240292	0. 700493	205. 00

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	DEACONESS	HOSPI TAL Provi der CC	N: 15-0082 Pe	In Lie	u of Form CMS-: Worksheet B-1	2552-10
			Fr To	om 10/01/2015 09/30/2016	Date/Time Pre	
Cost Center Description	CAFETERI A (FTE' S)	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED REQUIS.)	2/27/2017 10: MEDI CAL RECORDS & LI BRARY	<u>18 am</u>
		(FTE'S - NRSG)	(COSTED REQUI S. )		(GROSS REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS         1.00       00100       CAP REL COSTS-BLDG & FIXT         1.01       00101       CAP REL COSTS-BLDG & FIXT         2.00       00200       CAP REL COSTS-MVBLE EQUIP         4.00       00400       EMPLOYEE BENEFITS DEPARTMENT						1.00 1.01 2.00 4.00
5. 00 00500 ADMI NI STRATI VE & GENERAL 7. 00 00700 OPERATI ON OF PLANT 8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY						5.00 7.00 8.00 9.00 10.00
11. 00 01100 CAFETERIA 13. 00 01300 NURSI NG ADMI NI STRATI ON 14. 00 01400 CENTRAL SERVI CES & SUPPLY	28, 515 490 566	16, 901 0	60, 061, 217	50,005,450		11.00 13.00 14.00
15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL_RECORDS & LI BRARY	1, 078 1, 005	1	0 337	52, 805, 450 0	2, 125, 920, 333	15.00 16.00
17.00 01700 SOCIAL SERVICE 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	594 228	1	11	452 0	0	17.00 21.00
22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	42	0	0	0	0	22.00
23. 00 02300 PARAMED ED PRGM-PHARMACY 23. 01 02301 PARAMED ED PRGM-CHAPLAIN	33	1 1	0	0	0	23.00 23.01
23. 03 02303 PARAMED ED PRGM-NURSING INPATIENT ROUTINE SERVICE COST CENTERS	109	109	0	0	0	23.03
30. 00 03000 ADULTS & PEDI ATRI CS	7, 732		2, 336, 940	17, 547	150, 143, 285	30.00
31. 00 03100 I NTENSI VE CARE UNI T 32. 00 03200 CORONARY CARE UNI T	1, 844 449		1, 120, 352 323, 201	7, 302 2, 252	54, 209, 718 12, 823, 535	31.00 32.00
33.00 03300 BURN INTENSIVE CARE UNIT	C C	0	0	0	0	33.00
40. 00 04000 SUBPROVIDER - IPF ANCILLARY SERVICE COST CENTERS	234	234	39	0	8, 458, 968	40.00
50. 00 05000 0PERATI NG ROOM 54. 00 05400 RADI 0LOGY-DI AGNOSTI C	2, 432 1, 679		1, 781, 728 2, 210, 609	28, 848 18, 516	308, 796, 473 356, 777, 525	50.00 54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	120	0	2, 602	18, 510	34, 289, 839	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	175 3, 097	1	69, 029 9, 442, 947	408 3, 331	45, 982, 439 199, 337, 771	59.00 60.00
64. 00 06400 I NTRAVENOUS THERAPY	91	91	582, 601	153	3, 911, 777	64.00
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	563 C	1	233, 831 207, 909	0 6, 622	29, 419, 298 72, 400, 247	65.00 66.00
69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	68 C	1	120, 712 19, 019, 888	1, 192 0	35, 194, 618 29, 195, 396	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	C	0	19, 577, 632	Ō	53, 594, 076	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 RENAL DIALYSIS	C 38	1	857, 942 116, 193	42, 524, 089 952	239, 811, 078 8, 390, 918	
76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	C	1	0	0	0	
0UTPATI ENT_SERVICE_COST_CENTERS 90. 00_09000 CLINIC	289	289	132, 922	63	5, 587, 011	90.00
90. 01 09001 FAMILY PRACTICE CLINIC 90. 02 09002 OUTPATIENT PSYCH SERVICES	203 C	1	19, 794 132	85, 528 0	3, 102, 928 3, 902, 659	
90. 03 09003 INFUSION CENTER	C	126	199, 177	1, 223	12, 567, 906	90. 03
90. 04 09004 PRI MARY CARE FOR SENI ORS 90. 05 09005 PAI N MANAGEMENT		213 403	4, 518 24, 266	114, 441	1, 668, 625 33, 904, 862	90. 04 90. 05
90. 06 09006 WOUND CARE CENTER	C	110	112, 445	16, 370	2, 332, 405	90.06
90. 07 09007 SLEEP CENTER 90. 08 09008 MED/ONCOLOGY		307 62	49, 725 3, 681	78 0	7, 838, 861 1, 201, 614	90. 07 90. 08
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	1, 902	1, 902	1, 082, 727	1, 911	197, 792, 163	91.00 92.00
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600  DURABLE MEDI CAL EQUI P-RENTED SPECI AL PURPOSE COST CENTERS	685	1	87, 533	198, 840	22, 888, 417	
116. 00 11600 HOSPI CE 118. 00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	25, 810	-	0 59, 721, 423	0 43, 030, 118	0 1, 935, 524, 412	116. 00 118. 00
190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 192. 01 19201 DEACONESS URGENT CARE	398 C C	0	0 41, 763 0	0 98, 054 0	646, 608 0	192. 01
192. 02 19202 HEARTCARE 192. 03 19203 FAMI LY PRACTI CE	0 93	0	0 206, 284	0 9, 660, 283	938, 194 15, 333, 703	
194. 00 07950 MI SC NONREI MBURSABLE	229	0	37, 407	6, 082	0	194.00
194. 01 07951 0CCUPATI ONAL HEALTH 194. 02 07952 0THER FACILITIES		0	41, 943 0	9, 706 0		194. 01 194. 02
194. 03 07953 HEART HOSPI TAL	1,445		0	1, 207	172, 384, 334	194. 03
194. 04 07954  PUBLI C RELATI ONS 194. 05 07955  CHI LD CARE CENTER	104 436	1	879 0	0		194. 04 194. 05

Health Financial Systems	DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
COST ALLOCATION - STATISTICAL BASIS		Provider CC		Period: From 10/01/2015	Worksheet B-1		
				To 09/30/2016	Date/Time Pre 2/27/2017 10:		
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL		
	(FTE'S)	ADMI NI STRATI ON		(COSTED	RECORDS &		
			SUPPLY	REQUIS.)	LI BRARY		
		(FTE'S - NRSG)	•		(GROSS		
			REQUIS.)		REVENUE)		
	11.00	13.00	14.00	15.00	16.00		
194.0607956CENTER FOR LIFE BALANCE	0	0	3	6 0		194.06	
194.07 07957 DEACONESS_VNA	0	0	11, 48	2 0	1, 093, 082	194.07	
194. 08 07958 HEALTHSOUTH	0	0		0 0	0	194.08	
194.0907959 HOME OFFICE	0	0		0 0	0	194.09	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers						201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	2, 758, 577	4, 932, 028	5, 220, 40	0 10, 935, 004	4, 401, 081	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	96. 741259	291.818709	0. 08691	8 0. 207081	0.002070	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	271, 084	833, 025	453, 61	1 624, 269	300, 105	204.00	
205.00 Unit cost multiplier (Wkst. B, Part	9. 506716	49. 288504	0. 00755	2 0. 011822	0. 000141	205.00	

	Financial Systems LLOCATION - STATISTICAL BASIS	DEACONESS	HOSPI TAL Provi der CC		eriod: rom 10/01/2015	u of Form CMS-2 Worksheet B-1 Date/Time Pre 2/27/2017 10:	pared:
	Cost Center Description	SOCI AL SERVI CE (HOURS - A) 17.00	I NTERNS & SERVI CES-SALAR Y & FRI NGES (HOURS - B) 21.00		PARAMED ED PRGM-PHARMACY (HOURS - C) 23.00	PARAMED ED	
14.00 15.00 16.00 17.00 21.00 22.00 23.00	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02100 I &R SERVICES-SALARY & FRINGES APPRVD 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM-PHARMACY 02303 PARAMED ED PRGM-NURSING INPATIENT ROUTINE SERVICE COST CENTERS	220 0 0 0 1	44, 505	44, 505	100	100	$\begin{array}{c} 1.\ 00\\ 1.\ 01\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 01\\ 23.\ 03\\ \end{array}$
31.00 32.00 33.00	03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T 03300 BURN I NTENSI VE CARE UNI T 04000 SUBPROVI DER - I PF	180 14 9 0 0	23, 502 1, 069 0 0 0	23, 502 1, 069 0 0 0	0 0 0 0	100 0 0 0 0	30. 00 31. 00 32. 00 33. 00 40. 00
55.00 59.00 60.00 64.00 65.00 66.00 69.00 71.00 72.00 73.00 74.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM 05400 RADI OLOGY-DI AGNOSTI C 05500 CARDI OLOGY-THERAPEUTI C 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06400 INTRAVENOUS THERAPY 06400 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0UTPATI ENT SERVI CE COST CENTERS		3, 630 147 0 783 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3, 630 147 0 783 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	50. 00 54. 00 55. 00 60. 00 64. 00 65. 00 66. 00 69. 00 71. 00 71. 00 73. 00 74. 00 76. 00
90. 01 90. 02 90. 03 90. 04 90. 05 90. 06 90. 07 90. 08 91. 00	09000 CLINIC 09000 CLINIC 09001 FAMILY PRACTICE CLINIC 09002 OUTPATIENT PSYCH SERVICES 09003 INFUSION CENTER 09004 PRIMARY CARE FOR SENIORS 09005 PAIN MANAGEMENT 09006 WOUND CARE CENTER 09007 SLEEP CENTER 09008 MED/ONCOLOGY 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 07HER REIMBURSABLE COST CENTERS	0 0 0 0 0 0 0 0 0 0 16	0 12, 145 0 1, 142 0 0 0 0 2, 087	0 12, 145 0 1, 142 0 0 0 0 0 2, 087	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	90.00 90.01 90.02 90.03 90.04 90.05 90.06 90.07 90.08 91.00 92.00
	09600 DURABLE MEDI CAL EQUI P-RENTED SPECI AL PURPOSE COST CENTERS 11600 HOSPI CE	0	0 44, 505	0 0 44, 505	0 0 100		96.00 116.00 118.00
190.00 192.00 192.01 192.03 192.03 194.00 194.01 194.02 194.03 194.04	NONREI MBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSI CIANS' PRI VATE OFFICES 19201 DEACONESS URGENT CARE 19202 HEARTCARE 19203 FAMILY PRACTI CE 07950 MI SC NONREI MBURSABLE 07951 OCCUPATI ONAL HEALTH 07952 OTHER FACI LITI ES 07953 HEART HOSPI TAL 07954 PUBLI C RELATI ONS 07955 CHI LD CARE CENTER					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	190.00 192.00 192.01 192.02 192.03 194.00 194.01 194.02 194.03 194.04 194.05

Health Financial Systems	DEACONESS HOSPI TAL			In Lieu of Form CMS-2552-10			
COST ALLOCATION - STATISTICAL BASIS		Provider CC		Period:	Worksheet B-1		
				rom 10/01/2015 o 09/30/2016	Date/Time Prep 2/27/2017 10:1		
		INTERNS &	RESI DENTS				
Cost Center Description	SOCI AL SERVI CE	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	PARAMED ED		
		Y & FRINGES	PRGM COSTS	PRGM-PHARMACY	PRGM-CHAPLAI N		
	(HOURS - A)	(HOURS - B)	(HOURS - B)	(HOURS - C)	(HOURS - D)		
	17.00	21.00	22.00	23.00	23.01		
194.0607956CENTER FOR LIFE BALANCE	0	0	(	0 0		194.06	
194.07 07957 DEACONESS_VNA	0	0	(	0 0	0	194.07	
194. 08 07958 HEALTHSOUTH	0	0	(	0 0	0	194.08	
194.0907959 HOME OFFICE	0	0	(	0 0	0	194.09	
200.00 Cross Foot Adjustments						200. 00	
201.00 Negative Cost Centers						201. 00	
202.00 Cost to be allocated (per Wkst. B, Part I)	4, 815, 953	2, 085, 582	1, 740, 921	405, 858	408, 818	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	21, 890. 695455	46. 861746	39. 117425	4,058.580000	4, 088. 180000	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	147, 142	62, 492	51, 164	27, 928	70, 491	204.00	
205.00 Unit cost multiplier (Wkst. B, Part	668. 827273	1. 404157	1. 149624	279. 280000	704. 910000	205. 00	

	Financial Systems ALLOCATION - STATISTICAL BASIS	DEACONESS I	HOSPI TAL Provi der CCN: 15-0082	In Lieu Period:	u of Form CMS-2552-10 Worksheet B-1
				From 10/01/2015 To 09/30/2016	Date/Time Prepared: 2/27/2017 10:18 am
	Cost Center Description	PARAMED ED PRGM-NURSI NG (HOURS - E) 23.03			
	GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT				1.00
1.01 2.00	00200 CAP REL COSTS-BLDG & FIXT				1.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500 ADMINI STRATI VE & GENERAL				5.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A				10.00
13.00	01300 NURSI NG ADMI NI STRATI ON				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00 17.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE				16.00 17.00
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD				21.00
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300 PARAMED ED PRGM-PHARMACY				23.00
23.01	02301 PARAMED ED PRGM-CHAPLAIN				23.01
23.03	02303 PARAMED ED PRGM-NURSING I NPATI ENT ROUTI NE SERVI CE COST CENTERS	22, 283			23.03
30.00	03000 ADULTS & PEDIATRICS	9, 472			30.00
31.00	03100 I NTENSI VE CARE UNI T	5, 146			31.00
32.00	03200 CORONARY CARE UNI T	2, 285			32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0			33.00
40.00	04000 SUBPROVIDER - IPF ANCILLARY SERVICE COST CENTERS	230			40.00
50.00	05000 OPERATING ROOM	3, 858			50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0			54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0			55.00
59.00	05900 CARDI AC CATHETERI ZATI ON	829			59.00
60.00		0			60.00
64.00 65.00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	257			64.00 65.00
66.00	06600 PHYSI CAL THERAPY	0			66.00
69.00	06900 ELECTROCARDI OLOGY	0			69.00
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0			71.00
72.00 73.00	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	0			72.00
74.00	07400 RENAL DIALYSIS	0			73.00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0			76.00
	OUTPATIENT SERVICE COST CENTERS	1 1			
90. 00 90. 01		0			90.00 90.01
	09001 FAMILY PRACTICE CLINIC 09002 OUTPATIENT PSYCH SERVICES	0			90.02
90.03	09003 I NFUSI ON CENTER	0			90.03
	09004 PRIMARY CARE FOR SENIORS	0			90.04
90.05	09005 PAIN MANAGEMENT	0			90.05
90.06 90.07	09006 WOUND CARE CENTER 09007 SLEEP CENTER	0			90.06 90.07
	09008 MED/ONCOLOGY	0			90.08
91.00	09100 EMERGENCY	206			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
04 00	OTHER REIMBURSABLE COST CENTERS				04.00
96.00	09600 DURABLE MEDI CAL EQUI P-RENTED SPECI AL PURPOSE COST CENTERS	0			96.00
116.00	11600 HOSPI CE	0			116.00
118.00		22, 283			118.00
	NONREI MBURSABLE COST CENTERS				
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	0			190. 00 192. 00
	19201 DEACONESS URGENT CARE	0			192.00
	19202 HEARTCARE	0			192.02
	19203 FAMILY PRACTICE	0			192.03
	07950 MI SC NONREI MBURSABLE	0			194.00
	07951 OCCUPATIONAL HEALTH 207952 OTHER FACILITIES	0			194. 01 194. 02
	07952 OTHER FACTELITIES	0			194.02
	07954 PUBLIC RELATIONS	0			194.04
	07955 CHI LD CARE CENTER	0			194. 05
	07956 CENTER FOR LIFE BALANCE	0			194.06
194.07	07957 DEACONESS VNA	0			194. 07

Health Financial Systems		DEACONESS HOSPI TAL		In Lieu of Form CMS-2552-10		
COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0082	Peri od:	Worksheet B-1	
				From 10/01/2015 To 09/30/2016	Date/Time Prepared: 2/27/2017 10:18 am	
Cost Center Description		PARAMED ED				
		PRGM-NURSI NG				
		(HOURS - E)				
		23.03				
194.080795	BHEALTHSOUTH	0			194.08	
194.090795	PHOME OFFICE	0			194.09	
200.00	Cross Foot Adjustments				200.00	
201.00	Negative Cost Centers				201.00	
202.00	Cost to be allocated (per Wkst. B,	1, 038, 393			202.00	
	Part I)					
203.00	Unit cost multiplier (Wkst. B, Part I)	46. 600233			203.00	
204.00	Cost to be allocated (per Wkst. B,	88, 586			204.00	
	Part II)					
205.00	Unit cost multiplier (Wkst. B, Part	3. 975497			205.00	
	11)					

OMPUTATI ON	OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0082	Peri od:	Worksheet C	
					From 10/01/2015		
					To 09/30/2016	Date/Time Pre 2/27/2017 10:	
			Title	xviii	Hospi tal	PPS	To alli
			intre		Costs	1 110	
	Cost Center Description	Total Cost	Therapy Limit	Total Costs		Total Costs	<u> </u>
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.	5				
		26)					
		1.00	2.00	3.00	4.00	5.00	
	ENT ROUTINE SERVICE COST CENTERS	1					ł
	ADULTS & PEDIATRICS	94, 380, 253		94, 380, 25			
	INTENSIVE CARE UNIT	23, 313, 525		23, 313, 52			
	CORONARY CARE UNIT	5, 852, 967		5, 852, 96			
	BURN INTENSIVE CARE UNIT	0			0 0		
	SUBPROVIDER - IPF	2, 148, 065		2, 148, 06	5 0	2, 148, 065	40.0
	LARY SERVICE COST CENTERS	66, 319, 697		(4 210 40		67, 599, 595	
	RADI OLOGY-DI AGNOSTI C			66, 319, 69			
	RADI OLOGY - DI AGNOSTI C RADI OLOGY - THERAPEUTI C	29, 467, 725		29, 467, 72			
	CARDI AC CATHETERI ZATI ON	5, 989, 621 5, 258, 187		5, 989, 62 5, 258, 18		5, 989, 621	
	LABORATORY	5, 258, 187		44, 798, 05			
	INTRAVENOUS THERAPY	2, 986, 343		2, 986, 34		2, 986, 343	
	RESPIRATORY THERAPY	6, 043, 002	0			6, 043, 002	
	PHYSICAL THERAPY	11, 228, 133	0	11, 228, 13		11, 228, 133	
	ELECTROCARDI OLOGY	3, 085, 642	0	3, 085, 64		3, 085, 642	
	MEDICAL SUPPLIES CHARGED TO PATIENTS	13, 851, 749		13, 851, 74			
	IMPL. DEV. CHARGED TO PATIENTS	25, 116, 995		25, 116, 99		25, 116, 995	
	DRUGS CHARGED TO PATIENTS	61, 780, 037		61, 780, 03		61, 780, 037	
	RENAL DIALYSIS	2, 202, 411		2, 202, 41		2, 204, 073	
	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0		2,202,11	0 0		
	TIENT SERVICE COST CENTERS					0	/0.1
0.00 09000	CLINIC	3, 566, 142		3, 566, 14	2 639	3, 566, 781	90.
	FAMILY PRACTICE CLINIC	2, 625, 526		2, 625, 52		2, 625, 526	
	OUTPATIENT PSYCH SERVICES	1, 798, 492		1, 798, 49		1, 798, 492	
	INFUSION CENTER	1, 689, 434		1, 689, 43		1, 689, 434	
0. 04 09004	PRIMARY CARE FOR SENIORS	2,029,586		2, 029, 58			
0. 05 09005	PAIN MANAGEMENT	4, 294, 970		4, 294, 97		4, 298, 431	
0.06 09006	WOUND CARE CENTER	1, 179, 101		1, 179, 10	318	1, 179, 419	90.
	SLEEP CENTER	3, 488, 132		3, 488, 13	2, 689	3, 490, 821	90.
0. 08 09008	MED/ONCOLOGY	714, 472		714, 47	0 0	714, 472	90.0
	EMERGENCY	31, 968, 026		31, 968, 02	1, 530, 361	33, 498, 387	91.0
2.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	14, 203, 251		14, 203, 25	51	14, 203, 251	92.0
OTHER	REIMBURSABLE COST CENTERS						
	DURABLE MEDICAL EQUIP-RENTED	10, 881, 286		10, 881, 28	36 0	10, 881, 286	96. (
	AL PURPOSE COST CENTERS	1		1	-		
16.0011600		0			0		116.
00.00	Subtotal (see instructions)	482, 260, 823	0				
01.00	Less Observation Beds	14, 203, 251		14, 203, 25		14, 203, 251	
02.00	Total (see instructions)	468, 057, 572	0	468, 057, 57	2 4, 232, 736	472, 290, 308	202. (

Health Financial Systems COMPUTATION OF RATIO OF COSTS TO CHARGES	DEACONESS HOSPI T		CN: 15-0082	Peri od:	u of Form CMS-2552-1 Worksheet C	
COMPUTATION OF RATIO OF COSTS TO CHARGES		FIOVICEIC	GN. 15-0002	From 10/01/2015	Part I	
				To 09/30/2016	Date/Time Pre	
			XVIII	Hospi tal	2/27/2017 10: PPS	18 am
· · · · · · · · · · · · · · · · · · ·		Charges		поѕргта	PP3	
Cost Center Description	Inpatient	Outpati ent	Total (col	6 Cost or Other	TEFRA	
cost center bescription	inpatrent	outpatrent	+ col. 7	Ratio	Inpatient	
				hatro	Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	127, 853, 685		127, 853, 6	85		] 30. OC
31.00 03100 INTENSIVE CARE UNIT	54, 209, 718		54, 209, 7	18		31.00
32. 00 03200 CORONARY CARE UNI T	12, 823, 535		12, 823, 5	35		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0			0		33.00
40. 00 04000 SUBPROVIDER - IPF	8, 458, 968		8, 458, 9	68		40.00
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	120, 032, 948	188, 595, 872	308, 628, 8	20 0. 214885	0.000000	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	90, 598, 547	266, 178, 979	356, 777, 5	26 0. 082594	0.000000	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	1, 508, 284	32, 781, 555	34, 289, 8	39 0. 174676	0.000000	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	29, 322, 781	16, 659, 658	45, 982, 4	39 0. 114352	0.000000	59.00
50. 00 06000 LABORATORY	95, 915, 355	103, 422, 416	199, 337, 7	0. 224734	0.000000	60.00
64. 00 06400 I NTRAVENOUS THERAPY	3, 838, 675	73, 102	3, 911, 7	77 0. 763424	0.000000	64.00
65. 00 06500 RESPI RATORY THERAPY	26, 734, 708	2, 684, 590	29, 419, 2	98 0. 205409	0.000000	65.00
66. 00 06600 PHYSI CAL THERAPY	50, 955, 776	21, 444, 471	72, 400, 2	47 0. 155084	0.000000	66.00
69. 00 06900 ELECTROCARDI OLOGY	20, 487, 481	14, 707, 137	35, 194, 6	18 0. 087674	0. 000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18, 567, 487	10, 795, 561	29, 363, 0	48 0. 471741	0.00000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	39, 450, 342	14, 143, 735	53, 594, 0	77 0. 468652	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	118, 976, 431	120, 834, 647	239, 811, 0	78 0. 257620	0.00000	73.00
74.00 07400 RENAL DIALYSIS	7, 717, 473	673, 444	8, 390, 9		0. 000000	
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 0.00000	0.00000	76.00
OUTPATIENT SERVICE COST CENTERS	,					
90. 00 09000 CLINIC	18, 918	5, 568, 093			0.00000	
90.01 09001 FAMILY PRACTICE CLINIC	7,004	3, 095, 924			0.00000	
90. 02 09002 OUTPATIENT PSYCH SERVICES	4, 289	3, 898, 370			0.00000	
90. 03 09003 INFUSION CENTER	179, 795	12, 388, 111			0.00000	
90. 04 09004 PRIMARY CARE FOR SENIORS	4, 215	1, 664, 410			0.00000	
90. 05 09005 PALN MANAGEMENT	33, 980	33, 870, 882			0.00000	
90.06 09006 WOUND CARE CENTER	15, 013	2, 317, 392			0.00000	
90. 07 09007 SLEEP CENTER	17, 849	7, 821, 012			0.00000	
90. 08 09008 MED/ONCOLOGY	7, 861	1, 193, 753			0.00000	
91.00 09100 EMERGENCY	78, 172, 730	119, 619, 433			0.00000	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	4, 358, 324	17, 931, 276	22, 289, 6	00 0. 637214	0.00000	92.00
OTHER REIMBURSABLE COST CENTERS	-					4
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	22, 888, 417	22, 888, 4	0. 475406	0.00000	96.00
SPECIAL PURPOSE COST CENTERS	-1					1
116.00 11600 HOSPI CE	0	0		0		116.00
200.00 Subtotal (see instructions)	910, 272, 172	1, 025, 252, 240	1, 935, 524, 4	12		200.00
201.00 Less Observation Beds	010 070 170	1 005 050 010	1 005 504 -	10		201.00
202.00   Total (see instructions)	910, 272, 172	1,025,252,240	1, 935, 524, 4	12		202.00

Health Financial Systems	DEACONESS HO	SPI TAL	In Lieu of Form CMS-2552-			
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepa 2/27/2017 10:18	ared: 8 am	
		Title XVIII	Hospi tal	PPS		
Cost Center Description	PPS Inpatient Ratio 11.00					
INPATIENT ROUTINE SERVICE COST CENTERS	11.00					
30.00         03000         ADULTS & PEDIATRICS           31.00         03100         INTENSIVE CARE UNIT           32.00         03200         CORONARY CARE UNIT           33.00         03300         BURN INTENSIVE CARE UNIT					30.00 31.00 32.00 33.00	
40.00 O4000 SUBPROVIDER - IPF					40.00	
ANCI LLARY SERVICE COST CENTERS           50.00         05000         OPERATI NG ROOM           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           64.00         06400         INTRAVENOUS THERAPY           65.00         06500         RESPI RATORY THERAPY           66.00         06600         PHYSI CAL THERAPY           66.00         06600         ELECTROCARDI OLOGY           71.00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS           72.00         07200         IMPL.         DEV. CHARGED TO PATI ENTS           73.00         07300         DRUGS CHARGED TO PATI ENTS           74.00         07400         RENAL DI ALYSI S           76.00         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES	0. 219032 0. 082594 0. 174676 0. 115400 0. 226806 0. 763424 0. 205409 0. 155084 0. 087674 0. 471741 0. 46852 0. 257620 0. 262674 0. 000000				50. 00 54. 00 55. 00 59. 00 60. 00 64. 00 65. 00 66. 00 71. 00 71. 00 72. 00 73. 00 74. 00 76. 00	
OUTPATI ENT SERVICE COST CENTERS           90.00         O9000 CLINIC           90.01         O9001 FAMILY PRACTICE CLINIC           90.02         O9002 OUTPATIENT PSYCH SERVICES           90.03         O9003 INFUSION CENTER           90.04         O9004 PRI MARY CARE FOR SENIORS           90.05         O9005 PAIN MANAGEMENT           90.06         O90006 WOUND CARE CENTER           90.07         O9007 SLEEP CENTER           90.08         MED/ONCOLOGY           91.00         O9100 EMERGENCY           92.00         OBSERVATION BEDS (NON-DISTINCT PART)           OTHER REI MBURSABLE COST CENTERS           96.00         O9600 DURABLE MEDICAL EQUIP-RENTED	0. 638406 0. 846145 0. 460838 0. 134424 1. 235355 0. 126779 0. 505666 0. 445322 0. 594594 0. 169362 0. 637214				90. 00 90. 01 90. 02 90. 03 90. 04 90. 05 90. 06 90. 07 90. 08 91. 00 92. 00 96. 00	
SPECIAL PURPOSE         CENTERS           116.00         11600         HOSPICE           200.00         Subtotal (see instructions)           201.00         Less Observation Beds           202.00         Total (see instructions)				1 2 2	16.00 200.00 201.00 202.00	

OMPUTATI (	ON OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0082	Peri od:	Worksheet C	
					From 10/01/2015	Part I	
					To 09/30/2016	Date/Time Pre 2/27/2017 10:	
			Ti †I	e XIX	Hospi tal	PPS	To dill
					Costs	110	
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj.		Di sal I owance		
		Part I, col.	5				
		26)					
		1.00	2.00	3.00	4.00	5.00	
	ATIENT ROUTINE SERVICE COST CENTERS	1		I			ł
	000 ADULTS & PEDIATRICS	94, 380, 253		94, 380, 25			
	00 INTENSIVE CARE UNIT	23, 313, 525		23, 313, 52		23, 376, 028	
	200 CORONARY CARE UNIT	5, 852, 967		5, 852, 96		5, 852, 967	
	BOO BURN INTENSIVE CARE UNIT	0			0 0	0	
	000 SUBPROVI DER – I PF	2, 148, 065		2, 148, 06	5 0	2, 148, 065	40. (
	I LLARY SERVICE COST CENTERS	(( 010 (07		(( 010 (0	7 4 070 000	(7.500.505	1 50
	DOO OPERATING ROOM	66, 319, 697		66, 319, 69		67, 599, 595	
	100 RADI OLOGY-DI AGNOSTI C	29, 467, 725		29, 467, 72		29, 467, 725	
	500 RADI OLOGY-THERAPEUTI C	5, 989, 621		5, 989, 62		5, 989, 621	
	200 CARDI AC CATHETERI ZATI ON	5, 258, 187		5, 258, 18		5, 306, 390	
		44, 798, 053		44, 798, 05		45, 211, 072	
		2, 986, 343		2, 986, 34		2, 986, 343	
		6,043,002		-, - , - ,		6, 043, 002	
	000 PHYSI CAL THERAPY 2000 ELECTROCARDI OLOGY	11, 228, 133	0	11, 228, 13		11, 228, 133	
	00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3, 085, 642 13, 851, 749		3, 085, 64 13, 851, 74		3, 085, 642 13, 851, 749	
	200 IMPL. DEV. CHARGED TO PATIENTS	25, 116, 995		25, 116, 99		25, 116, 995	
	OO DRUGS CHARGED TO PATIENTS	61, 780, 037		61, 780, 03		61, 780, 037	
	100 RENAL DIALYSIS	2, 202, 411		2, 202, 41		2, 204, 073	
	550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 202, 411			0 0	2, 204, 073	
	PATIENT SERVICE COST CENTERS	V			0 0	0	70.
0.00 090	DOO CLINIC	3, 566, 142		3, 566, 14	2 639	3, 566, 781	90.
	001 FAMILY PRACTICE CLINIC	2, 625, 526		2, 625, 52		2, 625, 526	
	002 OUTPATIENT PSYCH SERVICES	1, 798, 492		1, 798, 49		1, 798, 492	
	03 INFUSION CENTER	1, 689, 434		1, 689, 43		1, 689, 434	
	004 PRIMARY CARE FOR SENIORS	2, 029, 586		2, 029, 58		2,061,345	
	005 PALN MANAGEMENT	4, 294, 970		4, 294, 97		4, 298, 431	
	006 WOUND CARE CENTER	1, 179, 101		1, 179, 10		1, 179, 419	
	007 SLEEP CENTER	3, 488, 132		3, 488, 13		3, 490, 821	
	008 MED/ONCOLOGY	714, 472		714, 47		714, 472	
	OO EMERGENCY	31, 968, 026		31, 968, 02		33, 498, 387	
	200 OBSERVATION BEDS (NON-DISTINCT PART)	14, 203, 251		14, 203, 25		14, 203, 251	
OTH	IER REIMBURSABLE COST CENTERS						1
	000 DURABLE MEDI CAL EQUI P-RENTED	10, 881, 286		10, 881, 28	6 0	10, 881, 286	96.
SPE	CIAL PURPOSE COST CENTERS	· · · · · · · · · · · · · · · · · · ·					
16.00116	00 HOSPI CE	0			0		116.
00.00	Subtotal (see instructions)	482, 260, 823	0				
01.00	Less Observation Beds	14, 203, 251		14, 203, 25	1	14, 203, 251	201.
02.00	Total (see instructions)	468,057,572	0	468, 057, 57	4, 232, 736	472, 290, 308	202

Health Financial Systems COMPUTATION OF RATIO OF COSTS TO CHARGES	DEACONESS HOSPI TAL Provi der C		N. 15_0082	Peri od:	worksheet C	
COMPUTATION OF RATIO OF COSTS TO CHARGES		FIOVICEIC	GN. 15-0062	From 10/01/2015	Part I	
				To 09/30/2016	Date/Time Pre	
			e XIX	Hospi tal	2/27/2017 10: PPS	18 am
		Charges			PP3	
Cost Center Description	Inpatient	Outpati ent	Total (col	6 Cost or Other	TEFRA	
cost center bescription	inpatrent	outpatrent	+ col. 7	Ratio	Inpatient	
				illutio	Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS	I					
30. 00 03000 ADULTS & PEDI ATRI CS	127, 853, 685		127, 853, 6	35		30. 00
31.00 03100 INTENSIVE CARE UNIT	54, 209, 718		54, 209, 7	18		31.00
32.00 03200 CORONARY CARE UNIT	12, 823, 535		12, 823, 5	35		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0			0		33.00
40. 00 04000 SUBPROVIDER - IPF	8, 458, 968		8, 458, 9	58		40.00
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	120, 032, 948	188, 595, 872	308, 628, 8	20 0. 214885	0.000000	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	90, 598, 547	266, 178, 979	356, 777, 5	0. 082594	0.000000	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	1, 508, 284	32, 781, 555	34, 289, 8	39 0. 174676	0.000000	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	29, 322, 781	16, 659, 658	45, 982, 4	39 0. 114352	0.000000	59.00
60. 00 06000 LABORATORY	95, 915, 355	103, 422, 416	199, 337, 7	0. 224734	0.00000	
64. 00 06400 I NTRAVENOUS THERAPY	3, 838, 675	73, 102	3, 911, 7	0. 763424	0.000000	64.00
65. 00 06500 RESPI RATORY THERAPY	26, 734, 708	2, 684, 590	29, 419, 2	98 0. 205409	0.000000	65.00
66. 00 06600 PHYSI CAL THERAPY	50, 955, 776	21, 444, 471	72, 400, 2	47 0. 155084	0.000000	66.00
69. 00 06900 ELECTROCARDI OLOGY	20, 487, 481	14, 707, 137	35, 194, 6	0. 087674	0. 000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18, 567, 487	10, 795, 561	29, 363, 0	48 0. 471741	0.00000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	39, 450, 342	14, 143, 735	53, 594, 0	0. 468652	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	118, 976, 431	120, 834, 647	239, 811, 0	78 0. 257620	0.00000	73.00
74.00 07400 RENAL DIALYSIS	7, 717, 473	673, 444	8, 390, 9	0. 262476	0.00000	74.00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 0.000000	0. 000000	76.00
OUTPATIENT SERVICE COST CENTERS	,					
90. 00 09000 CLINIC	18, 918	5, 568, 093			0.00000	
90.01 09001 FAMILY PRACTICE CLINIC	7,004	3, 095, 924			0. 000000	
90. 02 09002 OUTPATIENT PSYCH SERVICES	4, 289	3, 898, 370			0.00000	
90. 03 09003 INFUSION CENTER	179, 795	12, 388, 111			0.00000	
90. 04 09004 PRIMARY CARE FOR SENIORS	4, 215	1, 664, 410			0.00000	
90. 05 09005 PALN MANAGEMENT	33, 980	33, 870, 882			0.00000	
90.06 09006 WOUND CARE CENTER	15, 013	2, 317, 392			0.00000	
90. 07 09007 SLEEP CENTER	17, 849	7, 821, 012			0.00000	
90. 08 09008 MED/ONCOLOGY	7, 861	1, 193, 753			0.00000	
91.00 09100 EMERGENCY	78, 172, 730	119, 619, 433			0.00000	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	4, 358, 324	17, 931, 276	22, 289, 6	0. 637214	0.00000	92.00
OTHER REIMBURSABLE COST CENTERS	1 1		00.777		0.5555	
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	22, 888, 417	22, 888, 4	0. 475406	0.00000	96.00
SPECIAL PURPOSE COST CENTERS	-1			a		1
116.00 11600 HOSPI CE	0	0		0		116.00
200.00 Subtotal (see instructions)	910, 272, 172	1, 025, 252, 240	1, 935, 524, 4	12		200.00
201.00 Less Observation Beds	010 070 170	1 005 050 010	1 005 504 -	10		201.00
202.00 Total (see instructions)	910, 272, 172	1,025,252,240	1, 935, 524, 4	12		202.00

Health Financial Systems	DEACONESS HO	OSPI TAL	In Lie	u of Form CMS-255	52-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepar 2/27/2017 10:18	red:
		Title XIX	Hospi tal	PPS	
Cost Center Description	PPS Inpatient Ratio				
	11.00				
I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS					30. 00
31. 00 03100 INTENSIVE CARE UNIT					31.00
				-	
32. 00 03200 CORONARY CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT					32.00 33.00
				-	
40. 00 04000 SUBPROVIDER - IPF				4	40.00
ANCI LLARY SERVICE COST CENTERS	0. 219032			E	-0.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 219032				50.00 54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 174676				55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 115400				59.00
60. 00 06000 LABORATORY	0. 226806				50.00
64.00 06400 I NTRAVENOUS THERAPY	0.763424				54.00
65.00 06500 RESPIRATORY THERAPY	0. 205409				65.00
66.00 06600 PHYSI CAL THERAPY	0. 155084				56.00
69. 00 06900 ELECTROCARDI OLOGY	0. 087674				59.00
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0. 471741				71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 468652				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 257620				73.00
74.00 07400 RENAL DIALYSIS	0. 262674				74.00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000			/	76.00
OUTPATIENT SERVICE COST CENTERS	0 (0040)				
90.00 09000 CLINIC	0. 638406				90.00
90. 01 09001 FAMILY PRACTICE CLINIC	0. 846145				90.01
90. 02 09002 OUTPATIENT PSYCH SERVICES	0. 460838				90.02
90. 03 09003 I NFUSI ON CENTER	0. 134424				90.03
90. 04 09004 PRI MARY CARE FOR SENI ORS	1. 235355				90.04
90. 05 09005 PALN MANAGEMENT	0. 126779				90.05
90.06 09006 WOUND CARE CENTER	0. 505666				90.06
90. 07 09007 SLEEP CENTER	0. 445322				90.07
90. 08 09008 MED/ONCOLOGY	0. 594594				90.08
91.00 09100 EMERGENCY	0. 169362				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 637214			9	92.00
OTHER REI MBURSABLE COST CENTERS	0.475404				
96.00 09600 DURABLE MEDI CAL EQUI P-RENTED	0. 475406			9	96.00
SPECIAL PURPOSE COST CENTERS	1 1				
116.00 11600 HOSPI CE					16.00
200.00 Subtotal (see instructions)					00.00
201.00 Less Observation Beds					01.00
202.00  Total (see instructions)	1			20	02.00

Health Financial Systems	DEACONESS				u of Form CMS-	2552-1
CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE F	RATIOS NET OF	Provider C	CN: 15-0082	Period:	Worksheet C	
REDUCTIONS FOR MEDICAID ONLY				From 10/01/2015 To 09/30/2016	Part II Date/Time Pre	narodi
				10 09/30/2010	2/27/2017 10:	18 am
		Titl	e XIX	Hospi tal	PPS	TO an
Cost Center Description	Total Cost	Capital Cost			Operating Cost	
		(Wkst. B, Part			Reduction	
	I, col. 26)		Cost (col. 1		Amount	
			col. 2)			
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS		•				
50. 00 05000 OPERATING ROOM	66, 319, 697	7, 870, 050	58, 449, 64	47 0	0	50.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	29, 467, 725	4, 288, 120	25, 179, 60	05 0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	5, 989, 621	604, 440	5, 385, 1	31 0	0	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	5, 258, 187	691, 786	4, 566, 40	01 0	0	59.0
60. 00 06000 LABORATORY	44, 798, 053		41, 357, 2	14 0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	2, 986, 343				0	•
65. 00 06500 RESPI RATORY THERAPY	6,043,002				0	
66.00 06600 PHYSI CAL THERAPY	11, 228, 133				0	
69. 00 06900 ELECTROCARDI OLOGY	3, 085, 642				0	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13, 851, 749				0	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	25, 116, 995				0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	61, 780, 037				0	
74. 00 07400 RENAL DIALYSIS	2, 202, 411				0	
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 202, 411			0 0	0	
OUTPATIENT SERVICE COST CENTERS	0		1	0 0	0	70.0
90. 00 09000 CLINIC	3, 566, 142	351, 732	3, 214, 4	10 0	0	90.0
90.01 09001 FAMILY PRACTICE CLINIC	2, 625, 526					
90. 02 09002 OUTPATIENT PSYCH SERVICES	1, 798, 492				0	
70. 03 09003 I NFUSION CENTER	1, 689, 434				0	
PO. 04 09004 PRIMARY CARE FOR SENIORS	2, 029, 586				0	
20. 05 09005 PALN MANAGEMENT	4, 294, 970				0	
90. 06 09006 WOUND CARE CENTER	1, 179, 101				0	
90. 07 09007 SLEEP CENTER	3, 488, 132				0	1 /0.0
90. 07   09007   SLEEP CENTER 90. 08   09008   MED/ONCOLOGY					0	
90. 08 09008 MED/01000003 91. 00 09100 EMERGENCY	714, 472 31, 968, 026				0	
					0	1 / 0
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	14, 203, 251	1, 745, 324	12, 457, 92	27 0	0	92.0
	10 001 00/	000 504	0 000 7		0	
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS	10, 881, 286	998, 584	9, 882, 70	02 0	0	96.0
116. 00 11600 HOSPICE	0	0		0 0		116. 0
	356, 566, 013	-				200. 0
	14, 203, 251					201.00
202.00   Total (line 200 minus line 201)	342, 362, 762	27, 279, 626	315, 083, 13	36 0	0	202.0

	nancial Systems	DEACONESS		CN 15 0000		u of Form CMS-2	2552
	ON OF OUTPATIENT SERVICE COST TO CHARGE RA S FOR MEDICAID ONLY	ATTUS NET UF	Provider C	CN: 15-0082	Period: From 10/01/2015	Worksheet C Part II	
EDUCTION	S FOR MEDICALD UNLY				To 09/30/2016	Date/Time Pre	pare
						2/27/2017 10:	18 a
				e XIX	Hospi tal	PPS	
	Cost Center Description		Total Charges				
			(Worksheet C,				
		Operating Cost			6		
		Reduction	8)	/ col. 7)			
		6.00	7.00	8.00			
	CILLARY SERVICE COST CENTERS				o		1
	DOO OPERATING ROOM	66, 319, 697					50.
	400 RADI OLOGY-DI AGNOSTI C	29, 467, 725					54.
	500 RADI OLOGY-THERAPEUTI C	5, 989, 621					55.
	200 CARDI AC CATHETERI ZATI ON	5, 258, 187					59
	DOO LABORATORY	44, 798, 053					60
	100 I NTRAVENOUS THERAPY	2, 986, 343					64
	500 RESPI RATORY THERAPY	6, 043, 002					65
	500 PHYSI CAL THERAPY	11, 228, 133					66
	POO ELECTROCARDI OLOGY	3, 085, 642	35, 194, 618				69
	100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13, 851, 749					71
. 00 072	200 IMPL. DEV. CHARGED TO PATIENTS	25, 116, 995	53, 594, 077	0. 4686	52		72
	BOO DRUGS CHARGED TO PATIENTS	61, 780, 037	239, 811, 078	0. 2576	20		73
1.00 074	100 RENAL DIALYSIS	2, 202, 411	8, 390, 917	0. 2624	76		74
5.00 035	550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	C	0.0000	00		76
	PATIENT SERVICE COST CENTERS						
0.00 090	DOO CLINIC	3, 566, 142	5, 587, 011	0. 6382	92		90
. 01 090	DO1 FAMILY PRACTICE CLINIC	2, 625, 526	3, 102, 928	0. 8461	45		90
090 0.02	002 OUTPATIENT PSYCH SERVICES	1, 798, 492	3, 902, 659	0. 4608	38		90
. 03 090	DO3 INFUSION CENTER	1, 689, 434	12, 567, 906	0. 1344	24		90
. 04 090	DO4 PRIMARY CARE FOR SENIORS	2, 029, 586	1, 668, 625	1. 2163	22		90
. 05 090	DO5 PALN MANAGEMENT	4, 294, 970	33, 904, 862	0. 1266	77		90
. 06 090	DO6 WOUND CARE CENTER	1, 179, 101	2, 332, 405	0. 5055	30		90
. 07 090	DO7 SLEEP CENTER	3, 488, 132	7, 838, 861	0. 4449	79		90
0. 08 090	DO8 MED/ONCOLOGY	714, 472	1, 201, 614	0. 5945	94		90
. 00 091	IOO EMERGENCY	31, 968, 026			24		91
. 00 092	200 OBSERVATION BEDS (NON-DISTINCT PART)	14, 203, 251	22, 289, 600	0.6372	14		92
OTH	IER REIMBURSABLE COST CENTERS						
	500 DURABLE MEDICAL EQUIP-RENTED	10, 881, 286	22, 888, 417	0. 4754	06		96
	CIAL PURPOSE COST CENTERS		, , , , , , , , , , , , , , , , , , , ,		L		1
	500 HOSPI CE	0	C	0.0000	00		1116
0.00	Subtotal (sum of lines 50 thru 199)	-	1, 732, 178, 506				200
01.00	Less Observation Beds	14, 203, 251					201
02.00	Total (line 200 minus line 201)		1, 732, 178, 506	1			202

DEACONESS HOSPI TAL			In Lie	u of Form CMS-	2552-10
COSTS			From 10/01/2015 To 09/30/2016	Date/Time Pre 2/27/2017 10:	pared: 18 am
		XVIII	Hospi tal	PPS	
Capital Related Cost (from Wkst. B,	Swing Bed Adjustment		Days	Per Diem (col. 3 / col. 4)	
1,00	2.00	3.00	4,00	5.00	
				. <u> </u>	
				122.23	32.00
0			0 0		
		14, 868, 47	6 144, 237		200.00
Program days	Program Capital Cost (col. 5 x col.				
6.00		-			
0.00	7.00				
8, 304 1, 976 0 1, 388	1, 144, 623 241, 526 0 69, 622				30. 00 31. 00 32. 00 33. 00 40. 00 200. 00
	COSTS Capi tal Rel ated Cost (from Wkst. B, Part II, col. 26) 1.00 11,703,077 2,464,770 508,972 0 191,657 14,868,476 Inpati ent Program days 6.00 45,347 8,304 1,976 0 1,388	COSTS         Provi der C           Capi tal Rel ated Cost (from Wkst. B, Part II, col. 26)         Swing Bed Adj ustment           1.00         2.00           11, 703, 077 2, 464, 770 508, 972 0 191, 657 14, 868, 476         C 0 191, 657 14, 868, 476           Inpati ent Program days         Inpati ent Program Capi tal Cost (col. 5 x col. 6)           6.00         7.00           45, 347 8, 304 1, 144, 623 1, 976 241, 526 0         4, 483, 458 1, 144, 623 1, 976           0         0           1, 388         69, 622	COSTS         Provider CCN: 15-0082           Title XVIII           Capital Related Cost (from Wkst. B, Part II, col. 26)         Swing Bed Adjustment         Reduced Capital Related Cost (col. 1 - col 2)           1.00         2.00         3.00           11, 703, 077 2, 464, 770 508, 972 0 191, 657 14, 868, 476         0 11, 703, 077 2, 464, 770 508, 972 0 191, 657         11, 703, 07 2, 464, 770 508, 972 508, 972 508, 972 0 191, 657           11, 703, 077 2, 464, 770 508, 972 0 0         0 11, 703, 07 2, 464, 770 508, 972 508, 972 0         0 11, 703, 07 2, 464, 770 508, 97           11, 703, 077 2, 464, 770 508, 972 0         0 11, 703, 07 2, 464, 770 508, 97         0 191, 65 14, 868, 476           11, 703, 077 6, 240, 57         0 191, 65 14, 868, 476         11, 703, 07 2, 464, 770 508, 97           0         0         191, 65 14, 868, 476         14, 868, 476           11, 1, 657 14, 868, 476         0         191, 65 14, 868, 476           14, 868, 476         11, 868, 476         14, 868, 476           1, 976         2, 444, 33, 458 8, 304         1, 144, 623 1, 976         1, 144, 623 0 0           1, 388         69, 622         0         0	COSTS         Provi der CCN: 15-0082         Peri od: From 10/01/2015 To 09/30/2016           Title XVIII         Hospi tal           Capi tal Related Cost (from Wkst. B, Part II, col. 26)         Swing Bed Adj ustment         Reduced Capi tal Related Cost (col. 1 - col. 2)         Total Pati ent Days           11, 703, 077         0         11, 703, 077         118, 370           2, 464, 770         2, 464, 770         118, 370           508, 972         508, 972         508, 972           0         191, 657         0           14, 868, 476         14, 868, 476           Inpati ent Program days         Inpati ent Program Capi tal Cost (col. 5 x col. 6)           6.00         7.00           45, 347         4, 483, 458           8, 304         1, 144, 623           1, 976         241, 526           0         0           1, 388         69, 622	COSTS         Provider CCN: 15-0082         Period: From 10/01/2015 To 09/30/2016         Worksheet D Part I Date/Time Pre 2/27/2017 10: 2/27/2017 1

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provider C		Peri od:	Worksheet D	
				From 10/01/2015 To 09/30/2016		narod
				10 09/30/2010	2/27/2017 10:	18 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,	Part I, col.		. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVICE COST CENTERS	7 070 050		0.00550		1 005 7//	
50. 00 05000 OPERATING ROOM	7, 870, 050					
54. 00 05400 RADI OLOGY-DI AGNOSTI C	4, 288, 120					•
55. 00 05500 RADI OLOGY-THERAPEUTI C	604, 440					
59. 00 05900 CARDI AC CATHETERI ZATI ON	691, 786					
60. 00 06000 LABORATORY	3, 440, 839					
64.00 06400 INTRAVENOUS THERAPY	131, 898					
65. 00 06500 RESPIRATORY THERAPY	399, 772					
66.00 06600 PHYSI CAL THERAPY	552, 024					
69. 00 06900 ELECTROCARDI OLOGY	197, 048					
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	500, 996					
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	833, 633					
73. 00 07300 DRUGS CHARGED TO PATIENTS	2,056,224					
74.00 07400 RENAL DIALYSIS	80, 493					
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0.00000	0 0	0	76.00
OUTPATIENT SERVICE COST CENTERS	054 700	5 503 014				
90. 00 09000 CLINIC	351, 732					
90. 01 09001 FAMILY PRACTICE CLINIC	350, 130					
90. 02 09002 OUTPATIENT PSYCH SERVICES	194, 195				-	
90. 03 09003 I NFUSI ON CENTER	158, 314					
90. 04 09004 PRI MARY CARE FOR SENI ORS	104, 670					
90. 05 09005 PALN MANAGEMENT	271, 491					
90. 06 09006 WOUND CARE CENTER	62, 937					
90. 07 09007 SLEEP CENTER	353, 096					90.07
90. 08 09008 MED/ONCOLOGY	108, 994					90.08
91. 00 09100 EMERGENCY	2, 678, 160					91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	1, 745, 324	22, 289, 600	0. 07830	2, 598, 785	203, 490	92.00
OTHER REI MBURSABLE COST CENTERS	000 504	00 000 447	0.0404			04 00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	998, 584				-	
200.00   Total (lines 50-199)	29, 024, 950	1, 732, 178, 506	I	321, 216, 866	4, 796, 811	200.00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COST			Period: From 10/01/2015 To 09/30/2016	Date/Time Pre 2/27/2017 10:	
i			XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School	Cost	All Other Medical Education Cos		Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 32. 00 03200 CORONARY CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT	0 0 0 0	850, 214 239, 805 106, 482 0		0 0 0 0	850, 214 239, 805 106, 482 0	31.00
40. 00 04000 SUBPROVIDER - IPF	0	10, 718		0 0	10, 718	40.00
200.00 Total (lines 30-199)	0	1, 207, 219	1	0	1, 207, 219	200.00
Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS		-				
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 32. 00 03200 CORONARY CARE UNIT	118, 370 17, 882 4, 164	13. 41	8, 30	111, 357		30.00 31.00 32.00
33. 00 03300 BURN I NTENSI VE CARE UNI T 40. 00 04000 SUBPROVI DER – I PF	4, 104 0 3, 821	0. 00		0 0		33.00 40.00
200.00 Total (lines 30-199)	144, 237		57, 01	5 491, 374		200.00

Health Financial Systems	DEACONESS H	IOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	VICE OTHER PASS	Provider C		Peri od:	Worksheet D	
THROUGH COSTS				From 10/01/2015	Part IV	
				To 09/30/2016	Date/Time Pre 2/27/2017 10:	pared:
		Title	× XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician				Total Cost	
	Anesthetist	5		Medi cal	(sum of col 1	
	Cost			Educati on Cost	through col.	
					4)	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	179, 78	4 0	179, 784	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	38, 63	2 0	38, 632	59.00
60. 00 06000 LABORATORY	0	0		0 0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	11, 97	6 0	11, 976	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 PATIENTS	0	0		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	405, 85	8 0	405, 858	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 CLINIC	0	0		0 0	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	0		0 0	0	90.01
90. 02 09002 OUTPATI ENT PSYCH SERVI CES	0	0		0 0	0	90.02
90. 03 09003 INFUSION CENTER	0	0		0 0	0	90.03
90. 04 09004 PRIMARY CARE FOR SENIORS	0	0		0 0	0	90.04
90. 05 09005 PALN MANAGEMENT	0	0		0 0	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
90. 08 09008 MED/ONCOLOGY	0	0		0 0	0	90.08
91.00 09100 EMERGENCY	0	0	9,60	0 0	9, 600	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	126, 79	2 0	126, 792	92.00
OTHER REIMBURSABLE COST CENTERS				-		
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0 0		
200.00  Total (lines 50-199)	0	0	772, 64	2 0	772, 642	200. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PAS	S Provider C		Period: From 10/01/2015 To 09/30/2016		pared: 18 am
		Title	× XVIII	Hospi tal	PPS	
Cost Center Description	Total	Total Charges	Ratio of Cos		Inpati ent	
	Outpati ent	(from Wkst. C,		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)			7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	179, 784	308, 628, 820				50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	356, 777, 526	0.00000	0 0.000000	42, 554, 106	54.00
55. 00 05500 RADI OLOGY - THERAPEUTI C	0	01/20//00/				55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	38, 632					
60. 00 06000 LABORATORY	0					60.00
64. 00 06400 I NTRAVENOUS THERAPY	11, 976				1, 814, 036	64.00
65. 00 06500 RESPI RATORY THERAPY	0	29, 419, 298				65.00
66. 00 06600 PHYSI CAL THERAPY	0	72, 400, 247				66.00
69. 00 06900 ELECTROCARDI OLOGY	0	35, 194, 618				
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29, 363, 048	0.00000	0 0.000000	8, 281, 597	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	53, 594, 077			16, 561, 396	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	405, 858					73.00
74.00 07400 RENAL DIALYSIS	0	8, 390, 917	0.00000	0 0.000000	4, 210, 058	74.00
76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0.00000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	5, 587, 011	0.00000			90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	3, 102, 928	0.00000	0.000000	4, 123	90. 01
90. 02 09002 OUTPATIENT PSYCH SERVICES	0	3, 902, 659	0.00000	0.000000	0	90. 02
90.03 09003 INFUSION CENTER	0	12, 567, 906	0. 00000	0.000000	85, 698	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	1, 668, 625	0. 00000	0.000000	4, 123	90.04
90. 05 09005 PALN MANAGEMENT	0	33, 904, 862	0. 00000	0.000000	2, 425	90.05
90.06 09006 WOUND CARE CENTER	0	2, 332, 405	0. 00000	0.000000	8, 051	90.06
90. 07 09007 SLEEP CENTER	0	7, 838, 861	0. 00000	0.000000	12, 923	90.07
90. 08 09008 MED/ONCOLOGY	0	1, 201, 614	0. 00000	0.000000	6, 111	90.08
91.00 09100 EMERGENCY	9,600	197, 792, 163	0. 00004	9 0.000049	34, 797, 931	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	126, 792	22, 289, 600	0. 00568	8 0.005688	2, 598, 785	92.00
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	22, 888, 417	0.00000	0 0.00000	0	96.00
200.00   Total (lines 50-199)	772, 642	1, 732, 178, 506	1		321, 216, 866	200.00

Health Financial Systems	DEACONESS H	IOSPI TAL		In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEE THROUGH COSTS	RVICE OTHER PASS	Provider C		Period: From 10/01/2015 To 09/30/2016	2/27/2017 10:18 am
		Title	XVIII	Hospi tal	PPS
Cost Center Description	I npati ent	Outpati ent	Outpatient		
	Program	Program	Program		
	Pass-Through	Charges	Pass-Throug		
	Costs (col. 8		Costs (col.	9	
	x col. 10)		x col. 12)		
	11.00	12.00	13.00		
ANCI LLARY SERVI CE COST CENTERS					
50.00 05000 OPERATI NG ROOM	27, 567	31, 745, 164			50.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	66, 575, 249		0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	12, 098, 233		0	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	11, 290	6, 280, 128		75	59.00
60. 00 06000 LABORATORY	0	11, 517, 836		0	60.00
64.00 06400 INTRAVENOUS THERAPY	5, 555	2, 397		7	64.00
65. 00 06500 RESPI RATORY THERAPY	0	605, 466		0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	936, 797		0	66.00
69. 00 06900 ELECTROCARDI OLOGY	0	3, 433, 580		0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3, 297, 993		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	4, 165, 957		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	87, 308	38, 528, 021	65, 1	39	73.00
74. 00 07400 RENAL DI ALYSI S	0	451, 479		0	74.00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0	76.00
OUTPATIENT SERVICE COST CENTERS					
90. 00 09000 CLINIC	0	1, 660, 397		0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	293, 779		0	90.01
90. 02 09002 OUTPATI ENT PSYCH SERVICES	0	190, 985		0	90.02
90.03 09003 INFUSION CENTER	0	4, 390, 404		0	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	976, 125		0	90.04
90. 05 09005 PALN MANAGEMENT	0	12, 959, 405		0	90.05
90.06 09006 WOUND CARE CENTER	0	1, 013, 224	1	0	90.06
90. 07 09007 SLEEP CENTER	0	2, 453, 396	1	0	90.07
90. 08 09008 MED/ONCOLOGY	0	478, 319		0	90.08
91.00 09100 EMERGENCY	1, 705	21, 558, 945	1, 0	56	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	14, 782	2, 494, 325	14, 1	38	92.00
OTHER REIMBURSABLE COST CENTERS	· ·		· · · ·		
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0	96.00
200.00 Total (lines 50-199)	148, 207	228, 107, 604	104, 2	22	200.00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Pre 2/27/2017 10:	pared: 18 am
		Title	e XVIII	Hospi tal	PPS	10 4
			Charges		Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
	Ratio From	Services (see	Reimbursed	Reimbursed	(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	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATING ROOM	0. 214885			0 1	6, 821, 560	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 082594			21 23, 923	5, 498, 716	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 174676			0 0	2, 113, 271	1
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 114352			0 0	718, 145	1
60. 00 06000 LABORATORY	0. 224734				2, 588, 449	1
64.00 06400 INTRAVENOUS THERAPY	0. 763424			0 0	1, 830	
65. 00 06500 RESPI RATORY THERAPY	0. 205409			0 0	124, 368	
66. 00 06600 PHYSI CAL THERAPY	0. 155084	936, 797		0 0	145, 282	
69. 00 06900 ELECTROCARDI OLOGY	0. 087674	3, 433, 580		0 0	301, 036	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 471741	3, 297, 993		0 0	1, 555, 799	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 468652			0 0	1, 952, 384	
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 257620	38, 528, 021	23	33 555, 451	9, 925, 589	
74. 00 07400 RENAL DI ALYSI S	0. 262476			0 0	118, 502	74.00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000	0		0 0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0. 638292			0 0	1, 059, 818	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0. 846145	293, 779		0 9	248, 580	90.01
90. 02 09002 OUTPATIENT PSYCH SERVICES	0. 460838	190, 985		0 0	88, 013	90.02
90. 03 09003 INFUSION CENTER	0. 134424	4, 390, 404		0 0	590, 176	90.03
90. 04 09004 PRIMARY CARE FOR SENIORS	1. 216322	976, 125		0 34	1, 187, 282	90.04
90. 05 09005 PALN MANAGEMENT	0. 126677	12, 959, 405		0 0	1, 641, 659	90.05
90.06 09006 WOUND CARE CENTER	0. 505530			0 0	512, 215	90.06
90. 07 09007 SLEEP CENTER	0. 444979	2, 453, 396	,	0 0	1, 091, 710	90.07
90. 08 09008 MED/ONCOLOGY	0. 594594	478, 319	,	0 0	284, 406	90.08
91.00 09100 EMERGENCY	0. 161624	21, 558, 945		0 12	3, 484, 443	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 637214	2, 494, 325		0 10	1, 589, 419	92.00
OTHER REIMBURSABLE COST CENTERS			·			1
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0. 475406	0	)	0 0	0	96.00
200.00 Subtotal (see instructions)		228, 107, 604	9, 95	52 579, 440	43, 642, 652	200.00
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges						
202.00 Net Charges (line 200 +/- line 201)		228, 107, 604	9, 95	52 579, 440	43, 642, 652	202.00

lealth Financial Syste	ems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS	-2552-1
APPORTIONMENT OF MEDI	CAL, OTHER HEALTH SERVICES AND	) VACCINE COST	Provider C	CN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Pr 2/27/2017 10	epared: ):18 am
			Title	XVIII	Hospi tal	PPS	
		Cos	sts				
Cost Cent	er Description	Cost	Cost				
		Rei mbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
	OF COST OFNITEDS	6.00	7.00				_
50. 00 05000 OPERATING	CE COST CENTERS	0	0				50.00
54. 00 05400 RADI OLOGY		0	0 1, 976				54.00
55. 00 05500 RADI OLOGY		2	1,970				55.00
59. 00 05900 CARDI AC 0		0	0				59.00
59.00 05900 CARDIAC C		2, 179	0				60.00
54. 00 06400 INTRAVENO		2,179	0				64.0
55. 00 06500 RESPI RATO		0	0				65.0
55. 00 06500 RESPTRATE		0	0				66.0
69. 00 06900 ELECTROCA		0	0				69.0
	SUPPLIES CHARGED TO PATIENTS	0	0				71.0
	CHARGED TO PATIENTS	0					72.00
	RGED TO PATIENTS	60	143, 095				73.0
74.00 07400 RENAL DIA		0	0				74.0
	RIC/PSYCHOLOGICAL SERVICES	0	0				76.0
	/I CE_COST_CENTERS	0	0				- /0.0
90. 00 09000 CLINIC		0	0				90.0
90.01 09001 FAMILY PR	ACTICE CLINIC	0	8				90.0
	IT PSYCH SERVICES	0	0				90.0
0. 03 09003 I NFUSI ON		0	0				90.0
	CARE FOR SENIORS	0	41				90.0
0. 05 09005 PAIN MANA		0	0				90.0
90.06 09006 WOUND CAF		0	0				90.0
90.07 09007 SLEEP CEN		0	0				90.0
90.08 09008 MED/ONCOL		0	0				90.0
91.00 09100 EMERGENCY		0	2				91.0
	ON BEDS (NON-DISTINCT PART)	0	6				92.0
	ABLE COST CENTERS						
	IEDI CAL EQUI P-RENTED	0	0				96.00
200.00 Subtotal	(see instructions)	2, 241	145, 128				200.00
	Clinic Lab. Services-Program	0					201.00
Only Char							
202.00 Net Charc	jes (line 200 +/- line 201)	2, 241	145, 128				202.00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provi der C		Period: From 10/01/2015		
		Component	CCN: 15-S082	To 09/30/2016	Date/Time Pre 2/27/2017 10:	pared: 18 am
		Title	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS			0.0055			
50. 00 05000 OPERATI NG ROOM	7, 870, 050				228	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	4, 288, 120					54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	604, 440				0	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	691, 786				0	59.00
60. 00 06000 LABORATORY	3, 440, 839				3, 934	60.00
64. 00 06400 I NTRAVENOUS THERAPY	131, 898				0	64.00
65. 00 06500 RESPI RATORY THERAPY	399, 772				37	65.00
66. 00 06600 PHYSI CAL THERAPY	552, 024				0	66.00
69. 00 06900 ELECTROCARDI OLOGY	197, 048					69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	500, 996					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	833, 633				0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,056,224				1, 603	
74.00 07400 RENAL DIALYSIS	80, 493					74.00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0.0000	0 0	0	76.00
OUTPATIENT SERVICE COST CENTERS	1		1			
90. 00 09000 CLINIC	351, 732					90.00
90.01 09001 FAMILY PRACTICE CLINIC	350, 130				-	90. 01
90. 02 09002 OUTPATIENT PSYCH SERVICES	194, 195				0	90. 02
90. 03 09003 INFUSION CENTER	158, 314				0	90. 03
90. 04 09004 PRIMARY CARE FOR SENIORS	104, 670				0	90.04
90. 05 09005 PALN MANAGEMENT	271, 491				0	90.05
90.06 09006 WOUND CARE CENTER	62, 937				0	90.06
90. 07 09007 SLEEP CENTER	353, 096				0	90.07
90. 08 09008 MED/ONCOLOGY	108, 994				0	90. 08
91.00 09100 EMERGENCY	2, 678, 160					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	22, 289, 600	0.0000	0 00	0	92.00
OTHER REIMBURSABLE COST CENTERS	-	1	1	_		
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	998, 584					
200.00   Total (lines 50-199)	27, 279, 626	1, 732, 178, 506	1	771, 316	10, 357	200. 00

Heal th	Financial Systems	DEACONESS H	OSPI TAL		In Lie	u of Form CMS-:	2552-10
APPORT	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	VICE OTHER PASS	Provider C	CN: 15-0082	Peri od:	Worksheet D	
THROUG	GH COSTS		Component	CCN: 15-S082	From 10/01/2015 To 09/30/2016		nared
			•			2/27/2017 10:	
			Title	e XVIII	Subprovider -	PPS	
		New Discretesters N			I PF	Total Cost	
	Cost Center Description	Non Physician N Anesthetist	ursing school	Allied Healt	h All Other Medical	(sum of col 1	
		Cost			Education Cost		
		0031				4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS			1			
50.00	05000 OPERATING ROOM	0	0	179, 7	34 0	179, 784	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	38, 6	32 0	38, 632	
60.00 64.00	06000 LABORATORY 06400 I NTRAVENOUS THERAPY	0	0	11, 9	0 0	0 11, 976	60.00 64.00
65.00	06500 RESPIRATORY THERAPY	0	0	11, 9	0 0	0	
66. 00	06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
69.00	06900 ELECTROCARDI OLOGY	0	0			0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	405, 8	58 0	405, 858	
74.00	07400 RENAL DIALYSIS	0	0		0 0	0	1
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 PSYCH SERVICES	0	0		0 0	0	90.02
	09003 I NFUSI ON CENTER	0	0		0 0	0	90.03
90.04	09004 PRI MARY CARE FOR SENI ORS	0	0		0 0	0	90.04
90.05	09005 PALN MANAGEMENT	0	0		0 0	0	90.05
90. 06 90. 07	09006 WOUND CARE CENTER 09007 SLEEP CENTER	0	0		0 0	0	90.06 90.07
90.07 90.08	09007 SLEEP CENTER	0	0		0 0	0	90.07
90.08 91.00	09100 EMERGENCY	0	0	9,60		9, 600	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	9,00		9,000	
,2.00	OTHER REIMBURSABLE COST CENTERS		0	1	0	0	,2.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0 0	0	96.00
200.00		0	0	645, 8	50 0	645, 850	
	· · ·						

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PAS	S Provider C		Peri od:	Worksheet D	
THROUGH COSTS		Component	CCN: 15-S082	From 10/01/2015 To 09/30/2016	Part IV Date/Time Pre	narod
		component	CCN. 15-5062	10 09/30/2010	2/27/2017 10:	
		Title	e XVIII	Subprovider -	PPS	
	T			I PF		
Cost Center Description	Total	Total Charges			Inpati ent	
	Outpati ent	(from Wkst. C,		Ratio of Cost	Program	
	Cost (sum of		(col. 5 ÷ col		Charges	
	col. 2, 3 and	8)	7)	(col. 6 ÷ col.		
	4)	7.00		7)	10.00	
	6.00	7.00	8.00	9.00	10.00	
ANCI LLARY SERVICE COST CENTERS	470 704	000 (00 000	0.00050	0.000500	0.044	50.00
50. 00 05000 OPERATING ROOM	179, 784				8, 941	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0				60, 469	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0				0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	38, 632				0	
60. 00 06000 LABORATORY	0				227, 917	60.00
64.00 06400 I NTRAVENOUS THERAPY	11, 976				0	64.00
65. 00 06500 RESPI RATORY THERAPY	0				2, 711	65.00
66. 00 06600 PHYSI CAL THERAPY	0	1 12/ 100/ 21/			0	66.00
69. 00 06900 ELECTROCARDI OLOGY	0				2, 763	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0				613	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0				0	
73.00 07300 DRUGS CHARGED TO PATIENTS	405, 858				187, 012	73.00
74.00 07400 RENAL DIALYSIS	0				0	
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0.0000	0. 000000	0	76.00
OUTPATIENT SERVICE COST CENTERS	1		1			
90. 00 09000 CLINIC	0				0	
90.01 09001 FAMILY PRACTICE CLINIC	0				0	90.01
90. 02 09002 OUTPATIENT PSYCH SERVICES	0	3, 902, 659			0	90.02
90. 03 09003 INFUSION CENTER	0	12/00///00			0	90.03
90. 04 09004 PRI MARY CARE FOR SENI ORS	0	1, 668, 625			0	90.04
90. 05 09005 PALN MANAGEMENT	0	33, 904, 862			0	90.05
90.06 09006 WOUND CARE CENTER	0	2, 332, 405			0	90.06
90. 07 09007 SLEEP CENTER	0	7, 838, 861			0	90.0
90. 08 09008 MED/ONCOLOGY	0	.,			0	90.08
91. 00 09100 EMERGENCY	9,600				280, 890	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	22, 289, 600	0.0000	0. 000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0			0. 000000	0	96.00
200.00 Total (lines 50-199)	645 850	1, 732, 178, 506			771, 316	200 00

Heal th Financi	al Systems	DEACONESS H	OSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTI ONMENT	OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	Provider C	CN: 15-0082	Peri od:	Worksheet D	
THROUGH COSTS			Component	CON. 15 COOD	From 10/01/2015 To 09/30/2016	Part IV	norod.
			Component	CCN: 15-S082	To 09/30/2016	Date/Time Pre 2/27/2017 10:	
			Title	e XVIII	Subprovider -	PPS	TO UIII
				-	I PF		
Co	ost Center Description	I npati ent	Outpati ent	Outpati ent			
		Program	Program	Program			
		Pass-Through	Charges	Pass-Throug			
		Costs (col. 8		Costs (col.	9		
		x col. 10)		x col. 12)			
		11.00	12.00	13.00			
	RY SERVICE COST CENTERS	-					
	PERATING ROOM	5	C	2	0		50.00
	ADI OLOGY-DI AGNOSTI C	0	(	0	0		54.00
	ADI OLOGY-THERAPEUTI C	0	C		0		55.00
	ARDI AC CATHETERI ZATI ON	0	C	D	0		59.00
	ABORATORY	0	C	D	0		60.00
	NTRAVENOUS THERAPY	0	C	D	0		64.00
	ESPI RATORY THERAPY	0	C	D	0		65.00
	HYSI CAL THERAPY	0	C	D	0		66.00
	LECTROCARDI OLOGY	0	C	D	0		69.00
	EDICAL SUPPLIES CHARGED TO PATIENTS	0	C	D	0		71.00
	MPL. DEV. CHARGED TO PATIENTS	0	C	D	0		72.00
	RUGS CHARGED TO PATIENTS	316	C	D	0		73.00
	ENAL DIALYSIS	0	C		0		74.00
	SYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	)	0		76.00
	ENT SERVICE COST CENTERS			1			
90.00 09000 CL		0	C	D	0		90.00
	AMILY PRACTICE CLINIC	0	C	D	0		90.01
	UTPATIENT PSYCH SERVICES	0	C	D	0		90.02
	NFUSION CENTER	0	C	D	0		90.03
	RIMARY CARE FOR SENIORS	0	C	D	0		90.04
	AIN MANAGEMENT	0	C	) )	0		90.05
	OUND CARE CENTER	0	C	) )	0		90.06
	LEEP CENTER	0	C	) )	0		90.07
	ED/ONCOLOGY	0	C		0		90.08
	MERGENCY	14	C		0		91.00
	BSERVATION BEDS (NON-DISTINCT PART)	0	0	)	0		92.00
	EIMBURSABLE COST CENTERS			1			
	URABLE MEDICAL EQUIP-RENTED	0	C		0		96.00
200.00 To	otal (lines 50-199)	335	C	2	0		200.00

Health Financial Systems	DEACONESS	DEACONESS HOSPI TAL			u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPIT	AL COSTS	STS Provider CCN: 15-0		From 10/01/2015		pared: 18 am
			e XIX	Hospi tal	PPS	
Cost Center Description	Capital Related Cost	Swing Bed Adjustment	Reduced Capi tal	Days	Per Diem (col. 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	11, 703, 077	0	11, 703, 07	7 118, 370	98.87	30.00
31.00 INTENSIVE CARE UNIT	2, 464, 770		2, 464, 77	0 17, 882	137.84	31.00
32.00 CORONARY CARE UNIT	508, 972		508, 97	2 4, 164	122.23	32.00
33.00 BURN INTENSIVE CARE UNIT	0		(	0 0	0.00	33.00
40.00 SUBPROVIDER - IPF	191, 657	0	191, 65	7 3, 821	50.16	40.00
200.00 Total (lines 30-199)	14, 868, 476		14, 868, 47	5 144, 237		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	3, 734					30.00
31.00 INTENSIVE CARE UNIT	978	134, 808	8			31.00
32.00 CORONARY CARE UNIT	311	38, 014	•			32.00
33.00 BURN INTENSIVE CARE UNIT	0	0				33.00
40. 00 SUBPROVI DER – I PF	127	6, 370				40.00
200.00 Total (lines 30-199)	5, 150	548, 373				200. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provider C		Period:	Worksheet D	
				From 10/01/2015	Part II	
				To 09/30/2016	Date/Time Pre 2/27/2017 10:	pared: 18 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS		1	1			
50.00 05000 OPERATI NG ROOM	7, 870, 050					
54. 00 05400 RADI OLOGY-DI AGNOSTI C	4, 288, 120					54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	604, 440					55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	691, 786					
60. 00 06000 LABORATORY	3, 440, 839					60.00
64.00 06400 I NTRAVENOUS THERAPY	131, 898					64.00
65. 00 06500 RESPI RATORY THERAPY	399, 772					65.00
66. 00 06600 PHYSI CAL THERAPY	552, 024					66.00
69. 00 06900 ELECTROCARDI OLOGY	197, 048					
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	500, 996					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	833, 633					
73.00 07300 DRUGS CHARGED TO PATIENTS	2,056,224					73.00
74.00 07400 RENAL DIALYSIS	80, 493					
76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0.00000	0 0	0	76.00
OUTPATIENT SERVICE COST CENTERS		r				
90. 00 09000 CLINIC	351, 732					90.00
90.01 09001 FAMILY PRACTICE CLINIC	350, 130					90. 01
90. 02 09002 OUTPATI ENT PSYCH SERVI CES	194, 195				-	90. 02
90. 03 09003 INFUSION CENTER	158, 314					90. 03
90. 04 09004 PRI MARY CARE FOR SENI ORS	104, 670				0	90.04
90. 05 09005 PALN MANAGEMENT	271, 491					90.05
90.06 09006 WOUND CARE CENTER	62, 937					
90. 07 09007 SLEEP CENTER	353, 096					90. 07
90. 08 09008 MED/ONCOLOGY	108, 994				73	90. 08
91.00 09100 EMERGENCY	2, 678, 160					
92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)	1, 745, 324	22, 289, 600	0. 07830	2 385, 652	30, 197	92.00
OTHER REIMBURSABLE COST CENTERS				_		
96.00 09600 DURABLE MEDI CAL EQUI P-RENTED	998, 584				-	96.00
200.00  Total (lines 50-199)	29, 024, 950	1, 732, 178, 506	1	86, 621, 997	1, 294, 077	200.00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COS			Period: From 10/01/2015 To 09/30/2016	Date/Time Pre 2/27/2017 10:	
			e XIX	Hospi tal	PPS	
Cost Center Description	Nursing School	Cost	All Other Medical Education Cos		Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T	0	850, 214 239, 805		0 0 0	850, 214 239, 805	30.00 31.00
32. 00 03200 CORONARY CARE UNI T	0	106, 482		0	106, 482	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0		0	0	33.00
40. 00 04000 SUBPROVIDER - IPF	0	10, 718		0 0	10, 718	40.00
200.00 Total (lines 30-199)	0	1, 207, 219		0	1, 207, 219	200.00
Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient 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	118, 370					30.00
31.00 03100 INTENSIVE CARE UNIT	17, 882					31.00
32. 00 03200 CORONARY CARE UNI T	4, 164			1 7, 952		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0.00		0 0		33.00
40. 00 04000 SUBPROVIDER - IPF	3, 821					40.00
200.00  Total (lines 30-199)	144, 237		5, 15	48, 234		200.00

Health Financial Systems	DEACONESS H	IOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	VICE OTHER PASS	Provider C	CN: 15-0082	Peri od:	Worksheet D	
THROUGH COSTS				From 10/01/2015	Part IV	
				To 09/30/2016	Date/Time Pre 2/27/2017 10:	pared: 18 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Non Physician				Total Cost	
	Anestheti st	5		Medi cal	(sum of col 1	
	Cost			Education Cost	through col.	
					4)	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0	179, 78	34 0	179, 784	
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	38, 63	32 0	38, 632	59.00
60. 00 06000 LABORATORY	0	0		0 0	0	
64.00 06400 INTRAVENOUS THERAPY	0	0	11, 9	76 0	11, 976	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 PATIENTS	0	0		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	405, 85	58 0	405, 858	73.00
74.00 07400 RENAL DI ALYSI S	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			1			
90. 00 09000 CLINIC	0	0		0 0	0	
90.01 09001 FAMILY PRACTICE CLINIC	0	0		0 0	0	90.01
90. 02 09002 OUTPATI ENT PSYCH SERVI CES	0	0		0 0	0	90.02
90. 03 09003 INFUSION CENTER	0	0		0 0	0	90.03
90. 04 09004 PRIMARY CARE FOR SENIORS	0	0		0 0	0	90.04
90. 05 09005 PALN MANAGEMENT	0	0		0 0	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
90. 08 09008 MED/ONCOLOGY	0	0		0 0	0	90.08
91.00 09100 EMERGENCY	0	0	9,60	0 0	9, 600	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 0	0	92.00
OTHER REIMBURSABLE COST CENTERS				_		
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0 0		
200.00  Total (lines 50-199)	0	0	645, 85	50 0	645, 850	200. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PAS	S Provider C		Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Pre 2/27/2017 10:	pared: 18 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Total	Total Charges	Ratio of Cos		Inpati ent	
	Outpati ent	(from Wkst. C,	to Charges	Ratio of Cost	Program	
	Cost (sum of	Part I, 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 OPERATING ROOM	179, 784	308, 628, 820				50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	356, 777, 526	0.00000	0 0.000000	10, 574, 018	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	01/20//00/			110, 018	
59. 00 05900 CARDI AC CATHETERI ZATI ON	38, 632				2, 665, 217	59.00
60. 00 06000 LABORATORY	0				13, 300, 033	60.00
64.00 06400 I NTRAVENOUS THERAPY	11, 976				587, 186	64.00
65. 00 06500 RESPI RATORY THERAPY	0	29, 419, 298			4, 595, 668	65.00
66. 00 06600 PHYSI CAL THERAPY	0	72, 400, 247			4, 788, 760	
69. 00 06900 ELECTROCARDI OLOGY	0	35, 194, 618			1, 788, 084	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29, 363, 048	0.00000	0 0.000000	2, 210, 805	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	53, 594, 077			3, 785, 600	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	405, 858				16, 631, 364	73.00
74. 00 07400 RENAL DI ALYSI S	0	8, 390, 917	0.00000	0 0.000000	626, 814	74.00
76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0.00000	0 0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0,007,011			1, 908	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	3, 102, 928	0.00000		2, 778	90.01
90. 02 09002 OUTPATI ENT PSYCH SERVICES	0	3, 902, 659			0	90. 02
90. 03 09003 INFUSION CENTER	0	12, 567, 906	0.00000	0.000000	3, 515	90.03
90. 04 09004 PRIMARY CARE FOR SENIORS	0	1, 668, 625	0.00000	0.000000	0	90.04
90. 05 09005 PALN MANAGEMENT	0	33, 904, 862	0.00000	0.000000	7, 176	90.05
90.06 09006 WOUND CARE CENTER	0	2, 332, 405		0.000000	4, 115	90.06
90. 07 09007 SLEEP CENTER	0	7, 838, 861	0.00000	0.000000	305	90.07
90. 08 09008 MED/ONCOLOGY	0	1, 201, 614			801	90.08
91. 00 09100 EMERGENCY	9, 600					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	22, 289, 600	0.00000	0 0.00000	385, 652	92.00
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0			0 0.00000		96.00
200.00   Total (lines 50-199)	645,850	1, 732, 178, 506	1		86, 621, 997	200.00

Health Financial Systems	DEACONESS H	IOSPI TAL		In Li	eu of Form CMS-2552
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEI THROUGH COSTS	RVICE OTHER PASS	Provider C		Period: From 10/01/201 To 09/30/2010	5 Date/Time Prepare 2/27/2017 10:18 a
			e XIX	Hospi tal	PPS
Cost Center Description	Inpati ent	Outpati ent	Outpati ent		
	Program	Program	Program		
	Pass-Through	Charges	Pass-Throug		
	Costs (col. 8		Costs (col.	9	
	x col. 10)	12.00	x col. 12)		
	11.00	12.00	13.00		
ANCI LLARY SERVICE COST CENTERS	7 700		1	0	
50. 00 05000 OPERATING ROOM	7, 703	C		0	50
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	C	)	0	54
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	C	)	0	55
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 239	C	)	0	59
60. 00 06000 LABORATORY	0	C	)	0	60
54.00 06400 I NTRAVENOUS THERAPY	1, 798	C	)	0	64
55.00 06500 RESPIRATORY THERAPY	0	C	)	0	65
56. 00 06600 PHYSI CAL THERAPY	0	C	)	0	66
59. 00 06900 ELECTROCARDI OLOGY	0	C	)	0	69
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	C	)	0	71
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	C	)	0	72
73. 00 07300 DRUGS CHARGED TO PATIENTS	28, 140	C	)	0	73
74.00 07400 RENAL DIALYSIS	0	C		0	74
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	C	)	0	76
OUTPATIENT SERVICE COST CENTERS					
70. 00 09000 CLINIC	0	C		0	90
20. 01 09001 FAMILY PRACTICE CLINIC	0	C	)	0	90
0. 02 09002 OUTPATIENT PSYCH SERVICES	0	C	)	0	90
0. 03 09003 I NFUSI ON CENTER	0	C	)	0	90
20. 04 09004 PRIMARY CARE FOR SENIORS	0	C	)	0	90
20. 05 09005 PALN MANAGEMENT	0	C	)	0	90
20. 06 09006 WOUND CARE CENTER	0	C		0	90
20. 07 09007 SLEEP CENTER	0	C		0	90
PO. 08 09008 MED/ONCOLOGY	0	C		0	90
91.00 09100 EMERGENCY	556	C		0	91
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	C		0	92
OTHER REIMBURSABLE COST CENTERS	-		I		
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	C		0	96
200.00   Total (lines 50-199)	40, 436	C	)	0	200

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST	Provider C	CN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Pre 2/27/2017 10:	pared: 18 am
		Titl	e XIX	Hospi tal	PPS	
			Charges		Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
		Services (see	Rei mbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins	. Ded. & Coins.		
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	0. 214885			0 19, 125, 203	0	
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 082594			0 40, 579, 036	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 174676	0	)	0 2, 867, 142	0	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 114352	0	)	0 1, 959, 819	0	59.00
60. 00 06000 LABORATORY	0. 224734	0	)	0 17, 847, 921	0	60.00
64.00 06400 I NTRAVENOUS THERAPY	0. 763424	0	)	0 36, 481	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0. 205409	0	)	0 663, 283	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 155084	0		0 801, 501	0	66.00
69. 00 06900 ELECTROCARDI OLOGY	0. 087674	0		0 2, 129, 427	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 471741	0		0 3, 562, 850	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 468652	0		0 1, 974, 226	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 257620	0		0 12, 842, 222	0	73.00
74.00 07400 RENAL DIALYSIS	0. 262476	0		0 42, 149	0	74.00
76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000	0		0 0	0	76.00
OUTPATIENT SERVICE COST CENTERS		•				1
90. 00 09000 CLI NI C	0. 638292	0	)	0 629, 842	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0. 846145	0		0 2, 158, 545	0	90.01
90. 02 09002 OUTPATIENT PSYCH SERVICES	0. 460838	0		0 53, 938	0	90.02
90.03 09003 INFUSION CENTER	0. 134424	0		0 868, 766	0	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	1. 216322	0		0 0	0	90.04
90. 05 09005 PALN MANAGEMENT	0. 126677	0		0 3, 353, 944	0	90.05
90.06 09006 WOUND CARE CENTER	0. 505530	0		0 271, 370	0	90.06
90. 07 09007 SLEEP CENTER	0. 444979	0		0 776, 219	0	90.07
90. 08 09008 MED/ONCOLOGY	0. 594594	0		0 85, 347	0	90.08
91.00 09100 EMERGENCY	0. 161624	0		0 35, 504, 337	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 637214	0		0 5, 482, 684	0	92.00
OTHER REIMBURSABLE COST CENTERS						1
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0. 475406	0	)	0 0	0	96.00
200.00 Subtotal (see instructions)		0		0 153, 616, 252	0	200. 00
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges						
202.00 Net Charges (line 200 +/- line 201)		0	p	0 153, 616, 252	0	202.00

	Financial Systems	DEACONESS			In Lie	u of Form CMS	-2552-10
APPORT	IONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C		Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Pr 2/27/2017 10	repared: ):18 am
		_	Titl	e XIX	Hospi tal	PPS	
		Cos	sts				
	Cost Center Description	Cost	Cost				
		Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.					
		(see inst.)	(see inst.)	-			
	ANCI LLARY SERVI CE COST CENTERS	6.00	7.00				_
	05000 OPERATING ROOM	0	4, 109, 719				50.00
	05400 RADI OLOGY-DI AGNOSTI C		3, 351, 585	1			54.00
	05500 RADI OLOGY-THERAPEUTI C		500, 821	1			55.00
	05900 CARDI AC CATHETERI ZATI ON		224, 109				59.00
	06000 LABORATORY		4, 011, 035				60.00
	06400 I NTRAVENOUS THERAPY		27, 850				64.00
	06500 RESPIRATORY THERAPY		136, 244	1			65.00
	06600 PHYSI CAL THERAPY		124, 300				66.00
	06900 ELECTROCARDI OLOGY		186, 695				69.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1, 680, 742				71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	925, 225	•			72.00
	07300 DRUGS CHARGED TO PATIENTS	0	3, 308, 413	1			73.00
	07400 RENAL DIALYSIS	0	11, 063				74.00
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0				76.00
	OUTPATIENT SERVICE COST CENTERS	-	-	1			
	09000 CLI NI C	0	402, 023				90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	1, 826, 442				90.01
90.02	09002 OUTPATI ENT PSYCH SERVICES	0	24, 857				90.02
90.03	09003 INFUSION CENTER	0	116, 783				90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0				90.04
90.05	09005 PAIN MANAGEMENT	0	424, 868				90.05
90.06	09006 WOUND CARE CENTER	0	137, 186				90.06
	09007 SLEEP CENTER	0	345, 401				90.07
	09008 MED/ONCOLOGY	0	50, 747				90.08
	09100 EMERGENCY	0					91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3, 493, 643				92.00
	OTHER REIMBURSABLE COST CENTERS	1	1				
	09600 DURABLE MEDICAL EQUIP-RENTED	0	-	•			96.00
200.00		0	31, 158, 104				200.00
201.00		0					201.00
	Only Charges						
202.00	Net Charges (line 200 +/- line 201)	0	31, 158, 104				202.00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provider Component	CN: 15-0082 CCN: 15-S082	Period: From 10/01/2015 To 09/30/2016		pared: 18 am
		Titl	e XIX	Subprovider - IPF	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVICE COST CENTERS					-	
50. 00 05000 OPERATI NG ROOM	7, 870, 050				-	50.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	4, 288, 120					54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	604, 440				0	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	691, 786				0	59.00
60. 00 06000 LABORATORY	3, 440, 839				4, 625	60.00
64.00 06400 INTRAVENOUS THERAPY	131, 898				0	64.00
65. 00 06500 RESPI RATORY THERAPY	399, 772				2	65.00
66. 00 06600 PHYSI CAL THERAPY	552, 024				0	66.00
69. 00 06900 ELECTROCARDI OLOGY	197, 048					69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	500, 996					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	833, 633	53, 594, 077			0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,056,224				1, 423	
74.00 07400 RENAL DIALYSIS	80, 493	8, 390, 917			0	74.00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0.0000	0 00	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	351, 732				0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	350, 130	3, 102, 928			0	90.01
90. 02 09002 OUTPATIENT PSYCH SERVICES	194, 195	3, 902, 659			0	90.02
90. 03 09003 INFUSION CENTER	158, 314	12, 567, 906			0	90.03
90. 04 09004 PRIMARY CARE FOR SENIORS	104, 670	1, 668, 625	0.06272	28 0	0	90.04
90. 05 09005 PALN MANAGEMENT	271, 491	33, 904, 862	0.00800	0 07	0	90.05
90.06 09006 WOUND CARE CENTER	62, 937	2, 332, 405	0. 0269	34 0	0	90.06
90. 07 09007 SLEEP CENTER	353, 096	7, 838, 861	0. 04504	44 0	0	90.07
90. 08 09008 MED/ONCOLOGY	108, 994	1, 201, 614	0. 09070	0 0	0	90.08
91.00 09100 EMERGENCY	2, 678, 160	197, 792, 163	0. 01354	40 445, 138	6, 027	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	22, 289, 600			0	92.00
OTHER REIMBURSABLE COST CENTERS						]
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	998, 584	22, 888, 417	0.0436	28 0	0	96.00
200.00 Total (lines 50-199)	27, 279, 626	1, 732, 178, 506		948, 471	12, 877	200. 00

Heal th	Financial Systems	DEACONESS H	IOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORT	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	VICE OTHER PASS	Provider C	CN: 15-0082	Peri od:	Worksheet D	
THROUG	H COSTS		Component	CCN: 15-S082	From 10/01/2015 To 09/30/2016		narod
			component	JON: 13-3002	10 097 307 2010	2/27/2017 10:	
			Titl	e XIX	Subprovider -	PPS	
					IPF		
	Cost Center Description	Non Physician N Anesthetist	lursi ng School	Allied Healt	h All Other Medical	Total Cost	
		Cost			Education Cost	(sum of col 1	
		COST				4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS	· · · ·			!		
50.00	05000 OPERATI NG ROOM	0	0	179, 78	34 0	179, 784	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	
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	38, 6	32 0	38, 632	59.00
60.00	06000 LABORATORY	0	0		0 0	0	60.00
64.00	06400 I NTRAVENOUS THERAPY	0	0	11, 9	76 0	11, 976	64.00
65.00	06500 RESPI RATORY THERAPY	0	0		0 0	0	
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	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	405, 8	58 0	405, 858	
74.00	07400 RENAL DI ALYSI S	0	0		0 0	0	
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 0	0	76.00
	OUTPATIENT SERVICE COST CENTERS	-				-	
90.00	09000 CLINIC	0	0		0 0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0		0 0	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0		0 0	0	90.02
	09003 I NFUSI ON CENTER	0	0		0 0	0	90.03
90.04	09004 PRI MARY CARE FOR SENI ORS	0	0		0 0	0	90. 04 90. 05
90. 05 90. 06	09005 PAIN MANAGEMENT 09006 WOUND CARE CENTER	0	0		0 0	0	90.05
	09007 SLEEP CENTER	0	0		0 0	0	90.08
90.07 90.08	09007 SLEEP CENTER	0	0		0 0	0	90.07
90.08 91.00	09100 EMERGENCY	0	0	9,60		9, 600	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	7,00		9,000 0	
72.00	OTHER REIMBURSABLE COST CENTERS	U U	0	l	<u>v</u> 0	0	/2.00
96 00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0 0	0	96.00
200.00		0	0		-	-	
0			Ū.	1 2.070	<b>U</b>	1 2.2,000	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PAS	S Provider C		Peri od:	Worksheet D	
THROUGH COSTS		Component	CCN: 15-S082	From 10/01/2015 To 09/30/2016	Part IV Date/Time Pre	norod.
		component	CCN: 15-5082	To 09/30/2016	2/27/2017 10:	
		Titl	e XIX	Subprovider -	PPS	<u></u>
				I PF		
Cost Center Description	Total	Total Charges			Inpati ent	
	Outpati ent	(from Wkst. C,		Ratio of Cost	Program	
	Cost (sum of		(col. 5 ÷ col		Charges	
	col. 2, 3 and	8)	7)	(col. 6 ÷ col.		
	4)	7.00		7)	10.00	
	6.00	7.00	8.00	9.00	10.00	
ANCI LLARY SERVICE COST CENTERS	170 704	200 (20 020	0.00050		0	50.00
50. 00 O5000 OPERATI NG ROOM	179, 784				0	
54.00 O5400 RADI OLOGY-DI AGNOSTI C	0				65, 630	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0				0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	38, 632				0	
60. 00 06000 LABORATORY	0	,			267, 940	
64. 00 06400 I NTRAVENOUS THERAPY	11, 976				0	64.00
65. 00 06500 RESPI RATORY THERAPY	0				165	
66. 00 06600 PHYSI CAL THERAPY	0				0	66.00
69. 00 06900 ELECTROCARDI OLOGY	0	00/17/010			1, 632	
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0				108	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0				0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	405, 858				165, 936	
74.00 07400 RENAL DIALYSIS	0				0	
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0.00000	0.00000	0	76.00
		F F07 011	0.0000		0	
90. 00 09000 CLINIC	0				0	
90. 01 09001 FAMILY PRACTICE CLINIC 90. 02 09002 OUTPATIENT PSYCH SERVICES	0				0	90.01 90.02
	0	-,,			0	90.02
		12/00///00			0	90.03
90. 04 09004 PRI MARY CARE FOR SENI ORS 90. 05 09005 PAI N MANAGEMENT	-	.,			0	90.04
90. 05 09005 PATN MANAGEMENT 90. 06 09006 WOUND CARE CENTER	0	2, 332, 405			0	90.05
90. 06 09008 WOUND CARE CENTER 90. 07 09007 SLEEP CENTER			0.00000		-	90.08
	0	.,			0	90.07
90. 08 09008 MED/ONCOLOGY 91. 00 09100 EMERGENCY	0	.,			0 445, 138	
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,600				445, 138 1, 922	91.00
	0	22, 289, 600	0.0000	0.00000	1, 922	92.00
OTHER REIMBURSABLE COST CENTERS 96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	22, 888, 417	0.00000	0. 000000	0	96.00
200.00 Total (lines 50-199)		22, 888, 417		0.00000	948, 471	
200.00  10tal (11185 30-199)	040,850	1, / 32, 1/0, 500	1		940, 471	IZUU. UU

Health Financial Systems	DEACONESS H	OSPI TAL		In Lie	u of Form CMS-2552-1
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEA	RVICE OTHER PASS	Provider C	CN: 15-0082	Peri od:	Worksheet D
THROUGH COSTS			001 45 0000	From 10/01/2015	Part IV
		Component	CCN: 15-S082	To 09/30/2016	Date/Time Prepared: 2/27/2017 10:18 am
		Titl	e XIX	Subprovider -	PPS
				IPF	
Cost Center Description	I npati ent	Outpati ent	Outpati ent		
	Program	Program	Program		
	Pass-Through	Charges	Pass-Throug		
	Costs (col. 8		Costs (col.		
	x col. 10)		x col. 12)		
	11.00	12.00	13.00		
ANCI LLARY SERVI CE COST CENTERS	-		1	-	
50. 00 05000 OPERATI NG ROOM	0	C		0	50.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	C	D	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	C	D	0	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	C	D	0	59.00
60. 00 06000 LABORATORY	0	C		0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	C		0	64.00
65. 00 06500 RESPI RATORY THERAPY	0	C		0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	C		0	66.00
69. 00 06900 ELECTROCARDI OLOGY	0	C		0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	C		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	281	C		0	73.00
74.00 07400 RENAL DIALYSIS	0	C		0	74.00
76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	C		0	76.00
OUTPATIENT SERVICE COST CENTERS					
90. 00 09000 CLINIC	0	C	)	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	C		0	90.01
90. 02 09002 OUTPATIENT PSYCH SERVICES	0	C		0	90.02
90. 03 09003 INFUSION CENTER	0	C		0	90.03
90. 04 09004 PRIMARY CARE FOR SENIORS	0	C		0	90.04
90. 05 09005 PALN MANAGEMENT	0	C		0	90.05
90.06 09006 WOUND CARE CENTER	0	C		0	90.06
90. 07 09007 SLEEP CENTER	0	C	b	0	90.07
90. 08 09008 MED/ONCOLOGY	0	C		0	90.08
91. 00 09100 EMERGENCY	22	C		0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	C	b	0	92.00
OTHER REI MBURSABLE COST CENTERS			1	-	
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	(	b	0	96.00
200.00 Total (lines 50-199)	303	C		Ő	200.00
				- 1	12001 00

	Financial Systems DEACONESS HO ATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0082	Peri od:	u of Form CMS-2 Worksheet D-1	
			From 10/01/2015 To 09/30/2016	Date/Time Pre 2/27/2017 10:	
	Cost Center Description	Title XVIII	Hospi tal	PPS	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS			110.070	
. 00 . 00	Inpatient days (including private room days and swing-bed day Inpatient days (including private room days, excluding swing-			118, 370 118, 370	
. 00	Private room days (excluding swing-bed and observation bed da	<b>J</b> ,	ivate room days,	0	
. 00	do not complete this line. Semi-private room days (excluding swing-bed and observation b	ed davs)		100, 717	4.0
. 00	Total swing-bed SNF type inpatient days (including private ro		r 31 of the cost	0	
. 00	reporting period Total swing-bed SNF type inpatient days (including private ro	om davs) after December	31 of the cost	0	6. C
. 00	reporting period (if calendar year, enter 0 on this line)	5.		0	0.0
. 00	Total swing-bed NF type inpatient days (including private roo reporting period	m days) through December	31 of the cost	0	7.0
. 00	Total swing-bed NF type inpatient days (including private roo	m days) after December 3	1 of the cost	0	8.0
. 00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable t	o the Drearsm (eveluding	swing bod and	45, 347	9.0
. 00	newborn days)		swillg-bed and	45, 547	9.0
0. 00	Swing-bed SNF type inpatient days applicable to title XVIII o through December 31 of the cost reporting period (see instruc		oom days)	0	10.0
1. 00	Swing-bed SNF type inpatient days applicable to title XVIII o		oom days) after	0	11.0
2.00	December 31 of the cost reporting period (if calendar year, e Swing-bed NF type inpatient days applicable to titles V or XI		a room days)	0	12.0
2.00	through December 31 of the cost reporting period	x only (including privat	e room days)	0	12.0
3.00	Swing-bed NF type inpatient days applicable to titles V or XI after December 31 of the cost reporting period (if calendar y			0	13.0
4.00	Medically necessary private room days applicable to the Progr	am (excluding swing-bed	days)	0	14.0
	Total nursery days (title V or XIX only)		-	0	
6.00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16.0
7.00	Medicare rate for swing-bed SNF services applicable to servic	es through December 31 c	f the cost	0.00	17.0
8. 00	reporting period Medicare rate for swing-bed SNF services applicable to servic	es after December 31 of	the cost	0.00	18.0
9. 00	reporting period Medicaid rate for swing-bed NF services applicable to service	s through December 31 of	the cost	0.00	19.0
0. 00	reporting period Medicaid rate for swing-bed NF services applicable to service	s after December 31 of t	he cost	0.00	20.0
1. 00	reporting period Total general inpatient routine service cost (see instruction	e)		95, 238, 477	21. (
2.00	Swing-bed cost applicable to SNF type services through Decemb	2	ing period (line	95, 236, 477	
3. 00	5 x line 17) Swing-bed cost applicable to SNF type services after December	21 of the cost reportin	a ported (line 6	0	23.0
3.00	x line 18)	ST OF the cost reportin	g period (rine o	0	23.0
4.00	Swing-bed cost applicable to NF type services through Decembe 7 x line 19)	er 31 of the cost reporti	ng period (line	0	24.0
5.00	Swing-bed cost applicable to NF type services after December	31 of the cost reporting	period (line 8	0	25. C
6. 00	x line 20) Total swing-bed cost (see instructions)			0	26. C
7.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		95, 238, 477	27.0
8. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-be	d and observation bed ch	arges)	0	28.0
9.00	Private room charges (excluding swing-bed charges)		3 /	0	
0. 00 1. 00	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27	÷line 28)		0 0. 000000	30. 0 31. 0
2.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
3. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 mi		tions)	0.00	
5.00 6.00	Average per diem private room cost differential (line 34 x li Private room cost differential adjustment (line 3 x line 35)	ne 31)		0.00	
7.00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	95, 238, 477	
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				-
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ				
	Adjusted general inpatient routine service cost per diem (see			804.58	1
9.00 0.00	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Progr			36, 485, 289 0	
	Total Program general inpatient routine service cost (line 39			36, 485, 289	

OMPUTATION OF INPATIENT OPERATING COST		Provider CO		'eri od:	eu of Form CMS- Worksheet D-1	
				rom 10/01/2015 o 09/30/2016		
			XVIII	Hospi tal	PPS	10 01
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
2.00 NURSERY (title V & XIX only)						42.
Intensive Care Type Inpatient Hospital Units	00.07(.000	47.000	4 007 04	0.004	40.055.004	1 40
3. OO   INTENSIVE CARE UNIT 4. OO   CORONARY CARE UNIT	23, 376, 028 5, 852, 967					
5. 00 BURN INTENSIVE CARE UNIT	5, 852, 907					
5. 00 SURGICAL INTENSIVE CARE UNIT	0		0.00	C C		46.
7. 00 OTHER SPECIAL CARE (SPECIFY)						47.
Cost Center Description					1.00	
3.00 Program inpatient ancillary service cost (Wks	st D-3 col 3	line 200)			1.00	9 48.
9.00 Total Program inpatient costs (sum of lines 4			ns)		119, 027, 164	
PASS THROUGH COST ADJUSTMENTS	<u> </u>	•				
D.00 Pass through costs applicable to Program inpa	atient routine	services (from	Wkst. D, sum	of Parts I and	6, 357, 081	I 50.
) 1.00  Pass through costs applicable to Program inpa	tiont ancillar	sy sorvicos (fr	om Wkst D su	m of Darte II	4, 945, 018	51
and IV)		y services (II	UNI WKSL. D, SU		4, 945, 016	5 51.
2.00 Total Program excludable cost (sum of lines !					11, 302, 099	52.
3.00 Total Program inpatient operating cost exclu		elated, non-phy	sician anesthe	tist, and	107, 725, 065	5 53.
medical education costs (line 49 minus line !	52)					-
TARGET AMOUNT AND LIMIT COMPUTATION 4.00 Program discharges						54.
5.00 Target amount per discharge						55.
5.00 Target amount (line 54 x line 55)					c	56.
7.00 Difference between adjusted inpatient operati	ng cost and ta	arget amount (I	ine 56 minus I	ine 53)	0	
3.00 Bonus payment (see instructions) 9.00 Lesser of lines 53/54 or 55 from the cost rep	orting poriod	onding 1004	ndated and com	nounded by the	0.00	
market basket	boi tring period	enuring 1990, u	puateu anu com	pounded by the	0.00	59.
0.00 Lesser of lines 53/54 or 55 from prior year of	cost report, up	dated by the m	arket basket		0.00	60.
1.00 If line 53/54 is less than the lower of line					C	) 61.
which operating costs (line 53) are less than amount (line 56), otherwise enter zero (see i		s (lines 54 x	60), or 1% of	the target		
2.00 Relief payment (see instructions)	nstructions)				0	62.
3.00 Allowable Inpatient cost plus incentive payme	ent (see instru	uctions)				
PROGRAM INPATIENT ROUTINE SWING BED COST						
4.00 Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of the	cost reportin	g period (See	C	64.
instructions)(title XVIII only) 5.00 Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the c	ost reporting	neriod (See	c	65.
instructions) (title XVIII only)			ost reporting			
5.00 Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 plus line 6	5)(title XVIII	only). For	C	) 66.
CAH (see instructions)	accta through	December 21 a	f the east rem	onting poriod	0	
7.00 Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)	e costs through	December 31 0	i the cost rep	orting period		67.
3.00 Title V or XIX swing-bed NF inpatient routine	e costs after D	ecember 31 of	the cost repor	ting period	0	68.
(line 13 x line 20)						
9.00 Total title V or XIX swing-bed NF inpatient			,		0	) 69.
PART III - SKILLED NURSING FACILITY, OTHER NU D. 00 Skilled nursing facility/other nursing facili						70.
1.00 Adjusted general inpatient routine service co						71.
2.00 Program routine service cost (line 9 x line	71)					72.
3.00 Medically necessary private room cost applica			ne 35)			73.
4.00 Total Program general inpatient routine servi 5.00 Capital-related cost allocated to inpatient i	•	,	orksheet P Do	rt II column		74.
26, line 45)	Satine selvice	(11000 W	UNANCEL D, Pà	ren, corumn		/ .
6.00 Per diem capital-related costs (line 75 ÷ li	ne 2)					76.
7.00 Program capital-related costs (line 9 x line						77.
3.00 Inpatient routine service cost (line 74 minus		rovidor rocord	c)			78.
<ol> <li>Aggregate charges to beneficiaries for excess</li> <li>Total Program routine service costs for comparison</li> </ol>	• •		· · ·	s line 79)		79. 80.
.00 Inpatient routine service cost per diem limi				- · · · · · · · · · · · · · · · · · · ·		81.
. 00 Inpatient routine service cost limitation (I		)				82.
8.00 Reasonable inpatient routine service costs (		is)				83.
4.00 Program inpatient ancillary services (see ins						84.
5.00 Utilization review - physician compensation 5.00 Total Program inpatient operating costs (sum						85. 86.
6.00 Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS					1	- 00.
7.00 Total observation bed days (see instructions)					17, 653	8 87.
3.00 Adjusted general inpatient routine cost per o	diem (line 27 ÷	line 2)			804.58	
9.00 Observation bed cost (line 87 x line 88) (see					14, 203, 251	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 10/01/2015	Worksheet D-1	
				To 09/30/2016		pared: 18 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (	COST					
90.00 Capital-related cost	11, 703, 077	95, 238, 477	0. 12288	2 14, 203, 251	1, 745, 324	90.00
91.00 Nursing School cost	0	95, 238, 477	0.00000	0 14, 203, 251	0	91.00
92.00 Allied health cost	850, 214	95, 238, 477	0.00892	7 14, 203, 251	126, 792	92.00
93.00 All other Medical Education	0	95, 238, 477	0.00000	0 14, 203, 251	0	93.00

<b>IPUT</b>	TION OF INPATIENT OPERATING COST	Provider CCN: 15-0082	Period: From 10/01/2015	Worksheet D-1	
		Component CCN: 15-S082	To 09/30/2016	Date/Time Pre 2/27/2017 10:	
		Title XVIII	Subprovider - IPF	PPS	
	Cost Center Description		-	1.00	
- H	PART I - ALL PROVIDER COMPONENTS		4		
	NPATIENT DAYS	c oveluding nowhern)		2 001	1 1
	Inpatient days (including private room days and swing-bed day Inpatient days (including private room days, excluding swing-			3, 821 3, 821	2
	Private room days (excluding swing-bed and observation bed da	5,	ivate room days,	0,021	
	do not complete this line.		-		
	Semi-private room days (excluding swing-bed and observation b		r 21 of the east	3, 821	4
	Total swing-bed SNF type inpatient days (including private ro reporting period	om days) through Decembe	r 31 of the cost	0	5
	Total swing-bed SNF type inpatient days (including private ro	om days) after December	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)	-			
	Total swing-bed NF type inpatient days (including private roo	m days) through December	31 of the cost	0	7
	reporting period Total swing-bed NF type inpatient days (including private roo	m davs) after December 3	1 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)			0	
	Total inpatient days including private room days applicable t	o the Program (excluding	swing-bed and	1, 388	9
	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII o	nly (including private r	oom dave)	0	10
00	through December 31 of the cost reporting period (see instruc	tions)	uays)	0	
00	Swing-bed SNF type inpatient days applicable to title XVIII o	nly (including private r	oom days) after	0	11
	December 31 of the cost reporting period (if calendar year, e			_	
	Swing-bed NF type inpatient days applicable to titles V or XI. through December 31 of the cost reporting period	X only (including privat	e room days)	0	12
	Swing-bed NF type inpatient days applicable to titles V or XI.	X only (including privat	e room davs)	0	13
	after December 31 of the cost reporting period (if calendar y	ear, enter O on this lin	e)		
	Medically necessary private room days applicable to the Progr	am (excluding swing-bed	days)	0	
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0	
	SWING BED ADJUSTMENT			0	
	Medicare rate for swing-bed SNF services applicable to servic	es through December 31 o	f the cost	0.00	17
00	reporting period Medicare rate for swing-bed SNF services applicable to servic	os aftar Dacambar 21 of	the cost	0.00	10
	reporting period	es al tel December 31 01	the cost	0.00	
	Medicaid rate for swing-bed NF services applicable to service	s through December 31 of	the cost	0.00	19
	reporting period			0.00	
	Medicaid rate for swing-bed NF services applicable to service reporting period	s after December 31 of t	ne cost	0.00	20
	Total general inpatient routine service cost (see instruction	s)		2, 148, 065	21
	Swing-bed cost applicable to SNF type services through Decemb	er 31 of the cost report	ing period (line	0	22
	5 x line 17) Swigg had and and include to SNE type and include Star December			0	
	Swing-bed cost applicable to SNF type services after December x line 18)	31 OF the cost reportin	g period (inne o	0	23
	Swing-bed cost applicable to NF type services through Decembe	r 31 of the cost reporti	ng period (line	0	24
	7 x line 19)			_	
	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reporting	period (line 8	0	25
	Total swing-bed cost (see instructions)			0	26
	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		2, 148, 065	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-be Private room charges (excluding swing-bed charges)	d and observation bed ch	arges)	0	
	Semi-private room charges (excluding swing-bed charges)			0	
	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0. 000000	
00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32
	Average semi-private room per diem charge (line 30 ÷ line 4)	nuc line 22) (cas instant	tions)	0.00	
	Average per diem private room charge differential (line 32 mi Average per diem private room cost differential (line 34 x li		u uns)	0.00 0.00	
	Private room cost differential adjustment (line 3 x line 35)			0.00	
00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	2, 148, 065	
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	ISTMENTS			
	Adjusted general inpatient routine service cost per diem (see			562.17	38
	Program general inpatient routine service cost (line 9 x line			780, 292	
	Medically necessary private room cost applicable to the Progr			0	
00	Total Program general inpatient routine service cost (line 39	+ line 40)		780, 292	1 41

DMPUT	Financial Systems TATION OF INPATIENT OPERATING COST	DEACONESS HC	Provider C	CN: 15-0082	Period:	eu of Form CMS- Worksheet D-1	
			Component	CCN: 15-S082	From 10/01/2015 To 09/30/2016	Date/Time Pre	
			Title	XVIII	Subprovider -	2/27/2017 10: PPS	<u>18 a</u>
	Cost Center Description	Total	Total	Average Per	IPF Program Days	Program Cost	
		Inpatient CostIr	patient Days	Diem (col. 1 col. 2)		(col. 3 x col. 4)	
00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.
	Intensive Care Type Inpatient Hospital Units						
. 00	INTENSIVE CARE UNIT	0	0	0.		-	
. 00 . 00	CORONARY CARE UNI T BURN INTENSI VE CARE UNI T	0	0	0. 0.		-	
00	SURGI CAL I NTENSI VE CARE UNI T	0	0	0.	0		40
	OTHER SPECIAL CARE (SPECIFY)						47
	Cost Center Description					1.00	
00	Program inpatient ancillary service cost (Wks	st. D-3, col. 3,	line 200)			155, 483	3 48
	Total Program inpatient costs (sum of lines			ns)		935, 775	5 49
. 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inpa	atient routine se	ervices (from	Wkst. D. su	n of Parts I and	73, 522	2 50
. 00	Pass through costs applicable to Program inpa and IV)	atient ancillary	services (fr	om Wkst. D,	sum of Parts II	10, 692	2 51
. 00	Total Program excludable cost (sum of lines !	50 and 51)				84, 214	52
. 00	Total Program inpatient operating cost exclude		ated, non-phy	sician anest	netist, and	851, 561	53
	medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION	o2)					1
. 00	Program di scharges					0	54
. 00	Target amount per discharge					0.00	
00	Target amount (line 54 x line 55)				1: 50)	0	
00 00	Difference between adjusted inpatient operati Bonus payment (see instructions)	ng cost and targ	jet amount (i	ine 56 minus	Tine 53)		
00	Lesser of lines 53/54 or 55 from the cost rep	porting period er	nding 1996, u	pdated and c	ompounded by the		
	market basket	0.1	0		, ,		
. 00	Lesser of lines 53/54 or 55 from prior year of					0.00	
. 00	If line 53/54 is less than the lower of lines which operating costs (line 53) are less than					C	61
	amount (line 56), otherwise enter zero (see i		(11163 54 X		the target		
. 00	Relief payment (see instructions)					0	
. 00	Allowable Inpatient cost plus incentive payme	ent (see instruct	i ons)			0	) 63
. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Decemb	per 31 of the	cost report	ng period (See	C	64
	instructions)(title XVIII only)						
. 00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts after December	31 of the c	ost reporting	g period (See	0	) 65
. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line 64	l plus line 6	5)(title XVI	l only). For	l o	66
	CAH (see instructions)		·		57		
. 00	Title V or XIX swing-bed NF inpatient routine	e costs through [	December 31 o	f the cost r	eporting period	0	67
. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routing	e costs after Dec	ember 31 of	the cost rep	ortina period	c	68
	(line 13 x line 20)						
. 00	Total title V or XIX swing-bed NF inpatient N PART III - SKILLED NURSING FACILITY, OTHER NU			,		0	69
. 00	Skilled nursing facility/other nursing facili				)		70
. 00	Adjusted general inpatient routine service co	<b>J</b>			, ,		71
00	Program routine service cost (line 9 x line			1			72
. 00 . 00	Medically necessary private room cost applica Total Program general inpatient routine servi	0	•				73
. 00	Capital -related cost allocated to inpatient	•			Part II, column		75
	26, line 45)						
. 00	Per diem capital related costs (line 75 ÷ lin Program capital related costs (line 9 × line						76
. 00 . 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						77
00	Aggregate charges to beneficiaries for excess		vider record	s)			79
00	Total Program routine service costs for compa		st limitation	(line 78 mi	nus line 79)		80
. 00	Inpatient routine service cost per diem limi						81
. 00 . 00	Inpatient routine service cost limitation (li Reasonable inpatient routine service costs (s						82
. 00	Program inpatient ancillary services (see ins						84
. 00	Utilization review - physician compensation		5)				85
. 00	Total Program inpatient operating costs (sum		ough 85)				86
. 00	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions)					C	87
	Adjusted general inpatient routine cost per o		ine 2)			0.00	
. 00							

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 10/01/2015	Worksheet D-1	
		Component (	CCN: 15-S082	To 09/30/2016	Date/Time Prep 2/27/2017 10:	pared: 18 am
		Title	XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	191, 657	2, 148, 065	0. 08922	3 0	0	90.00
91.00 Nursing School cost	0	2, 148, 065	0. 00000	0 0	0	91.00
92.00 Allied health cost	10, 718	2, 148, 065	0. 00499	0 0	0	92.00
93.00 All other Medical Education	0	2, 148, 065	0.00000	0 0	0	93.00

	Financial Systems DEACONESS HO ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	u of Form CMS-2 Worksheet D-1 Date/Time Pre	
		Title XIX		2/27/2017 10: PPS	
	Cost Center Description		Hospi tal	J	
	PART I - ALL PROVIDER COMPONENTS			1.00	
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed day	s excluding newborn)		118, 370	1
00	Inpatient days (including private room days and swing-bed day Inpatient days (including private room days, excluding swing-			118, 370	
00	Private room days (excluding swing-bed and observation bed da		ivate room days,	0	3
00	do not complete this line. Semi-private room days (excluding swing-bed and observation b	ed days)		100, 717	
00	Total swing-bed SNF type inpatient days (including private ro		er 31 of the cost	0	
00	reporting period	am dava) after December	21 of the east	0	
00	Total swing-bed SNF type inpatient days (including private ro reporting period (if calendar year, enter 0 on this line)	om days) after December	31 OF THE COST	0	6
00	Total swing-bed NF type inpatient days (including private roo	m days) through December	31 of the cost	0	7
00	reporting period Total swing-bed NF type inpatient days (including private roo	m davs) after December 3	1 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line)	5.1		Ũ	
00	Total inpatient days including private room days applicable t newborn days)	o the Program (excluding	swing-bed and	3, 734	
. 00	Swing-bed SNF type inpatient days applicable to title XVIII o	nly (including private r	room days)	0	10
00	through December 31 of the cost reporting period (see instruc			0	1.
. 00	Swing-bed SNF type inpatient days applicable to title XVIII o December 31 of the cost reporting period (if calendar year, e		oom days) arter	0	11
. 00	Swing-bed NF type inpatient days applicable to titles V or XI		e room days)	0	12
00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI	X only (including privat	e room davs)	0	13
	after December 31 of the cost reporting period (if calendar y	ear, enter 0 on this lir	ie)		
. 00	Medically necessary private room days applicable to the Progr Total nursery days (title V or XIX only)	am (excluding swing-bed	days)	0	
	Nursery days (title V or XIX only)			0	
	SWING BED ADJUSTMENT		<b>2</b>		
. 00	Medicare rate for swing-bed SNF services applicable to servic reporting period	es through December 31 c	of the cost	0.00	17
. 00	Medicare rate for swing-bed SNF services applicable to servic reporting period	es after December 31 of	the cost	0.00	18
. 00	Medicaid rate for swing-bed NF services applicable to service	s through December 31 of	the cost	0.00	19
. 00	reporting period Medicaid rate for swing-bed NF services applicable to service	s after December 31 of t	he cost	0.00	20
00	reporting period Total general inpatient routine service cost (see instruction	c)		95, 238, 477	21
	Swing-bed cost applicable to SNF type services through Decemb		ing period (line	93, 230, 477 0	
00	5 x line 17)	21 of the east reporting	a paried (line (	0	23
. 00	Swing-bed cost applicable to SNF type services after December x line 18)	ST OF THE COST TEPOTT	ig period (Time o	0	
. 00	Swing-bed cost applicable to NF type services through Decembe $7 \times 1$ (ine 19)	r 31 of the cost reporti	ng period (line	0	24
. 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) Total swing-bed cost (see instructions)			0	26
	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		95, 238, 477	27
. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-be	d and observation bed ch	arges)	0	28
. 00	Private room charges (excluding swing-bed charges)		5 /	0	29
	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27	÷ line 28)		0.000000	30
	Average private room per diem charge (line 29 ÷ line 3)	÷ 1111e 20)		0.00	
. 00	Average semi-private room per diem charge (line 30 ÷ line 4)		+:>	0.00	
	Average per diem private room charge differential (line 32 mi Average per diem private room cost differential (line 34 x li		τιons)	0.00 0.00	
. 00	Private room cost differential adjustment (line 3 x line 35)			0.00	
. 00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	95, 238, 477	37
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ				
	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line			804.58 3,004,302	
	Medically necessary private room cost applicable to the Progr			3,004,302	
	Total Program general inpatient routine service cost (line 39			3, 004, 302	41

OMPUTATION OF INPATIENT (	OPERATING COST		Provider C		Period: From 10/01/2015 Fo 09/30/2016		
						2/27/2017 10:	
Cost Center De	escription	Total Inpatient Costl	Total	e XIX Average Per Diem (col. 1 col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
	VIV. oply()	1.00	2.00	3.00	4.00	5.00	112
2.00 NURSERY (title V & Intensive Care Type	Inpatient Hospital Units						42.
3. 00 INTENSIVE CARE UNIT		23, 376, 028	17, 882	1, 307. 2	4 978	1, 278, 481	43.
4. 00 CORONARY CARE UNIT		5, 852, 967	4, 164				
5. 00 BURN INTENSIVE CARE		0	0	0.00	0 0	C	
5. 00 SURGI CAL INTENSI VE 7. 00 OTHER SPECIAL CARE							46.
Cost Center De	• •						47.
	•					1.00	
	ncillary service cost (Wk			>		18, 842, 491	
P. 00 Total Program inpat PASS THROUGH COST A	ient costs (sum of lines	41 through 48)(	see instructio	ns)		23, 562, 419	9 49.
	applicable to Program inp	atient routine :	services (from	Wkst. D. sum	of Parts I and	589, 880	50.
111)							
5	applicable to Program inp	atient ancillar	y services (fr	om Wkst. D, su	um of Parts II	1, 334, 513	3 51.
and IV) 2.00 Total Program exclu	dable cost (sum of lines	50 and 51)				1, 924, 393	52.
5	ient operating cost exclu		lated, non-phv	sician anesthe	etist, and	21, 638, 026	
medical education c	<u>osts (line 49 minus line</u>						
TARGET AMOUNT AND L	IMIT COMPUTATION						
1.00 Program discharges 5.00 Target amount per d	ischarge					0.00	
.00 Target amount (line						0.00	
	adjusted inpatient operat	ing cost and ta	rget amount (I	ine 56 minus l	ine 53)	0	
.00 Bonus payment (see						0	
	54 or 55 from the cost re	porting period	endi ng 1996, u	pdated and cor	npounded by the	0.00	59
market basket 0.00 Lesser of lines 53/	54 or 55 from prior year	cost report up	dated by the m	arket basket		0.00	60
	ss than the lower of line				the amount by	0.00	
	ts (line 53) are less tha		s (lines 54 x	60), or 1% of	the target		
	therwise enter zero (see	instructions)					10
2.00 Relief payment (see 3.00 Allowable Inpatient	cost plus incentive paym	ent (see instru	ctions)				
	OUTINE SWING BED COST						, 00.
	SNF inpatient routine cos	sts through Dece	mber 31 of the	cost reportin	ng period (See	0	64.
instructions) (title		to often Decemb	on 21 of the o	oot roporting	noniad (Coo		
5.00 Medicare swing-bed instructions)(title	SNF inpatient routine cos	sts after Decembe	er 31 of the c	ost reporting	period (See	C	65.
	g-bed SNF inpatient routi	ne costs (line )	64 plus line 6	5)(title XVIII	only). For	c c	66.
CAH (see instructio	ns)				•		
	g-bed NF inpatient routir	ne costs through	December 31 o	f the cost rep	orting period	0	67.
(line 12 x line 19) 8.00 Title V or XIX swin	g-bed NF inpatient routir	ne costs after De	ecember 31 of	the cost repo	ting period	c	68.
(line 13 x line 20)						_	
	X swing-bed NF inpatient					C	) 69.
	NURSING FACILITY, OTHER N ility/other nursing facil					1	70.
5	patient routine service of	5		. ,			71.
3	vice cost (line 9 x line						72
	private room cost applic			ne 35)			73
5 5	al inpatient routine serv	•		ankah+ P C	wet 11'		74.
5.00 Capital-related cos 26, line 45)	t allocated to inpatient	routine service	COSTS (from W	orksneet B, Pa	art II, column		75.
	lated costs (line 75 ÷ li	ne 2)					76.
	ated costs (line 9 x line						77.
	ervice cost (line 74 minu						78.
00 0	o beneficiaries for exces				is line 70)		79
e e e e e e e e e e e e e e e e e e e	ne service costs for comp ervice cost per diem limi		UST THE LATION		15 11110 /9)		80
	ervice cost limitation (I		)				82
.00 Reasonable inpatien	t routine service costs (	see instruction					83
	ncillary services (see ir		``````````````````````````````````````				84.
1	<ul> <li>physician compensation</li> <li>ient operating costs (sum</li> </ul>						85.
	ient operating costs (sum ON OF OBSERVATION BED PAS					1	86.
	ed days (see instructions					17, 653	8 87.
3.00 Adjusted general in	patient routine cost per	•	line 2)			804.58	
	t (line 87 x line 88) (se					14, 203, 251	1 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 10/01/2015	Worksheet D-1	
				To 09/30/2016		pared: 18 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (	COST					
90.00 Capital-related cost	11, 703, 077	95, 238, 477	0. 12288	2 14, 203, 251	1, 745, 324	90.00
91.00 Nursing School cost	0	95, 238, 477	0.00000	0 14, 203, 251	0	91.00
92.00 Allied health cost	850, 214	95, 238, 477	0.00892	7 14, 203, 251	126, 792	92.00
93.00 All other Medical Education	0	95, 238, 477	0.00000	0 14, 203, 251	0	93.00

Component COX: 15-3082         To         OP/202101         District Te Preparation           If it is XIX         Supprovider         PP         PP           Impatt ent days (including private room days, ack lding samp-bed un endowron days)         3.821         3.821           Impatt ent days (including private room days, including private room days)         If you have only private room days         3.821           Insport end days (including private room days, including private room days)         If you have only private room days         3.821           If it is an apped St type inpatient days (including private room days)         If the cost         0         6           If out a sing-bed St type inpatient days (including private room days)         If the cost         0         7           If out a sing-bed St type inpatient days (including private room days)         If the cost         0         7           If out a sing-bed St type inpatient days (including private room days)         If the cost         0         7           If out a sing-bed St type inpatient days (including private room days)         If the cost         0         7	DMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0082	Peri od:	Worksheet D-1	
Cost Center Description         1.00           Impatient days (including private room days and swing-bed days, excluding newtorn)         3,821           Impatient days (including private room days and swing-bed days). If you have only private room days, excluding swing-bed and exervation bed days)         3,821           Intrait services room days (excluding swing-bed and observation bed days). If you have only private room days, and and room days and swing-bed and exervation bed days)         3,821           Intrait services room days (excluding private room days). If you have only private room days. Through December 31 of the cost reporting period (if calendar year, enter 0 on this line)         3,821           Intrait services room days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)         0           Intait services room days of the cost reporting period (if calendar year, enter 0 on this line)         0           Intait services room days of the cost reporting period (if calendar year, enter 0 on this line)         0           Intait services room days of the cost reporting period (if calendar year, enter 0 on this line)         0           Intait services room days applicable to title VIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)         0           Intait services room days applicable to titles VIII only (including private room days)         0         10           Intait services applicable to services attractors in this line) <td< th=""><th></th><th></th><th></th><th></th><th>2/27/2017 10:</th><th></th></td<>					2/27/2017 10:	
PART I         ALL PROVIDER COMPONENTS           IMPATION CAYS         Impatient Cay Components           IMPATION CAYS         Impatient Cay Components           Impatient Cay Components         3,821           Impatient Cay Component         3,821			Title XIX		PPS	
IMPAIL FMT DAYS         Institute trading private room days and swing-bed days, excluding newborn)         3.821           0         Inpatient days (including private room days, accluding swing-bed and notcorn days)         3.821           0         Private room days (accluding swing-bed and observation bed days)         3.821           0         Total swing-bed SWE type inpatient days (including private room days) arter december 31 of the cost         0           0         Total swing-bed SWE type inpatient days (including private room days) arter december 31 of the cost         0           0         Total swing-bed SWE type inpatient days (including private room days) after december 31 of the cost         0           0         Total swing-bed SWE type inpatient days (including private room days) after december 31 of the cost         0           0         Total swing-bed SWE type inpatient days and including private room days) after december 31 of the cost         0           0         Total swing-bed SWE type inpatient days applicable to the Pregram (accluding wing-bed and private room days)         0           0         Total swing-bed SWE type inpatient days applicable to the VP trave form days)         0           0         Total swing-bed SWE type inpatient days applicable to the VP trave form days)         0           0         Total swing-bed SWE type inpatient days applicable to the VP trave form days)         0           0         Total inpatient days		Cost Center Description		-	1.00	
00       Inpatient days (including private room days, acculating swing-bed and newtorn days)       3.821         1       inpatient days (including private room days, acculating swing-bed and newtorn days)       3.821         2       Private room days (acculating sing-bed and observation bod days)       3.821         2       Private room days (acculating sing-bed and observation bod days)       3.821         2       Private room days (acculating private room days)       3.821         2       Private room days (acculating private room days)       3.821         2       Private room days (acculating private room days)       3.821         2       Private room days (acculating private room days)       3.821         2       Private room days (acculating private room days)       1000000000000000000000000000000000000				4		
00       Inpatient days (including private room days, excluding swing-bed and neekorm days)       3.821         01       Inpatient days (including swing-bed and observation bed days)       3.821         02       Semi private room days (excluding swing-bed and observation bed days)       0         03       Inpatient days (including private room days) through December 31 of the cost       0         04       Inpatient days (including private room days) after December 31 of the cost       0         05       Total swing-bed KF type inpatient days (including private room days) after December 31 of the cost       0         05       Total swing-bed KF type inpatient days (including private room days) after December 31 of the cost       0         06       Total swing-bed KF type inpatient days applicable to the Program (excluding swing-bed and neekorm days)       127         07       Total swing-bed KF type inpatient days applicable to the WIII only (including private room days)       0         08       Swing-bed SF type inpatient days applicable to the WIII only (including private room days)       0         08       Swing-bed SF type inpatient days applicable to the WIII only (including private room days)       0         09       Swing-bed SF type inpatient days applicable to the WIII only (including private room days)       0       12         00       Swing-bed KF type inpatient days applicable to the Program (excluding swing-bed and neekorm days)					0.001	
00         Private room days do not complete this line.         0         3           00         Senior private room days do not complete this line.         3         2           00         Senior private room days fittal senior bask SW type inpatient days (including private room days) through December 31 of the cost reporting peried (if calendar year, enter 0 on this line).         0         6           00         Total senior bask SW type inpatient days (including private room days) after December 31 of the cost reporting peried (if calendar year, enter 0 on this line).         0         7           00         Total senior bask SW type inpatient days (including private room days) after December 31 of the cost reporting peried (if calendar year, enter 0 on this line).         0         7           01         Total senior bask SW type inpatient days applicable to the Program (excluding senior bask).         0         10           02         Senior bask SW type inpatient days applicable to this VIII only (including private room days).         0         10           03         Senior bask SW type inpatient days applicable to the VIII only (including private room days).         0         10           04         Senior bask SW type inpatient days applicable to the Program (excluding senior bask).         0         10           05         Senior bask SW type inpatient days applicable to the Program (excluding private room days).         0         10           05						1.
db not complete this line.       3.821       4.         0 Semi-private room days (cxcluding aving-bed and observation bed days)       3.821       4.         00 Total swing-bed SW type inpatient days (including private room days) after December 31 of the cost reporting period (if Calendar year, enter 0 on this line)       0         01 Total swing-bed XF type inpatient days (including private room days) after December 31 of the cost reporting period (if Calendar year, enter 0 on this line)       0         01 Total swing-bed XF type inpatient days (including private room days) after December 31 of the cost reporting period (if Calendar year, enter 0 on this line)       0         01 Total swing-bed XF type inpatient days (including private room days) after December 31 of the cost reporting period (if Calendar year, enter 0 on this line)       0         00 Seng-bed SW type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if Calendar year, enter 0 on this line)       0         00 Swing-bed SW type inpatient days applicable to title XVIII only (including private room days)       0       10         01 Swing-bed WF type inpatient days applicable to the Program (excluding swing-bed days)       0       10         02 Swing-bed WF type inpatient days applicable to the Program (excluding swing-bed days)       0       10         03 Swing-bed SW type inpatient days applicable to title XVIII only (including private room days)       0       10         03 Swing-bed SW type inpatient days applica			5,	ivate room davs		
00       Semi-private room days (excluding swing-bed and observation bed days)       3.821       4         01       Total swing-bed SK type inpatient days (including private room days) after December 31 of the cost       0         02       Semi-bed SK type inpatient days (including private room days) through December 31 of the cost       0         03       Total swing-bed NK type inpatient days (including private room days) through December 31 of the cost       0         04       Total swing-bed NK type inpatient days (including private room days) through December 31 of the cost       0         05       Total swing-bed NK type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost       0         05       Swing-bed SK type inpatient days applicable to title XVIII only (including private room days) after       0         06       Swing-bed SK type inpatient days applicable to title VVIII only (including private room days)       0         06       Swing-bed SK type inpatient days applicable to titles VVIII only (including private room days)       0         07       Swing-bed N type inpatient days applicable to titles VVIII only (including private room days)       0         08       Swing-bed N type inpatient days applicable to services through December 31 of the cost       0         08       Swing-bed N type inpatient days applicable to services through December 31 of the cost       0       0         <	00		iys). Th you have only pr	rvate room days,	0	J .
reporting period       interval         Total sing-bed SNF type inpatient days (including private room days) after becember 31 of the cost       private room days)         Total sing-bed WF type inpatient days (including private room days) after December 31 of the cost       private room days)         Total sing-bed WF type inpatient days (including private room days) after December 31 of the cost       private room days)         Total sing-bed WF type inpatient days (including private room days) after December 31 of the cost       private room days)         Total sing-bed WF type inpatient days applicable to the Program (excluding private room days)       private room days)         OT Total inpatient days including private room days applicable to thite XVIII only (including private room days)       private room days)         OT Sing-bed SNF type inpatient days applicable to thite XVIII only (including private room days)       private room days)         OT Sing-bed SNF type inpatient days applicable to thite SV or XIX only (including private room days)       private room days)         OT Sing-bed SNF type inpatient days applicable to the Program (excluding swing-bed days)       private room days)         OT Sing-bed SNF type inpatient days applicable to services through December 31 of the cost       private room days)         OT Sing-bed SNF type inpatient days applicable to services after December 31 of the cost       private room days)         OT Sing-bed SNF type inpatient days applicable to services after December 31 of the cost       private room days) <td>00</td> <td></td> <td>ed days)</td> <td></td> <td>3, 821</td> <td>4.</td>	00		ed days)		3, 821	4.
00       Total swing-bed SW type inpatient days (including private room days) after December 31 of the cost reporting period (if celendar year, enter 0 on this line)       0       7         00       Total swing-bed W type inpatient days (including private room days) after December 31 of the cost reporting period       0       7         00       Total swing-bed W type inpatient days (including private room days) after December 31 of the cost reporting period       0       7         00       Total swing-bed SN type inpatient days applicable to the Program (excluding swing-bed and base SN type inpatient days applicable to the Vita VIII only (including private room days) swing-bed SN type inpatient days applicable to the VII SN VII (SN Call private room days) of Swing-bed SN type inpatient days applicable to the VIII SN VIII (SN Call private room days) after December 31 of the cost reporting period (if celendar year, enter 0 on this line)       0       10         00       Swing-bed NF type inpatient days applicable to the VIII SN VIII (SN Call private room days)       0       11         00       Swing-bed NF type inpatient days applicable to the VIII SN VIII (SN Call private room days)       0       12         00       Swing-bed NF type inpatient days applicable to the VIII SN VIII (SN Call private room days)       0       13         01       Swing-bed NF type inpatient days applicable to the VIII SN VIIII (SN Call private room days)       0       14         02       Swing-bed NF type inpatient days applicable to theres VIII (SN Call private room days)	00		oom days) through Decembe	r 31 of the cost	0	5.
report ing period (if failendar year, enter 0 on this line)       0       7<						
00       Total saming-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period (if calendar year, enter 0 on this line) neokorm days)       0       7         00       Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting days)       0       0         00       Total swing-bed NF type inpatient days applicable to the Program (excluding private room days)       0       0         00       Swing-bed SNF type inpatient days applicable to the View (unding private room days)       0       0         01       Swing-bed SNF type inpatient days applicable to title XVII on VI (including private room days)       0       10         02       Swing-bed SNF type inpatient days applicable to title XVI on VI (including private room days)       0       12         03       Swing-bed NF type inpatient days applicable to title XVI on VI (including private room days)       0       13         affer December 31 of the cost reporting period (if calendar year, enter 0 on this line)       0       14         04       Marsard yeas (title V or XIX only)       0       15         05       Marsard yeas (thie V or XIX only)       0       14         06       Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period (ine for swing-bed SNF services applicable to services after December 31 of the cost reporting period (ine S wing-bed cost applicab	00		oom days) after December	31 OF THE COST	0	6.
reporting period       0         Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost       0         Total swing-bed NF type inpatient days applicable to the Program (excluding swing-bed and networm days)       127         Swing-bed SNF type inpatient days applicable to title XVII only (including private room days) after       11         OS Swing-bed SNF type inpatient days applicable to title XVII only (including private room days) after       11         OS Swing-bed SNF type inpatient days applicable to title XVI only (including private room days)       11         OS Swing-bed SNF type inpatient days applicable to stile XVI only (including private room days)       12         after December 31 of the cost reporting period (if calendary yaer, enter 0 on this line)       13         OD Total swing-bed NF type inpatient days applicable to the Program (excluding swing-bed days)       0         DT Total swing-bed NF type inpatient days applicable to services through December 31 of the cost reporting period (if calendary yaer, enter 0 on this line)       14         OD Madicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period (if calendary yaer, enter 0 on this line)       16         OM Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period (in cost rep	00		m days) through December	31 of the cost	0	7
00       Total swing-bed NF type Inpatient days (Including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) newtorm days)       01       127       9         01       Total Inpatient days including private room days applicable to the Program (excluding swing-bed and newtorm days)       01       10         02       Ming-bed SWF type Inpatient days applicable to title XVIII only (Including private room days) through December 31 of the cost reporting period (see Instructions)       01       11         03       Swing-bed FV type Inpatient days applicable to title XVIII only (Including private room days) after December 31 of the cost reporting period       01       12         04       Swing-bed FV type Inpatient days applicable to title V or XIX only (Including private room days) after December 31 of the cost reporting period (If calendar year, enter 0 on this line)       01       12         05       Minsery days (title V or XIX only)       01       14         04       Minsery days (title V or XIX only)       01       16         05       Ming-bed ADJUSTNMM       00       17       17       00       17         05       Ming-bed SWF services applicable to services after December 31 of the cost       0.00       17         06       Mind Cald rate for swing-bed WF services applicable to services after December 31 of the cost       0.00       0.00       00       02       0.00	00		in days) through becember	ST OF the cost	0	''
00       Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)       127       9         00       Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after becember 31 of the cost reporting period (is calendar year, enter 0 on this line)       01       11         00       Swing-bed SNF type inpatient days applicable to title V V XX only (including private room days) after becember 31 of the cost reporting period (if calendar year, enter 0 on this line)       01         00       Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after becember 31 of the cost reporting period (if calendar year, enter 0 on this line)       01         01       Medically necessary private room days applicable to the Program (excluding swing-bed days)       01       13         02       Medically necessary private room days applicable to services through becember 31 of the cost reporting period       0.00       16         03       Medically necessary private room days applicable to services after December 31 of the cost reporting period       0.00       17         04       Medically necessary private room days applicable to services after December 31 of the cost reporting period       0.00       18         04       Medically necessary private room days applicable to services after December 31 of the cost reporting period       0.00       10         05       Medically nerateror swing-bed NF services	00		om days) after December 3	1 of the cost	0	8.
newtorn days)       0.11       1111       111       111						
0.00       Swing-bed Swi type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (see instructions) through December 31 of the cost reporting period (including private room days)       0       11         0.00       Swing-bed NF type inpatient days applicable to title XVIII only (including private room days)       0       12         0.01       Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)       0       12         0.01       Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)       0       13         0.01       Medically necessary private room days applicable to the Program (excluding swing-bed days)       0       14         0.01       Medical ty necessary private room days applicable to services through December 31 of the cost       0.00       16         0.01       Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost       0.00       16         0.01       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost       0.00       2         0.02       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost       0.00       2         0.02       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost       0.00       2         01       Medicar	00		to the Program (excluding	swing-bed and	127	9
through December 31 of the cost reporting period (see instructions)       0         Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after       0         Do Swing-bed NF type inpatient days applicable to title X vr XIX only (including private room days)       0         Swing-bed NF type inpatient days applicable to title X vr XIX only (including private room days)       0         O Swing-bed NF type inpatient days applicable to title X vr XIX only (including swing-bed days)       0         Medically necessary private room days applicable to title X vr XIX only (including swing-bed days)       0         Modically necessary private room days applicable to the Program (excluding swing-bed days)       0         Nin KG BED ADUSTNEMN       0         O Medicard rate for swing-bed SNF services applicable to services through December 31 of the cost       0.00         Medicard rate for swing-bed SNF services applicable to services after December 31 of the cost       0.00         Medicard rate for swing-bed NF services applicable to services after December 31 of the cost       0.00         Medicard rate for swing-bed NF type services after December 31 of the cost       0.00         Medicard rate for swing-bed NF type services after December 31 of the cost       0.00         Medicard rate for swing-bed NF type services after December 31 of the cost reporting period (line 5 x line 73)       2,148,065         Swing-bed cost applicable to SNF type services after Decemb			oply (including private r	oom dave)	0	10
0.00       Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)       0.11         0.00       Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)       0.12         0.00       Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)       0.13         0.01       Medically necessary private room days applicable to services through December 31 of the cost reporting period       0.16         0.01       Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost 0.00       0.00         0.01       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost 0.00       0.00         0.02       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost 0.00       0.00         0.01       Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost 0.00       0.00         0.02       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 10)       2.148.065         0.03       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 6 x line 20)       2.148.065	. 00	through December 31 of the cost reporting period (see instruc	tions)	oom days)	0	
00       Swing-bed NF type inpatienti days <sup>2</sup> applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period (if Calendar year, enter 0 on this line) after December 31 of the cost reporting period (if Calendar year, enter 0 on this line) 00       13         00       Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if Calendar year, enter 0 on this line) 0       14         00       Medical Ly necessary private room days applicable to the Program (excluding swing-bed days) 0       0       14         00       Medical Porters applicable to services through December 31 of the cost reporting period       0       16         01       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost reporting period       0.00       17         00       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost reporting period       0.00       18         01       Medicaid rate for swing-bed NF services after December 31 of the cost reporting period (line s x line 17)       2,148,065       2         02       Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line x line 18)       2       2         03       Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line x line 20)       2       2         04       Swing-bed cost applicable to NF t	. 00	Swing-bed SNF type inpatient days applicable to title XVIII o	only (including private r	oom days) after	0	11
through December 31 of the cost reporting period       11         0 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)       13         0 Medically incessary private room days applicable to the Program (excluding swing-bed days)       0       14         0 Total nursery days (title V or XIX only)       0       15         0 Nursery days (title V or XIX only)       0       16         0 Wedical rate for swing-bed SWF services applicable to services through December 31 of the cost period       0.00         10 Medicare rate for swing-bed SWF services applicable to services after December 31 of the cost period       0.00         10 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost period       0.00         11 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost period       0.00         11 Total general inpatient routine service cost (see instructions)       2, 148,065       22         12 Ming-bed cost applicable to SWF type services after December 31 of the cost reporting period (line 5 x line 10)       2       2         10 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 5 x line 10)       2       2         10 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 7 x line 10)       2       2						
0.0       Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)       0       13         0.0       Medically necessary private room days applicable to the Program (excluding swing-bed days)       0       14         0.0       Nersery days (title V or XIX only)       0       15         0.0       Nersery days (title V or XIX only)       0       16         0.0       Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period       0.00       17         0.0       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost 0.00       18         0.0       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost 0.00       19         0.0       Medical rate for swing-bed NF services applicable to services after December 31 of the cost 0.00       22         0.0       Ning-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)       2.148.065         0.0       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 6 x line 18)       2         0.0       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 6 x line 20)       2         0.0       Swing-bed cost applicable to NF	2.00		X only (including privat	e room days)	0	12
after December 31 of the cost reporting period (if calendar year, enter 0 n this line)       0         Medically necessary private room days applicable to the Program (excluding swing-bed days)       0         100       Total nursery days (title V or XIX only)       0         100       Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period       0.00         101       Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period       0.00         102       Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period       0.00         103       Medicare for swing-bed NF services applicable to services after December 31 of the cost reporting period       0.00         104       Medicaid rate for swing-bed NF service cost (see instructions)       2.148,065       21         105       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 5 x line 17)       0       2         105       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 20)       2       2         106       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 18)       0       2         107       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) <td>00</td> <td></td> <td>Y only (including privat</td> <td>a room dave)</td> <td>0</td> <td>12</td>	00		Y only (including privat	a room dave)	0	12
00       Medical Ly necessary private room days applicable to the Program (excluding swing-bed days)       0       14         01       Total nursery days (title V or XIX only)       0       15         01       Nursery days (title V or XIX only)       0       16         01       Nursery days (title V or XIX only)       0       16         01       Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period       0.00       17         00       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost 0.00       18       0       18         01       Medical rate for swing-bed NF services applicable to services after December 31 of the cost 0.00       19       0       10					0	
00       Nursery days <sup>2</sup> (title V or XIX only)       0       16         SWI NG BE ADJUSTNENT       0       16         100       Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period       0.00         100       Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period       0.00         100       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost reporting period       0.00         101       Total general inpatient routine service cost (see instructions)       2,148,065       21         100       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 5 x line 17)       2       21         100       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 5 x line 18)       2         100       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 6 x line 20)       2         101       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)       2         102       Swing-bed cost (see instructions)       2       2         103       Swing-bed cost (see instructions)       2       2         103       Swing-bed cost (see instructions)       2       2					0	14
SWIND GED ADJUSTMENT         0           100         Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost         0.00           117         117         0           118         0.00         117           119         0         Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost         0.00           110         Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost         0.00           110         Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost         0.00           119         0         Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost         0.00           110         0         Medicaid rate for swing-bed NF services after December 31 of the cost reporting period (line 5 x line 17)         0.00           110         0         Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 6 x line 18)         0.24           110         0         Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)         0.26           111         118         0         0.25         0.26           111         119         0.00         Swing-bed cost applicable to NF type services after December 31 of the				5	0	15
00       Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period       0.00       17         00       Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period       0.00       18         00       Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost 0.00       19         00       Medicare rate for swing-bed NF services applicable to services after December 31 of the cost 0.00       20         01       Total general inpatient routine service cost (see instructions)       2,148,065       21         00       Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)       2       24         00       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 6 x line 18)       2       2         00       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)       2       2         00       Swing-bed cost (see instructions)       2					0	16
reporting period			an through December 21 a	f the east	0.00	1 1 7
00       Medicare <sup>-</sup> rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period       0.00       18         00       Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period       0.00       19         00       Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period       0.00       2         00       Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period (line 5 x line 17)       2       148.065       2         00       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)       2       2       2       2       148.065       2       2         00       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 19)       0       2       2       2       2       2       2       2       148.065       2       2       2       148.065       2       2       2       148.065       2       2       148.065       2       2       148.065       2       2       148.065       2       2       148.065       2       2       148.065       2       2       148.065       2       2       2       148.065       2       <	. 00		es through becember 31 d	T the cost	0.00	''
reporting period0100Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost0.00100Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost0.00100Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost0.00101Total general inpatient routine service cost (see instructions)2, 148, 065102Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line0103Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line0104Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line0105Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line0105Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line0106Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line0107Total swing-bed cost (see instructions)0108Swing-bed cost applicable to NF type service cost (line 21 minus line 26)2, 148, 065109FRIVATE ROOM DIFFERENTIAL ADJUSTMENT0100General inpatient routine service cost/charge ratio (line 27 + line 28)0100General inpatient routine service cost decharges)0101General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3 x line 31)0108	. 00		es after December 31 of	the cost	0.00	18
reporting period100Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period0.00000Total general inpatient routine service cost (see instructions)2.148,065010Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 5 x line 17)2.148,065010Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 4 x line 18)0000Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 4 x line 19)0010Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)0010Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)0011Total swing-bed cost (see instructions)002General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)003General inpatient routine service charges (excluding swing-bed charges)004General inpatient routine service cost/charge ratio (line 27 + line 28)0.00000005Semi-private room charges (excluding swing-bed cost and private room cost differential (line 32 minus line 33)(see instructions)0.0005General inpatient routine service cost net of swing-bed cost and private room cost differential (line 32 x line 35)006General inpatient routine service cost net of swing-bed cost and private room cost differential (line 32 x line 35)006General inpati		reporting period				
100       Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period (line for swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line for x line 17)       2, 148,065       21         100       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line for x line 18)       2         100       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line for x line 18)       2         100       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line for x line 20)       2         100       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line for x line 20)       2         100       Swing-bed cost (see instructions)       0       0         100       General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)       2       148,065         100       General inpatient routine service cost net of swing-bed and observation bed charges)       0       2         100       General inpatient routine service cost/charge ratio (line 27 + line 28)       0       0       0         100       General inpatient routine service cost differential (line 32 minus line 33) (see instructions)       0       0       0       0       0       0       0       0       0       0       <	. 00		es through December 31 of	the cost	0.00	19
reporting period       2, 148, 065       21         00       Total general inpatient routine service cost (see instructions)       2, 148, 065       21         01       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line       0       22         00       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line       0       23         00       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line       0       24         01       Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8       0       25         02       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8       0       26         03       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8       0       25         04       Kaine 20       0       2       2       148,065       27         05       General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)       2       148,065       27         06       General inpatient routine service cost/charge ratio (line 27 + line 28)       0       0       0       0       0       0       0       0       0       0       0 <td>00</td> <td></td> <td>s ofter December 21 of t</td> <td>ha cast</td> <td>0.00</td> <td>20</td>	00		s ofter December 21 of t	ha cast	0.00	20
00       Total general inpatient routine service cost (see instructions)       2, 148, 065       21         00       Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)       0       22         00       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)       0       23         00       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 7 x line 19)       0       24         00       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)       0       24         00       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)       0       24         00       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)       0       24         00       General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)       2,148,065       27         00       General inpatient routine service charges (excluding swing-bed charges)       0       0       29         00       Semi-private room charges (excluding swing-bed charges)       0       0       30         00       Average per diem private room cost differential (line 32 + line 3)       0.00       32	. 00		es al tel December 31 01 t	ne cost	0.00	20
5 x line 17)       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)       23         .00       Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 0 x line 19)       24         .01       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)       25         .00       Swing-bed cost (see instructions)       0       26         .00       Total swing-bed cost (see instructions)       0       26         .00       General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)       2,148,065       27         .00       General inpatient routine service charges (excluding swing-bed and observation bed charges)       0       26         .00       Semi -private room charges (excluding swing-bed charges)       0       26         .00       Semi -private room per diem charge (line 29 + line 3)       0.00000 31       0         .00       Average per diem private room cost differential (line 32 minus line 33) (see instructions)       0.00       36         .00       Average per diem private room cost differential (line 34 x line 31)       0.30       36         .00       Average per diem private room cost net of swing-bed cost and private room cost differential (line 27 + line 38)       0.00       36         .00<	. 00		าร)		2, 148, 065	21
.00       Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)       .00         .00       Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)       .01         .00       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)       .02         .00       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)       .02         .00       General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)       .02         .00       General inpatient routine service cost net of swing-bed and observation bed charges)       .02         .00       General inpatient routine service cost/charge ratio (line 27 + line 28)       .03         .00       General inpatient routine service cost/charge ratio (line 27 + line 28)       .00         .00       Average per idem private room charge differential (line 32 minus line 33) (see instructions)       .00         .00       Average per diem private room cost differential (line 3 x line 31)       .00         .01       Private room cost differential (line 3 x line 35)       .00         .02       Average per diem private room cost differential (line 3 x line 35)       .00         .02       Average per diem private room cost differential (line 3 x line 35)       .00	. 00	Swing-bed cost applicable to SNF type services through Decemb	per 31 of the cost report	ing period (line	0	22
x line 18)x line 18).00Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)0.00Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)0.00Total swing-bed cost (see instructions)0.00General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)0.01Definition of the cost reporting period (line 8 x line 20)0.00General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)0.01PRIVATE ROOM DIFFERENTIAL ADJUSTMENT0.00General inpatient routine service cost/charges (excluding swing-bed charges)0.00Semi-private room charges (excluding swing-bed charges)0.00Average private room per diem charge (line 29 + line 23)0.000000.00Average per diem private room per diem charge (line 30 + line 4)0.00.00Average per diem private room cost differential (line 3 x line 31)0.00.01Average per diem private room cost differential (line 3 x line 35)0.00General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148,065.01Average per diem private room cost differential (line 3 x line 35)0.02Average per diem private room cost differential (line 3 x line 35)0.00General inpatient routine service cost per diem (see instructions)262,17.02Adjusted general inpatient routine service cost per d		· · · · · · · · · · · · · · · · · · ·			_	
.00       Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)       .00       Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)       .00       .00       Total swing-bed cost (see instructions)       .00       .00         .00       General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)       .01       .02       .02         .00       General inpatient routine service charges (excluding swing-bed and observation bed charges)       .02       .02         .00       General inpatient routine service cost/charge ratio (line 27 + line 28)       .00       .00         .00       General inpatient routine service cost/charge ratio (line 27 + line 28)       .00       .00         .00       Average private room per diem charge (line 30 + line 4)       .00       .00       .00         .00       Average per diem private room cost differential (line 32 minus line 33) (see instructions)       .00       .00       .00         .00       Average per diem private room cost differential (line 3 x line 35)       .00       .00       .00       .00         .00       General inpatient routine service cost per diem (see instructions)       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00	8.00		31 of the cost reportin	g period (line 6	0	23
7 x line 19)       7 x line 20)       7 x line 20) <td< td=""><td>00</td><td></td><td>er 31 of the cost reporti</td><td>ng period (line</td><td>0</td><td>24</td></td<>	00		er 31 of the cost reporti	ng period (line	0	24
x line 20)Total swing-bed cost (see instructions)0<				ng por ou (rino	0	
00Total swing-bed cost (see instructions)02600General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)2,148,0652701PRIVATE ROOM DIFFERENTIAL ADJUSTMENT00000General inpatient routine service charges (excluding swing-bed and observation bed charges)02600Private room charges (excluding swing-bed charges)02700Semi-private room charges (excluding swing-bed charges)02800General inpatient routine service cost/charge ratio (line 27 + line 28)00001Average private room per diem charge (line 30 + line 4)0.0003202Average per diem private room cost differential (line 34 x line 31)0.000340300Average per diem private room cost differential (line 3 x line 35)03601General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148,0653702PRAT 11 - HOSPITAL AND SUBPROVIDERS ONLYPROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS562.1702Adj usted general inpatient routine service cost (line 9 x line 38)562.17380304Medi cally necessary private room cost applicable to the Program (line 14 x line 35)004Medi cally necessary private room cost applicable to the Program (line 14 x line 35)0	5.00	Swing-bed cost applicable to NF type services after December	31 of the cost reporting	period (line 8	0	25
.00General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)2,148,06527PRIVATE ROOM DIFFERENTIAL ADJUSTMENT6.00Private room charges (excluding swing-bed charges)028.00Private room charges (excluding swing-bed charges)029.00Semi-private room charges (excluding swing-bed charges)029.00General inpatient routine service cost/charge ratio (line 27 ÷ line 28)0.000000.00Average private room per diem charge (line 29 ÷ line 3)0.000000.00Average semi-private room per diem charge (line 30 ÷ line 4)0.000.00Average per diem private room cost differential (line 32 minus line 33) (see instructions)0.00.00Average per diem private room cost differential (line 3 × line 31)0.00.00Private room cost differential adjustment (line 3 × line 35)0.00General inpatient routine service cost per diem (see instructions)0.00Adjusted general inpatient routine service cost per diem (see instructions)562.17.00Adjusted general inpatient routine service cost per diem (see instructions)71,396.00Medically necessary private room cost applicable to the Program (line 14 × line 35)0	00					
PRI VATE ROOM DI FFERENTI AL ADJUSTMENT.00General inpatient routine service charges (excluding swing-bed and observation bed charges)0.00Private room charges (excluding swing-bed charges)0.00Semi-private room charges (excluding swing-bed charges)0.00Semi-private room charges (excluding swing-bed charges)0.00General inpatient routine service cost/charge ratio (line 27 ÷ line 28)0.000000 31.00Average private room per diem charge (line 29 ÷ line 3)0.000000 31.00Average per diem private room charge differential (line 32 minus line 33) (see instructions)0.00.00Average per diem private room cost differential (line 34 x line 31)0.00.00Average per diem private room cost differential (line 3 x line 35)0.00General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148, 065.00PART 11 - HOSPI TAL AND SUBPROVIDERS ONLYPROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS.00Medically necessary private room cost applicable to the Program (line 14 x line 35)0.00Medically necessary private room cost applicable to the Program (line 14 x line 35)0		5	(line 21 minus line 26)		-	
.00General inpatient routine service charges (excluding swing-bed and observation bed charges)028.00Private room charges (excluding swing-bed charges)029.00Semi-private room charges (excluding swing-bed charges)030.00General inpatient routine service cost/charge ratio (line 27 ÷ line 28)0.00000031.00Average private room per diem charge (line 29 ÷ line 3)0.0032.00Average semi-private room charge differential (line 30 ÷ line 4)0.0033.00Average per diem private room charge differential (line 34 x line 31)0.0035.00Average per diem private room cost differential (line 3 x line 35)036.00General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148, 06537.00Adj usted general inpatient routine service cost per diem (see instructions)562.17.00Adj usted general inpatient routine service cost per diem (see instructions)562.17.00Adj usted general inpatient routine service cost per diem (see instructions)71, 396.00Program general inpatient routine service cost (line 9 x line 38)71, 396.00Medically necessary private room cost applicable to the Program (line 14 x line 35)0	1		(The 21 minus The 20)	I	2, 140, 003	21
00Semi-private room charges (excluding swing-bed charges)03000General inpatient routine service cost/charge ratio (line 27 ÷ line 28)0.0000003100Average private room per diem charge (line 29 ÷ line 3)0.003200Average semi-private room per diem charge (line 30 ÷ line 4)0.003200Average per diem private room charge differential (line 34 x line 31)0.003300Average per diem private room cost differential (line 3 x line 31)0.003400Private room cost differential djustment (line 3 x line 35)03500General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148, 0653727minus line 36)PART 11 - HOSPITAL AND SUBPROVIDERS ONLY0PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS562.173800Adjusted general inpatient routine service cost per diem (see instructions)562.173800Medically necessary private room cost applicable to the Program (line 14 x line 35)040			ed and observation bed ch	arges)	0	28
.00General inpatient routine service cost/charge ratio (line 27 ÷ line 28)0.00000031.00Average private room per diem charge (line 29 ÷ line 3)0.0032.00Average semi-private room per diem charge (line 30 ÷ line 4)0.0033.00Average per diem private room charge differential (line 32 minus line 33) (see instructions)0.0034.00Average per diem private room cost differential (line 34 x line 31)0.0034.00Average per diem private room cost differential dj ustment (line 3 x line 35)0.0035.00General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148, 06537.01PART 11 - HOSPITAL AND SUBPROVIDERS ONLY0.0034PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS562.1738.00Program general inpatient routine service cost (line 9 x line 38)71, 39639.00Medically necessary private room cost applicable to the Program (line 14 x line 35)040					0	
.00Average private room per diem charge (line 29 ÷ line 3)0.0032.00Average semi-private room per diem charge (line 30 ÷ line 4)0.0033.00Average per diem private room charge differential (line 32 minus line 33) (see instructions)0.0034.00Average per diem private room cost differential (line 34 x line 31)0.0034.00Average per diem private room cost differential adjustment (line 3 x line 35)0.0035.00General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148, 06537.01PART 11 - HOSPITAL AND SUBPROVIDERS ONLYPROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS.00Program general inpatient routine service cost per diem (see instructions)562.17.00Medically necessary private room cost applicable to the Program (line 14 x line 35)0.00Medically necessary private room cost applicable to the Program (line 14 x line 35)0					-	30
.00       Average semi-private room per diem charge (line 30 ÷ line 4)       0.00       33         .00       Average per diem private room charge differential (line 32 minus line 33) (see instructions)       0.00       34         .00       Average per diem private room cost differential (line 34 x line 31)       0.00       34         .00       Average per diem private room cost differential (line 3 x line 35)       0.00       35         .00       General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148, 065       37         .00       General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148, 065       37         .00       PART 11 - HOSPITAL AND SUBPROVIDERS ONLY       PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS         .00       Adjusted general inpatient routine service cost per diem (see instructions)       562.17       38         .00       Program general inpatient routine service cost (line 9 x line 38)       71, 396       39         .00       Medically necessary private room cost applicable to the Program (line 14 x line 35)       0       40			÷line 28)			
.00Average per diem private room charge differential (line 32 minus line 33) (see instructions)0.0034.00Average per diem private room cost differential (line 34 x line 31)0.0035.00Private room cost differential adjustment (line 3 x line 35)036.00General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148, 06537.00PART 11 - HOSPITAL AND SUBPROVIDERS ONLYPROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS.00Adjusted general inpatient routine service cost per diem (see instructions)562.17.00Program general inpatient routine service cost (line 9 x line 38)71, 396.00Medically necessary private room cost applicable to the Program (line 14 x line 35)0						
.00       Average per diem private room cost differential (line 34 x line 31)       0.00       35         .00       Private room cost differential adjustment (line 3 x line 35)       0       36         .00       General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148, 065       37         .00       PART 11 - HOSPITAL AND SUBPROVIDERS ONLY       2, 148, 065       37         PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			nus line 33)(see instruc	tions)		
.00       General inpatient routine service cost net of swing-bed cost and private room cost differential (line 2, 148, 065 27 minus line 36)       37         PART 11 - HOSPITAL AND SUBPROVIDERS ONLY       PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS       38         .00       Adjusted general inpatient routine service cost per diem (see instructions)       562.17       38         .00       Program general inpatient routine service cost (line 9 x line 38)       71,396       39         .00       Medically necessary private room cost applicable to the Program (line 14 x line 35)       0       40				-		
27 minus line 36)       27 minus line 36)         PART II - HOSPITAL AND SUBPROVIDERS ONLY         PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS         .00       Adjusted general inpatient routine service cost per diem (see instructions)       562.17       38         .00       Program general inpatient routine service cost (line 9 x line 38)       71,396       39         .00       Medically necessary private room cost applicable to the Program (line 14 x line 35)       0       40					-	36
PART II - HOSPITAL AND SUBPROVIDERS ONLY         PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS         .00       Adjusted general inpatient routine service cost per diem (see instructions)       562.17       38         .00       Program general inpatient routine service cost (line 9 x line 38)       71,396       39         .00       Medically necessary private room cost applicable to the Program (line 14 x line 35)       0       40	. 00		and private room cost di	fferential (line	2, 148, 065	37
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS.00Adjusted general inpatient routine service cost per diem (see instructions)562.1738.00Program general inpatient routine service cost (line 9 x line 38)71,39639.00Medically necessary private room cost applicable to the Program (line 14 x line 35)040						
.00Adjusted general inpatient routine service cost per diem (see instructions)562.1738.00Program general inpatient routine service cost (line 9 x line 38)71,39639.00Medically necessary private room cost applicable to the Program (line 14 x line 35)040			USTMENTS			
.00Program general inpatient routine service cost (line 9 x line 38)71,39639.00Medically necessary private room cost applicable to the Program (line 14 x line 35)040					562.17	38
		5 51 11 6	• •			

alth Financial Systems MPUTATION OF INPATIENT OPERATING COST	DEACONESS H		CN: 15-0082	Peri od:	u of Form CMS- Worksheet D-1	
			CCN: 15-S082	From 10/01/2015 To 09/30/2016	Date/Time Pre	epar
		Titl	e XIX	Subprovider -	2/27/2017 10: PPS	18
Cost Center Description	Total	Total	Average Per	IPF Program Days	Program Cost	
Cost center bescription	Inpatient Costl	npatient Days	Diem (col. 1 col. 2)	÷ 5 5	(col. 3 x col. 4)	
.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	4
Intensive Care Type Inpatient Hospital Un			1			
. OO  INTENSIVE CARE UNIT . OO  CORONARY CARE UNIT	0	0	0. 0.		-	
. OO BURN INTENSIVE CARE UNIT	0	C	0.			
. 00 SURGI CAL I NTENSI VE CARE UNI T						4
. 00 OTHER SPECIAL CARE (SPECIFY) Cost Center Description						4
.00 Program inpatient ancillary service cost	(Wkst. D-3, col. 3,	line 200)			1.00 185,781	4
.00 Total Program inpatient costs (sum of lir PASS THROUGH COST ADJUSTMENTS	es 41 through 48)(s	ee instructio	ons)		257, 177	
Pass through costs applicable to Program	inpatient routine s	ervices (from	n Wkst. D, sur	n of Parts I and	6, 727	7 5
III) .00 Pass through costs applicable to Program	inpatient ancillary	services (fr	om Wkst. D, s	sum of Parts II	13, 180	) 5
and IV)						
2.00  Total Program excludable cost (sum of lin 3.00  Total Program inpatient operating cost ex		ated, non-phy	sician anestl	netist, and	19, 907 237, 270	
medical education costs (line 49 minus li TARGET AMOUNT AND LIMIT COMPUTATION						
.00 Program di scharges					C	
.00  Target amount per discharge .00  Target amount (line 54 x line 55)					0.00	
.00 Difference between adjusted inpatient ope	erating cost and tar	get amount (I	ine 56 minus	line 53)		
.00 Bonus payment (see instructions)					0	
.00 Lesser of lines 53/54 or 55 from the cost market basket	reporting period e	nding 1996, i	ipdated and co	ompounded by the	0.00	) 5
.00 Lesser of lines 53/54 or 55 from prior ye					0.00	
.00 If line 53/54 is less than the lower of I which operating costs (line 53) are less					C	) 6
amount (line 56), otherwise enter zero (s		(THICS ST X	00), 01 1% 0	the target		
.00 Relief payment (see instructions) .00 Allowable Inpatient cost plus incentive p	avment (see instruc	tions)				
PROGRAM INPATIENT ROUTINE SWING BED COST					-	
.00 Medicare swing-bed SNF inpatient routine instructions)(title XVIII only)	costs through Decem	ber 31 of the	e cost reporti	ng period (See	C	) 6
.00 Medicare swing-bed SNF inpatient routine instructions) (title XVIII only)	costs after Decembe	r 31 of the o	ost reporting	g period (See	C	) 6
.00 Total Medicare swing-bed SNF inpatient ro	outine costs (line 6	4 plus line 6	5)(title XVI	I only). For	C	6 (
CAH (see instructions) .00  Title V or XIX swing-bed NF inpatient rou	itine costs through	December 31 d	of the cost re	eportina period	c	) 6
(line 12 x line 19)	Ũ				-	
8.00 Title V or XIX swing-bed NF inpatient rou (line 13 x line 20)	ITI NE COSTS AFTER DE	Cember 31 OT	the cost repo	orting period	C	) 6
2.00 Total title V or XIX swing-bed NF inpatie PART III - SKILLED NURSING FACILITY, OTHE					C	) 6
.00 Skilled nursing facility/other nursing fa	cility/ICF/IID rout	ine service d	ost (line 37)	)		77
.00 Adjusted general inpatient routine servic .00 Program routine service cost (line 9 x li		ne 70 ÷ line	2)			7
.00 Medically necessary private room cost app		(line 14 x li	ne 35)			7
.00 Total Program general inpatient routine s	ervice costs (line	72 + line 73)	-			7
.00 Capital-related cost allocated to inpatie 26, line 45)	ent routine service	costs (from V	iorksheet B, I	Part II, column		7
.00 Per diem capital-related costs (line 75 ÷						7
.00 Program capital-related costs (line 9 x l .00 Inpatient routine service cost (line 74 m						7
.00 Aggregate charges to beneficiaries for ex	cess costs (from pr					7
.00 Total Program routine service costs for c .00 Inpatient routine service cost per diem I	•	st limitatior	n (line 78 min	nus line 79)		8
.00  Inpatient routine service cost per diem   .00  Inpatient routine service cost limitatior						8
.00 Reasonable inpatient routine service cost	s (see instructions	)				8
.00 Program inpatient ancillary services (see .00 Utilization review - physician compensati		s)				8
.00 Utilization review - physician compensati .00 Total Program inpatient operating costs (						8
PART IV - COMPUTATION OF OBSERVATION BED	PASS THROUGH COST				-	
7.00 Total observation bed days (see instructi 8.00 Adjusted general inpatient routine cost p	-	line 2)			0.00	
0.00 Observation bed cost (line 87 x line 88)	-	/				8

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 10/01/2015	Worksheet D-1	
		Component (	CCN: 15-S082	To 09/30/2016	Date/Time Prep 2/27/2017 10:	pared: 18 am
		Ti tl	e XIX	Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	191, 657	2, 148, 065	0. 08922	3 0	0	90.00
91.00 Nursing School cost	0	2, 148, 065	0. 00000	0 0	0	91.00
92.00 Allied health cost	10, 718	2, 148, 065	0. 00499	0 0	0	92.00
93.00 All other Medical Education	0	2, 148, 065	0.00000	0 0	0	93.00

Health Financial Systems DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0082	Peri od:	Worksheet D-3	
			From 10/01/2015		
			To 09/30/2016		
	T: +1 a	XVIII	Hospi tal	2/27/2017 10: PPS	18 am
Cost Center Description		Ratio of Cos		Inpati ent	
cost center bescription		To Charges	Program	Program Costs	
		TO Charges	Charges	(col. 1 x col.	
			chai ges	2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	5.00	
30. 00 03000 ADULTS & PEDI ATRI CS			53, 125, 749		30.00
31. 00 03100 I NTENSI VE CARE UNI T			23, 812, 032		31.00
32. 00 03200 CORONARY CARE UNIT			6, 013, 987		32.00
33. 00 03300 BURN INTENSIVE CARE UNIT			0,010,707		33.00
40. 00 04000 SUBPROVI DER - I PF			0		40.00
ANCI LLARY SERVI CE COST CENTERS		I	0		40.00
50. 00 05000 0PERATI NG ROOM		0. 2190	47, 284, 932	10, 356, 913	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 0825			54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C		0. 1746			55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 1154			59.00
60. 00 06000 LABORATORY		0. 22680			60.00
64. 00 06400 I NTRAVENOUS THERAPY		0. 76342			64.00
65. 00 06500 RESPI RATORY THERAPY		0. 20540			
66. 00 06600 PHYSI CAL THERAPY		0. 1550			
69. 00 06900 ELECTROCARDI OLOGY		0. 0876			1
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 4717			
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 4686			72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 2576			73.00
74. 00 07400 RENAL DI ALYSI S		0. 2626			74.00
76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		0.0000			76.00
OUTPATIENT SERVICE COST CENTERS				-	
90. 00 09000 CLINIC		0.63840	06 14, 550	9, 289	90.00
90. 01 09001 FAMILY PRACTICE CLINIC		0. 8461			90.01
90. 02 09002 OUTPATI ENT PSYCH SERVI CES		0. 4608		0	90.02
90. 03 09003 I NFUSI ON CENTER		0. 1344		11, 520	90.03
90. 04 09004 PRI MARY CARE FOR SENI ORS		1. 2353			90.04
90. 05 09005 PALN MANAGEMENT		0. 1267			90.05
90. 06 09006 WOUND CARE CENTER		0. 5056		4,071	90.06
90. 07 09007 SLEEP CENTER		0. 4453			90.07
90. 08 09008 MED/ONCOLOGY		0. 5945		3, 634	90.08
91.00 09100 EMERGENCY		0. 1693		5, 893, 447	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)		0.6372			
OTHER REIMBURSABLE COST CENTERS			, , ,	,,	1
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED		0. 47540	0 0	0	96.00
200.00 Total (sum of lines 50-94 and 96-98)			321, 216, 866		1
201.00 Less PBP Clinic Laboratory Services-Program only char	ges (line 61)		0		201.00
202.00 Net Charges (line 200 minus line 201)			321, 216, 866		202.00

NPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0082	Peri od:	Worksheet D-3	3
	Component	CCN: 15-S082	From 10/01/2015 To 09/30/2016		epare
	•			2/27/2017 10:	
	litle	e XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cos	t Inpatient	Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1.00	2.00	2)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
D. 00 03000 ADULTS & PEDIATRICS			0		30
1. 00 03100 I NTENSI VE CARE UNI T			0		31
2. 00 03200 CORONARY CARE UNIT			0		32
3. 00 03300 BURN I NTENSI VE CARE UNI T			0		33
0. 00 04000 SUBPROVI DER – I PF			3, 056, 400		40
ANCI LLARY SERVICE COST CENTERS					
0. 00 05000 OPERATI NG ROOM		0. 2190	32 8, 941	1, 958	50
. 00 05400 RADI OLOGY-DI AGNOSTI C		0.0825	94 60, 469	4, 994	54
5. 00 05500 RADI OLOGY-THERAPEUTI C		0. 1746	76 0	0	55
. 00 05900 CARDI AC CATHETERI ZATI ON		0. 1154	00 00	0	59
00 06000 LABORATORY		0. 2268	06 227, 917	51, 693	60
. 00 06400 I NTRAVENOUS THERAPY		0. 7634		0	64
0. 00 06500 RESPI RATORY THERAPY		0. 2054	09 2, 711	557	65
. 00 06600 PHYSI CAL THERAPY		0. 1550		0	66
. 00 06900 ELECTROCARDI OLOGY		0. 0876	74 2, 763	242	69
. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 4717	41 613	289	71
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0.4686	52 0	0	72
3. 00 07300 DRUGS CHARGED TO PATIENTS		0. 2576		48, 178	
. 00 07400 RENAL DIALYSIS		0. 2626		0	
5. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		0.0000	00 0	0	76
OUTPATIENT SERVICE COST CENTERS		0 (204	0/		
. 00  09000  CLINIC . 01  09001  FAMILY PRACTICE CLINIC		0. 6384			
01 09001 FAMILY PRACTICE CLINIC 02 09002 0UTPATIENT PSYCH SERVICES		0. 8461		0	
. 03  09002 001PATTENT PSYCH SERVICES				0	
. 04 09004 PRIMARY CARE FOR SENIORS		0. 1344		0	
. 05 09005 PALN MANAGEMENT		0. 1267		0	
06 09006 WOUND CARE CENTER		0. 1287		0	
0. 07 09000 NOUND CARE CENTER		0. 5058		-	
. 08 09008 MED/ONCOLOGY		0. 5945		0	
. 00 09100 EMERGENCY		0. 1693		-	
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 6372			
OTHER REIMBURSABLE COST CENTERS		0.0072			1 1
0. 00 09600 DURABLE MEDICAL EQUIP-RENTED		0. 4754	06 0	0	96
00.00 Total (sum of lines 50-94 and 96-98)			771, 316	-	
01.00 Less PBP Clinic Laboratory Services-Program only	charges (line 61)		0		201
02.00 Net Charges (line 200 minus line 201)	3	1	771, 316		202

Health Financial Systems DE	ACONESS HOSPI TAL		In Lie	u of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0082	Period:	Worksheet D-3	;
			From 10/01/2015		
			To 09/30/2016	Date/Time Pre	
				2/27/2017 10:	<u>18 am</u>
	liti	e XIX	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1.00	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1	00.004.000		0.00
30. 00 03000 ADULTS & PEDI ATRI CS			22, 294, 328		30.00
31. 00 03100 I NTENSI VE CARE UNI T			8, 318, 905		31.00
32.00 03200 CORONARY CARE UNIT			2, 534, 841		32.00
33.00 03300 BURN INTENSIVE CARE UNIT			0		33.00
40. 00 04000 SUBPROVI DER - I PF			0		40.00
ANCI LLARY SERVI CE COST CENTERS					
50. 00 05000 OPERATI NG ROOM		0. 21903		2, 893, 971	
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 0825		873, 350	
55. 00 05500 RADI OLOGY-THERAPEUTI C		0. 1746		19, 218	
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 11540	2, 665, 217	307, 566	59.00
60. 00 06000 LABORATORY		0. 22680	06 13, 300, 033	3, 016, 527	60.00
64.00 06400 INTRAVENOUS THERAPY		0. 76342	24 587, 186	448, 272	64.00
65. 00 06500 RESPI RATORY THERAPY		0. 20540	09 4, 595, 668	943, 992	65.00
66. 00 06600 PHYSI CAL THERAPY		0. 1550	4, 788, 760	742, 660	66.00
69. 00 06900 ELECTROCARDI OLOGY		0. 0876	74 1, 788, 084	156, 768	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 47174	41 2, 210, 805	1, 042, 927	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 4686	52 3, 785, 600	1, 774, 129	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 2576	20 16, 631, 364	4, 284, 572	73.00
74.00 07400 RENAL DIALYSIS		0. 2626	626, 814	164, 648	
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		0.0000		0	76.00
OUTPATIENT SERVICE COST CENTERS					
90. 00 09000 CLINIC		0.63840	06 1, 908	1, 218	90.00
90. 01 09001 FAMILY PRACTICE CLINIC		0. 8461			
90. 02 09002 OUTPATI ENT PSYCH SERVICES		0. 4608		_,	
90. 03 09003 I NFUSI ON CENTER		0. 13442		473	
90. 04 09004 PRIMARY CARE FOR SENIORS		1. 2353		0	
90. 05 09005 PALN MANAGEMENT		0. 1267		910	
90. 06 09006 WOUND CARE CENTER		0. 5056		2, 081	
90. 07 09007 SLEEP CENTER		0. 4453		136	
90. 08 09008 MED/ONCOLOGY		0. 5945		476	
91. 00 09100 EMERGENCY					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 1693 0. 6372		1, 920, 503 245, 743	
		0.0372	14 303, 032	240, 743	92.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED		0 4754	24	0	04 00
		0. 47540		10 042 401	
200.00 Total (sum of lines 50-94 and 96-98)			86, 621, 997	18, 842, 491	
201.00 Less PBP Clinic Laboratory Services-Program of	m y charges (Tine 61)		0		201.00
202.00 Net Charges (line 200 minus line 201)		I	86, 621, 997		202.00

NPATIENT ANCILLARY SERVICE COST APPORTION	/ENT	Provider C	CN: 15-0082	Peri od:	Worksheet D-3	3
		o .	001 45 0000	From 10/01/2015		
		Component	CCN: 15-S082	To 09/30/2016	Date/Time Pre 2/27/2017 10:	
		Ti tl	e XIX	Subprovider -	PPS	10 0
				I PF		
Cost Center Description			Ratio of Cos		Inpati ent	
			To Charges		Program Costs	
				Charges	(col. 1 x col.	
			1.00	2.00	2) 3.00	
INPATIENT ROUTINE SERVICE COST CENTE	PS		1.00	2.00	3.00	
0. 00 03000 ADULTS & PEDIATRICS	10			0		30.
1. 00 03100 I NTENSI VE CARE UNI T				0		31
2. 00 03200 CORONARY CARE UNIT				0		32
3. 00 03300 BURN INTENSIVE CARE UNIT				0		33
0. 00 04000 SUBPROVI DER – I PF				2, 671, 353		40
ANCI LLARY SERVI CE COST CENTERS			1			
0. 00 05000 OPERATI NG ROOM			0. 2190	32 0	0	50
4. 00 05400 RADI OLOGY-DI AGNOSTI C			0.0825	94 65, 630	5, 421	54
5. 00 05500 RADI OLOGY-THERAPEUTI C			0. 1746	76 0	0	55
9. 00 05900 CARDI AC CATHETERI ZATI ON			0. 1154	00 0	0	59
D. 00 06000 LABORATORY			0. 2268	06 267, 940	60, 770	60
4.00 06400 INTRAVENOUS THERAPY			0.7634	24 0	0	64
5. 00 06500 RESPI RATORY THERAPY			0. 2054	09 165	34	65
6. 00 06600 PHYSI CAL THERAPY			0. 1550	84 0	0	66
9. 00 06900 ELECTROCARDI OLOGY			0. 0876		143	
1.00 07100 MEDICAL SUPPLIES CHARGED TO PA	TI ENTS		0. 4717	41 108	51	71
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS			0. 4686		0	1
3.00 07300 DRUGS CHARGED TO PATIENTS			0. 2576		42, 748	
4.00 07400 RENAL DIALYSIS			0. 2626		0	
6. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERV	ICES		0.0000	00 0	0	76
0.00 09000 CLINIC			0.6384	06 0	0	90
0.01 09000 FAMILY PRACTICE CLINIC			0. 8384		0	
0. 02 09002 OUTPATIENT PSYCH SERVICES			0. 4608		0	
0. 03 09003 INFUSION CENTER			0. 1344		0	
0.04 09004 PRIMARY CARE FOR SENIORS			1. 2353		0	
D. 05 09005 PAIN MANAGEMENT			0. 1267		0	
0. 06 09006 WOUND CARE CENTER			0. 5056		0	
0. 07 09007 SLEEP CENTER			0. 4453		0	
D. 08 09008 MED/ONCOLOGY			0. 5945		0	
1. 00 09100 EMERGENCY			0. 1693		75, 389	
2.00 09200 OBSERVATION BEDS (NON-DISTINCT	PART)		0. 6372		1, 225	
OTHER REIMBURSABLE COST CENTERS	,		1	., .,	., 220	1.2
6. 00 09600 DURABLE MEDICAL EQUIP-RENTED			0. 4754	06 0	0	96
00.00 Total (sum of lines 50-94 and	96-98)			948, 471	185, 781	
01.00 Less PBP Clinic Laboratory Ser	vices-Program only charges	(line 61)		0		201
02.00 Net Charges (line 200 minus li				948, 471		202

ALCUL	Financial Systems DEACONESS HOSE ATLON OF RELIMBURSEMENT SETTLEMENT	Provider CCN: 15-0082	Period: From 10/01/2015	u of Form CMS-2 Worksheet E Part A	
			To 09/30/2016	Date/Time Pre 2/27/2017 10:	
		Title XVIII	Hospi tal	PPS	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
. 00	DRG Amounts Other than Outlier Payments			0	1.0
. 01	DRG amounts other than outlier payments for discharges occurr instructions)	ing prior to October 1	(see	0	1.0
. 02	DRG amounts other than outlier payments for discharges occurr	ing on or after October	1 (see	93, 970, 414	1.0
. 03	instructions) DRG for federal specific operating payment for Model 4 BPCI f	or discharges occurring	prior to October	0	1.0
. 04	1 (see instructions) DRG for federal specific operating payment for Model 4 BPCI f	0 0		0	1.0
. 04	October 1 (see instructions)	or discharges beeurring		0	1.0
. 00	Outlier payments for discharges. (see instructions)			1, 581, 592	2.0
. 01	Outlier reconciliation amount	i onc)		0	2.0
. 02 . 00	Outlier payment for discharges for Model 4 BPCI (see instruct Managed Care Simulated Payments	ions)		26, 120, 623	2.0 3.0
. 00	Bed days available divided by number of days in the cost repo	rting period (see instru	uctions)	453.07	4.0
	Indirect Medical Education Adjustment			1001.07	
. 00	FTE count for allopathic and osteopathic programs for the mos or before 12/31/1996. (see instructions)	t recent cost reporting	period ending on	15.30	5.0
. 00	FTE count for allopathic and osteopathic programs which meet	the criteria for an add	on to the cap	0.00	6.0
. 00	for new programs in accordance with 42 CFR 413.79(e) MMA Section 422 reduction amount to the IME cap as specified	under 42 CER 8412 105(f)	$(1)(i_{V})(B)(1)$	0.00	7.0
. 01	ACA Section 5503 reduction amount to the IME cap as specified			0.00	7.0
	If the cost report straddles July 1, 2011 then see instructio		/(./(/(_/(_/		
. 00	Adjustment (increase or decrease) to the FTE count for allopa affiliated programs in accordance with 42 CFR 413.75(b), 413.			0.00	8.0
	1998), and 67 FR 50069 (August 1, 2002).				
. 01	The amount of increase if the hospital was awarded FTE cap slithe cost report straddles July 1, 2011, see instructions.	ots under section 5503 (	of the ACA. If	0.00	8. C
. 02	The amount of increase if the hospital was awarded FTE cap sl	ots from a closed teachi	ng hospital	0.00	8.0
. 00	under section 5506 of ACA. (see instructions) Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lin	(see	15.30	9.0	
0. 00	instructions) FTE count for allopathic and osteopathic programs in the curr	opt yoor from your roco	ade.	20. 33	10.0
1.00	FTE count for residents in dental and podiatric programs.	ent year from your recor	us	0.00	
2.00	Current year allowable FTE (see instructions)			15.30	
3.00	Total allowable FTE count for the prior year.			15.30	
4.00	Total allowable FTE count for the penultimate year if that ye	ar ended on or after Sep	otember 30, 1997,	15.30	14.0
	otherwise enter zero.				
5.00	Sum of lines 12 through 14 divided by 3.			15.30	
6.00	Adjustment for residents in initial years of the program Adjustment for residents displaced by program or hospital clo				16.0
7.00 8.00	Adjusted rolling average FTE count	Sule		15.30	17.0
9.00	Current year resident to bed ratio (line 18 divided by line 4	).		0. 033770	-
0.00	Prior year resident to bed ratio (see instructions)	, ,		0.033507	20.0
1.00	Enter the lesser of lines 19 or 20 (see instructions)			0.033507	21. (
2.00	IME payment adjustment (see instructions)			1, 704, 623	
2. 01	IME payment adjustment - Managed Care (see instructions)			473, 828	22. (
3. 00	Indirect Medical Education Adjustment for the Add-on for Secti Number of additional allopathic and osteopathic IME FTE resid		Sec. 412.105	2.22	23. (
	(f)(1)(iv)(C).				
4.00	IME FTE Resident Count Over Cap (see instructions)		04.4	5.03	
5.00	If the amount on line 24 is greater than -O-, then enter the instructions)	lower of line 23 or line	e 24 (see	2.22	25.0
6. 00	Resident to bed ratio (divide line 25 by line 4)			0.004900	26. (
7.00	IME payments adjustment factor. (see instructions)			0.001308	
8.00	IME add-on adjustment amount (see instructions)			122, 913	
8. 01	IME add-on adjustment amount - Managed Care (see instructions	)		34, 166	28.0
9.00	Total IME payment ( sum of lines 22 and 28)			1, 827, 536	
9. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.0 Disproportionate Share Adjustment	1)		507, 994	29. (
0. 00	Percentage of SSI recipient patient days to Medicare Part A p	atient days (see instruc	ctions)	4.82	30. (
1.00	Percentage of Medicaid patient days (see instructions)			16.23	
2.00	Sum of Lines 30 and 31			21.05	
3.00	Allowable disproportionate share percentage (see instructions	)			33. (
1 00	Disproportionate share adjustment (see instructions)			1, 545, 813	34

	Financial Systems DEACONESS ATION OF REIMBURSEMENT SETTLEMENT DEACONESS	S HOSPITAL Provider CCN: 15-0082	Peri od:	u of Form CMS-2 Worksheet E	2002-
JALUUL	ATTOM OF RELIMBORSEMENT SETTLEMENT		From 10/01/2015 To 09/30/2016	Part A Date/Time Pre	
		<b>T</b>		2/27/2017 10:	18 am
		Title XVIII	Hospital Prior to 10/1	PPS	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0		
35.01	Factor 3 (see instructions)		0. 00000000	0.000561598	
35.02	Hospital uncompensated care payment (If line 34 is zero, (see instructions)	enter zero on this line)	0	3, 597, 681	35. C
35.03	Pro rata share of the hospital uncompensated care payment	amount (see instructions)	0	3, 597, 681	35. C
36.00	Total uncompensated care (sum of columns 1 and 2 on line 3		3, 597, 681	-, ,	36.0
	Additional payment for high percentage of ESRD beneficiary				
0.00	Total Medicare discharges on Worksheet S-3, Part I excludi	ing discharges for MS-DRGs	0		40.0
	652, 682, 683, 684 and 685 (see instructions)		Before 1/1	On/After 1/1	
			1.00	1.01	
11.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682	2, 683, 684 an 685. (see	0		41. C
11 01	instructions)				
1.01	Total ESRD Medicare covered and paid discharges excluding an 685. (see instructions)	MS-DRGS 652, 682, 683, 68	4 0	0	41.0
12.00	Divide line 41 by line 40 (if less than 10%, you do not qu	ualify for adjustment)	0.00		42.0
3.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652,	<b>j</b>			43.0
	instructions)				
4.00	Ratio of average length of stay to one week (line 43 divid	ded by line 41 divided by 7	0. 000000		44. (
5.00	days) Average weekly cost for dialysis treatments (see instructi	ions)	0.00	0.00	45 (
6.00	Total additional payment (line 45 times line 44 times line		0	0100	46.
7.00	Subtotal (see instructions)		102, 523, 036		47.
8.00	Hospital specific payments (to be completed by SCH and MDI	H, small rural hospitals	0		48.
	only. (see instructions)			Amount	
				1.00	
9.00	Total payment for inpatient operating costs (see instructi			103, 031, 030	49. (
0.00	Payment for inpatient program capital (from Wkst. L, Pt. I	I and Pt. II, as applicable	)	8, 139, 409	
1.00	Exception payment for inpatient program capital (Wkst. L,			0	51.
2.00 3.00	Direct graduate medical education payment (from Wkst. E-4, Nursing and Allied Health Managed Care payment	, TITLE 49 SEE THST UCTIONS)	•	830, 294 423, 622	
4.00	Special add-on payments for new technologies			8, 286	
4. 01	Islet isolation add-on payment				54.
5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin			0	55.
6.00	Cost of physicians' services in a teaching hospital (see i		thursuch 05)	0	56.
7.00 8.00	Routine service other pass through costs (from Wkst. D, P Ancillary service other pass through costs from Wkst. D, F		through 35).	487, 474 148, 207	
9.00	Total (sum of amounts on lines 49 through 58)			113, 068, 322	
0.00	Primary payer payments			59, 897	
1. 00	Total amount payable for program beneficiaries (line 59 mi	inus line 60)		113, 008, 425	
2.00	Deductibles billed to program beneficiaries			10, 670, 469	
3.00 4.00	Coinsurance billed to program beneficiaries			478, 723 903, 794	
4.00 5.00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			903, 794 587, 466	
6.00	Allowable bad debts for dual eligible beneficiaries (see i	instructions)		576, 148	
7.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			102, 446, 699	67.
8.00	Credits received from manufacturers for replaced devices t	11	,	0	
9.00	Outlier payments reconciliation (sum of lines 93, 95 and 9	96).(For SCH see instructio	ns)	0	69.
0.00 0.50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT			0	70. 70.
0.88	SCH or MDH volume decrease adjustment			0	
0.89	Pioneer ACO demonstration payment adjustment amount (see i	instructions)		0	
0. 90	HSP bonus payment HVBP adjustment amount (see instructions			0	
0.91	HSP bonus payment HRR adjustment amount (see instructions)	)		0	-
0.92	Bundled Model 1 discount amount (see instructions)			0 554 029	
'0. 93 '0. 94	HVBP payment adjustment amount (see instructions) HRR adjustment amount (see instructions)			-554, 928 -667, 249	
					70.

Heal th	Financial Systems	DEACONESS HOSPIT	AL		In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Pro	ovider CC	CN: 15-0082	Period: From 10/01/2015 To 09/30/2016		
			Title	XVIII	Hospi tal	PPS	
				FFY	(уууу)	Amount	
	1				0	1.00	
70.96	Low volume adjustment for federal fiscal year		olumn O		0	0	70.96
	the corresponding federal year for the period						
70. 97	Low volume adjustment for federal fiscal year the corresponding federal year for the perio				0	0	70. 97
70, 98	Low Volume Payment-3	ou ending on or arter	10/1)			0	70, 98
70.98	HAC adjustment amount (see instructions)					0	70.98
70.99	Amount due provider (line 67 minus lines 68	plus/mipus lipos 40 *	70)			101, 224, 522	
71.00	Sequestration adjustment (see instructions)	pruszilli nus rines 69 a	( 70)			2, 024, 490	
72.00	Interim payments					100, 039, 797	
72.00	Tentative settlement (for contractor use onl					100, 039, 797	72.00
73.00	Balance due provider (Program) (line 71 min		d 72)			-839, 765	
74.00	Protested amounts (nonallowable cost report					2, 254, 184	
75.00	CMS Pub. 15-2, chapter 1, §115.2	Ttellis) Th accordance	WI LII			2, 204, 104	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 thro	augh 96)					
90.00	Operating outlier amount from Wkst. E, Pt. /		tions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		. (1 0113)			0	91.00
92.00	Operating outlier reconciliation adjustment		ons)			0	92.00
93.00	Capital outlier reconciliation adjustment a					0	93.00
94.00	The rate used to calculate the time value of					-	
95.00			0113)			0.00	95.00
96.00	Time value of money for capital related expe		is)			0	96.00
70100					Prior to 10/1	On/After 10/1	70100
					1.00	2.00	
	HSP Bonus Payment Amount						
100.00	HSP bonus amount (see instructions)					0	100.00
	HVBP Adjustment for HSP Bonus Payment						
	HVBP adjustment factor (see instructions)					0.000000000	
102.00	HVBP adjustment amount for HSP bonus paymen	t (see instructions)				0	102.00
	HRR Adjustment for HSP Bonus Payment						
	HRR adjustment factor (see instructions)					0.0000	
104.00	HRR adjustment amount for HSP bonus payment	(see instructions)				0	104.00

OW VC	Financial Systems DLUME CALCULATION EXHIBIT 4		DEACONESS	Provi der CC	N: 15-0082	Period:	eu of Form CMS-2 Worksheet E	
						From 10/01/2015 To 09/30/2016	Part A Exhibi	pared
				Title	XVIII	Hospi tal	PPS	10 01
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior		Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	0n/After 10/01		
00	DDC amounts other then outlier	0	1.00	2.00	3.00	4.00	5.00	1
00	DRG amounts other than outlier payments	1.00	0	0		0 0	0	1
01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		D	0	1
02	DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	93, 970, 414	Ο		93, 970, 414	93, 970, 414	1
)3	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to	1.03	0	0		D	0	1
)4	October 1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	O		0	0	1
00	Outlier payments for discharges (see instructions)	2.00	1, 581, 592	0	1	0 1, 581, 592	1, 581, 592	2
)1	Outlier payments for discharges for Model 4 BPCI	2. 02	0	0		0 0	0	2
00	Operating outlier	2. 01	0	0		0 0	0	3
00	reconciliation Managed care simulated	3.00	26, 120, 623	0	1	0 26, 120, 623	26, 120, 623	4
00	payments Indirect Medical Education Adju Amount from Worksheet E, Part	ustment 21.00	0. 033507	0. 033507	0. 03350	7 0. 033507		5
	A, line 21 (see instructions)							
0	IME payment adjustment (see instructions)	22.00	1, 704, 623	0		0 1, 704, 623	1, 704, 623	6
)1	IME payment adjustment for managed care (see instructions)	22.01	473, 828	0		0 473, 828	473, 828	6
	Indirect Medical Education Adju					0 001000		_
00	IME payment adjustment factor (see instructions)	27.00	0. 001308	0. 001308	0.00130	8 0. 001308		7
0	IME adjustment (see	28.00	122, 913	0		0 122, 913	122, 913	8
1	instructions) IME payment adjustment add on for managed care (see	28.01	34, 166	О		0 34, 166	34, 166	ε
0	instructions) Total IME payment (sum of	29.00	1, 827, 536	О		0 1, 827, 536	1, 827, 536	9
1	lines 6 and 8) Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	507, 994	0		0 507, 994	507, 994	ç
_	Disproportionate Share Adjustme					-1		
00	Allowable disproportionate share percentage (see instructions)	33.00	0. 0658	0. 0658	0.065	8 0.0658		10
00	Disproportionate share adjustment (see instructions)	34.00	1, 545, 813	О		0 1, 545, 813	1, 545, 813	11
01	Uncompensated care payments Additional payment for high per	36.00	3, 597, 681	0 di scharges		0 3, 597, 681	3, 597, 681	11
00	Total ESRD additional payment	46.00	0	0 0		0 0	0	12
00 00	(see instructions) Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH,	47.00 48.00	102, 523, 036 0	0 0		0 102, 523, 036 0 0	102, 523, 036 0	
00	<pre>small rural hospitals only.) (see instructions) Total payment for inpatient operating costs (see</pre>	49.00	103, 031, 030	0		0 103, 031, 030	103, 031, 030	15
00	instructions) Payment for inpatient program	50.00	8, 139, 409	О		0 8, 139, 409	8, 139, 409	16
00	capital Special add-on payments for	54.00	8, 286	0		0 8, 286	8, 286	17
01	new technologies Net organ aquisition cost	55.00	0	_				17
02	Credits received from manufacturers for replaced	68.00	0	0		0 0	0	
. 00	devices for applicable MS-DRGs Capital outlier reconciliation adjustment amount (see	93.00	о	о		o o	0	18

Heal th	Financial Systems		DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
LOW VO	ULUME CALCULATION EXHIBIT 4			Provider C		Period: From 10/01/2015 To 09/30/2016	Date/Time Pre 2/27/2017 10:	pared:
				Title	XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior		Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01		
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0		0 111, 178, 725	111, 178, 725	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	7, 472, 327	0		0 7, 472, 327	7, 472, 327	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0	0		0 0		
21.00	Capital DRG outlier payments	2.00	231, 446	0		0 231, 446	231, 446	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. 0148	0. 0148	0. 014	0. 0148		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	110, 590	0		0 110, 590	110, 590	23.00
24.00	Al lowable di sproporti onate share percentage (see i nstructi ons)	10.00	0. 0435	0. 0435	0. 043	0. 0435		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	325, 046	0		0 325, 046	325, 046	25.00
26.00		12.00	8, 139, 409	0		0 8, 139, 409	8, 139, 409	26.00
		W/S E, Part A	(Amounts to E,					
		line	Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.00000	0. 000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 96				0	0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29. 00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100. 00

IOSPI T	Financial Systems AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider CC		Period: From 10/01/2015 To 09/30/2016	Date/Time Prep 2/27/2017 10:	pared:
				XVIII	Hospi tal	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
. 00	DRG amounts other than outlier payments	1.00					1.00
. 01	DRG amounts other than outlier payments for	1.01	0		0	0	1.01
. 02	discharges occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October 1	1. 02	93, 970, 414		93, 970, 414	93, 970, 414	1. 02
. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1.03	0		0	0	1.03
. 04	1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1.04	0		C	0 0	1.04
. 00	October 1 Outlier payments for discharges (see instructions)	2.00	1, 581, 592		0 1, 581, 592	2 1, 581, 592	2.00
. 01	Outlier payments for discharges for Model 4 BPCI	2.02	0		0 0	0 0	2. 01
. 00	Operating outlier reconciliation	2.01	0		0 0	0 0	3.00
. 00	Managed care simulated payments	3.00	26, 120, 623		0 26, 120, 623	26, 120, 623	4.00
. 00	Indirect Medical Education Adjustment Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 033507	0. 03350	0. 033507	7	5.00
. 00	IME payment adjustment (see instructions)	22.00	1, 704, 623		0 1, 704, 623	1, 704, 623	6.00
. 01	IME payment adjustment for managed care (see instructions)	22.01	473, 828		0 473, 828		6. 01
	Indirect Medical Education Adjustment for the						
. 00	IME payment adjustment factor (see	27.00	0. 001308	0.00130	0. 001308	3	7.00
8. 00	instructions) IME adjustment (see instructions)	28.00	122, 913		0 122, 913	122, 913	8.00
3. 00 3. 01	IME payment adjustment add on for managed	28.00	34, 166		0 34, 166		8.00
. 01	care (see instructions)	20.01	54, 100		54, 100	54,100	0.01
. 00	Total IME payment (sum of lines 6 and 8)	29.00	1, 827, 536		0 1, 827, 536	1, 827, 536	9.00
0.01	Total IME payment for managed care (sum of	29.01	507, 994		0 507, 994		9.01
	lines 6.01 and 8.01)						
	Disproportionate Share Adjustment						
0.00	Allowable disproportionate share percentage	33.00	0. 0658	0.065	58 0.0658	3	10.00
1. 00	(see instructions) Disproportionate share adjustment (see instructions)	34.00	1, 545, 813		0 1, 545, 813	1, 545, 813	11.00
1.01	Uncompensated care payments	36.00	3, 597, 681		0 0	0	11.01
	Additional payment for high percentage of ESR						1
2.00	Total ESRD additional payment (see instructions)	46.00	0		0 0	0 0	12.00
3.00	Subtotal (see instructions)	47.00	102, 523, 036		0 102, 523, 036	102, 523, 036	13.00
4.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see	48.00	0		0 0	0	14.00
5.00	instructions) Total payment for inpatient operating costs (see instructions)	49.00	103, 031, 030		0 103, 031, 030	103, 031, 030	15.00
6.00	Payment for inpatient program capital	50.00	8, 139, 409		0 8, 139, 409	8, 139, 409	16.00
7.00	Special add-on payments for new technologies	54.00	8, 286		0 8, 286		
7.01	Net organ acquisition cost	55.00	0		0 0	0 0	17.01
7.02	Credits received from manufacturers for	68.00	0		0 0	0	17.02
	replaced devices for applicable MS-DRGs Capital outlier reconciliation adjustment	93.00	0		0 0	0	18.00
8.00			, vi				

20. 01       Model 4 BPCI Capital DRG other than outlier 21. 00       1. 01       0<	Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
Wkst. L, line         (Amt. from Wkst. L)         (Amt. from K)         (Amt. from K)         (Amt.	HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5			From 10/01/2015 To 09/30/2016	Part A Exhibi Date/Time Pre 2/27/2017 10:	pared:
West         E         West         E         C         West         E         C           20.00         Capital DRG other than outlier         1.00         2.00         3.00         4.00         20.00           20.01         Model 4 BPCI Capital DRG other than outlier         1.01         0         0         7,472,327         7,472,327         0.20.0         20.00         23.04.6         0         23.04.6         23.1,446         23.1,446         23.1,446         22.00         0         0         0         0         0         20.00         22.00         10.01         0         0         0         0         0         22.00         10.01         0         0         0         0         0         21.01         0         0         0         0         0         22.00         10.018         0         0         0         10.02         20.00         10.018         0         21.00         0         0         10.0590         110.590         110.590         23.00         10.0590         110.590         10.0590         23.00         10.0590         10.0435         0         325.046         325.046         325.046         325.046         325.046         325.046         325.046         325.046				XVIII	Hospi tal	PPS	
20.00         Capital DRG other than outlier         1.00         7,472,327         0         7,472,327		Wkst. L, line					
20.01         Model 4 BPCI Capital DRG other than outlier 21.00         1.01         0		0	1.00	2.00	3.00	4.00	
21.00       Capital DRG outilier payments       2.00       231,446       0       231,446       0       231,446       21.01         1.01       Model 4 BPCI Capital DRG outilier payments       2.01       0       0       0       0       0       0       21.01       0       0       0       0       0       0       21.01       0       0       0       0       0       0       21.01       0       0       0       0       0       0       21.01       0       101 rect medical education percentage (see instructions)       20.01       110.590       0       110.590       0       110.590       23.02       101 rot rect medical education adjustment (see instructions)       10.00       0.0435       0.0435       0.0435       24.00       24.00         25.00       Disproportionate share adjustment (see instructions)       11.00       325,046       0       325,046       325,046       25.00       24.00       27.00       28.00       0       1.00       2.00       3.00       4.00       27.00       20.00       20.00       4.00       27.00       20.00       20.00       4.00       27.00       28.00       0       0       0       0       0       0       0       0       0	20.00 Capital DRG other than outlier	1.00	7, 472, 327		0 7, 472, 327	7, 472, 327	20.00
21.01       Model 4 BPCI Capital DRG outlier payments Instructions)       2.01       0       0       0       0       21.01         22.00       Indirect medical education percentage (see instructions)       5.00       0.0148       0.0148       0.0148       0.0148       22.00         23.00       Indirect medical education adjustment (see instructions)       6.00       110.590       0       110.590       23.00         24.00       Allowable disproportionate share percentage (see instructions)       10.00       0.0435       0.0435       0.0435       24.00         25.00       Disproportionate share adjustment (see instructions)       11.00       325,046       0       325,046       325,046       25.00         26.00       Total prospective capital payments (see       12.00       8,139,409       0       8,139,409       8,139,409       26.00         27.00       Low volume adjustment prior to October 1       70.96       0       0       0       27.00         28.00       Low volume adjustment for HSP bonus payment (see instructions)       70.97       0       0       0       28.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	20.01 Model 4 BPCI Capital DRG other than outlier	1.01	0		0 0	0	20.01
22.00       Indirect medical education percentage (see instructions)       5.00       0.0148       0.0148       0.0148       22.00         23.00       Indirect medical education adjustment (see instructions)       6.00       110.590       0       110.590       23.00         24.00       Allowable disproportionate share percentage (see instructions)       10.00       0.0435       0.0435       0.0435       24.00         25.00       Disproportionate share adjustment (see instructions)       11.00       325,046       0       325,046       25.00       25.00       325,046       26.00       26.00         26.00       Total prospective capital payments (see instructions)       11.00       325,046       0       3.00       4.00       27.00         27.00       Instructions)       Wkst. E, Pt. A, I ine       (Amt. from Wkst. E, Pt. A, I ine       0       0       0       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       0       0       28.00       0       28.00       0       28.00       0       0       29.00       0       0       0       29.00       0       0       0       0       0       0       0       0       0	21.00 Capital DRG outlier payments	2.00	231, 446		0 231, 446	231, 446	21.00
instructions) instructions)         6.00         110,590         110,590         110,590         23.00           23.00         Indirect medical education adjustment (see instructions)         6.00         110,590         0.0435	21.01 Model 4 BPCI Capital DRG outlier payments	2.01	0		0 0	0	21.01
23.00       Indirect medical education adjustment (see instructions)       6.00       110,590       0       110,590       23.00         24.00       Allowable disproportionate share percentage (see instructions)       10.00       0.0435       0.0435       0.0435       24.00         25.00       Disproportionate share adjustment (see instructions)       11.00       325,046       0       325,046       325,046       25.00         26.00       Total prospective capital payments (see       12.00       8,139,409       0       8,139,409       8,139,409       26.00         27.00       Instructions)       Wkst. E, Pt. A, line       (Amt. from Wkst. E, Pt. A)       27.00       28.00       4.00       27.00         28.00       Low volume adjustment prior to October 1       70.96       0       0       28.00       28.00       28.00       28.00       29.00       3.00       4.00       28.00       28.00       29.00       28.00       29.00       3.00       4.00       29.00       28.00       29.00       3.00       4.00       29.00       28.00       29.00       28.00       29.00       3.00       4.00       29.00       30.01       4.00       29.00       30.01       4.00       29.00       30.01       29.00       30.01		5.00	0. 0148	0. 014	. 0. 0148		22.00
24.00       Allowable disproportionate share percentage (see instructions)       10.00       0.0435       0.0435       0.0435       24.00         25.00       Disproportionate share adjustment (see instructions)       11.00       325,046       0       325,046       325,046       25.00         26.00       Total prospective capital payments (see       12.00       8,139,409       0       8,139,409       8,139,409       26.00         27.00	23.00 Indirect medical education adjustment (see	6.00	110, 590		0 110, 590	110, 590	23.00
25.00         Disproportionate share adjustment (see instructions)         11.00         325,046         0         325,046         325,046         25.00           26.00         Total prospective capital payments (see instructions)         12.00         8,139,409         0         8,139,409         8,139,409         26.00           27.00         Wkst. E, Pt. A, line         (Amt. from Wkst. E, Pt. A)         0         1.00         2.00         3.00         4.00         27.00           28.00         Low volume adjustment prior to 0ctober 1         70.96         0         0         27.00         28.00         29.00         20.00         20.00         20.00	24.00 Allowable disproportionate share percentage	10.00	0.0435	0. 043	0. 0435		24.00
26.00         Total prospective capital payments (see instructions)         12.00         8,139,409         0         8,139,409         8,139,409         26.00           27.00	25.00 Disproportionate share adjustment (see	11.00	325, 046		0 325, 046	325, 046	25.00
West. E, Pt. A, Line         (Amt. from Wst. E, Pt. A)         (Amt. from Mst. Grade         (A	26.00 Total prospective capital payments (see	12.00	8, 139, 409		0 8, 139, 409	8, 139, 409	26.00
o         1.00         2.00         3.00         4.00           27.00         Low volume adjustment prior to 0ctober 1         70.96         0         0         27.00           28.00         Low volume adjustment on or after 0ctober 1         70.96         0         0         28.00         0         28.00         0         28.00         0         0         28.00         0         28.00         0         0         28.00         0         0         28.00         0         0         29.00         0         0         29.00         0         0         29.00         0         0         29.00         0         0         29.00         0         0         29.00         0         0         29.00         0         0         29.00         0         0         0         29.00         0         0         0         29.00         0 <td< td=""><td></td><td></td><td>Wkst. E, Pt.</td><td></td><td></td><td></td><td></td></td<>			Wkst. E, Pt.				
28.00       Low volume adjustment prior to 0ctober 1       70.96       0       0       0       28.00       28.00         29.00       Low volume adjustment on or after 0ctober 1       70.97       0       0       0       29.00         30.00       HVBP payment adjustment (see instructions)       70.93       -554,928       0       -554,928       -554,928       30.00         30.01       HVBP payment adjustment for HSP bonus       70.90       0       0       0       0       30.01         not HR adjustment (see instructions)       70.94       -667,249       0       -667,249       -667,249       31.00         31.00       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       0       31.01         11.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       0       0       31.01         32.00       HAC Reduction Program adjustment (see       70.99       0       1.00       2.00       3.00       4.00       32.00         32.00       HAC Reduction Program adjustment (see       70.99       0       0       0       32.00       32.00       0       0       32.00       32.00       0       3		0		2.00	3.00	4.00	
28.00       Low volume adjustment prior to October 1       70.96       0       0       0       28.00         29.00       Low volume adjustment on or after October 1       70.97       0       0       0       29.00         30.00       HVBP payment adjustment (see instructions)       70.93       -554,928       0       -554,928       0       0       0       0       0       29.00         30.01       HVBP payment adjustment (see instructions)       70.90       0       0       0       0       0       0       0       30.01         https://payment adjustment for HSP bonus       70.90       0       0       0       0       0       0       30.01         1.00       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       0       0       31.01         1.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       0       0       31.01         31.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       0       31.01         32.00       HAC Reduction Program adjustment (see       70.99       0       0       0       32.00	27.00						27.00
29.00       Low volume adjustment on or after October 1       70.97       0       0       0       29.00         30.00       HVBP payment adjustment (see instructions)       70.93       -554,928       0       -554,928       -554,928       30.00         30.01       HVBP payment adjustment for HSP bonus payment (see instructions)       70.90       0       0       0       0       30.01         31.00       HRR adjustment (see instructions)       70.94       -667,249       0       -667,249       31.00         31.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       0       31.01         10.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       0       31.01         31.02       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       31.01         32.00       HAC Reduction Program adjustment (see       70.99       0       0       0       32.00       30.00       4.00       32.00         100.00       Transfer HAC Reduction Program adjustment to       N       N       100.00       100.00	28.00 Low volume adjustment prior to October 1	70, 96	0		0	0	28.00
30.00       HVBP payment adjustment (see instructions)       70.93       -554,928       0       -554,928       30.00         30.01       HVBP payment adjustment for HSP bonus payment (see instructions)       70.93       -54,928       0       -554,928       30.00         31.00       HRR adjustment (see instructions)       70.94       -667,249       0       -667,249       31.00         31.01       HRR adjustment for HSP bonus payment (see instructions)       70.91       0       0       0       0       31.00         11.01       HRR adjustment for HSP bonus payment (see instructions)       70.91       0       0       0       0       31.00         32.00       HAC Reduction Program adjustment (see instructions)       70.99       0       1.00       2.00       3.00       4.00         32.00       HAC Reduction Program adjustment (see instructions)       70.99       0       0       0       32.00       30.00       4.00         100.00       Transfer HAC Reduction Program adjustment to       N       N       100.00       100.00		70, 97	0		0	0	29.00
30. 01       HVBP payment adjustment for HSP bonus payment (see instructions)       70. 90       0       0       0       0       30. 01         31. 00       HRR adjustment (see instructions)       70. 94       -667, 249       0       -667, 249       -667, 249       -667, 249       31. 01         31. 01       HRR adjustment for HSP bonus payment (see instructions)       70. 91       0       0       0       0       0       0       31. 01         (Amt. to Wkst. E, Pt. A)         2.00       1.00       2.00       3. 00       4.00         32. 00       HAC Reduction Program adjustment (see instructions)       70. 99       0       0       0       32. 00       0       0       0       32. 00       0       0       0       32. 00       0       0       0       0       32. 00       0       0       0       0       32. 00       100. 00       0       0       32. 00       0       0       0       32. 00       0       0       0       0       32. 00       0       0       0       32. 00         100. 00       Transfer HAC Reduction Program adjustment to       N       N       100. 00       100. 00       100. 00			-554, 928		0 -554.928	-554, 928	30.00
31. 00       HRR adj ustment (see instructions)       70. 94       -667, 249       0       -667, 249       31. 00         31. 01       HRR adj ustment for HSP bonus payment (see instructions)       70. 91       0       0       0       0       0       31. 01         Instructions)         A region of the formation of the fore	30.01 HVBP payment adjustment for HSP bonus		0		0 0		•
31.01       HRR adjustment for HSP bonus payment (see instructions)       70.91       0       0       0       0       31.01         Image: Second structions       Image: Second struction		70 94	-667 249		-667 249	-667 249	31 00
Image: Construction struction struction program adjustment to     Image: Construction struction stru	31.01 HRR adjustment for HSP bonus payment (see		0		0 0		
Image: Second state     Image: Second st						(Amt to Wkst	
32. 00HAC Reduction Program adjustment (see instructions)70. 990032. 00100. 00Transfer HAC Reduction Program adjustment toN100. 00100. 00			1.00	0.00	2.00	E, Pt. A)	
instructions) 100.00 Transfer HAC Reduction Program adjustment to N 100.00	22.00 UAC Deduction Decement editorteest (		1.00	2.00			22.00
	instructions)				0	0	
			N				100. 00

	Financial Systems DEACONESS H	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0082	Period: From 10/01/2015	Worksheet E Part B	
			To 09/30/2016	Date/Time Pre	
		Title XVIII	Hospi tal	2/27/2017 10: PPS	<u>18 am</u>
			10301 tai	113	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			147, 369	1.00
2.00	Medical and other services reimbursed under OPPS (see instr	uctions)		43, 538, 430	
3.00	PPS payments			45, 916, 487	
4.00 5.00	Outlier payment (see instructions)	ruational		32, 937 0. 000	
5.00 6.00	Enter the hospital specific payment to cost ratio (see inst Line 2 times line 5	ructions)		0.000	
7.00	Sum of line 3 plus line 4 divided by line 6			0.00	
8.00	Transitional corridor payment (see instructions)			0	
9.00	Ancillary service other pass through costs from Wkst. D, Pt	. IV, col. 13, line 200		104, 222	
10. 00 11. 00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0 147, 369	
11.00	COMPUTATION OF LESSER OF COST OR CHARGES			147, 309	11.00
	Reasonable charges				
	Ancillary service charges			589, 392	
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4,	line 69)		0	
14.00	Total reasonable charges (sum of lines 12 and 13) Customary charges			589, 392	14.00
15.00	Aggregate amount actually collected from patients liable fo	r payment for services on	a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable			0	
	had such payment been made in accordance with 42 CFR §413.1	3(e)			
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
18.00 19.00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete	only if line 18 exceeds li	ne 11) (see	589, 392 442, 023	
17.00	instructions)			112, 020	17.00
20.00	Excess of reasonable cost over customary charges (complete	only if line 11 exceeds li	ne 18) (see	0	20.00
01 00	instructions)			147 2/0	21 00
21.00 22.00	Lesser of cost or charges (line 11 minus line 20) (for CAH : Interns and residents (see instructions)	see Instructions)		147, 369 0	
	Cost of physicians' services in a teaching hospital (see in:	structions)		0	1
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			46, 053, 646	24.00
25.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Deductibles and coinsurance (for CAH, see instructions)			11	25.00
25.00	Deductibles and Coinsurance (10) CAR, see Instructions) Deductibles and Coinsurance relating to amount on line 24 (	for CAH see instructions		9, 504, 582	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26			36, 696, 422	
	instructions)				
28.00	Direct graduate medical education payments (from Wkst. E-4,			303, 097	
29.00 30.00	ESRD direct medical education costs (from Wkst. E-4, line 3 Subtotal (sum of lines 27 through 29)	6)		0 36, 999, 519	
31.00	Primary payer payments			19, 743	
32.00	Subtotal (line 30 minus line 31)			36, 979, 776	32.00
~~ ~~	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SER	VI CES)			
	Composite rate ESRD (from Wkst. I-5, line 11) Allowable bad debts (see instructions)			0 773, 917	
34.00	Adjusted reimbursable bad debts (see instructions)			503, 046	
36.00	Allowable bad debts for dual eligible beneficiaries (see in:	structions)		623, 563	
37.00	Subtotal (see instructions)			37, 482, 822	37.00
38.00	MSP-LCC reconciliation amount from PS&R			136	
39. 00 39. 50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instruction	005)		0	
39.50 39.98	Partial or full credits received from manufacturers for rep		tions)	950	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		,	0	1
40.00	Subtotal (see instructions)			37, 482, 686	
40.01	Sequestration adjustment (see instructions)			749, 654	
41.00 42.00	Interim payments Tentative settlement (for contractors use only)			36, 708, 585 0	41.00 42.00
42.00	Balance due provider/program (see instructions)			24, 447	
44.00	Protested amounts (nonallowable cost report items) in accord	dance with CMS Pub. 15-2,	chapter 1,	388, 351	1
	§115. 2		· · · · · · · · · · · · · · · · · · ·		
90.00	TO BE COMPLETED BY CONTRACTOR Original outlier amount (see instructions)			0	90.00
	Outlier reconciliation adjustment amount (see instructions)	)		0	
92.00	The rate used to calculate the Time Value of Money	·		-	92.00
	Time Value of Money (see instructions)			0	
94.00	Total (sum of lines 91 and 93)			0	94.00

ANALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC	N: 15-0082	Period: From 10/01/2015 To 09/30/2016		
		Title	XVIII	Hospi tal	PPS	
		I npati en	t Part A	Pai	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		99, 889, 6	97	36, 708, 585	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	0	2.00
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)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	03/16/2016	150, 1		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
5.05	Provider to Program	II		0		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			150 1	0	0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		150, 1	00	0	3.99
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		100, 039, 7	97	36, 708, 585	4.00
	appropriate) TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5.00
5.00	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
5.01	Program to Provider TENTATIVE TO PROVIDER	1		0	0	5. 01
5.01				0	0	5.01
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	Subtatal (sum of lines E 01 E 40 minus sum of lines			0	0	5.52 5.99
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			U	0	5.95
6. 00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6. 01	SETTLEMENT TO PROVIDER			0	24, 447	6. 01
6. 02	SETTLEMENT TO PROGRAM		839, 7		0	6. 02
7.00	Total Medicare program liability (see instructions)		99, 200, 0		36, 733, 032	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1	1.00	2.00	
8.00	Name of Contractor					8.00

NALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		CN: 15-0082 CCN: 15-S082	Peri od: From 10/01/2015 To 09/30/2016		pared:
		Title	e XVIII	Subprovider -	PPS	
		Inpatier	nt Part A		rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
. 00	Total interim normante paid te provider	1.00	2.00	3.00	4.00	1.0
. 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		812, 4	0	0	
. 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					3.0
. 01	ADJUSTMENTS TO PROVIDER			0	0	3.0
. 02				0	0	3.0
. 03				0	0	3. C
. 04 . 05				0	0	
. 00	Provider to Program			0		0.1
. 50	ADJUSTMENTS TO PROGRAM			0	0	3. !
. 51				0	0	3.
. 52				0	0	
. 53 . 54				0	0	3. 1
. 99 . 99	Subtotal (sum of lines 3.01–3.49 minus sum of lines 3.50–3.98)			0	0	3.
. 00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		812, 4	87	0	4. (
	TO BE COMPLETED BY CONTRACTOR					
. 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)					5.0
	Program to Provider		-			
. 01	TENTATI VE TO PROVIDER			0	0	
. 02 . 03				0	0	
. 03	Provider to Program			0	0	J 5. '
. 50	TENTATI VE TO PROGRAM			0	0	5.
. 51				0	0	5. !
. 52				0	0	
. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5.
. 00	5.50-5.98) Determined net settlement amount (balance due) based on the cost report. (1)					6.
. 01	SETTLEMENT TO PROVIDER		39, 7	47	0	6.
. 02	SETTLEMENT TO PROGRAM			0	0	
. 00	Total Medicare program liability (see instructions)		852, 2		0	7.
			_	Contractor Number	NPR Date (Mo/Day/Yr)	
	Name of Contractor		0	1.00	2.00	8.

Heal th	Financial Systems DEACONESS HO	SPI TAL	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0082	Period: From 10/01/2015		
			To 09/30/2016	Date/Time Prep 2/27/2017 10:	
		Title XVIII	Hospi tal	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			26, 497	1.00
	1.00 Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				
2.00 Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12					2.00
3.00 Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2					3.00 4.00
	4.00 Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12				
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1, 935, 524, 412	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 l			29, 687, 755	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of c	certified HIT technology	Wkst. S-2, Pt. I	0	7.00
	line 168				
8.00	Calculation of the HIT incentive payment (see instructions)			0	8.00
9.00	Sequestration adjustment amount (see instructions)			0	9.00
10.00	Calculation of the HIT incentive payment after sequestration	(see instructions)		0	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and l	ine 31) (see instruction	is)	0	32.00

	Financial Systems DEACONESS ATION OF REIMBURSEMENT SETTLEMENT	HOSPI TAL Provi der CCN: 15-0082	Peri od:	u of Form CMS-2 Worksheet E-3	
CALCUL			From 10/01/2015	Part II	
		Component CCN: 15-S082	To 09/30/2016	Date/Time Prep 2/27/2017 10:	
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS			1.00	
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and	medical education payments)		1, 008, 836	1.00
2.00	Net IPF PPS Outlier Payments			0	2.00
3.00	Net IPF PPS ECT Payments		- Course Normania	1, 995	3.00
4.00	Unweighted intern and resident FTE count in the most recents, 2004. (see instructions)	it cost report filed on or b	etore November	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE of	ount for residents that wer	e displaced by	0.00	4.01
	program or hospital closure, that would not be counted wit				
	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)				
5.00	New Teaching program adjustment. (see instructions)	:		0.00	
6.00	Current year's unweighted FTE count of I&R excluding FTEs teaching program" (see instuctions)	In the new program growth p	eriod of a new	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents with	in the new program growth p	eriod of a "new	0.00	7.00
	teaching program" (see instuctions)				
8.00	Intern and resident count for IPF PPS medical education ad	ljustment (see instructions)		0.00	
9.00	Average Daily Census (see instructions)			10. 439891	
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised Teaching Adjustment (line 1 multiplied by line 10).	to the power of .5150 -1}.		0. 000000 0	10.00 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 1	1)		1, 010, 831	12.00
	Nursing and Allied Health Managed Care payment (see instru			0	13.00
	Organ acquisition (DO NOT USE THIS LINE)				14.00
	Cost of physicians' services in a teaching hospital (see i	nstructions)		0	
	Subtotal (see instructions)			1, 010, 831	
	Primary payer payments Subtotal (line 16 less line 17).			0 1, 010, 831	17.00 18.00
	Deducti bl es			121, 688	
20.00	Subtotal (line 18 minus line 19)			889, 143	
21.00	Coinsurance			60, 039	
	Subtotal (line 20 minus line 21)			829, 104	
23.00 24.00	Allowable bad debts (exclude bad debts for professional se Adjusted reimbursable bad debts (see instructions)	ervices) (see instructions)		55, 828 36, 288	
	Allowable bad debts for dual eligible beneficiaries (see i	nstructions)		3, 097	24.00
	Subtotal (sum of lines 22 and 24)			865, 392	
27.00	Direct graduate medical education payments (from Wkst. E-4	, line 49)		0	27.00
28.00	Other pass through costs (see instructions)			4, 235	
	Outlier payments reconciliation			0	29.00
30.00 30.50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instruct	i ons)		0	30.00 30.50
30.99	Recovery of Accel erated Depreciation			0	30.99
31.00	Total amount payable to the provider (see instructions)			869, 627	
31.01	Sequestration adjustment (see instructions)			17, 393	31.01
32.00	Interim payments			812, 487	
33.00	Tentative settlement (for contractor use only)	12 and 22)		0	
34. 00 35. 00	Balance due provider/program (line 31 minus lines 31.01, 3 Protested amounts (nonallowable cost report items) in acco §115.2		chapter 1,	39, 747 0	34.00 35.00
	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount from Worksheet E-3, Part II, line			0	
	Outlier reconciliation adjustment amount (see instructions	5)		0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52.00

	Financial Systems DEACONESS HO GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT L EDUCATION COSTS	Provider CC		Period: From 10/01/2015 To 09/30/2016	u of Form CMS-2 Worksheet E-4 Date/Time Prep 2/27/2017 10:	pared:
		Title	XVIII	Hospi tal	PPS	
				-	1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT			I	1.00	
00	Unweighted resident FTE count for allopathic and osteopathic ending on or before December 31, 1996.	programs for	cost reporti	ng periods	18.00	1.00
00	Unweighted FTE resident cap add-on for new programs per 42 CF	R 413.79(e)(	1) (see instr	uctions)	0.00	2.00
00	Amount of reduction to Direct GME cap under section 422 of MM		6410 <b>70</b> (m)	(	1.40	
01	Direct GME cap reduction amount under ACA §5503 in accordance instructions for cost reporting periods straddling 7/1/2011)	WITH 42 CFR	9413.79 (11).	(See	0.00	3. 01
00	Adjustment (plus or minus) to the FTE cap for allopathic and		programs due	to a Medicare	0.00	4.00
01	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f) ACA Section 5503 increase to the Direct GME FTE Cap (see inst		cost reporti	na periods	0.00	4. 0 <sup>2</sup>
	straddling 7/1/2011)					
02	ACA Section 5506 number of additional direct GME FTE cap slot periods straddling 7/1/2011)	s (see inst	ructions for	cost reporting	0.00	4. 02
00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl	us or minus	line 4 plus l	ines 4.01 and	16.60	5.00
00	4.02 plus applicable subscripts Unweighted resident FTE count for allopathic and osteopathic	programa for	the current	user from your	20 50	4.00
00	records (see instructions)	programs ror	the current	year rron your	20.50	6.00
00	Enter the lesser of line 5 or line 6		D : 0	0.11	16.60	7.0
			Primary Care 1.00	0ther 2.00	<u>Total</u> 3.00	
00	Weighted FTE count for physicians in an allopathic and osteop	athi c	20. 5		20. 50	8.00
00	program for the current year. If line 6 is less than 5 enter the amount from line 8, otherw	i se	16. 6	0.00	16.60	9.00
00	multiply line 8 times the result of line 5 divided by the amo		10.0	0.00	10.00	7.0
. 00	6. Weighted dental and podiatric resident FTE count for the curr	ont year		0.00		10.0
. 00	Unweighted dental and podratric resident FTE count for the curr			0.00		10.0
. 00	Total weighted FTE count		16. 6			11.0
. 00	Total weighted resident FTE count for the prior cost reportin instructions)	g year (see	16.6	0 0.00		12.00
. 00	Total weighted resident FTE count for the penultimate cost re	porting	16.6	0 0.00		13.00
. 00	year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided	by 3)	16. 6	0.00		14.00
. 00	Adjustment for residents in initial years of new programs	<i>by by</i> .	0.0			15.0
. 01	Unweighted adjustment for residents in initial years of new p		0.0			15.0
. 00 . 01	Adjustment for residents displaced by program or hospital clo Unweighted adjustment for residents displaced by program or h		0. 0 0. 0			16. 0 16. 0
	cl osure	oopi tu	010			
. 00	Adjusted rolling average FTE count Per resident amount		16. 6 120, 498. 9			17.0
. 00 . 00	Approved amount for resident costs		2, 000, 28		2, 000, 283	18.0 19.0
				-	1.00	
. 00	Additional unweighted allopathic and osteopathic direct GME F	TE resident	cap slots rec	eived under 42	1.00	20.00
	Sec. 413.79(c)(4)					
. 00 . 00	Direct GME FTE unweighted resident count over cap (see instru Allowable additional direct GME FTE Resident Count (see instr	,				21.0 22.0
. 00	Enter the locally adjustment national average per resident am		structions)			22.0
. 00	Multiply line 22 time line 23		,		0	24.0
. 00	Total direct GME amount (sum of lines 19 and 24)		Inpatient Par	t Managed care	2, 000, 283	25.00
			. A	t managed care		
	COMPUTATION OF PROGRAM PATIENT LOAD		1.00	2.00	3.00	
. 00	Inpatient Days (see instructions)		57, 01	5 17, 130		26.00
. 00	Total Inpatient Days (see instructions)		126, 58	4 126, 584		27.00
. 00	Ratio of inpatient days to total inpatient days		0. 45041			28.00
. 00	Program direct GME amount Reduction for direct GME payments for Medicare Advantage		900, 95	1 270, 688 38, 248		29.00 30.00
. 00	Reduction for direct GME Dayments for Medicare Advantage			.00 /40	1	1 30 0

Heal th	Financial Systems DEA	ACONESS HOS	PI TAL	In Lie	u of Form CMS-2	2552-10
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT I	DI RECT	Provider CCN: 15-0082	Peri od:	Worksheet E-4	
MEDI CA	L EDUCATION COSTS			From 10/01/2015 To 09/30/2016	Date/Time Pre	narod
				10 0773072010	2/27/2017 10:	
			Title XVIII	Hospi tal	PPS	
					1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RA EDUCATION COSTS)	ATE - TITLE	XVIII ONLY (NURSING SC	HOOL AND PARAMEDI	CAL	
32.00	Renal dialysis direct medical education costs (from	Wkst. B. F	Pt. L. sum of col. 20 an	d 23. lines 74	0	32.00
	and 94)			,		
33.00	Renal dialysis and home dialysis total charges (Wkst	t. C, Pt. I	, col. 8, sum of lines	74 and 94)	8, 390, 917	33.00
34.00	Ratio of direct medical education costs to total cha	arges (line	e 32 ÷ line 33)		0.00000	34.00
	Medicare outpatient ESRD charges (see instructions)				0	35.00
36.00	Medicare outpatient ESRD direct medical education co				0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TI	TLE XVIII	ONLY			
	Part A Reasonable Cost					
	Reasonable cost (see instructions)				119, 962, 939	
	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1,				0	00.00
	Cost of physicians' services in a teaching hospital	(see instr	ructions)		0	39.00
	Primary payer payments (see instructions)				59, 897	
41.00	<u>Total Part A reasonable cost (sum of lines 37 throug</u> Part B Reasonable Cost	gn 39 minus	s Tine 40)		119, 903, 042	41.00
42.00	Reasonable cost (see instructions)				43, 790, 021	12 00
	Primary payer payments (see instructions)				43, 790, 021 19, 743	
	Total Part B reasonable cost (line 42 minus line 43)	)			43, 770, 278	
	Total reasonable cost (sum of lines 41 and 44)	)			163, 673, 320	
	Ratio of Part A reasonable cost to total reasonable	cost (line	e 41 ÷ line 45)		0. 732575	
	Ratio of Part B reasonable cost to total reasonable		,		0. 267425	
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART	F A AND PAR	RT B			
48.00	Total program GME payment (line 31)				1, 133, 391	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title X\	VIII only)	(see instructions)		830, 294	49.00
	Part B Medicare GME payment (line 47 x 48) (title XV				303, 097	50.00

	E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the General Fund column	Provider C		eriod: rom 10/01/2015 p 09/30/2016	Worksheet G Date/Time Pre 2/27/2017 10:	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
1.00	Cash on hand in banks	54, 272, 944	0	0	0	1.00
2.00	Temporary investments	14, 148	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	104, 933, 100	0	0	0	4.00
5.00 5.00	Other receivable Allowances for uncollectible notes and accounts receivable	0	0	0	0	5.00 6.00
7.00	Inventory	7, 135, 745	0	0	0	7.00
3.00	Prepaid expenses	13, 654, 386	0	0	0	8.00
9.00	Other current assets	24, 554, 570	0	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)	204, 564, 893	0	0	0	11.00
12.00	FI XED ASSETS Land	14, 859, 297	0	0	0	12.00
13.00	Land improvements	6, 642, 119	0	0	0	12.00
14.00	Accumul ated depreciation	-4, 521, 260	0	0	0	14.00
15.00	Buildings	513, 577, 325	0	0	0	15.00
16.00	Accumul ated depreciation	-294, 616, 095	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00 19.00	Accumulated depreciation Fixed equipment	0 222, 163, 513	0	0	0	18.00 19.00
20.00	Accumulated depreciation	-162, 841, 817	0	0	0	20.00
	Automobiles and trucks	02,011,017	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
	Minor equipment depreciable Accumulated depreciation	0	0	0	0	25.00 26.00
26.00 27.00	HIT designated Assets		0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Mi nor equi pment-nondepreci abl e	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	295, 263, 082	0	0	0	30.00
1 00	OTHER ASSETS	(54.11( 000	14 107 440		0	21 00
31.00 32.00	Investments Deposits on Leases	654, 116, 328 0	14, 127, 460 0	0	0	31.00 32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	70, 339, 962	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	724, 456, 290	14, 127, 460	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1, 224, 284, 265	14, 127, 460	0	0	36.00
37.00	CURRENT LI ABI LI TI ES	22 504 744	0	0	0	37.00
38.00	Accounts payable Salaries, wages, and fees payable	33, 584, 766 31, 112, 344	0	0	0	37.00
39.00	Payroll taxes payable	2, 064, 152	0	0	0	39.00
40.00	Notes and Loans payable (short term)	6, 317, 873	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
12.00	Accel erated payments	0			0	42.00
13.00 14.00	Due to other funds Other current liabilities	0 12, 317, 745	0	0	0	43.00 44.00
4.00 15.00	Total current liabilities (sum of lines 37 thru 44)	85, 396, 880	0	0	0	45.00
	LONG TERM LI ABI LI TI ES	00,0,0,000				101.00
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	253, 941, 996	0	0	0	47.00
18.00	Unsecured Loans	0	0	0	0	48.00
19.00 50.00	Other long term liabilities Total long term liabilities (sum of lines 46 thru 49)	117, 926, 072 371, 868, 068	0	0	0	49.00 50.00
51.00	Total liabilities (sum of lines 45 and 50)	457, 264, 948		0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	767, 019, 317				52.00
53.00	Specific purpose fund		14, 127, 460			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00 55.00
55.00 56.00	Donor created - endowment fund balance - unrestricted Governing body created - endowment fund balance			0		55.00
57.00	Plant fund balance - invested in plant			0	0	57.00
58.00	Plant fund balance - reserve for plant improvement,				0	58.00
	replacement, and expansion				-	
59.00	Total fund balances (sum of lines 52 thru 58)	767, 019, 317		0	0	59.00
50.00	Total liabilities and fund balances (sum of lines 51 and	1, 224, 284, 265	14, 127, 460	0	0	60.00

Heal th	Financial Systems	DEACONESS H	IOSPI TAL		In Lie	eu of Form CMS-2	2552-10
STATEM	IENT OF CHANGES IN FUND BALANCES	_	Provider CC	CN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet G-1 Date/Time Prep 2/27/2017 10:	
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) NET UNREALIZED GAIN ON INVESTMENTS BENEFIT RELATED CHANGES RESTRICTED CONTRIBUTIONS RESTRICTED REALIZED INVESTMENT INCOM FOUNDATION - CHANGE IN BENEFICIAL IN FOUNDATION NET INCOME Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) CHANGES IN UNRESTRICTED ASSETS (TRAN	32, 974, 682 -29, 112, 043 0 0 0 0 26, 596, 934 0 0 0 0	681, 150, 256 108, 603, 356 789, 753, 612 3, 862, 639 793, 616, 251	822, 0 1, 230, 4 46, 1 39, 5 -274, 0	0 89 86 14	0 0 0 0	$\begin{array}{c} 1. \ 00\\ 2. \ 00\\ 3. \ 00\\ 4. \ 00\\ 5. \ 00\\ 6. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 12. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ 16. \ 00\\ \end{array}$
17.00 18.00 19.00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0	26, 596, 934 767, 019, 317		0 14, 127, 460	0	17.00 18.00 19.00
		Endowment Fund	PI ant	Fund			
		6.00	7.00	8.00			
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00 \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) NET UNREALIZED GAIN ON INVESTMENTS BENEFIT RELATED CHANGES RESTRICTED CONTRIBUTIONS RESTRICTED CONTRIBUTIONS RESTRICTED REALIZED INVESTMENT INCOM FOUNDATION - CHANGE IN BENEFICIAL IN FOUNDATION NET INCOME Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)	000000000000000000000000000000000000000	0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00 \end{array}$
12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	CHANGES IN UNRESTRICTED ASSETS (TRAN Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0	0 0 0 0 0		0 0		12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00

	Financial Systems DEACONESS HC		45 0000		u of Form CMS-2	
STATEN	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CCI	N: 15-0082	Period: From 10/01/2015 To 09/30/2016		pared:
	Cost Center Description		Inpati ent	Outpati ent	Total	
	·		1.00	2.00	3.00	
	PART I – PATIENT REVENUES					
	General Inpatient Routine Services			-		
1.00	Hospi tal		158, 056, 1		158, 056, 115	1.00
2.00	SUBPROVIDER - IPF		8, 458, 9	58	8, 458, 968	2.00
3.00	SUBPROVIDER - IRF					3.00
4.00	SUBPROVIDER					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					7.00
8.00	NURSING FACILITY					8.00
9.00	OTHER LONG TERM CARE		1// 515 0	22	1// 515 000	9.00
10.00	Total general inpatient care services (sum of lines 1-9) Intensive Care Type Inpatient Hospital Services		166, 515, 08	33	166, 515, 083	10.00
11.00	INTENSIVE CARE UNIT		54, 768, 1	7 /	54, 768, 174	11.00
12.00	CORONARY CARE UNIT		12, 949, 08		12, 949, 081	12.00
12.00	BURN INTENSIVE CARE UNIT		12, 949, 00		12, 949, 081	13.00
	SURGI CAL I NTENSI VE CARE UNI T			0	0	14.00
	OTHER SPECIAL CARE (SPECIFY)					14.00
	Total intensive care type inpatient hospital services (sum of	Lines	67, 717, 2	55	67, 717, 255	
10.00		THICS	07,717,25	55	07,717,200	10.00
17.00	Total inpatient routine care services (sum of lines 10 and 16	5)	234, 232, 3	38	234, 232, 338	17.00
18.00	Ancillary services		643, 115, 7			
19.00	Outpatient services		80, 120, 0			19.00
20.00	RURAL HEALTH CLINIC			0 0		20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0 0	0	21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULANCE SERVICES					23.00
24.00	СМНС					24.00
25.00	AMBULATORY SURGICAL CENTER (D. P.)					25.00
26.00	HOSPI CE			0 0	0	26.00
27.00	DI ETARY			0 288	288	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3	3 to Wkst.	957, 468, 1	59 1, 110, 583, 622	2, 068, 051, 781	28.00
	G-3, line 1)					
20.00	PART II - OPERATING EXPENSES			((1 175 (00		
29.00	Operating expenses (per Wkst. A, column 3, line 200)			661, 175, 630		29.00
30.00 31.00	ADD (SPECIFY)			0		30.00 31.00
31.00				0		31.00
33.00				0		33.00
34.00				0		34.00
35.00				0		35.00
36.00	Total additions (sum of lines 30-35)			0		36.00
37.00	ROUNDING			4		37.00
38.00				0		38.00
39.00				0		39.00
40.00				0		40.00
41.00				0		41.00
42.00	Total deductions (sum of lines 37-41)			4		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 4	12)(transfer		661, 175, 626		43.00
	to Wkst. G-3, line 4)				1	1

Heal th	Financial Systems DEACONESS	S HOSPI TAL	In Lie	u of Form CMS-2	2552-10
STATE	IENT OF REVENUES AND EXPENSES	Provider CCN: 15-0082	Peri od:	Worksheet G-3	
			From 10/01/2015 To 09/30/2016	Date/Time Pre	narod
			10 077 307 2010	2/27/2017 10:	
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3,			2, 068, 051, 781	1.00
2.00	Less contractual allowances and discounts on patients' ac	counts		1, 369, 380, 216	2.00
3.00	Net patient revenues (line 1 minus line 2)			698, 671, 565	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, Ii	ine 43)		661, 175, 626	
5.00	Net income from service to patients (line 3 minus line 4)			37, 495, 939	5.00
	OTHER INCOME				
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			14, 857, 040	7.00
8.00	Revenues from telephone and other miscellaneous communica	tion services		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00				0	10.00
11.00				0	11.00
12.00				0	12.00
13.00				0	13.00
14.00				0	14.00
15.00				0	15.00
	Revenue from sale of medical and surgical supplies to othe	er than patients		0	16.00
17.00				0	17.00
18.00				0	18.00
	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
20.00				0	20.00
21.00	J			0	21.00
22.00	a set a s			0	22.00
23.00	Governmental appropriations			0	23.00
24.00				56, 250, 376	
25.00				71, 107, 416	
	Total (line 5 plus line 25)			108, 603, 355	
	ROUNDING			-1	27.00
	Total other expenses (sum of line 27 and subscripts)			-1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28	8)		108, 603, 356	29.00

ALCULA	Financial Systems ATION OF CAPITAL PAYMENT		lorksheet L	2552-
		To 09/30/2016 D	Parts I-III Date/Time Prep	pareo
		Title XVIII Hospital	<u>2/27/2017_10: <sup>2</sup></u> PPS	18 81
			1.00	
	PART I - FULLY PROSPECTIVE METHOD			
	CAPITAL FEDERAL AMOUNT			
	Capital DRG other than outlier		7, 472, 327	
	Model 4 BPCI Capital DRG other than outlier		0	1.
	Capital DRG outlier payments		231, 446	
	Model 4 BPCI Capital DRG outlier payments		0	
		in the cost reporting period (see instructions)	335.42	3
	Number of interns & residents (see instruction	,	17.52	4.
	Indirect medical education percentage (see ins		1.48	
	1.01) (see instructions)	line 5 by the sum of lines 1 and 1.01, columns 1 and	110, 590	
	30) (see instructions)	icare Part A patient days (Worksheet E, part A line	4.82	7
	Percentage of Medicaid patient days to total d	ys (see instructions)	16. 23	
	Sum of lines 7 and 8		21.05	
	Allowable disproportionate share percentage (s	,	4.35	
	Disproportionate share adjustment (see instruc		325, 046	
2.00	Total prospective capital payments (see instru	tions)	8, 139, 409	12
		_	1.00	
	PART II - PAYMENT UNDER REASONABLE COST			
. 00	Program inpatient routine capital cost (see in	tructions)	0	1
00	Program inpatient ancillary capital cost (see	nstructions)	0	2
00	Total inpatient program capital cost (line 1 p	us line 2)	0	3
. 00	Capital cost payment factor (see instructions)		0	4
. 00	Total inpatient program capital cost (line 3 x	line 4)	0	5
			1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS			
	Program inpatient capital costs (see instructi	,	0	
	Program inpatient capital costs for extraordin		0	2
	Net program inpatient capital costs (line 1 mi		0	Ĭ
	Applicable exception percentage (see instructi		0.00	
	Capital cost for comparison to payments (line		0	5
	Percentage adjustment for extraordinary circum	. ,	0.00	
		extraordinary circumstances (line 2 x line 6)	0	
	Capital minimum payment level (line 5 plus lin		0	
	Current year capital payments (from Part I, li	ent level to capital payments (line 8 less line 9)	0	10
1.00	Carryover of accumulated capital minimum pay Worksheet L, Part III, line 14)		0	
	Net comparison of capital minimum payment leve	to capital payments (line 10 plus line 11)	0	12
	Current year exception payment (if line 12 is		0	
		t level over capital payment for the following period	0	
	(if line 12 is negative, enter the amount on t		0	'*
	Current year allowable operating and capital p	· · · · · · · · · · · · · · · · · · ·	0	15
5 00 1				
	Current year operating and capital costs (see		o	16