] If this is an amended report enter the number of times the provider resubmitted this cost report] Medicare Utilization. Enter "F" for full or "L" for low.

[1] Cost Report Status
[1] As Submitted
[2] Settled without Audit
[3] Settled with Audit
[4] Date Received:
[5] To. NPR Date:
[6] 10. NPR Date:
[7] 11. Contractor's Vendor Code:
[7] 4. Enter
[8] 12. [9] If line 5, column 1 is 4: Enter
[9] [8] Report for this Provider CCN
[9] [8] Initial Report for this Provider CCN
[9] [9] Initial Report for this Provider CCN
[9] [10. NPR Date:
[11. Contractor's Vendor Code:
[12. [9] If line 5, column 1 is 4: Enter
[9] [12. [0] If line 5, column 1 is 4: Enter
[13. Contractor's Vendor Code:
[14. Contractor's Vendor Code:
[15. Contractor's Vendor Code:
[16. Contractor's Vendor Code:
[17. Contractor's Vendor Code:
[18. Contractor's Vendor Code:
[19. Contractor's Vendor Code

(5) Amended PART II - CERTIFICATION

(3) Settled with Audit

(4) Reopened

Contractor use only

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEACONESS HOSPITAL (15-0082) for the cost reporting period beginning 10/01/2019 and ending 09/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

> CHERYL WATHEN (Si gned) Officer or Administrator of Provider(s) CF0

Title

(Dated when report is electronically signed.) Date

number of times reopened = 0-9.

		Title	XVIII			
Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
	1. 00	2. 00	3. 00	4. 00	5. 00	
PART III - SETTLEMENT SUMMARY						
Hospi tal	0	779, 928	66, 405	0	0	1. 00
Subprovi der - IPF	0	8, 521	0		0	2. 00
Subprovider - IRF	0	0	0		0	3. 00
Swing Bed - SNF	0	0	0		0	5. 00
Swing Bed - NF	0				0	6. 00
Total	0	788, 449	66, 405	0	0	200. 00
	PART III - SETTLEMENT SUMMARY Hospital Subprovider - IPF Subprovider - IRF Swing Bed - SNF Swing Bed - NF	1.00	Cost Center Description	1.00 2.00 3.00	Cost Center Description	Cost Center Description

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

				\perp				T	o 09/3	0/2020			e Prep 1 10: (
	1.00 Hospital and Hospital Health Care Co	mnlex Addr	2.00			3. 00				4. 00				
1.00	Street: 600 MARY STREET	P	0 Box:											1. 00
2.00	City: EVANSVILLE		tate: IN nent Name		p Code	e: 477 CBS			VANDER Date		ant S	System	n (D	2. 00
		Сотро	nerre name		mber	Numb			Certi fi e	ed 1	, 0,	or N)	
			1. 00	2	. 00	3. C	00 4.00	-	5. 00	6. 00			XI X 8. 00	
	Hospital and Hospital-Based Componen	t Identifi	cati on:											
3. 00 4. 00	Hospi tal Subprovi der – TPF	DEACONESS DEACONESS UNI T	PSYCHI ATRI C	1	0082 S082	2178 2178	•		06/02/19 10/01/20			P P	P P	3. 00 4. 00
5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00	Subprovider - IRF Subprovider - (Other) Swing Beds - SNF Swing Beds - NF Hospital - Based SNF Hospital - Based NF Hospital - Based OLTC Hospital - Based HHA Separately Certified ASC Hospital - Based Hospice Hospital - Based Health Clinic - RHC Hospital - Based Health Clinic - FOHC Hospital - Based (CMHC) I Renal Dialysis													5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00
19. 00	Other								Fro	om:		To:		19. 00
00.00									1.			2.00		00.00
20. 00 21. 00	Cost Reporting Period (mm/dd/yyyy) Type of Control (see instructions)								10/01		09.	/30/2	020	20. 00 21. 00
							1. 00		2.	00		3. 00		
22. 00	Inpatient PPS Information Does this facility qualify and is it						Y							22. 00
22. 01	disproportionate share hospital adju \$412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in coluthe portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft	stment, in ryes or "I 412.106(c) ryes or "I compensate mn 1, "Y" riod occurr for no foer October	accordance w " for no. Is (2)(Pickle am N" for no. d care paymer for yes or "N ring prior to or the portic 1. (see inst	vith 4 s this nendme nts fo " for o Octo on of tructi	42 CFR ent or thi no fo ober 1 the cons)	s or ost	N		Y	,				22. 01
22. 02	Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1.	port settle " for no, ⁻ er 1. Ente	ement? (see i for the porti r in column 2	nstru on of 2, "Y'	uction f the ' for	s) yes	N		N	I				22. 02
22. 03	Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in c for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no.	ds for deli olumn 1, "' g period po no for the er October 100 but no	ineating stat Y" for yes or rior to Octob portion of t 1. (see inst t more than 4	ristic - "N" ber 1. the co tructi	cal ar for n Ente ost ons) eds (a	eas o r	N		N	I		N		22. 03
23. 00	Which method is used to determine Me below? In column 1, enter 1 if date if date of discharge. Is the method reporting period different from the reporting period? In column 2, ente	of admissic of identify method usec	on, 2 if cens ying the days d in the pric	sus da s in t or cos	ays, o this c st	r 3		3	3 N	I				23. 00
			In-St Medic paid	ate aid days	In-St Medic eligi unpa day	caid ble aid ys	Out-of State Medicaid paid days	Me el	Out-of State edicaid igible unpaid	Medica HMO da	ays	Oth Medic day	cai d ys	
24. 00	If this provider is an IPPS hospital in-state Medicaid paid days in colum Medicaid eligible unpaid days in colout-of-state Medicaid paid days in cout-of-state Medicaid eligible unpaid, Medicaid HMO paid and eligible bu column 5, and other Medicaid days in	n 1, in-sta umn 2, olumn 3, d days in d t unpaid da	ate column	3, 065	2. (00 1, 946	3. 00 794		<u>4. 00</u> 525	5. 00 18,	864	6.0		24. 00

resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0082 Peri od: Worksheet S-2 From 10/01/2019 Part I Date/Time Prepared: 09/30/2020 4/28/2021 10:06 pm Program Code Unwei ghted Unwei ghted Program Name Ratio (col. (col. 3 + col FTEs FTEs in Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3.00 4.00 5.00 65.00 Enter in column 1, if line 63 FAMILY PRACTICE 2. 30 16. 16 0. 124594 65. 00 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) Unwei ghted Unwei ghted Ratio (col. 1/ FTEs FTEs in (col. 1 + col Nonprovi der Hospi tal 2)) Si te 1.00 2.00 3.00 Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident 0. 00 0. 15 0.000000 66.00 FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Program Name Unwei ahted Unwei ghted Ratio (col. 3/ Program Code FTES FTEs in (col. 3 + col Nonprovi der Hospi tal 4)) Si te 2.00 3. 00 1.00 4.00 5.00 67.00 Enter in column 1, the program FAMILY PRACTICE 0. 163745 67. 00 1350 3.55 18. 13 name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)) (see instructions) 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? 70.00 Enter "Y" for yes or "N" for no. 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most N O N 71.00 recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) Inpatient Rehabilitation Facility PPS 75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF N 75.00 subprovider? Enter "Y" for yes and "N" for no. If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most 76.00 recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)

107.00 Column 1: If line 105 is Y, is this facility eligible for contraining programs? Enter "Y" for yes or "N" for no in column Column 2: If column 1 is Y and line 70 or line 75 is Y, do approved medical education program in the CAH's excluded IF	n 1. (see ins you train I&R PF and/or IRF	tructions) s in an	N		107. 00
Enter "Y" for yes or "N" for no in column 2. (see instructi 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.		dul e? See 42	N		108. 00
	Physi cal	Occupati onal	Speech	Respi ratory	
	1.00	2.00	3. 00	4.00	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.		109. 00			
				1.00	-
110.00 Did this hospital participate in the Rural Community Hospital Demonstration) for the current cost reporting period? Enter 'complete Worksheet E, Part A, lines 200 through 218, and Worapplicable.	N	110. 00			

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

Health Financial Systems

DEACONESS HOSPITAL

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0082

Period:
From 10/01/2019

Part I

09/30/2020 Date/Time Prepared: 4/28/2021 10:06 pm 3.00 If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number
141.00 Name: DEACONESS HEALTH SYSTEM Contractor's Name: WPS Contractor's Number: 08001 141 00 142.00 Street: 600 MARY STREET PO Box: 142.00 143.00 City: EVANSVILLE 47710 143. 00 State: Zip Code: 1.00 144.00 Are provider based physicians' costs included in Worksheet A? 144. 00 γ 1. 00 2.00 145.00|If costs for renal services are claimed on Wkst. A, line 74, are the costs for 145 00 inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. 146.00 Has the cost allocation methodology changed from the previously filed cost report? 146.00 Ν Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2. 1.00 147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. 148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. 147. 00 Ν 148 00 N 149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no N 149.00 Part A Part B Title V Title XIX 1.00 2.00 3.00 4.00 Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) 155.00 Hospi tal 155.00 Ν N 156.00 Subprovi der - IPF Ν Ν Ν Ν 156.00 157.00 Subprovi der - IRF 157 00 N Ν Ν N 158. 00 SUBPROVI DER 158. 00 159.00 SNF Ν Ν Ν 159. 00 Ν 160.00 HOME HEALTH AGENCY 160.00 Ν Ν Ν Ν 161.00 CMHC Ν Ν N 161. 00 1.00 Multicampus 165.00 s this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 165.00 Enter "Y" for yes or "N" for no. Name County State Zip Code CBSA FTE/Campus 0 1.00 2.00 3.00 4.00 5.00 166.00 If line 165 is yes, for each 0.00 166.00 campus enter the name in column O, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) 1.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 167.00 s this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no. 167 00 168.00 of this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the 168.00 reasonable cost incurred for the HIT assets (see instructions) 168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions) 168.01 169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the 9. 99169. 00 transition factor. (see instructions) Begi nni ng Endi ng 1.00 2.00 170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting 170. 00 period respectively (mm/dd/yyyy) 1.00 2.00 171.00|If line 167 is "Y", does this provider have any days for individuals enrolled in 0171.00 N section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)

information? If yes, see instructions.

HOSPI T	Financial Systems DEACONESS AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		CCN: 15-0082	Peri od: From 10/01/2019 To 09/30/2020	u of Form CMS- Worksheet S-2 Part II Date/Time Pre 4/28/2021 10:	2 epared:
		Descr	iption	Y/N	Y/N	T PIII
			0	1.00	3. 00	
20. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		<u> </u>	N	N	20. 00
		Y/N	Date	Y/N	Date	
		1. 00	2.00	3.00	4. 00	
21. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21. 00
					1. 00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	EPT CHILDRENS I	HOSPI TALS)	-		
00.00	Capi tal Related Cost					
	Have assets been relifed for Medicare purposes? If yes, see			, .		22. 00
23. 00	Have changes occurred in the Medicare depreciation expense	due to apprais	sals made dur	ing the cost		23. 00
24. 00	reporting period? If yes, see instructions. Were new leases and/or amendments to existing leases entere	ed into during	this cost re	eporting period?		24. 00
25. 00	If yes, see instructions Have there been new capitalized leases entered into during	the cost repo	rtina period?	Plf ves. see		25. 00
	instructions.	·	0 .			
26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during thinstructions.	ie cost report	ing perioa? I	ı yes, see		26. 00
27. 00	Has the provider's capitalization policy changed during the copy.	e cost reporti	ng period? If	ges, submit		27. 00
28. 00	Interest Expense Were new Loans, mortgage agreements or Letters of credit er	ntered into du	ring the cost	reporting		28. 00
29. 00	peri od? If yes, see instructions. OD Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund)					
30. 00	treated as a funded depreciation account? If yes, see instructions					
	0.00 Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					
31. 00	Has debt been recalled before scheduled maturity without is instructions. Purchased Services	ssuance of new	debt? If yes	s, see		31.00
32. 00	Have changes or new agreements occurred in patient care ser		ed through co	ontractual		32. 00
33. 00	arrangements with suppliers of services? If yes, see instru If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.		ng to competi	tive bidding? If		33. 00
	Provi der-Based Physi ci ans					
34. 00	Are services furnished at the provider facility under an ar If yes, see instructions.	rangement wit	h provi der-ba	ased physicians?		34.00
35. 00			nts with the	provi der-based		35. 00
				Y/N	Date	
	U 066: 0t-			1.00	2. 00	
26 00	Home Office Costs			Υ		26 00
36.00	Were home office costs claimed on the cost report? If line 36 is yes, has a home office cost statement been pr	repared by the	home office?			36. 00 37. 00
38. 00	If yes, see instructions. If line 36 is yes , was the fiscal year end of the home off			- N		38. 00
39. 00	the provider? If yes, enter in column 2 the fiscal year end If line 36 is yes, did the provider render services to other			s, Y		39. 00
40. 00	see instructions. If line 36 is yes, did the provider render services to the	home office?	If yes, see	N		40. 00
	instructions.					
	Cost Depart Propagar Contact Information	1	. 00	2.	00	
41. 00	Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	ERI C		HENDERSON		41. 00
42. 00	respectively. Enter the employer/company name of the cost report	DEACONESS HOSE	PI TAL			42.00
	preparer.	1		1		II

Health Financial Systems	DEACONESS	In Lieu of Form CMS-2552-10				
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURS	EMENT QUESTIONNAIRE	Provi de	er CCN: 15-0082	Peri od:	Worksheet S-2	2
				From 10/01/2019 To 09/30/2020	Part II Date/Time Pre	narod:
				10 04/30/2020	4/28/2021 10:	
			3. 00			
Cost Report Preparer Contact Informa	ıti on					
41.00 Enter the first name, last name and		MANAGER OF	REI MBURSEMENT			41. 00
held by the cost report preparer in	columns 1, 2, and 3,					
respecti vel y.						
42.00 Enter the employer/company name of	the cost report					42. 00
preparer.						
43.00 Enter the telephone number and email						43. 00
report preparer in columns 1 and 2,	respecti vel y.					1

Health Financial Systems DEAR HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN: 15-0082

| Peri od: | Worksheet S-3 | From 10/01/2019 | Part | To 09/30/2020 | Date/Time Prepared:

					To	09/30/2020	Date/Time Prep 4/28/2021 10:0	
							I/P Days / 0/P	JO PIII
							Visits / Trips	
	Component	Worksheet A	No.	of Beds	Bed Days	CAH Hours	Title V	
	33p3.13.112	Line Number		0. 2000	Avai I abl e	57.11 1.15 d.1 5		
		1.00		2. 00	3.00	4. 00	5. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00		461	165, 744	0.00	0	1. 00
	8 exclude Swing Bed, Observation Bed and				·			
	Hospice days) (see instructions for col. 2							
	for the portion of LDP room available beds)							
2.00	HMO and other (see instructions)							2.00
3.00	HMO IPF Subprovider							3.00
4.00	HMO IRF Subprovider							4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF						0	6.00
7.00	Total Adults and Peds. (exclude observation			461	165, 744	0.00	0	7.00
	beds) (see instructions)							
8.00	INTENSIVE CARE UNIT	31. 00		72	26, 352	0.00	0	8.00
9.00	CORONARY CARE UNIT	32. 00		16	5, 856	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT							10.00
11. 00	SURGICAL INTENSIVE CARE UNIT							11.00
12.00	OTHER SPECIAL CARE (SPECIFY)							12.00
13.00	NURSERY							13.00
14.00	Total (see instructions)			549	197, 952	0.00	0	14.00
15.00	CAH visits						0	15.00
16.00	SUBPROVI DER - I PF	40. 00		0	3, 044		0	16.00
17. 00	SUBPROVI DER - I RF							17.00
18. 00	SUBPROVI DER							18.00
19. 00	SKILLED NURSING FACILITY							19.00
20.00	NURSING FACILITY							20.00
21. 00	OTHER LONG TERM CARE							21.00
22. 00	HOME HEALTH AGENCY							22.00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)							23.00
24.00	HOSPI CE							24.00
24. 10	HOSPICE (non-distinct part)	30. 00						24. 10
25. 00	CMHC - CMHC							25.00
26.00	RURAL HEALTH CLINIC							26.00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00					0	26. 25
27. 00	Total (sum of lines 14-26)			549				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
	outpatient days (see instructions)							
33.00	LTCH non-covered days							33.00
33. 01	LTCH site neutral days and discharges							33. 01

1/P Days / 0/P Visits / Trips							4/28/2021 10:	06 pm
No. 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) 11, 11, 14 10, 10 10, 1			I/P Days	/ O/P Visits	/ Trips	Full Time	Equi val ents	
1.00		Component	Title XVIII	Title XIX				
8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 2.00 HM0 and other (see instructions) 3.00 LM0 IPF Subprovider 4.00 LM0 IPF Subprovider 5.00 Hospital Adults & Peds. Swing Bed SNF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			6.00	7. 00				
For the portion of LDP room avail able beds) 2.00 MM and other (see instructions) 2.5,645 18,790 3.00 3.00 MM IPF Subprovider 177 311 3.00 4.00 MM IPF Subprovider 177 311 4.00 4.00 4.00 MM IPF Subprovider 177 311 4.00 4.00 4.00 MM IPF Subprovider 177 311 4.00 4.00 6.00	1. 00							1. 00
2.00 HM0 and other (see instructions)								
3.00 MMO IPF Subprovider	2.00		25, 645	18, 790				2. 00
5.00 Hospital Adults & Peds. Swing Bed SNF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.00		177	311				3. 00
6.00 Hospital Adults & Peds. Swing Bed NF 0 0 0 6.00 7.00 Total Adults and Peds. (exclude observation beds) (see instructions) 44,298 5,473 111,144 7.00 8.00 INTENSIVE CARE UNIT 6,522 856 17,364 8.00 9.00 CORONARY CARE UNIT 1,772 201 4,351 9,00 10.00 BURN INTENSIVE CARE UNIT 11,00 12.00 OTHER SPECIAL CARE (SPECIFY) 12,00 13.00 NURSERY 1,00 132,859 21,43 4,181.02 14,00 15.00 CAH visits 0 0 0 15,00 16.00 SUBPROVIDER - IPF 625 146 1,635 0.00 11.24 16,00 19.00 SKILLED NURSING FACILITY 20,00 10.00 OWNEROWIDER - IRF 18,00 10.00 OWNEROWIDER 18 18,00 10.00 OWNEROWIDER 18 19,00 10.00 OWNEROWIDER 19,00 10.00 OWNEROWI	4.00	HMO IRF Subprovider	o	o				4. 00
7. 00	5.00	Hospital Adults & Peds. Swing Bed SNF	o	o	C)		5. 00
beds) (see instructions) 8	6.00	Hospital Adults & Peds. Swing Bed NF		o	C)		6. 00
8. 00 INTENSI VE CARE UNIT	7.00		44, 298	5, 473	111, 144			7. 00
9.00 CORONARY CARE UNIT 10.00 BURN INTENSIVE CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 NAMSERY 14.00 Total (see instructions) 15.00 CAH visits 0 0 0 0 0 0 0 11.24 15.00 SUBPROVIDER - IPF 625 146 1, 635 0.00 11.24 16.00 SUBPROVIDER - IRF 18.00 SUBPROVIDER - IRF 19.00 SKILLED NURSING FACILITY 20.00 NURSING FACILITY 20.00 HOME HEALTH AGENCY 23.00 HOME HEALTH AGENCY 23.00 AMBULATORY SURGICAL CENTER (D.P.) 24.10 HOSPICE (non-distinct part) 25.00 CAMC - CAMP C 26.00 RURAL HEALTH CLINIC 26.00 OBMC - Total (sum of lines 14-26) 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambul ance Trips 30.00 Employee discount days (see instructions) 31.00 Employee discount days (see instructions) 31.00 ITCH non-covered days 30.00 ITCH	8 00		6 522	856	17 364			8 00
10. 00 BURN INTENSIVE CARE UNIT 10. 00 11. 00 1					·			
11. 00 SURGICAL INTENSIVE CARE (UNIT 12. 00 13. 00 14. 00 Total (see instructions) 52,592 6,530 132,859 21. 43 4,181.02 14. 00 13. 00 15. 00 24. 10 15. 00 24. 10 16. 00 24. 10 16. 00 24. 10 16. 00 25. 00 26. 25 16. 00 27. 00 26. 25 16. 00 27. 00 27. 00 28. 00 29. 00 20.			1, , , 2	201	1, 00 1			
12. 00 OTHER SPECIAL CARE (SPECIFY) 13. 00 NURSERY 14. 00 Total (see instructions) 15. 00 CAH visits 16. 00 SUBPROVIDER - IPF 17. 00 SUBPROVIDER - IPF 18. 00 SUBPROVIDER - IRF 19. 00 SUBPROVIDER - IRF 19. 00 SUBPROVIDER - IRF 20. 00 NURSING FACILITY 20. 00 NURSING FACILITY 20. 00 OTHER LONG TERM CARE 21. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D. P.) 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CLINIC 27. 00 OSSEPERALLY QUALLIFIED HEALTH CENTER 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 00 LITCH non-covered days 33. 00 LTCH non-covered days 35. 00 LTCH non-covered days 37. 00 LTCH non-covered days 37. 00 LTCH non-covered days 38. 00 LTCH non-covered days		1						
13. 00 14. 00 Total (see instructions) 15. 00 CAH visits 0 0 0 0 16. 00 SUBPROVI DER - IPF 05. 00 CAH visits 0 0 0 0 17. 00 SUBPROVI DER - IPF 05. 00 0 17. 00 SUBPROVI DER - IFF 18. 00 SUBPROVI DER - IRF 18. 00 SUBPROVI DER - IRF 18. 00 SUBPROVI DER 19. 00 SKILLED NURSING FACILITY 20. 00 NURSING FACILITY 20. 00 TOHER LONG TEMM CARE 22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGI CAL CENTER (D. P.) 24. 10 HOSPI CE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 CMHC - CMHC 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Empl oyee discount days (see instruction) 31. 00 Empl oyee discount days (see instructions) 33. 00 LTOH non-covered days 31. 00 LTOH non-covered days								
14. 00 Total (see instructions)								
15. 00 CAH visits			52, 592	6, 530	132, 859	21, 43	4, 181, 02	
16. 00 SUBPROVIDER - IPF 625 146 1,635 0.00 11. 24 16. 00 17. 00 SUBPROVIDER - IRF 8. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER 18. 00 17. 00 18. 00 19. 00 SKILLED NURSING FACILITY 19. 00 20. 00 20. 00 21. 00 21. 00 21. 00 22. 00 22. 00 23. 00 4. 0		· · · · · · · · · · · · · · · · · · ·	0 0	0			.,	
17. 00 SUBPROVI DER - I RF 18. 00 SUBPROVI DER 17. 00 18. 00 SUBPROVI DER 18. 00 20. 00 SKI LLED NURSI NG FACILITY 19. 00 20. 00 NURSI NG FACILITY 20. 00 21. 00 OTHER LONG TERM CARE 21. 00 22. 00 AMBULATORY SURGI CAL CENTER (D. P.) 223. 00 24. 10 HOSPI CE 24. 10 25. 00 CMHC - CMHC 24. 10 26. 00 RURAL HEALTH CLINIC 26. 00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0.00 0.00 26. 25 27. 00 Total (sum of lines 14-26) 21. 43 4, 192. 26 27. 00 29. 00 Observati on Bed Days 2, 438 9, 516 29. 00 29. 00 Ambul ance Tri ps 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			625	146	1, 635	0.00	11. 24	1
18. 00 SUBPROVI DER 18. 00 19. 00 SKI LLED NURSI NG FACI LITY 19. 00 20. 00 NURSI NG FACI LITY 20. 00 OTHER LONG TERM CARE 21. 00 22. 00 HOME HEALTH AGENCY 22. 00 23. 00 AMBULATORY SURGI CAL CENTER (D. P.) 23. 00 24. 00 HOSPI CE (non-distinct part) 24. 00 25. 00 CMHC - CMHC 25. 00 CMHC - CMHC 25. 00 26. 00 RURAL HEALTH CLINI C 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0. 00 0. 00 26. 25 27. 00 Total (sum of lines 14-26) 21. 43 4, 192. 26 27. 00 28. 00 Observation Bed Days 2, 438 9, 516 28. 00 29. 00 Ambul ance Trips 0 30. 00 29. 00 29. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 0 0 0 0 32. 01 Total ancillary labor & delivery room 0 0 0 0 32. 01 33. 00 LTCH non-covered days 0 33. 00 CTCH non-covered days 0 0 0 0 0 0 0 0 0					,			
20.00 NURSING FACILITY 20.00 21.00 21.00 22.00 HOME HEALTH AGENCY 22.00 22.00 AMBULATORY SURGICAL CENTER (D. P.) 23.00 24.00 HOSPICE 24.00 24.00 24.00 24.00 26.25 26.00 26.25 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 0 0 26.25 27.00 28.00 29.00 Ambul ance Trips 0 29.0								
21. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D.P.) 24. 00 HOSPICE 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CLINIC 26. 00 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 21. 00 22. 00 22. 00 22. 00 22. 00 23. 00 24. 10 24. 10 24. 10 24. 10 24. 10 24. 10 24. 10 25. 00 26. 25 27. 00 0								
22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D. P.) 24. 00 HOSPICE 4. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days	20. 00	•						1
23. 00	21. 00	OTHER LONG TERM CARE						21. 00
24. 00	22. 00	HOME HEALTH AGENCY						22. 00
24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 24. 10 25. 00 26. 00 26. 00 0 0 0. 00 26. 00 26. 00 27. 00 28. 00 27. 00 27. 00 28. 00 27. 00 28. 00 29	23.00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 Total (sum of lines 14-26) 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 30. 00 Interpolation and illary labor & delivery room outpatient days (see instructions) 31. 00 LTCH non-covered days 25. 00 26. 00 0 0 0 0. 00 0 0. 00 0 21. 43 4, 192. 26 27. 00 28. 00 29. 00 30. 00 31. 00 0	24.00	HOSPI CE						24. 00
26. 00 RURAL HEALTH CLINIC 26. 00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 0 26. 25 27. 00 Total (sum of lines 14-26) 21. 43 4, 192. 26 27. 00 28. 00 29. 00 Ambul ance Trips 0 29. 0	24. 10	HOSPICE (non-distinct part)			12			24. 10
26. 25 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0.00 0.00 26. 25 27. 00 Total (sum of lines 14-26) 21. 43 4, 192. 26 27. 00 28. 00 Observation Bed Days 2, 438 9, 516 29. 00 Ambul ance Trips 0 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 0 31. 00 Labor & delivery days (see instructions) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	25.00	CMHC - CMHC						25. 00
27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambulance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 31.00 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 21.43 4,192.26 27.00 28.00 29.00 30.00 30.00 30.00 30.00 31.00 31.00 32.00 32.00 32.01 32.01	26.00	RURAL HEALTH CLINIC						26. 00
28. 00 Observation Bed Days 2,438 9,516 28. 00 29. 00 30. 00 Employee discount days (see instruction) 30. 00 Employee discount days - IRF 0 31. 00 Capable Control Con	26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	C	0.00		
29.00 Ambulance Trips	27. 00						4, 192. 26	27. 00
30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 30.00 31.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	28. 00	Observation Bed Days		2, 438	9, 516	1		28. 00
31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 31.00 32.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•	0					
32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 32.00 0 0 0 0 0 0 32.01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	30.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			C)		30. 00
32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 0 32.01	31. 00				C)		31. 00
outpatient days (see instructions) 33.00 LTCH non-covered days 0 33.00			0	0	C			
33.00 LTCH non-covered days 0 33.00	32. 01				C			32. 01
33.01 LICH site neutral days and discharges 0 33.01			· · · · · · · · · · · · · · · · · · ·					
	33. 01	LICH site neutral days and discharges	O	l			l	33. 01

| Peri od: | Worksheet S-3 | From 10/01/2019 | Part I | To 09/30/2020 | Date/Time Prepared:

					0 97 307 2020	4/28/2021 10:	
		Full Time	'	Di sch	arges		
		Equi val ents			•		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Pati ents	
		11. 00	12.00	13. 00	14.00	15. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and		0	11, 680	1, 138	29, 656	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			4, 888	3, 708		2. 00
3.00	HMO IPF Subprovider				56		3. 00
4.00	HMO IRF Subprovider				0		4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF						5. 00
6.00	Hospital Adults & Peds. Swing Bed NF						6. 00
7.00	Total Adults and Peds. (exclude observation						7. 00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT						8. 00
9.00	CORONARY CARE UNIT						9. 00
10. 00	BURN INTENSIVE CARE UNIT						10. 00
11. 00	SURGICAL INTENSIVE CARE UNIT						11. 00
12. 00	OTHER SPECIAL CARE (SPECIFY)						12.00
13. 00	NURSERY						13. 00
14. 00	Total (see instructions)	0. 00	0	11, 680	1, 138	29, 656	
15. 00	CAH visits						15. 00
16. 00	SUBPROVI DER - I PF	0. 00	0	48	18	185	
17. 00	SUBPROVI DER - I RF						17. 00
18. 00	SUBPROVI DER						18. 00
19. 00	SKILLED NURSING FACILITY						19. 00
20. 00	NURSING FACILITY						20. 00
21. 00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY						22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24. 00	HOSPI CE						24. 00
24. 10	HOSPICE (non-distinct part)						24. 10
25. 00	CMHC - CMHC						25. 00
26. 00	RURAL HEALTH CLINIC						26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0. 00					26. 25
27. 00	Total (sum of lines 14-26)	0. 00					27. 00
28. 00	Observation Bed Days						28. 00
29. 00	Ambul ance Tri ps						29. 00
30. 00	Employee discount days (see instruction)						30. 00
31. 00	Employee discount days - IRF						31. 00
32. 00	Labor & delivery days (see instructions)						32. 00
32. 01	Total ancillary labor & delivery room						32. 01
	outpatient days (see instructions)						
33. 00	LTCH non-covered days			0			33. 00
33. 01	LTCH site neutral days and discharges			0			33. 01

					'	o 09/30/2020	Date/lime Pre 4/28/2021 10:	
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst.	Sal ari es (col . 2 ± col .	Related to Salaries in	Average Hourly Wage (col. 4 ÷ col. 5)	
		1. 00	2. 00	A-6) 3.00	3) 4.00	col . 4 5. 00	6. 00	
	PART II - WAGE DATA							
1. 00	SALARIES Total salaries (see	200. 00	305, 204, 823	-1, 295, 102	303, 909, 721	8, 788, 471. 42	34. 58	1.00
2. 00	instructions) Non-physician anesthetist Part		0			0.00		
3. 00	A Non-physician anesthetist Part		2, 117, 756	0	2, 117, 756	23, 901. 73	88. 60	3.00
4. 00	Physician-Part A -		3, 715, 103	215, 898	3, 931, 001	29, 312. 43	134. 11	4. 00
4. 01 5. 00	Administrative Physicians - Part A - Teaching Physician and Non		0 43, 779, 514	1, 586, 096 0	1, 586, 096 43, 779, 514		1	
6. 00	Physician-Part B Non-physician-Part B for hospital-based RHC and FQHC		0	0	0	0.00	0.00	6. 00
7. 00	services Interns & residents (in an approved program)	21. 00	0	1, 749, 210	1, 749, 210	50, 405. 93	34. 70	7. 00
7. 01	Contracted interns and residents (in an approved		0	0	0	0.00	0.00	7. 01
8. 00	programs) Home office and/or related organization personnel		67, 793, 652	0	67, 793, 652	2, 372, 831. 00	28. 57	8. 00
9. 00 10. 00	SNF Excluded area salaries (see instructions)	44. 00	0 18, 530, 341	0 1, 763, 766	0 20, 294, 107	0. 00 530, 510. 35		
	OTHER WAGES & RELATED COSTS							
11. 00	Contract Labor: Direct Patient Care		3, 893, 479	0	3, 893, 479	41, 937. 13	92. 84	11. 00
12. 00	Contract labor: Top level management and other management and administrative		0	0	0	0.00	0.00	12.00
13. 00	services Contract Labor: Physician-Part A - Administrative		8, 374, 987	50, 295	8, 425, 282	74, 590. 52	112. 95	13.00
14. 00	Home office and/or related organization salaries and		0	О	O	0.00	0.00	14.00
14. 01 14. 02	wage-related costs Home office salaries Related organization salaries		48, 183, 646 5, 210, 893		48, 183, 646 5, 210, 893			14. 01 14. 02
15. 00	Home office: Physician Part A - Administrative		306, 514					
16. 00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00		
16. 01	Home office Physicians Part A - Teaching		0	0	0	0.00		16. 01
16. 02	Home office contract Physicians Part A - Teaching WAGE-RELATED COSTS		0	0	0	0.00	0.00	16. 02
17. 00	Wage-related costs (core) (see instructions)		67, 983, 722	0	67, 983, 722			17. 00
18. 00	Wage-related costs (other) (see instructions)							18. 00
19. 00 20. 00	Excluded areas Non-physician anesthetist Part		18, 300, 372 0	0	18, 300, 372 0			19. 00 20. 00
21. 00	Non-physician anesthetist Part B		315, 351	0	315, 351			21. 00
22. 00	Physician Part A - Administrative		305, 380	0	305, 380			22. 00
22. 01 23. 00	Physician Part A - Teaching Physician Part B		203, 191 2, 616, 760	ł	203, 191 2, 616, 760			22. 01 23. 00
24. 00 25. 00	Wage-related costs (RHC/FQHC) Interns & residents (in an		0 364, 806	0	0			24. 00 25. 00
25. 50	approved program) Home office wage-related (core)		13, 543, 370	0	13, 543, 370			25. 50
25. 51	Related organization wage-related (core)		1, 479, 261	0	1, 479, 261			25. 51
25. 52	Home office: Physician Part A - Administrative - wage-related (core)		54, 091	0	54, 091			25. 52

| Period: | Worksheet S-3 | From 10/01/2019 | Part II | To 09/30/2020 | Date/Time Prepared:

					11	0 09/30/2020	Date/lime Prep 4/28/2021 10:0	
		Wkst. A Line	Amount	Reclassi fi cati	Adjusted	Pai d Hours	Average Hourly	
		Number	Reported	on of Salaries	Sal ari es		Wage (col. 4 ÷	
			·	(from Wkst.	(col.2 ± col.	Salaries in	col . 5)	
				A-6)	3)	col. 4	·	
		1.00	2.00	3. 00	4. 00	5. 00	6. 00	
25. 53	Home office: Physicians Part A		0	0	0			25. 53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARII							
26. 00	Employee Benefits Department	4. 00	2, 130, 095	97, 291	2, 227, 386	71, 047. 07	31. 35	26. 00
27. 00	Administrative & General	5. 00	43, 685, 920	-5, 235, 719	38, 450, 201	1, 006, 166. 05	38. 21	27. 00
28.00	Administrative & General under		8, 731, 141	0	8, 731, 141	57, 942. 00	150. 69	28. 00
	contract (see inst.)							
29. 00	Maintenance & Repairs	6. 00	0	0	0	0. 00		29. 00
30.00	Operation of Plant	7. 00	3, 662, 568					
31. 00	Laundry & Linen Service	8. 00	805, 126		·			
32.00	Housekeepi ng	9. 00	5, 285, 927	113, 093	5, 399, 020			
33.00	Housekeeping under contract		0	0	0	0.00	0.00	33. 00
	(see instructions)							
34.00	Di etary	10. 00	4, 541, 886	-2, 483, 911	2, 057, 975	130, 910. 83	15. 72	34.00
35.00	Dietary under contract (see		0	0	0	0.00	0.00	35. 00
	instructions)							
36. 00	Cafeteri a	11. 00	0	1, 562, 642	1, 562, 642			36. 00
37. 00	Maintenance of Personnel	12. 00	0	0	0	0. 00		37. 00
38. 00	Nursing Administration	13. 00	4, 472, 730	50, 091	4, 522, 821	161, 646. 01	27. 98	38. 00
39. 00	Central Services and Supply	14. 00	2, 186, 510	63, 949	2, 250, 459	111, 784. 19	20. 13	39. 00
40.00	Pharmacy	15. 00	9, 398, 595	157, 711	9, 556, 306	258, 534. 67	36. 96	40. 00
41.00	Medical Records & Medical	16. 00	2, 328, 026	23, 906	2, 351, 932	124, 510. 76	18. 89	41. 00
	Records Library							
42.00	Social Service	17. 00	5, 578, 850	68, 575	5, 647, 425			42.00
43.00	Other General Service	18. 00	0	0	0	0.00	0.00	43.00

| Peri od: | Worksheet S-3 | From 10/01/2019 | Part III | To 09/30/2020 | Date/Time Prepared:

					'	0 09/30/2020	4/28/2021 10: (
		Worksheet A	Amount	Reclassi fi cati	Adjusted	Pai d Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col. 5)	
				Worksheet A-6)	3)	col. 4		
		1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		200, 245, 042	-4, 630, 408	195, 614, 634	6, 118, 266. 15	31. 97	1.00
	instructions)							
2.00	Excluded area salaries (see		18, 530, 341	1, 763, 766	20, 294, 107	530, 510. 35	38. 25	2. 00
	instructions)							
3.00	Subtotal salaries (line 1		181, 714, 701	-6, 394, 174	175, 320, 527	5, 587, 755. 80	31. 38	3. 00
	minus line 2)							
4.00	Subtotal other wages & related		65, 969, 519	50, 295	66, 019, 814	1, 991, 228. 58	33. 16	4. 00
	costs (see inst.)							
5.00	Subtotal wage-related costs		83, 365, 824	0	83, 365, 824	0.00	47. 55	5. 00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		331, 050, 044	-6, 343, 879	324, 706, 165	7, 578, 984. 38	42. 84	6. 00
7.00	Total overhead cost (see		92, 807, 374	-5, 376, 231	87, 431, 143	2, 700, 517. 43	32. 38	7. 00
	instructions)							

Health Financial Systems	DEACONESS HOSPI TAL	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 15-0082	Peri od: Worksheet S-3
		From 10/01/2019 Part IV
		T- 00 (20 (2020 D-+- /T: D

	To 09/30/2020	Date/Time Prep 4/28/2021 10:0	
		Amount	
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	9, 966, 871	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	6, 744, 172	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	6, 191	5. 00
6.00	Legal/Accounting/Management Fees-Pension Plan	203, 296	6.00
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8. 00
8. 01	Health Insurance (Self Funded without a Third Party Administrator)	0	8. 01
8. 02	Health Insurance (Self Funded with a Third Party Administrator)	46, 250, 601	8. 02
8. 03	Health Insurance (Purchased)	0	8. 03
9.00	Prescription Drug Plan	0	9. 00
10.00	Dental, Hearing and Vision Plan	1, 311, 742	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	293, 395	11. 00
12.00	Accident Insurance (If employee is owner or beneficiary)	2, 048	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	3, 874, 824	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14. 00
15.00		1, 431, 569	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16. 00
	Non cumulative portion)		
	TAXES		
17. 00	FICA-Employers Portion Only	16, 780, 968	17. 00
18. 00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	177, 907	19.00
20.00	State or Federal Unemployment Taxes	7, 164	20.00
	OTHER		
21. 00	Executive Deferred Compensation (Other Than Retirement Cost Reported on Lines 1 through 4 above. (see instructions))	1, 214, 791	21. 00
22. 00	Day Care Cost and Allowances	859, 137	22. 00
	Tuition Reimbursement	964, 907	
24. 00	Total Wage Related cost (Sum of lines 1 -23)	90, 089, 583	
250	Part B - Other than Core Related Cost	, 5, 55, , 666	55
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)		25. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provi der CCN: 15-0082	Peri od: Worksheet S-3 From 10/01/2019 Part V To 09/30/2020 Date/Time Prepared:

		0 09/30/2020	4/28/2021 10: (
	Cost Center Description	Contract Labor		
		1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospi tal	0	0	2.00
3.00	Subprovi der - I PF	0	0	3.00
4.00	Subprovi der - I RF			4.00
5.00	Subprovi der - (Other)	0	0	5. 00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7. 00
8.00	Hospi tal -Based SNF			8. 00
9.00	Hospi tal -Based NF			9. 00
10.00	Hospi tal -Based OLTC			10.00
11.00	Hospi tal -Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospi tal -Based Hospi ce			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15. 00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospi tal -Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	0ther	0	0	18.00

	Financial Systems DEACONESS HOSPIT AL UNCOMPENSATED AND INDIGENT CARE DATA Pro	ovider CCN: 15-0082	Peri od:	wof Form CMS-2 Worksheet S-1	
,0,1,1	THE SHOOM ENSAILED AND THE GENT SHIE BATTA	5V1 GC1 - COIV. 10 - COO2	From 10/01/2019	WOT RESTRECT OF T	0
			To 09/30/2020	Date/Time Pre 4/28/2021 10:	pare
				47 207 2021 10.	00 p
				1. 00	
00	Uncompensated and indigent care cost computation Cost to charge ratio (Worksheet C, Part I line 202 column 3 divid	lad by Lina 202 call	ump 0)	0. 224267	1.
00	Medicaid (see instructions for each line)	led by Title 202 Corr	uiiii o)	0. 224207	'.
00	Net revenue from Medicaid			60, 040, 032	2.
00	Did you receive DSH or supplemental payments from Medicaid?			N	3.
00	If line 3 is yes, does line 2 include all DSH and/or supplemental	payments from Med	i cai d?		4
00	If line 4 is no, then enter DSH and/or supplemental payments from	Medicaid		0	5.
00	Medicaid charges			391, 625, 224	6.
00	Medicaid cost (line 1 times line 6)	no 7 minuo oum of l	lines 2 and E. if	87, 828, 614	7.
00	Difference between net revenue and costs for Medicaid program (li < zero then enter zero)	ne / minus sum or	Times 2 and 5; IT	27, 788, 582	8.
	Children's Health Insurance Program (CHIP) (see instructions for	each line)			
00	Net revenue from stand-alone CHIP			0	9.
00	Stand-alone CHIP charges			0	10
. 00	Stand-alone CHIP cost (line 1 times line 10)			0	11
. 00	Difference between net revenue and costs for stand-alone CHIP (li enter zero)	ne 11 minus line 9	; if < zero then	0	12
	Other state or local government indigent care program (see instru	ctions for each li	ne)	L	
. 00	Net revenue from state or local indigent care program (Not includ			0	13
00	Charges for patients covered under state or local indigent care p			0	14
	10)				
00	State or local indigent care program cost (line 1 times line 14)			0	15
. 00	Difference between net revenue and costs for state or local indig	ent care program (line 15 minus line	0	16
	13; if < zero then enter zero) Grants, donations and total unreimbursed cost for Medicaid, CHIP	and state/Local inc	digent care program	l ms (see	
	instructions for each line)				
. 00	Private grants, donations, or endowment income restricted to fund			0	
. 00	Government grants, appropriations or transfers for support of hos		(6.1.	0	18
. 00	Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16)	ndigent care progra	ams (sum of lines	27, 788, 582	19
	- 12 and 10)	Uni nsure	ed Insured	Total (col. 1	
		pati ent		+ col . 2)	
		1.00	2. 00	3. 00	
. 00	Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil	ity 44,867	, 972 6, 723, 052	51, 591, 024	20.
. 00	(see instructions)	119 44,007	0, 723, 032	31, 371, 024	20
. 00	Cost of patients approved for charity care and uninsured discount	s (see 10,062	, 405 6, 723, 052	16, 785, 457	21
	instructions)				
. 00	Payments received from patients for amounts previously written of	f as	0 3, 586	3, 586	22.
00	charity care	10.042	405 4 710 444	16, 781, 871	22
. 00	Cost of charity care (line 21 minus line 22)	10, 062	, 405 6, 719, 466	10, 761, 671	23.
				1. 00	
. 00	Does the amount on line 20 column 2, include charges for patient		th of stay limit	N	24
	imposed on patients covered by Medicaid or other indigent care pr			_	
. 00	If line 24 is yes, enter the charges for patient days beyond the	indigent care prog	ram's Length of	0	25.
	stay limit Total bad debt expense for the entire hospital complex (see instr	ructions)		23, 543, 533	26.
				1, 757, 520	
. 00	Medicare reimbursable bad debts for the entire bosnital complex (see instructions)		2, 703, 877	
. 00	Medicare reimbursable bad debts for the entire hospital complex (Medicare allowable bad debts for the entire hospital complex (see	instructions)			
. 00 . 00 . 01	Medicare reimbursable bad debts for the entire hospital complex (Medicare allowable bad debts for the entire hospital complex (See Non-Medicare bad debt expense (See Instructions)	instructions)			
. 00 . 00 . 01 . 00	Medicare allowable bad debts for the entire hospital complex (see	•	ns)	20, 839, 656 5, 620, 004	28
6. 00 7. 00 7. 01 8. 00 9. 00 0. 00	Medicare allowable bad debts for the entire hospital complex (see Non-Medicare bad debt expense (see instructions)	•	ns)	20, 839, 656	28 29

Provider COL: 15: 0022 Per Location Colors Per Loca	Health Financial Systems	DEACONESS H		45 aaaa Tr		u of Form CMS-:	2552-10
Cost Center Description	RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	F EXPENSES	Provi der CC			Worksheet A	
COST Center Description					To 09/30/2020	Date/Time Pre	pared:
SEMERAL SERVICE COST CENTERS							06 pm
DEBLOW SERVICE DUST CENTERS 1.00 2.00 3.00 4.00 6.00 7.00 1.0	Cost Center Description	Sal ari es	0ther				
CRIFFINE SERVICE CORT CHITESS				+ COI . 2)	ons (See A-6)		
SERBERL SERVICE COST CERTIFIES 1.00 00010 CAP REL COSTS-RIGHT 0.6 FIXT 1.00 00010 CAP REL COSTS-RIGHT 1.0 FIXT 1.00 00010 CAP REL COSTS RIGHT 1.0 FIXT RIGHT 1.0 FIXT 1.00 00010 CAP REL COSTS RIGHT 1.0 FIXT RIGHT 1.0		1.00	2.00	3. 00	4, 00		
1.01 10.01 CAP PEL CESTS-BLUE & FIXX 1.01 1.90 1	GENERAL SERVICE COST CENTERS					<u> </u>	
2.00 0.0000 LOW PILL COSIS-MONILE EDUIP 7.880, 585 7.880, 585 24, 691, 687 32, 589, 244 2.00 0.0000 AURINIVES BENEFITE SID-MAYINER 43, 485, 528 128, 386, 221 172, 052, 341 -21, 315, 581 15, 782, 782 10, 0000 0.0000 0.0000 AURINIVES BENEFITE 88, 585 126 1.04, 177 1.72, 052, 341 -21, 315, 581 15, 782, 782 10, 0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.00000000	1.00 O0100 CAP REL COSTS-BLDG & FIXT		32, 979, 159	32, 979, 159	8, 490, 749	41, 469, 908	1.00
0.000 DIADO SMPLIFUEE BRIEFIT IS DEPARMENT 2,130, DPS 11,536, 668 23, 666, 783 3, 585, 032 57,271,788 4, 00	1.01 O0101 CAP REL COSTS-BLDG & FIXT		0	(158, 042	158, 042	1. 01
5.00 DOSCION MANISTRATIVE A GENERAL 14,000,000 129,136,6,421 127,100,500 120,000 127,000 1							1
2.00 0.0000 LAURINGY A. LINEN SERVICE							
0.00 0.0000 LAMIDRY A. LINTIN STEVICT 1.055, 127 2.33, 377 7,14, 498 1.03, 377 7,798, 830 7,998, 830 7							
0.000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.000000 0.00000000	· · · · · · · · · · · · · · · · · · ·						
0.000 01000 DETARY	1 1						
11.00 01100 CAFETERIA	1 1						
13.00 01300 MIRSH NG ABIN MISTRATION	1 1	4, 341, 000	0,014,227				
14.00 01400 CENTRAL SERVICES & SUPPLY 2, 186, 510 2, 276, 397 4, 462, 907 -282, 377 11, 1585, 558 15, 100 1030 MEDICAL RECORDS & LIBRARY 9, 398, 956 58, 603, 957 99, 605 6, 405, 319 11, 1585, 555 15, 100 1030 1030 MEDICAL RECORDS & LIBRARY 2, 398, 956 10, 60 6, 400, 515 15, 50 15, 50 15, 50 17, 100 170 11, 1585, 557 170 11, 1585, 557 170		4, 472, 730	2. 117. 168	· ·			
15.00 0 1500 [PHARMACY] 17.00 0 1700 [SICI AL SERVICE COST & LI BRARY] 17.00 0 1700 [SICI AL SERVICE SALENY FEINERS APPRV0] 17.00 0 1700 [SICI AL SERVICE SALENY FEINERS APPRV0] 18.00 1700 0 2300 [PARAMED ED PROCHAPPLAN NO. 0	1 1						
17.00 01700 SOCIAL SERVICES-SALARY & FRINGES APPRVD 0 0 0 0 0 0 0 0 0							
21.00 0200 LAS SERVICES-SALARY & FENNES APPRIVO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16.00 01600 MEDICAL RECORDS & LIBRARY	2, 328, 026	-646, 745	1, 681, 281	25, 152	1, 706, 433	16. 00
22.00 02000 JARS SERVICES-OTHER PROX COSTS APPRVD 0 0 0 0 2,075,172 2,076,172 20.00 23.01 03200 PARAMEDE DE PROM-CHAPAIAN 0 0 0 0 0 281,381 281,381 23.03 23.03 23030 PARAMEDE DE PROM-CHAPAIAN 0 0 0 0 0 0 311,004 23.01 23		5, 578, 850	821, 965	6, 400, 815			
23.00 02300 PARAMED ED PROMI-HARAINAY 263,970 57,584 321,514 0.0 321,514 23.00 23.01 02301 PARAMED ED PROMI-HARINA 0 0 0 0 0 0 841,064 281,301 23.01			0				
23.01		٦	0	· ·			
		263, 930	57, 584				1
INPATI ENT ROUTINE SERVICE COST CENTERS 06, 916, 312 21, 714, 431 87, 630, 743 236, 998 87, 867, 741 30, 00 310, 00 30100 ANUELS & PEDEJARITICS 11, 919, 703 31, 449, 906 15, 369, 609 47, 551 15, 417, 160 31, 00 31, 00 00 00000 CRROMAY CARE UNIT 11, 919, 703 34, 449, 906 15, 369, 609 47, 551 15, 417, 160 31, 00 00 00000 CRROMAY CARE UNIT 12, 835, 722 858, 732 36, 694, 458 6-6, 798 3, 687, 640 32, 00 00000 CRROMAY CARE UNIT 12, 835, 722 858, 732 36, 36, 944, 458 6-6, 798 3, 687, 640 32, 00 00000 CRROMAY CARE UNIT 12, 835, 722 858, 732 101, 678 11, 699, 153 1-18, 120 6-71, 033 40, 00 00000 CRROMAY CARE UNIT 12, 835, 835, 834, 834, 834, 834, 834, 834, 834, 834		0	O O				
30.00		<u> </u>	<u> </u>		041,004	641,004	23.03
31.00 03100 INTENSIVE CARE UNIT 11, 919, 703 3, 449, 906 15, 309, 609 47, 551 15, 417, 160 31.00 40.00 40000 CORONARY CARE UNIT 2, 835, 722 858, 732 3, 694, 458 6-7, 798 3, 687, 608 32.00 40.00 40000 CORONARY CARE UNIT 997, 475 101, 678 1, 089, 153 -148, 120 671, 033 40.00 40000 CORONARY CARE UNIT 997, 475 101, 678 1, 089, 153 -148, 120 671, 033 40.00 40000 CORONARY CARE UNIT 997, 475 101, 678 1, 089, 153 -148, 120 671, 033 40.00 40000 CORONARY CARE UNIT 40.00 40.00 40.00 63.00		65 916 312	21 714 431	87 630 743	236 998	87 867 741	30 00
32 00 032000 ORDANRY CARE UNIT 2, 835, 722 858, 736 3, 694, 458 -6, 798 3, 687, 660 32, 00							1
0,000 0,00							
MOLILLARY SERVICE COST CENTERS							
54 00 05-00 05-00 DADIOLOGY-DI AGNOSTIC C	ANCILLARY SERVICE COST CENTERS						
55.00 05500 RADIOLOGY-THERAPEUTIC 2,833, 246 19,863, 054 22,696,300 -1,328,897 21,367,313 55.00 56.00 05500 RADIOLOGY-THERAPEUTIC 679,427 955,598 13,613 22,022,638 56.00 56.00 05500 RADIOLOGY-THERAPEUTIC 1,563,196 3,981,398 480,962 4,462,360 57.00 58.00 05500 MAGNETIC RESONANCE IMAGING (MRI) 1,566,383 1,383,742 23,209,70125 11,195 22,981,320 58.00 56.00 05500 MAGNETIC RESONANCE IMAGING (MRI) 1,566,383 1,383,742 23,209,55,824 -18,247,005 13,847,979 59.00 0.00 05000 LAROPATORY 14,370,214 22,2085 3,372,475 4,194,560 -533,594 36.001,640 60.00 60.00 MINTAVENDUS THERAPY 1,623,583 937,456 4,194,560 63.00 64.00 04600 INTRAVENDUS THERAPY 1,623,583 937,456 4,194,560 63.00 65.00 05500 RESPIRATORY THERAPY 1,623,583 937,456 4,194,560 63.00 64.00 04600 PLIMONARY REHAB 184,440 43,853 22,8293 -5,724 222,599 65.01 65.01 05501 PLUMONARY REHAB 184,440 43,853 28,293 -5,724 222,599 65.01 65.01 05501 PLUMONARY REHAB 184,440 43,853 23,254 -54,256 17,116,148 66.00 69.00 65900 HELTOTROCARDIOLOGY 2,474,025 2,564,516 5,338,541 -54,256 17,116,148 66.00 71,000 7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 8,206,093 8,206,093 71,000 73,000 7300 DRUGS CHARGED TO PATIENTS 0 0 0 8,876,534 -235,622 44,802,279 60.00 73,000 PRILLY PRACTICE 4,014,090 1,464,090 1,468,108 5,989,207 228,899,207 228,		30, 590, 609	97, 852, 507			110, 441, 819	50. 00
56.00 OS-600 RADIO I SOTOPE 6.79, 427 995, 598 1, 635, 025 337, 613 2, 022, 638 56.00 57.00 OS-700 CT SCAN 24, 462, 360 57.00 57.00 CT SCAN 44, 62, 360 57.00 58.00 OS-900 OS-900 OS-900 CARDIA CC ACHIFETRI ZATI ON 5.86, 383 1, 383, 742 2, 970, 125 11, 195 2, 981, 320 58.00 OS-900 CARDIA CC ACHIFETRI ZATI ON 5.86, 383 1, 383, 742 2, 970, 125 11, 195 2, 981, 320 58.00 OS-900 CARDIA CC ACHIFETRI ZATI ON 5.86, 724 22, 165, 020 36, 535, 234 -533, 594 36, 001, 640 60.00 60.00 OS-900 OS							
57.00 05700 CT SCAN CT SCAN	1 1						
58. 00 05800 MAGNETI C RESONANCE I MAGING (MRI) 1,586,383 1,383,742 2,970,125 11,195 2,981,320 58. 00 05900 CARDIAC CATHETERI ZATION 1,586,383 1,383,742 22,105,020 32,095,584 -18,247,605 13,847,797 59. 00 0500 CARDIAC CATHETERI ZATION 14,370,214 22,105,020 36,535,234 -533,594 36,001,640 60. 00 60. 00 60.00 60.0000 60.000 60.000 60.000 60.000 60.000 60.000 60.0000 60.000 60.000 60.000 60.000 60.000 60.000 60.0000 60.000 60.000 60.000 60.000 60.000 60.000 60.0000 60.000 60.000 60.000 60.000 60.000 60.000 60.0000 60.000 60.000 60.000 60.000 60.000 60.000 60.0000 60.000 60.000 60.000 60.000 60.000 60.000 60.000 60.000 60.000 60.000 60.000 60.000 60.000 60.000 60.000 60.000 60.00000 60.00000 60.00000 60.0000 60.000000 60.000000 60.0000000000							
99.00 05900 CARDIAC CATHETERIZATION 5, 367, 294 26, 728, 290 32, 095, 584 -18, 247, 605 13, 847, 979 99.00 06.00 06.000 06.000 LABORATORY 14, 370, 214 22, 165, 036, 535, 234 -533, 594 36, 001, 640 60.00 06.40 06.400 INTERVENDUS THERAPY 1, 623, 583 937, 455 4, 194, 560 -26, 6879 2, 334, 142 64.00 06.50 06.501 OSDI PILLIMONARY REHAB 184, 440 43, 863 228, 293 -5, 724 222, 569 65.01 06.50 06.501 DILLIMONARY REHAB 184, 440 43, 863 228, 293 -5, 724 222, 569 65.01 06.50 06.501 DILLIMONARY REHAB 184, 440 43, 863 228, 293 -5, 724 222, 569 65.01 06.50 06.501 DILLIMONARY REHAB 184, 440 43, 863 228, 293 -5, 724 222, 569 65.01 06.50 06.500 DILLIMONARY REHAB 184, 440 43, 863 228, 293 -5, 724 222, 569 65.01 06.00 06.000 DILLIMONARY REHAB 184, 440 43, 863 228, 293 -5, 724 222, 569 65.01 06.00 06.000 DILLIMONARY REHAB 184, 440 43, 863 228, 293 -5, 724 222, 569 65.01 07.00 07.000 DILLIMONARY REHAB 174, 174, 174, 175, 175, 175, 175, 175, 175, 175, 175							
0.0 0.00000 0.00000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.00000000							
63.0 06.300 BLOOD STORING, PROCESSING, & TRANS. 2.2, 0.85 3, 372, 475 4, 194, 560 0 0 4, 194, 560 63.0 06.0 06.0 06.00 NETRAVENOUS THERAPY 1, 623, 583 9.37, 4.75 4, 194, 560 3.0 06.0 06.00 06.00 NESPIRATORY THERAPY 4, 0.92, 135 2, 0.56, 301 6, 148, 436 -302, 0.25 5, 846, 411 65.0 06.0 06.00 06.00 PHYSI CAI, THERAPY 3,99 17, 170, 0.05 17, 170, 40 -4, 25 11, 16, 148 66.0 06.0 06.00 PHYSI CAI, THERAPY 2, 474, 0.25 2, 564, 516 5, 0.38, 541 -236, 2.62 4, 802, 279 69.0 07.0							
64.00 06400 INTRAVENDUS THERAPY 1, 623, 583 937, 456 2, 561, 039 -226, 897 2, 334, 142 64.00 65.00 06500 RESPIRATORY THERAPY 4, 092, 135 2, 056, 301 6, 148, 436 -302, 025 5, 846, 411 65.00 66.00 06600 PHUMONARY REHAB 184, 440 43, 853 228, 293 -5, 724 222, 569 65.01 66.00 06600 PHUSI CAL THERAPY 399 17, 170, 005 17, 170, 404 -54, 256 17, 116, 148 66.00 67.00 06900 ELECTROCARDIOLOGY 2, 474, 025 2, 564, 516 5, 038, 541 -236, 622 48, 082, 279 69, 00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 88, 206, 093 8, 206, 093 71, 200 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 28, 899, 207 28, 899, 207 72, 00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 28, 899, 207 28, 899, 207 72, 00 72.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 83, 470, 322 83, 470, 322 73, 00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 83, 470, 322 83, 470, 322 73, 00 74.00 07400 CAPOR CRNAL DIALYS 1, 240, 240, 240, 240, 240, 240, 240, 240	· · · · · · · · · · · · · · · · · · ·						
65.01 06500 RESPIRATORY THERAPY 6.00 06500 RESPIRATORY THERAPY 6.01 065.01 06501 PULMOMARY REHAB 6.02 06600 PHYSI CAL THERAPY 6.03 06600 PHYSI CAL THERAPY 6.04 06600 06600 PHYSI CAL THERAPY 6.05 06600 06600 PHYSI CAL THERAPY 7.06 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 7.07 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 7.08 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 7.09 07200 IMPL. DEV. CHARGED TO PATIENTS 7.00 07200 IMPL. DEV. CHARGED TO PATIENTS 7.00 07300 DRUGS CHARGED TO PATIENTS 7.00 07400 RENAL DIALYSIS 7.00 07400 RENAL DIALY							1
65.01 OGBOT PULMONARY REHAB 184, 440 43, 853 228, 293 -5, 724 222, 569 65, 01							
69.00 06900 ELECTROCARDI OLOGY 2, 474, 025 2, 564, 516 5, 038, 541 -236, 262 4, 802, 279 69, 00 710.00 0710.00 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 28, 899, 207 28, 899, 207 72, 00 72.00 0720.01 MPL. DEV. CHARGED TO PATIENTS 0 0 0 0 83, 470, 322 83, 470, 322 73, 00 73.00 0730.01 RUGS CHARGED TO PATIENTS 0 0 0 0 83, 470, 322 83, 470, 322 73, 00 74.00 0740.00 ERNAL DI ALYSIS 127, 229 1, 740, 436 1, 867, 665 -1, 1084 1, 866, 581 74, 00 76.97 07697 CARDI ACR REHABILLITATI ON 408, 735 235, 541 644, 276 -225 644, 051 76, 97 77.00 07000 CLI NI C 2, 116, 993 571, 946 2, 688, 939 34, 461 2, 723, 400 90. 00 79.01 09000 CLI NI C 2, 116, 993 571, 946 2, 688, 939 34, 461 2, 723, 400 90. 00 79.01 09000 AMBURY PRACTICE 4, 014, 090 1, 048, 108 5, 062, 198 -3, 772, 148 1, 290, 050 90. 01 79.02 090002 0UTPATI ENT PSYCHI ATRI C SERVI CES 715, 831 353, 751 1, 069, 582 14, 472 1, 084, 054 90. 02 79.03 09003 CHEMO 1, 300, 970 659, 955 1, 960, 925 -67, 272 1, 893, 653 90. 03 79.04 09004 PRI MARY CARE FOR SENI ORS 1, 651, 561 541, 333 2, 192, 944 47, 764 2, 240, 708 90. 04 79.05 09005 FAIN IN MANAGEMENT 2, 395, 657 1, 449, 721 3, 845, 378 -183, 610 3, 661, 768 90. 07 79.08 09008 HEMATOLOGY 559, 029 141, 852 700, 881 13, 968 714, 849 90. 08 79.09 09009 MULTI -SPECI ALTY SERVI CES 574, 222 192, 451 766, 673 11, 258 777, 931 90. 09 79.00 09000 DIABETES CENTER 193, 283 898, 303 283, 086 6, 169 289, 255 90. 00 79.00 09000 DIABETES CENTER 193, 283 898, 303 283, 086 6, 169 289, 255 90. 00 79.00 09000 OFFICE SERVITES 574, 222 192, 451 766, 673 11, 258 777, 931 90. 09 79.00 09000 DIABETES CENTER 193, 283 898, 303 283, 086 6, 169 289, 255 90. 00 79.00 09000 OFFICE SERVITES 190, 000 190, 000 190, 000 190, 0		184, 440		228, 293		222, 569	
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92. 01 09201 0BSERVATI ON BEDS (DI STINCT PART) 4, 257, 759 846, 000 5, 103, 759 -59, 910 5, 043, 849 92. 01		23, 324, 332	12, 425, 005	33, 733, 23	-255, 555	33, 477, 702	
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96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 2, 552, 617 7, 490, 425 10, 043, 042 -299, 659 9, 743, 383 96. 00 SPECI AL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 287, 925, 887 598, 813, 459 886, 739, 346 -52, 462 886, 686, 884 118. 00 NONREI MBURSABLE COST CENTERS 0 0 0 0 2, 068, 090 2, 068, 090 190. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 9, 722, 097 2, 239, 352 11, 961, 449 -461, 524 11, 499, 925 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 0 0 19200 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 0 0 0 192. 01 192. 02 19202 HENDERSON ER PHYSI CI ANS 856, 051 -865, 260 -9, 209 0 -9, 209 192. 02 192. 03 19203 FAMI LY PHARMACY 1, 437, 860 29, 789, 491 31, 227, 351 -1, 759, 335 29, 468, 016 192. 03		1,20,,,0,	0.107.000	37 1337 73	0,7,10	0,010,017	72.0.
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NONREIMBURSABLE COST CENTERS 190.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 2, 068, 090 2, 068, 090 190.00	SPECIAL PURPOSE COST CENTERS						
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 2, 068, 090 190. 00 192. 00 192.00 192.00 192.01 192.01 192.01 192.01 192.01 192.02 192.02 192.02 192.02 192.02 192.03	118.00 SUBTOTALS (SUM OF LINES 1 through 117)	287, 925, 887	598, 813, 459	886, 739, 346	-52, 462	886, 686, 884	118. 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 9, 722, 097 2, 239, 352 11, 961, 449 -461, 524 11, 499, 925 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 192. 01 192. 02 19202 HENDERSON ER PHYSI CI ANS 856, 051 -865, 260 -9, 209 0 0 -9, 209 192. 02 192. 03 19203 FAMI LY PHARMACY 1, 437, 860 29, 789, 491 31, 227, 351 -1, 759, 335 29, 468, 016 192. 03							ļ
192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 192. 01 1920			0				
192. 02 19202 HENDERSON ER PHYSI CI ANS 856, 051 -865, 260 -9, 209 0 -9, 209 192. 03 19203 FAMI LY PHARMACY 1, 437, 860 29, 789, 491 31, 227, 351 -1, 759, 335 29, 468, 016 192. 03		9, 722, 097	2, 239, 352	11, 961, 449	-461, 524		
192. 03 19203 FAMI LY PHARMACY 1, 437, 860 29, 789, 491 31, 227, 351 -1, 759, 335 29, 468, 016 192. 03		054 051	045 270	0.200			
1/02/1/020 1/02/1/03/ 2/010/107 2/010/107 2/010/000 174/00							
		., 32., 320	.,, 00/	_, 0.0, 10.	2,377	_, 5.5, 500	1

Health Financial Systems	DEACONESS H	OSPI TAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	F EXPENSES	Provi der CC		Peri od:	Worksheet A	
				rom 10/01/2019 o 09/30/2020	Date/Time Pre 4/28/2021 10:	
Cost Center Description	Sal ari es	0ther	•	Recl assi fi cati		
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +- col. 4)	
	1.00	2. 00	3. 00	4. 00	5. 00	
194. 01 07951 OCCUPATI ONAL HEALTH	46, 835	12, 595	59, 430	376	59, 806	194. 01
194.02 07952 OTHER FACILITIES	891, 672	2, 760, 412	3, 652, 084	109, 085	3, 761, 169	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	(0	0	194. 03
194. 04 07954 PR	905, 147	909, 311	1, 814, 458	27, 180	1, 841, 638	194. 04
194. 05 07955 CHI LD CARE CENTER	2, 097, 654	668, 870	2, 766, 524	71, 469	2, 837, 993	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	43	43	0	43	194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	(0	0	194. 07
194. 08 07958 HEALTHSOUTH	0	0	(0	0	194. 08
194. 09 07959 HOME OFFICE	0	0	(0	0	194. 09
200.00 TOTAL (SUM OF LINES 118 through 199)	305, 204, 823	635, 853, 140	941, 057, 963	8 0	941, 057, 963	200. 00

 Health Financial
 Systems
 DEACON

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Peri od: From 10/01/2019 To 09/30/2020 Date/Ti me Prepared: 4/28/2021 10:06 pm

Case A Dis Control Reserve Case A Dis	GENERAL SERVI CE	Description	Adiustments	Nat Evnancas		
COLUMN C	1. 00	•				
PRINCE SERVICE COST CONTEST 1.00 DOTOLOGY SET IC COSTS AND SET INT 1.00 DOTOLOGY SE	1. 00				1	
1.00	1. 00	OCT OFNITEDO	6.00	7.00		
1.01 0.0101 CaP REL COSTS -RIDG & FIXT	1. 01 00101 CAP REL COS 2. 00 00200 CAP REL COS 4. 00 00400 EMPLOYEE BE 5. 00 00500 ADMI NI STATA 7. 00 00700 OPERATI ON 0 8. 00 00800 LAUNDRY & L 9. 00 00900 HOUSEKEEPIN 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A 13. 00 01300 NURSI NG ADM 14. 00 01400 CENTRAL SER 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL REC 17. 00 01700 SOCI AL SERV 21. 00 02100 I &R SERVI CE 22. 00 02200 I &R SERVI CE 23. 00 02300 PARAMED ED 23. 01 02301 PARAMED ED 23. 03 02303 PARAMED ED 23. 03 02303 PARAMED ED 1 NPATI ENT ROUTI NE 30. 00 03000 ADULTS & PE 31. 00 03100 I NTENSI VE C 32. 00 03200 CORONARY CA 40. 00 04000 SUBPROVI DER ANCI LLARY SERVI CE 50. 00 05000 OPERATI NG R 54. 00 05400 RADI OLOGY-T 56. 00 05500 RADI OLOGY-T 56. 00 05500 RADI OLOGY-T 56. 00 05500 CARDI AC CAT 60. 00 06000 LABORATORY 63. 00 06300 BLOOD STORI		1 440 504	10,000,004	4	1 00
2.00 DODDO CAP REL COSIS-WISE EQUIP	2. 00 00200 CAP REL COS 4. 00 00400 EMPLOYEE BE 5. 00 00500 ADMI NI STRAT 7. 00 00700 OPERATI ON 0 8. 00 00800 LAUNDRY & L 9. 00 00900 HOUSEKEEPI N 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A 13. 00 01300 NURSI NG ADM 14. 00 01400 CENTRAL SER 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL REC 17. 00 01700 SOCI AL SERV 21. 00 02100 I &R SERVI CE 22. 00 02200 I &R SERVI CE 23. 00 02300 PARAMED ED 23. 01 02301 PARAMED ED 23. 03 02301 PARAMED ED 23. 03 02301 PARAMED ED 1 NPATI ENT ROUTI NE 30. 00 03200 ADULTS & PE 31. 00 03100 I NTENSI VE C 32. 00 03200 CORONARY CA 40. 00 04000 SUBPROVI DER ANCI LLARY SERVI CE 50. 00 05000 OPERATI NG R 54. 00 05400 RADI OLOGY-D 55. 00 05500 RADI OLOGY-D 56. 00 05600 RADI OLOGY-T 56. 00 05600 RADI OLOGY-T 56. 00 05600 CARDI AC CAT 60. 00 06000 LABORATORY 63. 00 06300 BLOOD STORI					
4. 00 0.0000 DATE DEPARTMENT -23, 720, 0.014 33, 301, 751 5. 00 0.0000 DEPART TO BE CREATED -73, 311, 240 7, 431, 953 5. 00 0.0000 DEPART TO BE CREATED -73, 311, 240 7, 431, 953 7, 500, 341 9, 0.0000 0.0000 DEPART TO BE CREATED -73, 311, 240 7, 431, 953 9, 0.0000 0.0000 DEPART TO BE CREATED -73, 311, 240 7, 431, 953 9, 0.0000 0.0000 DEPART TO BE CREATED -74, 311, 240 7, 431, 953 9, 0.0000 0.0000 DEPART TO BE CREATED -74, 311, 240 7, 431, 953 9, 0.0000 0.0000 DEPART TO BE CREATED -74, 311, 240 9, 0.0000 0.0000 DEPART TO BE CREATED -74, 311, 240 9, 0.0000 0.0000 DEPART TO BE CREATED -74, 311, 311, 311, 311, 311, 311, 311, 31	4. 00 00400 EMPLOYEE BE 5. 00 00500 ADMI NI STRAT 7. 00 00700 OPERATI ON 0 8. 00 00800 LAUNDRY & L 9. 00 00900 HOUSEKEEPI N 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A 13. 00 01300 NURSI NG ADM 14. 00 01400 CENTRAL SER 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL REC 17. 00 01700 SOCI AL SERV 21. 00 02100 I &R SERVI CE 22. 00 02200 I &R SERVI CE 23. 00 02300 PARAMED ED 23. 01 02301 PARAMED ED 23. 01 02301 PARAMED ED 1NPATI ENT ROUTI NE 30. 00 03200 ADULTS & PE 31. 00 03100 I NTENSI VE C 32. 00 03200 CORONARY CA 40. 00 04000 SUBPROVI DER ANCI LLARY SERVI CE 50. 00 05000 OPERATI NG R 54. 00 05400 RADI OLOGY -D 55. 00 05500 RADI OLOGY -D 55. 00 05500 RADI OLOGY -T 56. 00 05600 RADI OLOGY -T 56. 00 05600 CARDI AC CAT 60. 00 06000 LABORATORY 63. 00 06300 BLOOD STORI					•
5.00	5. 00 00500 ADMI NI STRAT 7. 00 00700 OPERATI ON 0 8. 00 00800 LAUNDRY & L 9. 00 00900 HOUSEKEEPIN 11. 00 01100 DI ETARY 11. 00 01100 CAFETERI A 13. 00 01300 NURSI NG ADM 14. 00 01400 CENTRAL SER 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL REC 17. 00 02100 I &R SERVI CE 22. 00 02200 I &R SERVI CE 23. 00 02300 PARAMED ED 23. 01 02301 PARAMED ED 23. 01 02301 PARAMED ED 1NPATI ENT ROUTI NE 30. 00 03000 ADULTS & PE 31. 00 03100 I NTENSI VE C 32. 00 03200 CORONARY CA 40. 00 04000 SUBPROVI DER ANCI LLARY SERVI CE 50. 00 05000 OPERATI NG R 54. 00 05400 RADI OLOGY-D 55. 00 05500 RADI OLOGY-T 56. 00 05600 RADI OLOGY-T 56. 00 05600 RADI OLOGY-T 56. 00 05600 CARDI AC CAT 60. 00 06000 LABORATORY 63. 00 06300 BLOOD STORI				·	•
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SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) -215, 709, 800 670, 977, 084 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 2, 068, 090 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 11, 499, 925 192. 01 19201 DEACONESS URGENT CARE 0 0 0 192. 01 19202 19202 HENDERSON ER PHYSI CI ANS 0 -9, 209 192. 02 19203 FAMI LY PHARMACY 0 29, 468, 016 192. 03 194. 00 07950 MI SC NONREI MBURSABLE 0 2, 843, 608 194. 00 194			0	9, 743, 383	3	96.00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) -215, 709, 800 670, 977, 084 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT. FLOWER, COFFEE SHOP & CANTEEN 0 2, 068, 090 192. 00 19200 PHYSI CI ANS 'PRI VATE OFFI CES 0 11, 499, 925 192. 01 19201 DEACONESS URGENT CARE 0 0 192. 02 19202 HENDERSON ER PHYSI CI ANS 0 -9, 209 192. 02 192. 03 19203 FAMI LY PHARMACY 0 29, 468, 016 192. 03 194. 00 0 0 0 194. 00 0 0 194. 00 0 0 0 0 0 0 0 0 0				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7
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190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 2, 068, 090 192.00 192.00 192.00 192.01 192.01 192.01 192.01 192.01 192.02 192.02 192.02 192.02 192.02 192.03 1			2, 37, 330		·	
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194. 02 07952 OTHER FACILITIES 0 3, 761, 169 194. 02					•	•
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Heal th Financial Systems

DEACONESS HOSPITAL

In Lieu of Form CMS-2552-10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082
From 10/01/2019
To 09/30/2020
Date/Time Prepared:

				4/28/2021 10:06 pt	m
Cost Center Description	Adjustments	Net Expenses			
	(See A-8)	For Allocation			
	6.00	7. 00			
194. 03 07953 THE HEART HOSPI TAL	0	0		194.	. 03
194. 04 07954 PR	0	1, 841, 638		194.	. 04
194. 05 07955 CHILD CARE CENTER	0	2, 837, 993		194.	. 05
194.06 07956 CENTER OF LIFE BALANCE	0	43		194.	. 06
194. 07 07957 UNIT 3200 - DEACONESS VNA	0	o		194.	. 07
194. 08 07958 HEALTHSOUTH	0	o		194.	. 08
194. 09 07959 HOME OFFICE	0	o		194.	. 09
200.00 TOTAL (SUM OF LINES 118 through 199)	-215, 709, 800	725, 348, 163		200.	. 00

Health Financial Systems RECLASSIFICATIONS | Peri od: | From 10/01/2019 | To 09/30/2020 | Worksheet A-6 | Date/Time Prepared: | 4/28/2021 10:06 pm Provider CCN: 15-0082

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C - INTEREST EXPENSE 1. 00 CAP REL COSTS-MVBLE EQUI P 2. 00 0 376, 034 2. 00 OTHER FACI LI TI ES 194. 02 0 123, 430 3. 00 0 0 0 0 0 0 0 0 3. 00 D - CAFETERI A 1. 00 CAFETERI A 11. 00 1, 562, 642 0 1. 00 2. 00 GI FT, FLOWER, COFFEE SHOP & 190. 00 1, 015, 839 0 2. 00 CANTEEN 3. 00 4. 00 CAFETERI A 11. 00 0 1, 618, 653 5. 00 GI FT, FLOWER, COFFEE SHOP & 190. 00 0 1, 052, 251 CANTEEN 5. 00 CANTEEN 5. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52.00	<u> </u>	0.00	•	0		52. 00
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Health Financial Systems RECLASSIFICATIONS | Peri od: | From 10/01/2019 | To 09/30/2020 | Worksheet A-6 | Date/Time Prepared: | 4/28/2021 10:06 pm Provider CCN: 15-0082

					4/28/2021	10:06 pm
		Increases				
	Cost Center 2.00	Li ne #	Sal ary 4.00	Other 5 00		
	E - INCENTIVE COMPENSATION	3. 00	4.00	5. 00		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	88, 580	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5. 00	2, 089, 697	0		2. 00
3.00	OPERATION OF PLANT	7. 00	168, 910	0		3. 00
4.00	LAUNDRY & LINEN SERVICE	8.00	30, 003	0		4. 00
5.00	HOUSEKEEPI NG DI ETARY	9.00	131, 946	0		5. 00
6. 00 7. 00	NURSING ADMINISTRATION	10. 00 13. 00	90, 360 113, 971	0		6. 00 7. 00
8. 00	CENTRAL SERVICES & SUPPLY	14. 00	67, 905	Ö		8. 00
9.00	PHARMACY	15.00	204, 547	0		9. 00
10.00	MEDICAL RECORDS & LIBRARY	16. 00	7, 645	0		10. 00
11. 00	SOCI AL SERVI CE	17. 00	67, 696	0		11. 00
12.00	ADULTS & PEDIATRICS	30.00	725, 733	0		12.00
13. 00 14. 00	INTENSIVE CARE UNIT	31.00	150, 764	0		13. 00 14. 00
15. 00	CORONARY CARE UNIT SUBPROVIDER - IPF	32. 00 40. 00	56, 795 21, 887	0		15. 00
16. 00	OPERATING ROOM	50.00	386, 327	o		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	160, 231	Ö		17. 00
18. 00	RADI OLOGY-THERAPEUTI C	55.00	55, 842	0		18. 00
19. 00	RADI OI SOTOPE	56.00	9, 052	0		19. 00
20. 00	CT SCAN	57. 00	47, 690	0		20. 00
21. 00	MAGNETIC RESONANCE I MAGING	58. 00	30, 940	0		21. 00
22 00	(MRI) CARDIAC CATHETERIZATION	59. 00	124 225	0		22. 00
22. 00 23. 00	LABORATORY	60.00	126, 325 239, 746	0		23. 00
24. 00	INTRAVENOUS THERAPY	64.00	42, 377	o		24. 00
25. 00	RESPI RATORY THERAPY	65. 00	67, 743	Ö		25. 00
26.00	PULMONARY REHAB	65. 01	3, 121	0		26. 00
27.00	ELECTROCARDI OLOGY	69. 00	46, 312	0		27. 00
28. 00	RENAL DIALYSIS	74.00	8, 792	0		28. 00
29. 00	CARDI AC REHABI LI TATI ON	76. 97	12, 026	0		29. 00
30.00	CLINIC	90.00	26, 495	0		30.00
31. 00 32. 00	FAMILY PRACTICE OUTPATIENT PSYCHIATRIC	90. 01 90. 02	40, 164 13, 747	0		31. 00 32. 00
32.00	SERVI CES	70.02	13, 747	0		32.00
33.00	CHEMO	90. 03	4, 459	0		33. 00
34.00	PRIMARY CARE FOR SENIORS	90. 04	44, 178	0		34. 00
35.00	PAIN MANAGEMENT	90. 05	36, 124	0		35. 00
36. 00	WOUND CARE	90.06	31, 998	0		36. 00
37. 00	SLEEP CENTER	90.07	48, 476	0		37. 00
38. 00 39. 00	HEMATOLOGY	90. 08 90. 09	12, 292 11, 021	0		38. 00 39. 00
40. 00	MULTI-SPECIALTY SERVICES DIABETES CENTER	90. 10	4, 777	0		40.00
41. 00	EMERGENCY	91.00	132, 740	o		41. 00
42. 00	OBSERVATION BEDS (DISTINCT	92. 01	46, 890	Ö		42. 00
	PART)					
43.00	DURABLE MEDICAL EQUIP-RENTED	96.00	19, 182	0		43. 00
44. 00	PHYSICIANS' PRIVATE OFFICES	192.00	41, 126	0		44.00
45. 00	FAMILY PHARMACY MISC NONREIMBURSABLE	192.03	36, 960	0		45. 00
46. 00 47. 00	PR	194. 00 194. 04	46, 367 26, 589	0		46. 00 47. 00
48. 00	CHILD CARE CENTER	194. 05	72, 282	0		48. 00
49. 00	OTTED STATE SERVER	0.00	0	Ö		49. 00
	0 — — — — —		5, 948, 830			
_	F - LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	530, 824		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	495, 049		2.00
3. 00 4. 00		0. 00 0. 00	0	0		3. 00 4. 00
5. 00		0.00	0	0		5. 00
6. 00		0.00	ő	Ö		6. 00
	0 — — — —			1, 025, 873		
	G - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	83, 470, 322		1.00
2. 00				0		2. 00
	H - RESIDENTS		U	83, 470, 322		
1.00	I &R SERVI CES-SALARY &	21.00	1, 749, 210	0		1. 00
	FRINGES APPRVD					
2.00	I&R SERVICES-OTHER PRGM	22. 00	1, 616, 946	0		2. 00
2 00	COSTS APPRVD	22.00		450 004		2.00
3. 00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22. 00	U	458, 226		3. 00
4. 00		0.00	О	0		4. 00
	· '	<u>'</u>	1	<u>'</u>		·

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

					Date/Time Prepared: 4/28/2021 10:06 pm
	Cook Courtsus	Increases	C-1	0+1	
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00	
5. 00		0.00	0	0	5. 00
6. 00		0.00	00 3, 366, 156	0 458, 226	6. 00
	I - PASTORAL EDUCATION		0, 000, 100	100, 220	
1.00	PARAMED ED PRGM-CHAPLAIN	23. 01	256, 959	0	1.00
2. 00 3. 00	PARAMED ED PRGM-CHAPLAIN	23. 01 0. 00	0	24, 422 0	2. 00 3. 00
4. 00		0.00	0	0	4. 00
	O J - I NSURANCE		256, 959	24, 422	
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	849, 241	1. 00
2.00	CAP REL COSTS-BLDG & FIXT	1. 01	0	5, 628	2. 00
3. 00 4. 00	MISC NONREIMBURSABLE OTHER FACILITIES	194. 00 194. 02	0	77 18, 294	3. 00 4. 00
5. 00	CHILD CARE CENTER	194. 05	0	1, 424	5. 00
6.00		0.00	•	0	6. 00
	O K - NURSING EDUCATION		0	874, 664	
1.00	PARAMED ED PRGM-NURSING	23. 03	841, 064	0	1. 00
2.00		0. 00 0. 00	0	0	2.00
3. 00 4. 00		0.00	0	0	3. 00 4. 00
5.00		0.00	0	0	5. 00
6. 00 7. 00		0. 00 0. 00	0	0	6. 00
8.00		0.00	0	0	8. 00
9.00		0.00	O	0	9. 00
10. 00 11. 00		0. 00 0. 00	0	0	10.00
12. 00		0.00	o	Ö	12. 00
13.00		0.00	0	0	13.00
14. 00 15. 00		0. 00 0. 00	0	0	14. 00 15. 00
16. 00		0.00	0		16. 00
	O L - MEDI CAL SUPPLI ES CHARGED		841, 064	0	
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	8, 206, 093	1. 00
2 00	PATIENTS	72.00		20 000 207	2.00
2. 00	I MPL. DEV. CHARGED TO PATIENTS	72. 00	0	28, 899, 207	2. 00
3.00		0.00	0	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 8. 00		0. 00 0. 00	0	0	7. 00 8. 00
9. 00		0.00	0	0	9. 00
10.00		0.00	O	0	10.00
11. 00 12. 00		0. 00 0. 00	0	0	11. 00 12. 00
13. 00		0.00	o	Ö	13. 00
14.00		0.00	0	0	14. 00
15. 00 16. 00		0. 00 0. 00	0	0	15. 00 16. 00
17.00		0.00	O	0	17. 00
18. 00 19. 00		0. 00 0. 00	0	0	18. 00 19. 00
20. 00		0.00	0	0	20. 00
21. 00		0.00	0	0	21. 00
22. 00			0	0 37, 105, 300	22. 00
	M - BENEFITS		<u></u>	07, 100, 300	
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3, 486, 778	 1.00
2. 00 3. 00		0. 00 0. 00	0	0	2. 00 3. 00
4.00	ADMINISTRATIVE & GENERAL	5. 00	21, 350	ŏ	4. 00
5.00		0.00	0	0	5. 00
	N - PROPERTY TAXES		21, 350	3, 486, 778	
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	396, 285	1. 00
2. 00 3. 00	CAP REL COSTS-MVBLE EQUIP RADI OLOGY-DI AGNOSTI C	2. 00 54. 00	0	220, 527 1, 276	2. 00 3. 00
4.00	MAGNETIC RESONANCE I MAGING	58. 00	0	4, 383	4. 00
	(MRI)				

Peri od: From 10/01/2019 To 09/30/2020

Date/Time Prepared: 4/28/2021 10:06 pm

					4/28/2021 10:	:06 pm
	0+ 0+	Increases	C-1	0+1		
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00		
5. 00	PHYSI CAL THERAPY	66.00	4.00	15, 586		5. 00
6. 00	PRIMARY CARE FOR SENIORS	90.04	Ö	3, 790		6. 00
7. 00	SLEEP CENTER	90.07	Ö	26, 708		7. 00
8. 00	DURABLE MEDICAL EQUIP-RENTED	96.00	o	6, 064		8. 00
9. 00	CHILD CARE CENTER	194. 05	o	23, 114		9. 00
10. 00	SINES STATE SENTER	0.00	o	20, 111		10.00
10.00			<u> </u>	697, 733		10.00
	0 - DISABILITY		<u> </u>	077,700		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4, 378		1. 00
2.00	ADMINISTRATIVE & GENERAL	5. 00	Ö	95, 463		2. 00
3.00	OPERATION OF PLANT	7. 00	o	14, 294		3. 00
4.00	LAUNDRY & LINEN SERVICE	8.00	Ö	11, 853		4. 00
5. 00	HOUSEKEEPI NG	9.00	o	44, 265		5. 00
6.00	DI ETARY	10.00	O	22, 173		6. 00
7.00	NURSING ADMINISTRATION	13.00	O	34, 098		7. 00
8.00	CENTRAL SERVICES & SUPPLY	14.00	o	15, 143		8. 00
9.00	PHARMACY	15. 00	O	124, 870		9. 00
10.00	MEDICAL RECORDS & LIBRARY	16.00	o	3, 563		10.00
11. 00	SOCI AL SERVI CE	17. 00	O	51, 531		11. 00
12.00	ADULTS & PEDIATRICS	30.00	o	395, 686		12. 00
13. 00	INTENSIVE CARE UNIT	31.00	O	119, 382		13. 00
14.00	CORONARY CARE UNIT	32.00	O	34, 536		14. 00
15. 00	SUBPROVIDER - IPF	40.00	0	3, 602		15. 00
16. 00	OPERATING ROOM	50.00	Ö	126, 716		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	o	58, 396		17. 00
18. 00	RADI OLOGY-THERAPEUTI C	55. 00	Ö	19, 687		18. 00
19. 00	RADI OI SOTOPE	56.00	o	7, 848		19. 00
20. 00	CT SCAN	57.00	Ö	27, 906		20.00
21. 00	MAGNETIC RESONANCE IMAGING	58.00	o	18, 397		21. 00
	(MRI)			,		
22.00	CARDÍ AC CATHETERI ZATI ON	59.00	0	25, 137		22. 00
23.00	LABORATORY	60.00	0	92, 947		23. 00
24.00	BLOOD STORING, PROCESSING, &	63.00	O	1, 979		24. 00
	TRANS.			·		
25.00	INTRAVENOUS THERAPY	64.00	O	9, 235		25. 00
26.00	RESPIRATORY THERAPY	65.00	O	42, 403		26. 00
27.00	PULMONARY REHAB	65. 01	O	1, 708		27. 00
28.00	ELECTROCARDI OLOGY	69.00	O	30, 481		28. 00
29.00	CARDIAC REHABILITATION	76. 97	O	2, 051		29. 00
30.00	CLINIC	90.00	0	8, 391		30.00
31.00	FAMILY PRACTICE	90. 01	0	1, 974		31.00
32.00	OUTPATIENT PSYCHIATRIC	90. 02	0	938		32. 00
	SERVI CES					
33.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	1, 237		33. 00
34.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	3, 591		34.00
35.00	FAMILY PHARMACY	192. 03	0	12, 962		35. 00
36.00	WOUND CARE	90.06	0	7, 941		36. 00
37.00	SLEEP CENTER	90. 07	0	7, 633		37. 00
38.00	HEMATOLOGY	90. 08	0	6, 689		38. 00
39.00	MULTI-SPECIALTY SERVICES	90. 09	0	14, 149		39. 00
40.00	DI ABETES CENTER	90. 10	0	493		40. 00
41.00	EMERGENCY	91.00	0	86, 927		41.00
42.00	OBSERVATION BEDS (DISTINCT	92. 01	O	22, 550		42. 00
	PART)					
43.00	DURABLE MEDICAL EQUIP-RENTED	96. 00	0	12, 278		43. 00
44.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	20, 651		44. 00
45. 00	FAMILY PHARMACY	192. 03	O	9, 682		45. 00
46.00	MI SC NONREI MBURSABLE	194. 00	0	4, 319		46. 00
47.00	PR	194. 04	0	3, 486		47. 00
48. 00	CHILD CARE CENTER	194. 05	0_	<u>21, 0</u> 71		48. 00
	0		0	1, 686, 690		_
	P - SALARY IN NON-SALARY ACCO					4
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	510	0		1. 00
2.00	ADMINISTRATIVE & GENERAL	5. 00	34, 136	0		2. 00
3.00	OPERATION OF PLANT	7. 00	800	0		3. 00
4.00	LAUNDRY & LINEN SERVICE	8. 00	1, 230	0		4. 00
5.00	HOUSEKEEPI NG	9. 00	1, 125	0		5. 00
6.00	DI ETARY	10. 00	2, 245	0		6. 00
7.00	NURSING ADMINISTRATION	13.00	810	0		7. 00
8.00	CENTRAL SERVICES & SUPPLY	14. 00	170	0		8. 00
9.00	PHARMACY	15. 00	11, 902	0		9. 00
10.00	MEDICAL RECORDS & LIBRARY	16. 00	2, 052	0		10.00
11. 00	SOCI AL SERVI CE	17. 00	19, 156	0		11. 00
12.00	ADULTS & PEDIATRICS	30.00	118, 804	0		12. 00
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Peri od: From 10/01/2019 To 09/30/2020

Date/Time Prepared: 4/28/2021 10:06 pm

		Increases			4/28/2021 10:0	J6 pm
	Cost Center	Increases Line #	Salary	Other		
	2. 00	3.00	4. 00	5. 00		
13. 00	INTENSIVE CARE UNIT	31.00	6, 112	0.00		13. 00
14.00	CORONARY CARE UNIT	32.00	5, 455	0		14.00
15.00	SUBPROVI DER - I PF	40. 00	55	0		15.00
16.00	OPERATING ROOM	50.00	34, 436	0		16.00
17. 00	RADI OLOGY-DI AGNOSTI C	54. 00	2, 885	0		17. 00
18. 00	RADI OLOGY-THERAPEUTI C	55.00	2, 666	0		18.00
19.00	RADI OI SOTOPE	56. 00	480	0		19.00
20. 00 21. 00	CT SCAN MAGNETIC RESONANCE I MAGING	57. 00 58. 00	590 330	0		20. 00 21. 00
21.00	(MRI)	30.00	330	O		21.00
22.00	CARDÍAC CATHETERIZATION	59. 00	50	0		22.00
23.00	LABORATORY	60.00	9, 139	0		23.00
24.00	BLOOD STORING, PROCESSING, &	63. 00	750	0		24.00
05.00	TRANS.		700			05.00
25. 00 26. 00	I NTRAVENOUS THERAPY RESPIRATORY THERAPY	64. 00 65. 00	730 730	0		25. 00 26. 00
27. 00	ELECTROCARDI OLOGY	69. 00	25	0		27. 00
28. 00	RENAL DI ALYSI S	74. 00	200	0		28. 00
29. 00	CLINIC	90.00	990	Ö		29. 00
30.00	FAMILY PRACTICE	90. 01	6, 578	0		30.00
31.00	OUTPATIENT PSYCHIATRIC	90. 02	140	0		31.00
	SERVI CES			_		
32.00	CHEMO	90.03	400	0		32.00
33.00	PRIMARY CARE FOR SENIORS PAIN MANAGEMENT	90. 04 90. 05	3, 510 370	0		33. 00 34. 00
34. 00 35. 00	WOUND CARE	90. 05 90. 06	3, 560	0		34. 00 35. 00
36. 00	SLEEP CENTER	90.00	1, 557	0		36. 00
37. 00	HEMATOLOGY	90. 08	2, 160	Ö		37. 00
38. 00	MULTI-SPECIALTY SERVICES	90. 09	2, 250	0		38. 00
39. 00	EMERGENCY	91. 00	22, 920	0		39. 00
40.00	OBSERVATION BEDS (DISTINCT	92. 01	470	0		40.00
44 00	PART)	0, 00	100	2		44.00
41.00	DURABLE MEDI CAL EQUI P-RENTED	96. 00	190	0		41.00
42. 00 43. 00	PHYSICIANS' PRIVATE OFFICES FAMILY PHARMACY	192. 00 192. 03	25, 080 85	0	-	42. 00 43. 00
44. 00	MISC NONREIMBURSABLE	194. 00	610	0		44. 00
45. 00	OTHER FACILITIES	194. 02	10, 474	Ö		45. 00
46.00	PR	194. 04	80	0		46.00
47.00	CHILD CARE CENTER	1 <u>94.</u> 05	392	0		47. 00
	O BART A BUNGLOLAN		339, 389	0		
1 00	Q - PART A PHYSICIAN INTENSIVE CARE UNIT	31.00	215 000	0		1 00
1. 00 2. 00	INTENSIVE CARE UNIT	31.00	215, 898 0	0 50, 295		1. 00 2. 00
3.00	INTENSIVE CARE ONLY	0.00	o	0		3. 00
4. 00		0.00	ő	o		4. 00
	0 — — — — — —		215, 898	50, 295		
	R - HSB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1. 01	0	152, 414		1. 00
2.00				0		2. 00
	S - ACTIVITY THERAPY		O _I	152, 414		
1.00	SUBPROVI DER – I PF	40.00	17, 702	0		1. 00
2.00	SOBI NOVI BEN 111	0.00	0	Ö		2. 00
3. 00	SUBPROVIDER - IPF	40. 00	0	2, 433		3. 00
4.00	L	0. 00	0	0		4.00
	0		17, 702	2, 433		
	T - PTO ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	12, 579	0		1.00
2. 00 3. 00	ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5. 00 7. 00	241, 118 26, 752	0		2. 00 3. 00
4.00	LAUNDRY & LINEN SERVICE	8. 00	4, 593	0		4. 00
5. 00	HOUSEKEEPI NG	9. 00	24, 287	0		5. 00
6. 00	DI ETARY	10. 00	24, 138	0		6. 00
7.00	NURSING ADMINISTRATION	13. 00	22, 816	0		7. 00
8.00	CENTRAL SERVICES & SUPPLY	14. 00	11, 017	0		8. 00
9.00	PHARMACY	15. 00	66, 132	0		9. 00
10.00	MEDICAL RECORDS & LIBRARY	16.00	17, 772	0		10.00
11.00	SOCIAL SERVICE	17. 00	33, 691	0		11.00
12. 00 13. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	172, 213 41, 596	0		12. 00 13. 00
14. 00	CORONARY CARE UNIT	32.00	8, 311	0		14. 00
15. 00	SUBPROVI DER - I PF	40. 00	4, 802	0		15. 00
16. 00	OPERATI NG ROOM	50. 00	96, 366	Ö		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00		0		17. 00

Peri od: From 10/01/2019 To 09/30/2020 Date/Ti me Prepared: 4/28/2021 10:06 pm

					4/28/2021 10:06 pm
		Increases			
	Cost Center	Li ne #	Sal ary	0ther	
10.00	2. 00	3.00	4.00	5. 00	40.00
18.00	RADI OLOGY-THERAPEUTI C	55. 00	15, 440	0	18.00
19. 00	RADI OI SOTOPE	56. 00	3, 334	0	19. 00
20.00	CT SCAN	57. 00	12, 095	0	20.00
21. 00	MAGNETIC RESONANCE I MAGING	58. 00	9, 051	0	21.00
	(MRI)	50.00	07 507		
22. 00	CARDI AC CATHETERI ZATI ON	59. 00	27, 507	0	22. 00
23. 00	LABORATORY	60.00	75, 111	0	23. 00
24. 00	I NTRAVENOUS THERAPY	64.00	12, 617	0	24. 00
25. 00	RESPI RATORY THERAPY	65. 00	16, 531	0	25. 00
26. 00	PULMONARY REHAB	65. 01	1, 236	0	26. 00
27. 00	ELECTROCARDI OLOGY	69. 00	10, 918	0	27. 00
28. 00	RENAL DIALYSIS	74.00	881	0	28. 00
29. 00	CARDIAC REHABILITATION	76. 97	2, 821	0	29. 00
30.00	CLINIC	90.00	10, 692	0	30.00
31.00	FAMILY PRACTICE	90. 01	13, 885	0	31.00
32.00	OUTPATIENT PSYCHIATRIC	90. 02	3, 764	0	32.00
	SERVICES				
33.00	CHEMO	90. 03	1, 772	0	33.00
34.00	PRIMARY CARE FOR SENIORS	90. 04	9, 494	0	34.00
35.00	PAIN MANAGEMENT	90. 05	15, 170	0	35. 00
36.00	WOUND CARE	90.06	7, 401	0	36. 00
37. 00	SLEEP CENTER	90. 07	14, 334	0	37.00
38. 00	HEMATOLOGY	90. 08	1, 981	0	38.00
39. 00	MULTI-SPECIALTY SERVICES	90. 09	3, 399	0	39.00
40. 00	DI ABETES CENTER	90. 10	1, 821	0	40.00
41. 00	EMERGENCY	91.00	95, 555	0	41.00
42. 00	OBSERVATION BEDS (DISTINCT	92. 01	17, 619	0	42.00
42.00	PART)	72.01	17,019	U	42.00
43.00	DURABLE MEDICAL EQUIP-RENTED	96.00	14, 627	0	43.00
44. 00	PHYSICIANS' PRIVATE OFFICES	192.00	23, 863	0	43.00
				0	
45. 00	FAMILY PHARMACY	192. 03	8, 988	0	45. 00
46. 00	MI SC NONREI MBURSABLE	194. 00	8, 230	9	46. 00
47. 00	OCCUPATIONAL HEALTH	194. 01	376	0	47. 00
48. 00	OTHER FACILITIES	194. 02	4, 918	0	48.00
49. 00	PR	194. 04	5, 464	0	49.00
50.00	CHILD CARE CENTER	194. 05	10, 288	0	50.00
51. 00		0.00	•	0	51. 00
	0		1, 311, 018	0	
	U - A&G				
1. 00	ADMINISTRATIVE & GENERAL	5. 00	0	499, 609	1.00
2.00		0. 00	0	0	2. 00
3.00		0. 00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5. 00
6.00		0.00	0	0	6. 00
7.00		0.00	0	0	7. 00
8.00		0.00	O	0	8.00
9.00		0.00	o	0	9.00
10.00		0.00	o	0	10.00
11.00		0.00	ol	0	11.00
12. 00		0.00	ol	Ô	12.00
			— — - ō	499, 609	
	V - EXEMPT		<u> </u>	, ,	
1.00	ADULTS & PEDIATRICS	30.00	421, 452	0	1.00
2. 00		0.00	0	Ö	2.00
3.00	ADULTS & PEDIATRICS	30.00	ő	43, 193	3.00
4. 00	7.50210 d 125171111 00	0.00	0	.0, .,0	4.00
00	TOTALS — — — —	— — - : • • •	421, 452	43, 193	4.00
	W - RADI OLOGY		121, 102	10, 170	
1.00	RADI OI SOTOPE	56.00	30, 049	O	1.00
2.00	CT SCAN	57. 00	435, 385	0	2.00
3.00	MAGNETIC RESONANCE IMAGING	58.00	171, 646	0	3.00
5.00	(MRI)	36.00	171,040	U	3.00
4 00	(WIKT)	0.00			4.00
4.00	DADI OI SOTODE	0.00	0	471 140	4.00
5.00	RADI OI SOTOPE	56.00	0	471, 149	5. 00
6.00	CT SCAN	57.00	0	197, 767	6.00
7.00	MAGNETIC RESONANCE IMAGING	58. 00	이	218, 424	7. 00
0.00	(MRI)	2	_	_	
8.00		0.00	,,,,,,,	0	8.00
F00 -	TOTALS		637, 080	887, 340	
500.00	Grand Total: Increases		15, 955, 379	165, 419, 885	500.00

Heal th	Financial Systems		DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2552-10
RECLAS	RECLASSI FI CATI ONS			Provi der (Peri od:	Worksheet A-6
						From 10/01/2019 To 09/30/2020	
		Decreases					4/28/2021 10:06 pm
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
1. 00	A - BUILDING DEPRECIATION	0.00	ol	0	9		1.00
2.00	OPERATION OF PLANT	7. 00	0	7, 877, 166			2. 00
	0			7, 877, 166			
1. 00	B - EQUIPMENT DEPRECIATION	0.00	ol	0	9		1.00
2. 00	CAP REL COSTS-BLDG & FIXT	1.00	0	504, 966			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32, 170		l .	3.00
4.00	ADMINISTRATIVE & GENERAL	5. 00	0	13, 176, 696			4.00
5. 00 6. 00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	7. 00 8. 00	0	252, 818 127, 579			5. 00 6. 00
7. 00	HOUSEKEEPI NG	9.00	0	35, 901	_	1	7. 00
8.00	DI ETARY	10.00	0	209, 341			8. 00
9.00	NURSI NG ADMI NI STRATI ON	13.00	0	869, 177			9.00
10. 00 11. 00	CENTRAL SERVICES & SUPPLY PHARMACY	14. 00 15. 00	0	255, 907 121, 190			10. 00 11. 00
12. 00	MEDICAL RECORDS & LIBRARY	16. 00	0	265	_		12.00
13.00	SOCIAL SERVICE	17. 00	0	2, 084		1	13. 00
14.00	ADULTS & PEDIATRICS	30.00	0	601, 929			14.00
15. 00 16. 00	INTENSIVE CARE UNIT CORONARY CARE UNIT	31. 00 32. 00	0	160, 271 29, 961		1	15. 00 16. 00
17. 00	SUBPROVI DER - I PF	40.00	0	29, 901			17. 00
18. 00	OPERATING ROOM	50.00	0	2, 595, 905			18. 00
19. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	991, 599			19.00
20. 00 21. 00	RADI OLOGY-THERAPEUTI C RADI OI SOTOPE	55.00	0	28, 778 125, 956		1	20. 00 21. 00
22. 00	CT SCAN	56. 00 57. 00	0	24, 162			22.00
23. 00	MAGNETIC RESONANCE I MAGING	58.00	Ö	357, 278	1		23. 00
0.4.00	(MRI)	50.00		740.070			0.4.00
24. 00 25. 00	CARDIAC CATHETERIZATION LABORATORY	59. 00 60. 00	0	742, 873 846, 197			24. 00 25. 00
26. 00	INTRAVENOUS THERAPY	64.00	o	25, 755			26. 00
27. 00	RESPIRATORY THERAPY	65.00	0	274, 657			27. 00
28. 00	PULMONARY REHAB	65. 01	0	10, 081			28. 00
29. 00 30. 00	PHYSI CAL THERAPY ELECTROCARDI OLOGY	66. 00 69. 00	0	69, 842 282, 804		1	29. 00 30. 00
31. 00	RENAL DIALYSIS	74.00	0	10, 757		1	31.00
32. 00	CARDIAC REHABILITATION	76. 97	O	15, 072			32.00
33. 00	CLINIC	90.00	0	2, 726			33.00
34. 00 35. 00	FAMILY PRACTICE	90. 01 90. 02	0	32, 664 3, 039		1	34. 00 35. 00
33.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	U	3, 039		,	35.00
36.00	СНЕМО	90. 03	0	72, 692			36.00
37. 00	PRIMARY CARE FOR SENIORS	90. 04	0	9, 698		1	37.00
38. 00 39. 00	PAIN MANAGEMENT WOUND CARE	90. 05 90. 06	0	56, 859 8, 039		1	38. 00 39. 00
40. 00	SLEEP CENTER	90. 07	o	60, 198			40.00
41.00	HEMATOLOGY	90.08	0	305	C		41.00
42.00	MULTI - SPECIALTY SERVICES	90. 09	0	3, 162			42.00
43. 00 44. 00	DI ABETES CENTER EMERGENCY	90. 10 91. 00	0	429 251, 106)	43. 00 44. 00
45. 00	OBSERVATION BEDS (DISTINCT	92. 01	o	80, 337			45. 00
	PART)		_		_		
46. 00 47. 00	DURABLE MEDICAL EQUIP-RENTED PHYSICIANS' PRIVATE OFFICES	96. 00 192. 00	0	290, 275 110, 440			46. 00 47. 00
48. 00	FAMILY PHARMACY	192.00	0	36, 873			48. 00
49. 00	MI SC NONREI MBURSABLE	194. 00	Ö	27, 878			49.00
50.00	OTHER FACILITIES	194. 02	0	37, 557			50.00
51. 00 52. 00	PR CHILD CARE CENTER	194. 04 194. 05	0	4, 873 35, 639			51. 00 52. 00
32.00	0 CARE CENTER	194.03	— — — ў	3 <u>5, 6</u> 39 23, 907, 059		7	52.00
	C - INTEREST EXPENSE		- 1	-, -, -, -			
1.00		0.00	0	0			1.00
2. 00 3. 00	CAP REL COSTS-BLDG & FIXT	0. 00 1. 00	0	499, 464	11		2. 00 3. 00
3.00	0	1.00	— — —	499, 464		+	3.00
	D - CAFETERIA		-	·			
1.00		0.00	0	0	_	1	1.00
2. 00 3. 00	DI ETARY	0. 00 10. 00	0 2, 578, 481	0	C	1	2. 00 3. 00
4.00		0.00	2, 370, 401	0	o c	1	4. 00
5.00	DI STADY	0.00	o	0	C		5. 00
6. 00	DI ETARY	10.00	0 2, 578, 481	2, 670, 904 2, 670, 904		<u>) </u>	6. 00
	l _C	<u> </u>	2, 370, 401	2,070,704	1	l	I

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 10/01/2019 To 09/30/2020 Date/Ti me Prepared: 4/28/2021 10:06 pm Provider CCN: 15-0082

	Decreases						. Oo piii
	Cost Center	Li ne #	Sal ary		Wkst. A-7 Ref.		
	6. 00 E - INCENTIVE COMPENSATION	7. 00	8. 00	9. 00	10. 00		
1.00	E THOENTY E COM ENGATION	0.00	0	0	0		1.00
2.00		0.00	0	0			2. 00
3.00		0.00	0	0			3. 00
4. 00 5. 00		0. 00 0. 00	0	0	0		4. 00 5. 00
6.00		0.00	o	0			6. 00
7.00		0.00	О	0	o		7. 00
8.00		0.00	0	0			8. 00
9. 00 10. 00		0. 00 0. 00	0	0			9. 00 10. 00
11. 00		0.00	0	0			11.00
12. 00		0.00	O	0	o		12. 00
13. 00		0.00	0	0			13. 00
14. 00 15. 00		0. 00 0. 00	0	0	0		14. 00 15. 00
16. 00		0.00	0	0			16. 00
17. 00		0.00	Ö	0			17. 00
18. 00		0.00	0	0			18. 00
19. 00		0.00	0	0	0		19. 00
20. 00 21. 00		0. 00 0. 00	0	0	0		20. 00 21. 00
22. 00		0.00	o	0			22. 00
23. 00		0.00	0	0	0		23. 00
24. 00		0.00	0	0			24. 00
25. 00 26. 00		0. 00 0. 00	0	0			25. 00 26. 00
27. 00		0.00	ő	0	o		27. 00
28. 00		0.00	О	0	o		28. 00
29. 00		0.00	0	0			29. 00
30. 00 31. 00		0. 00 0. 00	0	0	0		30. 00 31. 00
32. 00		0.00	ő	0			32. 00
33.00		0.00	О	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	Ö	0	o		37. 00
38. 00		0.00	О	0			38. 00
39. 00		0.00	0	0			39.00
40. 00 41. 00		0. 00 0. 00	0	0			40. 00 41. 00
42. 00		0.00	Ö	0			42. 00
43.00		0.00	О	0	O		43. 00
44. 00 45. 00		0.00	0	0	0		44. 00
46. 00		0. 00 0. 00	0	0	0		45. 00 46. 00
47. 00		0.00	o	0			47. 00
48. 00		0.00	0	0	٦		48. 00
49. 00	ADMI NI STRATI VE & GENERAL		5, 948, 830 5, 948, 830	0	0		49. 00
	F - LEASES		5, 948, 830	U			1
1.00		0.00	0	0	10		1.00
2.00		0.00	0	0	10		2. 00
3. 00 4. 00	ADMINISTRATIVE & GENERAL RADIOLOGY-DIAGNOSTIC	5. 00 54. 00	0	86, 609 741, 336			3. 00 4. 00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48, 048			5. 00
6. 00	PHYSICIANS' PRIVATE OFFICES	192.00	0_	149, 880			6. 00
	0		0	1, 025, 873			1
1. 00	G - DRUGS	0.00	0	0	0		1.00
2.00	PHARMACY	1500	0	83, 470, 322			2.00
	0		0	83, 470, 322			
1 00	H - RESIDENTS	0.00	al		51		1 00
1. 00 2. 00		0. 00 0. 00	0	0	0		1. 00 2. 00
3.00		0.00	ol	0	0		3. 00
4.00	FAMILY PRACTICE	90. 01	3, 335, 307	0	0		4. 00
5.00	FAMILY PRACTICE	90. 01	0	458, 226	0		5. 00
6. 00	ADMI NI STRATI VE & GENERAL 0		0 3, 335, 307	3 <u>0, 8</u> 49 489, 075	º		6. 00
	ı~	I	3, 333, 307	707, 075			I

Peri od: Worksheet A-6 From 10/01/2019 To 09/30/2020 Date/Time Prepared:

						4/28/2021 10	
	Cook Cooks	Decreases	C-1	0+1	w+		
	Cost Center 6.00	Li ne # 7.00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00		
	I - PASTORAL EDUCATION	7.00	8.00	9.00	10.00		
1.00	THE FOLIAL EDGE STATE OF	0.00	0	0	0		1. 00
2.00		0.00	O	0	0		2. 00
3.00	ADMINISTRATIVE & GENERAL	5. 00	256, 959	0	0		3. 00
4. 00	ADMI NI STRATI VE & GENERAL		0	2 <u>4, 4</u> 22 24, 422	9		4. 00
	J - INSURANCE		256, 959	24, 422			
1.00	THOUGH WOL	0.00	0	0	12		1. 00
2.00		0.00	O	0	12		2. 00
3.00		0.00	0	0	0		3. 00
4. 00		0.00	0	0	0		4. 00
5. 00 6. 00	ADMINISTRATIVE & GENERAL	0. 00 5. 00	0	874, 664	0		5. 00 6. 00
0.00	0		— — — #	874, 664			0.00
	K - NURSING EDUCATION	L	-1	2, 22.,			
1.00		0.00	0	0	0		1. 00
2.00	ADMINISTRATIVE & GENERAL	5. 00	9, 750	0	0		2. 00
3.00	NURSING ADMINISTRATION	13.00	53, 408	0	0		3.00
4. 00 5. 00	SOCIAL SERVICE ADULTS & PEDIATRICS	17. 00 30. 00	437 408, 734	0	0		4. 00 5. 00
6. 00	INTENSIVE CARE UNIT	31.00	221, 507	0	o		6. 00
7. 00	CORONARY CARE UNIT	32.00	37, 136	0	Ö		7. 00
8.00	OPERATING ROOM	50.00	10, 498	0	0		8. 00
9.00	CARDIAC CATHETERIZATION	59. 00	5, 023	0	0		9. 00
10.00	I NTRAVENOUS THERAPY	64.00	5, 192	0	0		10. 00
11. 00	ELECTROCARDI OLOGY	69.00	168	0	0		11. 00
12.00	CHEMO	90.03	811	0	0		12.00
13.00	PAIN MANAGEMENT	90.05	128	0	0		13.00
14. 00 15. 00	WOUND CARE EMERGENCY	90. 06 91. 00	1, 757 48, 275	0	0		14. 00 15. 00
16. 00	OBSERVATION BEDS (DISTINCT	92. 01	38, 240	0	0		16. 00
10.00	PART)	72.01	00, 210	J	٩		10.00
	0		841, 064	0			
1 00	L - MEDICAL SUPPLIES CHARGED	0.00	ما	0			1 00
1. 00 2. 00		0. 00 0. 00	0	0	0		1. 00 2. 00
3.00	NURSING ADMINISTRATION	13. 00	0	37	0		3. 00
4.00	CENTRAL SERVICES & SUPPLY	14. 00	Ö	105, 394	0		4. 00
5. 00	PHARMACY	15. 00	o	123, 164	o		5. 00
6.00	ADULTS & PEDIATRICS	30.00	O	94, 795	0		6. 00
7.00	INTENSIVE CARE UNIT	31.00	0	29, 224	0		7. 00
8.00	CORONARY CARE UNIT	32.00	0	4, 807	0		8. 00
9.00	OPERATING ROOM	50.00	0	15, 877, 587	0		9. 00
10.00	RADI OLOGY - DI AGNOSTI C	54.00	0	371, 947	0		10.00
11. 00 12. 00	RADI OLOGY-THERAPEUTI C RADI OI SOTOPE	55. 00 56. 00	0	1, 206, 377 15	0		11. 00 12. 00
13. 00	CT SCAN	57.00	0	187, 813	0		13. 00
14. 00	MAGNETIC RESONANCE I MAGING	58.00	ő	65, 971	o		14. 00
	(MRI)]		
15.00	CARDIAC CATHETERIZATION	59. 00	0	17, 650, 170	0		15. 00
16.00	I NTRAVENOUS THERAPY	64.00	0	250, 944	0		16. 00
17. 00	RESPIRATORY THERAPY	65.00	0	111, 642	0		17. 00
18.00	ELECTROCARDI OLOGY	69.00	0	10, 520	0		18.00
19. 00 20. 00	PAIN MANAGEMENT WOUND CARE	90. 05 90. 06	0	177, 917 646, 885	0		19. 00 20. 00
21. 00	EMERGENCY	91.00	0	184, 249	0		21. 00
22. 00	OBSERVATION BEDS (DISTINCT	92. 01	ő	5, 842	o		22. 00
	PART)		1		1		
	0		0	37, 105, 300			
1 00	M - BENEFITS	0.00	٥	0	0		1 00
1. 00 2. 00	ADMINISTRATIVE & GENERAL	5. 00	0	0 1, 734, 368	0		1. 00 2. 00
3.00	FAMILY PHARMACY	192. 03	0	1, 752, 410	0		3. 00
4. 00	Transcr	0.00	o	0	o		4. 00
5. 00	ADMINISTRATIVE & GENERAL	5. 00	ō	21, 350	Ö		5. 00
	0		0	3, 508, 128			
1 00	N - PROPERTY TAXES	0.00	al				1 00
1.00		0. 00 0. 00	0	0	13 13		1.00
2. 00 3. 00		0.00	0	0	0		2. 00 3. 00
4.00		0.00	0	0	0		4. 00
5. 00		0.00	o	0	o		5. 00
6.00		0.00	0	0	o		6. 00
7.00		0.00	O	0	o		7. 00
		<u></u>	·		<u>.</u>		

Peri od: From 10/01/2019 To 09/30/2020 Date/Ti me Prepared: 4/28/2021 10:06 pm

CORP. CORP							4/28/2021 10	1: U6 pm
C. O.			Decreases					
S. 00								
9.00 0.		6. 00		8. 00	9. 00			
10.00	8.00		0.00	0	0	0		8. 00
O	9.00		0.00	0	0	0		9. 00
D - DISSIBLITY	10.00	ADMINISTRATIVE & GENERAL	5. 00	0	697, 733	0		10.00
1.00 SPECYCE BENEFITS DEPARTMENT 4.00 4.378 0 0 0 2.00 0 3.00 0 2.00 0 3.00 0 2.00 0 3.00 3.00 0 3.00 3.00 0 3.00		0		0	697, 733			
2.00 ADMINISTRATIVE & CREERAL 5.00 99, 465 0 0 3.00 0 3.00 0 0 3.00 0 0 3.00 0 0 3.00		O - DISABILITY						
1.00	1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4, 378	0	0		1. 00
4.00 AJAMBEY & LINK STRYLCE B.00 11, B55 0 0 5.00 5.00 0 5.	2.00	ADMINISTRATIVE & GENERAL	5.00	95, 463	0	o		2. 00
4.00 AJAMBEY & LINK STRYLCE B.00 11, B55 0 0 5.00 5.00 0 5.					0			3.00
DOUBLE D								1
0.00 DIETARY 10.00 WISSING ADMINISTRATION 10.00 CENTRAL SERVICES & SUPPLY 11.00 15.143 0 0 0 0 7.7 00 10.00 MISSING ADMINISTRATION 10.00 MISSING ADMIN					0			1
7. 00 MURSIN SADMINI STRATION 13. 00 34,098 0 0 7. 00 8. 00 9. 00 PARRIAGY 15. 00 124,870 0 0 9. 00 9. 00 PARRIAGY 15. 00 124,870 0 0 9. 00 12. 00 BADICAL REGORDS & LI BRARY 15. 00 15. 00 0 0 10. 00 12. 00 ABULTS & PEDITATIC S 30. 00 3976, 868 0 0 11. 00 14. 00 CORDIARY LORAR UNIT 32. 00 34,536 0 0 11. 00 14. 00 OORDIARY LORAR UNIT 32. 00 34,536 0 0 11. 00 16. 00 ONERATIN CROMA CHARGE UNIT 32. 00 34,536 0 0 11. 00 16. 00 ONERATIN CROMA CHARGE UNIT 32. 00 34,536 0 0 11. 00 16. 00 ONE CASAL CHARGE UNIT 32. 00 32. 00 18. 00 19. 00 22. 00 17. 00 ONE CASAL CHARGE UNIT 50. 00								1
8.00 CENTRAL SERVICES & SUPPLY 14.00 15.145 0 0 8.00 1 9.00 11.00 0 9.						-		
9.00 9.00 9.00 9.00 9.00 10.								1
10.00 MEDICAL RECORDS & 11 BRARY 16.00 3.56.5 0 0 11.00 11.00 SOCIAL SERVICE 17.00 51.531 0 0 0 11.00 11								1
11.00 SOCIAL SERVICE 17.00 51.531 0 0 11.00 12.00 ADULTS A PEDIATRICS 30.00 309.686 0 0 12.00 13.00 INTERNIVE CARE UNIT 31.00 119.382 0 0 13.00 15.00 SUPPROVIDES - IFF 40.00 34.554 0 0 0 15.00 15.00 SUPPROVIDES - IFF 40.00 34.554 0 0 0 15.00 15.00 SUPPROVIDES - IFF 40.00 34.554 0 0 0 15.00 15.00 SUPPROVIDES - IFF 40.00 34.554 0 0 0 15.00 15.00 SUPPROVIDES - IFF 40.00 34.554 0 0 0 15.00 15.00 SUPPROVIDES - IFF 40.00 34.554 0 0 0 15.00 15.00 RADIOLOGY-INGROSTIC 55.00 19.687 0 0 0 15.00 15.00 RADIOLOGY-INGROSTIC 55.00 19.687 0 0 0 19.00 16.00 RADIOLOGY-INGROSTIC 55.00 19.687 0 0 0 20.00 17.00 RADIOLOGY-INGROSTIC 55.00 19.687 0 0 0 20.00 18.00 C. SARABERT - SESONANCE IMMGING 58.00 19.597 0 0 20.00 22.00 C. SARABERT - SESONANCE IMMGING 59.00 22.100 0 22.00 24.00 SARABERT - SESONANCE IMMGING 59.00 25.137 0 0 0 22.00 24.00 SARABERT - SESONANCE IMMGING 59.00 25.137 0 0 0 22.00 24.00 SARABERT - SESONANCE IMMGING 59.00 25.137 0 0 0 22.00 24.00 SARABERT - SESONANCE IMMGING 59.00 25.137 0 0 0 22.00 25.00 INTRAVERS - SESONANCE IMMGING 59.00 25.00 25.00 26.00 SARABERT - SESONANCE IMMGING 59.00 25.00 25.00 26.00 SARABERT - SESONANCE IMMGING 59.00 25.00 25.00 27.00 CARBART - SESONANCE IMMGING 59.00 25.00 25.00 28.00 CARBART - SESONANCE IMMGING 59.00 25.00 25.00 28.00 CARBART - SESONANCE IMMGING 59.00 25.00 29.00 CARBART - SESONANCE IMMGING 59.00 25.00 29.00								1
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44.00 PHYSICIANS' PRIVATE OFFICES 192.00 20,651 0 0 0 44.00 45.00 65MI LY PHARMACY 192.03 9,682 0 0 0 0 45.00 64.00 MI SC NONREIMBURSABLE 194.00 4,319 0 0 0 0 46.00 47.00 PR	43.00	,	96.00	12, 278	0	ol		43.00
45. 00								1
46.00 MI SC NONREI MBURSABLE 194.00 4, 319 0 0 47.00 47.00 PR 194.04 3, 486 0 0 0 47.00 48.00 CHILD CARE CENTER 194.05 21, 071 0 0 48.00 PP - SALARY IN NON-SALARY ACCOUNTS 1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 0 510 0 1.00 2.00 ADMINISTRATI VE & GENERAL 5.00 0 34, 136 0 2.00 3.00 OPERATION OF PLANT 7.00 0 800 0 3.00 LAUNDRY & LI NEN SERVI CE 8.00 0 1, 230 0 4.00 LAUNDRY & LI NEN SERVI CE 8.00 0 1, 1230 0 4.00 LAUNDRY & LI NEN SERVI CE 8.00 0 1, 1230 0 5.00 6.00 DI ETARY 10.00 0 0 2, 245 0 5.00 6.00 DI ETARY 10.00 0 0 810 0 7.00 8.00 7.00 NURSI NG ADMINISTRATI ON 13.00 0 810 0 7.00 9.00 PHARMACY 15.00 0 11, 902 0 9.00 10.00 PHARMACY 15.00 0 11, 902 0 9.00 10.00 MEDI CAL RECORDS & LI BRARY 16.00 0 2, 252 0 10.00 11.00 12.00 ADULTS & PEDI ATRICS 30.00 0 118, 804 0 12.00 13.00 118, 804 0 12.00 14.00 CORONARY CARE UNIT 31.00 0 6, 112 0 113.00 114.00 CORONARY CARE UNIT 32.00 0 5, 455 0 14.00					_	-		1
47. 00 48. 00 CHILD CARE CENTER DEPARTMENT 1.00 ADMINISTRATI VE & GENERAL 5. 00 0. 0 0. 0 0. 0 0. 0 0. 0 0. 0 0.					0	- 1		1
A8.00 CHILD_CARE_CENTER 194.05 21,071 0 0 0 0 0 0 0 0 0					0	-1		
1,686,690 0					0	0		4
P - SALARY IN NON-SALARY ACCOUNTS 1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 0 510 0 0 1.00 2.00 ADMINISTRATI VE & GENERAL 5.00 0 34,136 0 2.00 3.00 OPERATION OF PLANT 7.00 0 800 0 3.00 4.00 LAUNDRY & LI NEN SERVI CE 8.00 0 1,230 0 4.00 5.00 6.00 DI ETARY 10.00 0 2,245 0 5.00 6.00 0 1,125 0 6.00 7.00 NURSI NG ADMINISTRATI ON 13.00 0 810 0 7.00 8.00 CENTRAL SERVI CES & SUPPLY 14.00 0 170 0 8.00 9.00 9.00 HARMACY 15.00 0 11,902 0 9.00 10.00 MEDI CAL RECORDS & LI BRARY 16.00 0 2,052 0 10.00 11.00 SCI AL SERVI CE 17.00 0 19,156 0 11.00 12.00 13.00 INTENSI VE CARE UNIT 31.00 0 6,112 0 13.00 14.00 CORONARY CARE UNIT 32.00 0 5,455 0 14.0	40.00	O CARE CENTER	174.03		— — — ў			40.00
1. 00 EMPLOYEE BENEFITS DEPARTMENT 4. 00 0 510 0 2. 00 ADMI NI STRATI VE & GENERAL 5. 00 0 34, 136 0 3. 00 OPERATI ON OF PLANT 7. 00 0 800 0 4. 00 LAUNDRY & LI NEN SERVI CE 8. 00 0 1, 230 0 5. 00 HOUSEKEEPI NG 9. 00 0 1, 125 0 6. 00 DI ETARY 10. 00 0 2, 245 0 7. 00 NURSI NG ADMI NI STRATI ON 13. 00 0 810 0 7. 00 8. 00 CENTRAL SERVI CES & SUPPLY 14. 00 0 170 0 8. 00 9. 00 PHARMACY 15. 00 0 11, 902 0 9. 00 10. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 2, 052 0 10. 00 11. 00 SOCI AL SERVI CE 17. 00 0 19, 156 0 11. 00 12. 00 ADULTS & PEDI ATRI CS 30. 00 0<		D SALADY LN NON SALADY ACCO	TINITO	1, 000, 090	U			
2. 00 ADMI NI STRATI VE & GENERAL 5. 00 0 34, 136 0 2. 00 3. 00 OPERATION OF PLANT 7. 00 0 800 0 3. 00 4. 00 LAUNDRY & LI NEN SERVI CE 8. 00 0 1, 230 0 4. 00 5. 00 HOUSEKEEPI NG 9. 00 0 1, 125 0 5. 00 6. 00 DI ETARY 10. 00 0 2, 245 0 6. 00 7. 00 NURSI NG ADMI NI STRATI ON 13. 00 0 810 0 7. 00 8. 00 CENTRAL SERVI CES & SUPPLY 14. 00 0 170 0 8. 00 9. 00 PHARMACY 15. 00 0 11, 902 0 9. 00 10. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 2, 052 0 10. 00 11. 00 SOCI AL SERVI CE 17. 00 0 19, 156 0 11. 00 12. 00 ADULTS & PEDI ATRI CS 30. 00 0 118, 804 0 12. 00 13. 00 INTENSI VE CARE UNI T 31. 00 0 <td< td=""><td>1 00</td><td></td><td></td><td>ام</td><td>E10</td><td></td><td></td><td>1 00</td></td<>	1 00			ام	E10			1 00
3. 00 OPERATION OF PLANT 7. 00 0 800 0 4. 00 4. 00 4. 00 4. 00 5. 00 HOUSEKEEPING 9. 00 0 1, 230 0 5. 00 HOUSEKEEPING 9. 00 0 1, 125 0 5. 00 6. 00 DI ETARY 10. 00 0 0 2, 245 0 6. 00 7. 00 NURSING ADMINISTRATION 13. 00 0 810 0 7. 00 8. 00 CENTRAL SERVICES & SUPPLY 14. 00 0 17. 00 9. 00 PHARMACY 15. 00 0 11, 902 0 9. 00 10. 00 MEDICAL RECORDS & LIBRARY 16. 00 0 17, 1902 0 10. 00 MEDICAL RECORDS & LIBRARY 16. 00 0 19, 156 0 11. 00 SOCI AL SERVICE 17. 00 0 19, 156 0 11. 00 12. 00 ADULTS & PEDIATRICS 30. 00 0 118, 804 0 12. 00 13. 00 INTENSIVE CARE UNIT 31. 00 0 6, 112 0 13. 00 14. 00 CORONARY CARE UNIT 32. 00 0 5, 455 0 14. 00				-1		-		1
4. 00 LAUNDRY & LI NEN SERVI CE				-				1
5. 00 HOUSEKEEPING 9. 00 0 1, 125 0 5. 00 6. 00 DI ETARY 10. 00 0 2, 245 0 6. 00 7. 00 NURSI NG ADMI NI STRATI ON 13. 00 0 810 0 7. 00 8. 00 CENTRAL SERVI CES & SUPPLY 14. 00 0 170 0 8. 00 9. 00 PHARMACY 15. 00 0 11, 902 0 9. 00 10. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 2, 052 0 10. 00 11. 00 SOCI AL SERVI CE 17. 00 0 19, 156 0 11. 00 12. 00 ADULTS & PEDI ATRI CS 30. 00 0 118, 804 0 12. 00 13. 00 I NTENSI VE CARE UNI T 31. 00 0 6, 112 0 13. 00 14. 00 CORONARY CARE UNI T 32. 00 0 5, 455 0 14. 00						-		1
6. 00 DI ETARY 10. 00 0 2, 245 0 0 6. 00 7. 00 NURSI NG ADMI NI STRATI ON 13. 00 0 810 0 7. 00 8. 00 CENTRAL SERVI CES & SUPPLY 14. 00 0 170 0 8. 00 9. 00 PHARMACY 15. 00 0 11, 902 0 9. 00 10. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 2, 052 0 10. 00 11. 00 SOCI AL SERVI CE 17. 00 0 19, 156 0 11. 00 12. 00 ADULTS & PEDI ATRI CS 30. 00 0 118, 804 0 12. 00 13. 00 I NTENSI VE CARE UNI T 31. 00 0 6, 112 0 13. 00 14. 00 CORONARY CARE UNI T 32. 00 0 5, 455 0 14. 00				0				1
7. 00 NURSING ADMINISTRATION 13. 00 0 810 0 7. 00 8. 00 CENTRAL SERVICES & SUPPLY 14. 00 0 170 0 8. 00 9. 00 PHARMACY 15. 00 0 11, 902 0 9. 00 10. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 2, 052 0 10. 00 11. 00 SOCI AL SERVI CE 17. 00 0 19, 156 0 11. 00 12. 00 ADULTS & PEDI ATRICS 30. 00 0 118, 804 0 12. 00 13. 00 INTENSIVE CARE UNIT 31. 00 0 6, 112 0 13. 00 14. 00 CORONARY CARE UNIT 32. 00 0 5, 455 0 14. 00				0		-		1
8. 00 CENTRAL SERVICES & SUPPLY 14. 00 0 170 0 8. 00 9. 00 PHARMACY 15. 00 0 11, 902 0 9. 00 10. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 2, 052 0 10. 00 11. 00 SOCI AL SERVICE 17. 00 0 19, 156 0 11. 00 12. 00 ADULTS & PEDI ATRICS 30. 00 0 118, 804 0 12. 00 13. 00 INTENSI VE CARE UNI T 31. 00 0 6, 112 0 14. 00 CORONARY CARE UNI T 32. 00 0 5, 455 0 14. 00				0		-		1
9. 00 PHARMACY 15. 00 0 11, 902 0 9. 00 10. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 2, 052 0 10. 00 11. 00 SOCI AL SERVI CE 17. 00 0 19, 156 0 11. 00 12. 00 ADULTS & PEDI ATRI CS 30. 00 0 118, 804 0 12. 00 13. 00 I NTENSI VE CARE UNI T 31. 00 0 6, 112 0 13. 00 14. 00 CORONARY CARE UNI T 32. 00 0 5, 455 0 14. 00				0		-		1
10. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 2, 052 0 10. 00 11. 00 SOCI AL SERVI CE 17. 00 0 19, 156 0 11. 00 12. 00 ADULTS & PEDI ATRI CS 30. 00 0 118, 804 0 12. 00 13. 00 I NTENSI VE CARE UNI T 31. 00 0 6, 112 0 13. 00 14. 00 CORONARY CARE UNI T 32. 00 0 5, 455 0 14. 00			1	0		-		1
11. 00 SOCI AL SERVI CE 17. 00 0 19, 156 0 11. 00 12. 00 ADULTS & PEDI ATRI CS 30. 00 0 118, 804 0 12. 00 13. 00 I NTENSI VE CARE UNI T 31. 00 0 6, 112 0 13. 00 14. 00 CORONARY CARE UNI T 32. 00 0 5, 455 0 14. 00				0		-		1
12. 00 ADULTS & PEDIATRICS 30. 00 0 118, 804 0 12. 00 13. 00 I NTENSI VE CARE UNI T 31. 00 0 6, 112 0 13. 00 14. 00 CORONARY CARE UNI T 32. 00 0 5, 455 0 14. 00			1	0		- 1		1
13. 00 INTENSIVE CARE UNIT 31. 00 0 6, 112 0 13. 00 14. 00 CORONARY CARE UNIT 32. 00 0 5, 455 0 14. 00	11.00	SOCI AL SERVI CE	17. 00	0	19, 156	0		11. 00
14.00 CORONARY CARE UNIT 32.00 0 5,455 0 14.00	12.00	ADULTS & PEDIATRICS	30.00	0	118, 804	o		12. 00
14.00 CORONARY CARE UNIT 32.00 0 5,455 0 14.00			1	o		ol		13.00
				o		o		
						-		
				-1	1	- 1		<u>'</u>

Peri od: From 10/01/2019 To 09/30/2020 Date/Time Prepared: 4/28/2021 10:06 pm

		Decreases				4/28/2021 10:06 pm
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.	
	6.00	7. 00	8. 00	9. 00	10.00	
16. 00	OPERATING ROOM	50.00	0	34, 436	0	16.00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	2, 885	0	17. 00
18. 00	RADI OLOGY-THERAPEUTI C	55. 00	0	2, 666		18. 00
19. 00	RADI OI SOTOPE	56.00	0	480	0	19.00
20.00	CT SCAN	57.00	0	590	0	20.00
21. 00	MAGNETIC RESONANCE IMAGING (MRI)	58. 00	0	330	0	21.00
22. 00	CARDIAC CATHETERIZATION	59. 00	0	50	0	22. 00
23. 00	LABORATORY	60.00	0	9, 139	o	23.00
24.00	BLOOD STORING, PROCESSING, &	63.00	0	750	o	24. 00
	TRANS.					
25. 00	I NTRAVENOUS THERAPY	64. 00	0	730	0	25. 00
26. 00	RESPIRATORY THERAPY	65.00	0	730		26. 00
27. 00	ELECTROCARDI OLOGY	69.00	0	25	0	27. 00 28. 00
28. 00 29. 00	RENAL DIALYSIS CLINIC	74. 00 90. 00	0	200 990	0	28.00
30. 00	FAMILY PRACTICE	90.00	0	6, 578		30.00
31. 00	OUTPATIENT PSYCHIATRIC	90. 02	0	140	o	31.00
	SERVI CES					
32. 00	СНЕМО	90. 03	0	400	0	32.00
33. 00	PRIMARY CARE FOR SENIORS	90. 04	0	3, 510	0	33.00
34.00	PAIN MANAGEMENT	90. 05	0	370		34.00
35. 00	WOUND CARE	90.06	0	3, 560	0	35. 00
36. 00 37. 00	SLEEP CENTER HEMATOLOGY	90. 07 90. 08	0	1, 557 2, 160	0	36. 00 37. 00
38. 00	MULTI - SPECIALTY SERVICES	90.08	0	2, 160 2, 250		37.00
39. 00	EMERGENCY	91.00	0	22, 920	l o	39.00
40. 00	OBSERVATION BEDS (DISTINCT	92. 01	0	470	o	40.00
	PART)					
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	190	0	41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	25, 080	0	42.00
43. 00	FAMILY PHARMACY	192. 03	0	85	0	43. 00
44. 00	MI SC NONREI MBURSABLE	194.00	0	610	0	44.00
45. 00 46. 00	OTHER FACILITIES PR	194. 02 194. 04	0	10, 474 80	0	45. 00 46. 00
47. 00	CHILD CARE CENTER	194.04	0	392	0	47.00
17.00	0	171.00	— — <u> </u>			17. 66
	Q - PART A PHYSICIAN					
1.00		0.00	0			1.00
2. 00	L	0.00	0	0	0	2. 00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	215, 898		0	3.00
4. 00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	<u></u> <u>0</u> 215, 898	50, 295 50, 295		4.00
	R - HSB DEPRECLATION		213, 670	50, 295		
1.00		0.00	0	0	9	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1. 00	0	152, 414	9	2. 00
	0		0	152, 414		
	S - ACTIVITY THERAPY		_			
1.00	ADULTO A DEDUATRIAG	0.00	0			1.00
2. 00 3. 00	ADULTS & PEDIATRICS	30. 00 0. 00	17, 702 0	0	0	2. 00 3. 00
4.00	ADULTS & PEDIATRICS	30.00	0	2, 433		4.00
4.00	0		17, 702	2, 433	$ 4$	4.00
	T - PTO ACCRUAL		,	,		
1.00		0. 00	0			1.00
2. 00		0. 00	0			2.00
3.00		0.00	0	0	0	3.00
4. 00 5. 00	+	0. 00 0. 00	0	0	0	4. 00 5. 00
6. 00		0.00	0	0	0	6.00
7. 00		0.00	0	0	0	7. 00
8. 00		0.00	0	0	o	8.00
9.00		0.00	0	0	o	9. 00
10.00		0.00	0	0	0	10.00
11. 00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0. 00 0. 00	0	0	0	13.00
14. 00 15. 00	1	0.00	0	0	0	14. 00 15. 00
16. 00		0.00	0	0	0	16. 00
17. 00		0.00	0	0	0	17. 00
18. 00		0.00	0	0	Ö	18. 00
19. 00		0. 00	0			19. 00
20. 00		0.00	0	0	0	20.00

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 10/01/2019 To 09/30/2020 Date/Ti me Prepared: 4/28/2021 10:06 pm Provider CCN: 15-0082

						4/28/2021 10	: 06 pm
		Decreases				1	
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9.00	10.00		
21. 00		0.00	0	0	0		21. 00
22.00		0.00	ol	0			22. 00
23. 00		0.00	o	0	0		23. 00
		0.00	0	0	0		1
24. 00			-1				24. 00
25. 00		0.00	0	0	0		25. 00
26. 00		0. 00	0	0	0		26. 00
27.00		0.00	0	0	0		27. 00
28.00		0.00	ol	0	0		28. 00
29. 00		0.00	o	0	0		29. 00
30. 00		0.00	ő	0	0		30.00
							1
31. 00		0. 00	0	0			31. 00
32. 00		0. 00	0	0	0		32. 00
33.00		0.00	0	0	0		33. 00
34.00		0.00	0	0	0		34. 00
35.00		0.00	ol	0	0		35. 00
36. 00		0.00	ő	0	0		36. 00
37. 00		0.00	0	0			37. 00
38. 00		0.00	0	0	0		38. 00
39. 00		0. 00	0	0	0		39. 00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42. 00		0.00	ő	0			42. 00
43.00		0. 00	0	0	0		43. 00
44.00		0. 00	0	0			44. 00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46. 00
47. 00		0.00	0	0	0		47. 00
48. 00		0.00	Ö	0	0	1	48. 00
			-				1
49. 00		0.00	0	0	0	l .	49. 00
50. 00		0.00	0	0	0	l .	50.00
51. 00	ADMINISTRATIVE & GENERAL	5. 00	<u>1, 311, 018</u>	0	0		51.00
	0		1, 311, 018				
	U - A&G						1
1.00		0.00	0	0	0		1. 00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	o	735	0		2. 00
	•		-				1
3.00	OPERATION OF PLANT	7. 00	0	155, 943	0		3. 00
4.00	NURSING ADMINISTRATION	13. 00	0	3, 014	0		4. 00
5.00	SOCI AL SERVI CE	17. 00	0	44, 294	0		5. 00
6.00	RADI OLOGY-DI AGNOSTI C	54.00	0	78, 000	0		6. 00
7.00	RADI OLOGY-THERAPEUTI C	55. 00	o	165, 114	0		7. 00
8. 00	CARDIAC CATHETERIZATION	59.00	Ö	3, 371	0	1	8. 00
9. 00	LABORATORY		Ö		0	l .	1
		60.00	-	2, 254		l .	9. 00
10. 00	DURABLE MEDICAL EQUIP-RENTED	96. 00	0	1, 209	0	l .	10. 00
11. 00	FAMILY PHARMACY	192. 03	0	16, 000	0		11. 00
12.00	MISC NONREIMBURSABLE	194.00	0	29, 675	0		12. 00
	0 — — — — —			499, 609			
	V - EXEMPT			, 207			1
1.00		0.00	0	^	0		1.00
	CURROW LEE			0			1
2.00	SUBPROVI DER - I PF	40. 00	421, 452	0	0	l .	2. 00
3.00		0. 00	0	0	0		3. 00
4.00	SUBPROVI DER - I PF	40.00	0	43, 193	0		4. 00
	TOTALS		421, 452	43, 193			1
	W - RADIOLOGY						1
1.00	10.01.02001	0.00	٥	0	0		1.00
			9				
2.00		0.00	O	0	0	l .	2. 00
3.00		0.00	0	0	0	l .	3. 00
4.00	RADI OLOGY-DI AGNOSTI C	54.00	637, 080	0	0		4. 00
5.00		0.00	ol	0	0		5. 00
6.00		0.00	ام	n	n		6. 00
7. 00		0.00		0			7. 00
	DADLOLOCY DLACNOCTI C		ğ	007 240			
8.00	RADI OLOGY-DI AGNOSTI C	<u>54.</u> 00	,, <u></u> , º	887, 340		1	8. 00
	TOTALS		637, 080	887, 340			
500.00	Grand Total: Decreases		17, 250, 481	164, 124, 783			500.00
	•	·	•				

					To 09/30/2020	Date/Time Pre	
				Acqui si ti ons		4/28/2021 10:	06 pm
		Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances	i di chases	Donati on	Total	Retirements	
		1.00	2. 00	3. 00	4. 00	5. 00	
-	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	T BALANCES			•	•	
1.00	Land	26, 326, 264	13, 586		0 13, 586	2, 252, 953	1. 00
2.00	Land Improvements	0	0		0 0	0	2. 00
3.00	Buildings and Fixtures	710, 935, 772	35, 575, 632		0 35, 575, 632	28, 933, 803	3. 00
4.00	Building Improvements	0	0		0	0	4. 00
5.00	Fixed Equipment	303, 041, 949	35, 467, 060		0 35, 467, 060	67, 512, 872	5. 00
6.00	Movable Equipment	0	0		0	0	6. 00
7.00	HIT designated Assets	0	0		0	0	7. 00
8. 00	Subtotal (sum of lines 1-7)	1, 040, 303, 985	71, 056, 278		0 71, 056, 278	98, 699, 628	8. 00
9.00	Reconciling Items	0	0		0	0	9. 00
10.00	Total (line 8 minus line 9)	1, 040, 303, 985	71, 056, 278		0 71, 056, 278	98, 699, 628	10.00
		Endi ng Bal ance	Fully				
			Depreciated				
		4.00	Assets				
	DART I ANALYCIC OF CHANGES IN CARLTAL ACCE	6.00	7. 00				
1 00	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET		0				1 00
1.00	Land	24, 086, 897	0				1.00
2.00	Land Improvements	717 577 (01	0				2.00
3.00	Buildings and Fixtures	717, 577, 601	0				3. 00
4. 00 5. 00	Building Improvements	270, 996, 137	0				4. 00 5. 00
6.00	Fi xed Equi pment Movable Equi pment	270, 996, 137	0				6.00
7. 00	HIT designated Assets	0	0				7. 00
8.00	Subtotal (sum of lines 1-7)	1, 012, 660, 635	0				8. 00
9. 00	Reconciling Items	1,012,000,033	0				9.00
10.00	Total (line 8 minus line 9)	1, 012, 660, 635	0				10.00
10.00	Tiotal (Title o millios Title 7)	1,012,000,033	O _I				10.00

Heal th	Financial Systems	DEACONESS H	HOSPI TAI		In Lieu of Form CMS-2552		2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		DEMOGRAÇÃO .	Provi der CC		Peri od: From 10/01/2019 To 09/30/2020	Worksheet A-7 Part II Date/Time Pre	pared:
			SU	JMMARY OF CAPI	TAL	4/28/2021 10:	O6 piii
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
		9.00	10. 00	11. 00	instructions) 12.00	13. 00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	KSHEET A. COLUMN	V 2. LINES 1 a	nd 2	<u>'</u>		
1.00	CAP REL COSTS-BLDG & FLXT	21, 584, 287	0	11, 394, 87	2 0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	O	0		o o	0	1. 01
2.00	CAP REL COSTS-MVBLE EQUIP	O	7, 860, 555		o o	0	2. 00
3.00	Total (sum of lines 1-2)	21, 584, 287	7, 860, 555	11, 394, 87	2 0	0	3. 00
		SUMMARY OF	CAPITAL				
	Cost Center Description	Other 1	Fotal (1) (sum				
	· · · · · · · · · · · · · · · · · · ·	Capi tal -Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)	ŭ ,				
		14. 00	15. 00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	KSHEET A, COLUMN	V 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	32, 979, 159				1. 00
1.01	CAP REL COSTS-BLDG & FIXT	0	0			ļ	1. 01
2 00	CAR DEL COCTO MURIE FOLLID		7 0/0 555				2 00

0 0 0

7, 860, 555 40, 839, 714

1. 01

3. 00

2.00 CAP REL COSTS-MVBLE EQUIP
3.00 Total (sum of lines 1-2)

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	552-10
RECONG	CILIATION OF CAPITAL COSTS CENTERS		Provi der C		Peri od: From 10/01/2019 To 09/30/2020	4/28/2021 10:0	
		COMF	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
		1. 00	2. 00	3.00	4. 00	5. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C						
1. 00 1. 01 2. 00	CAP REL COSTS-BLDG & FLXT CAP REL COSTS-BLDG & FLXT CAP REL COSTS-MVBLE EQUIP	741, 664, 498 0 270, 996, 137	0	, ,	0. 000000	0 0 0	1. 00 1. 01 2. 00
3.00	Total (sum of lines 1-2)	1, 012, 660, 635				0	3. 00
		ALLOCA ⁻	TION OF OTHER (F CAPITAL	
	Cost Center Description	Taxes	Other Capital-Relate d Costs	Total (sum o cols. 5 through 7)	f Depreciation	Lease	
		6. 00	7. 00	8.00	9. 00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CI	1					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	•	0 28, 798, 679	530, 824	1. 00
1. 01	CAP REL COSTS-BLDG & FIXT	0	0	1	0 152, 414	0	1. 01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	•	0 23, 907, 059	8, 355, 374	2.00
3. 00	Total (sum of lines 1-2)	0		<u>l</u> JMMARY OF CAPI	0 52, 858, 152	8, 886, 198	3. 00
			50	JIVIIVIARY OF CAPI	IAL		
	Cost Center Description		Insurance (see instructions)		Other) Capi tal -Rel ate d Costs (see i nstructions)	Total (2) (sum of cols. 9 through 14)	
		11. 00	12.00	13. 00	14. 00	15. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C						
1.00	CAP REL COSTS-BLDG & FLXT	9, 454, 295				40, 029, 324	1. 00
1.01	CAP REL COSTS-BLDG & FIXT	0	0,020		0	158, 042	1. 01
2.00	CAP REL COSTS-MVBLE EQUIP	376, 034	l e			32, 858, 994	2.00
3. 00	Total (sum of lines 1-2)	9, 830, 329	854, 869	616, 81	2 0	73, 046, 360	3. 00

1. 01 C 2. 00 I C 3. 00 I	nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-MVBLE EQUIP (chapter 2) nvestment income - other	Basi s/Code (2) 1.00 B	Amount 2.00	Expense Classification o To/From Which the Amount is Cost Center 3,00	to be Adjusted Line #	4/28/2021 10:0	о ріі
1. 01 C 2. 00 I C 3. 00 I	nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-MVBLE EQUIP (chapter 2) nvestment income - other	1.00	2. 00			Wkst A-7 Ref	
1. 01 C 2. 00 I C 3. 00 I	nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-MVBLE EQUIP (chapter 2) nvestment income - other	1.00	2. 00			Wkst A-7 Ref	
1. 01 C 2. 00 I C 3. 00 I	OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-MVBLE EQUIP (chapter 2) nvestment income - other			3.00	4 00		
1. 01 C 2. 00 C 3. 00 (nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-MVBLE EQUIP (chapter 2) nvestment income - other			CAP REL COSTS-BLDG & FIXT	4. 00	5. 00 11	1. 00
2.00 C 3.00 I	OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-MVBLE EQUIP (chapter 2) nvestment income - other		olo	CAP REL COSTS-BLDG & FIXT	1. 01	0	1. 01
3.00	OSTS-MVBLE EQUIP (chapter 2) nvestment income - other						
3.00	nvestment income - other		Olc	CAP REL COSTS-MVBLE EQUIP	2. 00	0	2. 00
	chapter 2)		0		0.00	О	3. 00
	rade, quantity, and time	В	-26, 587	ADMINISTRATIVE & GENERAL	5. 00	О	4. 00
	liscounts (chapter 8) Defunds and rebates of		0		0.00	0	5. 00
	expenses (chapter 8) Pental of provider space by		0		0.00	0	6. 00
s	uppliers (chapter 8)						
s	el ephone services (pay stations excluded) (chapter s1)		0		0.00	0	7. 00
	elevision and radio service chapter 21)		0		0.00	O	8. 00
9. 00 P	arking Lot (chapter 21) Provider-based physician	B A-8-2	-26, 200 -60, 539, 738	CAP REL COSTS-BLDG & FIXT	1.00	9 0	9. 00 10. 00
11.00 S	djustment ale of scrap, waste, etc. chapter 23)		0		0.00	0	11. 00
12.00 R	ransactions (chapter 10)	A-8-1	-114, 659, 726			0	12. 00
13. 00 L	aundry and linen service	_	0		0.00	0	13.00
15. 00 R	afeteria-employees and guests lental of quarters to employee and others	В	-594, 534(0	CAFETERIA	11. 00 0. 00	0	14. 00 15. 00
S	ale of medical and surgical supplies to other than patients		0		0.00	0	16. 00
17. 00 S	ale of drugs to other than hatients		0		0.00	0	17. 00
18. 00 S	ale of medical records and bstracts		0		0.00	0	18. 00
19. 00 N	ursing and allied health ducation (tuition, fees,		0		0.00	0	19. 00
19. 01 N	ooks, etc.) Ursing and allied health ducation (tuition, fees,		0		0.00	0	19. 01
20. 00 V	ooks, etc.) 'endi ng machi nes		0		0.00	0	20. 00
21. 00 I	ncome from imposition of nterest, finance or penalty charges (chapter 21)	В	-3, 780 <i>f</i>	ADMINISTRATIVE & GENERAL	5. 00	0	21. 00
22. 00 I	nterest expense on Medicare verpayments and borrowings to		O		0.00	0	22. 00
23. 00 A	epay Medicare overpayments djustment for respiratory herapy costs in excess of	A-8-3	OF	RESPI RATORY THERAPY	65. 00		23. 00
24. 00 A	imitation (chapter 14) djustment for physical herapy costs in excess of	A-8-3	OF	PHYSICAL THERAPY	66. 00		24. 00
25. 00 U	imitation (chapter 14) Hilization review – hysicians' compensation		O	*** Cost Center Deleted ***	114. 00		25. 00
	chapter 21) lepreciation - CAP REL		0 0	CAP REL COSTS-BLDG & FIXT	1.00	0	26. 00
- 1	OSTS-BLDG & FLXT Depreciation - CAP REL		0 0	CAP REL COSTS-BLDG & FIXT	1. 01	0	26. 0´
С	OSTS-BLDG & FLXT epreciation - CAP REL			CAP REL COSTS-MVBLE EQUIP	2.00	0	27. 00
	OSTS-MVBLE EQUIP lon-physician Anesthetist		0,	*** Cost Center Deleted ***	19. 00		28. 00
29. 00 P 30. 00 A	herapy costs in excess of	A-8-3	0	*** Cost Center Deleted ***	0.00	0	29. 00 30. 00

Peri od: Provi der CCN: 15-0082 Worksheet A-8 From 10/01/2019 | Worksneet A-8 | From 10/01/2019 | To 09/30/2020 | Date/Time Prepared:

					09/30/2020	Date/Time Pre 4/28/2021 10:	
				Expense Classification on	Worksheet A	172072021 10.	DO PIII
				To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center		Wkst. A-7 Ref.	
	I	1. 00	2. 00	3.00	4. 00	5. 00	
30. 99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30. 00		30. 99
21 00	instructions)	1 0 0	0	*** Coot Conton Doloted ***	(0.00		21 00
31. 00	Adjustment for speech	A-8-3	Ü	*** Cost Center Deleted ***	68. 00		31. 00
	pathology costs in excess of limitation (chapter 14)						
32. 00	CAH HIT Adjustment for		0		0.00	0	32. 00
32.00	Depreciation and Interest		O		0.00	0	32.00
33. 00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33. 00
00.00	(3)		ŭ		0.00	Ĭ	00.00
33. 01	MISC OPERATING INCOME	В	-45, 000	PRIMARY CARE FOR SENIORS	90.04	0	33. 01
33. 02	MWISE NORTH - NON OP REVENUE	В	·	PRIMARY CARE FOR SENIORS	90.04	l e	
33. 03	MWISE EAST NON OP REVENUE	В		PRIMARY CARE FOR SENIORS	90.04	0	33. 03
33. 04	GW CONFERENCE CENTER REVENUE	В		CAP REL COSTS-BLDG & FIXT	1. 00	9	1
33. 05	WEIGHT LOSS PROGRAM	В	-14, 390		90.00	0	33. 05
33. 06	AMENITY SUITE CHARGES	В		CAP REL COSTS-BLDG & FIXT	1. 00	9	33. 06
33. 07	CHILD CARE TUITION	В		FAMILY PRACTICE	90. 01	0	33. 07
33. 08	PROPERTY TAX - RENTAL PROPERTY			ADMINISTRATIVE & GENERAL	5. 00	0	33. 08
33. 09	FAMILY PRACTICE GRANT	l A		FAMILY PRACTICE	90. 01	0	33. 09
33. 10	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	
	(3)						
33. 11	FITNESS CENTER MEMBERSHIP FEE	В	-6, 176	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33. 11
33. 12	AMORTIZATION PHASE II	A	20, 350	CAP REL COSTS-BLDG & FIXT	1.00	9	33. 12
33. 13	AMORTIZATION PHASE I	A	6, 463	CAP REL COSTS-BLDG & FIXT	1.00	9	33. 13
33. 14	1982 AMORTIZATION A & G COSTS	A	2, 225	CAP REL COSTS-BLDG & FIXT	1.00	9	33. 14
33. 15	FEDERAL INCOME TAX	A	-208, 483	ADMINISTRATIVE & GENERAL	5. 00	0	33. 15
33. 16	STATE INCOME TAX	A	-19, 912	ADMINISTRATIVE & GENERAL	5. 00	0	33. 16
33. 17	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33. 17
	(3)						
33. 18	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33. 18
	(3)						
33. 19	HAF	A		ADMINISTRATIVE & GENERAL	5. 00	0	
33. 20	ADULTS & PEDI ATRI CS	A		ADULTS & PEDIATRICS	30.00	i e	
33. 21	OPERATING ROOM	A		OPERATING ROOM	50. 00	0	33. 21
33. 22	RESPIRATORY THERAPY	A		RESPIRATORY THERAPY	65.00	0	33. 22
33. 23	ELECTROCARDI OLOGY	A		ELECTROCARDI OLOGY	69. 00	0	33. 23
33. 24	CLINIC	A		CLINIC	90.00	0	33. 24
33. 25	FAMILY PRACTICE CLINIC	A		FAMILY PRACTICE	90. 01	0	33. 25
33. 26	PRIMARY CARE FOR SENIORS	A		PRIMARY CARE FOR SENIORS	90.04	l e	33. 26
33. 27	PAIN MANAGEMENT	A		PAIN MANAGEMENT	90.05	l e	
33. 28	WOUND CARE	A		WOUND CARE	90.06	1	
33. 29	SLEEP CENTER	A		SLEEP CENTER	90. 07	0	
33. 30	MULTI - SPECIALTY CLINIC	A		MULTI - SPECIALTY SERVICES	90. 09	0	33. 30
33. 31	EMERGENCY	A		EMERGENCY	91.00	1	
33. 32	OTHER ADJUSTMENTS (SPECIFY)		0		0. 00	0	33. 32
22 22	(3) HOSPI CE	P	۷ 110	ADULTS & DEDLATRICS	20.00	0	22 22
33. 33	1	В		ADULTS & PEDIATRICS	30.00	i e	
43. 01	ADVERTISEMENT	A	-230	CAP REL COSTS-MVBLE EQUIP	2.00	i e	1
43. 02	OTHER ADJUSTMENTS (SPECIFY) (3)		U		0. 00	l "	43.02
43. 03	ADVERTI SEMENT	A	- 20	ADMINISTRATIVE & GENERAL	5. 00	0	43. 03
43. 04	ADVERTISEMENT	A		HOUSEKEEPI NG	9. 00		1
43. 04	ADVERTI SEMENT	A		RADI OLOGY-DI AGNOSTI C	54. 00	l	1
43. 05	ADVERTISEMENT	A		RADI OLOGY-DI AGNOSTI C	55. 00	l e	1
50. 00	TOTAL (sum of lines 1 thru 49)		-1, 230 -215, 709, 800		55.00		50.00
50.00	(Transfer to Worksheet A,		213, 707, 000				30.00
	column 6, line 200.)						
	122.2 0, 11110 200.)						

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

⁽²⁾ Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0082

Peri od: Worksheet A-8-1 From 10/01/2019

09/30/2020 Date/Time Prepared: 4/28/2021 10:06 pm Li ne No. Cost Center Expense I tems Amount of Amount Allowable Cost Included in Wks. A, column 3.00 4.00 5.00 1.00 2.00 COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS 4.00 EMPLOYEE BENEFITS DEPARTMENT FACILITY RENT 1.00 2,523 1.00 5. 00 ADMINISTRATIVE & GENERAL FACILITY RENT 129, 714 2.00 115,008 2.00 16.00 MEDICAL RECORDS & LIBRARY FACILITY RENT 3.00 39, 562 3.00 4.00 54. 00 RADI OLOGY-DI AGNOSTI C FACILITY RENT 204, 201 143, 419 4.00 4.01 55. 00 RADI OLOGY-THERAPEUTI C FACILITY RENT 7, 881 4.01 60. 00 LABORATORY FACILITY RENT 4 02 62, 217 62, 284 4 02 FACILITY RENT 66. 00 PHYSI CAL THERAPY 4.03 130, 365 106, 178 4.03 4.04 90. 04 PRIMARY CARE FOR SENIORS FACILITY RENT 44, 145 71, 310 4.04 4.05 90. 05 PALN MANAGEMENT FACILITY RENT 99.595 4.05 136 125 CONTRACT SERVICES 50.00 OPERATING ROOM 13, 983, 263 29, 546, 471 4.06 4.06 4.07 66. 00 PHYSI CAL THERAPY CONTRACT THERAPY 9, 220, 582 16, 215, 634 4.07 4.08 5. 00 ADMINISTRATIVE & GENERAL FACILITY RENT 660, 885 660, 885 4.08 2, 991 15. 00 PHARMACY FACILITY RENT 2 991 4 09 4 09 4.10 16.00 MEDICAL RECORDS & LIBRARY FACILITY RENT 4,674 4,674 4.10 50. 00 OPERATING ROOM FACILITY RENT 239, 109 239, 109 4.11 4.11 4.12 54. 00 RADI OLOGY-DI AGNOSTI C FACILITY RENT 241, 207 241, 207 4.12 FACILITY RENT 60. 00 LABORATORY 64, 610 64, 610 4.13 4 13 4.14 66. 00 PHYSI CAL THERAPY FACILITY RENT 130,025 130,025 4.14 90. 00 CLI NI C FACILITY RENT 2, 301 4.15 2, 301 4.15 55. 00 RADI OLOGY-THERAPEUTI C CONTRACT SERVICES 7, 171, 228 16, 205, 992 4.16 4. 16 CONTRACT SERVICES 50. 00 OPERATING ROOM 4, 559, 396 6, 218, 092 4.17 4 17 4.18 50.00 OPERATING ROOM CONTRACT SERVICES 3, 180, 397 3, 979, 101 4. 18 59. 00 CARDI AC CATHETERI ZATI ON CONTRACT SERVICES 2, 959, 356 3, 702, 549 4.19 4.19 50. 00 OPERATING ROOM CONTRACT SERVICES 10, 651, 951 13, 205, 260 4.20 4.20 5.00 ADMINISTRATIVE & GENERAL CONTRACT SERVICES 12, 196, 314 12, 252, 827 4.21 4 21 4.22 4. 00 EMPLOYEE BENEFITS DEPARTMENT CONTRACT SERVICES 87, 259 4.22 4. 00 EMPLOYEE BENEFITS DEPARTMENT HOME OFFICE 59, 550, 851 4.23 35, 547, 211 4. 23 5. 00 ADMINISTRATIVE & GENERAL 4.24 HOME OFFICE 100, 705, 711 63, 557, 442 4.24 HOME OFFICE 4. 25 7.00 OPERATION OF PLANT 19, 685, 339 27, 046, 579 4.25 4.26 8.00 LAUNDRY & LINEN SERVICE HOME OFFICE 2, 372, 438 2, 538, 842 4.26 9. 00 HOUSEKEEPI NG 4.27 HOME OFFICE 5, 467, 169 7, 285, 290 4.27 10. 00 DI ETARY HOME OFFICE 2.095.817 2, 637, 447 4.28 4.28 13. 00 NURSING ADMINISTRATION 4.29 HOME OFFICE 2, 482, 358 2, 694, 624 4. 29 14.00 CENTRAL SERVICES & SUPPLY 4, 094, 459 4.30 HOME OFFICE 3, 460, 190 4.30 15. 00 PHARMACY HOME OFFICE 8, 593, 012 12, 658, 671 4.31 4.31 16.00 MEDICAL RECORDS & LIBRARY 4.32 HOME OFFICE 1, 933, 550 2, 480, 915 4.32 4.33 17. 00 SOCIAL SERVICE HOME OFFICE 5, 234, 045 6, 164, 607 4.33 TOTALS (sum of lines 1-4). 216, 504, 322 331, 164, 048 5.00 5.00 Transfer column 6, line 5 to Worksheet A-8, column 2,

* 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	1
		Ownershi p		Ownershi p	
1. 00	2.00	3. 00	4. 00	5. 00	
B. INTERRELATIONSHIP TO RELAT	TED ORGANIZATION(S) AND/OR HO	ME OFFICE:			

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

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

6.00	В	100. 00 DEACONESS HEALT 0. 00	6. 00
7.00	В	100. 00 DEACONESS HEALT 0. 00	7.00
8.00	В	100. 00 DEACONESS HEALT 0. 00	8. 00
9.00	В	100. 00 DEACONESS HEALT 0. 00	9. 00
10.00	В	100. 00 DEACONESS HEALT 0. 00	10.00
10. 01	В	100. 00 DEACONESS HEALT 0. 00	10. 01
10. 03	В	100. 00 DEACONESS HEALT 0. 00	10. 03
10.04	В	100. 00 DEACONESS HEALT 0. 00	10.04
10.05	С	0. 00 EVANSVI LLE SURG 50. 00	10. 05
10.06	C	0.00 PROGRESSIVE HEA 51.00	10. 06

line 12.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME

Provider CCN: 15-0082 OFFICE COSTS

Peri od: Worksheet A-8-1 From 10/01/2019
To 09/30/2020 Date/Ti me Prepared:

Symbol (1) Name Percentage of Ownership Name Percentage of Ownership Name Percentage of Ownership Name							4/28/2021 10:	06 pm
1.00					Related Organ	nization(s) and/	or Home Office	
1.00								
1.00								
1.00								
1.00		Symbol (1)	Name	Percentage of	N	ame	Percentage of	
10. 07				Ownershi p				
10. 08		1. 00						
10. 09	10. 07	A	DEACONESS HEALT	100.00	DEACONESS CLII	NI	100. 00	10. 07
10. 10	10. 08	A	DEACONESS HEALT	100.00	DEACONESS CLII	NI	100. 00	10.08
10. 11	10. 09	Α	DEACONESS HEALT	100.00	DEACONESS CLII	NI	100. 00	10.09
10. 12	10. 10	Α	DEACONESS HEALT	100.00	DEACONESS CLII	NI	100. 00	10. 10
10. 13 10. 14 10. 15 10. 15 10. 16 10. 16 10. 17 10. 18 10. 19 10. 20 10. 21 10. 22 10. 23 10. 24 10. 25 10. 25 10. 25 10. 26 10. 25 10. 26 10. 27 10. 28 10. 28 10. 29 10. 29 10. 20 10. 21 10. 20 10. 21 10. 25 10. 25 10. 26 10. 27 10. 28 10. 27 10. 28 10. 29 10. 20 10. 31 10. 30 10. 30 10. 31 10. 30 10. 30 10. 31 10. 30 10. 30 10. 31 10. 30 10. 30 10. 31 10. 30 10	10. 11	Α	DEACONESS HEALT	100.00	DEACONESS CLII	NI	100. 00	10. 11
10. 14	10. 12	Α	DEACONESS HEALT	100.00	DEACONESS CLII	NI	100. 00	10. 12
10. 15	10. 13	Α	DEACONESS HEALT	100.00	DEACONESS CLII	NI	100. 00	10. 13
10. 16 C 0. 00 MAI NSPRI NG MANA 51. 00 10. 16 10. 17 C 0. 00 VASCMED, LLC 51. 00 10. 17 10. 18 C 0. 00 VASCMED, LLC 51. 00 10. 17 10. 19 C 0. 00 VASCMED, LLC 51. 00 10. 19 10. 20 B 0. 00 ORTHOALI GN 51. 00 10. 19 10. 21 B 100. 00 DEACONESS HEALT 0. 00 10. 20 10. 22 B 100. 00 DEACONESS HEALT 0. 00 10. 21 10. 23 B 100. 00 DEACONESS HEALT 0. 00 10. 22 10. 24 B 100. 00 DEACONESS HEALT 0. 00 10. 24 10. 25 B 100. 00 DEACONESS HEALT 0. 00 10. 25 10. 26 B 100. 00 DEACONESS HEALT 0. 00 10. 25 10. 27 B 100. 00 DEACONESS HEALT 0. 00 10. 26 10. 29 B 100. 00 DEACONESS HEALT 0. 00 10. 28 10. 30 B 100. 00 DEACONESS HEALT 0. 00 10. 29 10. 31 B 100. 00 DEACONESS HEALT	10. 14	Α	DEACONESS HEALT	100.00	DEACONESS CLII	NI	100.00	10. 14
10. 17	10. 15	С		0.00	TROC		51. 00	10. 15
10. 18 C 0. 00 VASCMED, LLC 51. 00 10. 18 10. 19 C 0. 00 ORTHOALI GN 51. 00 10. 19 10. 20 B 100. 00 DEACONESS HEALT 0. 00 10. 20 10. 21 B 100. 00 DEACONESS HEALT 0. 00 10. 21 10. 22 B 100. 00 DEACONESS HEALT 0. 00 10. 22 10. 23 B 100. 00 DEACONESS HEALT 0. 00 10. 23 10. 24 B 100. 00 DEACONESS HEALT 0. 00 10. 24 10. 25 B 100. 00 DEACONESS HEALT 0. 00 10. 25 10. 26 B 100. 00 DEACONESS HEALT 0. 00 10. 25 10. 27 B 100. 00 DEACONESS HEALT 0. 00 10. 27 10. 28 B 100. 00 DEACONESS HEALT 0. 00 10. 28 10. 29 B 100. 00 DEACONESS HEALT 0. 00 10. 29 10. 30 B 100. 00 DEACONESS HEALT 0. 00 10. 31 10. 32 C 0. 00 DEACONESS HEALT 0. 00 10. 32 100. 00 DEACONESS HEALT 0. 00 DEACONESS HEALT	10. 16	С		0.00	MAINSPRING MAI	NA	51. 00	10. 16
10. 19 C 0.00 ORTHOALI GN 51.00 10.19 10. 20 B 100.00 DEACONESS HEALT 0.00 10.20 10. 21 B 100.00 DEACONESS HEALT 0.00 10.21 10. 22 B 100.00 DEACONESS HEALT 0.00 10.22 10. 23 B 100.00 DEACONESS HEALT 0.00 10.23 10. 24 B 100.00 DEACONESS HEALT 0.00 10.24 10. 25 B 100.00 DEACONESS HEALT 0.00 10.25 10. 26 B 100.00 DEACONESS HEALT 0.00 10.25 10. 27 B 100.00 DEACONESS HEALT 0.00 10.27 10. 28 B 100.00 DEACONESS HEALT 0.00 10.27 10. 30 B 100.00 DEACONESS HEALT 0.00 10.28 10. 31 B 100.00 DEACONESS HEALT 0.00 10.30 10. 32 C 0.00 DEACONESS HEALT 0.00 DO DEACONESS HEALT	10. 17	С		0.00	VASCMED, LLC		51.00	10. 17
10. 20 B 100. 00 DEACONESS HEALT 0. 00 DEACONE	10. 18	С		0.00	VASCMED, LLC		51.00	10. 18
10. 21	10. 19	С		0.00	ORTHOALI GN		51.00	10. 19
10. 22 B 100. 00 DEACONESS HEALT 0. 00 10. 22 10. 23 B 100. 00 DEACONESS HEALT 0. 00 10. 23 10. 24 B 100. 00 DEACONESS HEALT 0. 00 10. 24 10. 25 B 100. 00 DEACONESS HEALT 0. 00 10. 25 10. 26 B 100. 00 DEACONESS HEALT 0. 00 10. 26 10. 27 B 100. 00 DEACONESS HEALT 0. 00 10. 27 10. 28 B 100. 00 DEACONESS HEALT 0. 00 10. 28 10. 29 B 100. 00 DEACONESS HEALT 0. 00 10. 29 10. 30 B 100. 00 DEACONESS HEALT 0. 00 10. 29 10. 31 B 100. 00 DEACONESS HEALT 0. 00 10. 31 10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 DEACONESS HEALT 0. 00 10. 30 100. 00 DEACONESS HEALT 0. 00 10. 30	10. 20	В		100.00	DEACONESS HEAD	LT	0. 00	10. 20
10. 23 B 100. 00 DEACONESS HEALT 0. 00 10. 23 10. 24 B 100. 00 DEACONESS HEALT 0. 00 10. 24 10. 25 B 100. 00 DEACONESS HEALT 0. 00 10. 25 10. 26 B 100. 00 DEACONESS HEALT 0. 00 10. 26 10. 27 B 100. 00 DEACONESS HEALT 0. 00 10. 27 10. 28 B 100. 00 DEACONESS HEALT 0. 00 10. 28 10. 29 B 100. 00 DEACONESS HEALT 0. 00 10. 29 10. 30 B 100. 00 DEACONESS HEALT 0. 00 10. 30 10. 31 B 100. 00 DEACONESS HEALT 0. 00 10. 31 10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 DEACONESS HEALT 0. 00 10. 30 100. 00 DEACONESS HEALT 0. 00 10. 30	10. 21	В		100.00	DEACONESS HEAD	LT	0. 00	10. 21
10. 24 B 100. 00 DEACONESS HEALT 0. 00 10. 24 10. 25 B 100. 00 DEACONESS HEALT 0. 00 10. 25 10. 26 B 100. 00 DEACONESS HEALT 0. 00 10. 26 10. 27 B 100. 00 DEACONESS HEALT 0. 00 10. 27 10. 28 B 100. 00 DEACONESS HEALT 0. 00 10. 28 10. 29 B 100. 00 DEACONESS HEALT 0. 00 10. 29 10. 30 B 100. 00 DEACONESS HEALT 0. 00 10. 30 10. 31 B 100. 00 DEACONESS HEALT 0. 00 10. 31 10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 G. Other (financial or 100. 00 DEACONESS HEALT 100. 00 DEACONESS HEALT	10. 22	В		100.00	DEACONESS HEAD	LT	0. 00	10. 22
10. 25 B 100. 00 DEACONESS HEALT 0. 00 10. 25 10. 26 B 100. 00 DEACONESS HEALT 0. 00 10. 26 10. 27 B 100. 00 DEACONESS HEALT 0. 00 10. 27 10. 28 B 100. 00 DEACONESS HEALT 0. 00 10. 28 10. 29 B 100. 00 DEACONESS HEALT 0. 00 10. 29 10. 30 B 100. 00 DEACONESS HEALT 0. 00 10. 30 10. 31 B 100. 00 DEACONESS HEALT 0. 00 10. 31 10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 G. Other (financial or 100. 00 DEACONESS HEALT 100. 00 10. 31	10. 23	В		100.00	DEACONESS HEAD	LT	0. 00	10. 23
10. 26 B 100. 00 DEACONESS HEALT 0. 00 10. 26 10. 27 B 100. 00 DEACONESS HEALT 0. 00 10. 27 10. 28 B 100. 00 DEACONESS HEALT 0. 00 10. 28 10. 29 B 100. 00 DEACONESS HEALT 0. 00 10. 29 10. 30 B 100. 00 DEACONESS HEALT 0. 00 10. 30 10. 31 B 100. 00 DEACONESS HEALT 0. 00 10. 31 10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 G. Other (financial or 100. 00 DEACONESS HEALT 100. 00 DEACONESS HEALT	10. 24	В		100.00	DEACONESS HEAD	LT	0. 00	10. 24
10. 27 B 100. 00 DEACONESS HEALT 0. 00 10. 27 10. 28 B 100. 00 DEACONESS HEALT 0. 00 10. 28 10. 29 B 100. 00 DEACONESS HEALT 0. 00 10. 29 10. 30 B 100. 00 DEACONESS HEALT 0. 00 10. 30 10. 31 B 100. 00 DEACONESS HEALT 0. 00 10. 31 10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 G. Other (financial or 100. 00 DEACONESS HEALT 100. 00 DEACONESS HEALT	10. 25	В		100.00	DEACONESS HEAD	LT	0. 00	10. 25
10. 28 B 100. 00 DEACONESS HEALT 0. 00 10. 28 10. 29 B 100. 00 DEACONESS HEALT 0. 00 10. 29 10. 30 B 100. 00 DEACONESS HEALT 0. 00 10. 30 10. 31 B 100. 00 DEACONESS HEALT 0. 00 10. 31 10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 G. Other (financial or 100. 00 DEACONESS HEALT 100. 00 DEACONESS HEALT	10. 26	В		100.00	DEACONESS HEAD	LT	0. 00	10. 26
10. 29 B 100. 00 DEACONESS HEALT 0. 00 10. 29 10. 30 B 100. 00 DEACONESS HEALT 0. 00 10. 30 10. 31 B 100. 00 DEACONESS HEALT 0. 00 10. 31 10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 G. Other (financial or 100. 00 DEACONESS HEALT 100. 00 10. 32	10. 27	В		100.00	DEACONESS HEAD	LT	0. 00	10. 27
10. 30 B 100. 00 DEACONESS HEALT 0. 00 10. 30 10. 31 B 100. 00 DEACONESS HEALT 0. 00 10. 31 10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 G. Other (financial or 100. 00 DEACONESS HEALT 100. 00 DEACONESS HEALT	10. 28	В		100.00	DEACONESS HEAD	LT	0. 00	10. 28
10. 31 B 100. 00 DEACONESS HEALT 0. 00 10. 31 10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 G. Other (financial or 100. 00 HRS 100. 00	10. 29	В		100.00	DEACONESS HEAD	LT	0. 00	10. 29
10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 G. Other (financial or 100. 00	10. 30	В		100.00	DEACONESS HEAD	LT	0.00	10. 30
10. 32 C 0. 00 HRS 95. 00 10. 32 100. 00 G. Other (financial or 100. 00	10. 31	В		100.00	DEACONESS HEAD	LT	0. 00	10. 31
100.00 G. Other (financial or 100.00		С		0.00	HRS		95. 00	10. 32
	100.00	G. Other (financial or						100.00

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

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

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

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

COI . 5)* 6.00 7.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: 1. 00 2. 523 0 2. 00 3. 00 3. 00 3. 00 4. 00 60, 782 0 4. 00 4. 01 7, 881 0 4. 02 4. 02 7-67 0 4. 02 4. 03 24, 187 0 4. 03 4. 04 -27, 165 0 4. 04 4. 05 -36, 530 0 1. 00 2. 00 3. 00 4. 00 4. 01 4. 02 4. 03 4. 04 4. 05
HOME OFFICE COSTS:
1.00 2,523 0 2.00 14,706 0 3.00 39,562 0 4.00 60,782 0 4.01 7,881 0 4.02 -67 0 4.03 24,187 0 4.04 -27,165 0 4.05 -36,530 0
2. 00 14, 706 0 3. 00 39, 562 0 4. 00 60, 782 0 4. 01 7, 881 0 4. 02 -67 0 4. 03 24, 187 0 4. 04 -27, 165 0 4. 05 -36, 530 0
3. 00 39, 562 0 4. 00 60, 782 0 4. 01 7, 881 0 4. 02 -67 0 4. 03 24, 187 0 4. 04 -27, 165 0 4. 05 -36, 530 0
4.00 60,782 0 4.01 7,881 0 4.02 -67 0 4.03 24,187 0 4.04 -27,165 0 4.05 -36,530 0
4. 01 7, 881 0 4. 02 -67 0 4. 03 24, 187 0 4. 04 -27, 165 0 4. 05 -36, 530 0
4. 02 -67 0 4. 03 24, 187 0 4. 04 -27, 165 0 4. 05 -36, 530 0
4. 03 24, 187 0 4. 04 -27, 165 0 4. 05 -36, 530 0
4. 04 -27, 165 0 4. 05 -36, 530 0 4. 05 -36, 530
4. 05 -36, 530 0 4. 05
4. 05 -36, 530 0 4. 05
4.07 -6, 995, 052 0 4.07
4.08
4.09
4.10
4.11
4.12
4.13
4.14
4.17
4.16 -9,034,764 0
4. 17 -1, 658, 696 0 4. 17
4.18 -798,704 0 4.18
4. 19 -743, 193 0 4. 19
4. 20
4. 21
4. 22 87, 259 0
4. 23
4. 24
4. 25
4. 26
4. 27
4. 28
4. 29
4. 27
4. 30 -634, 269 0 4. 30 4. 31 -4, 065, 659 0 4. 31
4. 31
4. 32 -547, 305 0 4. 32 4. 33 -930, 562 0 4. 33
4. 33 -930, 502 0 4. 33 5. 00 5. 00
* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet 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.

1103 1101	been posted to norkaneet A,	cordinas i and or 2, the amount arrowable should be mareated in cordinar 4 or this part.	
	Related Organization(s)		
	and/or Home Office		
	Type of Business		
	6. 00		
	B. INTERRELATIONSHIP TO RELAT	TED ORGANIZATION(S) AND/OR HOME OFFICE:	

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

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

6.00	HEALTH SYSTEM	6. 00
7.00	HEALTH SYSTEM	7.00
8.00	HEALTH SYSTEM	8. 00
9.00	HEALTH SYSTEM	9. 00
10.00	HEALTH SYSTEM	10.00
10.01	HEALTH SYSTEM	10. 01
10.03	HEALTH SYSTEM	10. 03
10.04	HEALTH SYSTEM	10.04
10.05	SURGERY	10.05
10.06	THERAPY SERVICE	10.06
10.07	CLINIC	10. 07
10.08	CLINIC	10.08
10.09	CLINIC	10. 09

			10 09/30/2020 Date/Time Pro 4/28/2021 10:	
	Related Organization(s)			
	and/or Home Office			
	Type of Business			
	6. 00			
10. 10	CLINIC			10. 10
	CLINIC			10. 11
	CLINIC			10. 12
	CLINIC			10. 13
	CLINIC			10. 14
	RADIATION THERA			10. 15
	SURGERY			10. 16
10. 17	SURGERY			10. 17
10. 18	SURGERY			10. 18
10. 19	SURGERY			10. 19
10. 20	HEALTH SYSTEM			10. 20
10. 21	HEALTH SYSTEM			10. 21
10. 22	HEALTH SYSTEM			10. 22
10. 23	HEALTH SYSTEM			10. 23
10. 24	HEALTH SYSTEM			10. 24
10. 25	HEALTH SYSTEM			10. 25
10. 26	HEALTH SYSTEM			10. 26
10. 27	HEALTH SYSTEM			10. 27
	HEALTH SYSTEM			10. 28
	HEALTH SYSTEM			10. 29
	HEALTH SYSTEM			10. 30
	HEALTH SYSTEM			10. 31
	REV CYCLE BILLI			10. 32
100.00				100. 00
(1) 11		liaata intornalatianahin ta ralat		

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.

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

Period: Worksheet A-8-2 From 10/01/2019 Date/Time Prepared: 4/28/2021 10:06 pm

							4/28/2021 10:	06 pm
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		l denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1. 00	2. 00	3. 00	4.00	5. 00	6. 00	7. 00	
1.00	5. 00	AGGREGATE-ADMINISTRATIVE &	163, 140	33, 000	130, 140	179, 000	1, 443	1.00
	•	GENERAL						
2.00		AGGREGATE-ADULTS &	27, 330, 716	25, 285, 980	2, 044, 736	211, 500	17, 534	2. 00
		PEDI ATRI CS						
3.00		AGGREGATE-OPERATING ROOM	16, 326, 446	· · ·	1, 152, 267		·	3.00
4.00	54. 00	AGGREGATE-RADI OLOGY-DI AGNOST	733, 954	56, 954	677, 000	271, 900	2, 708	4. 00
		I C						
5.00		AGGREGATE-CARDI AC	5, 200	0	5, 200	246, 400	26	5. 00
		CATHETERI ZATI ON						
6.00		AGGREGATE-LABORATORY	706, 263	•	628, 017	· ·		6. 00
7.00		AGGREGATE-RESPI RATORY	42, 257	35, 192	7, 065	211, 500	59	7. 00
	1	THERAPY						
8.00		AGGREGATE-PULMONARY REHAB	386		386		3	8. 00
9.00		AGGREGATE-ELECTROCARDI OLOGY	625, 696	625, 696	0	211, 500		9. 00
10.00		AGGREGATE-RENAL DIALYSIS	10, 872	0	10, 872		72	10.00
11. 00		AGGREGATE-CLINIC	193, 317	129, 003	64, 314			11. 00
12.00		AGGREGATE-FAMILY PRACTICE	170, 848	•	2, 070		40	12.00
13.00		AGGREGATE-CHEMO	28, 068		2, 051	211, 500	44	13. 00
14.00		AGGREGATE-PRIMARY CARE FOR	1, 243, 251	1, 164, 004	79, 247	211, 500	1, 023	14. 00
	1	SENI ORS						
15.00		AGGREGATE-PAIN MANAGEMENT	491, 464		28, 480			15.00
16.00		AGGREGATE-WOUND CARE	199, 543		1, 748			16. 00
17.00		AGGREGATE-SLEEP CENTER	1, 348, 702	1, 315, 518	33, 184			17. 00
18.00	•	AGGREGATE-HEMATOLOGY	8, 577	8, 577	0	211, 500		18. 00
19. 00		AGGREGATE-MULTI-SPECIALTY	354, 376	348, 437	5, 939	211, 500	68	19.00
	1	SERVI CES						
20.00		AGGREGATE-EMERGENCY	21, 056, 648		7, 217, 373			
200.00			71, 039, 724	58, 949, 635	12, 090, 089		101, 750	200.00

Wkst. A Line # Cost Center/Physician Identifier Unadjusted RCE Limit Cost of								4/28/2021 10:	06 pm_
1.00		Wkst. A Line #	Cost Center/Physician						
1.00			I denti fi er	Limit		Memberships &			
1.00					Limit			Insurance	
1.00									
CENERAL							13. 00	14. 00	
2.00 30.00 AGGREGATE - ADULTS & 1, 782, 904 89, 145 0 0 0 0 2.00	1.00	5. 00		124, 181	6, 209	C	0	0	1. 00
PEDIATRICS									
3. 00 50. 00 AGGREGATE - OPERATING ROOM 512, 228 25, 611 0 0 0 0 3. 00 4. 00 64. 00 64. 00 64. 00 65. 00 AGGREGATE - RADI OLOGY - DI AGNOST 17, 700 0 0 0 0 0 0 0 0 0	2. 00	30.00		1, 782, 904	89, 145	C	0	0	2. 00
4. 00									
C							0	0	
5. 00 59. 00 AGGREGATE-CARDI AC CATHETERI ZATI ON 3,080 154 0 0 5.00 6. 00 60. 00 AGGREGATE-LABORATORY 466,413 23,321 0 1 0 0	4.00	54. 00		353, 993	17, 700	C	0	0	4. 00
CATHETERI ZATI ON 6. 00 60. 00 AGGREGATE - LABORATORY 466, 413 23, 321 0 0 0 0 6. 00 7. 00 65. 00 AGGREGATE - RESPI RATORY 5, 999 300 0 0 0 7. 00 THERAPY 8. 00 65. 01 AGGREGATE - PULMONARY REHAB 305 15 0 0 0 8. 00 9. 00 69. 00 AGGREGATE - ELECTROCARDI OLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1			_	_	_	
6. 00 60. 00 AGGREGATE-LABORATORY 466, 413 23, 321 0 0 0 6. 00 7. 00 7. 00 7. 00 7. 00 65. 00 AGGREGATE-RESPIRATORY 5, 999 300 0 0 0 7. 00	5.00	59.00		3, 080	154	C	0	0	5. 00
7. 00 65. 00 AGGREGATE-RESPIRATORY 5, 999 300 0 0 7. 00						_	_	_	
THERAPY		•	4				0	0	
8.00 65. 01 AGGREGATE-PULMONARY REHAB 305 15 0 0 0 8.00 9.00 69.00 AGGREGATE-ELECTROCARDI OLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7. 00	65. 00		5, 999	300	C	0	0	7. 00
9.00 69.00 AGGREGATE-ELECTROCARDI OLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					4-				
10. 00 74. 00 AGGREGATE-RENAL DI ALYSIS 7, 321 366 0 0 0 10. 00 11. 00 90. 00 AGGREGATE-CLI NI C 33, 759 1, 688 0 0 0 11. 00 12. 00 90. 01 AGGREGATE-FAMI LY PRACTI CE 3, 442 172 0 0 0 12. 00 13. 00 90. 03 AGGREGATE-CHEMO 4, 474 224 0 0 0 13. 00 14. 00 90. 04 AGGREGATE-PRI MARY CARE FOR SENI ORS 104, 021 5, 201 0 0 0 14. 00 15. 00 90. 05 AGGREGATE-PAI N MANAGEMENT 32, 742 1, 637 0 0 0 15. 00 16. 00 90. 06 AGGREGATE-WOUND CARE 4, 169 208 0 0 0 16. 00 17. 00 90. 07 AGGREGATE-SLEEP CENTER 59, 078 2, 954 0 0 0 17. 00 18. 00 90. 08 AGGREGATE-MULTI -SPECI ALTY 6, 914 346 0 0 0 18. 00 19. 00 90. 09 AGGREGATE-EMERGENCY 7, 057, 084 352, 854 0 0 0 0 <				305	15	C	0	0	
11. 00 90. 00 AGGREGATE-CLINIC 33, 759 1, 688 0 0 0 11. 00 12. 00 90. 01 AGGREGATE-FAMILY PRACTICE 3, 442 172 0 0 0 12. 00 13. 00 90. 03 AGGREGATE-CHEMO 4, 474 224 0 0 0 13. 00 14. 00 90. 04 AGGREGATE-PRI MARY CARE FOR SENI ORS 15. 00 90. 05 AGGREGATE-PAIN MANAGEMENT 32, 742 1, 637 0 0 0 15. 00 16. 00 90. 06 AGGREGATE-WOUND CARE 4, 169 208 0 0 0 16. 00 17. 00 90. 07 AGGREGATE-SLEEP CENTER 59, 078 2, 954 0 0 0 17. 00 18. 00 90. 08 AGGREGATE-HEMATOLOGY 0 0 0 18. 00 19. 00 90. 09 AGGREGATE-HEMATOLOGY 0 0 0 18. 00 19. 00 90. 09 AGGREGATE-MULTI-SPECIALTY 6, 914 346 0 0 0 19. 00 SERVICES 7, 057, 084 352, 854 0 0 0 0 0 20. 00		l .		0	0	C	0	0	
12. 00 90. 01 AGGREGATE-FAMI LY PRACTI CE 3, 442 172 0 0 0 12. 00 13. 00 90. 03 AGGREGATE-CHEMO 4, 474 224 0 0 0 13. 00 14. 00 90. 04 AGGREGATE-PRI MARY CARE FOR SENI ORS 104, 021 5, 201 0 0 0 0 14. 00 15. 00 90. 05 AGGREGATE-PAI N MANAGEMENT 32, 742 1, 637 0 0 0 0 15. 00 16. 00 90. 06 AGGREGATE-WOUND CARE 4, 169 208 0 0 0 16. 00 17. 00 90. 07 AGGREGATE-SLEEP CENTER 59, 078 2, 954 0 0 0 17. 00 18. 00 90. 08 AGGREGATE-HEMATOLOGY 0 0 0 0 0 18. 00 19. 00 90. 09 AGGREGATE-MULTI -SPECI ALTY 6, 914 346 0 0 0 19. 00 20. 00 91. 00 AGGREGATE-EMERGENCY 7, 057, 084 352, 854 0 0 0 0 0							0	0	
13. 00 90. 03 AGGREGATE-CHEMO 4, 474 224 0 0 0 13. 00 14. 00 90. 04 AGGREGATE-PRI MARY CARE FOR SENI ORS 104, 021 5, 201 0 0 0 14. 00 15. 00 90. 05 AGGREGATE-PAI N MANAGEMENT 32, 742 1, 637 0 0 0 15. 00 16. 00 90. 06 AGGREGATE-WOUND CARE 4, 169 208 0 0 0 16. 00 17. 00 90. 07 AGGREGATE-SLEEP CENTER 59, 078 2, 954 0 0 0 17. 00 18. 00 90. 08 AGGREGATE-HEMATOLOGY 0 0 0 0 0 18. 00 19. 00 90. 09 AGGREGATE-MULTI - SPECI ALTY 6, 914 346 0 0 0 19. 00 20. 00 91. 00 AGGREGATE-EMERGENCY 7, 057, 084 352, 854 0 0 0 0 20. 00							0	0	
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15. 00 90. 05 AGGREGATE-PAIN MANAGEMENT 32, 742 1, 637 0 0 0 15. 00 16. 00 90. 06 AGGREGATE-WOUND CARE 4, 169 208 0 0 0 16. 00 17. 00 90. 07 AGGREGATE-SLEEP CENTER 59, 078 2, 954 0 0 0 17. 00 18. 00 90. 08 AGGREGATE-HEMATOLOGY 0 0 0 0 18. 00 19. 00 90. 09 AGGREGATE-MULTI-SPECIALTY 6, 914 346 0 0 0 19. 00 20. 00 91. 00 AGGREGATE-EMERGENCY 7, 057, 084 352, 854 0 0 0 0 20. 00	14. 00			104, 021	5, 201	C	0	0	14. 00
16. 00 90. 06 AGGREGATE-WOUND CARE 4, 169 208 0 0 0 16. 00 17. 00 90. 07 AGGREGATE-SLEEP CENTER 59, 078 2, 954 0 0 0 0 17. 00 18. 00 90. 08 AGGREGATE-HEMATOLOGY 0 0 0 0 0 0 18. 00 19. 00 90. 09 AGGREGATE-MULTI - SPECI ALTY SERVI CES 6, 914 346 0 0 0 19. 00 20. 00 91. 00 AGGREGATE-EMERGENCY 7, 057, 084 352, 854 0 0 0 0 20. 00									
17. 00 90. 07 AGGREGATE-SLEEP CENTER 59, 078 2, 954 0 0 0 17. 00 18. 00 90. 08 AGGREGATE-HEMATOLOGY 0 0 0 0 0 18. 00 19. 00 90. 09 AGGREGATE-MULTI - SPECI ALTY SERVI CES 6, 914 346 0 0 0 0 19. 00 20. 00 91. 00 AGGREGATE - EMERGENCY 7, 057, 084 352, 854 0 0 0 0 20. 00) 0	0	
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19. 00 90. 09 AGGREGATE-MULTI - SPECIALTY 6, 914 346 0 0 19. 00 19. 00 SERVI CES 7, 057, 084 352, 854 0 0 0 0 20. 00				59, 078	2, 954	C	0	0	
SERVI CES 20. 00 91. 00 AGGREGATE - EMERGENCY 7, 057, 084 352, 854 0 0 0 20. 00				0		_	0	0	
20.00 91.00 AGGREGATE-EMERGENCY 7,057,084 352,854 0 0 0 20.00	19. 00	90. 09	AGGREGATE-MULTI-SPECIALTY	6, 914	346	C	0	0	19. 00
		•							
200. 00 10, 562, 107 528, 105 0 0 0 200. 00		91.00	AGGREGATE-EMERGENCY						
	200.00			10, 562, 107	528, 105	0	0	0	200.00

							10 09/30/2020	4/28/2021 10	
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjust	ed RCE	RCE	Adjustment		
		I denti fi er	Component	Lir	mi t	Di sal I owance			
			Share of col.						
			14						
	1. 00	2. 00	15. 00		00	17. 00	18. 00		
1.00		AGGREGATE-ADMINISTRATIVE &	0		124, 181	5, 959	38, 959		1. 00
		GENERAL	_						
2.00		AGGREGATE-ADULTS &	0	1,	782, 904	261, 832	25, 547, 812		2. 00
0.00		PEDI ATRI CS			E40 000	/ 40, 000	45 044 046		0.00
3.00		AGGREGATE DARI OLONG ROOM	0		512, 228				3. 00
4. 00	54.00	AGGREGATE-RADI OLOGY-DI AGNOST	U		353, 993	323, 007	379, 961		4. 00
5. 00	50.00	AGGREGATE-CARDI AC	0		3, 080	2, 120	2, 120		5. 00
5.00		CATHETERI ZATI ON	U		3, 000	2, 120	2, 120		3.00
6. 00	•	AGGREGATE-LABORATORY	0		466, 413	161, 604	239, 850		6.00
7. 00		AGGREGATE-RESPI RATORY	Ő		5, 999	· ·			7. 00
,, 00		THERAPY	Ĭ		0, ,,,	.,,	00,200		7.00
8.00	65. 01	AGGREGATE-PULMONARY REHAB	0		305	81	81		8. 00
9.00	69. 00	AGGREGATE-ELECTROCARDI OLOGY	0		0	0	625, 696		9. 00
10.00	74. 00	AGGREGATE-RENAL DIALYSIS	0		7, 321	3, 551	3, 551		10.00
11. 00	90. 00	AGGREGATE-CLINIC	0		33, 759	30, 555	159, 558		11. 00
12.00	90. 01	AGGREGATE-FAMILY PRACTICE	0		3, 442	0	168, 778		12. 00
13.00	90. 03	AGGREGATE-CHEMO	0		4, 474	0	26, 017		13. 00
14.00		AGGREGATE-PRIMARY CARE FOR	0		104, 021	0	1, 164, 004		14.00
		SENI ORS							
15.00		AGGREGATE-PAIN MANAGEMENT	0		32, 742		462, 984		15. 00
16.00		AGGREGATE-WOUND CARE	0		4, 169		197, 795		16. 00
17.00		AGGREGATE-SLEEP CENTER	0		59, 078	0	1, 315, 518		17. 00
18. 00		AGGREGATE-HEMATOLOGY	0		0	-	8, 577		18. 00
19. 00		AGGREGATE-MULTI - SPECI ALTY	0		6, 914	0	348, 437		19. 00
		SERVI CES	_	_					
20.00		AGGREGATE-EMERGENCY	0		057, 084				20.00
200. 00	1		0	10,	562, 107	1, 590, 103	60, 539, 738		200. 00

| Period: | Worksheet B | From 10/01/2019 | Part | To 09/30/2020 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0082

CORT Center Description					To	09/30/2020	Date/Time Pre	
BRINETT S				CAP	TAL RELATED CC	STS	4/28/2021 10:	06 pm
BRINETT S			N . E	DI DO A FLYT	DI DO A FLYT	MANUEL FOLLIE	EMPL OVEE	
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SERVICE COST CENTERS				1 00	1 01	2 00	4 00	
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OTHER REIMBURSABLE COST CENTERS 96. 00			E 042 040	70/ 555		04 024	470 /04	1
96. 00			5, 043, 849	726, 555	<u> </u>	84, 031	472, 624	J 92. UT
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 670, 977, 084 24, 471, 527 71, 520 32, 387, 152 31, 422, 659 18. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 2, 068, 090 257, 178 0 50, 165 112, 650 190. 00 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 11, 499, 925 1, 691, 134 0 272, 290 1, 061, 480 192. 00			9, 743, 383	123, 544	0	303, 622	285, 341	96. 00
NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 2,068,090 257,178 0 50,165 112,650 190.00 192.00 19200	F		/70 077 05	04.474.555	7	20 202 45-	24 402 455	110 00
190. 00 19000 GFT, FLOWER, COFFEE SHOP & CANTEEN 2, 068, 090 257, 178 0 50, 165 112, 650 190. 00 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 11, 499, 925 1, 691, 134 0 272, 290 1, 061, 480 192. 00	E E		670, 977, 084	24, 4/1, 527	/1, 520	32, 387, 152	31, 422, 659	J118.00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 11, 499, 925 1, 691, 134 0 272, 290 1, 061, 480 192. 00			2, 068, 090	257, 178	0	50, 165	112, 650	190. 00
192. UT 1920 DEACONESS URGENT CARE 0 0 0 0 0 0 192. 01								
	192. 01	19201 DEACONESS URGENT CARE	0	0	<u> </u> 0	0	0	1192. 01

				077 007 2020	4/28/2021 10:	
		CAPI	TAL RELATED CO	STS		
Cost Center Description	Net Expenses	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	
	for Cost				BENEFITS	
	Allocation				DEPARTMENT	
	(from Wkst A					
	col . 7)	1.00		0.00		
	0	1. 00	1. 01	2. 00	4. 00	
192. 02 19202 HENDERSON ER PHYSICIANS	-9, 209	0	0	0	94, 931	•
192. 03 19203 FAMILY PHARMACY	29, 468, 016			38, 568	· ·	1
194.00 07950 MISC NONREI MBURSABLE	2, 843, 608	669, 890	56, 656	29, 160		
194. 01 07951 OCCUPATI ONAL HEALTH	59, 806	0	0	0	5, 235	194. 01
194.02 07952 OTHER FACILITIES	3, 761, 169	1, 811, 431	0	39, 284	100, 588	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0	0	194. 03
194. 04 07954 PR	1, 841, 638	115, 328	0	5, 097	103, 552	194. 04
194. 05 07955 CHILD CARE CENTER	2, 837, 993	0	0	37, 278	239, 481	194. 05
194.06 07956 CENTER OF LIFE BALANCE	43	0	0	0	0	194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA	l ol	8, 741	0	O	0	194. 07
194. 08 07958 HEALTHSOUTH	l ol	328, 277	0	0	0	194. 08
194. 09 07959 HOME OFFICE	ol	10, 584, 839	29, 866	0	0	194. 09
200.00 Cross Foot Adjustments			·			200.00
201.00 Negative Cost Centers		0	l o	0		201. 00
202.00 TOTAL (sum lines 118 through 201)	725, 348, 163	40, 029, 324	158, 042	32, 858, 994		1

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Peri od: Worksheet B From 10/01/2019 Part I To 09/30/2020 Date/Time Prepared:

4/28/2021 10:06 pm Cost Center Description ADMINISTRATIVE OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY & GENERAL PLANT LINEN SERVICE 9.00 10.00 5.00 7.00 8.00 GENERAL SERVICE COST CENTERS 1.00 1.00 00100 CAP REL COSTS-BLDG & FLXT 00101 CAP REL COSTS-BLDG & FIXT 1.01 1.01 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4 00 4 00 5.00 00500 ADMINISTRATIVE & GENERAL 96, 365, 916 5.00 00700 OPERATION OF PLANT 3, 118, 568 11, 269, 852 7.00 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 390.111 226, 523 2, 435, 937 8.00 134, 397 00900 HOUSEKEEPI NG 8,036,652 9.00 1, 335, 336 9 00 10.00 01000 DI ETARY 744, 712 153, 579 36, 893 113, 142 5, 189, 778 10.00 11.00 01100 CAFETERI A 409, 792 229, 874 C 169, 349 Ω 11.00 01300 NURSING ADMINISTRATION 13.00 1, 113, 225 63, 331 46, 656 13 00 0 0 14.00 01400 CENTRAL SERVICES & SUPPLY 841, 168 201, 247 17,852 148, 259 0 14.00 15.00 01500 PHARMACY 2, 097, 577 120, 586 0 88.836 0 15.00 01600 MEDICAL RECORDS & LIBRARY 16, 00 353.099 75, 211 55.408 0 0 16,00 01700 SOCIAL SERVICE 0 34, 448 17.00 1, 114, 730 46, 760 0 17.00 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 320, 997 38, 276 0 28, 198 0 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 12, 347 22.00 22.00 353, 649 0 9,096 0 02300 PARAMED ED PRGM-PHARMACY 3, 466 0 2, 553 23.00 58. 285 23.00 0 02301 PARAMED ED PRGM-CHAPLAIN 0 23.01 55.879 21, 625 15.931 0 23 01 02303 PARAMED ED PRGM-NURSING 23.03 154, 329 16, 130 11,883 23.03 INPATIENT ROUTINE SERVICE COST CENTERS 12, 258, 373 03000 ADULTS & PEDIATRICS 1, 318, 344 3, 810, 072 30.00 3, 062, 856 2, 256, 418 30.00 31.00 03100 INTENSIVE CARE UNIT 2, 803, 913 507,002 105, 799 373, 510 569, 795 31.00 51, 745 32.00 03200 CORONARY CARE UNIT 648, 955 75, 987 55, 980 142, 351 32.00 04000 SUBPROVIDER - IPF 26, 564 3,085 19, 570 51, 931 40.00 125, 632 40.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 12, 913, 684 1, 366, 386 271, 352 1,006,622 0 50.00 05400 RADI OLOGY-DI AGNOSTI C 1, 914, 995 54.00 318, 128 79, 230 234, 366 0 54.00 05500 RADI OLOGY-THERAPEUTI C 1, 935, 199 147, 970 109, 010 55.00 C 0 55.00 05600 RADI OI SOTOPE 49, 961 2, 992 56.00 347, 104 36, 807 0 56.00 57.00 05700 CT SCAN 984, 106 46, 160 29, 919 34,006 0 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 732, 859 95, 283 21, 317 70, 196 0 58.00 05900 CARDIAC CATHETERIZATION 59 00 2 348 877 306, 566 61, 449 225 849 0 59 00 06000 LABORATORY 60.00 5, 938, 759 336, 252 1, 911 247, 718 0 60.00 06300 BLOOD STORING, PROCESSING, & TRANS. 637, 451 14, 155 1,716 10, 428 0 63.00 63.00 64.00 06400 INTRAVENOUS THERAPY 394, 695 11, 245 8. 284 0 64.00 C 06500 RESPIRATORY THERAPY 65.00 1, 033, 859 77, 865 119 57, 364 0 65.00 10, 583 65.01 06501 PULMONARY REHAB 39,061 C 7, 797 0 65.01 66.00 06600 PHYSI CAL THERAPY 1,508,077 68, 243 22, 296 50, 275 0 66.00 69 00 06900 ELECTROCARDI OLOGY 788 835 184, 517 26, 496 135, 934 Ω 69 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 1, 188, 612 0 0 71.00 0 07200 IMPL. DEV. CHARGED TO PATIENTS 4, 185, 906 0 0 72.00 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS 12,090,259 0 0 0 73.00 07400 RENAL DIALYSIS 74 00 277.678 5, 186 0 3 820 0 74 00 76.97 07697 CARDIAC REHABILITATION 125, 991 44, 379 595 32, 694 0 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 464, 870 81, 913 0 90.00 456 60. 346 09001 FAMILY PRACTICE 32, 799 90.01 220, 942 1,013 0 90 01 24, 163 90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES 179,093 0 90.02 90.03 09003 CHEMO 364, 481 107, 648 12, 109 79, 305 90.03 09004 PRIMARY CARE FOR SENIORS 191, 788 90.04 220 0 90.04 17, 347 90.05 09005 PALN MANAGEMENT 568 395 79,047 58 234 0 90.05 09006 WOUND CARE 338, 746 31, 696 5, 053 23, 351 90.06 90.06 0 90.07 09007 SLEEP CENTER 436, 599 30, 135 0 22, 201 O 90.07 130, 451 09008 HEMATOLOGY 29.712 90.08 90.08 0 21.889 0 90.09 09009 MULTI - SPECIALTY SERVICES 101, 258 63, 296 0 46, 630 0 90.09 46, 977 90.10 09010 DIABETES CENTER 90.10 0 91.00 09100 EMERGENCY 3, 913, 805 408, 667 289, 254 301, 066 45, 178 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92.01 971, 254 350, 469 7,658 258, 192 391, 228 92.01 OTHER REIMBURSABLE COST CENTERS 09600 DURABLE MEDICAL EQUIP-RENTED 96.00 1, 547, 590 96.00 43, 629 0 32, 142 0 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 87, 160, 586 9, 357, 651 5, 010, 555 118. 00 2, 386, 220 6, 627, 926 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 374, 229 0 190, 00 90.821 818 66.908 192.00 19200 PHYSICIANS' PRIVATE OFFICES 2, 230, 776 597, 214 439, 970 0 192.00 192. 01 19201 DEACONESS URGENT CARE 28 0 192. 01 0 192. 02 19202 HENDERSON ER PHYSI CI ANS 24, 082 0 192. 02 0 192. 03 19203 FAMILY PHARMACY 0 192, 03 4, 327, 163 32, 129 Ω 23, 669 194. 00 07950 MISC NONREI MBURSABLE 561, 466 392, 598 37, 750 289, 229 179, 223 194. 00 194. 01 07951 OCCUPATIONAL HEALTH 0 194. 01 10,064 C 194. 02 07952 OTHER FACILITIES 839.783 639, 696 0 471, 267 0 194. 02

Heal th Financial Systems

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Provider CCN: 15-0082

Provider CCN: 15-0082

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Date/Time Prepared:
Date/Ti

					4/28/2021 10:	06 pm
Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	& GENERAL	PLANT	LINEN SERVICE			
	5. 00	7. 00	8. 00	9. 00	10.00	
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0	0	194. 03
194. 04 07954 PR	311, 414	40, 727	0	30, 004	0	194. 04
194. 05 07955 CHILD CARE CENTER	477, 532	0	11, 118	0	0	194. 05
194.06 07956 CENTER OF LIFE BALANCE	6	0	0	0	0	194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA	1, 266	3, 087	0	2, 274	0	194. 07
194. 08 07958 HEALTHSOUTH	47, 549	115, 929	0	85, 405	0	194. 08
194.09 07959 HOME OFFICE	0	0	0	0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	96, 365, 916	11, 269, 852	2, 435, 937	8, 036, 652	5, 189, 778	202. 00

			10	09/30/2020	Date/lime Pre 4/28/2021 10:	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	<u> Би</u>
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
	11.00	13. 00	SUPPLY 14.00	15. 00	LI BRARY 16. 00	
GENERAL SERVICE COST CENTERS						
1.00 O0100 CAP REL COSTS-BLDG & FIXT						1. 00
1. 01 00101 CAP REL COSTS-BLDG & FIXT						1. 01
2. 00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.00 00500 ADMINISTRATIVE & GENERAL						4. 00 5. 00
7. 00 00700 OPERATION OF PLANT						7. 00
8. 00 00800 LAUNDRY & LINEN SERVICE						8.00
9. 00 00900 HOUSEKEEPI NG						9. 00
10. 00 01000 DI ETARY						10.00
11. 00 01100 CAFETERI A	4, 293, 792					11. 00
13. 00 01300 NURSI NG ADMI NI STRATI ON	99, 784					13. 00
14. 00 01400 CENTRAL SERVI CES & SUPPLY	68, 923	1	5, 695, 585	11 005 000		14. 00
15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY	159, 448 76, 767	0	59, 320 45	11, 825, 989 0	2, 033, 038	15. 00 16. 00
17. 00 01700 SOCIAL SERVICE	97, 212	1	11	0	2, 033, 038	1
21. 00 02100 1 &R SERVI CES-SALARY & FRINGES APPRVD	30, 990		0	ol	0	1
22.00 02200 L&R SERVICES-OTHER PRGM COSTS APPRVD	9, 258		0	o	0	1
23.00 02300 PARAMED ED PRGM-PHARMACY	4, 243	o	0	o	0	23. 00
23. 01 02301 PARAMED ED PRGM-CHAPLAIN	8, 744		0	0	0	
23. 03 O2303 PARAMED ED PRGM-NURSI NG	17, 359	0	0	0	0	23. 03
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS	1 107 012	2 705 420	193, 543	1, 052	141, 320	30.00
31. 00 03100 NTENSIVE CARE UNIT	1, 107, 012 236, 344		114, 546	729	49, 454	1
32. 00 03200 CORONARY CARE UNIT	56, 321		32, 522	113	13, 324	
40. 00 04000 SUBPROVI DER - PF	14, 402		0	0	2, 811	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	380, 747		978, 918	4, 151	333, 597	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	132, 702		99, 653	1, 981	74, 979	1
55. 00 05500 RADI OLOGY-THERAPEUTI C	55, 678		15, 632	23, 616	66, 471	
56. 00 05600 RADI 0I SOTOPE 57. 00 05700 CT SCAN	10, 287 57, 993	0	42, 501 19, 193	38 0	23, 486 121, 774	
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	33, 561	0	14, 069	0	37, 730	
59. 00 05900 CARDI AC CATHETERI ZATI ON	84, 482	l "l	201, 934	807	97, 807	
60. 00 06000 LABORATORY	406, 594	0	910, 854	173	172, 807	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	16, 073	o	0	o	15, 370	63. 00
64.00 06400 INTRAVENOUS THERAPY	25, 717		33, 884	40	5, 797	1
65. 00 06500 RESPI RATORY THERAPY	83, 582		64, 643	17	57, 797	1
65. 01 06501 PULMONARY REHAB	4, 886	1	61	0	300	1
66. 00 06600 PHYSI CAL THERAPY 69. 00 06900 ELECTROCARDI OLOGY	0 46, 163	1	19, 762 63, 322	333 844	57, 371 49, 703	1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	40, 103	0	584, 955	0	24, 059	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	o	2, 060, 063	o	73, 061	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	О	0	8, 874, 528	289, 514	
74. 00 07400 RENAL DI ALYSI S	1, 672		843	1, 073	8, 316	74. 00
76. 97 O7697 CARDI AC REHABI LI TATI ON	11, 059	0	275	8	2, 643	76. 97
OUTPATIENT SERVICE COST CENTERS	20.240	121 707	(54/	ما	2.044	00.00
90. 00 09000 CLI NI C 90. 01 09001 FAMI LY PRACTI CE	39, 348 20, 831	131, 707 69, 727	6, 546 2, 057	0 9, 427	3, 044 2, 019	
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	20, 831		2, 037	7, 427	4, 353	
90. 03 09003 CHEMO	26, 103		22, 419	3, 159	19, 875	
90.04 09004 PRIMARY CARE FOR SENIORS	22, 246		240	1, 956	669	1
90. 05 09005 PAI N MANAGEMENT	51, 178	171, 305	18, 802	817	20, 834	90. 05
90. 06 09006 WOUND CARE	26, 489		44, 963	0	11, 215	1
90. 07 09007 SLEEP CENTER	43, 334		3, 338	4	5, 904	
90. 08 09008 HEMATOLOGY	16, 073		292	88	1, 402	
90. 09 09009 MULTI - SPECI ALTY SERVI CES 90. 10 09010 DI ABETES CENTER	11, 059 5, 272		172 366	0	891 433	1
91. 00 09100 EMERGENCY	223, 099		52, 905	674	177, 222	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	220,077	, 10, 707	02, 700	97.	.,,,	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	90, 268	302, 150	17, 683	2	11, 535	92. 01
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	77, 281	0	0	0	25, 144	96. 00
SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4, 011, 029	8, 322, 476	5, 680, 343	8, 925, 630	2, 004, 031	118. 00
NONREI MBURSABLE COST CENTERS			1			1
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39, 862		2 024	12 404		190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 192. 01 19201 DEACONESS URGENT CARE	76, 895	0	3, 926 0	12, 696		192. 00 192. 01
192.02 19201 DEACONESS URGENT CARE 192.02 19202 HENDERSON ER PHYSICIANS	3, 086	1	0	O O		192. 01
192. 03 19203 FAMILY PHARMACY	26, 232		10, 471	2, 886, 991		192. 02
194. 00 07950 MI SC NONREI MBURSABLE	32, 790		845	672		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	1, 157	0	0	O	0	194. 01

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 10/01/2019 | Part I | To 09/30/2020 | Date/Time Prepared: 4/28/2021 10: 06 pm Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS DEACONESS HOSPITAL Provider CCN: 15-0082

					4/28/2021 10:	uo piii
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11. 00	13.00	14.00	15. 00	16. 00	
194. 02 07952 OTHER FACILITIES	5, 015	0	0	0	0	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0	0	194. 03
194. 04 07954 PR	17, 616	0	0	0	0	194. 04
194. 05 07955 CHILD CARE CENTER	80, 110	0	0	0	0	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	o	0	0	0	194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194. 07
194. 08 07958 HEALTHSOUTH	0	0	0	0	0	194. 08
194. 09 07959 HOME OFFICE	0	0	0	0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	4, 293, 792	8, 322, 476	5, 695, 585	11, 825, 989	2, 033, 038	202. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 10/01/2019 | Part I | To 09/30/2020 | Date/Time Prepared: 4/28/2021 10: 06 pm

			LAITEDNIC 0	DECLIDENTS	0 77 307 2020	4/28/2021 10:	
			I NTERNS &	KESI DEN 13			
	Cost Center Description	SOCIAL SERVICE	SERVI CES-SALAR			PARAMED ED	
		17. 00	Y & FRI NGES 21.00	PRGM COSTS 22.00	PRGM-PHARMACY 23.00	PRGM-CHAPLAI N 23. 01	
	GENERAL SERVICE COST CENTERS	17.00	21.00	22.00	23.00	23.01	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
1. 01 2. 00	OO101 CAP REL COSTS-BLDG & FIXT OO200 CAP REL COSTS-MVBLE EQUIP						1. 01 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 00	00500 ADMINISTRATIVE & GENERAL						5. 00
7. 00	00700 OPERATION OF PLANT						7. 00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9. 00 10. 00	00900 HOUSEKEEPI NG 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 16. 00	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY						15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	7, 446, 432					17. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	2, 470, 033				21. 00
22. 00 23. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	0		2, 673, 795			22. 00 23. 00
23. 00	O2300 PARAMED ED PRGM-PHARMACY O2301 PARAMED ED PRGM-CHAPLAIN	0			446, 111	463, 792	1
23. 03	02303 PARAMED ED PRGM-NURSING	67, 389				100,772	23. 03
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	6, 064, 967					30.00
31. 00 32. 00	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	471, 720 303, 248			0	1	31. 00 32. 00
40. 00	04000 SUBPROVI DER - I PF	0					40.00
	ANCI LLARY SERVI CE COST CENTERS						
50.00	05000 OPERATING ROOM	0	161, 924				50.00
54. 00 55. 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	0	6, 915	7, 485 0	0		54. 00 55. 00
56. 00	05600 RADI OI SOTOPE	0	o o	Ö	0		56.00
57. 00	05700 CT SCAN	0	0	0	0	0	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	0	0	0	58.00
59. 00 60. 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0	51, 746	56, 015 0	0	0	59. 00 60. 00
63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	Ö	o o	0	Ö	63.00
64.00	06400 I NTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500 RESPI RATORY THERAPY	0	0	0	0	0	65.00
65. 01 66. 00	O6501 PULMONARY REHAB O6600 PHYSI CAL THERAPY	0	0	0	0	0	65. 01 66. 00
69. 00	06900 ELECTROCARDI OLOGY	0	3, 389		-	ő	69.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
72.00	07200 NPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73. 00 74. 00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DI ALYSI S	0	0	0	446, 111 0	0	73. 00 74. 00
	07697 CARDI AC REHABI LI TATI ON	0	o o				1
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0			0	90.00
90. 01 90. 02	09001 FAMILY PRACTICE 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	881, 929	954, 682 0	0	0 0	90. 01 90. 02
90. 03	09003 CHEMO	Ö	Ö	Ö	0	Ö	90. 03
90. 04	09004 PRI MARY CARE FOR SENI ORS	0	45, 885			0	90. 04
90.05	09005 PAIN MANAGEMENT	0	4, 991			0	90.05
90. 06 90. 07	09006 WOUND CARE 09007 SLEEP CENTER	0	0	0	0	0	90. 06 90. 07
90. 08	09008 HEMATOLOGY	0	Ö	o o	0	Ö	90.08
90. 09	09009 MULTI -SPECIALTY SERVICES	0	0	0	0	0	90. 09
90. 10	09010 DI ABETES CENTER	0	0	0	0	0	90. 10
91. 00 92. 00	O9100 EMERGENCY O9200 OBSERVATION BEDS (NON-DISTINCT PART)	539, 108	176, 944	191, 541	0	0	91. 00 92. 00
92. 01	09201 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	1
	OTHER REIMBURSABLE COST CENTERS	1					
96. 00	09600 DURABLE MEDI CAL EQUI P-RENTED	0	0	0	0	0	96. 00
118.00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	7, 446, 432	2, 470, 033	2, 673, 795	446, 111	463, 792	118.00
. 13. 00	NONREI MBURSABLE COST CENTERS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			170, 111]
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190. 00
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	_	0	l	192.00
	19201 DEACONESS URGENT CARE 19202 HENDERSON ER PHYSICIANS	0	0	0	0		192. 01 192. 02
	19203 FAMILY PHARMACY	0	0	0	0		192. 02
	07950 MI SC NONREI MBURSABLE	0	0	0	0		194. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 10/01/2019 | Part I | To 09/30/2020 | Date/Time Prepared: 4/28/2021 10: 06 pm Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS DEACONESS HOSPITAL Provider CCN: 15-0082

					4/28/2021 10:	UO PIII
		INTERNS &	RESI DENTS			
Cost Center Description	SOCIAL SERVICE	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	PARAMED ED	
		Y & FRINGES	PRGM COSTS	PRGM-PHARMACY	PRGM-CHAPLAIN	
	17. 00	21. 00	22. 00	23. 00	23. 01	
194. 01 07951 OCCUPATI ONAL HEALTH	0	0	0	0	0	194. 01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0	0	194. 03
194. 04 07954 PR	0	0	0	0	0	194. 04
194. 05 07955 CHI LD CARE CENTER	0	0	0	0	0	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194. 06
194. 07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194. 07
194. 08 07958 HEALTHSOUTH	0	0	0	0	0	194. 08
194. 09 07959 HOME OFFICE	0	0	0	0	0	194. 09
200.00 Cross Foot Adjustments		0	0	0	0	200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	7, 446, 432	2, 470, 033	2, 673, 795	446, 111	463, 792	202. 00

In Lieu of Form CMS-2552-10
Worksheet B
Part I
30/2020 Date/Time Prepared:
4/28/2021 10: 06 pm Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS DEACONESS HOSPITAL Provider CCN: 15-0082 Peri od: From 10/01/2019 To 09/30/2020 Cost Center Description PARAMED ED Total Subtotal Intern &

	oost conten beschiptron	PRGM-NURSI NG	Subtotal	Residents Cost & Post	Total	
				Stepdown		
		22.02	24.00	Adjustments	24.00	
	GENERAL SERVICE COST CENTERS	23. 03	24. 00	25. 00	26. 00	
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					2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5. 00 7. 00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	-				5. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE					8.00
9. 00	00900 HOUSEKEEPI NG					9. 00
10.00	01000 DI ETARY					10. 00
11. 00	01100 CAFETERI A					11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON					13.00
14. 00 15. 00	O1400 CENTRAL SERVI CES & SUPPLY O1500 PHARMACY					14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY					16. 00
17. 00	01700 SOCIAL SERVICE					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. 00
23. 01 23. 03	O2301 PARAMED ED PRGM-CHAPLAIN O2303 PARAMED ED PRGM-NURSING	1 252 442				23. 01
23. 03	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1, 253, 443				23. 03
30. 00	03000 ADULTS & PEDI ATRI CS	669, 078	116, 072, 350	-2, 288, 732	113, 783, 618	30.00
31.00	03100 INTENSIVE CARE UNIT	344, 702	24, 795, 326		24, 717, 699	31.00
32.00	03200 CORONARY CARE UNIT	63, 964	5, 881, 227	0	5, 881, 227	32. 00
40. 00	04000 SUBPROVI DER - I PF	0	1, 057, 859	0	1, 057, 859	40. 00
EO 00	ANCI LLARY SERVI CE COST CENTERS	15 205	105 051 740	227 204	104 014 F24	F0.00
50. 00 54. 00	05000 OPERATI NG ROOM 05400 RADI OLOGY-DI AGNOSTI C	15, 385	105, 251, 742 15, 582, 350	1	104, 914, 536 15, 567, 950	50. 00 54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	o	15, 462, 090		15, 462, 090	55. 00
56. 00	05600 RADI OI SOTOPE	o	2, 850, 188	1	2, 850, 188	56. 00
57.00	05700 CT SCAN	0	7, 842, 796	0	7, 842, 796	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	5, 915, 562		5, 915, 562	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	6, 933	19, 450, 273		19, 342, 512	59.00
60. 00 63. 00	06000 LABORATORY	0	47, 735, 115 5, 020, 864		47, 735, 115 5, 020, 864	60.00
64. 00	06300 BLOOD STORING, PROCESSING, & TRANS. 06400 INTRAVENOUS THERAPY	6, 791	3, 150, 083		3, 150, 083	64. 00
65. 00	06500 RESPIRATORY THERAPY	0, , , 1	8, 166, 343		8, 166, 343	65. 00
65. 01	06501 PULMONARY REHAB	0	346, 436		346, 436	65. 01
66.00	06600 PHYSI CAL THERAPY	0	12, 137, 982		12, 137, 982	66. 00
69. 00	06900 ELECTROCARDI OLOGY	285	6, 544, 443		6, 537, 386	69. 00
71. 00 72. 00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	10, 003, 719		10, 003, 719	71.00
73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	35, 218, 237 105, 170, 734		35, 218, 237 105, 170, 734	72. 00 73. 00
74. 00	07400 RENAL DIALYSIS	0	2, 202, 758		2, 202, 758	74. 00
	07697 CARDIAC REHABILITATION	0	1, 049, 872		1, 049, 872	76. 97
	OUTPATIENT SERVICE COST CENTERS					
	09000 CLINIC	0	3, 804, 085		3, 804, 085	90.00
90. 01 90. 02	09001 FAMILY PRACTICE	0	3, 677, 555 1, 440, 806		1, 840, 944	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES 09003 CHEMO	1, 330	3, 117, 215	1	1, 440, 806 3, 117, 215	90. 02
90. 04	09004 PRIMARY CARE FOR SENIORS	1, 330	1, 550, 469		1, 454, 914	90. 04
90. 05	09005 PAIN MANAGEMENT	237	4, 690, 520	1	4, 680, 126	90. 05
90.06	09006 WOUND CARE	2, 897	2, 795, 758		2, 795, 758	90. 06
90. 07	09007 SLEEP CENTER	0	3, 433, 068	1	3, 433, 068	90. 07
90. 08	09008 HEMATOLOGY	0	1, 107, 510		1, 107, 510	90. 08
90. 09 90. 10	O9009 MULTI - SPECIALTY SERVICES O9010 DIABETES CENTER	0	919, 286 382, 510		919, 286 382, 510	90. 09
91. 00	09100 EMERGENCY	81, 961	32, 050, 006		31, 681, 521	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0., 70.	027 0007 000	0	0.700.702.	92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	59, 880	8, 787, 378	0	8, 787, 378	92. 01
	OTHER REIMBURSABLE COST CENTERS					
96. 00	09600 DURABLE MEDI CAL EQUI P-RENTED	0	12, 181, 676	0	12, 181, 676	96. 00
110 00	SPECIAL PURPOSE COST CENTERS	1 252 442	424 044 101	E 142 020	421 702 242	110,00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	1, 253, 443	636, 846, 191	-5, 143, 828	631, 702, 363	118. 00
190. 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3, 060, 721	0	3, 060, 721	190. 00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	o	17, 888, 170		17, 888, 170	192. 00
	19201 DEACONESS URGENT CARE	0	28		28	192. 01
	19202 HENDERSON ER PHYSICIANS	0	112, 890		112, 890	192. 02
192. 03	B 19203 FAMILY PHARMACY	0	37, 093, 408	8 0	37, 093, 408	192. 03

| Peri od: | Worksheet B | From 10/01/2019 | Part I | To 09/30/2020 | Date/Time Prepared:

					4/28/2021 10:06 pm
Cost Center Description	PARAMED ED	Subtotal	Intern &	Total	
	PRGM-NURSING		Residents Cost		
			& Post		
			Stepdown		
			Adjustments		
	23. 03	24. 00	25. 00	26. 00	
194.00 07950 MISC NONREIMBURSABLE	0	5, 246, 090	0	5, 246, 090	194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	0	76, 262	0	76, 262	194. 01
194. 02 07952 OTHER FACILITIES	0	7, 668, 233	0	7, 668, 233	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0	194. 03
194. 04 07954 PR	0	2, 465, 376	0	2, 465, 376	194. 04
194. 05 07955 CHI LD CARE CENTER	0	3, 683, 512	0	3, 683, 512	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	49	0	49	194. 06
194. 07 07957 UNIT 3200 - DEACONESS VNA	0	15, 368	0	15, 368	194. 07
194. 08 07958 HEALTHSOUTH	0	577, 160	0	577, 160	194. 08
194. 09 07959 HOME OFFICE	0	10, 614, 705	0	10, 614, 705	194. 09
200.00 Cross Foot Adjustments	0	0	0	o	200. 00
201.00 Negative Cost Centers	0	0	0	o	201. 00
202.00 TOTAL (sum lines 118 through 201)	1, 253, 443	725, 348, 163	-5, 143, 828	720, 204, 335	202. 00

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

					T	09/30/2020	Date/Time Prep 4/28/2021 10:0	
				CAPITAL RELATED COSTS			17 207 2021 10.	ос рііі
		Cost Center Description	Directly	BLDG & FIXT	BLDG & FLXT	MVBLE EQUIP	Subtotal	
		555t 55to. 5555t pt. 5	Assigned New	5250 a 117.1	5250 W 11711		0 00 10 10.	
			Capital Related Costs					
			0	1. 00	1. 01	2. 00	2A	
1. 00		AL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT						1. 00
1. 01		CAP REL COSTS-BLDG & FIXT						1. 00
2.00		CAP REL COSTS-MVBLE EQUIP		400 440	44.040	00 (40	450.070	2.00
4. 00 5. 00		EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL	0	108, 110 864, 359		33, 649 13, 872, 827	153, 072 14, 794, 671	4. 00 5. 00
7. 00		OPERATION OF PLANT	0	28, 520		264, 443	292, 963	7. 00
8.00	1	LAUNDRY & LINEN SERVICE	0	0		133, 445	133, 445	8. 00
9. 00 10. 00	1	HOUSEKEEPI NG DI ETARY	0	10, 214 147, 968		37, 552 95, 010	47, 766 242, 978	9. 00 10. 00
11. 00	01100	CAFETERI A	0	650, 936		73, 792	724, 728	11. 00
13.00		NURSING ADMINISTRATION	0	11 400	_	909, 143	909, 143	13.00
14. 00 15. 00		CENTRAL SERVICES & SUPPLY PHARMACY	0	11, 488 0	0	610, 827 747, 589	622, 315 747, 589	14. 00 15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	12, 786		277	13, 063	16. 00
17. 00 21. 00	1	SOCIAL SERVICE I&R SERVICES-SALARY & FRINGES APPRVD	0	100 205	_	2, 180 0	2, 180	17. 00 21. 00
21.00		I &R SERVICES-SALARY & FRINGES APPROD	0	108, 385 34, 963		0	108, 385 34, 963	
23. 00		PARAMED ED PRGM-PHARMACY	0	9, 815	0	16, 967	26, 782	23. 00
23. 01 23. 03		PARAMED ED PRGM-CHAPLAIN PARAMED ED PRGM-NURSING	0	40, 008 45, 677	2, 722 0	9, 007 6, 343	51, 737 52, 020	23. 01 23. 03
23. 03		IENT ROUTINE SERVICE COST CENTERS	0	43, 077		0, 343	32, 020	23.03
30.00	03000	ADULTS & PEDIATRICS	0				9, 947, 512	30.00
31. 00 32. 00	1	INTENSIVE CARE UNIT CORONARY CARE UNIT	0	1, 435, 679 215, 172		166, 274 31, 023	1, 601, 953 246, 195	31. 00 32. 00
40. 00		SUBPROVI DER - I PF	0			•	75, 533	40. 00
F0 00		LARY SERVICE COST CENTERS		2 0/0 202		F (12 0F)	0 401 250	F0 00
50. 00 54. 00		OPERATING ROOM RADIOLOGY-DIAGNOSTIC	0	3, 869, 202 900, 846		5, 612, 056 1, 058, 472	9, 481, 258 1, 959, 318	50. 00 54. 00
55. 00	05500	RADI OLOGY-THERAPEUTI C	0	419, 006		30, 101	449, 107	55. 00
56.00		RADI OI SOTOPE	0	141, 475		93, 666	235, 141	56. 00
57. 00 58. 00		CT SCAN MAGNETIC RESONANCE IMAGING (MRI)	0	130, 712 269, 814		1, 635, 418 1, 462, 027	1, 766, 130 1, 731, 841	57. 00 58. 00
59. 00	05900	CARDI AC CATHETERI ZATI ON	0	868, 105		1, 145, 334	2, 013, 439	
60.00	1	LABORATORY	0	952, 166		1, 386, 966	2, 339, 132	60.00
63. 00 64. 00		BLOOD STORING, PROCESSING, & TRANS. INTRAVENOUS THERAPY	0	40, 083 31, 841	0	0 26, 939	40, 083 58, 780	63. 00 64. 00
65.00	06500	RESPI RATORY THERAPY	0	190, 523		333, 088	523, 611	65. 00
65. 01 66. 00		PULMONARY REHAB PHYSICAL THERAPY	0	29, 968 193, 245		10, 545 73, 053	40, 513 266, 298	65. 01 66. 00
69.00		ELECTROCARDI OLOGY	0	522, 497		295, 808	818, 305	69. 00
71. 00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
72. 00 73. 00		IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	0	0	0	0	0	72. 00 73. 00
74. 00		RENAL DIALYSIS	0	14, 684	0	11, 252	25, 936	
76. 97		CARDIAC REHABILITATION	0	125, 667	0	15, 765	141, 432	76. 97
90. 00		TIENT SERVICE COST CENTERS CLINIC	0	231, 954	0	2, 851	234, 805	90. 00
90. 01	1	FAMILY PRACTICE	0	92, 877		34, 166	127, 043	90. 01
90. 02		OUTPATIENT PSYCHIATRIC SERVICES	0	0		3, 179	3, 179	90. 02
90. 03 90. 04		CHEMO PRIMARY CARE FOR SENIORS	0	304, 827 0		76, 034 10, 144	380, 861 10, 144	90. 03 90. 04
90. 05	09005	PAIN MANAGEMENT	0	223, 838	_	59, 473	283, 311	90. 05
90.06		WOUND CARE	0	89, 755		8, 409	98, 164	
90. 07 90. 08		SLEEP CENTER HEMATOLOGY	0	85, 335 84, 136		62, 966 319	148, 301 84, 455	90. 07 90. 08
90. 09	09009	MULTI -SPECIALTY SERVICES	0	179, 235		3, 307	182, 542	90. 09
90. 10 91. 00	1	DI ABETES CENTER	0	1 157 224	_	449	1 410 074	90. 10
91.00		EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)		1, 157, 224	0	262, 652	1, 419, 876 0	91. 00 92. 00
92. 01	09201	OBSERVATION BEDS (DISTINCT PART)	0	726, 555	0	84, 031	810, 586	
96. 00		REI MBURSABLE COST CENTERS DURABLE MEDI CAL EQUI P-RENTED	0	122 544	0	303, 622	127 166	96. 00
70. UU		AL PURPOSE COST CENTERS		123, 544		303, 022	427, 166	70.00
118. 00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24, 471, 527	71, 520	32, 387, 152	56, 930, 199	118. 00
190 00		IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	257, 178	0	50, 165	307, 343	190 00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1, 691, 134		272, 290	1, 963, 424	192. 00
		DEACONESS URGENT CARE	0	0		0		192. 01 192. 02
192.02	19202	HENDERSON ER PHYSICIANS	ı O	0	0	ı 이	0	192.02

					4/28/2021 10:	06 pm_
		CAPI	TAL RELATED CO	STS		
Cost Center Description	Di rectly	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	Subtotal	
	Assigned New					
	Capi tal					
	Related Costs					
	0	1. 00	1. 01	2. 00	2A	
192.03 19203 FAMILY PHARMACY	0	90, 979	0	38, 568	129, 547	192. 03
194.00 07950 MISC NONREI MBURSABLE	0	669, 890	56, 656	29, 160	755, 706	194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	0	0	0	0	0	194. 01
194. 02 07952 OTHER FACILITIES	0	1, 811, 431	0	39, 284	1, 850, 715	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0	0	194. 03
194. 04 07954 PR	0	115, 328	0	5, 097	120, 425	194. 04
194. 05 07955 CHILD CARE CENTER	0	0	0	37, 278	37, 278	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	8, 741	0	0	8, 741	194. 07
194. 08 07958 HEALTHSOUTH	0	328, 277	0	o	328, 277	194. 08
194. 09 07959 HOME OFFICE	o	10, 584, 839	29, 866	o	10, 614, 705	194. 09
200.00 Cross Foot Adjustments					0	200. 00
201.00 Negative Cost Centers		0	0	o	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	0	40, 029, 324	158, 042	32, 858, 994	73, 046, 360	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 10/01/2019 Part II
To 09/30/2020 Date/Time Prepared:
4/28/2021 10:06 pm

					0 77 007 2020	4/28/2021 10:	
	Cost Center Description		ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	
		BENEFITS	& GENERAL	PLANT	LINEN SERVICE		
		DEPARTMENT 4.00	5. 00	7. 00	8. 00	9. 00	
	GENERAL SERVICE COST CENTERS	1. 00	0.00	7.00	0. 00	7. 00	
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						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	153, 072					4.00
5.00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	19, 494					5. 00
7. 00 8. 00	00800 LAUNDRY & LINEN SERVICE	1, 949 420			209, 401		7. 00 8. 00
9. 00	00900 HOUSEKEEPING	2, 737			209, 401	265, 018	1
	01000 DI ETARY	1, 043			3, 171	3, 731	10.00
	01100 CAFETERI A	792			0, 1, 1	5, 584	11. 00
	01300 NURSING ADMINISTRATION	2, 293	· ·		0	1, 539	•
14.00	01400 CENTRAL SERVICES & SUPPLY	1, 141	129, 313	13, 827	1, 535	4, 889	14. 00
	01500 PHARMACY	4, 845	322, 460	8, 285	0	2, 929	15. 00
	01600 MEDICAL RECORDS & LIBRARY	1, 192			0	1, 827	16. 00
	01700 SOCIAL SERVICE	2, 863			0	1, 136	1
	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	887	49, 347		0	930	1
	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	820	· ·	1	0	300	
	02300 PARAMED ED PRGM-PHARMACY 02301 PARAMED ED PRGM-CHAPLAIN	134 130	· ·	1	0	84 525	23. 00 23. 01
	02303 PARAMED ED PRGM-NURSING	426	· ·		0	392	23. 01
23. 03	INPATIENT ROUTINE SERVICE COST CENTERS	420	25,725	1, 100	0	372	25.05
30. 00	03000 ADULTS & PEDIATRICS	33, 854	1, 884, 478	210, 442	113, 333	74, 408	30. 00
	03100 INTENSIVE CARE UNIT	6, 081	431, 045		9, 095	12, 317	31. 00
32.00	03200 CORONARY CARE UNIT	1, 437	99, 764	5, 221	4, 448	1, 846	32. 00
40.00	04000 SUBPROVI DER - I PF	308	19, 313	1, 825	265	645	40. 00
	ANCILLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	15, 702			23, 326	33, 194	50.00
	05400 RADI OLOGY - DI AGNOSTI C	3, 058			6, 811	7, 728	•
	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	1, 464 362			0 257	3, 595 1, 214	55. 00 56. 00
	05700 CT SCAN	362 1, 468	53, 360 151, 286		257 2, 572	1, 214 1, 121	57.00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	902	· ·		1, 832	2, 315	58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	2, 784	· ·		5, 282	7, 448	1
	06000 LABORATORY	7, 403			164	8, 169	1
	06300 BLOOD STORING, PROCESSING, & TRANS.	416			147	344	63.00
64.00	06400 I NTRAVENOUS THERAPY	844	60, 676	773	0	273	64. 00
65.00	06500 RESPI RATORY THERAPY	2, 096	158, 935	5, 350	10	1, 892	65. 00
	06501 PULMONARY REHAB	95		1	0	257	65. 01
	06600 PHYSI CAL THERAPY	0	231, 837		1, 917	1, 658	1
	06900 ELECTROCARDI OLOGY	1, 268			2, 278	4, 483	1
	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0			0	0	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0		1	0	0	72. 00 73. 00
74. 00	07400 RENAL DIALYSIS	70		1	0	126	74.00
	07697 CARDI AC REHABI LI TATI ON	214	· ·		51	1, 078	ł
	OUTPATIENT SERVICE COST CENTERS					.,,	
	09000 CLI NI C	1, 088	71, 464	5, 628	39	1, 990	90. 00
	09001 FAMILY PRACTICE	374	33, 965	2, 254	87	797	90. 01
	09002 OUTPATIENT PSYCHIATRIC SERVICES	371	27, 532		0	0	90. 02
	09003 CHEMO	663			1, 041	2, 615	1
	09004 PRIMARY CARE FOR SENIORS	866	· ·		19	1 020	90.04
	09005 PAIN MANAGEMENT	1, 241	87, 379		1, 491	1, 920	
	09006 WOUND CARE 09007 SLEEP CENTER	668 1, 484			434 0	770 732	90. 06 90. 07
	09007 SLEEP CENTER 09008 HEMATOLOGY	1, 484			0	732 722	90.07
	09009 MULTI -SPECIALTY SERVICES	292			0	1, 538	•
	09010 DI ABETES CENTER	101	7, 222		0	0	90. 10
	09100 EMERGENCY	11, 887		1	24, 865	9, 928	1
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
	09201 OBSERVATION BEDS (DISTINCT PART)	2, 161	149, 311	24, 080	658	8, 514	92. 01
	OTHER REIMBURSABLE COST CENTERS						
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	1, 305	237, 911	2, 998	0	1, 060	96. 00
118. 00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	143, 781	13, 399, 030	642, 947	205, 128	218, 563	118. 00
	NONREI MBURSABLE COST CENTERS	1 13, 701		012,747	200, 120	210,000	
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	515		6, 240	70		190. 00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4, 853	342, 937	41, 033	0	14, 509	1
	19201 DEACONESS URGENT CARE	0		_	2		192. 01
	19202 HENDERSON ER PHYSICIANS	434		1	0		192. 02
	19203 FAMILY PHARMACY	741			0		192. 03
	07950 MISC NONREIMBURSABLE 07951 OCCUPATIONAL HEALTH	696 24			3, 245 0		194. 00 194. 01
174. UT	UT 75 1 UUUUFATTUNAL TILALTA	24	1, 547	0	U	0	[174. UT

Heal th Financial Systems DEACONESS HOSPITAL In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0082 Period: Worksheet B

ELECTRICAL OF CHILINE RELATED COSTS		Trovider ee		From 10/01/2019	Part II Date/Time Pres	annad.
					4/28/2021 10: 0	
Cost Center Description	EMPLOYEE	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
	DEMEELTS	• CENEDAL	DI ANT	LINEN SEDVICE		

Cost Center Description	EMPLOYEE	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
	BENEFITS	& GENERAL	PLANT	LINEN SERVICE		
	DEPARTMENT					
	4. 00	5. 00	7. 00	8. 00	9. 00	
194. 02 07952 OTHER FACILITIES	460	129, 100	43, 952	0	15, 541	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0	0	194. 03
194. 04 07954 PR	473	47, 874	2, 798	0	989	194. 04
194. 05 07955 CHI LD CARE CENTER	1, 095	73, 411	0	956	0	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	1	0	0	0	194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	195	212	0	75	194. 07
194. 08 07958 HEALTHSOUTH	0	7, 310	7, 965	0	2, 816	194. 08
194.09 07959 HOME OFFICE	0	0	0	0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	153, 072	14, 814, 165	774, 329	209, 401	265, 018	202. 00

| Peri od: | Worksheet B | From 10/01/2019 | Part II | To 09/30/2020 | Date/Time Prepared:

				To		Date/Time Pre 4/28/2021 10:	
	Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	
	OFNEDAL CEDILLOS COCT OFNEDO	10. 00	11. 00	13. 00	14. 00	15. 00	
1. 00 1. 01 2. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 11. 00 14. 00 15. 00 16. 00 17. 00 21. 00 22. 00 23. 00 23. 03	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-BUDG & 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 02301 PARAMED ED PRGM-CHAPLAIN 02303 PARAMED ED PRGM-CHAPLAIN INPATIENT ROUTINE SERVICE COST CENTERS	375, 960 0 0 0 0 0 0 0 0	809, 895 18, 821 13, 000 30, 075 14, 480 18, 336 5, 845 1, 746 800 1, 649 3, 274	1, 107, 283 0 0 0 0 0 0 0 0	786, 020 8, 186 6 1 0 0 0	1, 124, 369 0 0 0 0 0 0	1. 00 1. 01 2. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 17. 00 21. 00 22. 00 23. 01 23. 03
30. 00 31. 00 32. 00 40. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 04000 SUBPROVIDER - IPF	276, 011 41, 277 10, 312 3, 762	208, 807 44, 579 10, 623 2, 716	105, 254 25, 082	26, 709 15, 807 4, 488 0	100 69 11 0	30. 00 31. 00 32. 00 40. 00
50. 00 54. 00 55. 00 56. 00 57. 00 59. 00 60. 00 63. 00 65. 00 65. 01 66. 00 69. 00 71. 00 72. 00 73. 00 74. 00 76. 97	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05700 CT SCAN 05800 MAGNETI C RESONANCE I MAGING (MRI) 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06500 PULMONARY REHAB 06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 07200 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 07697 CARDI AC REHABI LI TATI ON	0 0 0 0 0 0 0 0 0 0 0 0 0	2, 716 71, 817 25, 030 10, 502 1, 940 10, 939 6, 330 15, 935 76, 692 3, 032 4, 851 15, 765 922 0 8, 707 0 0 0 315 2, 086	169, 563 0 0 0 0 37, 623 0 11, 453 0 0 0 0 0 0	135, 090 13, 752 2, 157 5, 865 2, 649 1, 942 27, 867 125, 697 0 4, 676 8, 921 8 2, 727 8, 738 80, 723 284, 320 0 116	395 188 2, 245 4 0 0 77 16 0 4 2 0 0 32 80 0 0 843, 770 102	50. 00 54. 00 55. 00 56. 00 57. 00 58. 00 60. 00 63. 00 64. 00 65. 00 66. 00 66. 00 67. 00 72. 00 73. 00 74. 00 76. 97
90. 00 90. 01 90. 02 90. 03 90. 04 90. 05 90. 06 90. 07 90. 08 90. 09 91. 00 92. 00 92. 01	OUTPATIENT SERVICE COST CENTERS 09000 CLINIC 09001 FAMILY PRACTICE 09002 OUTPATIENT PSYCHIATRIC SERVICES 09003 CHEMO 09004 PRIMARY CARE FOR SENIORS 09005 PAIN MANAGEMENT 09006 WOUND CARE 09007 SLEEP CENTER 09008 HEMATOLOGY 09009 MULTI - SPECIALTY SERVICES 09100 DIABETES CENTER 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) 07101 OTHER REIMBURSABLE COST CENTERS 09600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS	0 0 0 0 0 0 0 0 0 0 0 3, 273 28, 342	7, 422 3, 929 3, 856 4, 924 4, 196 9, 653 4, 996 8, 174 3, 032 2, 086 994 42, 081 17, 026	9, 277 9, 105 11, 625 9, 907 22, 792 11, 797 19, 298 7, 158 4, 925 2, 348 99, 355 40, 200	903 284 2 3, 094 33 2, 595 6, 205 461 40 24 51 7, 301 2, 440	0 896 0 300 186 78 0 0 0 64	90. 00 90. 01 90. 02 90. 03 90. 04 90. 05 90. 06 90. 07 90. 08 90. 09 90. 10 91. 00 92. 00 92. 01
118.00		362, 977	756, 560	1, 107, 283	783, 916	848, 628	118. 00
192. 00 192. 02 192. 03 192. 03	NONREL MISURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES 19201 DEACONESS URGENT CARE 219202 HENDERSON ER PHYSICIANS 319203 FAMILY PHARMACY 107950 MISC NONRELMBURSABLE 107951 OCCUPATIONAL HEALTH	0 0 0 0 0 0 12, 983 0	7, 519 14, 504 0 582 4, 948 6, 185 218	0 0 0 0	0) 542 0 0 1, 445 117 0	1, 207 0 0 274, 470 64	190. 00 192. 00 192. 01 192. 02 192. 03 194. 00 194. 01

Health Financial Systems

DEACONESS HOSPITAL

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082
From 10/01/2019
To 09/30/2020
Date/Time Prepared:

					4/28/2021 10:	06 pm
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	
			ADMI NI STRATI ON	SERVICES &		
				SUPPLY		
	10.00	11. 00	13.00	14.00	15. 00	
194. 02 07952 OTHER FACILITIES	0	946	0	0	0	194. 02
194. 03 07953 THE HEART HOSPITAL	0	0	0	0	0	194. 03
194. 04 07954 PR	0	3, 323	0	0	0	194. 04
194. 05 07955 CHILD CARE CENTER	0	15, 110	0	0	0	194. 05
194.06 07956 CENTER OF LIFE BALANCE	o	0	0	0	0	194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194. 07
194. 08 07958 HEALTHSOUTH	o	0	0	0	0	194. 08
194. 09 07959 HOME OFFICE	o	0	0	0	0	194. 09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	375, 960	809, 895	1, 107, 283	786, 020	1, 124, 369	202.00

| Period: | Worksheet B | From 10/01/2019 | Part II | Date/Time Prepared: | 4/28/2021 10: 06 pm Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0082

				I NITEDNIC 0	DECIDENTS	4/28/2021 10:	
				INTERNS &	KESI DENI S		
	Cost Center Description	MEDICAL RECORDS &	SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PHARMACY	
		LI BRARY		1 & FRINGES	PRGW COSTS	PRGW-PHARWACT	
	CENIEDAL SEDVICE COST CENTEDS	16. 00	17. 00	21.00	22. 00	23. 00	
1. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
1. 01	00101 CAP REL COSTS-BLDG & FIXT						1. 01
2. 00 4. 00	00200 CAP REL COSTS-MVBLE EQUI P						2.00
5. 00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL						4. 00 5. 00
7.00	00700 OPERATION OF PLANT						7. 00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY						9. 00 10. 00
11. 00	01100 CAFETERI A						11. 00
13. 00	01300 NURSING ADMINISTRATION						13. 00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY						14. 00 15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY	90, 018					16.00
17. 00	01700 SOCIAL SERVICE	0	199, 096				17. 00
21. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	0	0				21.00
22. 00 23. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM-PHARMACY	0	0		93, 043	36, 998	22. 00 23. 00
23. 01	02301 PARAMED ED PRGM-CHAPLAIN	0	ő			30, 770	23. 01
23. 03	02303 PARAMED ED PRGM-NURSING	0	1, 802				23. 03
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	6, 360	162, 160				30. 00
31. 00	03100 NTENSI VE CARE UNI T	2, 226	l ·				31.00
32. 00	03200 CORONARY CARE UNIT	600					32. 00
40. 00	04000 SUBPROVI DER - I PF ANCI LLARY SERVI CE COST CENTERS	126	0				40. 00
50. 00	05000 OPERATING ROOM	13, 529	0				50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 375					54. 00
55. 00 56. 00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	2, 992 1, 057	0				55. 00 56. 00
57. 00	05700 CT SCAN	5, 481	0				57.00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 698	l e				58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	4, 402	0				59. 00
60. 00 63. 00	06000 LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	7, 778 692	l				60. 00 63. 00
64. 00	06400 I NTRAVENOUS THERAPY	261	ő				64. 00
65. 00	06500 RESPI RATORY THERAPY	2, 601	0				65.00
65. 01 66. 00	06501 PULMONARY REHAB 06600 PHYSI CAL THERAPY	14 2, 582	0				65. 01 66. 00
69. 00	06900 ELECTROCARDI OLOGY	2, 237	Ö				69.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 083	l				71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	3, 288					72.00
73. 00 74. 00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	13, 030 374	l e				73. 00 74. 00
	07697 CARDIAC REHABILITATION	119					76. 97
00.00	OUTPATIENT SERVICE COST CENTERS 09000 CLINIC	137	Ο				90. 00
90. 00 90. 01	09000 CEINIC 09001 FAMILY PRACTICE	91	0				90.00
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	196	0				90. 02
90. 03	09003 CHEMO	895					90. 03
90. 04 90. 05	09004 PRIMARY CARE FOR SENIORS 09005 PAIN MANAGEMENT	30 938	l e				90. 04 90. 05
90. 06	09006 WOUND CARE	505	l e				90.06
90. 07	09007 SLEEP CENTER	266	l e				90. 07
90. 08 90. 09	09008 HEMATOLOGY 09009 MULTI -SPECIALTY SERVICES	63 40	i e				90. 08 90. 09
90. 10	09010 DI ABETES CENTER	19	ŀ	1			90. 10
91.00	09100 EMERGENCY	7, 976	14, 414				91.00
92. 00 92. 01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	519	0				92. 00 92. 01
	OTHER REIMBURSABLE COST CENTERS						
96. 00	O9600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS	1, 132	0				96. 00
118.00		88, 712	199, 096	0	0	0	118. 00
100 01	NONREI MBURSABLE COST CENTERS						100.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	0 84					190. 00 192. 00
192. 01	19201 DEACONESS URGENT CARE	0	0				192. 01
	19202 HENDERSON ER PHYSICIANS 19203 FAMILY PHARMACY	0 1, 222	0				192. 02 192. 03
172.03	PITAZOSITAWILI FITANWACI	1, 222	1 0	1		<u> </u>	1172.03

In Lieu of Form CMS-2552-10

| Period: | Worksheet B |
| From 10/01/2019 | Part II |
| To 09/30/2020 | Date/Time Prepared: 4/28/2021 10:06 pm Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS DEACONESS HOSPITAL Provider CCN: 15-0082

					4/28/2021 10:	06 pm_
			INTERNS 8	RESI DENTS		
Cost Center Description		SOCIAL SERVICE		SERVI CES-OTHER		
	RECORDS &		Y & FRINGES	PRGM COSTS	PRGM-PHARMACY	
	LI BRARY					
	16. 00	17. 00	21. 00	22. 00	23. 00	
194. 00 07950 MISC NONREI MBURSABLE	0	0				194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	0	0				194. 01
194. 02 07952 OTHER FACILITIES	0	0				194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0				194. 03
194. 04 07954 PR	0	0				194. 04
194. 05 07955 CHILD CARE CENTER	0	0				194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	0				194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0				194. 07
194. 08 07958 HEALTHSOUTH	0	0				194. 08
194. 09 07959 HOME OFFICE	0	0				194. 09
200.00 Cross Foot Adjustments			168, 024	93, 043	36, 998	200. 00
201.00 Negative Cost Centers	0	0	(0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	90, 018	199, 096	168, 024	93, 043	36, 998	202. 00

| Peri od: | Worksheet B | From 10/01/2019 | Part II | To 09/30/2020 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0082

				To	09/30/2020	Date/Time Pre 4/28/2021 10:	
	Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Total	, p
		PRGM-CHAPLAIN	PRGM-NURSI NG		Residents Cost		
					& Post Stepdown		
					Adjustments		
	CENEDAL CEDALCE COCT CENTEDO	23. 01	23. 03	24. 00	25. 00	26. 00	
1. 00	GENERAL SERVICE COST CENTERS 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						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 00 7. 00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT						5. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00	00900 HOUSEKEEPI NG						9. 00
10.00	01000 DI ETARY						10.00
11. 00 13. 00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON						11. 00 13. 00
14. 00	01400 CENTRAL SERVI CES & SUPPLY						14. 00
15. 00	01500 PHARMACY						15. 00
16.00	01600 MEDI CAL RECORDS & LI BRARY						16.00
17. 00 21. 00	01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD						17. 00 21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD						22. 00
23. 00	02300 PARAMED ED PRGM-PHARMACY						23. 00
23. 01	02301 PARAMED ED PRGM-CHAPLAIN	64, 117	00.747				23. 01
23. 03	O2303 PARAMED ED PRGM-NURSING I NPATI ENT ROUTI NE SERVI CE COST CENTERS		82, 747				23. 03
30. 00	03000 ADULTS & PEDI ATRI CS			13, 437, 172	0	13, 437, 172	30. 00
31. 00	03100 INTENSIVE CARE UNIT			2, 317, 150	0	2, 317, 150	1
32.00	03200 CORONARY CARE UNIT			418, 135	0	418, 135	1
40. 00	04000 SUBPROVI DER - I PF ANCI LLARY SERVI CE COST CENTERS			104, 493	0	104, 493	40. 00
50.00	05000 OPERATING ROOM			12, 022, 821	0	12, 022, 821	50. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C			2, 335, 510	0	2, 335, 510	1
55. 00 56. 00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE			779, 727 302, 633	0	779, 727 302, 633	1
57. 00	05700 CT SCAN			1, 944, 818	o	1, 944, 818	1
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)			1, 866, 069	0	1, 866, 069	1
59. 00	05900 CARDI AC CATHETERI ZATI ON			2, 497, 013	0	2, 497, 013	
60. 00 63. 00	06000 LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.			3, 501, 119 143, 682	0	3, 501, 119 143, 682	1
64. 00	06400 I NTRAVENOUS THERAPY			142, 591	0	142, 591	64. 00
65. 00	06500 RESPIRATORY THERAPY			719, 183	0	719, 183	1
65. 01	06501 PULMONARY REHAB			48, 541	0	48, 541	1
66. 00 69. 00	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY			511, 740	0	511, 740	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS			980, 042 264, 531	0	980, 042 264, 531	1
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS			931, 107	O	931, 107	
73. 00	07300 DRUGS CHARGED TO PATIENTS			2, 715, 434	0	2, 715, 434	
	O7400 RENAL DI ALYSI S O7697 CARDI AC REHABI LI TATI ON			70, 082 167, 437	0	70, 082 167, 437	
70. 97	OUTPATIENT SERVICE COST CENTERS			107, 437	U ₁	107, 437	76.97
	09000 CLI NI C			340, 999	0	340, 999	
90. 01	09001 FAMILY PRACTICE			178, 997	0	178, 997	
90. 02 90. 03	09002 OUTPATIENT PSYCHIATRIC SERVICES 09003 CHEMO			44, 241 469, 446	0	44, 241 469, 446	1
90. 04	09004 PRIMARY CARE FOR SENIORS			54, 865	0	54, 865	
90. 05	09005 PAIN MANAGEMENT			416, 829	0	416, 829	90. 05
90.06				177, 792	0	177, 792	1
90. 07 90. 08	09007 SLEEP CENTER 09008 HEMATOLOGY			247, 905 117, 861	0	247, 905 117, 861	1
90. 09	09009 MULTI -SPECIALTY SERVICES			211, 362	0	211, 362	1
90. 10	09010 DI ABETES CENTER			11, 184	0	11, 184	90. 10
91.00				2, 270, 768	0	2, 270, 768	1
92. 00 92. 01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)			1, 083, 837	0	1, 083, 837	92. 00 92. 01
72.01	OTHER REIMBURSABLE COST CENTERS			1, 003, 037	O ₁	1, 003, 037	/2.01
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED			686, 149	0	686, 149	96. 00
110 00	SPECIAL PURPOSE COST CENTERS			E4 E22 2/5		E4 E22 245	110 00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	0	0	54, 533, 265	0	54, 533, 265	1118.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			381, 423	0	381, 423	190. 00
	19200 PHYSI CI ANS' PRI VATE OFFI CES			2, 383, 093	0	2, 383, 093	
	19201 DEACONESS URGENT CARE 19202 HENDERSON ER PHYSICIANS			2 4, 718	0		192. 01 192. 02
	19202 FAMILY PHARMACY			1, 080, 575	0	1, 080, 575	
	·	'					

				'	0 09/30/2020	4/28/2021 10:0	
	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. 00 07950	MISC NONREIMBURSABLE			901, 823	0	901, 823	194. 00
	OCCUPATIONAL HEALTH			1, 789	0	1, 789	194. 01
194. 02 07952	OTHER FACILITIES			2, 040, 714	0	2, 040, 714	194. 02
194. 03 07953	THE HEART HOSPITAL			0	0	0	194. 03
194. 04 07954	PR			175, 882	0	175, 882	194. 04
194. 05 07955	CHILD CARE CENTER			127, 850	0	127, 850	194. 05
194. 06 07956	CENTER OF LIFE BALANCE			1	0	1	194. 06
194. 07 07957	UNIT 3200 - DEACONESS VNA			9, 223	0	9, 223	194. 07
194. 08 07958	HEALTHSOUTH			346, 368	0	346, 368	194. 08
194. 09 07959	HOME OFFICE			10, 614, 705	0	10, 614, 705	194. 09
200.00	Cross Foot Adjustments	64, 117	82, 747	444, 929	0	444, 929	200. 00
201. 00	Negative Cost Centers	0	0	0	0	0	201. 00
202. 00	TOTAL (sum lines 118 through 201)	64, 117	82, 747	73, 046, 360	0	73, 046, 360	202. 00

	Financial Systems	DEACONESS		CN 15 0000		eu of Form CMS-1	
COSTA	ILLOCATION - STATISTICAL BASIS		Provider C		Period: From 10/01/2019	Worksheet B-1	
				-	o 09/30/2020	Date/Time Pre 4/28/2021 10:	
		CAPI	TAL RELATED CO	OSTS		1 47 207 2021 10.	OO piii
	Cook Cooks Decoding the	DIDC 0 FLVT	DIDC & FLVT	I MUDIE FOLLID	EMPL OVEE	ADMINI CTDATIVE	
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	BLDG & FLXT	MVBLE EQUIP (DOLLAR VALUE)		ADMI NI STRATI VE & GENERAL	
		(040/11/2 / 22/)	(040/1112 / 221)	(3022/11/17/202)	DEPARTMENT	(ACCUM. COST)	
					(GROSS		
		1.00	1. 01	2.00	SALARI ES) 4. 00	5. 00	
	GENERAL SERVICE COST CENTERS	11.00		2.00		0.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT	1, 602, 869					1.00
1. 01 2. 00	OO101 CAP REL COSTS-BLDG & FIXT OO200 CAP REL COSTS-MVBLE EQUIP	0	49, 355	31, 414, 532			1. 01 2. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT	4, 329	3, 533				4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL	34, 611	17, 952			665, 304, 756	5. 00
7. 00 8. 00	OO7OO OPERATION OF PLANT OO8OO LAUNDRY & LINEN SERVICE	1, 142	l .	1			1
9. 00	00900 HOUSEKEEPI NG	409	-				1
10.00	01000 DI ETARY	5, 925					1
11. 00 13. 00	O1100 CAFETERI A O1300 NURSI NG ADMI NI STRATI ON	26, 065	C			2, 829, 177 7, 685, 629	1
14. 00	01400 CENTRAL SERVICES & SUPPLY	460		1			1
15. 00	01500 PHARMACY	0	C		9, 556, 306	14, 481, 531	
16.00	01600 MEDI CAL RECORDS & LI BRARY	512	C				•
17. 00 21. 00	01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD	4, 340	-	•			1
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	1, 400	-	1			1
23. 00	02300 PARAMED ED PRGM-PHARMACY	393	l e				1
23. 01 23. 03	O2301 PARAMED ED PRGM-CHAPLAIN O2303 PARAMED ED PRGM-NURSING	1, 602 1, 829		1			1
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	1,027		, 0,00	011,001	1,000,100	20.00
30.00	03000 ADULTS & PEDI ATRI CS	347, 292					1
31. 00 32. 00	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	57, 488 8, 616		1			31. 00 32. 00
40. 00	04000 SUBPROVI DER - I PF	3, 012					1
	ANCILLARY SERVICE COST CENTERS						
50. 00 54. 00	O5000 OPERATI NG ROOM O5400 RADI OLOGY-DI AGNOSTI C	154, 932 36, 072					
55. 00	05500 RADI OLOGY-THERAPEUTI C	16, 778					
56.00	05600 RADI 0I SOTOPE	5, 665			714, 494	2, 396, 384	
57.00	05700 CT SCAN	5, 234					1
58. 00 59. 00	05800 MAGNETIC RESONANCE I MAGING (MRI) 05900 CARDIAC CATHETERIZATION	10, 804 34, 761					1
60.00	06000 LABORATORY	38, 127	C	1, 325, 99	14, 601, 263	41, 000, 787	60. 00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1, 605		1			•
64. 00 65. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	1, 275 7, 629		•			1
65. 01	06501 PULMONARY REHAB	1, 200	c	10, 08			1
	06600 PHYSI CAL THERAPY	7, 738					
69. 00 71. 00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	20, 922				5, 446, 064 8, 206, 093	
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	C	1	o o		
73.00	07300 DRUGS CHARGED TO PATIENTS	0	C	1	0		
74. 00 76. 97	07400 RENAL DI ALYSI S 07697 CARDI AC REHABI LI TATI ON	588 5, 032					1
70. 77	OUTPATIENT SERVICE COST CENTERS	0,002		10,07	121,001	007,000	70.77
90.00	09000 CLINIC	9, 288		1			1
90. 01 90. 02	09001 FAMILY PRACTICE 09002 OUTPATIENT PSYCHIATRIC SERVICES	3, 719	C				1
90. 03	09003 CHEMO	12, 206	1				
90. 04	09004 PRIMARY CARE FOR SENIORS	0	C	1 ,, ,,			1
90. 05 90. 06	09005 PAIN MANAGEMENT 09006 WOUND CARE	8, 963 3, 594					1
90.08	09007 SLEEP CENTER	3, 394					1
90. 08	09008 HEMATOLOGY	3, 369	C	30!	568, 773	900, 622	90. 08
90.09	09009 MULTI - SPECI ALTY SERVI CES	7, 177	l .	3, 162			1
90. 10 91. 00	O9010 DI ABETES CENTER O9100 EMERGENCY	46, 338		1			90. 10 91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10, 330		251, 100	23, 110, 303	2., 525, 546	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	29, 093	C	80, 33	4, 261, 948	6, 705, 474	92. 01
96. 00	OTHER REIMBURSABLE COST CENTERS O9600 DURABLE MEDICAL EQUIP-RENTED	4, 947	С	290, 27!	2, 573, 101	10, 684, 453	96. 00
,5.00	SPECIAL PURPOSE COST CENTERS	4, 747				10, 004, 403	, 5. 50
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	979, 898	22, 335	30, 963, 432	283, 357, 048	601, 751, 779	118. 00
190 00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10, 298	C	47, 960	1, 015, 839	2, 583, 653	190 00
192.00	19200 PHYSI CLANS' PRI VATE OFFI CES	67, 717					
192. 01	19201 DEACONESS URGENT CARE	0			0		192. 01

| Period: | Worksheet B-1 | From 10/01/2019 | To 09/30/2020 | Date/Time Prepared:

				T	09/30/2020		
CAPITAL RELATED COSTS				nsts		4/28/2021 10:	U6 pili
		CALL	TAL KELATED CO	3313			
Cost Center Description		BLDG & FLXT	BLDG & FLXT	MVBLE EQUIP	EMPLOYEE	ADMI NI STRATI VE	
		(SQUARE FEET)	2 2 2	(DOLLAR VALUE)	BENEFITS	& GENERAL	
		,	,	,	DEPARTMENT	(ACCUM. COST)	
					(GROSS	(
					SALARI ES)		
		1. 00	1. 01	2. 00	4. 00	5. 00	
	HENDERSON ER PHYSICIANS	0	0	0	856, 051	166, 259	1
192. 03 19203	FAMILY PHARMACY	3, 643	0	36, 873	1, 461, 249	29, 874, 437	192. 03
194. 00 07950	MISC NONREIMBURSABLE	26, 824	17, 693	27, 878	1, 372, 508	3, 876, 323	194. 00
	OCCUPATI ONAL HEALTH	0	0	0	47, 211		
	OTHER FACILITIES	72, 534	0	37, 557	907, 064		
	THE HEART HOSPITAL	0	0	0	0		194. 03
194. 04 07954	· I	4, 618	0	4, 873	·		
	CHILD CARE CENTER	0	0	35, 639	2, 159, 545		
	CENTER OF LIFE BALANCE	0	0	0	0		194. 06
	UNIT 3200 - DEACONESS VNA	350		0	0		194. 07
	HEALTHSOUTH	13, 145		0	0	328, 277	ł
4	HOME OFFICE	423, 842	9, 327	0	0	0	194. 09
200. 00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers						201. 00
202. 00	Cost to be allocated (per Wkst. B,	40, 029, 324	158, 042	32, 858, 994	33, 454, 823	96, 365, 916	202. 00
202 00	Part I)	04 070547	0.000440	4 045004	0 440004	0 444045	000 00
203. 00	Unit cost multiplier (Wkst. B, Part I)	24. 973547	3. 202148	1. 045981	0. 110894	l	1
204. 00	Cost to be allocated (per Wkst. B,				153, 072	14, 814, 165	204.00
205 00	Part II)				0. 000507	0. 022267	205 00
205. 00	Unit cost multiplier (Wkst. B, Part				0.000507	0.022267	205.00
206. 00	NAHE adjustment amount to be allocated						206. 00
	(per Wkst. B-2)						
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						

	ALLOCATION - STATISTICAL BASIS	DEACONESS	Provi der C	CN: 15-0082 F	Peri od:	Worksheet B-1	
				F	rom 10/01/2019	Date/Time Pre 4/28/2021 10:	pared:
	Cost Center Description	OPERATION OF PLANT (SQUARE FEET -	(POUNDS OF	HOUSEKEEPI NG (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERI A (FTE' S)	
		C) 7. 00	LAUNDRY) 8. 00	9. 00	10.00	11. 00	
	GENERAL SERVICE COST CENTERS	7.00	0.00	7.00	10.00		
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-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMINISTRATIVE & GENERAL	4 077 040					5.00
7. 00 8. 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	1, 277, 868 25, 685					7. 00 8. 00
9. 00	00900 HOUSEKEEPI NG	15, 239		1	ı İ		9. 00
10.00	01000 DI ETARY	17, 414					10.00
11. 00 13. 00	01100 CAFETERIA 01300 NURSI NG ADMI NI STRATI ON	26, 065 7, 181		,		33, 392 776	11. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	22, 819		.,		536	
	01500 PHARMACY	13, 673	0	13, 673	s o	1, 240	15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	8, 528 5, 302		8, 528 5, 302		597	16. 00 17. 00
	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	4, 340	l .			756 241	
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1, 400		1, 400		72	22. 00
23. 00		393				33	
23. 01 23. 03	02301 PARAMED ED PRGM-CHAPLAIN 02303 PARAMED ED PRGM-NURSING	2, 452 1, 829		_,		68 135	
23. 03	INPATIENT ROUTINE SERVICE COST CENTERS	1,027		1, 02	/I	133	23.03
	03000 ADULTS & PEDIATRICS	347, 292					1
31.00	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	57, 488 8, 616				1, 838	
	04000 SUBPROVI DER - I PF	3, 012				438 112	
.0.00	ANCILLARY SERVICE COST CENTERS			0,012	,	112	
50.00		154, 932				2, 961	
54. 00 55. 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	36, 072 16, 778				1, 032 433	
56. 00	05600 RADI OI SOTOPE	5, 665				80	
57. 00	l l	5, 234				451	
58. 00 59. 00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	10, 804 34, 761				261 657	
60.00	06000 LABORATORY	38, 127				3, 162	1
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1, 605	3, 015	1, 605	0	125	63. 00
64. 00 65. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	1, 275 8, 829				200 650	
65. 01	06501 PULMONARY REHAB	1, 200				38	1
66.00	06600 PHYSI CAL THERAPY	7, 738	39, 181	7, 738	0	0	66. 00
	06900 ELECTROCARDI OLOGY	20, 922				359	
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	0	_			0	
	07300 DRUGS CHARGED TO PATIENTS	0		d			73. 00
74.00	07400 RENAL DIALYSIS	588					74.00
76. 97	07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	5, 032	1, 046	5, 032	2 0	86	76. 97
90. 00	09000 CLINIC	9, 288	801	9, 288	8 0	306	90. 00
90. 01	09001 FAMILY PRACTICE	3, 719				162	
90. 02 90. 03	09002 OUTPATIENT PSYCHIATRIC SERVICES 09003 CHEMO	12, 206	_	1		159 203	
90. 04	09004 PRIMARY CARE FOR SENIORS	12, 200	386			173	1
90. 05	09005 PAIN MANAGEMENT	8, 963				398	
90.06	09006 WOUND CARE	3, 594				206	
90. 07 90. 08	09007 SLEEP CENTER 09008 HEMATOLOGY	3, 417 3, 369		3, 417 3, 369		337 125	
90. 09	09009 MULTI -SPECIALTY SERVICES	7, 177		7, 177		86	
90. 10	09010 DI ABETES CENTER	0	_	(0	41	90. 10
91.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	46, 338	508, 311	46, 338	3, 579	1, 735	91. 00 92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	39, 739	13, 458	39, 739	30, 993	702	
0, 00	OTHER REIMBURSABLE COST CENTERS	1 0.17		1	, al		
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS	4, 947	0	4, 947	<u>'</u> 0	601	96.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1, 061, 047	4, 193, 350	1, 020, 123	396, 935	31, 193	118. 00
190 00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10, 298	1, 438	10, 298	B O	210	190. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	67, 717		67, 717			190.00
192. 01	19201 DEACONESS URGENT CARE	0	49	C	o	0	192. 01
	2 19202 HENDERSON ER PHYSICIANS 3 19203 FAMILY PHARMACY	3, 643	_	3, 643	-		192. 02 192. 03
	007950 MI SC NONREI MBURSABLE	44, 516					194. 00
	1	,	, , , , , , ,		., ., ., ., .,		

Health Financial Systems	DEACONESS HOSPI TAL		In Lieu of Form CMS-2552-10		
COST ALLOCATION - STATISTICAL BASIS	Provi der CCN: 15-0082	Peri od:	Worksheet B-1		

COST ALLO	OST ALLOCATION - STATISTICAL BASIS				eri od:	Worksheet B-1	
					rom 10/01/2019 o 09/30/2020	Doto/Time Dro	narad.
				1	o 09/30/2020	Date/Time Pre 4/28/2021 10:	
Cost Center Description		OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	DO PIII
	300 t 3011tol				(MEALS SERVED)		
			(POUNDS OF	C)	(/	(= -)	
			LAUNDRY)				
		7. 00	8. 00	9. 00	10.00	11. 00	
194. 01 079	051 OCCUPATIONAL HEALTH	0	0	C	0	9	194. 01
194. 02 079	052 OTHER FACILITIES	72, 534	0	72, 534	0	39	194. 02
194. 03 079	753 THE HEART HOSPITAL	0	0	C	0	0	194. 03
194. 04 079	954 PR	4, 618	0	4, 618	0	137	194. 04
194. 05 079	055 CHILD CARE CENTER	0	19, 537	C	0	623	194. 05
194. 06 079	056 CENTER OF LIFE BALANCE	0	0	C	0	0	194. 06
194. 07 079	957 UNIT 3200 - DEACONESS VNA	350	0	350	0	0	194. 07
194. 08 07958 HEALTHSOUTH		13, 145	0	13, 145	0	0	194. 08
194. 09 079	P59 HOME OFFICE	O	0	C	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,	11, 269, 852	2, 435, 937	8, 036, 652	5, 189, 778	4, 293, 792	202. 00
	Part I)						
203.00	Unit cost multiplier (Wkst. B, Part I)	8. 819261	0. 569049	6. 497183	12. 623112	128. 587446	203. 00
204.00	Cost to be allocated (per Wkst. B,	774, 329	209, 401	265, 018	375, 960	809, 895	204. 00
	Part II)						
205.00	Unit cost multiplier (Wkst. B, Part	0. 605954	0. 048917	0. 214252	0. 914449	24. 254163	205. 00
	[11]						
206.00	NAHE adjustment amount to be allocated						206. 00
	(per Wkst. B-2)						
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						

		TION - STATISTICAL BASIS	DEACONESS 1	Provi der Co	CN: 15-0082 F	eri od:	Worksheet B-1	
					F	rom 10/01/2019 o 09/30/2020		
							4/28/2021 10:	06 pm
		Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES &	PHARMACY	MEDICAL RECORDS &	SOCIAL SERVICE	
			ADMINISTRATION	SUPPLY	(COSTED REQUIS.)	LI BRARY	(TIME SPENT)	
			(FTE' S	(COSTED	,	(GROSS	(
			NURSI NG)	REQUIS.)	45.00	CHARGES)	47.00	
	GENER	AL SERVICE COST CENTERS	13. 00	14. 00	15. 00	16. 00	17. 00	
1.00		CAP REL COSTS-BLDG & FIXT						1. 00
1. 01	1	CAP REL COSTS-BLDG & FIXT						1. 01
2. 00 4. 00		CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5.00		ADMINISTRATIVE & GENERAL						5. 00
7.00		OPERATION OF PLANT						7. 00
8.00		LAUNDRY & LINEN SERVICE						8. 00
9. 00 10. 00		HOUSEKEEPI NG DI ETARY						9. 00 10. 00
11. 00		CAFETERI A						11. 00
13.00		NURSING ADMINISTRATION	19, 336					13. 00
14.00		CENTRAL SERVICES & SUPPLY	0	79, 900, 490				14.00
15. 00 16. 00		PHARMACY MEDICAL RECORDS & LIBRARY		832, 179 631				15. 00 16. 00
17. 00	1	SOCIAL SERVICE	o	149			221	•
21. 00		I&R SERVICES-SALARY & FRINGES APPRVD	0	0	C	0	0	
22. 00		I &R SERVI CES-OTHER PRGM COSTS APPRVD	0	0		0	0	
23. 00 23. 01		PARAMED ED PRGM-PHARMACY PARAMED ED PRGM-CHAPLAIN		0		0	0	
23. 03	02303	PARAMED ED PRGM-NURSING	0	0			2	23. 03
		ENT ROUTINE SERVICE COST CENTERS		0 715 101		100 7/1 00/		
30. 00 31. 00	1	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	8, 609 1, 838	2, 715, 134 1, 606, 925		1	180 14	•
32. 00	1	CORONARY CARE UNIT	438	456, 238				1
40. 00		SUBPROVI DER - I PF	0	0		3, 953, 039	0	40. 00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM	2, 961	13, 732, 842	39, 042	467, 325, 014	0	50. 00
54. 00		RADI OLOGY-DI AGNOSTI C	2, 901	1, 397, 991		1	0	
55. 00		RADI OLOGY-THERAPEUTI C	0	219, 292			0	55. 00
56.00	1	RADI OI SOTOPE	0	596, 232		1	0	56. 00
57. 00 58. 00	1	CT SCAN MAGNETIC RESONANCE IMAGING (MRI)		269, 257 197, 370			0 0	57. 00 58. 00
59. 00		CARDI AC CATHETERI ZATI ON	657	2, 832, 855			0	•
60.00		LABORATORY	0	12, 778, 004				60. 00
63.00	1	BLOOD STORING, PROCESSING, & TRANS.	200	475 244		1	0 0	63.00
64. 00 65. 00		I NTRAVENOUS THERAPY RESPI RATORY THERAPY	200	475, 344 906, 855			0	64. 00 65. 00
65. 01	06501	PULMONARY REHAB	0	856		422, 230	0	65. 01
66.00	1	PHYSI CAL THERAPY	0	277, 228		1	0	66. 00
69. 00 71. 00	1	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS		888, 315 8, 206, 093			0	69. 00 71. 00
72. 00		IMPL. DEV. CHARGED TO PATIENTS	o	28, 899, 207			0	
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0			0	
74. 00 76. 97		RENAL DI ALYSI S CARDI AC REHABI LI TATI ON	0	11, 820			0	ł
70. 97		TIENT SERVICE COST CENTERS	l O	3, 863	71	3, /1/, 023	0	70.97
90.00	09000	CLI NI C	306	91, 827			0	ł
90. 01	1	FAMILY PRACTICE	162	28, 855			0	90. 01
90. 02 90. 03	1	OUTPATIENT PSYCHIATRIC SERVICES CHEMO	159 203	161 314, 511		-,,	0 0	90. 02 90. 03
90. 04		PRIMARY CARE FOR SENIORS	173	3, 369			0	90. 04
90. 05		PAIN MANAGEMENT	398	263, 759			0	90. 05
90. 06 90. 07		WOUND CARE SLEEP CENTER	206 337	630, 769 46, 822			0 0	90. 06 90. 07
90. 07		HEMATOLOGY	125	46, 622			0	90.07
90. 09	1	MULTI-SPECIALTY SERVICES	86	2, 416			0	90. 09
90. 10		DI ABETES CENTER	41	5, 139			0	90. 10
91. 00 92. 00		EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	1, 735	742, 188	6, 338	249, 256, 691	16	91. 00 92. 00
92. 01	09201	OBSERVATION BEDS (DISTINCT PART)	702	248, 068	16	16, 223, 262	0	•
07.00	OTHER	REIMBURSABLE COST CENTERS		0		25 2/2 772	0	0, 00
96. 00		DURABLE MEDICAL EQUIP-RENTED AL PURPOSE COST CENTERS	0	0		35, 363, 773	0	96. 00
118.00	_	SUBTOTALS (SUM OF LINES 1 through 117)	19, 336	79, 686, 659	83, 950, 940	2, 816, 738, 434	221	118. 00
190.00		MBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	O	0	C	0	0	190. 00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	55, 072		_	0	192. 00
		DEACONESS URGENT CARE HENDERSON ER PHYSI CI ANS		0		0		192. 01 192. 02
		FAMILY PHARMACY		146, 899		38, 180, 430		192. 02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

From 10/01/2019 09/30/2020 Date/Time Prepared:

4/28/2021 10:06 pm Cost Center Description NURSI NG CENTRAL PHARMACY MEDI CAL SOCIAL SERVICE ADMI NI STRATI ON SERVICES & (COSTED RECORDS & REQUIS.) LI BRARY SUPPLY (TIME SPENT) (FTE'S (COSTED (GROSS CHARGES) NURSI NG) REQUIS.) 15.00 17.00 13.00 14.00 16.00 194.00 07950 MISC NONREIMBURSABLE 11, 860 6, 318 0 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 0 194. 01 0 0 0 0 0 0 0 0 0 0 194. 02 07952 OTHER FACILITIES 0 0 194. 02 C 194. 03 07953 THE HEART HOSPITAL 0 194. 03 0 194. 04 07954 PR 0 0 0 194. 04 194. 05 07955 CHILD CARE CENTER 0 0 0 194. 05 194.06 07956 CENTER OF LIFE BALANCE 0 0 194.06 0 194. 07 07957 UNIT 3200 - DEACONESS VNA 0 0 0 194. 07 194. 08 07958 HEALTHSOUTH 0 0 0 0 194. 08 0 ol 194. 09 07959 HOME OFFICE 0 0 0 194. 09 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201. 00 202.00 11, 825, 989 Cost to be allocated (per Wkst. B, 8, 322, 476 5, 695, 585 2, 033, 038 7, 446, 432 202. 00 Part I) 203.00 Unit cost multiplier (Wkst. B, Part I) 0. 000711 33, 694. 262443 203. 00 430. 413529 0.071283 0.106320 204.00 Cost to be allocated (per Wkst. B, 1, 107, 283 786, 020 1, 124, 369 90, 018 199, 096 204. 00 Part II) 0.009837 900. 886878 205. 00 205.00 Unit cost multiplier (Wkst. B, Part 57. 265360 0.010108 0.000032 II)206.00 NAHE adjustment amount to be allocated 206. 00 (per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D, 207.00 Parts III and IV)

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

					0 09/30/2020	Date/lime Pre 4/28/2021 10:	
		INTERNS &	RESI DENTS				
	Cost Center Description	SERVI CES-SALAR Y & FRI NGES (ASSI GNED TI ME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME)	PARAMED ED PRGM-CHAPLAI N (ASSI GNED TI ME)	PARAMED ED PRGM-NURSI NG (ASSI GNED TI ME)	
		21.00	22. 00	23.00	23. 01	23. 03	
4 00	GENERAL SERVICE COST CENTERS			T			1 00
1. 00 1. 01	OO100 CAP REL COSTS-BLDG & FIXT OO101 CAP REL COSTS-BLDG & FIXT						1. 00 1. 01
2. 00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMINISTRATIVE & GENERAL						5. 00
7.00	00700 OPERATION OF PLANT						7. 00
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9.00	00900 HOUSEKEEPI NG						9. 00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A						10. 00 11. 00
13. 00	01300 NURSING ADMINISTRATION						13.00
14. 00	01400 CENTRAL SERVICES & SUPPLY						14. 00
15. 00	01500 PHARMACY						15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY						16. 00
17. 00	01700 SOCIAL SERVICE	F2 020					17. 00
21. 00 22. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD 02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	53, 939	53, 939				21. 00 22. 00
23. 00	02300 PARAMED ED PRGM-PHARMACY		55, 757	100			23. 00
23. 01	02301 PARAMED ED PRGM-CHAPLAIN				100		23. 01
23. 03	02303 PARAMED ED PRGM-NURSING					26, 396	23. 03
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS		0.4.000			44.000	
30. 00 31. 00	03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T	24, 000	24, 000 814	1		·	1
32.00	03200 CORONARY CARE UNIT	814	014				
40. 00	04000 SUBPROVI DER - I PF	O	0				1
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	3, 536	3, 536				1
54. 00 55. 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	151	151 0		_	0	54. 00 55. 00
56. 00	05600 RADI OI SOTOPE	0	0		0	0	
57. 00	05700 CT SCAN	0	0		0		1
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 130	1, 130		_		1
60. 00 63. 00	06000 LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		_	0	
64. 00	06400 I NTRAVENOUS THERAPY	0	0	0	0	143	1
65. 00	06500 RESPI RATORY THERAPY	0	0	ő	0	0	65. 00
65. 01	06501 PULMONARY REHAB	0	0	0	0	0	65. 01
66. 00	06600 PHYSI CAL THERAPY	0	0	_	0	0	
69. 00 71. 00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	74	74		0	6 0	1
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	-	
	07300 DRUGS CHARGED TO PATIENTS	0	0				1
	07400 RENAL DIALYSIS	0	0				1
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	0	0	0	76. 97
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC	0	0	0	0	0	90. 00
90. 01	09001 FAMILY PRACTICE	19, 259					1
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0		0	0	90. 02
90. 03	09003 CHEMO	0	0	_	0	28	
90. 04	09004 PRIMARY CARE FOR SENIORS 09005 PAIN MANAGEMENT	1, 002	1, 002		0	0	1
90. 05 90. 06	09006 WOUND CARE	109	109		0	5 61	90. 05 90. 06
	09007 SLEEP CENTER	0	Ö	ő	0	0	1
	09008 HEMATOLOGY	0	0	0	0	0	90. 08
90. 09	09009 MULTI -SPECIALTY SERVICES	0	0	0	0	0	
	09010 DI ABETES CENTER	0	0	0	0	0	
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3, 864	3, 864	0	U	1, 726	91. 00 92. 00
	09201 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	1, 261	1
	OTHER REIMBURSABLE COST CENTERS					,	
96. 00	09600 DURABLE MEDI CAL EQUI P-RENTED	0	0	0	0	0	96. 00
110 00	SPECIAL PURPOSE COST CENTERS SUPPORTALS (SUM OF LINES 1 through 117)	E2 020	E2 020	100	100	24 204	110 00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	53, 939	53, 939	100	100	26, 396	118. 00
190. 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0			0	192. 00
192.01	19201 DEACONESS URGENT CARE	0	0		_		192. 01
192.02	19202 HENDERSON ER PHYSICIANS	0	0	0	0	0	192. 02

			''	0 09/30/2020	4/28/2021 10:	
	INTERNS &	RESI DENTS			1, 20, 2021 101	<u> Б</u>
Cost Center Description	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	PARAMED ED	PARAMED ED	
	Y & FRINGES	PRGM COSTS	PRGM-PHARMACY	PRGM-CHAPLAIN	PRGM-NURSI NG	
	(ASSI GNED	(ASSI GNED	(ASSI GNED	(ASSI GNED	(ASSI GNED	
	TIME)	TIME)	TIME)	TIME)	TIME)	
	21. 00	22.00	23. 00	23. 01	23. 03	
192.03 19203 FAMILY PHARMACY	0	0	0	0		192. 03
194.00 07950 MISC NONREI MBURSABLE	0	0	0	0		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	0	0	0	0		194. 01
194.02 07952 OTHER FACILITIES	0	0	0	0		194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0	_	194. 03
194. 04 07954 PR	0	0	0	0	_	194. 04
194. 05 07955 CHILD CARE CENTER	0	0	0	0	_	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	_	194. 06
194. 07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0		194. 07
194. 08 07958 HEALTHSOUTH	0	0	0	0		194. 08
194. 09 07959 HOME OFFI CE	0	0	0	0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	2, 470, 033	2, 673, 795	446, 111	463, 792	1, 253, 443	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	45. 793081	49. 570719				
204.00 Cost to be allocated (per Wkst. B,	168, 024	93, 043	36, 998	64, 117	82, 747	204. 00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	3. 115074	1. 724967	369. 980000	641. 170000	3. 134831	205. 00
						00/ 00
NAHE adjustment amount to be allocated				O	0	206. 00
(per Wkst. B-2)			0 000000	0.000000	0.000000	207 00
207.00 NAHE unit cost multiplier (Wkst. D,			0. 000000	0. 000000	0. 000000	207.00
Parts III and IV)	1		l			

COMPUT	FATION OF RATIO OF COSTS TO CHARGES		Provider CO		Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Pre 4/28/2021 10:	pared: 06 pm
			Title	XVIII	Hospi tal	PPS	
	·				Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.					
		26)					
	LAIDATI ENT. DOUTLAIS CEDIM OF COCT OFFITEDS	1.00	2. 00	3. 00	4. 00	5. 00	
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	112 702 /10		112 702 /1	0 2/1 022	114 045 450	30. 00
30.00	03100 INTENSIVE CARE UNIT	113, 783, 618		113, 783, 61		114, 045, 450	31.00
32.00	03200 CORONARY CARE UNIT	24, 717, 699 5, 881, 227		24, 717, 69 5, 881, 22		24, 717, 699 5, 881, 227	32.00
40. 00	04000 SUBPROVI DER - I PF	1, 057, 859		1, 057, 85		1, 057, 859	40.00
40.00	ANCI LLARY SERVI CE COST CENTERS	1,037,037		1,057,65	7 0	1,037,637	40.00
50. 00	05000 OPERATING ROOM	104, 914, 536		104, 914, 53	6 640, 039	105, 554, 575	50. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	15, 567, 950		15, 567, 95		15, 890, 957	54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	15, 462, 090		15, 462, 09		15, 462, 090	55. 00
56. 00	05600 RADI OI SOTOPE	2, 850, 188		2, 850, 18		2, 850, 188	56. 00
57. 00	05700 CT SCAN	7, 842, 796		7, 842, 79		7, 842, 796	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	5, 915, 562		5, 915, 56		5, 915, 562	58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	19, 342, 512		19, 342, 51		19, 344, 632	59.00
60. 00	06000 LABORATORY	47, 735, 115		47, 735, 11		47, 896, 719	60.00
63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	5, 020, 864		5, 020, 86		5, 020, 864	63. 00
64. 00	06400 I NTRAVENOUS THERAPY	3, 150, 083		3, 150, 08		3, 150, 083	64. 00
65. 00	06500 RESPIRATORY THERAPY	8, 166, 343	0			8, 167, 409	65. 00
65. 01	06501 PULMONARY REHAB	346, 436	0			346, 517	65. 01
66. 00	06600 PHYSI CAL THERAPY	12, 137, 982	0	12, 137, 98		12, 137, 982	66.00
69.00	06900 ELECTROCARDI OLOGY	6, 537, 386		6, 537, 38		6, 537, 386	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10, 003, 719		10, 003, 71	9 0	10, 003, 719	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	35, 218, 237		35, 218, 23	7 0	35, 218, 237	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	105, 170, 734		105, 170, 73	4 0	105, 170, 734	73. 00
74.00	07400 RENAL DIALYSIS	2, 202, 758		2, 202, 75	8 3, 551	2, 206, 309	74.00
76. 97	07697 CARDIAC REHABILITATION	1, 049, 872		1, 049, 87	2 0	1, 049, 872	76. 97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	3, 804, 085		3, 804, 08		3, 834, 640	90. 00
90. 01	09001 FAMILY PRACTICE	1, 840, 944		1, 840, 94		1, 840, 944	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1, 440, 806		1, 440, 80		1, 440, 806	
90. 03	09003 CHEMO	3, 117, 215		3, 117, 21		3, 117, 215	90. 03
90. 04	09004 PRIMARY CARE FOR SENIORS	1, 454, 914		1, 454, 91		1, 454, 914	90. 04
90. 05	09005 PAIN MANAGEMENT	4, 680, 126		4, 680, 12		4, 680, 126	90. 05
90. 06	09006 WOUND CARE	2, 795, 758		2, 795, 75		2, 795, 758	90.06
90. 07	09007 SLEEP CENTER	3, 433, 068		3, 433, 06		3, 433, 068	90. 07
90. 08	09008 HEMATOLOGY	1, 107, 510		1, 107, 51		1, 107, 510	90. 08
90.09	09009 MULTI - SPECIALTY SERVICES	919, 286		919, 28		919, 286	90. 09
90. 10	09010 DI ABETES CENTER	382, 510		382, 51		382, 510	90. 10
91.00	09100 EMERGENCY	31, 681, 521		31, 681, 52		31, 841, 810	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 994, 333		8, 994, 33		8, 994, 333	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	8, 787, 378		8, 787, 37	8 0	8, 787, 378	92. 01
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	12, 181, 676		12, 181, 67	6 0	12, 181, 676	96. 00
200.00		640, 696, 696				642, 280, 840	
200.00	,	8, 994, 333		8, 994, 33		8, 994, 333	
202.00		631, 702, 363	0				
202.00	1.000. (000 1.100. 0001 0110)	33.,,02,303		1 55., 752, 50	-1 .,001,144	1 333, 233, 307	1-02.00

	TATION OF RATIO OF COSTS TO CHARGES	DENGONEGO	Provider Co	CN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Pre 4/28/2021 10:	
				XVIII	Hospi tal	PPS	
	Cost Center Description	I npati ent	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7. 00	8. 00	9. 00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	183, 104, 148		183, 104, 14	3		30. 00
31. 00	03100 INTENSIVE CARE UNIT	67, 578, 495		67, 578, 49	5		31. 00
32.00	03200 CORONARY CARE UNIT	18, 242, 796		18, 242, 79			32. 00
40.00	04000 SUBPROVI DER - I PF	3, 953, 039		3, 953, 03	9		40. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	198, 133, 303	269, 191, 710				
54.00	05400 RADI OLOGY-DI AGNOSTI C	27, 631, 840	77, 824, 046			0. 000000	
55.00	05500 RADI OLOGY-THERAPEUTI C	12, 047, 123	81, 442, 638			0.000000	
56.00	05600 RADI OI SOTOPE	4, 992, 029	28, 040, 931	33, 032, 96		0.000000	1
57.00	05700 CT SCAN	50, 110, 524	121, 160, 786			0.000000	1
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	10, 378, 323	42, 687, 215			0.000000	
59.00	05900 CARDI AC CATHETERI ZATI ON	77, 195, 036	60, 367, 127	137, 562, 163		0.000000	1
60.00	06000 LABORATORY	72, 257, 600	170, 790, 018			0.000000	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	16, 767, 173	4, 850, 541			0.000000	
64.00	06400 I NTRAVENOUS THERAPY	7, 835, 452	317, 906			0.000000	1
65. 00	06500 RESPI RATORY THERAPY 06501 PULMONARY REHAB	74, 093, 454 0	7, 196, 126			0. 000000 0. 000000	
65. 01	I I	1	422, 230				1
66. 00 69. 00	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY	48, 971, 692 26, 321, 655	31, 718, 793 43, 583, 522	80, 690, 48! 69, 905, 17		0. 000000 0. 000000	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20, 051, 576	13, 787, 147			0.000000	
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS	67, 853, 201	34, 904, 665			0. 000000	1
73. 00	07300 DRUGS CHARGED TO PATIENTS	160, 476, 776	246, 716, 420			0.000000	
74. 00	07400 RENAL DIALYSIS	10, 368, 205	1, 328, 699			0. 000000	1
76. 97	07697 CARDI AC REHABILI TATI ON	2, 394	3, 715, 429			0.000000	
70. 77	OUTPATIENT SERVICE COST CENTERS	2,071	0,710,127	0,717,02	0. 202007	0.000000	70.77
90.00	09000 CLI NI C	13, 745	4, 266, 853	4, 280, 59	0. 888681	0.000000	90.00
90. 01	09001 FAMILY PRACTICE	6, 305	2, 832, 932			0. 000000	
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	6, 121, 938			0. 000000	1
90. 03	09003 CHEMO	92, 087	27, 861, 141			0. 000000	
90. 04	09004 PRIMARY CARE FOR SENIORS	3, 090	938, 377			0. 000000	90. 04
90. 05	09005 PAIN MANAGEMENT	11, 753	29, 290, 799			0. 000000	
90.06	09006 WOUND CARE	658, 128	15, 114, 931	15, 773, 05	0. 177249	0.000000	90. 06
90. 07	09007 SLEEP CENTER	5, 452	8, 298, 531	8, 303, 98	0. 413424	0.000000	90. 07
90. 08	09008 HEMATOLOGY	6, 595	1, 965, 612		0. 561559	0.000000	90. 08
90.09	09009 MULTI - SPECIALTY SERVICES	535	1, 253, 251	1, 253, 78	0. 733208	0.000000	90. 09
90. 10	09010 DI ABETES CENTER	350	608, 466		0. 628285	0. 000000	90. 10
91.00	09100 EMERGENCY	88, 906, 190	160, 350, 501	249, 256, 69 ⁻	0. 127104	0. 000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4, 164, 551	13, 967, 508			0.000000	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	6, 927, 400	9, 295, 862	16, 223, 26	0. 541653	0. 000000	92. 01
	OTHER REIMBURSABLE COST CENTERS						
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0				0. 000000	
200.00	,	1, 259, 162, 015	1, 557, 576, 424	2, 816, 738, 43	9		200. 00
201.00	I I	4 050 4/2 2:=	4 553 534 453	0.047.700 :-			201. 00
202.00	Total (see instructions)	1, 259, 162, 015	1, 557, 576, 424	2, 816, 738, 439	7		202. 00

Health Financial Systems	DEACONESS HOSPI TAL	In Lieu of Form CMS-2552-10			
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 15-0082	Peri od: Worksheet C			
		From 10/01/2019 Part I			
		To 00/20/2020 Doto/Time Dropored.			

09/30/2020 Date/Time Prepared: 4/28/2021 10:06 pm Title XVIII Hospi tal PPS PPS Inpatient Cost Center Description Ratio 11 00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 30.00 03100 INTENSIVE CARE UNIT 31.00 31.00 32.00 03200 CORONARY CARE UNIT 32.00 40.00 04000 SUBPROVIDER - IPF 40.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 225870 50.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 0.150688 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0. 165388 55.00 56.00 05600 RADI OI SOTOPE 0.086283 56.00 05700 CT SCAN 0. 045792 57 00 57 00 05800 MAGNETIC RESONANCE I MAGING (MRI) 58.00 0. 111477 58.00 59.00 05900 CARDIAC CATHETERIZATION 0. 140625 59.00 06000 LABORATORY 0. 197067 60.00 60.00 06300 BLOOD STORING, PROCESSING, & TRANS. 0.232257 63.00 63.00 64.00 06400 I NTRAVENOUS THERAPY 0. 386354 64.00 06500 RESPIRATORY THERAPY 65.00 0.100473 65.00 06501 PULMONARY REHAB 0.820683 65.01 65.01 06600 PHYSI CAL THERAPY 66.00 0.150426 66 00 69.00 06900 ELECTROCARDI OLOGY 0.093518 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0. 295629 71.00 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.342730 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0. 258282 73.00 74.00 07400 RENAL DIALYSIS 0. 188623 74.00 07697 CARDIAC REHABILITATION 0. 282389 76.97 76. 97 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0.895819 90.00 09001 FAMILY PRACTICE 0.648394 90.01 90.01 09002 OUTPATIENT PSYCHIATRIC SERVICES 90.02 0. 235351 90.02 09003 CHEMO 90.03 90.03 0.111515 90.04 09004 PRIMARY CARE FOR SENIORS 1.545369 90.04 09005 PAIN MANAGEMENT 0. 159717 90.05 90.05 90.06 09006 WOUND CARE 0 177249 90.06 09007 SLEEP CENTER 90.07 0.413424 90.07 90.08 09008 HEMATOLOGY 0.561559 90.08 09009 MULTI - SPECIALTY SERVICES 90.09 0. 733208 90.09 09010 DIABETES CENTER 90.10 90.10 0.628285 0.127747 91.00 09100 EMERGENCY 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 0.496046 92.00 92 01 09201 OBSERVATION BEDS (DISTINCT PART) 0.541653 92.01 OTHER REIMBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0. 344468 96.00 200.00 Subtotal (see instructions) 200.00 201.00 201.00 Less Observation Beds 202.00 Total (see instructions) 202.00

Provider CCN: 15-0082 From 10/01/2019 Part I 09/30/2020 Date/Time Prepared: 4/28/2021 10:06 pm Title XIX Hospi tal PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 30 00 03000 ADULTS & PEDIATRICS 113, 783, 618 113, 783, 618 261, 832 114, 045, 450 24, 717, 699 03100 INTENSIVE CARE UNIT 24, 717, 699 24, 717, 699 31.00 31.00 03200 CORONARY CARE UNIT o 32.00 5, 881, 227 5, 881, 227 5, 881, 227 32.00 04000 SUBPROVIDER - IPF 40.00 40.00 1,057,859 1, 057, 859 1, 057, 859 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 104, 914, 536 104, 914, 536 640.039 105, 554, 575 50.00 05400 RADI OLOGY-DI AGNOSTI C 15, 567, 950 15, 567, 950 323, 007 15, 890, 957 54.00 54.00 05500 RADI OLOGY-THERAPEUTI C 55 00 15, 462, 090 15, 462, 090 15, 462, 090 0 55 00 56.00 05600 RADI OI SOTOPE 2, 850, 188 2, 850, 188 0 2, 850, 188 56.00 57.00 05700 CT SCAN 7, 842, 796 7, 842, 796 0 7, 842, 796 57.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 5, 915, 562 5, 915, 562 0 5, 915, 562 58.00 58.00 05900 CARDIAC CATHETERIZATION 19, 344, 632 59.00 19, 342, 512 19, 342, 512 2, 120 59.00 60.00 06000 LABORATORY 47, 735, 115 47, 735, 115 161, 604 47, 896, 719 60.00 06300 BLOOD STORING, PROCESSING, & TRANS. 5, 020, 864 63.00 5, 020, 864 5, 020, 864 0 63.00 06400 INTRAVENOUS THERAPY 64 00 3 150 083 3 150 083 0 3, 150, 083 64 00 06500 RESPIRATORY THERAPY 65.00 8, 166, 343 8, 166, 343 1, 066 8, 167, 409 65.00 06501 PULMONARY REHAB 346, 436 346, 436 81 346, 517 65.01 65.01 12, 137, 982 66.00 06600 PHYSI CAL THERAPY 12, 137, 982 12, 137, 982 66.00 0 06900 ELECTROCARDI OLOGY 6, 537, 386 0 6, 537, 386 69 00 69 00 6.537.386 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 10,003,719 10, 003, 719 0 10,003,719 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 35, 218, 237 35, 218, 237 0 35, 218, 237 72.00 73 00 07300 DRUGS CHARGED TO PATIENTS 105, 170, 734 105, 170, 734 105, 170, 734 73 00 74.00 07400 RENAL DIALYSIS 2, 202, 758 2, 202, 758 3, 551 2, 206, 309 74.00 07697 CARDIAC REHABILITATION 1, 049, 872 1, 049, 872 1, 049, 872 76. 97 76.97 OUTPATIENT SERVICE COST CENTERS 90 00 09000 CLINIC 3 804 085 3, 804, 085 30, 555 3, 834, 640 90 00 90.01 09001 FAMILY PRACTICE 1,840,944 1, 840, 944 1,840,944 90.01 09002 OUTPATIENT PSYCHIATRIC SERVICES 1, 440, 806 1, 440, 806 1, 440, 806 90.02 90.02 0 90.03 90.03 09003 CHEMO 3, 117, 215 3, 117, 215 0 3, 117, 215 09004 PRIMARY CARE FOR SENIORS 0 90 04 1, 454, 914 1, 454, 914 1, 454, 914 90 04 90.05 09005 PAIN MANAGEMENT 4, 680, 126 4, 680, 126 0 4, 680, 126 90.05 09006 WOUND CARE 2, 795, 758 2, 795, 758 0 2, 795, 758 90.06 90.06 0 90.07 09007 SLEEP CENTER 3, 433, 068 3, 433, 068 3, 433, 068 90.07 90.08 1, 107, 510 0 1, 107, 510 109008 HEMATOLOGY 1, 107, 510 90 08 90.09 09009 MULTI - SPECIALTY SERVICES 919, 286 919, 286 0 919, 286 90.09 90 10 09010 DIABETES CENTER 382, 510 382, 510 0 382, 510 90 10 09100 EMERGENCY 31, 681, 521 31, 841, 810 91.00 91.00 31, 681, 521 160, 289 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 8, 994, 333 8, 994, 333 8, 994, 333 92 00 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 8, 787, 378 8, 787, 378 8, 787, 378 92.01 OTHER REIMBURSABLE COST CENTERS 09600 DURABLE MEDICAL EQUIP-RENTED 96.00 12, 181, 676 12, 181, 676 12, 181, 676 96.00 200.00 Subtotal (see instructions) 640, 696, 696 0 640, 696, 696 1, 584, 144 642, 280, 840 200. 00 201.00 Less Observation Beds 8, 994, 333 8, 994, 333 8, 994, 333 201. 00

631, 702, 363

631, 702, 363

1, 584, 144

633, 286, 507 202. 00

202.00

Total (see instructions)

COMPUT	TATION OF RATIO OF COSTS TO CHARGES		Provider CO		Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Pre 4/28/2021 10:	pared:
			Titl	e XIX	Hospi tal	PPS	оо рііі
			Charges	5 7.1.7.	110001 tu	110	
	Cost Center Description	I npati ent	Outpati ent	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6. 00	7. 00	8. 00	9. 00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	183, 104, 148		183, 104, 14	8		30. 00
31.00	03100 INTENSIVE CARE UNIT	67, 578, 495		67, 578, 49	5		31.00
32.00	03200 CORONARY CARE UNIT	18, 242, 796		18, 242, 79	6		32. 00
40.00	04000 SUBPROVI DER - I PF	3, 953, 039		3, 953, 03	9		40.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	198, 133, 303	269, 191, 710	467, 325, 01	0. 224500	0. 000000	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	27, 631, 840	77, 824, 046	105, 455, 88	6 0. 147625	0. 000000	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	12, 047, 123	81, 442, 638	93, 489, 76	0. 165388	0.000000	55. 00
56.00	05600 RADI OI SOTOPE	4, 992, 029	28, 040, 931	33, 032, 96	0. 086283	0.000000	56. 00
57.00	05700 CT SCAN	50, 110, 524	121, 160, 786	171, 271, 31	0. 045792	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	10, 378, 323	42, 687, 215	53, 065, 53	0. 111477	0.000000	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	77, 195, 036	60, 367, 127	137, 562, 16	0. 140609	0.000000	59. 00
60.00	06000 LABORATORY	72, 257, 600	170, 790, 018	243, 047, 61	0. 196402	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	16, 767, 173	4, 850, 541	21, 617, 71	4 0. 232257	0.000000	63.00
64.00	06400 I NTRAVENOUS THERAPY	7, 835, 452	317, 906	8, 153, 35	0. 386354	0.000000	64. 00
65.00	06500 RESPIRATORY THERAPY	74, 093, 454	7, 196, 126	81, 289, 58	0. 100460	0.000000	65. 00
65. 01	06501 PULMONARY REHAB	o	422, 230	422, 23	0. 820491	0.000000	65. 01
66.00	06600 PHYSI CAL THERAPY	48, 971, 692	31, 718, 793	80, 690, 48	0. 150426	0.000000	66. 00
69.00	06900 ELECTROCARDI OLOGY	26, 321, 655	43, 583, 522	69, 905, 17	7 0. 093518	0.000000	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20, 051, 576	13, 787, 147	33, 838, 72	0. 295629	0.000000	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	67, 853, 201	34, 904, 665	102, 757, 86	6 0. 342730	0.000000	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	160, 476, 776	246, 716, 420	407, 193, 19	6 0. 258282	0.000000	73. 00
74.00	07400 RENAL DIALYSIS	10, 368, 205	1, 328, 699	11, 696, 90	4 0. 188320	0.000000	74. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	2, 394	3, 715, 429	3, 717, 82	0. 282389	0.000000	76. 97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	13, 745	4, 266, 853	4, 280, 59	0. 888681	0.000000	90. 00
90. 01	09001 FAMILY PRACTICE	6, 305	2, 832, 932	2, 839, 23	7 0. 648394	0.000000	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	o	6, 121, 938	6, 121, 93	0. 235351	0.000000	90. 02
90. 03	09003 CHEMO	92, 087	27, 861, 141	27, 953, 22	0. 111515	0.000000	90. 03
90.04	09004 PRIMARY CARE FOR SENIORS	3, 090	938, 377	941, 46	7 1. 545369	0.000000	90. 04
90.05	09005 PAIN MANAGEMENT	11, 753	29, 290, 799	29, 302, 55	0. 159717	0.000000	90. 05
90.06	09006 WOUND CARE	658, 128	15, 114, 931	15, 773, 05	9 0. 177249	0.000000	90. 06
90. 07	09007 SLEEP CENTER	5, 452	8, 298, 531	8, 303, 98	0. 413424	0.000000	90. 07
90. 08	09008 HEMATOLOGY	6, 595	1, 965, 612	1, 972, 20	7 0. 561559	0.000000	90. 08
90. 09	09009 MULTI - SPECIALTY SERVICES	535	1, 253, 251	1, 253, 78		0. 000000	90. 09
90. 10	09010 DI ABETES CENTER	350	608, 466	608, 81	6 0. 628285	0. 000000	90. 10
91.00	09100 EMERGENCY	88, 906, 190	160, 350, 501	249, 256, 69		0. 000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4, 164, 551	13, 967, 508	18, 132, 05		0. 000000	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	6, 927, 400	9, 295, 862	16, 223, 26		0.000000	92. 01
	OTHER REIMBURSABLE COST CENTERS			, ., .,			1
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0	35, 363, 773	35, 363, 77	3 0. 344468	0.000000	96. 00
200.00		1, 259, 162, 015	1, 557, 576, 424				200. 00
201.00							201.00
202.00		1, 259, 162, 015	1, 557, 576, 424	2, 816, 738, 43	9		202. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10		
COMPUTATION OF RATIO OF COSTS TO CHARGES		Peri od: Worksheet C		
		From 10/01/2019 Part I		
		T- 00 (20 (2020 D-+- /T: D		

INPATIENT POLITION				To 09/30/2020	Date/Time Prepared:
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 33.			Ti tla YI Y	Hospi tal	4/28/2021 10:06 pm
INPATEENT ROUTINE SERVICE COST CENTERS	Cost Center Description	PPS Innatient	THE XIX	1 Hospi tai	113
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 3300 3000 300000 30000 30000 30000 30000 30000 30000 30000 300000 300000 300000 300000 300000 3000000 3000000 300000000	oust defiter bescriptron				
IMPATIENT ROUTINE SERVICE COST CENTERS 30,00 310,00					
30.00 03000 ADULTS & PEDIATRIC S 31.00 032.00 0320.00 ONTENSIVE CARE UNIT 32.00 0320.0 CORONARY CARE UNIT 40.00 04.00 04.00 04.00 05.00 SUPPROVIDER - I PE 40.00 05.00 SUPPROVIDER - I PE 40.00 05.00 OSEGOO OPERATIN ROOM 0.225870 55.00 05.00 OSEGOO OPERATIN ROOM 0.25870 55.00 05.00 OSEGO RADIOLOGY-DIAGNOSTIC 0.156388 55.00 05.00 OSEGO RADIOLOGY-PIREAPEUTIC 0.165388 05.00 05.00 OSEGOO RADIOLOGY-PIREAPEUTIC 0.14625 55.00 05.00 OSEGOO RADIOLOGY-PIREAPEUTIC 0.14625 55.00 05.00 OSEGOO CARDIA CACTHITERIZATION 0.14727 0.00 0.00 0.0000 OSEGOO CARDIA CACTHITERIZATION 0.149057 0.00 0	INPATIENT ROUTINE SERVICE COST CENTERS	1 11111			
31.00					30.00
32.00 03200 CORONARY CARE UNIT 40.00					31.00
ANCILLARY SERVICE COST CENTERS 50.00					32.00
ANCILLARY SERVICE COST CENTERS 50.00	40. 00 04000 SUBPROVI DER - 1 PF				40.00
S4. 00 05400 RADIOLOGY-DIAGNOSTIC 0.15068B 5.4 00		•			
55. 00 05500 RADIO LOGY-THERAPEUTI C 0. 165388 55. 00 05500 RADIO LOGY-THERAPEUTI C 0. 086293 56. 00 05700 05700 CT SCAN 0. 045792 57. 00 05800 MAGNETI C RESONANCE I MAGING (MRI) 0. 111477 58. 00 05800 MAGNETI C RESONANCE I MAGING (MRI) 0. 111477 58. 00 05900 CARDIA C CATHETERI ZATI ON 0. 140625 59. 00 05900 CARDIA C CATHETERI ZATI ON 0. 140625 59. 00 06. 00 06000 LABORATORY CATHETERI ZATI ON 0. 197067 60. 00 06000 04000 CARDIA C CATHETERI ZATI ON 0. 197067 63. 00 06. 00 06000 04000 CARDIA C CATHETERI ZATI ON 0. 197067 63. 00 06. 00 06000 04000 CARDIA C CATHETERI ZATI ON 0. 197067 63. 00 06. 00 06000 04000 CARDIA C CATHETERI ZATI ON 0. 197067 63. 00 06. 00 06000 CARDIA C CATHETERI ZATI ON 0. 197067 0366354 06. 00 060000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 060000 060000 060000 060000 060000 060000 060000 060000 060000 060000 06000 060000 060000 060000 060000 060000 060000 060000 060000 060000 060000 060000 060000 060000 060000 060000 0600000 0600000 0600000 0600000 0600000000	50. 00 05000 OPERATING ROOM	0. 225870			50.00
56. 00 05700 05700 CT SCAN 0.045792 55. 00	54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 150688			54.00
57.00 05700 CT SCAN 05800 05800 MAGNETI C RESONANCE I MAGI NG (MRI)	55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 165388			55.00
58.00 05900 ASROIA MAGNETIC RESONANCE I MAGING (MRI)	56. 00 05600 RADI OI SOTOPE	0. 086283			56.00
59, 00 05900 CARDIAC CATHETER IZATION 0, 140625 59, 00 06000 LABORATORY 0, 197067 60, 00 06000 LABORATORY 0, 197067 63, 00 06300 BLOOD STORING, PROCESSING, & TRANS. 0, 232257 63, 00 06300 BLOOD STORING, PROCESSING, & TRANS. 0, 232257 63, 00 06400 INTRAVENOUS THERAPY 0, 366354 64, 00 06500 RESPI RATORY THERAPY 0, 100473 65, 00 06500 RESPI RATORY THERAPY 0, 100473 65, 00 06501 PULMONARY REHAB 0, 820683 65, 01 06501 PULMONARY REHAB 0, 820683 65, 01 06900 PHYSICAL THERAPY 0, 150426 66, 00 06900 ELECTROCARDIOLOGY 0, 093518 69, 00 071, 00 07100 MBDI CAL SUPPLIES CHARGED TO PATIENTS 0, 295629 71, 00 7200 IMPL. DEV. CHARGED TO PATIENTS 0, 245629 72, 00 07300 DRUGS CHARGED TO PATIENTS 0, 258282 73, 00 07300 DRUGS CHARGED TO PATIENTS 0, 288282 73, 00 07400 ROAD IALYSIS 0, 188623 74, 00 07400 ROAD IALYSIS 0, 188623 74, 00 07400 ROAD IALYSIS 0, 188623 74, 00 07000 00000 ULL INIC COST CENTERS 0, 0000 00000 ULL INIC CENTER 0, 048394 0, 0000 00000 ULL INIC CENTER 0, 048394 0, 0000 00000 ULL INIC CENTER 0, 048394 0, 0000 00000 00000 00000 00000 00000 000000	57. 00 05700 CT SCAN	0. 045792			57. 00
60. 00 06000 LABORATORY 0. 197067 63. 00 063000 BLOOD STORI NG, PROCESSI NG, & TRANS. 0. 232257 63. 00 063000 BLOOD STORI NG, PROCESSI NG, & TRANS. 0. 232257 63. 00 06400 INTRAVENOUS THERAPY 0. 386354 64. 00 06500 RESPI RATORY THERAPY 0. 100473 65. 00 06501 PULMONARY REHAB 0. 820683 65. 01 06. 00 06600 PHYSI CAL THERAPY 0. 150426 0. 06900 ELECTROCARDI OLOGY 0. 093518 69. 00 071	58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 111477			58.00
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS. 0. 232257 0. 306305 0. 06400 INTRAVENDUS THERAPY 0. 100473 0. 65. 00 06500 RESPIRATORY THERAPY 0. 100473 0. 65. 00 06501 PULMONARY REHAB 0. 820683 0. 65. 00 0. 0600 PRESPIRATORY THERAPY 0. 150426 0. 00 0. 00000 0. 0000 0. 0000 0. 0000 0. 0000 0. 0000 0. 00000 0. 00000 0. 00000	59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 140625			59.00
64.00 06400 INTRAVENOUS THERAPY 0.386354 65.00 06500 RESPIRATORY THERAPY 0.100473 65.00 06500 RESPIRATORY THERAPY 0.100473 65.00 06500 RESPIRATORY THERAPY 0.100473 65.00 06500 RESPIRATORY THERAPY 0.150473 65.00 06500 RESPIRATORY THERAPY 0.150473 65.00 06600 PHYSICAL THERAPY 0.150426 66.00 0600 DELECTROCARDIOLOGY 0.093518 69.00 071.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.295629 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.342730 72.00 07300 DRUGS CHARGED TO PATIENTS 0.342730 72.00 07300 DRUGS CHARGED TO PATIENTS 0.258282 73.00 07400 RENAL DIALYSIS 0.188623 74.00 0000 09000 [LINI C		0. 197067			60.00
65. 00	63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 232257			63.00
65.01 0.6501 DULMONARY REHAB 0. 820.683 0. 65.01 66.00 0.6600 DHYSI CAL THERAPY 0. 150426 0. 090518 0. 0900 67.1 00 0.0500 ELECTROCARDI OLOGY 0. 093518 0. 0. 093518 0. 0. 093518 0. 0. 093518 72. 00 0.07200 IMPL. DEV. CHARGED TO PATI ENTS 0. 295629 71. 00 73. 00 0.07300 DRUGS CHARGED TO PATI ENTS 0. 286282 73. 00 74. 00 0.07400 RENAL DI ALYSI S 0. 188623 74. 00 76. 97 0.07597 0.0810 C. REHAB LITATI ON 0. 282389 76. 97 0.01 0.09001 FAMILY PRACTI CE 0. 895819 0. 00 90. 01 0.09001 FAMILY PSYCHI ATRI C SERVI CES 0. 235351 0. 0003	64. 00 06400 I NTRAVENOUS THERAPY	0. 386354			64.00
66. 00	65. 00 06500 RESPIRATORY THERAPY	0. 100473			65. 00
69. 00	65. 01 06501 PULMONARY REHAB	0. 820683			65. 01
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0. 295629 72. 00 7200 IMPL. DEV. CHARGED TO PATIENTS 0. 342730 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 342730 73. 00 07400 RENAL DIALYSIS 0. 188623 74. 00 76. 97 07697 CARDI AC REHABILITATION 0. 282389 76. 97 07097 CARDI AC REHABILITATION 0. 282389 76. 97 09000 CLI NI C 09000 CLI NI C 09000 CLI NI C 0. 648394 90. 01 09001 FAMILY PRACTICE 0. 648394 90. 02 09002 0UTPATIENT PSYCHIATRIC SERVICES 0. 235351 90. 03 09003 CHEMO 09004 PRI MARY CARE FOR SENI ORS 1. 545369 90. 03 09005 PAI N MANAGEMENT 0. 159717 90. 05 09005 PAI N MANAGEMENT 0. 159717 90. 05 09006 WOUND CARE 0. 177249 90. 06 09006 WOUND CARE 0. 177249 90. 06 09006 WOUND CARE 0. 177249 90. 06 09008 HEMATOLOGY 0. 561559 90. 08 09009 MULTI - SPECI ALTY SERVICES 0. 733208 90. 09 09009 MULTI - SPECI ALTY SERVICES 0. 733208 90. 09 09009 MULTI - SPECI ALTY SERVICES 0. 628285 90. 09 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 0. 127747 91. 00 09100 DIABETES CENTER 0. 628285 90. 09 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 0. 127747 91. 00 07 07 07 07 07 07 07	66. 00 06600 PHYSI CAL THERAPY	0. 150426			66.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.342730 0.7300 DRUGS CHARGED TO PATIENTS 0.258282 73. 00 07400 RENAL DI ALYSIS 0.188623 74. 00 07400 RENAL DI ALYSIS 0.282389 76. 97 07400 RENAL DI ALYSIS 0.282389 76. 97 07400 RENAL DI ALYSIS 0.282389 76. 97 07400 RENAL DI ALYSIS 0.282389 076. 97 076.	69. 00 06900 ELECTROCARDI OLOGY	0. 093518			69. 00
73. 00	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 295629			71.00
74. 00	72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 342730			72.00
76. 97 07697 CARDI AC REHABILITATION 0. 282389 90. 00 0000 09000 CLINIC 90. 01 990. 01 990. 01 990. 01 990. 01 990. 02 990. 02 990. 02 990. 02 990. 03 990. 03 990. 03 990. 03 990. 04 990. 04 990. 05 990. 05 990. 05 990. 06 990. 06 990. 06 990. 06 990. 06 990. 07 990. 07 990. 07 990. 08 990. 08 990. 09 900. 09 900. 0	73.00 07300 DRUGS CHARGED TO PATIENTS	0. 258282			73.00
OUTPATIENT SERVICE COST CENTERS O9000 CLI NI C O. 895819 90. 00	74.00 07400 RENAL DIALYSIS	0. 188623			74.00
90. 00	76. 97 07697 CARDIAC REHABILITATION	0. 282389			76. 97
90. 01	OUTPATIENT SERVICE COST CENTERS				
90. 02 09002 00000 000000 000000 000000 000000	90. 00 09000 CLINIC	0. 895819			90.00
90. 03	90. 01 09001 FAMI LY PRACTI CE	0. 648394			90. 01
90. 04 09004 09004 09004 09005 09005 09005 09006 09006 09006 09006 09006 09006 09006 09006 09007	90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 235351			90. 02
90. 05 09005 09006 09006 09006 09006 09006 09007 SLEEP CENTER 0. 413424 90. 07 09007 SLEEP CENTER 0. 413424 90. 07 09007 09007 09008 HEMATOLOGY 0. 561559 90. 08 09008 HEMATOLOGY 0. 561559 90. 09 09009 MULTI - SPECI ALTY SERVICES 0. 733208 90. 09 09009 DI ABETES CENTER 0. 628285 90. 10 09100 DI ABETES CENTER 0. 628285 90. 10 09100 09100 EMERGENCY 0. 127747 91. 00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 0. 496046 09201 0BSERVATI ON BEDS (DI STINCT PART) 0. 541653 92. 01 00000 0000000000000000000000000	90. 03 09003 CHEMO	0. 111515			90. 03
90. 06 09006 09006 09006 09007 SLEEP CENTER 0. 413424 90. 07 90. 08 09008 HEMATOLOGY 0. 561559 90. 08 90. 09 09009 MULTI - SPECIALTY SERVICES 0. 733208 90. 09 90. 10 09010 DI ABETES CENTER 0. 628285 90. 10 91. 00 09100 EMERGENCY 0. 127747 91. 00 92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 0. 496046 92. 00 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0. 541653 071HER REIMBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 344468 96. 00 200. 00 201. 00 Less Observati on Beds 201. 00	90.04 09004 PRIMARY CARE FOR SENIORS	1. 545369			90. 04
90. 07 90. 07 90. 08 90. 09 90. 09 90. 09 90. 09 90. 09 90. 10 90. 00 90. 09 90. 10 90. 00 90	90. 05 O9005 PAIN MANAGEMENT	0. 159717			90. 05
90. 08 09008 HEMATOLOGY 0. 561559 90. 08 90. 09 90. 09 09009 MULTI - SPECI ALTY SERVICES 0. 733208 90. 09 90. 10 09010 DI ABETES CENTER 0. 628285 90. 10 91. 00 09100 EMERGENCY 0. 127747 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0. 496046 92. 00 09201 OBSERVATI ON BEDS (DI STI NCT PART) 0. 541653 92. 01 07HER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 96. 00 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00 201. 0	90. 06 09006 WOUND CARE	0. 177249			
90. 09 09009 MULTI - SPECIALTY SERVICES 0. 733208 90. 10 09010 DI ABETES CENTER 0. 628285 90. 10 10 09100 EMERGENCY 0. 127747 91. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0. 496046 92. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0. 541653 92. 01 07HER REIMBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDICAL EQUI P-RENTED 0. 344468 96. 00 09600 DURABLE MEDICAL EQUI P-RENTED 0. 344468 96. 00 09000 ELESS Observation Beds 0. 201. 00 00 00000 DURABLE MEDICAL EQUI P-RENTED 0. 344468 0. 201. 00 0000000 DURABLE MEDICAL EQUI P-RENTED 0. 344468 0. 201. 00 0000000000000000000000000000		0. 413424			90. 07
90. 10		0. 561559			90. 08
91. 00 09100 EMERGENCY 0. 127747 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 0. 496046 92. 00 09201 OBSERVATI ON BEDS (DI STINCT PART) 0. 541653 92. 01 OTHER REI MBURSABLE COST CENTERS 96. 00 ODHABLE MEDI CAL EQUI P-RENTED 0. 344468 96. 00 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00 201. 00 Control of the cont	90. 09 09009 MULTI - SPECI ALTY SERVI CES	0. 733208			90. 09
92. 00 09200 095ERVATI ON BEDS (NON-DISTINCT PART) 0. 496046 92. 01 09201 095ERVATI ON BEDS (DISTINCT PART) 0. 541653 92. 01 071HER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 344468 96. 00 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00	90. 10 09010 DI ABETES CENTER	0. 628285			90. 10
92. 01 09201 0BSERVATI ON BEDS (DI STINCT PART) 0. 541653 92. 01	91. 00 09100 EMERGENCY	0. 127747			91.00
OTHER REI MBURSABLE COST CENTERS 96. 00 96. 00 200. 00 Subtotal (see instructions) Less Observation Beds OTHER REI MBURSABLE COST CENTERS 96. 00 96. 00 200. 00 201. 00		1			
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 344468 96. 00 200. 00 Subtotal (see instructions) 200. 00 Less Observation Beds 201. 00		0. 541653			92. 01
200. 00 Subtotal (see instructions) 200. 00 201. 00 Less Observation Beds 201. 00					
201.00 Less Observation Beds 201.00		0. 344468			
202.00 Total (see instructions) 202.00					
	202.00 Total (see instructions)				202. 00

Heal th Financial Systems

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

					10 077 307 2020	4/28/2021 10:	
			Ti tI	e XIX	Hospi tal	PPS	
	Cost Center Description	Total Cost		Operating Cos		Operating Cost	
	•	(Wkst. B, Part				Reduction	
		I, col. 26)	II col. 26)	Cost (col. 1	-	Amount	
			,	col . 2)			
		1. 00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	104, 914, 536	12, 022, 821	92, 891, 71	5 0	0	50. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	15, 567, 950	2, 335, 510	13, 232, 44	0	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	15, 462, 090	779, 727	14, 682, 36	3 0	0	55. 00
56.00	05600 RADI OI SOTOPE	2, 850, 188	302, 633	2, 547, 55	5 0	0	56. 00
57.00	05700 CT SCAN	7, 842, 796	1, 944, 818	5, 897, 97	8 0	0	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5, 915, 562	1, 866, 069	4, 049, 49	3 0	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	19, 342, 512		16, 845, 49	9 0	0	59. 00
60.00	06000 LABORATORY	47, 735, 115	3, 501, 119	44, 233, 99	6 0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	5, 020, 864	143, 682	4, 877, 18	2 0	0	63. 00
64.00	06400 I NTRAVENOUS THERAPY	3, 150, 083	142, 591	3, 007, 49	2 0	0	64. 00
65.00	06500 RESPIRATORY THERAPY	8, 166, 343	719, 183	7, 447, 16	0	0	65. 00
65. 01	06501 PULMONARY REHAB	346, 436	48, 541	297, 89	5 0	0	65. 01
66.00	06600 PHYSI CAL THERAPY	12, 137, 982	511, 740	11, 626, 24	2 0	0	66. 00
69.00	06900 ELECTROCARDI OLOGY	6, 537, 386	980, 042	5, 557, 34	4 0	0	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10, 003, 719	264, 531	9, 739, 18	8 0	0	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	35, 218, 237	931, 107	34, 287, 13	0	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	105, 170, 734	2, 715, 434	102, 455, 30	0	0	73. 00
74.00	07400 RENAL DI ALYSI S	2, 202, 758	70, 082	2, 132, 67	6 0	0	74. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	1, 049, 872	167, 437	882, 43	5 0	0	76. 97
	OUTPATIENT SERVICE COST CENTERS				•	•	
90.00	09000 CLI NI C	3, 804, 085	340, 999	3, 463, 08	6 0	0	90. 00
90. 01	09001 FAMILY PRACTICE	1, 840, 944	178, 997	1, 661, 94	7 0	0	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1, 440, 806				0	90. 02
90. 03	09003 CHEMO	3, 117, 215		2, 647, 76	9 0	0	90. 03
90.04	09004 PRIMARY CARE FOR SENIORS	1, 454, 914	1	1, 400, 04	9 0	0	90. 04
90. 05	09005 PAIN MANAGEMENT	4, 680, 126				0	90. 05
90.06	09006 WOUND CARE	2, 795, 758	1			0	90. 06
90. 07	09007 SLEEP CENTER	3, 433, 068				0	90. 07
90. 08	09008 HEMATOLOGY	1, 107, 510				0	90. 08
90. 09	09009 MULTI - SPECIALTY SERVICES	919, 286	1	1	4 0	0	90. 09
90. 10	09010 DI ABETES CENTER	382, 510		1		0	90. 10
91.00	09100 EMERGENCY	31, 681, 521	2, 270, 768			0	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 994, 333	1, 059, 739	7, 934, 59	4 0	0	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	8, 787, 378				0	92. 01
	OTHER REIMBURSABLE COST CENTERS				•		
96.00	09600 DURABLE MEDI CAL EQUI P-RENTED	12, 181, 676	686, 149	11, 495, 52	7 0	0	96. 00
200.00		495, 256, 293					200. 00
201.00		8, 994, 333					201. 00
202.00		486, 261, 960					202. 00
			,	•	•	•	

| Period: | Worksheet C | From 10/01/2019 | Part II | To 09/30/2020 | Date/Time Prepared: | 4/28/2021 10:06 pm REDUCTIONS FOR MEDICALD ONLY

Cost Center Description							4/28/2021 10:06 pm
Capit al and Copot Part II, col Jumn Ratio (Col.)						Hospi tal	PPS
ANCILLARY SERVICE COST CENTERS		Cost Center Description	Cost Net of				
Reduction 8)			Capital and	(Worksheet C,	Cost to Charg	ge	
ANCILLARY SERVICE COST CENTERS				Part I, column		6	
MACILLARY SERVICE COST CENTERS 50.00 50.00 50.00 54.00 50.00 54.00 55.			Reduction	8)	/ col. 7)		
50. 00			6. 00	7. 00	8. 00		
54. 00 05400 RADIOLOGY-DI ACNOSTIC 15, 567, 950 105, 455, 886 0. 147625 54. 00 55. 00 05500 RADIOLOGY-THERAPEUTIC 15, 462, 900 93, 489, 761 0. 165388 55. 00 56. 00 05600 RADIOLOGY-THERAPEUTIC 2, 850, 188 33, 032, 960 0. 086283 56. 00 57. 00 05700 CT SCAN 7, 842, 796 171, 271, 310 0. 045792 57. 00 05700 CT SCAN 7, 842, 796 171, 271, 310 0. 045792 57. 00 05700 CT SCAN 7, 942, 796 171, 271, 310 0. 045792 57. 00 05900 CARRILLAGING (MRI) 5, 915, 562 53, 065, 538 0. 111477 58. 00 05900 CARRILLAGING (MRI) 79, 342, 512 137, 562, 163 0. 140669 59. 00 06300 LABORATORY 747, 755, 115 243, 047, 618 0. 196402 60. 00 06300 LABORATORY 73, 150, 083 81, 153, 358 81, 153, 358 64. 00 06400 INTRAVINOUS THERAPY 3, 150, 083 81, 153, 358 81, 153, 358 65. 00 06500 RESPIRATORY THERAPY 3, 150, 083 81, 153, 358 0. 100460 65. 00 06500 RESPIRATORY THERAPY 8, 166, 343 81, 289, 580 0. 100460 65. 00 06600 PHVSI CAL, THERAPY 12, 137, 982 80, 690, 485 0. 150426 66. 00 06600 PHVSI CAL, THERAPY 67, 373, 86 69, 905, 177 0. 093518 69, 00 07100 REDICAL SUPPLIES CHARGED TO PATIENTS 10, 003, 719 33, 838, 723 0. 296629 71, 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 10, 003, 719 33, 838, 723 0. 296629 71, 00 07300 RADIO CHARGED TO PATIENTS 10, 170, 734 407, 193, 196 0. 258282 73, 00 74, 00 7400 REDICAL SUPPLIES CHARGED TO PATIENTS 10, 170, 734 407, 193, 196 0. 258282 73, 00 74, 00 07400 REDIA CHARGED TO PATIENTS 10, 170, 734 407, 193, 196 0. 258282 73, 00 74, 00 7400 REDIA CHARGED TO PATIENTS 10, 170, 734 407, 193, 196 0. 258282 73, 00 740, 00 7400 REDIA CHARGED TO PATIENTS 10, 170, 734 407, 193, 196 0. 258282 73, 00 740, 00 74000 REDIA CHARGED TO PATIENTS 10, 170, 734 407, 193, 196 0. 258282 74, 00 740, 00 740, 00 740, 00 740, 00 740, 00 740, 00 74		ANCILLARY SERVICE COST CENTERS					
54. 00 05400 RADIOLOGY-DI ACMOSTIC 15, 567, 950 105, 455, 886 0. 147625 54. 00 55. 00 05500 RADIOLOGY-THERAPEUTIC 15, 667, 950 93, 489, 761 0. 165388 55. 00 05600 RADIOLOGY-THERAPEUTIC 15, 667, 950 93, 489, 761 0. 165388 55. 00 0570	50.00	05000 OPERATI NG ROOM	104, 914, 536	467, 325, 013	0. 22450	00	50.00
55.00 05500 RADIO LOGY-THERAPEUTIC 15, 462, 090 93, 489, 761 0.165388 55.00 56.00 05600 RADIO LOGY-THERAPEUTIC 2, 850, 188 33, 032, 960 0.0860283 56.00 05700 CT SCAN 7, 842, 796 171, 271, 310 0.045792 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 5, 915, 662 53, 065, 538 0.140609 59.00 05900 CARDI AC CATHETERI ZATI ON 19, 342, 512 137, 562, 163 0.140609 59.00 05000 LABORATORY 47, 735, 115 243, 047, 618 0.196402 60.00 06.00 06.000 LABORATORY 47, 735, 115 243, 047, 618 0.232257 63.00 06.00 06.000 06.000 ESPORATORY 8, 166, 343 81, 289, 580 0.100460 65.00 06500 RESPIRATORY 12, 137, 982 0.360584 64.00 06.00 06.000 RESPIRATORY 12, 137, 982 81, 289, 580 0.100460 65.00 06500 PESPIRATORY 12, 137, 982 80, 690, 485 0.150426 66.00 06.00 PHYSI CAL THERAPY 12, 137, 982 80, 690, 485 0.150426 66.00 06.00 06500 PHYSI CAL THERAPY 12, 137, 982 80, 690, 485 0.150426 66.00 06.00 06900 PHYSI CAL THERAPY 12, 137, 982 80, 690, 485 0.150426 66.00 06900 PHYSI CAL THERAPY 12, 137, 982 80, 690, 485 0.150426 66.00 06900 PHYSI CAL THERAPY 12, 137, 982 80, 690, 485 0.150426 66.00 06900 RESPIRATORY 12, 137, 982 80, 690, 485 0.150426 69.00 07.00 07.00 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 10, 003, 719 33, 838, 723 0.295629 71.00 73.00 07.00 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 10, 003, 719 33, 838, 723 0.295629 71.00 73.00 73.00 07.00 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 10, 003, 719 33, 838, 723 0.295629 71.00 73.00 73.00 07.00 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 10, 003, 719 33, 838, 723 0.295629 71.00 73.00	54.00	05400 RADI OLOGY-DI AGNOSTI C			1	25	54.00
56. 00 05600 RADIO I SOTOPE 2,850,188 33,022,960 0,086283 56,00 57. 00 05700 CT SCAN 7,842,796 171,271,31 0,045792 57,00 58. 00 05800 MAGNETI C RESONANCE IMAGING (MRI) 5,915,562 53,065,538 0,111477 58,00 59. 00 05900 CARDIA C CATHETERI ZATI ON 19,342,512 137,562,163 0,140609 60.00 63. 00 06300 BLOOD STORI NC, PROCESSING, & TRANS. 5,020,864 21,617,714 0,232257 63.00 64. 00 06400 INTEAVENDUS THERAPY 3,150,083 8,153,358 0,366554 64.00 65. 01 06501 ILLEGARDY THERAPY 8,166,343 81,289,580 0,100460 65.00 65. 01 06501 ILLEGARDY THERAPY 12,137,982 80,690,485 0,150426 66.00 69. 00 06900 ELECTROCARDI OLLOGY 6,537,386 69,905,177 0,093518 69,00 72. 00 IMPL DEV. CHARGED TO PATIENTS 10,003,719 33,383,723 0,295629 71.00 73. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 15,170,734			1		1		
57. 00	56. 00				1		56, 00
58. 00 OSBOO MAGNETI C RESONANCE IMAGING (MRI) 5, 915, 562 53, 065, 538 0. 111477 58. 00 59. 00 OSBOO CARDIAC CATHETERI ZATION 19, 342, 512 137, 562, 163 0. 140609 59, 00 60. 00 O6000 LABORATORY 47, 735, 115 243, 047, 618 0. 196402 60, 00 63. 00 O6300 BLOOD STORING, PROCESSING, & TRANS. 5, 020, 864 21, 617, 714 0. 232257 63, 00 65. 00 O6400 INTRAVENDUS THERAPY 8, 166, 343 81, 289, 580 0. 100460 65, 00 65. 00 O6500 RESPIRATORY THERAPY 8, 166, 343 81, 289, 580 0. 100460 65, 00 66. 00 O6600 DHYSI CAL THERAPY 12, 137, 982 80, 690, 485 0. 150426 66, 00 66. 00 O6600 DHYSI CAL THERAPY 12, 137, 982 80, 690, 485 0. 150426 66, 00 671. 00 O7100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 10, 003, 719 33, 838, 723 0. 295629 71, 00 71. 00 O7100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 10, 003, 719 33, 838, 723 0. 295629 71, 00 72. 00 O7200 IMPL. DEV. CHARGED TO PATI ENTS 10, 51, 710, 734 407, 193, 196 0. 2558262 73, 00 74. 00 O7400 RENAL DI ALYSIS 2, 200, 758 11, 696, 904 0. 188320 74, 00 74. 00 O7400 RENAL DI ALYSIS 2, 200, 758 11, 696, 904 0. 188320 74, 00 79. 00 O7400 RENAL DI ALYSIS 2, 200, 758 11, 696, 904 0. 188320 74, 00 79. 01 O9000 CLI NI C 3, 804, 085 4, 280, 588 0. 283381 90, 02 79. 01 O9000 CLI NI C 3, 804, 085 4, 280, 588 0. 283381 90, 02 79. 01 O9000 CLI NI C 3, 464, 914 4, 47, 47, 47, 47, 47, 47, 47, 47, 47,		1 1					
59, 00 05900 CARDIAC CATHETERI ZATION 19, 342, 512 137, 562, 163 0, 140609 60, 00 60, 00 60000 LABORATORY 47, 735, 115 243, 047, 618 0, 196402 66, 00 63, 00 64, 00 06400 IADRATORY 47, 735, 115 243, 047, 618 0, 196402 66, 00 66, 00 06400 IADRATORY THERAPY 3, 150, 083 8, 153, 358 0, 386354 64, 00 66, 00 06500 RESPIRATORY THERAPY 3, 150, 083 8, 153, 358 0, 386354 64, 00 65, 00 06500 RESPIRATORY THERAPY 3, 150, 083 81, 153, 358 0, 386354 64, 00 65, 00 06500 RESPIRATORY THERAPY 3, 150, 083 81, 153, 358 0, 386354 64, 00 65, 00 06900 RESPIRATORY THERAPY 12, 137, 982 80, 690, 485 0, 150426 66, 00 06900 RESPIRATORY THERAPY 12, 137, 982 80, 690, 485 0, 150426 66, 00 06900 RESPIRATORY THERAPY 12, 137, 982 80, 690, 485 0, 150426 66, 00 06900 RESPIRATORY THERAPY 12, 137, 982 80, 690, 485 0, 150426 66, 00 06900 RESPIRATORY THERAPY 12, 137, 982 80, 690, 485 0, 150426 66, 00 06900 RESPIRATORY THERAPY 10, 003, 719 30, 3838, 723 0, 295629 71, 00 72000 72000 MPL. DEV. CHARGED TO PATIENTS 10, 003, 719 33, 838, 723 0, 295629 71, 00 73000 DRUGS CHARGED TO PATIENTS 105, 170, 734 407, 193, 196 0, 258282 73, 00 74, 00 74000 74000 74000 REMAIL DIALYSIS 2, 202, 758 11, 696, 904 0, 188320 74, 400 74000 74000 REMAIL DIALYSIS 2, 202, 758 11, 696, 904 0, 188320 74, 00 0, 00 0, 00 FAMILY PRACTICE 1, 840, 944 2, 839, 237 0, 648394 90, 01 0, 00 0, 00 FAMILY PRACTICE 1, 840, 944 2, 839, 237 0, 648394 90, 01 0, 00							
60.00 06000 LABORATORY 47,735,115 243,047,618 0.196402 66.00							
63.00 63.00 63.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 65.0		+ I	1		1		
64.00 06400 INTRAVENOUS THERAPY 3, 150, 083 8, 153, 358 0. 386354 0. 65.00 06500 RESPI RATORY THERAPY 8, 166, 343 81, 289, 580 0. 100460 65.01 06501 PULIMOWARY REHAB 346, 436 422, 230 0. 820491 65.01 66.00 06600 PULIMOWARY REHAB 346, 436 422, 230 0. 820491 65.01 66.00 06600 PULICOLORY 12, 137, 982 80, 690, 485 0. 150426 66.00 07.00 07.00 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 10, 003, 719 33, 838, 723 0. 295629 71.00 07.00							
65. 00 06500 066							
65. 01 06501 PULMONARY REHAB 346, 436 422, 230 0. 820491 66. 01 66. 00 06600 PHYSI CAL THERAPY 12, 137, 982 80, 690, 485 0. 150426 66. 00 67. 00 06900 ELECTROCARDI OLOGY 6, 537, 386 69, 905, 177 0. 093518 69. 00 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 10, 003, 719 33, 838, 723 0. 295629 71. 00 72. 00 07200 DEUC CHARGED TO PATI ENTS 35, 218, 237 10, 2757, 866 0. 342730 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 105, 170, 734 407, 193, 196 0. 258282 73. 00 74. 00 07400 RENAL DI ALYSI S 2, 202, 758 11, 696, 904 0. 188320 74. 00 76. 97 O7697 CARDIA CREHABL LITATI ON 1, 049, 872 3, 717, 823 0. 282389 76. 97 76. 97 O7697 CARDIA CREHABL LITATI ON 1, 840, 944 2, 839, 237 0. 648394 90. 01 79. 02 09002 OUTPATI ENT SERVI CE COST CENTERS 1, 440, 806 6, 121, 938 0. 235351 90. 02 79. 03 09003 CHEMO O9004 PRI MARY CARE FOR SENI ORS 1, 444, 806 6, 121, 938 0. 235351 90. 02 79. 04 09004 PRI MARY CARE FOR SENI ORS 1, 445, 914 941, 467 1. 545369 90. 04 79. 05 09006 O9006 PRI MANAGEMENT 4, 680, 126 29, 302, 552 0. 159717 90. 05 79. 06 09006 O9006 OWDIN CARE 2, 795, 758 1, 773, 059 0. 177249 90. 05 79. 07 09007 SLEEP CENTER 3, 433, 068 8, 303, 983 0. 413424 90. 07 79. 08 09009 MULTI - SPECI ALTY SERVI CES 919, 286 1, 253, 786 0. 733208 90. 08 79. 01 09000 DIABETES CENTER 3, 825, 100 60, 816 0. 628285 90. 10 79. 01 09000 DIABETES CENTER 3, 894, 333 18, 132, 059 0. 446646 92. 00 79. 01 09201 DISERVATI ON BEDS (INSTINCT PART) 8, 787, 378 16, 223, 262 0. 541653 92. 00 79. 01 09201 DISERVATI ON BEDS (INSTINCT PART) 8, 787, 378 16, 223, 262 0. 541653 92. 00 79. 01 09201 DISERVATI ON BEDS (INSTINCT PART) 8, 787, 378 16, 223, 262 0. 541653 92. 00 79. 01 09201 DISERVATI ON BEDS (INSTINCT PART) 8, 787, 378 16, 223, 262					1		
66. 00 06600 PHYSICAL THERAPY 12, 137, 982 80, 690, 485 0. 150426 66. 00 69. 00 6900 ELECTROCARDI OLOGY 6, 537, 386 69, 905, 177 0. 093518 69. 00 71. 00 71. 00 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 10, 003, 719 33, 838, 723 0. 295629 71. 00 72. 00 72. 00 72. 00 07200 IMPL DEV. CHARGED TO PATI ENTS 35, 218, 237 102, 757, 866 0. 342730 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 2, 202, 758 11, 696, 904 0. 188320 74. 00 74. 00 74. 00 74. 00 RENAL DI ALYSIS 2, 202, 758 11, 696, 904 0. 188320 74. 00 76. 97 07697 CARDI AC REHABI LITATI ON 1, 049, 872 3, 717, 823 0. 282389 76. 97 000		1					
69. 00 06900 ELECTROCARDI OLOGY 6, 537, 386 69, 905, 177 0. 093518 69. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 10, 003, 719 33, 838, 723 0. 295629 71. 00 72.							
71. 00							
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 35, 218, 237 102, 757, 866 0. 342730 73. 00 73.00 DRUGS CHARGED TO PATIENTS 105, 170, 734 407, 193, 196 0. 258282 73. 00 74. 00 74.00 RENAL DIALYSIS 2, 202, 758 11, 696, 904 0. 188320 74. 00 74. 00 76. 97 07697 CARDI AC REHABI LI TATI ON 1, 049, 872 3, 717, 823 0. 282389 76. 97 07697 CARDI AC REHABI LI TATI ON 1, 049, 872 3, 717, 823 0. 282389 76. 97 076977 0769					1		
73. 00 07300 DRUGS CHARGED TO PATIENTS 105, 170, 734 407, 193, 196 0. 258282 73. 00 74. 00 7400 RENAL DI ALYSIS 2, 202, 758 11, 696, 904 0. 188320 74. 00 75. 97 76. 97 77 76. 97 77 77 77 77 77 77 77							
74. 00							
76. 97 00. 07697 CARDI AC REHABI LI TATI ON 00 07607 CARDI AC REHABI LI TATI ON 00 07600 CLI NI C 00 0							
OUTPATIENT SERVICE COST CENTERS 90.00 O9000 CLINIC 3,804,085 4,280,598 0.888681 90.00 90.00 90.001 FAMILY PRACTICE 1,840,944 2,839,237 0.648394 90.01 90.00 90.002 OUTPATIENT PSYCHIATRIC SERVICES 1,440,806 6,121,938 0.235351 90.02 90.03 O9003 CHEMO 3,117,215 27,953,228 0.111515 90.03 90.04 90.04 PRI MARY CARE FOR SENIORS 1,454,914 941,467 1.545369 90.04 90.05 O9005 PAI N MANAGEMENT 4,680,126 29,302,552 0.159717 90.05 90.05 PAI N MANAGEMENT 4,680,126 29,302,552 0.177249 90.06 90.07 SLEEP CENTER 3,433,068 8,303,983 0.413424 90.07 9							
90. 00 09000 CLINIC 3,804,085 4,280,598 0.888681 90. 00 90. 01 FAMILY PRACTICE 1,840,944 2,839,237 0.648394 90. 01 90. 01 90. 00 90. 002 09002 0UTPATIENT PSYCHIATRIC SERVICES 1,440,806 6,121,938 0.235351 90. 03 09003 CHEMO 3,117,215 27,953,228 0.111515 90. 03 90. 04 PRI MARY CARE FOR SENIORS 1,454,914 941,467 1.545369 90. 04 90. 05 PALN MANAGEMENT 4,680,126 29,302,552 0.159717 90. 05 90. 06 09006 WOUND CARE 2,795,758 15,773,059 0.177249 90. 05 90. 07 09007 SLEEP CENTER 3,433,068 8,303,983 0.413424 90. 07 90. 09 09009 MULTI-SPECIALTY SERVICES 919,286 1,253,786 0.733208 90. 09 90. 09 09009 MULTI-SPECIALTY SERVICES 919,286 1,253,786 0.733208 90. 09 90. 09 09000 DIABETES CENTER 382,510 608,816 0.628285 90. 10 09100 EMERGENCY 31,681,521 249,256,691 0.127104 91. 00 91. 00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 8,787,378 16,223,262 0.541653 92. 01 071HER REIMBURSABLE COST CENTERS 96. 00 09200 DURABLE MEDICAL EQUIP PRENTED 12,181,676 35,363,773 0.344468 96. 00 200. 00 Less Observation Beds 8,994,333 0 0 00. 00 00. 00 00. 00 00. 00 00. 00 00. 00 00. 00 00. 00.	76. 97		1, 049, 872	3, 717, 823	0. 28238	39	76. 97
90. 01							
90. 02	90.00	09000 CLI NI C	3, 804, 085	4, 280, 598	0. 88868	31	90.00
90. 03	90. 01	09001 FAMILY PRACTICE	1, 840, 944	2, 839, 237	0. 64839	94	90. 01
90. 04 09004 PRI MARY CARE FOR SENI ORS 1, 454, 914 941, 467 1.545369 90. 04 90. 05 90. 05 90. 05 90. 06 09005 PAI N MANAGEMENT 4, 680, 126 29, 302, 552 0. 159717 90. 05 90. 06 90. 07 90. 07 90. 07 90. 07 90. 07 90. 07 90. 07 90. 07 90. 07 90. 07 90. 08 90. 08 90. 08 90. 08 1, 107, 510 1, 972, 207 90. 561559 90. 08 90. 09 9	90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1, 440, 806	6, 121, 938	0. 23535	51	90. 02
90. 05	90. 03	09003 CHEMO	3, 117, 215	27, 953, 228	0. 11151	15	90. 03
90. 05	90. 04	09004 PRIMARY CARE FOR SENIORS					90. 04
90. 06 09006 WOUND CARE 2, 795, 758 15, 773, 059 0. 177249 90. 06 90. 07 09007 SLEEP CENTER 3, 433, 068 8, 303, 983 0. 413424 90. 07 90. 08 09008 HEMATOLOGY 1, 107, 510 1, 972, 207 0. 561559 90. 08 90. 09 9009 MULTI - SPECI ALTY SERVICES 919, 286 1, 253, 786 0. 733208 90. 09 90. 09 90. 09 09100 DI ABETES CENTER 382, 510 608, 816 0. 628285 90. 10 91. 00 91. 00 EMERGENCY 31, 681, 521 249, 256, 691 0. 127104 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 8, 994, 333 18, 132, 059 0. 496046 92. 00 92. 01 OTHER REI MBURSABLE COST CENTERS 90. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 12, 181, 676 35, 363, 773 0. 344468 96. 00 200. 00 Subtotal (sum of lines 50 thru 199) 495, 256, 293 2, 543, 859, 961 200. 00 201. 00 Less Observati on Beds 8, 994, 333 0 201. 00	90. 05	09005 PALN MANAGEMENT					90. 05
90. 07 09007 SLEEP CENTER 3, 433, 068 8, 303, 983 0. 413424 90. 07 90. 08 09008 HEMATOLOGY 1, 107, 510 1, 972, 207 0. 561559 90. 08 90. 09 09009 MULTI - SPECI ALTY SERVI CES 919, 286 1, 253, 786 0. 733208 90. 09 90. 10 09100 DI ABETES CENTER 382, 510 608, 816 0. 628285 90. 10 91. 00 09100 EMERGENCY 31, 681, 521 249, 256, 691 0. 127104 91. 00 92. 00 09200 09SERVATI ON BEDS (NON-DI STI NCT PART) 8, 994, 333 18, 132, 059 0. 496046 92. 00 09201 092	90. 06						
90. 08 09008 HEMATOLOGY 1, 107, 510 1, 972, 207 0. 561559 90. 08 90. 09 09009 MULTI - SPECIALTY SERVICES 919, 286 1, 253, 786 0. 733208 90. 09 90. 10 09010 DI ABETES CENTER 382, 510 608, 816 0. 628285 90. 10 91. 00 09100 EMERGENCY 31, 681, 521 249, 256, 691 0. 127104 91. 00 92. 00 09200 09SERVATI ON BEDS (NON-DI STINCT PART) 8, 994, 333 18, 132, 059 0. 496046 92. 00 09201 09SERVATI ON BEDS (DI STINCT PART) 8, 787, 378 16, 223, 262 0. 541653 92. 01 09600 DURABLE MEDI CAL EQUI P-RENTED 12, 181, 676 35, 363, 773 0. 344468 96. 00 200. 00 Subtotal (sum of lines 50 thru 199) 495, 256, 293 2, 543, 859, 961 200. 00 201. 00 Less Observati on Beds 8, 994, 333 0 201. 00							
90. 09		+ I	1				
90. 10		1 1					
91. 00 09100 EMERGENCY 31, 681, 521 249, 256, 691 0. 127104 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 8, 994, 333 18, 132, 059 0. 496046 92. 00 09201 OBSERVATI ON BEDS (DI STI NCT PART) 8, 787, 378 16, 223, 262 0. 541653 92. 01 07HER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 12, 181, 676 35, 363, 773 0. 344468 96. 00 200. 00 Subtotal (sum of lines 50 thru 199) 495, 256, 293 2, 543, 859, 961 200. 00 201. 00 Less Observation Beds 8, 994, 333 0 201. 00		1 1					
92. 00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 8, 994, 333 18, 132, 059 0.496046 92. 01 09201 0BSERVATI ON BEDS (DI STI NCT PART) 8, 787, 378 16, 223, 262 0.541653 92. 01 000000			1	l ·	1		
92. 01 09201 0BSERVATI ON BEDS (DI STINCT PART) 8,787,378 16,223,262 0.541653 92. 01		1 1			1		
OTHER REIMBURSABLE COST CENTERS 96.00 O9600 DURABLE MEDI CAL EQUI P-RENTED 12, 181, 676 35, 363, 773 0.344468 96.00 200.00 Subtotal (sum of lines 50 thru 199) 495, 256, 293 2, 543, 859, 961 200.00 201.00 Less Observation Beds 8, 994, 333 0 201.00			1				
96. 00	92. UI		0, 101, 318	10, 223, 202	0. 54163	JO	92.01
200.00 Subtotal (sum of lines 50 thru 199) 495, 256, 293 2, 543, 859, 961 201.00 Less Observation Beds 8, 994, 333 0 201.00	04 00		12 101 /7/	25 242 772	0.2444	0	04.00
201.00 Less Observation Beds 8,994,333 0 201.00						00	
					1		
					1		
202.00 Total (line 200 minus line 201) 486, 261, 960 2, 543, 859, 961 202.00	202.00	protar (line 200 minus line 201)	486, 261, 960	2, 543, 859, 961	1		J202. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider Co		Period: From 10/01/2019 To 09/30/2020	Date/Time Pre 4/28/2021 10:	
			XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col . 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1. 00	2.00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDI ATRI CS	13, 437, 172		1 .0, .0,, .,			
31.00 INTENSIVE CARE UNIT	2, 317, 150		2, 317, 15	0 17, 364	133. 45	31. 00
32.00 CORONARY CARE UNIT	418, 135		418, 13	5 4, 351		
40. 00 SUBPROVI DER - I PF	104, 493	0	104, 49	1, 635	63. 91	40. 00
200.00 Total (lines 30 through 199)	16, 276, 950		16, 276, 95	0 144, 010		200.00
Cost Center Description	I npati ent	I npati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDI ATRI CS	44, 298					30.00
31. 00 INTENSIVE CARE UNIT	6, 522		•			31. 00
32. 00 CORONARY CARE UNIT	1, 772		•			32. 00
40. 00 SUBPROVI DER - I PF	625					40. 00
200.00 Total (lines 30 through 199)	53, 217	6, 013, 619	9			200. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C		Period: From 10/01/2019 To 09/30/2020	Worksheet D Part II Date/Time Pre 4/28/2021 10:	
		Ti tl e	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cost	Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	12, 022, 821	467, 325, 013	0. 02572	7 74, 329, 090	1, 912, 264	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 335, 510	105, 455, 886	0. 02214		236, 446	
55. 00 05500 RADI OLOGY-THERAPEUTI C	779, 727	93, 489, 761	0.00834		49, 462	55. 00
56. 00 05600 RADI 0I SOTOPE	302, 633	33, 032, 960	0. 00916	2, 289, 912	20, 980	56. 00
57. 00 05700 CT SCAN	1, 944, 818	171, 271, 310	0. 01135	5 19, 460, 190	220, 970	57. 00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	1, 866, 069	53, 065, 538	0. 03516	5 3, 984, 668	140, 121	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 497, 013	137, 562, 163	0. 01815	2 32, 971, 814	598, 504	59. 00
60. 00 06000 LABORATORY	3, 501, 119	243, 047, 618	0. 01440		417, 806	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	143, 682	21, 617, 714	0. 00664	6, 595, 237	43, 832	63.00
64.00 06400 INTRAVENOUS THERAPY	142, 591	8, 153, 358	0. 01748		52, 991	64. 00
65. 00 06500 RESPIRATORY THERAPY	719, 183	81, 289, 580	0. 00884	7 32, 100, 274	283, 991	65. 00
65. 01 06501 PULMONARY REHAB	48, 541	422, 230	0. 11496	3 0	0	65. 01
66. 00 06600 PHYSI CAL THERAPY	511, 740	80, 690, 485	0. 00634	2 22, 451, 930	142, 390	66. 00
69. 00 06900 ELECTROCARDI OLOGY	980, 042	69, 905, 177	0. 01402	0 11, 166, 468	156, 554	69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	264, 531				60, 741	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	931, 107				270, 615	
73.00 07300 DRUGS CHARGED TO PATIENTS	2, 715, 434		•		427, 490	
74. 00 07400 RENAL DIALYSIS	70, 082		•		29, 255	
76. 97 07697 CARDIAC REHABILITATION	167, 437				39	76, 97
OUTPATIENT SERVICE COST CENTERS	,					
90. 00 09000 CLI NI C	340, 999	4, 280, 598	0. 07966	2 5, 805	462	90.00
90. 01 09001 FAMILY PRACTICE	178, 997		•		66	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	44, 241		•		0	90. 02
90. 03 09003 CHEMO	469, 446				980	90. 03
90. 04 09004 PRIMARY CARE FOR SENIORS	54, 865		•		34	90. 04
90. 05 09005 PAI N MANAGEMENT	416, 829		•		3	90.05
90. 06 09006 WOUND CARE	177, 792		•		2, 840	
90. 07 09007 SLEEP CENTER	247, 905		•		149	
90. 08 09008 HEMATOLOGY	117, 861		•		217	
90. 09 09009 MULTI -SPECIALTY SERVICES	211, 362				19	90.09
90. 10 09010 DI ABETES CENTER	11, 184				0	90. 10
91. 00 09100 EMERGENCY	2, 270, 768				309, 271	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 059, 739				23, 129	
92. 01 09201 OBSERVATION BEDS (NON-DISTINCT PART)	1, 083, 837				225, 070	
OTHER REIMBURSABLE COST CENTERS	1,000,007	10, 223, 202	., 0.0000	5, 300, 703	223,070	/2.01
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	686, 149	35, 363, 773	0. 01940	3 0	0	96. 00
200.00 Total (lines 50 through 199)		2, 543, 859, 961		398, 651, 765		
255.55 15tal (11165 55 thi 64gh 177)	07,010,004	1 2, 3 13, 337, 701	1	0,0,001,700	0,020,071	1-30.00

Health Financial Systems	DEACONESS				eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COS	TS Provider C		Peri od:	Worksheet D	
				From 10/01/2019		
				Го 09/30/2020	Date/Time Pre 4/28/2021 10:	pared:
		Title	e XVIII	Hospi tal	PPS	оо рііі
Cost Center Description	Nursing School	Nursing School	Allied Health		All Other	
'	Post-Stepdown		Post-Stepdown	Cost	Medi cal	
	Adjustments		Adjustments		Education Cost	
	1A	1.00	2A	2. 00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS	•	•				
30. 00 03000 ADULTS & PEDI ATRI CS	C	0	(1, 132, 870	0	30.00
31.00 03100 INTENSIVE CARE UNIT		ol o		344, 702	0	31.00
32. 00 03200 CORONARY CARE UNIT		ol o		63, 964	0	32.00
40. 00 04000 SUBPROVI DER - PF				0	0	40.00
200.00 Total (lines 30 through 199)				1, 541, 536	0	200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient		Inpatient	
'	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,		'		
	instructions)	minus col. 4)				
	4.00	5.00	6.00	7. 00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS	•					
30. 00 03000 ADULTS & PEDIATRICS	C	1, 132, 870	120, 660	9. 39	44, 298	30.00
31.00 03100 INTENSIVE CARE UNIT		344, 702	17, 364	19.85	6, 522	31.00
32. 00 03200 CORONARY CARE UNIT		63, 964	4, 35	1 14. 70	1, 772	32. 00
40. 00 04000 SUBPROVI DER - 1 PF		o	1, 635	0.00	625	40.00
200.00 Total (lines 30 through 199)		1, 541, 536	144, 010		53, 217	200.00
Cost Center Description	I npati ent					
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8)					
	0.00					

9.00

415, 958 129, 462

26, 048 0 571, 468 30. 00 31. 00

32.00

40. 00 200. 00

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

32.00 | 03200 CORONARY CARE UNIT 40.00 | 04000 SUBPROVI DER - I PF 200.00 | Total (lines 30 through 199)

Health Financial Systems	DEACONESS HOSPI TAL	In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0082	Peri od: From 10/01/2019 To 09/30/2020 Worksheet D Part IV Date/Time Prepared:

					0 09/30/2020	Date/lime Pre 4/28/2021 10:	parea: 06 nm
			Ti tl e	e XVIII	Hospi tal	PPS	00 piii
	Cost Center Description	Non Physician			Allied Health	Allied Health	
	'	Anestheti st	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	(0	0	15, 385	50. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	(0	0	0	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	() c	0	0	55. 00
56.00	05600 RADI OI SOTOPE	0	(0	0	0	56. 00
57.00	05700 CT SCAN	0	() c	0	0	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	(0	0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	(0	0	6, 933	59. 00
60.00	06000 LABORATORY	0	(0	0	0	60. 00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	(0	0	0	63. 00
64.00	06400 I NTRAVENOUS THERAPY	0	(0	0	6, 791	64. 00
65.00	06500 RESPI RATORY THERAPY	0	(0	0	0	
65. 01	06501 PULMONARY REHAB	0	(0	0	0	65. 01
66.00	06600 PHYSI CAL THERAPY	0	(0	0	0	66. 00
69. 00	06900 ELECTROCARDI OLOGY	0	(0	0	285	69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	(0	0	0	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	(0	0	0	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	() C	0	446, 111	73. 00
	07400 RENAL DIALYSIS	0	() C	0	0	74. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	0	() <u> </u>	0	0	76. 97
	OUTPATIENT SERVICE COST CENTERS						
90. 00	09000 CLI NI C	0	(ή		0	
90. 01	09001 FAMILY PRACTICE	0		0	0	0	90. 01
	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	(0	0	0	90. 02
90. 03	09003 CHEMO	0	(0	0	1, 330	
90. 04	09004 PRIMARY CARE FOR SENIORS	0	(0	0	0	
90. 05	09005 PAIN MANAGEMENT	0		0	0	237	
90. 06	09006 WOUND CARE	0	(0	0	2, 897	1
90. 07	09007 SLEEP CENTER	0	(0	0	0	90. 07
90. 08	09008 HEMATOLOGY	0	(0	0	0	90. 08
90. 09	09009 MULTI -SPECIALTY SERVICES	0	(0	0	0	
90. 10	09010 DI ABETES CENTER	0	(0	0	0	90. 10
91.00	09100 EMERGENCY	0	(0	81, 961	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0		89, 341	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0) C	0	59, 880	92. 01
0/ 00	OTHER REIMBURSABLE COST CENTERS	_					04 00
96. 00 200. 00	O9600 DURABLE MEDICAL EQUIP-RENTED Total (lines 50 through 199)	0				0 711, 151	
200.00	p Total (Titles 30 till ough 199)	1	ll C	יו	ارا	/11, 151	₁ 200.00

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

From 10/01/2019 Part IV To 09/30/2020 Date/Ti THROUGH COSTS Date/Time Prepared: 4/28/2021 10:06 pm Title XVIII Hospi tal All Other Ratio of Cost Cost Center Description Total Cost Total Total Charges to Charges Medi cal (from Wkst. C, (sum of cols. Outpati ent Education Cost 1, 2, 3, and Cost (sum of Part I, col. (col. 5 ÷ col 4) 8) col s. 2, 3, 7) and 4) (see instructions) 4.00 5.00 6.00 7. 00 8.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 15, 385 15, 385 467, 325, 013 0.000033 50.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0 105, 455, 886 0.000000 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0000000000000000 93, 489, 761 0.000000 55.00 0 05600 RADI OI SOTOPE 33, 032, 960 56.00 Ω O 0.000000 56 00 57.00 05700 CT SCAN C 0 171, 271, 310 0.000000 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 53, 065, 538 0.000000 58.00 05900 CARDIAC CATHETERIZATION 6, 933 137, 562, 163 0.000050 59.00 59 00 6 933 60.00 06000 LABORATORY C C 243, 047, 618 0.000000 60.00 63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 21, 617, 714 0.000000 63.00 06400 I NTRAVENOUS THERAPY 64.00 6, 791 6, 791 8, 153, 358 0.000833 64.00 81, 289, 580 06500 RESPIRATORY THERAPY 0 000000 65 00 65 00 0 65.01 06501 PULMONARY REHAB C 0 422, 230 0.000000 65.01 06600 PHYSI CAL THERAPY 80, 690, 485 0.000000 66.00 0 66.00 69.00 06900 ELECTROCARDI OLOGY 69, 905, 177 0.000004 69.00 285 285 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 71 00 C 0 33, 838, 723 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 102, 757, 866 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 407, 193, 196 0.001096 73.00 446, 111 446, 111 73.00 74.00 07400 RENAL DIALYSIS 0 11, 696, 904 0.000000 74.00 0 07697 CARDIAC REHABILITATION 0 0 76.97 3, 717, 823 0.000000 76.97 OUTPATIENT SERVICE COST CENTERS 0 4, 280, 598 0.000000 90.00 09000 CLI NI C 90.00 09001 FAMILY PRACTICE 0000000000 90.01 0 2, 839, 237 0.000000 90.01 0 09002 OUTPATIENT PSYCHIATRIC SERVICES O 0.000000 90.02 6, 121, 938 90 02 90.03 09003 CHEMO 1, 330 1, 330 27, 953, 228 0.000048 90.03 09004 PRIMARY CARE FOR SENIORS 941, 467 90. 04 0.000000 90.04 09005 PAIN MANAGEMENT 29, 302, 552 0.000008 90.05 90.05 237 237 90.06 09006 WOUND CARE 2,897 2,897 15, 773, 059 0.000184 90.06 90. 07 09007 SLEEP CENTER 8, 303, 983 0.000000 90.07 90.08 09008 HEMATOLOGY 0 0 1, 972, 207 0.000000 90.08 90 09 09009 MULTI - SPECIALTY SERVICES 1, 253, 786 0.000000 90 09 C 0 90. 10 09010 DIABETES CENTER 608, 816 0.000000 90.10 0 09100 EMERGENCY 91.00 81, 961 81, 961 249, 256, 691 0.000329 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 89.341 89.341 18, 132, 059 0.004927 92.00 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 59,880 59,880 16, 223, 262 0.003691 92.01 OTHER REIMBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 35, 363, 773 0.000000 96.00

711, 151

711, 151 2, 543, 859, 961

200.00

200.00

Total (lines 50 through 199)

Health Financial Systems	DEACONESS HOS	SPI TAL	In Lie	ı of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0082	Peri od:	Worksheet D
THROUGH COSTS			From 10/01/2019	Part IV

THROUGH COSTS 09/30/2020 Date/Time Prepared: 4/28/2021 10:06 pm Title XVIII Hospi tal PPS Outpati ent Outpati ent Cost Center Description Inpatient I npati ent Outpati ent Ratio of Cost Program Program Program Program Pass-Through Pass-Through to Charges Charges Charges Costs (col. $(col. 6 \div col$ Costs (col. x col . 12) 13.00 7) x col. 10) 11.00 9.00 10.00 12.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.000033 74, 329, 090 2, 453 49, 520, 940 1,634 50.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 0.000000 10, 676, 192 17, 999, 150 0 54.00 05500 RADI OLOGY-THERAPEUTI C 0.000000 5, 930, 679 34, 667, 891 55.00 55.00 0 0 56.00 05600 RADI OI SOTOPE 0.000000 2, 289, 912 8, 282, 983 0 56.00 0 05700 CT SCAN 19, 460, 190 57.00 0.000000 33, 250, 284 57.00 Ω Λ 05800 MAGNETIC RESONANCE I MAGING (MRI) 58.00 0.000000 3, 984, 668 0 10,007,015 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.000050 32, 971, 814 1,649 25, 306, 078 1, 265 59.00 29, 004, 261 06000 LABORATORY 0.000000 13, 979, 056 60 00 0 0 60 00 06300 BLOOD STORING, PROCESSING, & TRANS. 6, 595, 237 1, 288, 835 63.00 0.000000 0 0 63.00 64.00 06400 INTRAVENOUS THERAPY 0.000833 3, 029, 942 2, 524 25, 748 21 64.00 06500 RESPIRATORY THERAPY 1, 937, 964 65.00 0.000000 32, 100, 274 0 65.00 C 06501 PULMONARY REHAB 0.000000 223, 502 65 01 0 0 65 01 66.00 06600 PHYSI CAL THERAPY 0.000000 22, 451, 930 0 351, 281 0 66.00 06900 ELECTROCARDI OLOGY 0.000004 16, 594, 280 69.00 11, 166, 468 45 66 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 7, 770, 383 3, 651, 252 71 00 O 0 71 00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 29, 865, 856 0 12, 373, 744 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.001096 64, 101, 029 70, 255 92, 010, 528 100, 844 73.00 74.00 07400 RENAL DIALYSIS 0.000000 4, 883, 076 351, 206 74.00 0 07697 CARDIAC REHABILITATION 0.000000 0 1, 786, 342 76. 97 Ω 76. 97 865 OUTPATIENT SERVICE COST CENTERS 5, 805 90.00 09000 CLI NI C 0.000000 1, 745, 939 0 90.00 0 90. 01 09001 FAMILY PRACTICE 0.000000 1,051 148, 739 0 90.01 09002 OUTPATIENT PSYCHIATRIC SERVICES 0 90 02 0.000000 160, 698 90 02 0 3 90.03 09003 CHEMO 0.000048 58, 381 10, 723, 054 515 90.03 09004 PRIMARY CARE FOR SENIORS 0.000000 0 588, 606 90.04 90.04 590 0 09005 PAIN MANAGEMENT 0.000008 0 11, 721, 536 94 90.05 90.05 230 09006 WOUND CARE 251, 962 7, 573, 779 90.06 0.000184 1, 394 90.06 46 90.07 09007 SLEEP CENTER 0.000000 5,003 0 2, 441, 771 0 90.07 09008 HEMATOLOGY 0.000000 741, 883 90.08 3, 629 0 90.08 90.09 09009 MULTI - SPECIALTY SERVICES 0.000000 0 198, 012 90.09 115 0 09010 DIABETES CENTER 90 10 0.000000 0 69, 123 Λ 90 10 91.00 09100 EMERGENCY 0.000329 33, 948, 492 29, 195, 892 9,605 91.00 11, 169 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 0.004927 395, 736 1, 950 745, 515 3, 673 92.00 09201 OBSERVATION BEDS (DISTINCT PART) <u>3, 368</u>, 905 92.01 12, 435 0.003691 2, 168, 788 8,005 92.01 OTHER REIMBURSABLE COST CENTERS 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 Ol 96.00 200.00 Total (lines 50 through 199) 398, 651, 765 102, 529 391, 831, 414 127, 116 200. 00

Health Financial Systems	DEACONESS	HUSPI IAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der C		Period: From 10/01/2019	Worksheet D Part V	
				To 09/30/2020	Date/Time Pre 4/28/2021 10:	
		Title	xVIII	Hospi tal	PPS	00 piii
			Charges		Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
	Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not	,	
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins.	Ded. & Coins.		
			(see inst.)	(see inst.)		
	1.00	2. 00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS			1			4
50. 00 05000 OPERATI NG ROOM	0. 224500				11, 117, 451	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 147625		l .		2, 657, 125	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 165388				5, 733, 653	
56. 00 05600 RADI OI SOTOPE	0. 086283				714, 681	56. 00
57. 00 05700 CT SCAN	0. 045792		1		1, 522, 597	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 111477	10, 007, 015		.,	1, 115, 552	1
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 140609		1		3, 558, 262	59. 00
60. 00 06000 LABORATORY	0. 196402	13, 979, 056	1	1	2, 745, 515	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 232257	1, 288, 835	1		299, 341	63. 00
64. 00 06400 NTRAVENOUS THERAPY	0. 386354	1	1		9, 948	1
65. 00 06500 RESPI RATORY THERAPY	0. 100460		1		194, 688	
65. 01 06501 PULMONARY REHAB	0. 820491	223, 502	1	1	183, 381	65. 01
66. 00 06600 PHYSI CAL THERAPY	0. 150426		81		52, 842	66. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 093518		1	.,	1, 551, 864	
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS	0. 295629				1, 079, 416	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 342730				4, 240, 853	1
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 258282		1		23, 764, 663	1
74. 00 07400 RENAL DI ALYSI S	0. 188320				66, 139	
76. 97 O7697 CARDI AC REHABI LI TATI ON	0. 282389	1, 786, 342	(0	504, 443	76. 97
OUTPATIENT SERVICE COST CENTERS	0.000/01	1 745 020	ı ,	J 0	1 551 502	00.00
90. 00 09000 CLI NI C 90. 01 09001 FAMI LY PRACTI CE	0. 888681	1, 745, 939			1, 551, 583	1
	0. 648394				96, 441	90. 01
90. 02 09002 0UTPATI ENT PSYCHI ATRI C SERVI CES 90. 03 09003 CHEMO	0. 235351	160, 698			37, 820	90. 02
90. 04 09004 PRI MARY CARE FOR SENI ORS	0. 111515 1. 545369			1	1, 195, 781	90. 03 90. 04
90. 05 09005 PALN MANAGEMENT	0. 159717	588, 606 11, 721, 536			909, 613	90.04
90. 05 09005 PATN MANAGEMENT 90. 06 09006 WOUND CARE	0. 159717				1, 872, 129 1, 342, 445	
90. 07 09000 WOUND CARE 90. 07 09007 SLEEP CENTER	0. 177249				1, 009, 487	90.08
90. 08 09008 HEMATOLOGY	0. 561559				416, 611	90.07
90. 09 09009 MULTI - SPECIALTY SERVICES	0. 733208		1		145, 184	1
90. 10 09010 DI ABETES CENTER	0. 628285	1			43, 429	1
91. 00 09100 EMERGENCY	0. 020203		1		3, 710, 915	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 12/104		1		369, 810	1
	1	1	1		1, 174, 731	1
92. 01 09201 0BSERVATI ON BEDS (DI STI NCT PART) OTHER REI MBURSABLE COST CENTERS	0. 541653	2, 100, 700	1	ا / ا	1, 1/4, /31	92.01
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0. 344468	0	(0	0	96. 00
200.00 Subtotal (see instructions)	0. 344400	391, 831, 414	1	1	74, 988, 393	
201.00 Less PBP Clinic Lab. Services-Program		371,031,414	23.		14, 700, 373	201.00
Only Charges				1 4		201.00
202.00 Net Charges (line 200 - line 201)		391, 831, 414	239	228, 434	74, 988, 393	202. 00

Provi der CCN: 15-0082

					10 09/30/2020	4/28/2021 10:	
-			Title	XVIII	Hospi tal	PPS	
		Cos					
	Cost Center Description	Cost	Cost				
	· · · · · · · · · · · · · · · · · · ·	Reimbursed	Rei mbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		,	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	O	1				50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	o	505				54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	o	189				55. 00
56. 00	05600 RADI OI SOTOPE	أم	0				56. 00
57. 00	05700 CT SCAN		167				57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)		127	•			58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON		32	•			59. 00
60.00	06000 LABORATORY		0				60.00
63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.		0				63. 00
64. 00	06400 I NTRAVENOUS THERAPY		0				64. 00
65. 00	06500 RESPI RATORY THERAPY		0	•			65. 00
65. 01	06501 PULMONARY REHAB	0	0				65. 01
66. 00	06600 PHYSI CAL THERAPY	12	0	•			66. 00
69. 00	06900 ELECTROCARDI OLOGY	12					69. 00
		0	128 0	•			1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	-				71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	38	54, 807	•			73.00
74.00	07400 RENAL DIALYSIS	0	0				74.00
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0				76. 97
00.00	OUTPATIENT SERVICE COST CENTERS			I			
90.00	09000 CLINIC	0	0				90.00
90. 01	09001 FAMILY PRACTICE	0	22				90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0				90. 02
90. 03	09003 CHEMO	0	0				90. 03
90. 04	09004 PRI MARY CARE FOR SENI ORS	0	542	•			90. 04
90. 05	09005 PAIN MANAGEMENT	0	0				90. 05
90. 06	09006 WOUND CARE	1	849				90. 06
90. 07	09007 SLEEP CENTER	0	0				90. 07
90. 08	09008 HEMATOLOGY	0	0				90. 08
90. 09	09009 MULTI - SPECIALTY SERVICES	0	0				90. 09
90. 10	09010 DI ABETES CENTER	0	0				90. 10
91. 00	09100 EMERGENCY	0	7				91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10	•			92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	9				92. 01
	OTHER REIMBURSABLE COST CENTERS	,					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0				96. 00
200.00	Subtotal (see instructions)	51	57, 395				200. 00
201.00	1	0					201. 00
	Only Charges						
202.00	Net Charges (line 200 - line 201)	51	57, 395				202. 00

lealth Financial Systems		DEACONESS				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ANCILLA	ARY SERVICE CAPITA	L COSTS	Provi der Co	CN: 15-0082	Peri od:	Worksheet D	
			Component (CCN: 15-S082	From 10/01/2019 To 09/30/2020	Part II Date/Time Pre	narod:
			Component	JCIN. 13-3002	10 077 307 2020	4/28/2021 10:	06 pm
			Title	XVIII	Subprovi der -	PPS	
·					IPF		
Cost Center Description	on	Capi tal	Total Charges			Capital Costs	
			(from Wkst. C,	to Charges	Program	(column 3 x	
		(from Wkst. B,	Part I, col. 8)	(col . 1 ÷ col 2)	. Charges	column 4)	
		Part II, col. 26)	0)	2)			
		1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENT	FRS	1.00	2.00	3.00	4.00	3.00	
50. 00 05000 OPERATING ROOM		12, 022, 821	467, 325, 013	0. 02572	27 3, 029	78	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		2, 335, 510				97	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C		779, 727				0	55. 00
56. 00 05600 RADI OI SOTOPE		302, 633				0	56. 00
57. 00 05700 CT SCAN		1, 944, 818			55 15, 278	173	57.00
58.00 05800 MAGNETIC RESONANCE IMA	AGING (MRI)	1, 866, 069	53, 065, 538	0. 03516	55 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI (2, 497, 013	137, 562, 163	0. 01815	52 0	0	59.00
60. 00 06000 LABORATORY		3, 501, 119	243, 047, 618	0. 01440	05 41, 123	592	60.00
63.00 06300 BLOOD STORING, PROCESS	SING, & TRANS.	143, 682	21, 617, 714	0. 00664	46 0	0	63.00
64.00 06400 INTRAVENOUS THERAPY		142, 591	8, 153, 358		39 0	0	64.00
65. 00 06500 RESPIRATORY THERAPY		719, 183	81, 289, 580	0. 00884	47 0	0	65.00
55. 01 06501 PULMONARY REHAB		48, 541	422, 230			0	65. 01
66. 00 06600 PHYSI CAL THERAPY		511, 740				0	66.00
69. 00 06900 ELECTROCARDI OLOGY		980, 042				0	69.00
71.00 07100 MEDICAL SUPPLIES CHARG		264, 531				0	71.00
72.00 07200 I MPL. DEV. CHARGED TO		931, 107				0	72.00
73.00 07300 DRUGS CHARGED TO PATIE	ENTS	2, 715, 434				713	
74. 00 07400 RENAL DIALYSIS		70, 082				0	74.00
76. 97 07697 CARDI AC REHABI LI TATI OF		167, 437	3, 717, 823	0. 04503	36 0	0	76. 97
OUTPATIENT SERVICE COST CEN 90.00 09000 CLINIC	I EKS	340, 999	4 200 E00	0. 07966	52 0	0	90.00
90. 00 09000 CLINIC 90. 01 09001 FAMILY PRACTICE		340, 999 178, 997				0	90.00
90. 01 09001 FAWILT PRACTICE 90. 02 09002 OUTPATIENT PSYCHIATRI (CEDVI CEC	44, 241	6, 121, 938			0	90.0
90. 03 09002 001FATTENT F3TCHTATKT0	JERVICES	469, 446				0	90.0
PO. 04 09004 PRIMARY CARE FOR SENIO	29C	54, 865				0	90.04
90. 05 09005 PAIN MANAGEMENT	JN3	416, 829				0	90.05
90. 06 09006 WOUND CARE		177, 792				0	90.00
90. 07 09007 SLEEP CENTER		247, 905				0	90. 0
90. 08 09008 HEMATOLOGY		117, 861	1, 972, 207			0	90. 08
90. 09 09009 MULTI - SPECIALTY SERVIC	CES	211, 362				0	90. 09
90. 10 09010 DI ABETES CENTER		11, 184	608, 816			0	90. 10
91. 00 09100 EMERGENCY		2, 270, 768			10 96, 301	877	91.00
92.00 09200 OBSERVATION BEDS (NON-	-DISTINCT PART)	0	18, 132, 059	0. 00000	00	0	92.00
92.01 09201 OBSERVATION BEDS (DIS		1, 083, 837			0 80	0	92. 0
OTHER REIMBURSABLE COST CEN]
96.00 09600 DURABLE MEDICAL EQUIP-		686, 149			03	0	96.00
200.00 Total (lines 50 through	nh 100\	20 256 215	2, 543, 859, 961	I	267, 076	2 530	200.00

Health Financial Systems	DEACONESS HOS	SPI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCI LLARY SERVI CE OTHER PASS	Provider CCN: 15-0082 Component CCN: 15-S082	Peri od: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm
		Ti +Lo YVIII	Subprovi don	4/28/2021 TU: 06 pill

		Ti tl e	e XVIII	Subprovi der -	PPS	оо рііі
Cost Center Description	Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
	Anesthetist	Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	C	0) (0	15, 385	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0) (0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	C	0)	0	0	55. 00
56. 00 05600 RADI OI SOTOPE	0	0		0	0	56. 00
57. 00 05700 CT SCAN	0	0		0	0	57. 00
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)		0		0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON				0	6, 933	59.00
60. 00 06000 LABORATORY				0	0	60.00
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.				0	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY				0	6, 791	
65. 00 06500 RESPIRATORY THERAPY					0	65. 00
65. 01 06501 PULMONARY REHAB					0	65. 01
66. 00 06600 PHYSI CAL THERAPY 69. 00 06900 ELECTROCARDI OLOGY				0	0	66. 00 69. 00
					285	
71.00 O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 O7200 IMPL. DEV. CHARGED TO PATIENTS				0	0	71. 00 72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS					446, 111	72.00
73.00 07300 DRUGS CHARGED TO PATTENTS 74.00 07400 RENAL DIALYSIS					446, 111	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON					0	76. 97
OUTPATIENT SERVICE COST CENTERS		<u> </u>	1)	U	70.97
90. 00 09000 CLINIC) 0	0	90.00
90. 01 09001 FAMI LY PRACTI CE		Ί "		,	0	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES				o o	0	90. 02
90. 03 09003 CHEMO					1, 330	90. 03
90. 04 09004 PRI MARY CARE FOR SENI ORS					0	90. 04
90. 05 09005 PAI N MANAGEMENT				o o	237	90. 05
90. 06 09006 WOUND CARE				o o	2, 897	90. 06
90. 07 09007 SLEEP CENTER				0	0	90. 07
90. 08 09008 HEMATOLOGY		0	ol c	0	0	90. 08
90. 09 09009 MULTI -SPECIALTY SERVICES		0) (0	0	90. 09
90. 10 09010 DI ABETES CENTER		0) (0	0	90. 10
91. 00 09100 EMERGENCY		0) (0	81, 961	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	C	0) (0	59, 880	92. 01
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	C	 				96. 00
200.00 Total (lines 50 through 199)	() O) C	0	621, 810	200. 00

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEIN COSTS	RVICE OTHER PAS		F	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Pre 4/28/2021 10:	pared:
			Title	XVIII	Subprovi der -	PPS	оо рііі
	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
		Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
		Education Cost		Cost (sum of		(col. 5 ÷ col.	
			4)	col s. 2, 3,	8)	7)	
				and 4)		(see	
		4.00	5. 00	6. 00	7. 00	instructions) 8.00	
	ANCILLARY SERVICE COST CENTERS	4.00	5.00	6.00	7.00	8.00	
50. 00	05000 OPERATING ROOM	1 0	15, 385	15, 385	467, 325, 013	0.000033	50.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C			(0. 000000	
55. 00	05500 RADI OLOGY-THERAPEUTI C		0			0. 000000	
56. 00	05600 RADI OI SOTOPE		_			0. 000000	
57. 00	05700 CT SCAN	0	0	d		0. 000000	
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	Ō	d		0. 000000	
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	6, 933	6, 933		0.000050	
60.00	06000 LABORATORY	0	0	C			
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0			0.000000	63.00
64.00	06400 I NTRAVENOUS THERAPY	0	6, 791	6, 791	8, 153, 358	0.000833	64. 00
65.00	06500 RESPI RATORY THERAPY	0	0		81, 289, 580	0.000000	65. 00
65. 01	06501 PULMONARY REHAB	0	0	(422, 230	0.000000	65. 01
66.00	06600 PHYSI CAL THERAPY	0	0	C	80, 690, 485	0.000000	66. 00
69. 00	06900 ELECTROCARDI OLOGY	0	285	285	69, 905, 177	0.000004	69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	C	33, 838, 723	0.000000	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	(0.000000	
73. 00	07300 DRUGS CHARGED TO PATIENTS	0		446, 111		0. 001096	
74. 00	07400 RENAL DIALYSIS	0		(0.000000	
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	(3, 717, 823	0. 000000	76. 97
	OUTPATIENT SERVICE COST CENTERS		1				
90.00	09000 CLI NI C	0	l .	C			
90. 01	09001 FAMILY PRACTICE	0		C		0.000000	
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	_	(-,,	0.000000	
90. 03	09003 CHEMO	0	1, 330	1, 330		0.000048	
90. 04	09004 PRIMARY CARE FOR SENIORS		0	22	,	0.000000	
90.05	09005 PAIN MANAGEMENT	0	237	237		0.000008	
90.06	09006 WOUND CARE	0	2, 897	2, 897			
90. 07 90. 08	O9007 SLEEP CENTER O9008 HEMATOLOGY		0				
90. 08	09009 MULTI -SPECIALTY SERVICES		_			0. 000000 0. 000000	
90. 09	09010 DI ABETES CENTER		0			0.00000	
91. 00	09100 EMERGENCY		_	81, 961		0.000329	1
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			01, 901	1	0.000329	
92. 00	09201 OBSERVATION BEDS (NON-DISTINCT PART)			59, 880			
/L. UI	OTHER REIMBURSABLE COST CENTERS		37,000	37,000	10, 223, 202	0.003071	, /2.01
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		35, 363, 773	0.000000	96.00
200.00	1 1				2, 543, 859, 961		200. 00
	,	'	,,		,	'	,

Heal th	n Financial Systems	DEACONESS H	OSPI TAL		In Lie	u of Form CMS-:	2552-10
APP0R	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER GH COSTS		Provi der CC	CN: 15-0082 CCN: 15-S082	Peri od: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Pre 4/28/2021 10:	pared:
			Title	XVIII	Subprovi der - I PF	PPS	
	Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) 9.00	Inpati ent Program Charges	Inpatient Program Pass-Througl Costs (col. x col. 10) 11.00		Outpatient Program Pass-Through Costs (col. 9 x col. 12) 13.00	
	ANCILLARY SERVICE COST CENTERS	7.00	10.00	11.00	12.00	13.00	
50. 00 54. 00 55. 00 56. 00 57. 00 58. 00 59. 00 60. 00 63. 00 65. 01 66. 00 65. 01 71. 00 72. 00 74. 00 76. 97	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 05400 RADIOLOGY-DIAGNOSTIC 05500 RADIOLOGY-THERAPEUTIC 05600 RADIOSOTOPE 05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION 06000 LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06501 PULMONARY REHAB 06600 PHYSICAL THERAPY 06900 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS 07697 CARDIAC REHABILITATION	0. 000033 0. 000000	3, 029 4, 384 0 0 15, 278 0 41, 123 0 0 0 0 0 0 0 0	1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	54. 00 55. 00 56. 00 57. 00 58. 00 59. 00 60. 00 63. 00 64. 00 65. 01 66. 00 69. 00 71. 00 72. 00 73. 00 74. 00
90. 00 90. 01 90. 02 90. 03 90. 04 90. 05 90. 06 90. 07 90. 08 90. 09 90. 10 91. 00 92. 00 92. 01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000 0. 000000 0. 000000 0. 000008 0. 000008 0. 000184 0. 000000 0. 000000 0. 000000 0. 000000 0. 000329 0. 000000 0. 003691	0 0 0 0 0 0 0 0 0 96, 301		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	90. 01 90. 02 90. 03 90. 04 90. 05 90. 06 90. 07 90. 08 90. 09 90. 10 91. 00 92. 00
96. 00 200. 0		0. 000000	0 267, 076	1.	0 49 0	0	96. 00 200. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE	CAPITAL COSTS	Provi der C	F	Period: From 10/01/2019 To 09/30/2020	Date/Time Pre 4/28/2021 10:	
			e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col.			
	26)		2)			
	1.00	2.00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTER						
30.00 ADULTS & PEDIATRICS	13, 437, 172	0	13, 437, 172	120, 660	111. 36	30.00
31.00 INTENSIVE CARE UNIT	2, 317, 150		2, 317, 150	17, 364	133. 45	31.00
32.00 CORONARY CARE UNIT	418, 135		418, 135	4, 351	96. 10	32.00
40. 00 SUBPROVI DER - I PF	104, 493	0	104, 493	1, 635	63. 91	40.00
200.00 Total (lines 30 through 199)	16, 276, 950		16, 276, 950	144, 010		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 CENTER	!S					
30.00 ADULTS & PEDIATRICS	5, 473	609, 473	3			30.00
31.00 INTENSIVE CARE UNIT	856	114, 233	8			31. 00
32.00 CORONARY CARE UNIT	201	19, 316				32. 00
40. 00 SUBPROVI DER - I PF	146	9, 331				40. 00
200.00 Total (lines 30 through 199)	6, 676	752, 353	3			200. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C	CN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part II Date/Time Pre 4/28/2021 10:	pared: 06 pm
		Ti tI	e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1. 00	2.00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	12, 022, 821				104, 013	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 335, 510	105, 455, 886	0. 02214	7 762, 741	16, 892	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	779, 727	93, 489, 761			2, 841	55. 00
56. 00 05600 RADI 0I SOTOPE	302, 633	33, 032, 960	0. 00916	2 118, 804	1, 088	56. 00
57. 00 05700 CT SCAN	1, 944, 818	171, 271, 310	0. 01135	5 1, 398, 579	15, 881	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 866, 069	53, 065, 538	0. 03516	5 327, 237	11, 507	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 497, 013			2 1, 386, 389	25, 166	59. 00
60. 00 06000 LABORATORY	3, 501, 119	243, 047, 618	0. 01440	5 2, 367, 453	34, 103	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	143, 682	21, 617, 714	0. 00664	6 405, 063	2, 692	63.00
64. 00 06400 I NTRAVENOUS THERAPY	142, 591				5, 414	64.00
65. 00 06500 RESPIRATORY THERAPY	719, 183		1		20, 713	65. 00
65. 01 06501 PULMONARY REHAB	48, 541				0	65. 01
66. 00 06600 PHYSI CAL THERAPY	511, 740				8, 159	66.00
69. 00 06900 ELECTROCARDI OLOGY	980, 042				7, 406	1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	264, 531				3, 351	71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	931, 107				8, 414	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	2, 715, 434				37, 997	73. 00
74. 00 07400 RENAL DIALYSIS	70, 082				2, 034	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	167, 437				0	76. 97
OUTPATIENT SERVICE COST CENTERS	1077107	077177020	0.0.000	<u> </u>		70.77
90. 00 09000 CLINIC	340, 999	4, 280, 598	0. 07966	2 0	0	90.00
90. 01 09001 FAMILY PRACTICE	178, 997		1		27	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	44, 241				0	90. 02
90. 03 09003 CHEMO	469, 446				0	90. 03
90. 04 09004 PRIMARY CARE FOR SENIORS	54, 865		1		0	90. 04
90. 05 09005 PAIN MANAGEMENT	416, 829		1		0	90. 05
90. 06 09006 WOUND CARE	177, 792		1		1, 448	
90. 07 09007 SLEEP CENTER	247, 905				0	90. 07
90. 08 09008 HEMATOLOGY	117, 861		1		7	90. 08
90. 09 09009 MULTI -SPECIALTY SERVICES	211, 362		1		21	90.09
90. 10 09010 DI ABETES CENTER	11, 184		1		0	90. 10
91. 00 09100 EMERGENCY	2, 270, 768				26, 852	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 059, 739				7, 622	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	1, 083, 837				7, 832	
OTHER REIMBURSABLE COST CENTERS	1,000,007	10, 223, 202	0.00000	0 117, 230	1,032	72.01
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	686, 149	35, 363, 773	0. 01940	3 0	0	96. 00
200.00 Total (lines 50 through 199)		2, 543, 859, 961		26, 334, 108	_	
	37,010,004	1 = 1 5 .5 , 55 7 , 70 1	1	25, 551, 100	331, 100	1=00.00

Health Financial Contant	DEACONECC	HOCDITAL		111-	6 F CMC	2552 40
Health Financial Systems APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	DEACONESS SS THROUGH COS		F	Period: From 10/01/2019 Fo 09/30/2020		pared:
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Nursing School Post-Stepdown Adjustments		Allied Health Post-Stepdown Adjustments		All Other Medical Education Cost	
	1A	1.00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT	C	0	(1, 132, 870 344, 702		30. 00 31. 00
32. 00 03200 CORONARY CARE UNIT		0		63, 964		32.00
40. 00 04000 SUBPROVI DER - PF		o o		0 0	0	40.00
200.00 Total (lines 30 through 199)		0		1, 541, 536	0	200. 00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient		I npati ent	
	Adjustment	(sum of cols.	Days	5 ÷ col . 6)	Program Days	
	Amount (see	1 through 3,				
	instructions)	minus col. 4)				
	4. 00	5. 00	6. 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	C	1, 132, 870				
31.00 03100 INTENSIVE CARE UNIT		344, 702				
32. 00 03200 CORONARY CARE UNIT		63, 964				32. 00
40. 00 04000 SUBPROVI DER - I PF	C	0	1, 635			
200.00 Total (lines 30 through 199)		1, 541, 536	144, 010		6, 676	200. 00
Cost Center Description	I npati ent					
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col . 8) 9.00					
INDATIENT DOUTINE CEDVICE COST CENTEDS	7.00					

51, 391 16, 992

2, 955 0 71, 338 30. 00 31. 00

32.00

40. 00 200. 00

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

32.00 | 03200 CORONARY CARE UNIT 40.00 | 04000 SUBPROVI DER - I PF 200.00 | Total (lines 30 through 199)

Health Financial Systems	DEACONESS HOS	SPI TAL	In Lie	ı of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0082	Peri od:	Worksheet D
THROUGH COSTS			From 10/01/2019	Part IV

From 10/01/2019 | Part IV To 09/30/2020 | Date/Time Prepared: 4/28/2021 10:06 pm THROUGH COSTS

Non Physician Non Physicia							4/28/2021 10:	06 pm_
Anesthetist Cost Cost Cost Adjustments Adjustm								
ANCILLARY SERVICE COST CENTERS		Cost Center Description	Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
1.00 2A 2.00 3A 3.00			Anesthetist	Post-Stepdow	n	Post-Stepdown		
ANCILLARY SERVICE COST CENTERS			Cost	Adjustments		Adjustments		
50.00 05000 05ERATING ROOM 0 0 0 0 0 0 15,385 50.00			1.00	2A	2.00	3A	3. 00	
54.00 05400 RADI OLOGY-DI AGNOSTIC 0 0 0 0 0 0 0 0 0 54.00	ANCI	LLARY SERVICE COST CENTERS						
55. 00 05500 RADI OLOGY-THERAPEUTI C	50.00 0500	O OPERATING ROOM	0		0	0 0	15, 385	50.00
56. 00 05600 RADI OI SOTOPE 0 0 0 0 0 0 56. 00 57. 00 05700 CT SCAN 0 0 0 0 0 0 57. 00 58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 0 0 0 0 0 59. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 0 0 0 0 0 59. 00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 0 0 60. 00 06000 LABORATORY 0 0 0 0 0 0 0 63. 00 06300 BLODO STORI NG, PROCESSI NG, & TRANS. 0 0 0 0 0 64. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 0 0 65. 00 06500 RESPI RATORY THERAPY 0 0 0 0 0 0 65. 01 06501 PULMONARY REHAB 0 0 0 0 0 0 65. 01 06501 PULMONARY REHAB 0 0 0 0 0 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 66. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 67. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 67. 00 07200 IMPL DEV. CHARGED TO PATI ENTS 0 0 0 0 0 67. 00 07400 RENAL DI ALYSI S 0 0 0 0 0 67. 97 07697 CARDI AC RHABI LITATI ON 0 0 0 0 0 67. 97 07697 CARDI AC RHABI LITATI ON 0 0 0 0 67. 97 07697 CARDI AC RHABI LITATI C SERVI CES 0 0 0 0 67. 90. 00 09002 OUTPATI ENT SERVICE COST CENTERS 0 0 0 0 67. 97 07697 CARDI AC RHABI LITATI C SERVI CES 0 0 0 0 67. 97 07000 PHI MARY CARE FOR SENI ORS 0 0 0 0 67. 97 09005 PAIN MANAGEMENT 0 0 0 0 67. 97 09005 PAIN MANAGEMENT 0 0 0 0 0 67. 97 09005 PAIN MANAGEMENT 0 0 0 0 0 67. 97 09007 SLEEP CENTER 0 0 0 0 0 67. 97 09008 HEMATOLOGY 0 0 0 0 67. 90. 00 09008 HEMATOLOGY 0 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 67. 00 00 0 0	54.00 0540	OO RADI OLOGY-DI AGNOSTI C	0		0	0	0	54.00
56. 00 05600 RADI OI SOTOPE 0 0 0 0 0 0 56. 00 57. 00 05700 CT SCAN 0 0 0 0 0 0 57. 00 58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 0 0 0 0 0 59. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 0 0 0 0 0 59. 00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 0 0 60. 00 06000 LABORATORY 0 0 0 0 0 0 0 63. 00 06300 BLODO STORI NG, PROCESSI NG, & TRANS. 0 0 0 0 0 64. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 0 0 65. 00 06500 RESPI RATORY THERAPY 0 0 0 0 0 0 65. 01 06501 PULMONARY REHAB 0 0 0 0 0 0 65. 01 06501 PULMONARY REHAB 0 0 0 0 0 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 66. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 67. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 67. 00 07200 IMPL DEV. CHARGED TO PATI ENTS 0 0 0 0 0 67. 00 07400 RENAL DI ALYSI S 0 0 0 0 0 67. 97 07697 CARDI AC RHABI LITATI ON 0 0 0 0 0 67. 97 07697 CARDI AC RHABI LITATI ON 0 0 0 0 67. 97 07697 CARDI AC RHABI LITATI C SERVI CES 0 0 0 0 67. 90. 00 09002 OUTPATI ENT SERVICE COST CENTERS 0 0 0 0 67. 97 07697 CARDI AC RHABI LITATI C SERVI CES 0 0 0 0 67. 97 07000 PHI MARY CARE FOR SENI ORS 0 0 0 0 67. 97 09005 PAIN MANAGEMENT 0 0 0 0 67. 97 09005 PAIN MANAGEMENT 0 0 0 0 0 67. 97 09005 PAIN MANAGEMENT 0 0 0 0 0 67. 97 09007 SLEEP CENTER 0 0 0 0 0 67. 97 09008 HEMATOLOGY 0 0 0 0 67. 90. 00 09008 HEMATOLOGY 0 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 67. 00 0 0 0 0 67. 00 0 0 0 67. 00 00 0 0	55. 00 0550	OO RADI OLOGY-THERAPEUTI C	0		ol	0 0	0	55. 00
57. 00 05700 CT SCAN 0 0 0 0 0 0 0 0 57. 00 58. 00 05800 MAGNETI C RESONANCE IMAGI NG (MRI)	56. 00 0560	OO RADI OI SOTOPE	0		ol	0 0	0	56.00
58. 00	57. 00 0570	OO CT SCAN	0		ol	0 0	0	57.00
59.00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 6, 933 59.00			0		ol	0	0	
60. 00 06000 LABORATORY 0 0 0 0 0 0 0 60. 00 63. 00 63. 00 63.00 63.00 64. 00 06.00 1 NTRAVENOUS THERAPY 0 0 0 0 0 0 0 67.91 64. 00 65. 00 06500 RESPI RATORY THERAPY 0 0 0 0 0 0 0 0 65. 00 06500 RESPI RATORY THERAPY 0 0 0 0 0 0 0 0 0			0		ol	0	6. 933	
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS. 0 0 0 0 0 0 63. 00 64. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 0 67.91 65. 00 06500 RESPIRATORY THERAPY 0 0 0 0 0 0 65. 01 06501 PULMONARY REHAB 0 0 0 0 0 0 65. 01 06501 PULMONARY REHAB 0 0 0 0 0 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 67. 01 06600 PHYSI CAL THERAPY 0 0 0 0 68. 00 06600 PHYSI CAL THERAPY 0 0 0 0 69. 00 07000 ELECTROCARDI OLOGY 0 0 0 0 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 72. 00 07200 IMPL DEV. CHARGED TO PATIENTS 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 76. 97 07400 RENAL DI ALYSI S 0 0 0 0 76. 97 0017PATIENT SERVICE COST CENTERS 0 0 0 0 790. 01 09001 ELNI C 0 0 0 0 790. 02 09002 OUTPATIENT PSYCHI ATRIC SERVICES 0 0 0 0 790. 03 09003 CHEMO 0 0 0 790. 04 09004 PRI MARY CARE FOR SENIORS 0 0 0 0 790. 05 09005 PAI N MANAGEMENT 0 0 0 0 790. 06 09006 WOUND CARE 0 0 0 790. 07 09007 SLEEP CENTER 0 0 0 790. 08 09008 BLEMATOLOGY 0 0 0 790. 09 09008 ELECTROCARDIO O O O O O O O O O O O O O O O O O O			0			0		1
64. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 0 67.791 64. 00 65. 00 6500 RESPI RATORY THERAPY 0 0 0 0 0 0 65. 00 65. 00 6501 DULMONARY REHAB 0 0 0 0 0 0 0 65. 00 65. 01 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 0 0 66. 00 69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 0 0			0			0	l e	
65. 00			0			0		
65. 01 06501 PULMONARY REHAB 0 0 0 0 0 0 0 0 65. 01 66. 00 6600 PHYSI CAL THERAPY 0 0 0 0 0 0 0 0 66. 00 69. 00 660. 00 0 0 0 0 0 0 0 66. 00 69. 00 0 0 0 0 0 0 0 0 0 0 0 66. 00 0 0 0			0					
66. 00			0					
69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 285 69. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 71. 00 72. 00 07200 MPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 0			0					
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 446, 111 73. 00 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 0 0 74. 00 76. 97 07697 CARDI AC REHABILITATI ON 0 0 0 0 0 0 0 0 76. 97 OUTPATIENT SERVICE COST CENTERS 90. 00 09000 CLI NI C 0 0 0 0 0 0 90. 01 90. 01 09001 FAMILY PRACTI CE 0 0 0 0 0 0 0 90. 01 90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0 0 0 0 0 0 0 90. 02 90. 03 09003 CHEMO 0 0 0 0 0 0 0 0 90. 03 90. 04 09004 PRI MARY CARE FOR SENI ORS 0 0 0 0 0 0 0 90. 04 90. 05 09005 PAI N MANAGEMENT 0 0 0 0 0 0 2,897 90. 06 09006 WOUND CARE 0 0 0 0 0 0 0 0,90. 07 90. 07 09007 SLEEP CENTER			0					
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 446, 111 73. 00 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 0 0 74. 00 76. 97 07697 CARDIAC REHABILITATION 0 0 0 0 0 0 0 76. 97 OUTPATIENT SERVICE COST CENTERS 90. 00 09000 CLI NI C 0 0 0 0 0 0 90. 00 90. 01 09001 FAMILY PRACTICE 0 0 0 0 0 0 90. 01 90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0 0 0 0 0 0 0 90. 02 90. 03 09003 CHEMO 0 0 0 0 0 0 0 0 0 90. 03 90. 04 09004 PRI MARY CARE FOR SENI ORS 0 0 0 0 0 0 0 0 90. 04 90. 05 09005 PAI N MANAGEMENT 0 0 0 0 0 0 2, 897 90. 05 90. 06 09006 WOUND CARE 0 0 0 0 0 0 0 0 90. 07 90. 08 09008 HEMATOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							l .	
73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 446, 111 73. 00 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 0 0 74. 00 76. 97 07697 CARDI AC REHABI LI TATI ON 0 0 0 0 0 0 0 0 76. 97 OUTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C 0 0 0 0 0 0 0 0 90. 00 90. 01 09001 FAMI LY PRACTI CE 0 0 0 0 0 0 0 90. 01 90. 02 09002 OUTPATI ENT PSYCHI ATRI C SERVI CES 0 0 0 0 0 0 0 90. 02 90. 03 09003 CHEMO 0 0 0 0 0 0 0 0 90. 02 90. 04 09004 PRI MARY CARE FOR SENI ORS 0 0 0 0 0 0 0 90. 04 90. 05 09005 PAI N MANAGEMENT 0 0 0 0 0 0 237 90. 05 90. 06 09006 WOUND CARE 0 0 0 0 0 0 0 2, 897 90. 06 90. 07 09007 SLEEP CENTER 0 0 0 0 0 0 0 90. 07 90. 08 09008 HEMATOLOGY 0 0 0 0 0 0 0 0 90. 08								
74. 00							1	
76. 97 O7697 CARDI AC REHABILITATION O O O O O O O O O O O O O O O O O O							1	
OUTPATI ENT SERVI CE COST CENTERS O								
90. 00					<u>ol</u>	5	0	10.71
90. 01 09001 FAMILY PRACTICE 0 0 0 0 0 0 90. 01 90. 02 09002 0UTPATIENT PSYCHIATRIC SERVICES 0 0 0 0 0 90. 02 90. 03 09003 CHEMO 0 0 0 0 0 1,330 90. 03 90. 04 09004 PRI MARY CARE FOR SENIORS 0 0 0 0 0 90. 04 90. 05 09005 PAIN MANAGEMENT 0 0 0 0 237 90. 05 90. 06 09006 WOUND CARE 0 0 0 0 2,897 90. 06 90. 07 09007 SLEEP CENTER 0 0 0 0 0 90. 07 90. 08 09008 HEMATOLOGY 0 0 0 0 0 90. 08			1				0	an nn
90. 02					٦	٥		
90. 03								
90. 04 09004 PRI MARY CARE FOR SENI ORS 0 0 0 0 0 90. 04 90. 05 09005 PAI N MANAGEMENT 0 0 0 0 0 237 90. 05 90. 06 09006 WOUND CARE 0 0 0 0 0 0 90. 07 90. 08 09008 HEMATOLOGY 0 0 0 0 0 0 90. 08 90. 08 09008 DEPT CARE FOR SENI ORS 0 0 0 0 0 0 0 0 0								
90. 05 09005 PAI N MANAGEMENT 0 0 0 0 237 90. 05 90. 06 09006 WOUND CARE 0 0 0 0 0 2,897 90. 06 90. 07 09007 SLEEP CENTER 0 0 0 0 0 0 90. 07 90. 08 09008 HEMATOLOGY 0 0 0 0 0 0 90. 08							1	
90. 06 09006 WOUND CARE								
90. 07 09007 SLEEP CENTER 0 0 0 0 0 90. 07 90. 08 09008 HEMATOLOGY 0 0 0 0 0 90. 08							l .	
90. 08 09008 HEMATOLOGY 0 0 0 90. 08		•				0		
		•	0			0	-	
			0			0	-	
			0			0	1	
90. 10 09010 DI ABETES CENTER 0 0 0 90. 10			0			0		
91. 00 09100 EMERGENCY 0 0 81, 961 91. 00			0			0		
92. 00 09200 08SERVATI ON BEDS (NON-DI STI NCT PART) 0 89, 341 92. 00			1			-		
92. 01 09201 08SERVATI ON BEDS (DI STINCT PART) 0 0 0 59, 880 92. 01			1 0		UJ (υ 0	59, 880	J 92. 01
OTHER REIMBURSABLE COST CENTERS				1	al	_	_	
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 96. 00								
200.00 Total (lines 50 through 199) 0 0 0 711, 151 200.00	200.00	liotai (iines 50 through 199)	1 0	1	UJ (J 0	/11, 151	J200. 00

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

From 10/01/2019 | Part IV To 09/30/2020 | Date/Ti THROUGH COSTS Date/Time Prepared: 4/28/2021 10:06 pm Title XIX Hospi tal Total Charges Ratio of Cost Cost Center Description All Other Total Cost Total to Charges Medi cal (from Wkst. C, (sum of cols. Outpati ent Education Cost Part I, col. 1, 2, 3, and Cost (sum of l(col. 5 ÷ col 4) 8) col s. 2, 3, 7) and 4) (see instructions) 4.00 5.00 6.00 7. 00 8.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 15, 385 15, 385 467, 325, 013 0.000033 50.00 05400 RADI OLOGY-DI AGNOSTI C 0 105, 455, 886 0.000000 54.00 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0 0 0 93, 489, 761 0.000000 55.00 05600 RADI OI SOTOPE 56.00 O 33, 032, 960 0.000000 Ω 56 00 57.00 05700 CT SCAN C 0 171, 271, 310 0.000000 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 53, 065, 538 0.000000 58.00 05900 CARDIAC CATHETERIZATION 000000000000 137, 562, 163 0.000050 59 00 6 933 6 933 59 00 60.00 06000 LABORATORY C C 243, 047, 618 0.000000 60.00 63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 21, 617, 714 0.000000 63.00 06400 I NTRAVENOUS THERAPY 64.00 6, 791 6, 791 8, 153, 358 0.000833 64.00 81, 289, 580 06500 RESPIRATORY THERAPY 0 000000 65 00 65 00 0 06501 PULMONARY REHAB 65.01 C 0 422, 230 0.000000 65.01 06600 PHYSI CAL THERAPY 80, 690, 485 0.000000 66.00 0 66.00 06900 ELECTROCARDI OLOGY 69, 905, 177 0.000004 69.00 69.00 285 285 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 C 0 33, 838, 723 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 102, 757, 866 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 407, 193, 196 73.00 446, 111 446, 111 0.001096 73.00 74.00 07400 RENAL DIALYSIS 0 11, 696, 904 0.000000 74.00 0 07697 CARDIAC REHABILITATION 0 76.97 0 3, 717, 823 0.000000 76.97 OUTPATIENT SERVICE COST CENTERS 0 0.000000 90.00 09000 CLI NI C 4, 280, 598 90.00 0 09001 FAMILY PRACTICE 90.01 0 2, 839, 237 0.000000 90.01 0 09002 OUTPATIENT PSYCHIATRIC SERVICES O 90.02 6, 121, 938 0.000000 90 02 90.03 09003 CHEMO 00000000 1, 330 1, 330 27, 953, 228 0.000048 90.03 09004 PRIMARY CARE FOR SENIORS 941, 467 90. 04 0.000000 90.04 09005 PAIN MANAGEMENT 29, 302, 552 0.000008 90.05 90.05 237 237 90.06 09006 WOUND CARE 2,897 2,897 15, 773, 059 0.000184 90.06 90. 07 09007 SLEEP CENTER 8, 303, 983 0.000000 90.07 90.08 09008 HEMATOLOGY Ω 0 1, 972, 207 0.000000 90.08 09009 MULTI - SPECIALTY SERVICES 1, 253, 786 90 09 C 0 0.000000 90 09 90.10 09010 DIABETES CENTER 608, 816 0.000000 90.10 09100 EMERGENCY 0 91.00 81, 961 81, 961 249, 256, 691 0.000329 91.00 0 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 89, 341 89.341 18, 132, 059 0.004927 92.00 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 59,880 59,880 16, 223, 262 0.003691 92.01

711, 151

35, 363, 773

711, 151 2, 543, 859, 961

0.000000

96.00

200.00

OTHER REIMBURSABLE COST CENTERS
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED

Total (lines 50 through 199)

200.00

Health Fin	Health Financial Systems		DEACONESS HOSPI TAL			In Lieu of Form CMS-2552-10		
APPORTI ON	MENT OF INPATIENT/OUTPATIEN	IT ANCILLARY SERVICE	OTHER PASS	Provider CCN: 15-0082	Peri od:	Worksheet D		

From 10/01/2019 Part IV THROUGH COSTS 09/30/2020 Date/Time Prepared: 4/28/2021 10:06 pm Title XIX Hospi tal PPS Outpati ent Outpati ent Cost Center Description Inpatient Inpati ent Outpati ent Ratio of Cost Program Program Program Program to Charges Pass-Through Pass-Through Charges Charges Costs (col. $(col. 6 \div col$ Costs (col. x col. 12) 13.00 7) x col. 10) 11.00 9.00 10.00 12.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.000033 4, 042, 949 133 0 50.00 0 05400 RADI OLOGY-DI AGNOSTI C 54.00 0.000000 762, 741 C 0 54.00 05500 RADI OLOGY-THERAPEUTI C 0.000000 340, 699 0 55.00 55.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 56.00 05600 RADI OI SOTOPE 0.000000 118, 804 0 56.00 0 05700 CT SCAN 0.000000 57.00 1, 398, 579 0 57.00 0 05800 MAGNETIC RESONANCE I MAGING (MRI) 58.00 0.000000 327, 237 0 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.000050 1, 386, 389 69 0 59.00 2, 367, 453 06000 LABORATORY 0.000000 0 60.00 60 00 0 06300 BLOOD STORING, PROCESSING, & TRANS. 0 63.00 0.000000 405, 063 0 63.00 64.00 06400 INTRAVENOUS THERAPY 0.000833 309, 542 258 0 64.00 06500 RESPIRATORY THERAPY 65.00 0.000000 2, 341, 192 0 0 65.00 06501 PULMONARY REHAB 0.000000 0 65 01 65 01 0 66.00 06600 PHYSI CAL THERAPY 0.000000 1, 286, 570 0 0 66.00 06900 ELECTROCARDI OLOGY 0.000004 2 69.00 69.00 528, 210 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 428.711 71.00 71 00 0 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 928, 628 0 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.001096 5, 697, 601 6, 245 0 73.00 07400 RENAL DIALYSIS 74.00 0.000000 339, 496 0 0 74.00 07697 CARDIAC REHABILITATION 0.000000 0 76. 97 76. 97 0 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0.000000 0 0 90.00 0 90. 01 09001 FAMILY PRACTICE 0.000000 427 0 0 0 0 0 0 0 0 0 0 90.01 0 09002 OUTPATIENT PSYCHIATRIC SERVICES 90 02 0.000000 90 02 C 0 90.03 09003 CHEMO 0.000048 0 0 90.03 09004 PRIMARY CARE FOR SENIORS 0.000000 0 0 90.04 90.04 0 90.05 09005 PAIN MANAGEMENT 0.000008 0 90.05 0 09006 WOUND CARE 90. 06 0.000184 128, 435 24 90.06 0 90.07 09007 SLEEP CENTER 0.000000 0 0 90.07 09008 HEMATOLOGY 0.000000 0 90.08 90.08 125 90.09 09009 MULTI - SPECIALTY SERVICES 0.000000 0 0 90.09 125 09010 DIABETES CENTER 0 90.10 90.10 0.000000 0 91.00 09100 EMERGENCY 0.000329 2, 947, 485 970 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) o 92.00 0.004927 130, 411 643 0 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 117, 236 92.01 0.003691 0 0 92.01 433 OTHER REIMBURSABLE COST CENTERS 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 96.00

26, 334, 108

8, 777

0 200.00

200.00

Total (lines 50 through 199)

Heal th	n Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORT	TIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der Co		Period: From 10/01/2019 To 09/30/2020	Worksheet D Part V Date/Time Pre 4/28/2021 10:	
			Ti +I	e XIX	Hospi tal	PPS	oo piii
			11 (1	Charges	поэрт саг	Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
	oost denter beson peron	Ratio From	Services (see		Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not	(,	
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.			
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0. 224500	0		0 2, 685, 076	0	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 147625	0)	0 1, 514, 770	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 165388	0)	0 1, 410, 241	0	55. 00
56.00	05600 RADI OI SOTOPE	0. 086283	0)	0 174, 149	0	56. 00
57.00	05700 CT SCAN	0. 045792	0)	0 2, 371, 416	0	57. 00
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 111477	0)	0 461, 595	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 140609	0)	0 316, 102	0	59. 00
60.00	06000 LABORATORY	0. 196402	0)	0 2, 997, 519	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0. 232257	0	1	0 116, 039	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	0. 386354	0	1	0 22, 341	0	64. 00
65.00	06500 RESPI RATORY THERAPY	0. 100460	0	1	0 142, 401	0	65. 00
65. 01	06501 PULMONARY REHAB	0. 820491	0	1	0	0	65. 01
66.00	06600 PHYSI CAL THERAPY	0. 150426	0	1	0 133, 724	0	66. 00
69.00	06900 ELECTROCARDI OLOGY	0. 093518	0)	0 281, 589	0	69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 295629	0	1	0 172, 260	0	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 342730	0		0 337, 187	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 258282	0)	0 1, 691, 996	0	73. 00
74.00	07400 RENAL DIALYSIS	0. 188320	0)	0 33, 460	0	74. 00
76. 97	07697 CARDIAC REHABILITATION	0. 282389	0)	0 13, 834	0	76. 97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0. 888681	0		0 19, 386	0	90. 00
90. 01	09001 FAMILY PRACTICE	0. 648394	0		0 148, 605	0	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 235351	0		0 34, 398	0	90. 02
90. 03	09003 CHEMO	0. 111515	0		0 197, 394	0	90. 03
90. 04	09004 PRIMARY CARE FOR SENIORS	1. 545369	0		0	0	90. 04
90. 05	09005 PAIN MANAGEMENT	0. 159717	0		0 157, 381	0	90. 05
90. 06	09006 WOUND CARE	0. 177249	0		0 130, 596	0	90. 06
90. 07	09007 SLEEP CENTER	0. 413424	0		91, 195	0	90. 07
90. 08	09008 HEMATOLOGY	0. 561559	0		0 17, 035	0	90. 08
90. 09	09009 MULTI -SPECIALTY SERVICES	0. 733208	0)	0 13, 527	0	90. 09
90. 10	09010 DI ABETES CENTER	0. 628285	0)	0 3, 500	0	90. 10
91. 00	09100 EMERGENCY	0. 127104	0		0 6, 899, 766	0	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 496046	0		0 494, 705	0	92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 541653	0		0 308, 823	0	92. 01
	OTHER REIMBURSABLE COST CENTERS	,			_		
96. 00	+ I	0. 344468		1	0	0	
200.00			0	1	0 23, 392, 010	0	200. 00
201.00					0		201. 00
000 5	Only Charges		_		00 000 5:-	=	000 00
202.00	Net Charges (line 200 - line 201)	1	0	1	0 23, 392, 010	0	202. 00

In Lieu of Form CMS-2552-10
Worksheet D
01/2019 Part V
00/2020 Date/Time Prepared:
4/28/2021 10:06 pm
tal PPS Heal th FinancialSystemsDEACONESSAPPORTIONMENT OFMEDICAL, OTHER HEALTH SERVICES AND VACCINE COST DEACONESS HOSPITAL Provider CCN: 15-0082 Peri od: From 10/01/2019 To 09/30/2020 Title XIX Hospi tal Costs

		00,	313	4
	Cost Center Description	Cost	Cost	
	·	Rei mbursed	Rei mbursed	
		Servi ces	Services Not	
		Subject To	Subject To	
		Ded. & Coins.	Ded. & Coins.	
		(see inst.)	(see inst.)	
		6.00	7.00	
	ANCILLARY SERVICE COST CENTERS			Г
50.00	05000 OPERATING ROOM	0	602, 800	7 5
54.00		0	223, 618	5
55. 00		0	233, 237	5
56.00		0	15, 026	5
57. 00		0	108, 592	5
58. 00		0	51, 457	5
59. 00		0	44, 447	5
60. 00			588, 719	6
63. 00			26, 951	6
64. 00			8, 632	6
65. 00	• • • • • • • • • • • • • • • • • • •		14, 306	6
65. 01		0	14, 300	6
66. 00		0	20, 116	6
		0		
69. 00		0	26, 334	7
71.00		0	50, 925	
72. 00		0	115, 564	7
	07300 DRUGS CHARGED TO PATIENTS	0	437, 012	7
74.00		0	6, 301	7
76. 97	07697 CARDI AC REHABI LI TATI ON	0	3, 907	7
00.00	OUTPATIENT SERVICE COST CENTERS	1	47.000	١,
90.00		0	,	9
90. 01		0	96, 355	9
90. 02		0	8, 096	9
90. 03		0	22, 012	9
90. 04		0	0	9
90. 05		0	25, 136	9
90. 06		0	23, 148	9
90. 07		0	37, 702	9
90. 08		0	9, 566	9
90. 09		0	9, 918	9
90. 10		0	2, 199	9
91. 00		0	876, 988	9
92. 00		0	245, 396	9
92. 01		0	167, 275	9
	OTHER REIMBURSABLE COST CENTERS			
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	7 9
200.00	Subtotal (see instructions)	0	4, 118, 963	20
201.00	Less PBP Clinic Lab. Services-Program	0		20
	Only Charges			
202.00		0	4, 118, 963	20

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provi der Co	CN: 15-0082	Peri od:	Worksheet D	
		Component	CCN: 15-S082	From 10/01/2019 To 09/30/2020		
		Ti tl	e XIX	Subprovi der -	4/28/2021 10: PPS	<u>06 pm</u>
Cost Center Description	Capi tal	Total Charges	Doti o of Coo	IPF t Inpatient	Capital Costs	
cost center bescription		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col . 1 ÷ col		column 4)	
	Part II, col.	8)	2)	. Charges	COTUMN 4)	
	26)	0)	2)			
	1.00	2. 00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATING ROOM	12, 022, 821	467, 325, 013	0. 02572	7 0	0	50.00
		1 ' '				54.00
	2, 335, 510				14	55.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	779, 727		0.00834		0	
56. 00 05600 RADI OI SOTOPE	302, 633				0	56. 00
57. 00 05700 CT SCAN	1, 944, 818				13	
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	1, 866, 069				0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 497, 013				0	59. 00
60. 00 06000 LABORATORY	3, 501, 119				239	60. 00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	143, 682				0	63. 00
64.00 06400 INTRAVENOUS THERAPY	142, 591				0	64. 00
65. 00 06500 RESPIRATORY THERAPY	719, 183				0	65. 00
65. 01 06501 PULMONARY REHAB	48, 541				0	65. 01
66. 00 06600 PHYSI CAL THERAPY	511, 740		l .		0	66. 00
69. 00 06900 ELECTROCARDI OLOGY	980, 042				4	69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	264, 531	33, 838, 723	0. 00781	7 0	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	931, 107	102, 757, 866	0.00906	1 0	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	2, 715, 434	407, 193, 196	0. 00666	9 25, 632	171	73. 00
74.00 07400 RENAL DIALYSIS	70, 082	11, 696, 904	0.00599	1 0	0	74.00
76. 97 07697 CARDIAC REHABILITATION	167, 437	3, 717, 823	0. 04503	6 0	0	76. 97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	340, 999	4, 280, 598	0. 07966	2 0	0	90. 00
90. 01 09001 FAMILY PRACTICE	178, 997	2, 839, 237	0.06304	4 0	0	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	44, 241	6, 121, 938	0.00722	.7	0	90. 02
90. 03 09003 CHEMO	469, 446	27, 953, 228	0. 01679	4 0	0	90. 03
90. 04 09004 PRIMARY CARE FOR SENIORS	54, 865	941, 467	0. 05827	6 0	0	90. 04
90. 05 09005 PAI N MANAGEMENT	416, 829	29, 302, 552	0. 01422	5 0	0	90. 05
90. 06 09006 WOUND CARE	177, 792	15, 773, 059	0. 01127	2 0	0	90.06
90. 07 09007 SLEEP CENTER	247, 905				0	90. 07
90. 08 09008 HEMATOLOGY	117, 861				0	90. 08
90. 09 09009 MULTI -SPECIALTY SERVICES	211, 362				o o	90. 09
90. 10 09010 DI ABETES CENTER	11, 184				o o	90. 10
91. 00 09100 EMERGENCY	2, 270, 768		l .		361	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,270,700		l .		0	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	1, 083, 837				o o	
OTHER REIMBURSABLE COST CENTERS	1,000,007	10, 220, 202	0.00000	<u> </u>		1 /2.01
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	686, 149	35, 363, 773	0. 01940	0	0	96. 00
200.00 Total (lines 50 through 199)	1	2, 543, 859, 961	l .	83, 976		200. 00
	1 22,200,010	, , , , , , , , , , , , , , , , , , , ,	1	55,776	1 302	

Health Financial Systems	DEACONESS HOS	PI TAL	In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0082 Component CCN: 15-S082	From 10/01/2019		
		Ti +I o VI V	Subprovi dor	DDC	

		Ti +I	e XIX	Subprovi der -	PPS	oo piii
		11.61	C XIX	IPF	110	
Cost Center Description	Non Physician	Nursing School	Nursi na School		Allied Health	
	Anesthetist	Post-Stepdown	l and a second	Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS		'	'			
50. 00 05000 OPERATING ROOM	C	0) (0	15, 385	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		ol o		0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C		ol o		0	0	55. 00
56. 00 05600 RADI 0I SOTOPE		ol o		0	0	56. 00
57. 00 05700 CT SCAN		ol o		0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)		ol o		0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON		ol o) (0	6, 933	59. 00
60. 00 06000 LABORATORY		ol o) (0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.		ol o) (0	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY				0	6, 791	64.00
65. 00 06500 RESPIRATORY THERAPY				0	0	65.00
65. 01 06501 PULMONARY REHAB				0	0	65. 01
66. 00 06600 PHYSI CAL THERAPY				0	0	66. 00
69. 00 06900 ELECTROCARDI OLOGY				0	285	69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				0	0	71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS					0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS				0	446, 111	
74. 00 07400 RENAL DI ALYSI S				0	0	74. 00
76. 97 07697 CARDI AC REHABI LI TATI ON				0	0	1
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0	0		0	0	90.00
90. 01 09001 FAMILY PRACTICE		ol o		0	0	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES		ol o		0	0	90. 02
90. 03 09003 CHEMO		ol o		0	1, 330	90. 03
90. 04 09004 PRIMARY CARE FOR SENIORS		ol o		0	0	90. 04
90. 05 09005 PAIN MANAGEMENT		ol o		0	237	90. 05
90. 06 09006 WOUND CARE		ol o		0	2, 897	90.06
90. 07 09007 SLEEP CENTER		ol o		0	0	90. 07
90. 08 09008 HEMATOLOGY		ol o		0	0	90. 08
90. 09 09009 MULTI -SPECIALTY SERVICES		ol o		0	0	90. 09
90. 10 09010 DI ABETES CENTER		ol o		0	0	90. 10
91. 00 09100 EMERGENCY		ol o		0	81, 961	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)		ol o		0	59, 880	92. 01
OTHER REIMBURSABLE COST CENTERS						1
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	C	0) (0	0	, 0. 00
200.00 Total (lines 50 through 199)	(c) o) (0	621, 810	200. 00

Hoal th	Financial Systems	DEACONESS	UOSDI TAI		In Lie	eu of Form CMS-2	2552 10
APPOR	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER H COSTS		S Provider CO	1	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV	pared:
			Ti tl	e XIX	Subprovi der -	PPS	оо рііі
	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	·	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
		Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
			4)	col s. 2, 3,	8)	7)	
				and 4)		(see	
						instructions)	
		4. 00	5. 00	6. 00	7. 00	8. 00	
	ANCI LLARY SERVI CE COST CENTERS						
50.00	05000 OPERATING ROOM	0					
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0			0 105, 455, 886	0.000000	
55. 00	05500 RADI OLOGY-THERAPEUTI C	0			93, 489, 761	0.000000	
56. 00	05600 RADI OI SOTOPE	0	0		33, 032, 960	0.000000	
57. 00	05700 CT SCAN	0	0		0 171, 271, 310	0.000000	1
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		53, 065, 538	0.000000	
59. 00	05900 CARDI AC CATHETERI ZATI ON	0				0. 000050	
60.00	06000 LABORATORY	0	0		243, 047, 618	0.000000	
63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		21, 617, 714	0.000000	
64. 00	06400 I NTRAVENOUS THERAPY	0	0, , , .	6, 79		0. 000833	
65. 00	06500 RESPI RATORY THERAPY	0	0		81, 289, 580	0.000000	1
65. 01	06501 PULMONARY REHAB	0	0		0 422, 230	0.000000	
66.00	06600 PHYSI CAL THERAPY	0	0		80, 690, 485	0.000000	
69. 00	06900 ELECTROCARDI OLOGY	0	285			0.000004	1
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		33, 838, 723	0.000000	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		102, 757, 866	0.000000	
73.00	07300 DRUGS CHARGED TO PATIENTS	0		446, 11		0.001096	
74.00	07400 RENAL DIALYSIS	0			11, 696, 904	0.000000	
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0		3, 717, 823	0.000000	76. 97
00.00	OUTPATIENT SERVICE COST CENTERS				4 000 500	0.00000	
90. 00 90. 01	09000 CLINIC	0 0			4, 280, 598 2, 839, 237		
90.01	09001 FAMILY PRACTICE 09002 OUTPATIENT PSYCHIATRIC SERVICES					0.000000	
90. 02	09002 OUTPATTENT PSYCHIATRIC SERVICES				-,,	0. 000000 0. 000048	
90. 03	09004 PRIMARY CARE FOR SENIORS		1, 330		27, 953, 228 941, 467	0.000048	
90.04	09004 PRIMARY CARE FOR SENTORS	0	237		· ·	0.00000	
90.05	09006 WOUND CARE			2. 89		0.00008	
90.08	09007 SLEEP CENTER	0	2, 697	,	8, 303, 983	0.000184	
90.07	09007 SLEEP CENTER 09008 HEMATOLOGY	0	0		0, 303, 963	0.00000	
90.08	09009 MULTI -SPECIALTY SERVICES		0		1, 472, 207	0.00000	1
90. 10	09010 DI ABETES CENTER		0		608, 816	0.000000	
91. 00	09100 EMERGENCY					0.000329	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				18, 132, 059	0.000329	
92. 01	09201 OBSERVATION BEDS (NON-DISTINCT PART)					0.003691	
/Z. UI	OTHER REIMBURSABLE COST CENTERS		1 37,000	37,000	0, 223, 202	0.003071	1 /2.01
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	1 0	0		35, 363, 773	0.000000	96. 00
200.00	1 1	0			2, 543, 859, 961		200.00
	, (22 cm oag)		52.,510	02.,01	-, -, , 55 , , 76 1	1	,

	Cost Center Description		Component (`CN: 15_SO22	From 10/01/2019		w of Form CMS-2552-10 Worksheet D Part IV	
	Cost Center Description			JOIN. 13-3002	To 09/30/2020	Date/Time Prepared: 4/28/2021 10:06 pm		
	Cost Center Description		Ti tl	e XIX	Subprovi der - I PF	PPS	<u></u>	
		Outpati ent	Inpatient	I npati ent	Outpati ent	Outpati ent		
		Ratio of Cost	Program	Program	Program	Program		
		to Charges	Charges	Pass-Through		Pass-Through		
		(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9		
		7)	10. 00	x col. 10) 11.00	12.00	x col . 12) 13.00		
12	ANCILLARY SERVICE COST CENTERS	9.00	10.00	11.00	12.00	13.00		
	D5000 OPERATING ROOM	0. 000033	0		0 0	0	50.00	
	05400 RADI OLOGY-DI AGNOSTI C	0. 000000	649		0 0	0	54.00	
	05500 RADI OLOGY-THERAPEUTI C	0. 000000	047			0	55.00	
	05600 RADI OI SOTOPE	0. 000000	0		0 0	0		
	05700 CT SCAN	0. 000000	1, 147		0 0	0		
	D5800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	0		0 0	0		
	D5900 CARDI AC CATHETERI ZATI ON	0. 000050	0		0	0		
	06000 LABORATORY	0. 000000	16, 624		0 0	0	60.00	
	06300 BLOOD STORING, PROCESSING, & TRANS.	0. 000000	10, 02 1		0 0	0	63.00	
	06400 I NTRAVENOUS THERAPY	0. 000833	0		0 0	0		
	06500 RESPIRATORY THERAPY	0. 000000	0		0 0	0		
	06501 PULMONARY REHAB	0. 000000	0		0 0	0		
	06600 PHYSI CAL THERAPY	0. 000000	0		0 0	0		
	06900 ELECTROCARDI OLOGY	0. 000004	312		0 0	0	69. 00	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	0		0 0	0		
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	o		0 0	0	72. 00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 001096	25, 632	2	28 0	0	73. 00	
74.00	07400 RENAL DIALYSIS	0. 000000	0		0 0	0	74. 00	
	07697 CARDIAC REHABILITATION	0. 000000	0		0 0	0	76. 97	
(OUTPATIENT SERVICE COST CENTERS]	
90.00	09000 CLI NI C	0. 000000	0		0 0	0	90.00	
90. 01	09001 FAMILY PRACTICE	0. 000000	0		0 0	0	90. 01	
	09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 000000	0		0	0	90. 02	
	09003 CHEMO	0. 000048	0		0	0	90. 03	
	09004 PRIMARY CARE FOR SENIORS	0. 000000	0		0	0	90. 04	
	09005 PAIN MANAGEMENT	0. 000008	0		0	0		
	09006 WOUND CARE	0. 000184	0		0	0		
	09007 SLEEP CENTER	0. 000000	0		0	0		
	09008 HEMATOLOGY	0. 000000	0		0 0	0		
	09009 MULTI -SPECIALTY SERVICES	0. 000000	0		0 0	0		
	09010 DI ABETES CENTER	0. 000000	0		0 0	0	90. 10	
	09100 EMERGENCY	0. 000329	39, 612	•	13 0	0		
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0		0 0	0		
	09201 OBSERVATION BEDS (DISTINCT PART)	0. 003691	0		0 0	0	92. 01	
	OTHER REIMBURSABLE COST CENTERS	0.000000	51				0, 00	
96. 00 200. 00	D9600 DURABLE MEDICAL EQUIP-RENTED Total (lines 50 through 199)	0. 000000	0 83, 976		0 41 0	0	96. 00 200. 00	

Health Financial Systems	DEACONESS HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0082	Peri od: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/28/2021 10:06 pm
	Title XVIII	Hospi tal	PPS

			10 077 007 2020	4/28/2021 10:	06 pm
		Title XVIII	Hospi tal	PPS	
	Cost Center Description				
				1. 00	
	PART I - ALL PROVIDER COMPONENTS				
	I NPATI ENT DAYS		1		
1.00	Inpatient days (including private room days and swing-bed days			120, 660	1.00
2.00	Inpatient days (including private room days, excluding swing-			120, 660	2.00
3. 00	Private room days (excluding swing-bed and observation bed day	(s). If you have only pr	ivate room days,	0	3. 00
4 00	do not complete this line.	ad daya)		111 144	4 00
4.00	Semi-private room days (excluding swing-bed and observation be		. 21 -6	111, 144	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roomsting period	om days) through becembe	1 31 01 the cost	0	5. 00
6. 00	reporting period Total swing-bed SNF type inpatient days (including private roo	om days) after December	21 of the cost	0	6. 00
6.00	reporting period (if calendar year, enter 0 on this line)	om days) after becember	31 Of the Cost	U	6.00
7.00	Total swing-bed NF type inpatient days (including private roor	days) through December	31 of the cost	0	7. 00
7.00	reporting period	r days) through becomber	31 01 1110 0031	١	7.00
8.00	Total swing-bed NF type inpatient days (including private roor	days) after December 3	1 of the cost	o	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)	. days, a. te. Beesinger e	. 0	1	0.00
9.00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	44, 298	9. 00
	newborn days) (see instructions)			1	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days)	0	10.00
	through December 31 of the cost reporting period (see instruc-				
11.00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days) after	0	11. 00
	December 31 of the cost reporting period (if calendar year, en		-		
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including private	e room days)	0	12.00
	through December 31 of the cost reporting period			,	
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI)			0	13. 00
44.00	after December 31 of the cost reporting period (if calendar ye				44.00
14. 00	Medically necessary private room days applicable to the Progra	am (excluding swing-bed	days)	0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16. 00	Nursery days (title V or XIX only)			0	16. 00
17 00	SWING BED ADJUSTMENT	os through Dosombor 21 o	f the cost	0.00	17. 00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through becember 31 o	i the cost	0.00	17.00
18. 00	Medicare rate for swing-bed SNF services applicable to service	0.00	18. 00		
.0.00	reporting period	or arter becomber or er		1	
19.00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19. 00
	reporting period	9			
20.00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0.00	20.00
	reporting period				
21. 00	Total general inpatient routine service cost (see instructions			114, 045, 450	
22. 00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost report	ing period (line	0	22. 00
23. 00	5 x line 17)	21 of the cost momentin	a nominal (line (0	23. 00
23.00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	g period (Title o) 	23.00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24. 00
21.00	7 x line 19)	or or the cost reportin	ng perrou (rrne	١	21.00
25.00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00
	x line 20)				
26.00	Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		114, 045, 450	27. 00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)	0	
29. 00	Private room charges (excluding swing-bed charges)			0	
30.00	Semi -pri vate room charges (excluding swing-bed charges)			0	30. 00
31. 00	General inpatient routine service cost/charge ratio (line 27	- line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	us line 22) (see instrue	+: ana)	0.00	
34. 00	Average per diem private room charge differential (line 32 min	, ,	tions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)	0.00			
36.00			36.00		
37. 00	General inpatient routine service cost net of swing-bed cost a 27 minus line 36)	and private room cost di	ilerentiai (ilile	114, 045, 450	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see			945. 18	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line			41, 869, 584	
40. 00	Medically necessary private room cost applicable to the Progra	,		0	40. 00
41.00	Total Program general inpatient routine service cost (line 39	•		41, 869, 584	41. 00
		•	'		

	ATLAN OF LUBATIENT OBESITIONS ASSET		HOSPI TAL	AL 45		u of Form CMS-2	
OMPUT	ATION OF INPATIENT OPERATING COST		Provi der C	CN: 15-0082	Peri od: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Pre 4/28/2021 10:	pared
				XVIII	Hospi tal	PPS	
	Cost Center Description	Total Inpatient Cost		col . 2)	÷	Program Cost (col. 3 x col. 4)	
2 00	NUDCEDY (+:+1 - V 0 VIV1.)	1. 00	2. 00	3. 00	4. 00	5. 00	12.6
2.00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Unit	S					42.0
3. 00	INTENSIVE CARE UNIT	24, 717, 699	17, 364	1, 423.	50 6, 522	9, 284, 067	43.0
4. 00	CORONARY CARE UNIT	5, 881, 227	4, 351	1, 351.	70 1, 772	2, 395, 212	
5.00	BURN INTENSIVE CARE UNIT						45.0
	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						46. 0 47. 0
7.00	Cost Center Description						47.0
0.00	lp :	W 1 D 0 1 0	1. 222)			1. 00	10.
8.00	Program inpatient ancillary service cost (W Total Program inpatient costs (sum of lines			ns)		78, 043, 554 131, 592, 417	1
	PASS THROUGH COST ADJUSTMENTS	.		,			
0.00	Pass through costs applicable to Program ir	npatient routine	services (from	Wkst. D, su	m of Parts I and	6, 545, 143	50.0
1. 00	Pass through costs applicable to Program in	npatient ancillar	y services (fr	om Wkst. D,	sum of Parts II	5, 729, 220	51.
	and IV)	•					
3. 00 3. 00	Total Program excludable cost (sum of lines Total Program inpatient operating cost excl		lated non nh	sician anoc+	hatist and	12, 274, 363 119, 318, 054	
3.00	medical education costs (line 49 minus line	9 1	rated, non-pris	Si Ci ali allesti	netist, and	117, 316, 034	55.
	TARGET AMOUNT AND LIMIT COMPUTATION						
4. 00 5. 00	Program discharges Target amount per discharge					0 0. 00	
6. 00	Target amount (line 54 x line 55)					0.00	1
7. 00	Difference between adjusted inpatient opera	nting cost and ta	rget amount (I	ine 56 minus	line 53)	0	1
8.00	Bonus payment (see instructions)						
9. 00	Lesser of lines 53/54 or 55 from the cost r market basket	reporting period	enaing 1996, t	paatea ana c	ompounded by the	0. 00	59.
0. 00	Lesser of lines 53/54 or 55 from prior year					0.00	60.
1. 00	If line 53/54 is less than the lower of lin					0	61.
	which operating costs (line 53) are less the amount (line 56), otherwise enter zero (see		s (lines 54 x	60), or 1% o	f the target		
2. 00							62.
3. 00							63.
4. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine co	osts through Dece	mher 31 of the	cost report	ing period (See	0	64.
1. 00	instructions) (title XVIII only)	ots through beec		cost report	ing period (see	Ŭ	0 1.
5. 00	Medicare swing-bed SNF inpatient routine co	sts after Decemb	er 31 of the d	ost reportin	g period (See	0	65.
6. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient rout	ine costs (line	64 plus line 6	5)(title XVI	II only) For	0	66.
0. 00	CAH (see instructions)		o. p. do	0) (1. 1. 0 /11.			00.
7. 00	Title V or XIX swing-bed NF inpatient routi	ne costs through	December 31 c	f the cost r	eporting period	0	67.
8. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routi	ne costs after D	ecember 31 of	the cost rep	ortina period	0	68.
	(line 13 x line 20)			·	· · · · · · · · · · · · · · · · ·		
9. 00	Total title V or XIX swing-bed NF inpatient					0	69.
0. 00	PART III - SKILLED NURSING FACILITY, OTHER Skilled nursing facility/other nursing faci)		70.
1. 00	Adjusted general inpatient routine service				,		71.
2.00	Program routine service cost (line 9 x line		(line 14 ·· !!	no 3E)			72.
3. 00 4. 00	Medically necessary private room cost appli Total Program general inpatient routine ser			ne 35)			73. 74.
5. 00	Capital -related cost allocated to inpatient			orksheet B, I	Part II, column		75.
	26, line 45)						
6. 00 7. 00	Per diem capital-related costs (line 75 ÷ l Program capital-related costs (line 9 x lir	,					76. 77.
8. 00	Inpatient routine service cost (line 74 mir						78.
9. 00	Aggregate charges to beneficiaries for exce	ess costs (from p		*.			79.
0.00	Total Program routine service costs for com	•	ost limitation	(line 78 mi	nus line 79)		80.
1. 00 2. 00	Inpatient routine service cost per diem lim Inpatient routine service cost limitation ()				81. 82.
3. 00	Reasonable inpatient routine service costs						83.
4. 00	Program inpatient ancillary services (see i	nstructions)					84.
5.00	Utilization review - physician compensatior Total Program inpatient operating costs (su						85. 86.
J. UU	PART IV - COMPUTATION OF OBSERVATION BED PA		rough 65)				- 00.
						9, 516	1 27
7. 00 8. 00	Total observation bed days (see instruction Adjusted general inpatient routine cost per					945. 18	1

Health Financial Syst	DEACONESS HOSPITAL			In Lieu of Form CMS-2552-1			
COMPUTATION OF INPATI		Provider CO		Peri od:	Worksheet D-1		
					From 10/01/2019 To 09/30/2020		
			Title	XVIII	Hospi tal	PPS	
Cost Cent	ter Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
			(from line 21)	column 2	Observati on	Bed Pass	
					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
						4) (see	
						instructions)	
		1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF	OBSERVATION BED PASS THROUGH (COST					
90. 00 Capi tal -rel ate	ed cost	13, 437, 172	114, 045, 450	0. 11782	8, 994, 333	1, 059, 739	90.00
91.00 Nursing School	cost	0	114, 045, 450	0.00000	0 8, 994, 333	0	91.00
92.00 Allied health	cost	1, 132, 870	114, 045, 450	0.00993	8, 994, 333	89, 341	92.00
93.00 All other Medi	cal Education	0	114, 045, 450	0.00000	8, 994, 333	0	93. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0082	Peri od: From 10/01/2019	Worksheet D-1
	Component CCN: 15-S082	To 09/30/2020	Date/Time Prepared: 4/28/2021 10:06 pm
	Title XVIII	Subprovi der -	PPS

		litie XVIII	Subprovider -	PPS	
	Cost Center Description				
	DART A ALL DROWNER COMPONENTS			1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days	s excluding newborn)		1, 635	1. 00
2. 00	Inpatient days (including private room days, excluding swing-l			1, 635	
3.00	Private room days (excluding swing-bed and observation bed day		ivate room days,	0	3. 00
	do not complete this line.		-		
4.00	Semi-private room days (excluding swing-bed and observation be			1, 635	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private roof reporting period	om days) through Decembe	er 31 of the cost	0	5. 00
6. 00	Total swing-bed SNF type inpatient days (including private ro	om days) after December	31 of the cost	0	6. 00
0.00	reporting period (if calendar year, enter 0 on this line)	om days) arter becomber	01 01 1110 0031	,	0.00
7.00	Total swing-bed NF type inpatient days (including private room	m days) through December	31 of the cost	0	7. 00
	reporting period			_	
8. 00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	m days) after December 3	11 of the cost	0	8. 00
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	625	9. 00
	newborn days) (see instructions)	3 (,		
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII on	nly (including private r	oom days)	0	10. 00
11 00	through December 31 of the cost reporting period (see instruc Swing-bed SNF type inpatient days applicable to title XVIII on	tions) alv. (including private r	com douch ofter	0	11. 00
11. 00	December 31 of the cost reporting period (if calendar year, en		oom days) arter	١	11.00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12. 00
	through December 31 of the cost reporting period		-		
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI			0	13. 00
14. 00	after December 31 of the cost reporting period (if calendar you Medically necessary private room days applicable to the Progra			0	14. 00
15. 00	Total nursery days (title V or XIX only)	dir (exer during swring bed	days)	o o	15. 00
16.00	Nursery days (title V or XIX only)			0	
	SWING BED ADJUSTMENT				
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 c	of the cost	0. 00	17. 00
18. 00	reporting period Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18. 00
	reporting period				
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	0. 00	19. 00		
20. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0. 00	20. 00
21. 00	reporting period Total general inpatient routine service cost (see instructions	5)		1, 057, 859	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December		ing period (line	0	
	5 x line 17)	•			
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	g period (line 6	0	23. 00
24. 00	x line 18) Swing-bed cost applicable to NF type services through December	r 31 of the cost reporti	na period (line	0	24. 00
	7 x line 19)				
25. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00
26. 00	x line 20) Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		1, 057, 859	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	,			
	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)		28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	
30. 00 31. 00	Semi-private room charges (excluding swing-bed charges)	. line 20)		0. 000000	30.00
32.00	General inpatient routine service cost/charge ratio (line 27	- Title 20)			
33. 00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00 0. 00	
34. 00	Average per diem private room charge differential (line 32 mi)	nus line 33)(see instruc	etions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x line)		. (1 0113)	0.00	
36. 00	Private room cost differential adjustment (line 3 x line 35)	16 01)		0.00	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	1, 057, 859	
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	ICTMENTS			
38. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU Adjusted general inpatient routine service cost per diem (see			647. 01	38. 00
39. 00	Program general inpatient routine service cost per drein (see			404, 381	
40. 00	Medically necessary private room cost applicable to the Progra			0	
41. 00	Total Program general inpatient routine service cost (line 39	+ line 40)		404, 381	41. 00

	Financial Systems	DEACONESS		CN: 1F 0002		u of Form CMS-2	
WPU I	ATION OF INPATIENT OPERATING COST			CN: 15-0082 CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prep	
			·			4/28/2021 10:0	
			Ti tl e	e XVIII	Subprovi der - I PF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	Inpatient Days		÷	(col. 3 x col.	
		1.00	2.00	col . 2) 3.00	4. 00	4) 5. 00	
. 00	NURSERY (title V & XIX only)	11.00	2.00	0.00	11.00	0.00	42
	Intensive Care Type Inpatient Hospital Units	T	T.		00		١.,
. 00	INTENSIVE CARE UNIT CORONARY CARE UNIT	0				0	
	BURN INTENSIVE CARE UNIT			0. (0		45
	SURGICAL INTENSIVE CARE UNIT						46
. 00	OTHER SPECIAL CARE (SPECIFY)						47
	Cost Center Description					1. 00	
. 00	Program inpatient ancillary service cost (Wk	st D-3 col 3	3 Line 200)			50, 077	48
	Total Program inpatient costs (sum of lines			ons)		454, 458	
	PASS THROUGH COST ADJUSTMENTS	, , , , , , , , , , , , , , , , , , ,	•	,			
. 00	Pass through costs applicable to Program inp	atient routine	services (from	າ Wkst. D, sum	m of Parts I and	39, 944	50
. 00	<pre>III) Pass through costs applicable to Program inp</pre>	atient ancillar	rv services (fi	om Wkst D «	sum of Parts II	2, 679	51
. 50	and IV)	acronic andfildl	y SCIVICES (II	om wikst. D, S	Jan Or FartS II	2,079	'
. 00	Total Program excludable cost (sum of lines					42, 623	
. 00	Total Program inpatient operating cost exclu		elated, non-phy	/sician anesth	netist, and	411, 835	53
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION	52)					
. 00	Program discharges					0	54
. 00	Target amount per discharge					0.00	
	Target amount (line 54 x line 55)					0	
	Difference between adjusted inpatient operat	ing cost and ta	arget amount (I	ine 56 minus	line 53)	0	
. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	norting period	ending 1006 u	indated and co	omnounded by the	0.00	
. 00	market basket	por tring period	enuring 1990, t	ipuateu anu co	onipounded by the	0.00	3
. 00	Lesser of lines 53/54 or 55 from prior year					0.00	60
. 00	If line 53/54 is less than the lower of line					0	61
	which operating costs (line 53) are less tha amount (line 56), otherwise enter zero (see		ts (lines 54 x	60), or 1% of	f the target		
. 00	Relief payment (see instructions)	riisti ucti olis)				o	62
. 00	Allowable Inpatient cost plus incentive paym	ent (see instru	uctions)			Ö	
	PROGRAM INPATIENT ROUTINE SWING BED COST						
. 00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts through Dece	ember 31 of the	cost reporti	ing period (See	0	64
. 00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	per 31 of the o	cost reporting	a period (See	o	65
	instructions)(title XVIII only)				9 1 (_	
. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line o	5)(title XVII	ll only). For	0	66
00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routin	o costs through	Docombor 21	of the cost re	operting period		67
. 00	(line 12 x line 19)	e costs tillougi	i becember 31 (i the cost re	eportring perrou	ا	0,
. 00	Title V or XIX swing-bed NF inpatient routin	e costs after [December 31 of	the cost repo	orting period	0	68
	(line 13 x line 20)			>		_	
. 00	Total title V or XIX swing-bed NF inpatient		`			. 0	69
. 00	PART III - SKILLED NURSING FACILITY, OTHER N Skilled nursing facility/other nursing facil)		70
. 00	Adjusted general inpatient routine service c				•		71
. 00	Program routine service cost (line 9 x line			_			72
. 00	Medically necessary private room cost applic		•				73
. 00	Total Program general inpatient routine serv Capital-related cost allocated to inpatient	,			Part II column		74
. 00	26, line 45)	TOURTHO SET VICE	. 50313 (11011111	orkandet b, r	art II, Corumili		'`
. 00	Per diem capital-related costs (line 75 ÷ li	,					76
. 00	Program capital -related costs (line 9 x line						77
	Inpatient routine service cost (line 74 minu Aggregate charges to beneficiaries for exces		orovider recor	ls)			78
	Total Program routine service costs for comp				nus line 79)		80
. 00	Inpatient routine service cost per diem limi			,	/		81
. 00	Inpatient routine service cost limitation (* .				82
. 00	Reasonable inpatient routine service costs (ns)				83
. 00	Program inpatient ancillary services (see in Utilization review - physician compensation		nns)				84
	Total Program inpatient operating costs (sum						86
23	PART IV - COMPUTATION OF OBSERVATION BED PAS						1
00	Total observation bed days (see instructions)				0	87
. 00	Adjusted general inpatient routine cost per	·				0.00	

Health Financial Systems DEACONESS HOS			HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTA	TION OF INPATIENT OPERATING COST		Provi der CO		Peri od:	Worksheet D-1	
					From 10/01/2019	D 1 (T' D	
			Component	CCN: 15-S082	To 09/30/2020	Date/Time Pre 4/28/2021 10:	
			Title	XVIII	Subprovi der -	PPS	оо рііі
			11 11 0	XVIII	IPF	110	
	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	
C	COMPUTATION OF OBSERVATION BED PASS THROUGH (
90.00	Capital-related cost	104, 493	1, 057, 859	0. 09877	78 0	0	90.00
91. 00	Nursing School cost	0	1, 057, 859	0. 00000	00	0	91. 00
92.00	Allied health cost	0	1, 057, 859	0. 00000	0 0	0	92.00
93.00	All other Medical Education	0	1, 057, 859	0.00000	0 0	0	93.00

Health Financial Systems	DEACONESS HOSPI TAL	In Lieu of Form CMS-2552-10			
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0082	Peri od: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Pre 4/28/2021 10:0		
	Title XIX	Hospi tal	PPS		
C+ C+					

		Title XIX	Hospi tal	4/28/2021 10: PPS	06 pm_
	Cost Center Description	TI LIE XIX	nospi tai	113	
	E			1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1.00 2.00 3.00	Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-bed and observation bed day do not complete this line.	vate room days,	120, 660 120, 660 0	1. 00 2. 00 3. 00	
4. 00 5. 00	Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private room reporting period		31 of the cost	111, 144 0	4. 00 5. 00
6. 00	Total swing-bed SNF type inpatient days (including private rooreporting period (if calendar year, enter 0 on this line)			0	6. 00
7. 00	Total swing-bed NF type inpatient days (including private roor reporting period	m days) through December	31 of the cost	0	7. 00
8. 00	Total swing-bed NF type inpatient days (including private roor reporting period (if calendar year, enter 0 on this line)	m days) after December 3	1 of the cost	0	8. 00
9. 00	Total inpatient days including private room days applicable to newborn days) (see instructions)	0	J	5, 473	9. 00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or through December 31 of the cost reporting period (see instruct	tions)		0	
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII on December 31 of the cost reporting period (if calendar year, et	nter O on this line)	3 ,	0	
12. 00 13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX			0	12. 00 13. 00
14. 00	after December 31 of the cost reporting period (if calendar ya Medically necessary private room days applicable to the Progra	ear, enter O on this line	e)	0	
15. 00	Total nursery days (title V or XIX only)	am (exer during eming zed t	<i>aay</i>	0	15. 00
16. 00	Nursery days (title V or XLX only) SWING BED ADJUSTMENT			0	16. 00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 of	f the cost	0.00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es after December 31 of	the cost	0. 00	18. 00
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	0. 00	19. 00		
20. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	0.00	20. 00		
21. 00 22. 00	Total general inpatient routine service cost (see instructions $Swing$ -bed cost applicable to SNF type services through December S x line 17)		ng period (line	114, 045, 450 0	21. 00 22. 00
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	g period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December $7 \times \text{line } 19)$	31 of the cost reportin	ng period (line	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December (x line 20) \times	31 of the cost reporting	period (line 8	0	
26. 00 27. 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		0 114, 045, 450	26. 00 27. 00
28. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed	d and observation bed cha	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)		3 ,	0	29. 00
30.00	Semi - pri vate room charges (excluding swing-bed charges)	line 20)		0 000000	30.00
31. 00 32. 00	General inpatient routine service cost/charge ratio (line 27 - Average private room per diem charge (line 29 ÷ line 3)	÷ 11 ne 28)		0. 000000 0. 00	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
34. 00	Average per diem private room charge differential (line 32 min	nus line 33)(see instruct	tions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x lin		,	0.00	
36.00	Private room cost differential adjustment (line 3 x line 35)	,		0	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost a 27 minus line 36)	and private room cost dit	fferential (line	114, 045, 450	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	ICTMENTS			
38. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU Adjusted general inpatient routine service cost per diem (see			945. 18	38. 00
39. 00	Program general inpatient routine service cost per drein (see	•		5, 172, 970	
40. 00	Medically necessary private room cost applicable to the Progra	•		0, 172, 770	40. 00
41. 00	Total Program general inpatient routine service cost (line 39			5, 172, 970	

	Financial Systems	DEACONESS I		ON 45		u of Form CMS-2	
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der C	CN: 15-0082	Peri od: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Pre 4/28/2021 10:	pared
				e XIX	Hospi tal	PPS	
	Cost Center Description	Total Inpatient Cost		Average Per Diem (col. 1 col. 2)		Program Cost (col. 3 x col. 4)	
12.00	NUDCEDY (+: +1 - V 0 VIV1.)	1.00	2. 00	3. 00	4. 00	5. 00	40.0
12.00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units						42.0
13. 00	INTENSIVE CARE UNIT	24, 717, 699	17, 364	1, 423.	50 856	1, 218, 516	43.0
4. 00	CORONARY CARE UNIT	5, 881, 227	4, 351	1, 351.	70 201	271, 692	
5. 00	BURN INTENSIVE CARE UNIT						45.0
	OTHER SPECIAL CARE (SPECIFY)						46. C
71.00	Cost Center Description						.,,
0.00	Dragger innetient ensillers conside east (WII	rot D 2 and 2	line 200)			1. 00 5, 057, 137	40.0
8. 00 9. 00	Program inpatient ancillary service cost (Wk Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS			ns)		11, 720, 315	1
0. 00	Pass through costs applicable to Program inp	patient routine	services (from	ı Wkst. D, su	m of Parts I and	814, 360	50.0
1. 00	Pass through costs applicable to Program inpland IV)	patient ancillar	y services (fr	om Wkst. D,	sum of Parts II	360, 257	51. (
2. 00	Total Program excludable cost (sum of lines					1, 174, 617	
3. 00	Total Program inpatient operating cost exclumedical education costs (line 49 minus line		lated, non-phy	rsician anest	hetist, and	10, 545, 698	53.0
4. 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54. (
5. 00	Target amount per discharge					-	55. 0
6. 00	Target amount (line 54 x line 55)				50)	0	
7. 00 8. 00	Difference between adjusted inpatient operat Bonus payment (see instructions)	ing cost and ta	rget amount (I	ine 56 minus	line 53)	0	
9. 00	Lesser of lines 53/54 or 55 from the cost re	porting period	endi ng 1996, u	pdated and c	ompounded by the	0.00	
	market basket			•			
0. 00 1. 00	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of line					0. 00 0	1
1.00	which operating costs (line 53) are less that					0	01.
	amount (line 56), otherwise enter zero (see		- (g		
2.00	1 3 ,						62. 63.
3. 00	O Allowable Inpatient cost plus incentive payment (see instructions) PROGRAM INPATIENT ROUTINE SWING BED COST						63. (
4. 00	Medicare swing-bed SNF inpatient routine cos	sts through Dece	mber 31 of the	cost report	ing period (See	0	64.
5. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	sts after Decemb	er 31 of the d	ost reportin	g period (See	0	65.0
6. 00	<pre>instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi</pre>	ne costs (line	64 plus line 6	5)(title XVI	II only). For	0	66.
	CAH (see instructions)						
7. 00	Title V or XIX swing-bed NF inpatient routin (line 12 x line 19)	ne costs through	December 31 c	of the cost r	eporting period	0	67.
8. 00	Title V or XIX swing-bed NF inpatient routin (line 13 x line 20)	e costs after D	ecember 31 of	the cost rep	orting period	0	68.
9. 00	Total title V or XIX swing-bed NF inpatient					0	69.
0. 00	PART III - SKILLED NURSING FACILITY, OTHER N Skilled nursing facility/other nursing facil)		70.
1. 00	Adjusted general inpatient routine service of				,		71.
2. 00	Program routine service cost (line 9 x line	71)					72.
3.00	Medically necessary private room cost applic						73.
4. 00 5. 00	Total Program general inpatient routine serv Capital-related cost allocated to inpatient 26, line 45)	,			Part II, column		74. 75.
6. 00	Per diem capital-related costs (line 75 ÷ li	ne 2)					76.
7. 00	Program capital-related costs (line 9 x line						77.
8.00	,		rovi don rocers	le)			78. 79.
9. 00 0. 00	Aggregate charges to beneficiaries for exces Total Program routine service costs for comp			*.	nus line 79)		80.
1. 00	Inpatient routine service cost per diem limi				,		81.
2. 00	Inpatient routine service cost limitation (I						82.
3. 00 4. 00	Reasonable inpatient routine service costs (Program inpatient ancillary services (see in		S)				83. 84.
5. 00	Utilization review - physician compensation		ns)				85.
	Total Program inpatient operating costs (sum	of lines 83 th					86.
7 00	PART IV - COMPUTATION OF OBSERVATION BED PAS					0.547	.,
37. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per		line 2)			9, 516 945. 18	1
38. 00							

Health Financial Syste	DEACONESS HOSPITAL			In Lieu of Form CMS-2552-10			
COMPUTATION OF INPATIE		Provi der CC		Peri od:	Worksheet D-1		
					From 10/01/2019 To 09/30/2020		
				e XIX	Hospi tal	PPS	
Cost Cente	er Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
			(from line 21)	column 2	Observati on	Bed Pass	
					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
						4) (see	
						instructions)	
		1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF	OBSERVATION BED PASS THROUGH (COST					
90.00 Capital-related	l cost	13, 437, 172	114, 045, 450	0. 11782	8, 994, 333	1, 059, 739	90.00
91.00 Nursing School	cost	0	114, 045, 450	0.00000	0 8, 994, 333	0	91.00
92.00 Allied health o	cost	1, 132, 870	114, 045, 450	0. 00993	8, 994, 333	89, 341	92.00
93.00 All other Medic	al Education	o	114, 045, 450	0. 000000	0 8, 994, 333	0	93. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0082	Peri od: From 10/01/2019	Worksheet D-1
	Component CCN: 15-S082	To 09/30/2020	Date/Time Prepared: 4/28/2021 10:06 pm
	Title XIX	Subprovi der -	PPS

		litie XIX	Subprovider -	PPS	
	Cost Center Description			L	
				1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days	s excluding newborn)		1, 635	1. 00
2. 00	Inpatient days (including private room days, excluding swing-			1, 635	
3.00	Private room days (excluding swing-bed and observation bed day	ys). If you have only pr	ivate room days,	0	3. 00
	do not complete this line.				
4.00	Semi-private room days (excluding swing-bed and observation be		. 21 -6 +6	1, 635	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roof reporting period	om days) through becembe	a 31 of the cost	0	5. 00
6.00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6. 00
	reporting period (if calendar year, enter 0 on this line)	•			
7.00	Total swing-bed NF type inpatient days (including private roor	m days) through December	31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private roor	m days) after December 3	1 of the cost	0	8. 00
8.00	reporting period (if calendar year, enter 0 on this line)	ii days) ai tei beceiibei 3	i or the cost	U	8.00
9.00	Total inpatient days including private room days applicable to	o the Program (excluding	swing-bed and	146	9. 00
	newborn days) (see instructions)				
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days)	0	10. 00
11. 00	through December 31 of the cost reporting period (see instructions). Swing-bed SNF type inpatient days applicable to title XVIII or	ulv (including private r	nom days) after	0	11. 00
00	December 31 of the cost reporting period (if calendar year, er		dayo, artor	Ü	00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12. 00
12.00	through December 31 of the cost reporting period	/!·· (!! ·! · ·! · ·		0	12.00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar year)			0	13. 00
14. 00	Medically necessary private room days applicable to the Progra			0	14. 00
15. 00	Total nursery days (title V or XIX only)	3 - 3 - 3		0	15. 00
16. 00	Nursery days (title V or XIX only)			0	16. 00
47.00	SWING BED ADJUSTMENT		6.11	0.00	47.00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 c	T the cost	0.00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18. 00
	reporting period				
19. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0. 00	19. 00
20. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0.00	20. 00
20.00	reporting period	s arter becember 51 or t	THE COST	0.00	20.00
21. 00	Total general inpatient routine service cost (see instructions			1, 057, 859	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost report	ing period (line	0	22. 00
23. 00	5 x line 17) Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	a period (line 6	0	23. 00
23.00	x line 18)	31 of the cost reportin	g perrou (Trile o	O	23.00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24. 00
	7 x line 19)				05 00
25. 00	Swing-bed cost applicable to NF type services after December 3 x line 20)	31 of the cost reporting	period (line 8	0	25. 00
26. 00	Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		1, 057, 859	27. 00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)		28. 00
29. 00 30. 00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29. 00 30. 00
31. 00	General inpatient routine service cost/charge ratio (line 27 -	: line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)	,		0.00	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
34. 00	Average per diem private room charge differential (line 32 min		tions)	0.00	
35. 00 36. 00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)	ie 31)		0.00	35. 00 36. 00
37. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	1, 057, 859	
	27 minus line 36)	,			
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
20 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU			(47 01	20 00
38. 00 39. 00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line	· ·		647. 01 94, 463	
40. 00	Medically necessary private room cost applicable to the Progra			0	
	Total Program general inpatient routine service cost (line 39			94, 463	

	cial Systems	DEACONESS H				u of Form CMS-	
MPUTATI ON	OF INPATIENT OPERATING COST		Provi der Co	CN: 15-0082	Peri od: From 10/01/2019	Worksheet D-1	
			Component	CCN: 15-S082	To 09/30/2020	Date/Time Pre 4/28/2021 10:	
			Titl	e XIX	Subprovi der -	PPS	00 pi
	Cost Center Description	Total	Total	Average Pe	IPF r Program Days	Program Cost	
	cost denter beschiptron	Inpatient Cost				(col. 3 x col.	
				col . 2)		4)	
2. 00 NURSE	RY (title V & XIX only)	1.00	2. 00	3. 00	4. 00	5. 00	42.
Intens	sive Care Type Inpatient Hospital Units						1
	SIVE CARE UNIT	0	0		00 0		
	ARY CARE UNIT INTENSIVE CARE UNIT	0	0	0.	00 0	0	44. 45.
4	CAL INTENSIVE CARE UNIT						46.
7. 00 OTHER	SPECIAL CARE (SPECIFY)						47.
	Cost Center Description					1. 00	-
3. 00 Progr	am inpatient ancillary service cost (Wk	st. D-3, col. 3,	line 200)			15, 136	48.
	Program inpatient costs (sum of lines	41 through 48)(s	see instructio	ns)		109, 599	49.
	THROUGH COST ADJUSTMENTS through costs applicable to Program inp	atient routine s	services (from	Wkst D su	m of Parts I and	9, 331	50.
111)	tin dagn dosts approduce to reagrain rep	atront routine s	301 11 003 (11 011	mot. b, sa	iii or rarts r and	,, 551	
00 Pass	through costs applicable to Program inp	atient ancillary	y services (fr	om Wkst. D,	sum of Parts II	843	51.
	v) Program excludable cost (sum of lines	50 and 51)				10, 174	52.
3. 00 Total	Program inpatient operating cost exclu	ıding capital rel	ated, non-phy	sician anest	hetist, and	99, 425	1
	al education costs (line 49 minus line AMOUNT AND LIMIT COMPUTATION	52)					-
	am discharges					0	54
i. 00 Targe	t amount per discharge					0. 00	
	t amount (line 54 x line 55)	ing cost and tax	agat amount (I	ina E/ minua	lino E2)	0 0	
	rence between adjusted inpatient operat payment (see instructions)	rng cost and tar	get amount (i	The 56 minus	11 ne 53)		
	r of lines 53/54 or 55 from the cost re	porting period e	endi ng 1996, u	pdated and c	ompounded by the	0.00	
1	t basket	cost roport un	dated by the m	arkat backat		0. 00	60
	r of lines 53/54 or 55 from prior year ne 53/54 is less than the lower of line					0.00	61
whi ch	operating costs (line 53) are less tha	n expected costs				_	
	t (line 56), otherwise enter zero (see f payment (see instructions)	instructions)				О	62.
1	able Inpatient cost plus incentive paym	ent (see instrud	ctions)			0	
PROGRA	AM INPATIENT ROUTINE SWING BED COST						
	are swing-bed SNF inpatient routine cos uctions)(title XVIII only)	its through Decem	mber 31 of the	cost report	ing period (See	0	64.
	are swing-bed SNF inpatient routine cos	ts after Decembe	er 31 of the c	ost reportin	g period (See	0	65.
	uctions)(title XVIII only)			-> <			l
	Medicare swing-bed SNF inpatient routi see instructions)	ne costs (line 6	54 plus line 6	5)(title XVI	II only). For	0	66.
	V or XIX swing-bed NF inpatient routin	e costs through	December 31 o	f the cost r	eporting period	0	67.
	12 x line 19)	t£t D-	21	*!*			
	V or XIX swing-bed NF inpatient routin 13 x line 20)	ie costs arter De	ecember 31 or	the cost rep	orting period	0	68.
0.00 Total	title V or XIX swing-bed NF inpatient					0	69
	II - SKILLED NURSING FACILITY, OTHER New nursing facility/other nursing facil				1		70
1	ted general inpatient routine service c	9		•)		70.
2.00 Progr	am routine service cost (line 9 x line	71)		ŕ			72
1	ally necessary private room cost applic Program general inpatient routine serv		•	ne 35)			73
4	al-related cost allocated to inpatient	•	,	orksheet B.	Part II. column		74.
26, I	ine 45)			,	,		
1	iem capital-related costs (line 75 ÷ li am capital-related costs (line 9 x line						76 77
	ient routine service cost (line 74 minu						78
. 00 Aggre	gate charges to beneficiaries for exces	s costs (from pr					79
1	Program routine service costs for comp		ost limitation	(line 78 mi	nus line 79)		80
1 .	ient routine service cost per diem limi ient routine service cost limitation (l)				81
	nable inpatient routine service costs (83
1 -	am inpatient ancillary services (see in		20)				84
	zation review - physician compensation Program inpatient operating costs (sum						85.
	V - COMPUTATION OF OBSERVATION BED PAS						1 30.
7. 00 Total	observation bed days (see instructions ted general inpatient routine cost per					0 0. 00	
3.00 Adjus							

Heal th Financial	Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF II	NPATIENT OPERATING COST		Provi der CO		Peri od:	Worksheet D-1	
			Component (From 10/01/2019 To 09/30/2020		nared·
			Component	3014. 10 3002	10 077 007 2020	4/28/2021 10:	
•			Ti tl	e XIX	Subprovi der -	PPS	
					I PF		
Cost	Center Description	Cost	Routine Cost		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	
COMPUTATI O	N OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capi tal -re	elated cost	104, 493	1, 057, 859	0. 09877	8 0	0	90. 00
91.00 Nursing Sc	chool cost	0	1, 057, 859	0.00000	0 0	0	91. 00
92.00 Allied hea	alth cost	0	1, 057, 859	0.00000	0 0	0	92.00
93.00 All other	Medical Education	0	1, 057, 859	0. 00000	0 0	0	93. 00

Health Financial Systems	DEACONESS HOSPITAL		In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C		Peri od: From 10/01/2019	Worksheet D-3	
			To 09/30/2020	Date/Time Prep 4/28/2021 10:0	pared: 06 pm
	Ti tl e	e XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		I npati ent	
		To Charges		Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1. 00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS			67, 240, 418		30. 00
31.00 03100 INTENSIVE CARE UNIT			25, 451, 344		31. 00
32. 00 03200 CORONARY CARE UNIT			7, 361, 724		32. 00

INPATIENT ROUTINE SERVICE COST CENTERS 1.00 2.00 3		cost center bescription	Ratio of Cost	rnpatrent	inpatrent	
INPATI ENT. ROUTI NE. SERVI CE. COST. CENTERS 1.00 2.00 3			To Charges	Program	Program Costs	
INPATIENT ROUTINE SERVICE COST CENTERS				Charges	(col. 1 x col.	
IMPATI ENT ROUTINE SERVICE COST CENTERS 30.00 310.00 0310.					2)	
30.00 03000 ADULTS & PEDI ATRICS 25, 451, 344 31.00			1.00	2. 00	3. 00	
33.00 03100 INTENSIVE CARE UNIT 25, 451, 344 31.00 32.00 03200 CORDANARY CARE UNIT 7, 361, 724 32.00 32.00 32000 CORDANARY CARE UNIT 7, 361, 724 32.00 40.00		INPATIENT ROUTINE SERVICE COST CENTERS				
33.00 03100 INTENSIVE CARE UNIT 25, 451, 344 31.00 32.00 03200 CORDANARY CARE UNIT 7, 361, 724 32.00 32.00 32000 CORDANARY CARE UNIT 7, 361, 724 32.00 40.00	30.00	03000 ADULTS & PEDIATRICS		67, 240, 418		30.00
32.00 03200 COROMARY CARE UNIT						31. 00
40, 00						
ANCILLARY SERVICE COST CENTERS						
50.00	40.00					40.00
54.00 OS400 RADIOLOGY-DIAGNOSTIC 0.150688 10.676.192 1.608,774 54.00 55.00 OS500 RADIOLOGY-THERAPEUTIC 0.066283 2.289.912 197,580 55.00 05500 RADIOLOGY-THERAPEUTIC 0.046283 2.289.912 197,580 56.00 0.045792 19.406.190 891,121 57.00 57.00 05700 CT SCAN 0.045792 19.406.190 891,121 57.00 57.00 05700 CT SCAN 0.111477 3.984.668 444,199 58.00 0.000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.0000000 0.00000000	50 00		0.225870	74 329 090	16 788 712	50 00
55.00 05500 ABDI OLOGY-THERAPEUTIC 0.165388 5,930,679 980,863 55.00 56.00 50						
56. 00 05.						
57.00 05700 CT SCAN 0.045792 19, 460, 190 891, 121 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0.111477 3, 984, 668 444, 199 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.110625 32, 971, 814 4, 636, 661 59.00 60.00 06000 LABORATORY 0.197067 29, 004, 261 5, 715, 783 60.00 60.00 06300 BLOOD STORING, PROCESSING, & TRANS. 0.232257 6, 595, 237 1, 531, 790 63.00 63.00 06.00 06300 BLOOD STORING, PROCESSING, & TRANS. 0.232257 6, 595, 237 1, 531, 790 63.00 63.00 63.00 CARDIAC TARROPY 1, 170, 630 64.00 66.00 06500 RESPIRATORY THERAPY 0.100473 32, 100, 274 3, 225, 211 65.00 65.01 06501 PULMONARY REHAB 0.820683 0 0.65.01 65.01 66.00 06600 PHYSICAL THERAPY 0.150426 22, 451, 930 3, 377, 345 66.00 66.00 06600 PHYSICAL SUPPLIES CHARGED TO PATIENTS 0.295629 7, 770, 383 2, 297, 151 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.295629 7, 770, 383 2, 297, 151 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.342730 29, 865, 856 10, 235, 925 72.00 73.00 07300 ROUGS CHARGED TO PATIENTS 0.188623 4, 803, 076 921, 060 74.00 70400 RENALD I ALYSIS 0.188623 4, 803, 076 921, 060 74.00 70400 RENALD I ALYSIS 0.188623 4, 803, 076 921, 060 74.00 70400 RENALD I ALYSIS 0.188623 4, 803, 076 921, 060 74.00 70400 RENALD I ALYSIS 0.188623 4, 803, 076 921, 060 74.00 709000 FAMILY PRACTICE 0.648394 1.051 681 90.01 90000 107400					-	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.111477 3., 984, 668 444, 199 58.00 0.5900 CARDIAC CATHETERI ZATION 0.140625 32. 971, 814 4.636, 641 59. 00 0.6000 LABORATORY 0.197067 29. 004, 261 5., 715, 783 60. 00 0.00 0.00 0.00 LABORATORY 0.232257 6.595, 237 1.531, 790 63. 00 0.6300 BLOOD STORING, PROCESSING, & TRANS. 0.232257 6.595, 237 1.531, 790 63. 00 0.6500 0.00						
59.00 05900 CARDIAC CATHETERIZATION 0.1490625 32, 971, 814 4, 636, 641 59.00 60.00 0.0000 LABORATORY 0.197067 29.004, 261 5, 715, 783 60.00 63.00 63.00 63.00 63.00 64.00 0.0000 LABORATORY 64.00 0.0000 CARDIAC CATHETER PY 0.386354 3, 209, 942 1, 170, 630 64.00 65.00 65.00 RESPIRATORY THERAPY 0.100473 32, 100, 274 3, 225, 211 65.00 65.00 RESPIRATORY THERAPY 0.150426 22, 451, 930 3, 377, 354 66.00 66.00 66.00 MFSICAL THERAPY 0.150426 22, 451, 930 3, 377, 354 66.00 66.00 06.00 MFSICAL THERAPY 0.150426 22, 451, 930 3, 377, 354 66.00 66.00 0.0000 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.39578 11, 166, 468 1, 044, 266 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.342730 29, 865, 856 10, 235, 255 72.00 73.00 07200 MFDL CALC SUPPLIES CHARGED TO PATIENTS 0.342730 29, 865, 856 10, 235, 255 72.00 73.00 07200 MFDL CALC SUPPLIES CHARGED TO PATIENTS 0.342730 29, 865, 856 10, 235, 255 72.00 73.00 07200 MFDL CALC SUPPLIES CHARGED TO PATIENTS 0.382730 29, 865, 856 10, 235, 255 72.00 73.00 07200 MFDL CALC SUPPLIES CHARGED TO PATIENTS 0.258282 64, 101, 029 16, 556, 142 73.00 74.00 7						
60. 00 06000 LABORATORY 0. 197067 29, 004, 261 5, 715, 783 60. 00 63. 00 06300 BLODD STORI NG, PROCESSING, & TRANS. 0. 326357 6, 595, 237 1, 513, 790 63. 00 64. 00 64. 00 64. 00 64. 00 64. 00 64. 00 64. 00 64. 00 64. 00 64. 00 65. 01					-	
63.00 06.300 BLOOD STORING. PROCESSING. & TRANS. 0.322557 6.595, 237 1.531, 790 63. 00						
64.00 06400 NTRAVENOUS THERAPY 0.386354 3.029, 942 1,170,630 64.00 65.00 06500 RESPIRATORY THERAPY 0.100473 32,100,274 3.225,211 65.00 065.01 00501 PULIMONARY REHAB 0.820683 0 0.65.01 065.01 00501 PULIMONARY REHAB 0.820683 0 0.65.01 065.01 00501 PULIMONARY REHAB 0.820683 0 0 0.820683 0 0 0.820683 0 0 0.820683 0 0 0 0.820683 0 0 0 0 0 0 0 0 0						
65.00 06500 PESPI RATORY THERAPY 0. 100473 32, 100, 274 3, 225, 211 65. 00 65. 01 065001 PULMONARY REHAB 0. 820683 0. 0 65. 01 65. 01 65. 00 06600 PHYSI CAL THERAPY 0. 150426 22, 451, 930 3, 377, 354 66. 00 06900 ELECTROCARDIOLOGY 0. 093518 11, 166, 468 1. 044, 266 69. 00 071. 00	63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0. 232257	6, 595, 237	1, 531, 790	63.00
65. 01 0.6501 PULMONARY REHAB 0.820683 0 0 0.50.10	64.00	06400 I NTRAVENOUS THERAPY	0. 386354	3, 029, 942	1, 170, 630	64.00
66. 00 06600 PHYSICAL THERAPY 0. 150426 22, 451, 930 3, 377, 354 66. 00 69. 00 06600 PHYSICAL THERAPY 0. 150426 22, 451, 930 3, 377, 354 66. 00 69. 00 06900 ELECTROCARDIOLOGY 0. 295629 7, 770, 383 2, 297, 151 71. 00 72. 00 07200 IMPL DEV. CHARGED TO PATIENTS 0. 342730 29, 865, 866 10, 235, 925 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 188623 4, 883, 076 921, 060 74. 00 07400 RENAL DIALYSIS 0. 188623 4, 883, 076 921, 060 74. 00 07697 CARDI AC REHABILITATION 0. 282389 865 244 76. 97 07697 CARDI AC REHABILITATION 0. 895819 5, 805 5, 200 90. 00 09000 CLINIC 0. 895819 5, 805 5, 200 90. 00 09000 CLINIC 0. 895819 5, 805 5, 200 90. 00 09000 CLINIC 0. 895819 5, 805 5, 200 90. 00 09000 CLINIC 0. 895819 5, 805 5, 200 90. 00 09000 CLINIC 0. 895819 5, 805 5, 200 90. 00 09000 PRIMARY CARE FOR SENIORS 0. 111515 58, 381 6, 510 90. 03 09000 PRIMARY CARE FOR SENIORS 0. 159717 230 377 90. 05 90. 05 90005 PAIN MANAGEMENT 0. 159717 230 377 90. 05 90. 05 90005 PAIN MANAGEMENT 0. 159717 230 379 90. 05 90. 05 90005 PAIN MANAGEMENT 0. 159717 230 379 90. 05	65.00	06500 RESPI RATORY THERAPY	0. 100473	32, 100, 274	3, 225, 211	65.00
69.00 06900 ELECTROCARDIOLOGY 0.093518 11, 166, 468 1, 044, 266 69.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.295629 7, 770, 383 2, 297, 151 71.00 71.00 07200 IMPL DEV. CHARGED TO PATIENTS 0.342730 29, 865, 856 10, 235, 925 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.188623 4, 883, 076 921, 060 74.00 07400 RENAL DI ALYSIS 0.188623 4, 883, 076 921, 060 74.00 075697 (ARDIA DE RENAL DI ALYSIS 0.188623 4, 883, 076 921, 060 74.00 0.282389 865 2444 76.97 075697 (ARDIA DE RENAL DI ALYSIS 0.000	65. 01	06501 PULMONARY REHAB	0. 820683	0	0	65. 01
69.00 06900 ELECTROCARDIOLOGY 0.093518 11, 166, 468 1, 044, 266 69.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.295629 7, 770, 383 2, 297, 151 71.00 71.00 07200 IMPL DEV. CHARGED TO PATIENTS 0.342730 29, 865, 856 10, 235, 925 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.188623 4, 883, 076 921, 060 74.00 07400 RENAL DI ALYSIS 0.188623 4, 883, 076 921, 060 74.00 075697 (ARDIA DE RENAL DI ALYSIS 0.188623 4, 883, 076 921, 060 74.00 0.282389 865 2444 76.97 075697 (ARDIA DE RENAL DI ALYSIS 0.000	66. 00	06600 PHYSI CAL THERAPY	0. 150426	22, 451, 930	3, 377, 354	66.00
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0. 295629 7, 770, 383 2, 297, 151 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 342730 29, 865, 856 10, 235, 925 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 258282 64, 101, 029 16, 556, 142 73. 00 74. 00 74. 00 76. 97 07697 CARDI AC REHABILITATION 0. 282389 865 244 76. 97 76. 97 07697 CARDI AC REHABILITATION 0. 282389 865 244 76. 97 76. 97 07697 CARDI AC REHABILITATION 0. 282389 865 244 76. 97 76.						
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.342730 29, 865, 856 10, 235, 925 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0.258282 64, 101, 029 16,556, 142 73. 00 74. 00 07400 RENAL DI ALYSI S 0.188623 4, 883, 076 921, 060 74. 00 07697 CARDI AC REHABILITATION 0.282389 865 244 76. 97 07470 07471						
73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 258282 64, 101, 029 16, 556, 142 73. 00 74. 00 07400 RENAL DI ALYSIS 0. 188623 4, 883, 076 921, 060 74. 00 76. 97 07697 CARDI AC REHABI LI TATI ON 0. 282389 865 244 76. 97 07697 CARDI AC REHABI LI TATI ON 0. 282389 865 244 76. 97 07697 CARDI AC REHABI LI TATI ON 0. 282389 865 244 76. 97 07697 CARDI AC REHABI LI TATI ON 0. 282389 865 244 76. 97 07697 CARDI AC REHABI LI TATI ON 0. 282389 865 244 76. 97 07697						
74. 00						
76. 97 07697 CARDI AC REHABILITATION 0.282389 865 244 76. 97 OUTPATIENT SERVICE COST CENTERS 0.0 895819 5,805 5,200 90. 00 09000 CLI NI C 0.648394 1,051 681 90. 01 90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0.235351 0 0 0 90. 02 09003 CHEMO 09004 PRI MARY CARE FOR SENI ORS 0.11515 58,381 6,510 90. 03 09003 CHEMO 09004 PRI MARY CARE FOR SENI ORS 0.159717 230 37 90. 04 09004 PRI MANAGEMENT 0.159717 230 37 90. 05 09005 PAI N MANAGEMENT 0.177249 251,962 44,660 90. 06 90. 07 09007 SLEEP CENTER 0.413424 5,003 2,068 90. 07 09009 MULTI - SPECI ALTY SERVICES 0.733208 115 84 90. 09 90. 09 09009 MULTI - SPECI ALTY SERVICES 0.733208 115 84 90. 09 90. 09 09009 MULTI - SPECI ALTY SERVICES 0.127747 33,948,492 4,336,818 91. 00 91. 00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0.541653 3,629 4,336,818 91. 00 92. 01 09201 0BSERVATI ON BEDS (DI STI NCT PART) 0.541653 3,689,005 1,824,777 92. 01 07402						
OUTPATIENT SERVICE COST CENTERS OUTPATIENT SERVICE SERVICES OUTPATIENT SUBJECT SUBJECT SERVICES OUTPATIENT SUBJECT S						
90. 00 09000 CLINIC 0.895819 5,805 5,200 90. 00 90. 01 09001 FAMILY PRACTICE 0.648394 1,051 681 90. 01 90. 01 90. 02 09002 09002 09002 09003 0	70. 77		0. 202309	803	244	70. 77
90. 01 09001 FAMILY PRACTICE 0. 648394 1, 051 681 90. 01 90. 02 09002 00TPATIENT PSYCHIATRIC SERVICES 0. 235351 0 0 0 90. 02 90. 03 09003 09003 09003 09003 09003 09003 09003 09003 09005	00 00		0.005010	E 00E	E 200	00 00
90. 02 09002 09002 0UTPATI ENT PSYCHI ATRI C SERVI CES 0. 235351 0 0 0 0 90. 02 09003 09003 09003 0HEMO 0. 1111515 58, 381 6, 510 90. 03 09004 PRI MARY CARE FOR SENI ORS 1. 545369 590 912 90. 04 09004 09004 09004 09004 09004 09004 09004 09004 09004 09004 09004 09004 09004 09004 09006 090					-	
90. 03 09003 CHEMO 0. 111515 58, 381 6, 510 90. 03 90. 04 09004 PRI MARY CARE FOR SENI ORS 1. 545369 590 912 90. 04 90. 05 09005 PAI N MANAGEMENT 0. 159717 230 37 90. 05 90. 07 90. 07 09007 SLEEP CENTER 0. 413424 5, 003 2, 068 90. 07 90. 08 09008 HEMATOLOGY 0. 561559 3, 629 2, 038 90. 08 90. 09 MULTI - SPECI ALTY SERVI CES 0. 733208 115 84 90. 09 90. 10 09010 DI ABETES CENTER 0. 628285 0 0 90. 10 91. 00 09100 EMERGENCY 0. 127747 33, 948, 492 4, 336, 818 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0. 496046 395, 736 196, 303 92. 00 92. 01 005 00						
90. 04 09004 PRI MARY CARE FOR SENI ORS 1. 545369 590 912 90. 04 90. 05 90. 06 90. 06 90. 06 90. 06 90. 07 90. 07 90. 08 90. 090 90. 09 90. 09 90. 09 90. 09 90. 09 90. 09 90. 090 90. 09 90. 09 90. 09 90. 09 90. 09 90. 09 90. 090 90. 09 90. 09 90. 09 90. 09 90. 09 90. 09 90. 090 90. 090 90. 090. 0				-	_	
90. 05 09005 PAI N MANAGEMENT 230 37 90. 05 90. 06 09006 WOUND CARE 0. 177249 251, 962 44, 660 90. 06 90. 07 09007 SLEEP CENTER 0. 413424 5, 003 2, 068 90. 07 90. 08 09008 HEMATOLOGY 0. 561559 3, 629 2, 038 90. 08 90. 09 09009 MULTI - SPECI ALTY SERVI CES 0. 733208 115 84 90. 09 90. 10 09010 DI ABETES CENTER 0. 628285 0 0 90. 10 91. 00 09100 EMERGENCY 0. 127747 33, 948, 492 4, 336, 818 91. 00 92. 01 09201 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0. 541653 3, 368, 905 1, 824, 777 92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 0. 541653 3, 368, 905 1, 824, 777 92. 01 09200 ODRABLE MEDI CAL EQUI P-RENTED 0. 344468 0 0 0 96. 00 00. 00 00. 00 00. 00. 00 00. 00.						
90. 06 09006 WOUND CARE 0. 177249 251, 962 44, 660 90. 06 90. 07 90. 08 90. 07 90. 08 90. 09 90. 09 HEMATOLOGY 0. 561559 3, 629 2, 038 90. 08 90. 09 90. 09 MULTI - SPECI ALTY SERVICES 0. 733208 115 84 90. 09 90. 10						
90. 07 09007 SLEEP CENTER 0. 413424 5, 003 2, 068 90. 07 90. 08 09008 HEMATOLOGY 0. 561559 3, 629 2, 038 90. 08 90. 09 09009 MULTI - SPECI ALTY SERVI CES 0. 733208 115 84 90. 09 90. 10 09100 DI ABETES CENTER 0. 628285 0 0 0 90. 10 91. 00 91. 00 09100 EMERGENCY 0. 127747 33, 948, 492 4, 336, 818 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0. 496046 395, 736 196, 303 92. 00 92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 0. 541653 3, 368, 905 1, 824, 777 92. 01 07167 REI MBURSABLE COST CENTERS 0. 344468 0 0 96. 00 09200 OBSERVATI ON BEDS (DI STI NCT PART) 0. 344468 0 0 96. 00 09200 09						
90. 08 09008 HEMATOLOGY 0. 561559 3, 629 2, 038 90. 08 90. 09 90. 09 09009 MULTI - SPECIALTY SERVICES 0. 733208 115 84 90. 09 90. 10 09000 DI ABETES CENTER 0. 628285 0 0 0 10 10 10 10 10					-	
90. 09 09009 MULTI - SPECIALTY SERVICES 0. 733208 115 84 90. 09 90. 10					-	
90. 10 09010 DI ABETES CENTER 0. 628285 0 0 90. 10 91. 00 91. 00 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 0. 496046 395, 736 196, 303 92. 00 92. 01 ODESERVATI ON BEDS (DI STINCT PART) 0. 541653 3, 368, 905 1, 824, 777 92. 01 ODESERVATI ON BEDS (DI STINCT PART) 0. 541653 3, 368, 905 1, 824, 777 92. 01 ODESERVATI ON BEDS (DI STINCT PART) 0. 541653			0. 561559	3, 629	2, 038	
91. 00 09100 EMERGENCY 0. 127747 33, 948, 492 4, 336, 818 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 0. 496046 395, 736 196, 303 92. 00 92. 01 OSERVATI ON BEDS (DISTINCT PART) 0. 541653 3, 368, 905 1, 824, 777 92. 01 OTHER REIMBURSABLE COST CENTERS 096. 00 OURABLE MEDICAL EQUIP-RENTED 0. 344468 0 0 0 0. 344468 0 0 0 0. 344468 0 0 0 0 0 0 0 0 0	90.09	09009 MULTI -SPECIALTY SERVICES	0. 733208	115	84	90. 09
92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART)	90. 10	09010 DI ABETES CENTER	0. 628285	0	0	90. 10
92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0. 541653 3, 368, 905 1, 824, 777 92. 01 0THER REIMBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 344468 0 0 0 96. 00 201. 00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201. 00 201. 00 201. 00 0. 541653 3, 368, 905 1, 824, 777 92. 01 0. 541653	91.00	09100 EMERGENCY	0. 127747	33, 948, 492	4, 336, 818	91.00
OTHER REIMBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.344468 0 0 96. 00 200. 00 Total (sum of lines 50 through 94 and 96 through 98) 398, 651, 765 78, 043, 554 200. 00 201. 00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201. 00	92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 496046	395, 736	196, 303	92.00
OTHER REIMBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.344468 0 0 96. 00 200. 00 Total (sum of lines 50 through 94 and 96 through 98) 398, 651, 765 78, 043, 554 200. 00 201. 00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201. 00	92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 541653	3, 368, 905	1, 824, 777	92. 01
200.00 Total (sum of lines 50 through 94 and 96 through 98) 398,651,765 78,043,554 200.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00						
200.00 Total (sum of lines 50 through 94 and 96 through 98) 398,651,765 78,043,554 200.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00	96.00		0. 344468	0	0	96.00
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00				398, 651, 765	78, 043, 554	
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1 1 2/4/2017 1975				398, 651, 765		
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NPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Period: From 10/01/2019 To 09/30/2020	Date/Time Pre	pare
	Ti tl e	e XVIII	Subprovi der -	4/28/2021 10: PPS	06 pi
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
INDATIENT DOUTINE CERVICE COCT CENTERS		1.00	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 0. 00 03000 ADULTS & PEDI ATRI CS		T	0	I	30.
1.00 03100 NTENSI VE CARE UNI T					31.
2. 00 03200 CORONARY CARE UNIT					32.
0. 00 04000 SUBPROVI DER - PF			1, 581, 025		40.
ANCI LLARY SERVI CE COST CENTERS			1,001,020		10.
0. 00 05000 OPERATI NG ROOM		0. 22587	0 3, 029	684	50.
4. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 15068	· ·		
5. 00 05500 RADI OLOGY-THERAPEUTI C		0. 16538			55.
5. 00 05600 RADI 0I SOTOPE		0. 08628		0	56
7.00 05700 CT SCAN		0. 04579	2 15, 278	700	57
B. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 11147	7 0	0	58
P. 00 05900 CARDI AC CATHETERI ZATI ON		0. 14062	5 0	0	59
D. 00 06000 LABORATORY		0. 19706	7 41, 123	8, 104	60
B. 00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 23225	7 0	0	63
1. 00 06400 I NTRAVENOUS THERAPY		0. 38635			
5. 00 06500 RESPI RATORY THERAPY		0. 10047			
5. 01 06501 PULMONARY REHAB		0. 82068		_	
0. 00 06600 PHYSI CAL THERAPY		0. 15042		_	
2. 00 06900 ELECTROCARDI OLOGY		0. 09351			
. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 29562		_	1
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS 3.00 07300 DRUGS CHARGED TO PATIENTS		0. 34273		0	1
B.OO 07300 DRUGS CHARGED TO PATLENTS B.OO 07400 RENAL DLALYSES		0. 25828 0. 18862		27, 626 0	1
b. 97 07697 CARDI AC REHABI LI TATI ON		0. 18802			
OUTPATIENT SERVICE COST CENTERS		0. 20230	7	0	1 /0
0. 00 09000 CLINIC		0. 89581	9 0	0	90
0. 01 09001 FAMILY PRACTICE		0. 64839			1
. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES		0. 23535			
0. 03 09003 CHEMO		0. 11151			
. 04 09004 PRIMARY CARE FOR SENIORS		1. 54536		0	90
0. 05 09005 PAIN MANAGEMENT		0. 15971	7 0	0	90
. 06 09006 WOUND CARE		0. 17724	9 0	0	90
0. 07 09007 SLEEP CENTER		0. 41342	4 0	0	90
0. 08 09008 HEMATOLOGY		0. 56155		0	
D. 09 09009 MULTI -SPECIALTY SERVICES		0. 73320		_	
0. 10 09010 DI ABETES CENTER		0. 62828		0	
1. 00 09100 EMERGENCY		0. 12774	· ·	12, 302	
2. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)		0. 49604			
2.01 O9201 OBSERVATION BEDS (DISTINCT PART)		0.54165	3 0		92

0.541653

0. 344468

267, 076

267, 076

0 92.01

202. 00

0 96.00 50,077 200.00 201.00

202.00

92. 00 | 09200 | 0BSERVATI ON BEDS (NON-DISTINCT PART)
92. 01 | 09201 | 0BSERVATI ON BEDS (DISTINCT PART)

OTHER REIMBURSABLE COST CENTERS

Net charges (line 200 minus line 201)

96. 00 O9600 DURABLE MEDICAL EQUIP-RENTED

200. 00 Total (sum of lines 50 through 94 and 96 through 98)

Less PBP Clinic Laboratory Services-Program only charges (line 61)

I NPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der Co	CN: 15-0082	Peri od:	Worksheet D-3	
				From 10/01/2019 To 09/30/2020	Date/Time Pre	nared:
				10 09/30/2020	4/28/2021 10:	
		Ti †l	e XIX	Hospi tal	PPS	оо рііі
	Cost Center Description	11 (1	Ratio of Cos		Inpati ent	
	oust defiter bescription		To Charges	Program	Program Costs	
			l 10 onar ges	Charges	(col. 1 x col.	
				onal ges	2)	
			1.00	2. 00	3. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
30. 00	03000 ADULTS & PEDI ATRI CS			8, 021, 216		30.00
31. 00	03100 INTENSIVE CARE UNIT			2, 226, 755		31.00
32. 00	03200 CORONARY CARE UNIT			793, 711		32.00
40. 00	04000 SUBPROVI DER - I PF			0		40. 00
	ANCILLARY SERVICE COST CENTERS				040 404	
50.00	05000 OPERATING ROOM		0. 2258		913, 181	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C		0. 15068		114, 936	•
55. 00	05500 RADI OLOGY-THERAPEUTI C		0. 16538		56, 348	•
56. 00	05600 RADI 0I SOTOPE		0. 08628	118, 804	10, 251	56. 00
57.00	05700 CT SCAN		0. 04579	1, 398, 579	64, 044	57. 00
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)		0. 11147	77 327, 237	36, 479	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON		0. 14062	25 1, 386, 389	194, 961	59. 00
60.00	06000 LABORATORY		0. 1970	2, 367, 453	466, 547	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		0. 2322	405, 063	94, 079	63.00
64.00	06400 I NTRAVENOUS THERAPY		0. 3863		119, 593	64.00
65. 00	06500 RESPIRATORY THERAPY		0. 1004		235, 227	65. 00
65. 01	06501 PULMONARY REHAB		0. 82068		0	65. 01
66. 00	06600 PHYSI CAL THERAPY		0. 15042		193, 534	
69. 00	06900 ELECTROCARDI OLOGY		0. 0935		49, 397	69.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 29562		126, 739	•
				· ·		•
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS		0. 34273		318, 269	1
73. 00	07300 DRUGS CHARGED TO PATIENTS		0. 25828		1, 471, 588	
74. 00	07400 RENAL DI ALYSI S		0. 18862		64, 037	74. 00
76. 97	07697 CARDI AC REHABI LI TATI ON		0. 28238	39 0	0	76. 97
	OUTPATIENT SERVICE COST CENTERS			- 1		
90.00	09000 CLI NI C		0. 8958		0	90. 00
90. 01	09001 FAMILY PRACTICE		0. 64839		277	90. 01
90. 02	09002 OUTPATI ENT PSYCHI ATRI C SERVI CES		0. 2353		0	90. 02
90. 03	09003 CHEMO		0. 1115		0	90. 03
90. 04	09004 PRI MARY CARE FOR SENI ORS		1. 54536		0	90. 04
90. 05	09005 PAIN MANAGEMENT		0. 1597°	17 0	0	90. 05
90.06	09006 WOUND CARE		0. 1772	19 128, 435	22, 765	90. 06
90. 07	09007 SLEEP CENTER		0. 41342	24 0	0	90. 07
90. 08	09008 HEMATOLOGY		0. 5615	59 125	70	90. 08
90. 09	09009 MULTI -SPECIALTY SERVICES		0. 73320		92	1
90. 10	09010 DI ABETES CENTER		0. 62828		0	90. 10
91. 00	09100 EMERGENCY		0. 12774		376, 532	1
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 49604		64, 690	ł
92. 01	09201 OBSERVATION BEDS (NON-DISTINCT PART)		0. 5416!			92. 01
7Z. U I	OTHER REIMBURSABLE COST CENTERS		0.5410	117, 230	03, 301	72.01
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED		0. 34446	58 0	0	96. 00
			0. 34440			
200.00		(line (1)		26, 334, 108	5, 057, 137	
201.00		(TITIE OT)		24 224 100		201. 00
202. 00	Net charges (line 200 minus line 201)		I	26, 334, 108	I	202. 00

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Heal th Financial Systems	DEACONESS HOSPITAL	CN 15 0000		eu of Form CMS-1	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der Component	CN: 15-0082 CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Pre	
	•			4/28/2021 10:	
	Ti tI	e XIX	Subprovi der - I PF	PPS	
Cost Center Description	·	Ratio of Cos	t Inpatient	Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1. 00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		T	_	Г	
30. 00 03000 ADULTS & PEDIATRICS			0		30.00
31. 00 03100 INTENSIVE CARE UNIT			0		31.00
32. 00 03200 CORONARY CARE UNIT			070.745		32.00
40. 00 O4000 SUBPROVI DER - I PF			372, 715		40.00
ANCILLARY SERVICE COST CENTERS		0.0050	70		
50. 00 05000 OPERATING ROOM		0. 22587			
54. 00 05400 RADI OLOGY - DI AGNOSTI C		0. 15068		98	
55. 00 05500 RADI OLOGY-THERAPEUTI C		0. 16538		0	55.00
56. 00 05600 RADI OI SOTOPE		0.08628		0	56.00
57. 00 05700 CT SCAN		0.04579	· ·	53	1
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI) 59. 00 05900 CARDIAC CATHETERIZATION		0. 11147 0. 14062		0	58. 00 59. 00
60. 00 06000 LABORATORY		0. 14062		3, 276	
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 14700		3, 270	1
64. 00 06400 I NTRAVENOUS THERAPY		0. 38635		0	64.00
65. 00 06500 RESPIRATORY THERAPY		0. 10047		0	65.00
65. 01 06501 PULMONARY REHAB		0. 82068		Ö	65. 01
66. 00 06600 PHYSI CAL THERAPY		0. 15042		0	66.00
69. 00 06900 ELECTROCARDI OLOGY		0. 09351		29	1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 29562		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 34273		0	
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 25828		6, 620	73.00
74. 00 07400 RENAL DIALYSIS		0. 18862		0	1
76. 97 07697 CARDIAC REHABILITATION		0. 28238	39 0	0	76. 97
OUTPATIENT SERVICE COST CENTERS					1
90. 00 09000 CLINIC		0. 89581	19 0	0	90.00
90. 01 09001 FAMILY PRACTICE		0. 64839	94 0	0	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES		0. 23535	51 0	0	90. 02
90. 03 09003 CHEMO		0. 11151	15 0	0	90. 03
90. 04 09004 PRIMARY CARE FOR SENIORS		1. 54536	59 0	0	90. 04
90. 05 09005 PAI N MANAGEMENT		0. 1597	17 0	0	90. 05
90. 06 09006 WOUND CARE		0. 17724		0	90. 06
90. 07 09007 SLEEP CENTER		0. 41342		0	90. 07
90. 08 09008 HEMATOLOGY		0. 56155		0	90. 08
90. 09 09009 MULTI -SPECIALTY SERVICES		0. 73320			90. 09
ON 10 00010 DIARETES CENTED		0 62020	05	Ι	00 10

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0.628285

0. 127747

0. 496046

0.541653

0. 344468

09010 DIABETES CENTER

09200 OBSERVATION BEDS (NON-DISTINCT PART)
09201 OBSERVATION BEDS (DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS

Net charges (line 200 minus line 201)

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

09600 DURABLE MEDICAL EQUIP-RENTED

09100 EMERGENCY

90.10

91.00

92.00

92. 01

96.00

200.00 201.00

202.00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0082	Peri od: Worksheet E From 10/01/2019 Part A To 09/30/2020 Date/Time Prepared: 4/28/2021 10:06 pm

PART A IRPATITINI IBSPITAL SERVICES UNDER IPPS 1.00					4/28/2021 10:	06 pm
Name			Title XVIII	Hospi tal	PPS	
DRS Amounts other than duff ier Payments 0 1.00					1. 00	
1.00 DRG amounts other than outlier payments for discharges occurring on or after October 1 (see 10, 108, 200, 201, 201, 201, 201, 201, 201, 201						
Instructions					-	
1.02 DRC amounts other than outlier payments for discharges occurring on or after October 1.03 DRC for federal specific operating payment for Model 4 BPCI for discharges occurring or to October 1.03 DRC for federal specific operating payment for Model 4 BPCI for discharges occurring on or after 0.0 1.04 October 1 (see instructions) 2.00 Outlier payments for discharges (see instructions) 2.00 Outlier payments for discharges (see instructions) 2.00 Outlier payments for discharges (see instructions) 0.20 0.01 Outlier payments for discharges (see instructions) 0.20 0.01 Outlier payments for discharges occurring or or after October 1 (see instructions) 0.20 0.01 Outlier payments for discharges cocurring or or after October 1 (see instructions) 0.20 0.01 Outlier payments for discharges cocurring or or after October 1 (see instructions) 0.00 0.00 Outlier payments for discharges cocurring or or after October 1 (see instructions) 0.00 0.00 Outlier payments for discharges cocurring or or after October 1 (see instructions) 0.00 0.00 Outlier payments for discharges cocurring or or after October 1 (see instructions) 0.00 0.00 0.00 Outlier payments for discharges occurring or or after October 1 (see instructions) 0.00 0.00 0.00 0.00 Outlier of Model A BPCI (see instructions) 0.00	1. 01		or to October 1 (s	see	0	1. 01
Instructions	1. 02		or after October	1 (see	116, 708, 994	1. 02
1 (see instructions) 1.04				(
1.04 086 for Federal specific operating payment for Model 4 BPCI for discharges occurring on or after	1.03		harges occurring p	orior to October	0	1. 03
October 1 (see instructions) 2.00 2.00 2.01 2.00 2.01 2.00 2.01 2.00 2.01 2.00 2.01 2.00 2.01	1 04		haraas assurri na d	on or ofter	0	1 04
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18.00 Adjusted rolling average FTE count 16.59 18.00 19.00 Current year resident to bed ratio (line 18 divided by line 4). 0.032225 19.00 20.00 Prior year resident to bed ratio (see instructions) 0.030074 20.00 21.00 Enter the lesser of lines 19 or 20 (see instructions) 0.030074 21.00 22.01 IME payment adjustment (see instructions) 1,902,240 22.00 22.01 IME payment adjustment - Managed Care (see instructions) 818,331 22.01 1ndi rect Medical Education Adjustment for the Add-on for § 422 of the MMA 818,331 22.01 23.00 (f) (1) (iv) (C). 2.22 23.00 (f) (1) (iv) (C). 3.16 24.00 24.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions) 3.16 24.00 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions) 0.00412 26.00 26.00 Resident to bed ratio (divide line 25 by line 4) 0.00412 26.00 27.00 IME payments adjustment factor. (see instructions) 0.001151 27.00 28.01 IME add-on adjustment f						
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21.00 Enter the lesser of lines 19 or 20 (see instructions) 22.00 IME payment adjustment (see instructions) 1.902, 240 22.01 IME payment adjustment - Managed Care (see instructions) 1.1 Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA 23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 24.00 IME FTE Resident Count Over Cap (see instructions) 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 2.22 25.00 instructions) 26.00 Resident to bed ratio (divide line 25 by line 4) 27.00 IME payments adjustment factor. (see instructions) 28.01 IME add-on adjustment amount (see instructions) 28.01 IME add-on adjustment amount ese instructions) 29.01 Total IME payment (sum of lines 22 and 28) 29.01 Total IME payment - Managed Care (see instructions) 20.00 IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Disproportionate Share Adjustment 29.02 Sum of lines 30 and 31 29.03 Sum of lines 30 and 31 29.04 Allowable disproportionate share percentage (see instructions) 30.00 Allowable disproportionate share percentage (see instructions)	19.00	Current year resident to bed ratio (line 18 divided by line 4).			0. 032225	19. 00
22.00 IME payment adjustment (see instructions) 1, 902, 240 818, 331 22.01 IME payment adjustment - Managed Care (see instructions) Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA 23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 2.22 23.00 (f) (1) (i v) (C). 24.00 IME FTE Resident Count Over Cap (see instructions) 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 2.22 25.00 instructions) 26.00 Resident to bed ratio (divide line 25 by line 4) 27.00 IME payments adjustment factor. (see instructions) 28.00 IME add-on adjustment amount (see instructions) 29.00 Total IME payment (sum of lines 22 and 28) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) Disproportionate Share Adjustment 30.00 Percentage of SSI recipient patient days (see instructions) 29.01 Sum of lines 30 and 31 20.02 Sum of lines 30 and 31 21.00 Allowable disproportionate share percentage (see instructions) 20.00 IME payment - Managed Care (see instructions) 21.00 Sum of lines 30 and 31 22.00 Allowable disproportionate share percentage (see instructions) 20.00 Sum of lines 30 and 31 21.00 Allowable disproportionate share percentage (see instructions)		1 '				
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(f)(1)(iv)(C). 24.00 IME FTE Resident Count Over Cap (see instructions) 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 2.22 25.00 instructions) 26.00 Resident to bed ratio (divide line 25 by line 4) 27.00 IME payments adjustment factor. (see instructions) 28.00 IME payments adjustment amount (see instructions) 28.01 IME add-on adjustment amount (see instructions) 28.01 IME add-on adjustment amount - Managed Care (see instructions) 29.00 Total IME payment (sum of lines 22 and 28) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) Disproportionate Share Adjustment 30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 30.00 Sum of lines 30 and 31 31.00 Allowable disproportionate share percentage (see instructions) 8.45 33.00	23 00			FR 412 105	2 22	23 00
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31.00Percentage of Medicaid patient days (see instructions)19.0631.0032.00Sum of lines 30 and 3123.3232.0033.00Allowable disproportionate share percentage (see instructions)8.4533.00	30.00		days (see instruc	tions)	4. 26	30.00
33.00 Allowable disproportionate share percentage (see instructions) 8.45 33.00				•		
	32.00					
34.00 Disproportionate share adjustment (see instructions) 2,465,478 34.00						
	34. 00	பாsproportionate share adjustment (see instructions)			2, 465, 478	34. 00

near th	Financial Systems DEACONESS	HOSPI TAL	<u>In_</u> Lie	u of Form CMS-2	2552-10
	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0082	Peri od: From 10/01/2019 To 09/30/2020	Worksheet E Part A	pared:
		Title XVIII	Hospi tal	PPS	
				On/After 10/1	
	Uncompensated Care Adjustment		1. 00	2. 00	
35. 00	Total uncompensated care amount (see instructions)		0	8, 350, 599, 096	35. 00
35. 01	Factor 3 (see instructions)		0. 00000000	0. 000670283	
35. 02	Hospital uncompensated care payment (If line 34 is zero, el	nter zero on this line) (s	ee 0	5, 597, 262	35. 02
35. 03	instructions) Pro rata share of the hospital uncompensated care payment a	amount (see instructions)	0	5, 597, 262	35. 03
	Total uncompensated care (sum of columns 1 and 2 on line 3		5, 597, 262		36. 00
	Additional payment for high percentage of ESRD beneficiary				
40. 00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683,	, 684 and 685. (see	0		40. 00
	instructions)		Before 1/1	On/After 1/1	
			1. 00	1. 01	
41. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682,	, 683, 684 an 685. (see	0	0	41. 00
41 01	instructions)	MC DDCa /E2 /02 /02 /0	4		41 01
41. 01	Total ESRD Medicare covered and paid discharges excluding I an 685. (see instructions)	M3-DKGS 652, 682, 683, 68	4 0	0	41. 01
42. 00	Divide line 41 by line 40 (if less than 10%, you do not qua	alify for adjustment)	0.00		42. 00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652,	682, 683, 684 an 685. (se	е 0		43. 00
44.00	instructions)	ad by line 41 divided by 7	0.000000		44 00
44. 00	Ratio of average length of stay to one week (line 43 divided days)	ed by line 41 divided by /	0. 000000		44.00
45. 00	Average weekly cost for dialysis treatments (see instruction	ons)	0.00	0. 00	45. 00
46. 00	Total additional payment (line 45 times line 44 times line	41.01)	0		46. 00
47. 00	Subtotal (see instructions)		128, 469, 267		47. 00
48. 00	Hospital specific payments (to be completed by SCH and MDH, only. (see instructions)	, smail rurai nospitais	0		48. 00
	join y. (See Tristi detrois)			Amount	
				1. 00	
49. 00	Total payment for inpatient operating costs (see instruction		`	129, 345, 387	
50. 00 51. 00	Payment for inpatient program capital (from Wkst. L, Pt. I Exception payment for inpatient program capital (Wkst. L, I)	9, 989, 616 0	50.00 51.00
52. 00	Direct graduate medical education payment (from Wkst. E-4,			881, 615	
53.00	Nursing and Allied Health Managed Care payment			187, 505	
54.00	Special add-on payments for new technologies			1, 820	
54. 01 55. 00	Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line	e 69)		0	54. 01 55. 00
56. 00	Cost of physicians' services in a teaching hospital (see in			0	
57. 00	Routine service other pass through costs (from Wkst. D, Pt.		through 35).	571, 468	
58. 00	Ancillary service other pass through costs from Wkst. D, P	t. IV, col. 11 line 200)		102, 529	
59. 00 60. 00	Total (sum of amounts on lines 49 through 58) Primary payer payments			141, 079, 940 39, 517	
61. 00	Total amount payable for program beneficiaries (line 59 min	nus line 60)		141, 040, 423	
62.00	Deductibles billed to program beneficiaries	·		11, 515, 295	62. 00
63.00	Coinsurance billed to program beneficiaries			438, 471	1
64. 00 65. 00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			1, 350, 618 877, 902	1
66. 00	Allowable bad debts for dual eligible beneficiaries (see in	nstructions)		627, 003	
67. 00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			129, 964, 559	
68. 00	Credits received from manufacturers for replaced devices for			8, 787	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 90	6).(For SCH see instructio	ns)	0	69.00
70. 00 70. 50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demon	nstration) adjustment (see	instructions)	0	70. 00 70. 50
70. 87	Demonstration payment adjustment amount before sequestration			0	70.87
70. 88	SCH or MDH volume decrease adjustment (contractor use only			0	70. 88
70. 89	Pioneer ACO demonstration payment adjustment amount (see in				70. 89
70. 90 70. 91	HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions))		0	l
70. 91	Bundled Model 1 discount amount (see instructions)			0	70. 91
70. 93	HVBP payment adjustment amount (see instructions)			-932, 920	
70. 73	lupp u			-1, 400, 532	70. 94
70. 94	HRR adjustment amount (see instructions) Recovery of accelerated depreciation				70. 95

					4/28/2021 10:	06 pm
		Ti tl e	XVIII	Hospi tal	PPS	
			FFY	(уууу)	Amount	
				0	1. 00	
70. 96	3 33337 (column 0		0	0	70. 96
70.07	the corresponding federal year for the period prior to 10/1)			0		70.07
70. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter in			0	0	70. 97
70.00	the corresponding federal year for the period ending on or after	er 10/1)			_	70.00
70. 98	Low Volume Payment-3				0 0	70. 98
70. 99 71. 00	HAC adjustment amount (see instructions) Amount due provider (line 67 minus lines 68 plus/minus lines 69	0 70)			_	70. 99 71. 00
71.00	Sequestration adjustment (see instructions)	9 & 70)			127, 622, 320 1, 480, 419	
71.01	Demonstration payment adjustment amount after sequestration				1, 460, 419	71.01
71. 02	Sequestration adjustment-PARHM pass-throughs				U	71.02
71.03	Interim payments				125, 361, 973	1
72. 00	Interim payments				125, 301, 973	72.00
73. 00	Tentative settlement (for contractor use only)				0	73.00
73. 00	Tentative settlement (for contractor use only)				U	73.00
74. 00	Balance due provider/program (line 71 minus lines 71.01, 71.02,	72 and			779, 928	
74.00	73)	72, and			777, 720	74.00
74. 01	Balance due provider/program-PARHM (see instructions)					74. 01
75. 00	Protested amounts (nonallowable cost report items) in accordance	e with			4, 274, 922	
70.00	CMS Pub. 15-2, chapter 1, §115.2	50 WI 111			1, 2, 1, ,22	70.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of	£ 2. 03			0	90.00
	plus 2.04 (see instructions)					
91.00	Capital outlier from Wkst. L, Pt. I, line 2				0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instruc	ctions)			0	92. 00
93.00	Capital outlier reconciliation adjustment amount (see instructi				0	93. 00
94.00	The rate used to calculate the time value of money (see instruc	ctions)			0.00	94. 00
95.00	Time value of money for operating expenses (see instructions)				0	95. 00
96.00		ons)			0	96. 00
			•	Prior to 10/1	On/After 10/1	
				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)				0.0000000000	
102.00	HVBP adjustment amount for HSP bonus payment (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
	Rural Community Hospital Demonstration Project (§410A Demonstra					
200.00	Is this the first year of the current 5-year demonstration peri	od under t	the 21st			200. 00
	Century Cures Act? Enter "Y" for yes or "N" for no.					
004 00	Cost Reimbursement	10)				004 00
	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line	49)				201. 00
	Medicare discharges (see instructions)					202. 00
203.00	Case-mix adjustment factor (see instructions)	::	-6 +1			203. 00
	Computation of Demonstration Target Amount Limitation (N/A in f	irst year	or the curren	it 5-year demons	tration	
204.00	period) Medicare target amount					204 00
	imedicare tardet amount					204. 00
2U0. UU						
	Case-mix adjusted target amount (line 203 times line 204)					205. 00
	Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205)					206. 00
206. 00	Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement	uati ana)				206. 00
206. 00 207. 00	Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instru					206. 00 207. 00
206. 00 207. 00 208. 00	Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instrumedicare Part A inpatient service costs (from Wkst. E, Pt. A, I					206. 00 207. 00 208. 00
206. 00 207. 00 208. 00 209. 00	Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instrumedicare Part A inpatient service costs (from Wkst. E, Pt. A, I Adjustment to Medicare IPPS payments (see instructions)					206. 00 207. 00 208. 00 209. 00
206. 00 207. 00 208. 00 209. 00 210. 00	Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the \$410A Demonstration (see instrumedicare Part A inpatient service costs (from Wkst. E, Pt. A, I Adjustment to Medicare IPPS payments (see instructions) Reserved for future use					206. 00 207. 00 208. 00 209. 00 210. 00
206. 00 207. 00 208. 00 209. 00 210. 00	Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instrumedicare Part A inpatient service costs (from Wkst. E, Pt. A, I Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)					206. 00 207. 00 208. 00 209. 00
206. 00 207. 00 208. 00 209. 00 210. 00 211. 00	Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instrumedicare Part A inpatient service costs (from Wkst. E, Pt. A, I Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	ine 59)				206. 00 207. 00 208. 00 209. 00 210. 00 211. 00
206. 00 207. 00 208. 00 209. 00 210. 00 211. 00	Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instrumedicare Part A inpatient service costs (from Wkst. E, Pt. A, I Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line 21)	ine 59)				206. 00 207. 00 208. 00 209. 00 210. 00 211. 00
206. 00 207. 00 208. 00 209. 00 210. 00 211. 00 212. 00 213. 00	Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instrumedicare Part A inpatient service costs (from Wkst. E, Pt. A, I Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line 21 Low-volume adjustment (see instructions)	ine 59)	nhursement)			206. 00 207. 00 208. 00 209. 00 210. 00 211. 00 212. 00 213. 00
206. 00 207. 00 208. 00 209. 00 210. 00 211. 00 212. 00 213. 00	Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instrumedicare Part A inpatient service costs (from Wkst. E, Pt. A, I Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line 21)	ine 59)	nbursement)			206. 00 207. 00 208. 00 209. 00 210. 00 211. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet E | From 10/01/2019 | Part A Exhibit 4 | To 09/30/2020 | Date/Time Prepared: | 4/28/2021 10:06 pm Provider CCN: 15-0082

						0 07/30/2020	4/28/2021 10:0	
					XVIII	Hospi tal	PPS	
			Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement		On/After 10/01	through 4)	
1.00	DRG amounts other than outlier	0 1. 00	1. 00	2.00	3.00	4. 00	5. 00 0	1. 00
1.00	payments	1.00	ď	0		U	U	1.00
1. 01	DRG amounts other than outlier	1. 01	o	0	0		0	1. 01
	payments for discharges							
	occurring prior to October 1							
1.02	DRG amounts other than outlier	1. 02	116, 708, 994	0		116, 708, 994	116, 708, 994	1. 02
	payments for discharges							
	occurring on or after October							
1. 03	DRG for Federal specific	1. 03	0	0	0		0	1. 03
1.03	operating payment for Model 4	1.03	ď	O	0		O	1.03
	BPCI occurring prior to							
	October 1							
1.04	DRG for Federal specific	1. 04	0	0		0	0	1. 04
	operating payment for Model 4							
	BPCI occurring on or after							
2. 00	October 1 Outlier payments for	2. 00						2. 00
2.00	discharges (see instructions)	2.00						2.00
2. 01	Outlier payments for	2. 02	0	0	0	0	0	2. 01
	discharges for Model 4 BPCI							
2.02	Outlier payments for	2. 03	0	0	0		0	2. 02
	discharges occurring prior to							
0.00	October 1 (see instructions)	0.04	4 ((0 0(4	•		4 //0 0/4	4 ((0 0(4	0.00
2. 03	Outlier payments for discharges occurring on or	2. 04	1, 660, 961	0		1, 660, 961	1, 660, 961	2. 03
	after October 1 (see							
	instructions)							
3.00	Operating outlier	2. 01	О	0	0	O	0	3. 00
	reconciliation							
4.00	Managed care simulated	3. 00	50, 207, 423	0	0	50, 207, 423	50, 207, 423	4. 00
	payments	L						
5. 00	Indirect Medical Education Adju	21.00	0.020074	0. 030074	0. 030074	0. 030074		F 00
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 030074	0. 030074	0.030074	0.030074		5. 00
6.00	IME payment adjustment (see	22. 00	1, 902, 240	0	0	1, 902, 240	1, 902, 240	6. 00
	instructions)		.,		_	.,	.,	
6. 01	IME payment adjustment for	22. 01	818, 331	0	0	818, 331	818, 331	6. 01
	managed care (see							
	instructions)		A	1. 100 6.1				
7. 00	Indirect Medical Education Adjustment factor	ustment for the	0. 001151	0. 001151		0. 001151		7. 00
7.00	(see instructions)	27.00	0.001131	0.001131	0.001131	0.001131		7.00
8.00	IME adjustment (see	28. 00	134, 332	0	0	134, 332	134, 332	8. 00
	instructions)						·	
8. 01	IME payment adjustment add on	28. 01	57, 789	0	0	57, 789	57, 789	8. 01
	for managed care (see							
0.00	instructions)	20.00	2 02/ 572	0		2 02/ 572	2 02/ 572	0.00
9. 00	Total IME payment (sum of lines 6 and 8)	29. 00	2, 036, 572	0	0	2, 036, 572	2, 036, 572	9. 00
9. 01	Total IME payment for managed	29. 01	876, 120	0	0	876, 120	876, 120	9. 01
	care (sum of lines 6.01 and		3.5, 120	O	l	3.0, 120	3.0, 120	
	8. 01)							
	Disproportionate Share Adjustme					-		
10. 00	Allowable disproportionate	33. 00	0. 0845	0. 0845	0. 0845	0. 0845		10. 00
	share percentage (see instructions)							
11. 00	Di sproporti onate share	34.00	2, 465, 478	0	0	2, 465, 478	2, 465, 478	11 00
11.00	adjustment (see instructions)	34.00	2,403,470	0		2, 403, 470	2, 403, 470	11.00
11. 01	Uncompensated care payments	36.00	5, 597, 262	0	0	5, 597, 262	5, 597, 262	11. 01
	Additional payment for high pe	rcentage of ESR	D beneficiary	di scharges	•			
12.00	Total ESRD additional payment	46.00	0	0	0	0	0	12. 00
	(see instructions)	,	105				40	
13.00	Subtotal (see instructions)	47. 00	128, 469, 267	0	0	128, 469, 267	128, 469, 267	
14. 00	Hospital specific payments	48. 00	0	0	0		0	14. 00
	(completed by SCH and MDH, small rural hospitals only.)							
	(see instructions)							
15. 00	Total payment for inpatient	49. 00	129, 345, 387	0	О	129, 345, 387	129, 345, 387	15. 00
	operating costs (see	1 1 1 1 1 1	, 2 . 2 , 2 0 /	· ·			, , , , , , ,	
	instructions)							
16. 00	Payment for inpatient program	50. 00	9, 989, 616	0	0	9, 989, 616	9, 989, 616	16. 00
	capital (from Wkst. L, Pt. I,							
	if applicable)	I	ı l		I	ı l	ı	

	COME CALCULATION EXITED T			Trovider co		From 10/01/2019 To 09/30/2020	4/28/2021 10:	pared:
					XVIII	Hospi tal	PPS	
		· ·	Amounts (from	Pre/Post	Period Prior		Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2. 00	3. 00	4. 00	5. 00	
17. 00	Special add-on payments for new technologies	54.00	1, 820	0		0 1, 820	1, 820	17. 00
17. 01 17. 02	Net organ aquisition cost Credits received from manufacturers for replaced devices for applicable MS-DRGs	68. 00	8, 787	0		0 8, 787	8, 787	17. 01 17. 02
18. 00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0		0 0	0	18. 00
19.00	SUBTOTAL			0		0 139, 345, 610	139, 345, 610	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	9, 210, 339	0		0 9, 210, 339	9, 210, 339	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0	0		0	0	20. 01
21.00	Capital DRG outlier payments	2. 00	199, 026	0		0 199, 026	199, 026	21. 00
21. 01	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0		0	0	21. 01
22. 00	Indirect medical education percentage (see instructions)	5. 00	0. 0147	0. 0147	0. 014	7 0. 0147		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	135, 392	0		0 135, 392	135, 392	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0483	0. 0483	0. 048	0. 0483		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11. 00	444, 859	0		0 444, 859	444, 859	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	9, 989, 616	0		0 9, 989, 616	9, 989, 616	26. 00
		W/S E, Part A						
		line	Part A)					
		0	1.00	2. 00	3. 00	4. 00	5. 00	
27. 00	Low volume adjustment factor				0. 00000	0. 000000		27. 00
28. 00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 96				0	0	28. 00
29. 00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29. 00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100. 00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 Provider CCN: 15-0082 Peri od: Worksheet E From 10/01/2019 Part A Exhibit 5 09/30/2020 Date/Time Prepared: 4/28/2021 10:06 pm Hospi tal Title XVIII PPS Period to Total (cols. 2 Wkst. E, Pt. Amt. from Peri od on Wkst. E, Pt. 10/01 A. line after 10/01 and 3) A) 2.00 3. 00 4. 00 0 1.00 1.00 DRG amounts other than outlier payments 1.00 1. 00 DRG amounts other than outlier payments for 1.01 1.01 1.01 discharges occurring prior to October 1 116, 708, 994 116, 708, 994 116, 708, 994 1.02 DRG amounts other than outlier payments for 1.02 1.02 discharges occurring on or after October 1 1.03 DRG for Federal specific operating payment 1.03 1.03 for Model 4 BPCI occurring prior to October DRG for Federal specific operating payment 1.04 1.04 0 1.04 for Model 4 BPCI occurring on or after October 1 2.00 Outlier payments for discharges (see 2.00 2.00 instructions) 2.01 Outlier payments for discharges for Model 4 2.02 O 2.01 **BPCI** 2 02 Outlier payments for discharges occurring 2 03 \cap Ω 2 02 prior to October 1 (see instructions) 2.03 Outlier payments for discharges occurring on 2.04 1,660,961 1, 660, 961 1, 660, 961 2.03 or after October 1 (see instructions) 3.00 Operating outlier reconciliation 2.01 3.00 Managed care simulated payments 50, 207, 423 50, 207, 423 50, 207, 423 4.00 3.00 4.00 Indirect Medical Education Adjustment 5.00 Amount from Worksheet E, Part A, line 21 21.00 0.030074 0.030074 0.030074 5.00 (see instructions) IME payment adjustment (see instructions) 6.00 22.00 1, 902, 240 0 1, 902, 240 1, 902, 240 6.00 IME payment adjustment for managed care (see 0 6.01 22.01 818, 331 818.331 818, 331 6.01 instructions) Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 7.00 IME payment adjustment factor (see 27. 00 0. 001151 0.001151 0. 001151 7 00 instructions) 8 00 IME adjustment (see instructions) 28 00 134, 332 134 332 134, 332 8 00 0 8.01 IME payment adjustment add on for managed 28.01 57, 789 0 57, 789 57, 789 8.01 care (see instructions) Total IME payment (sum of lines 6 and 8) 29.00 9.00 2, 036, 572 0 2, 036, 572 2, 036, 572 9.00 Total IME payment for managed care (sum of 9.01 29.01 876, 120 0 876, 120 876, 120 9.01 lines 6.01 and 8.01) Disproportionate Share Adjustment Allowable disproportionate share percentage 10.00 33.00 0.0845 0.0845 0.0845 10.00 (see instructions) 11.00 Disproportionate share adjustment (see 34.00 2.465.478 0 2.465.478 2.465.478 11.00 instructions) 5, 597, 262 11.01 5, 597, 262 Uncompensated care payments 36, 00 0 5, 597, 262 11.01 Additional payment for high percentage of ESRD beneficiary discharges 12.00 Total ESRD additional payment (see 46. 00 O 12.00 instructions) 47.00 13 00 O Subtotal (see instructions) 128, 469, 267 128, 469, 267 128, 469, 267 13 00 14.00 Hospital specific payments (completed by SCH 48.00 0 14.00 and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs 49.00 129, 345, 387 0 129, 345, 387 129, 345, 387 15.00 15.00 (see instructions) 16.00 Payment for inpatient program capital (from 50 00 9, 989, 616 0 9 989 616 9, 989, 616 16.00 Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 1,820 C 1,820 1,820 17.00 17.01 Net organ acquisition cost 17.01 Credits received from manufacturers for 0 8, 787 68.00 8, 787 8.787 17.02 17.02 replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment 93.00 0 18.00 0

139, 345, 610

139, 345, 610 19.00

19.00

SUBTOTAL

amount (see instructions)

20.00	instructions)		111,007		111,007	111,007	20.00
26.00	Total prospective capital payments (see	12.00	9, 989, 616	0	9, 989, 616	9, 989, 616	26. 00
	instructions)						
		Wkst. E, Pt.	(Amt. from				
		A, line	Wkst. E, Pt.				
			A)				
		0	1. 00	2. 00	3. 00	4. 00	
27.00							27. 00
28.00	Low volume adjustment prior to October 1	70. 96	0	0		0	28. 00
29. 00	Low volume adjustment on or after October 1	70. 97	0		0	0	29. 00
30.00	HVBP payment adjustment (see instructions)	70. 93	-932, 920	0	-932, 920	-932, 920	30.00
30. 01	HVBP payment adjustment for HSP bonus payment (see instructions)	70. 90	0	0	0	0	30. 01
31. 00	HRR adjustment (see instructions)	70. 94	-1, 400, 532		-1, 400, 532	-1, 400, 532	31. 00
	, ,	70. 94 70. 91	-1, 400, 532		-1, 400, 552	-1, 400, 532	31. 00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70. 91	0	0	U	0	31.01
						(Amt. to Wkst.	
						E, Pt. A)	
		0	1. 00	2. 00	3. 00	4. 00	
32. 00	HAC Reduction Program adjustment (see instructions)	70. 99		0	0	0	32. 00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100. 00

		tle XVIII	Hospi tal	4/28/2021 10: (PPS	06 pm
			, moop, tar		
	DADT D. MEDICAL AND OTHER HEALTH SERVICES			1.00	_
	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			57, 446	1.00
	Medical and other services reimbursed under OPPS (see instructions)			74, 861, 277	1
1	OPPS payments			83, 803, 905	
4.00	Outlier payment (see instructions)			30, 728	4.00
1	Outlier reconciliation amount (see instructions)			0	
	Enter the hospital specific payment to cost ratio (see instructions)			0.000	1
1	Line 2 times line 5			0 00	
	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0.00	1
	Ancillary service other pass through costs from Wkst. D, Pt. IV, col.	13 Line 200		127, 116	1
	Organ acquisitions	10, 11110 200		0	1
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			57, 446	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable charges				4
1	Ancillary service charges			228, 673	1
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69) Total reasonable charges (sum of lines 12 and 13)			0 228, 673	
	Customary charges			220, 073	14.00
	Aggregate amount actually collected from patients liable for payment for	or services on	a charge basis	0	15. 00
	Amounts that would have been realized from patients liable for payment			0	16.00
	had such payment been made in accordance with 42 CFR §413.13(e)		· ·		
	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
	Total customary charges (see instructions)			228, 673	
	Excess of customary charges over reasonable cost (complete only if line	e 18 exceeds li	ne 11) (see	171, 227	19. 00
1	instructions) Excess of reasonable cost over customary charges (complete only if line	e 11 eyceeds li	ne 18) (see	0	20.00
	instructions)	5 TT CACCCUS TT	110 10) (300	١	20.00
	Lesser of cost or charges (see instructions)			57, 446	21. 00
22. 00	Interns and residents (see instructions)			0	22. 00
	Cost of physicians' services in a teaching hospital (see instructions)			0	
	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			83, 961, 749	24.00
-	COMPUTATION OF REIMBURSEMENT SETTLEMENT			26	25. 00
	Deductibles and coinsurance amounts (for CAH, see instructions) Deductibles and Coinsurance amounts relating to amount on line 24 (for	CAH see instr	uctions)	14, 975, 096	1
	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the			69, 044, 073	
	instructions)		, (
28. 00	Direct graduate medical education payments (from Wkst. E-4, line 50)			501, 090	28. 00
1	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
1	Subtotal (sum of lines 27 through 29)			69, 545, 163	1
	Primary payer payments Subtotal (line 30 minus line 31)			16, 109	1
-	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			69, 529, 054	32.00
-	Composite rate ESRD (from Wkst. I-5, line 11)			0	33. 00
1	Allowable bad debts (see instructions)			1, 345, 356	1
35. 00	Adjusted reimbursable bad debts (see instructions)			874, 481	35.00
	Allowable bad debts for dual eligible beneficiaries (see instructions)			871, 405	36.00
	Subtotal (see instructions)			70, 403, 535	
	MSP-LCC reconciliation amount from PS&R				38.00
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
1	Pioneer ACO demonstration payment adjustment (see instructions)				39. 50
	Demonstration payment adjustment amount before sequestration Partial or full credits received from manufacturers for replaced device	es (see instruc	tions)	0	
1	RECOVERY OF ACCELERATED DEPRECIATION	es (see ilistiuc	ti ons)	0	1
1	Subtotal (see instructions)			70, 403, 888	
1	Sequestration adjustment (see instructions)			816, 685	
	Demonstration payment adjustment amount after sequestration			0	1
40. 03	Sequestration adjustment-PARHM pass-throughs				40. 03
	Interim payments			69, 520, 798	1
1	Interim payments-PARHM				41. 01
	Tentative settlement (for contractors use only) Tentative settlement PAPHM (for contractor use only)			0	1
1	Tentative settlement-PARHM (for contractor use only) Balance due provider/program (see instructions)			66, 405	42. 01 43. 00
1	Balance due provider/program-PARHM (see instructions)			00, 405	43. 00
1	Protested amounts (nonallowable cost report items) in accordance with	CMS Pub. 15-2.	chapter 1,	1, 606, 469	
	§115. 2		· · · · · · · · · · · · · · · · · · ·		
					4 .
	TO BE COMPLETED BY CONTRACTOR				
90. 00	Original outlier amount (see instructions)			0	
90. 00 91. 00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	91.00
90. 00 91. 00 92. 00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money			0 0. 00	91. 00 92. 00
90. 00 91. 00 92. 00 93. 00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0 0.00 0	91. 00 92. 00

Health Financial Systems

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Peri od: | Worksheet E-1 | From 10/01/2019 | Part I | To 09/30/2020 | Date/Time Prepared: Provider CCN: 15-0082

			'	0 09/30/2020	4/28/2021 10: 0	
		Title	XVIII	Hospi tal	PPS	
		Inpatien	t Part A	Par	t B	
		(11/		/ 1 1 /		
		mm/dd/yyyy	Amount 2.00	mm/dd/yyyy	Amount 4.00	
1 00	Takat tukantu animaka antuk ka amantukan	1.00		3. 00		1 00
1. 00 2. 00	Total interim payments paid to provider Interim payments payable on individual bills, either		125, 361, 973		69, 481, 398 0	1. 00 2. 00
2.00	submitted or to be submitted to the contractor for		0		ا	2.00
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
	amount based on subsequent revision of the interim rate					
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
3. 01	ADJUSTMENTS TO PROVIDER		0	04/13/2020	39, 400	3. 01
3. 02			0		0	3. 02
3. 03			0		0	3. 03
3.04			0		0	3. 04
3. 05	Don't don't a Discourse		0		0	3. 05
3. 50	Provider to Program ADJUSTMENTS TO PROGRAM		0		0	3. 50
3. 50	ADJUSTIMENTS TO PROGRAM				0	3. 50
3. 52					0	3. 52
3. 53			0		0	3. 53
3. 54			Ö		o l	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		Ö		39, 400	3. 99
	3. 50-3. 98)		_			
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		125, 361, 973		69, 520, 798	4. 00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropri ate)					
F 00	TO BE COMPLETED BY CONTRACTOR					F 00
5. 00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER		0		0	5. 01
5. 02	TERMINE TO TROVIDEN		Ö		0	5. 02
5. 03			Ö		ol	5. 03
	Provider to Program	•	•			
5.50	TENTATI VE TO PROGRAM		0		0	5. 50
5. 51			0		0	5. 51
5. 52			0		0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		0		0	5. 99
	5. 50-5. 98)					
6.00	Determined net settlement amount (balance due) based on					6. 00
6. 01	the cost report. (1) SETTLEMENT TO PROVIDER		779, 928		66. 405	6. 01
6. 02	SETTLEMENT TO PROVIDER		117, 928		00, 405	6. 02
7. 00	Total Medicare program liability (see instructions)		126, 141, 901		69, 587, 203	
7.00	Total moureure program trabitity (see thistractions)		120, 141, 701	Contractor	NPR Date	7.00
				Number	(Mo/Day/Yr)	
		()	1. 00	2. 00	
8.00	Name of Contractor					8. 00
					·	

Health Financial Systems

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

Inpatient Part A			Title	XVIII	Subprovi der - I PF	PPS	
1.00			I npati en	t Part A		t B	
1.00			mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
Interim payments payable on individual bilis, either submitted or to be submitted for the cost reporting period. If none, write "NONE" or enter a zero (1) Foreign amount based on subsequent revision of the Interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 3.01 3.02 3.03 3.04 3.00 0.03.03 3.03 3.04 3.00 0.03.03 3.04 3.00 0.03.03 3.04 3.05 8.07 8.08 8.09 8.00 8.00 8.00 8.00 8.00 8.00			1. 00				
Submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NoNE" or enter a zero	1.00						
Services rendered in the cost reporting period. If none, write "NONE" or enter a zero 2,00	2.00			_	,	0	2.00
write "NONE" or enter a zero							
amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 3.01 3.02 3.03 3.03 3.04 3.05 8 9 10 0 0 0 3.05 8 9 10 0 0 3.05 8 9 10 0 0 3.05 8 9 10 0 0 3.05 9 10 0 0 3.05 9 10 0 0 3.05 9 10 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 3.50 0 0 0 0 3.50 0 0 0 0 3.50 0 0 0 0 3.50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
For the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider	3.00						3. 00
payment. If none, write "NONE" or enter a zero. (1)							
Program to Provider							
ADJUSTMENTS TO PROVIDER							1
3.02 0	3. 01			C		0	3. 01
3.04 0	3. 02			c)	0	
ADJUSTMENTS TO PROGRAM	3.03			C)		
Provider to Program	3. 04						
ADJUSTMENTS TO PROGRAM	3. 05)	0	3.05
3.51 3.52 3.53 0	2 50			Γ	\	1	2 50
3.52 3.53 3.54 3.00 3.52 3.50		ADJUSTIMENTS TO PROGRAM					
3.53 Subtotal (sum of lines 3.01-3.49 minus sum of lines	3. 52						
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) 3.50-3.98) 3.50-3.98) 3.50-3.98) 3.84,607 0 4.00 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) To BE COMPLETED BY CONTRACTOR	3.53			C)	0	3. 53
3.50-3.98 Total interim payments (sum of lines 1, 2, and 3.99) Total interim payments (sum of lines 1, 2, and 3.99) Total interim payments (sum of lines 1, 2, and 3.99) Total interim payments (sum of lines 1, 2, and 3.99) Total interim payments (sum of lines 5.00 Total Medicare program liability (see instructions) Total Medicare program liability (see in	3.54			C)	0	
Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) TO BE COMPLETED BY CONTRACTOR	3. 99			C)	0	3. 99
Contractor	4 00			204 (07			4 00
appropriate TO BE COMPLETED BY CONTRACTOR	4.00			384, 607		0	4.00
TO BE COMPLÉTED BY CONTRACTOR List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider TENTATIVE TO PROVIDER 0 0 0 5.02 5.03 0 0 0 5.02 5.03 0 0 0 0 5.50 5.03 0 0 0 0 5.50 5.03 0 0 0 0 0 0 5.50 5.03 0 0 0 0 0 5.50 5.03 0 0 0 0 0 5.50 5.03 0 0 0 0 0 5.50 5.03 0 0 0 0 0 5.50 5.03 0 0 0 0 0 5.50 5.03 0 0 0 0 0 5.50 5.03 0 0 0 0 0 5.50 5.03 0 0 0 0 0 5.50 5.03 0 0 0 0 0 5.50 5.03 0 0 0 0 0 5.50 5.03 0 0 0 0 0 5.50 5.03 0 0 0 0 0 0 5.50 5.03 0 0 0 0 0 0 5.50 5.03 0 0 0 0 0 0 5.50 5.03 0 0 0 0 0 0 5.50 5.03 0 0 0 0 0 0 0 5.50 5.03 0 0 0 0 0 0 0 5.50 5.03 0 0 0 0 0 0 0 5.50 5.03 0 0 0 0 0 0 0 0 5.50 5.03 0 0 0 0 0 0 0 0 0 0 0 0 5.50 5.03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider							1
Write "NONE" or enter a zero. (1) Program to Provider	5.00						5. 00
Program to Provider							
TENTATIVE TO PROVIDER							-
5.02 0	5 01					0	5.01
Solid	5. 02	TENTATI VE TO TROVIDER				1	
TENTATIVE TO PROGRAM	5. 03						
5.51 5.52 5.59 Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 8,521 0 6.01 6.02 SETTLEMENT TO PROGRAM 0 0 6.02 7.00 Total Medicare program liability (see instructions) 393,128 Contractor Number (Mo/Day/Yr) NPR Date (Mo/Day/Yr) 0 1.00 2.00 Contractor Number (Mo/Day/Yr) Contractor Number (Mo/		Provider to Program					1
Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.52	5.50	TENTATI VE TO PROGRAM					
5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 8,521 0 6.01 6.02 SETTLEMENT TO PROGRAM 0 0 6.02 7.00 Total Medicare program liability (see instructions) 393,128 Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00				1			
5.50-5.98) Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00		Subtotal (sum of lines 5 01 5 40 minus sum of lines		1			
6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) Contractor Number (Mo/Day/Yr) 0 1.00 2.00	5. 99				,	0	3. 99
6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) 8,521 0 6.01 0 6.02 393,128 Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00	6.00						6. 00
6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) 0 393,128 Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00		the cost report. (1)					
7.00 Total Medicare program liability (see instructions) 393,128 0 7.00 Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00	6. 01						
Contractor NPR Date Number (Mo/Day/Yr) 0 1.00 2.00					1		
Number (Mo/Day/Yr) 0 1.00 2.00	7.00	lotal medicare program Hability (see instructions)		393, 128			7.00
0 1.00 2.00							
8.00 Name of Contractor 8.00			()			
	8. 00	Name of Contractor					8. 00

Heal th	Financial Systems DEACONESS H	HOSPI TAL	In Lie	u of Form CMS-	2552-10		
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0082	Peri od:	Worksheet E-1			
			From 10/01/2019 To 09/30/2020		narod.		
			10 07/30/2020	4/28/2021 10:			
		Title XVIII	Hospi tal	PPS			
				1. 00			
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS							
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION	ON					
1.00	1.00 Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14						
2.00	2.00 Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12						
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3. 00		
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1,	8-12			4. 00		
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5. 00		
6.00	Total hospital charity care charges from Wkst. S-10, col. 3	line 20			6. 00		
7.00	CAH only - The reasonable cost incurred for the purchase of	certified HIT technology	Wkst. S-2, Pt. I		7. 00		
	line 168						
8.00	Calculation of the HIT incentive payment (see instructions)				8. 00		
9.00	Sequestration adjustment amount (see instructions)				9. 00		
10.00	Calculation of the HIT incentive payment after sequestration	n (see instructions)			10.00		
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH						
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00		
	Other Adjustment (specify)				31.00		
22 00	2.00 Polance due provider (line 9 (or line 10) minus line 20 and line 21) (see instructions)						

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

30. 00 31. 00 32. 00

	THE ANTI	IPF	113	
			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)	495, 667	1.00
2.00	Net IPF PPS Outlier Payments	,	0	2. 00
3.00	Net IPF PPS ECT Payments		321	3. 00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or	before November	0.00	4.00
	15, 2004. (see instructions)			
4.01	Cap increases for the unweighted intern and resident FTE count for residents that we	,	0.00	4. 01
	program or hospital closure, that would not be counted without a temporary cap adjus	tment under 42		
	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			
5.00	New Teaching program adjustment. (see instructions)		0.00	5. 00
6. 00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth	period of a "new	0.00	6. 00
7. 00	teaching program" (see instuctions) Current year's unweighted I&R FTE count for residents within the new program growth	noried of a "now	0.00	7. 00
7.00	teaching program" (see instuctions)	period of a new	0.00	7.00
8. 00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8. 00
9. 00	Average Daily Census (see instructions)		4. 467213	9.00
10. 00	, , , , , , , , , , , , , , , , , , ,		0. 000000	10.00
11. 00			0.000000	11.00
12. 00	9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		495, 988	12. 00
13. 00			0	13. 00
14. 00	1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			14. 00
15. 00			0	15. 00
16.00			495, 988	16. 00
17.00	Primary payer payments		0	17. 00
18.00	Subtotal (line 16 less line 17).		495, 988	18. 00
19.00	Deducti bl es		37, 180	19. 00
20.00	Subtotal (line 18 minus line 19)		458, 808	20. 00
21. 00			66, 352	
22. 00	· · · · · · · · · · · · · · · · · · ·		392, 456	
23. 00			7, 903	
24. 00	, ,		5, 137	
25. 00	3		1, 408	
26. 00			397, 593	
27. 00	1.5		0	27. 00
28. 00			149	28. 00
29. 00 30. 00			0	29. 00 30. 00
30. 50				30. 50
30. 99	, ,			30. 99
31. 00			397, 742	31. 00
31. 01			4, 614	
31. 02			0	31. 02
32. 00			384, 607	32. 00
33. 00			0	33. 00
34.00	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8, 521	
35.00		chapter 1,	0	35. 00
	§115. 2	•		
	TO BE COMPLETED BY CONTRACTOR			
50.00	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	50.00
51. 00			0	51.00
52.00			0.00	52.00
53. 00	Time Value of Money (see instructions)		0	53.00

	Financial Systems DEACONESS GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider C	CN: 15-0082	Period:	u of Form CMS-2 Worksheet E-4	
	EDUCATION COSTS	Trovider ex		From 10/01/2019 To 09/30/2020	Date/Time Pre	pared:
		Title	XVIII	Hospi tal	4/28/2021 10: (PPS	06 pm
					1. 00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
00	Unweighted resident FTE count for allopathic and osteopathi ending on or before December 31, 1996.	c programs for	cost reporti	ng perioas	18. 00	1.00
00	Unweighted FTE resident cap add-on for new programs per 42	` , ,	1) (see instr	uctions)	0. 00 1. 40	
00 01	Amount of reduction to Direct GME cap under section 422 of Direct GME cap reduction amount under ACA §5503 in accordar		§413.79 (m).	(see	0. 00	
00	instructions for cost reporting periods straddling 7/1/2011 Adjustment (plus or minus) to the FTE cap for allopathic ar		programs due	to a Medicare	3. 08	4.0
01	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (ACA Section 5503 increase to the Direct GME FTE Cap (see in		cost reporti	ng periods	0.00	4. 0
02	straddling 7/1/2011) ACA Section 5506 number of additional direct GME FTE cap sl	ots (see inst	ructions for	cost reporting	0. 00	4. 0
00	periods straddling 7/1/2011) FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 4.02 plus applicable subscripts	plus or minus	line 4 plus l	ines 4.01 and	19. 68	5. 00
00	4.02 plus applicable subscripts Unweighted resident FTE count for allopathic and osteopathi records (see instructions)	c programs for	the current	year from your	21. 69	6. 00
00	Enter the lesser of line 5 or line 6				19. 68	7. 00
			Primary Care 1.00	0ther 2.00	<u>Total</u> 3. 00	
00	Weighted FTE count for physicians in an allopathic and oste	eopathi c	21. 5		21. 68	8. 00
00	program for the current year. If line 6 is less than 5 enter the amount from line 8, other multiply line 8 times the result of line 5 divided by the a		19. 5	0.14	19. 67	9. 0
. 00	6. Weighted dental and podiatric resident FTE count for the cu	urrent year		0.00		10.0
. 01	Unweighted dental and podiatric resident FTE count for the			0.00		10.0
. 00	Total weighted FTE count Total weighted resident FTE count for the prior cost report	ting vear (see	19. 5 17. 5			11. 0 12. 0
. 00	instructions) Total weighted resident FTE count for the penultimate cost		16. 6			13. 0
. 00	year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divid	ted by 3)	17. 8	9 0.05		14.0
5. 00	Adjustment for residents in initial years of new programs	ded by 3).	0.0			15. 0
5. 01	Unweighted adjustment for residents in initial years of new		0.0			15.0
. 00 . 01	Adjustment for residents displaced by program or hospital of Unweighted adjustment for residents displaced by program or closure		0. 0 0. 0			16. 0 16. 0
7. 00	Adjusted rolling average FTE count		17. 8	9 0.05		17. 0
3. 00	Per resident amount		134, 219. 4		0 407 007	18.0
9.00	Approved amount for resident costs		2, 401, 18	6 6, 711	2, 407, 897	19.0
2 00	Additional wave about 11 and 12 and 1	ETE	1 -4	-1	1. 00	20.0
). 00	Additional unweighted allopathic and osteopathic direct GME Sec. 413.79(c)(4)	FIE resident	cap stots rec	erved under 42	0.00	20.00
. 00	Direct GME FTE unweighted resident count over cap (see inst				2. 01	21.0
. 00	Allowable additional direct GME FTE Resident Count (see ins Enter the locality adjustment national average per resident		netructione)		0. 00 0. 00	
1. 00	Multiply line 22 time line 23	allourt (see i	nstructions)		0.00	24. 0
. 00	Total direct GME amount (sum of lines 19 and 24)				2, 407, 897	25. 0
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2. 01	3. 00	
. 00	COMPUTATION OF PROGRAM PATIENT LOAD Inpatient Days (see instructions) (Title XIX - see S-2	53, 217	6, 69	5 19, 127		26. 0
7. 00	Part IX, line 3.02, column 2) Total Inpatient Days (see instructions)	134, 494	134, 49	4 134, 494		27. 0
8. 00	Ratio of inpatient days to total inpatient days	0. 395683	0. 04977	9 0. 142215		28. 0
9. 00	Program direct GME amount	952, 764			1, 415, 066	
9. 01	Percent reduction for MA DGME Reduction for direct GME payments for Medicare Advantage		7. 0 8, 39		32, 361	29. 0° 30. 00
0.00						

Heal th	Financial Systems DEACONESS HOS	SPI TAL	In Lie	u of Form CMS-2	2552-10			
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider CCN: 15-0082	Peri od:	Worksheet E-4				
MEDI CA	DICAL EDUCATION COSTS From 10/01/2019 To 09/30/2020 Da 4/							
		Title XVIII	Hospi tal	PPS				
				1. 00				
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE EDUCATION COSTS)	`		CAL				
32. 00	Renal dialysis direct medical education costs (from Wkst. B, and 94)	Pt. I, sum of col. 20 an	d 23, lines 74	0	32. 00			
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt.	I, col. 8, sum of lines	74 and 94)	11, 696, 904	33. 00			
34.00	Ratio of direct medical education costs to total charges (line	e 32 ÷ line 33)		0.000000	34.00			
35.00	Medicare outpatient ESRD charges (see instructions)			0	35. 00			
36.00	Medicare outpatient ESRD direct medical education costs (line	34 x line 35)		0	36. 00			
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII	ONLY						
	Part A Reasonable Cost							
	Reasonable cost (see instructions)			132, 046, 875				
	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38. 00			
	Cost of physicians' services in a teaching hospital (see inst	ructions)		0	39. 00			
	Primary payer payments (see instructions)			39, 517				
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus	s line 40)		132, 007, 358	41. 00			
42. 00	Part B Reasonable Cost Reasonable cost (see instructions)			75, 045, 839	42. 00			
42.00	,			75, 045, 839 16, 109				
	Total Part B reasonable cost (line 42 minus line 43)			75, 029, 730				
	Total reasonable cost (sum of lines 41 and 44)			207, 037, 088				
	Ratio of Part A reasonable cost to total reasonable cost (line	e 41 ÷ line 45)		0. 637602				
	Ratio of Part B reasonable cost to total reasonable cost (line	,		0. 362398				
50	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PAR			0.002070				
48. 00	Total program GME payment (line 31)			1, 382, 705	48. 00			
	Part A Medicare GME payment (line 46 x 48) (title XVIII only)	(see instructions)		881, 615				
	Part B Medicare GME payment (line 47 x 48) (title XVIII only)			501, 090				

Health Financial Systems

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

Provider CCN: 15-0082

Peri od: Worksheet G From 10/01/2019 To 09/30/2020 Date/Time Prepared: 4/28/2021 10:06 pm

————					4/28/2021 10:	06 pm
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	I	1.00	2.00	3. 00	4. 00	
1. 00	CURRENT ASSETS	222, 090, 616	1 0	0	0	1.00
2.00	Cash on hand in banks Temporary investments	77, 504	1	_		
3.00	Notes recei vabl e	77,304	0	0	0	
4. 00	Accounts receivable	139, 276, 450	Ō	0	0	
5.00	Other recei vabl e	0	0	0	0	5. 00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	
7.00	Inventory	8, 511, 488	1	0	0	
8. 00 9. 00	Prepaid expenses Other current assets	14, 069, 480	1	0	0	
10. 00	Due from other funds	44, 908, 115	0	0	0	
11. 00	Total current assets (sum of lines 1-10)	428, 933, 653		0		
	FI XED ASSETS	120/700/000				1 00
12.00	Land	17, 297, 087	0	0	0	12. 00
13.00	Land improvements	6, 800, 885	0	0		
14.00	Accumulated depreciation	-3, 338, 140	1	0	1	1
15.00	Bui I di ngs	717, 577, 600	1	0	0	
16.00	Accumulated depreciation	-356, 575, 297	1	0	0	
17. 00 18. 00	Leasehold improvements Accumulated depreciation	0	0	0	0	
19. 00	Fixed equipment	270, 996, 137	1	0	0	
20.00	Accumulated depreciation	-194, 963, 819	1	0	0	
21. 00	Automobiles and trucks	0	ō	0	Ō	
22. 00	Accumul ated depreciation	0	0	0	0	22. 00
23. 00	Major movable equipment	0	0	0	0	23. 00
24.00	Accumulated depreciation	0	0	0	0	1
25. 00	Mi nor equi pment depreci abl e	0	0	0	0	
26. 00	Accumulated depreciation	0	0	0	0	1
27. 00 28. 00	HIT designated Assets	0	0	0	0	
28.00	Accumul ated depreciation Minor equipment-nondepreciable	0	0	0	0	
30.00	Total fixed assets (sum of lines 12-29)	457, 794, 453	_	0		
00.00	OTHER ASSETS	107,771,100		0		00.00
31.00	Investments	827, 685, 933	16, 894, 751	0	0	31.00
32.00	Deposits on Leases	0	0	0	_	
33.00	Due from owners/officers	0	0	0	0	
34. 00	Other assets	189, 867, 909		0	0	1
35. 00	Total other assets (sum of lines 31-34)	1, 017, 553, 842		0	_	
36. 00	Total assets (sum of lines 11, 30, and 35) CURRENT LIABILITIES	1, 904, 281, 948	16, 894, 751	0	0	36. 00
37. 00	Accounts payable	55, 147, 459	0	0	0	37. 00
38. 00	Salaries, wages, and fees payable	47, 638, 696	1	0	· -	
39. 00	Payrol I taxes payable	1, 818, 069		0	Ō	
40.00	Notes and Loans payable (short term)	79, 266, 667	0	0	0	40. 00
41.00	Deferred income	0	0	0	0	41. 00
42.00	Accel erated payments	0				42. 00
43.00	Due to other funds	0	0	0	0	
44. 00	Other current liabilities	9, 318, 332	1	0	0	1
45. 00	Total current liabilities (sum of lines 37 thru 44) LONG TERM LIABILITIES	193, 189, 223	0	0	0	45. 00
46. 00	Mortgage payable	1 0	0	0	0	46. 00
47. 00	Notes payable	364, 970, 227		0	-	
48. 00	Unsecured Loans	0	Ō			
49.00	Other long term liabilities	145, 786, 764	0	0	0	49. 00
50.00	Total long term liabilities (sum of lines 46 thru 49)	510, 756, 991	0	0		
51.00	Total liabilities (sum of lines 45 and 50)	703, 946, 214	0	0	0	51.00
	CAPI TAL ACCOUNTS	1	1		T	
52. 00	General fund balance	1, 200, 335, 734	1			52.00
53. 00 54. 00	Specific purpose fund Donor created - endowment fund balance - restricted		16, 894, 751	0		53. 00 54. 00
55. 00	Donor created - endowment fund balance - restricted			0		55. 00
56. 00	Governing body created - endowment fund balance			0	ł	56.00
57. 00	Plant fund balance - invested in plant	1			0	•
58. 00	Plant fund balance - reserve for plant improvement,				Ö	
	repl acement, and expansi on					
59. 00	Total fund balances (sum of lines 52 thru 58)	1, 200, 335, 734		0	0	
60. 00	Total liabilities and fund balances (sum of lines 51 and	1, 904, 281, 948	16, 894, 751	0	0	60.00
	[59]	I	I		I	I

Provider CCN: 15-0082

| Peri od: | Worksheet G-1 | From 10/01/2019 | To 09/30/2020 | Date/Time Prepared:

General Fund Special Purpose Fund Endowment Fund
1.00
1.00
1.00
2.00 Net income (loss) (from Wkst. G-3, line 29) 3.00 Total (sum of line 1 and line 2) 4.00 RESTRICTED CONTRIBUTIONS 5.00 INVESTMENT RETURN 6.00 RESTRICTED RELIZED INVESTMENT 7.00 RESTRICTED RELIZED RE
3. 00 Total (sum of line 1 and line 2) 1, 283, 848, 809 15, 725, 770 3. 00 4. 00 5. 00 1NVESTMENT RETURN 0 159, 277 0 5. 00 6. 00 7. 00 8. 00 0 0 0 0 0 0 0 0 0
4. 00 RESTRICTED CONTRIBUTIONS 5. 00 INVESTMENT RETURN 6. 00 RESTRICTED RELIZED INVESTMENT 0
5. 00 INVESTMENT RETURN 0 159, 277 0 5. 00 6. 00 RESTRICTED RELIZED INVESTMENT 0 0 0 7. 00 8. 00 0 0 0 9. 00 10. 00 Total additions (sum of line 4-9) 0 1, 168, 982 10. 00 11. 00 Subtotal (line 3 plus line 10) 1, 283, 848, 809 16, 894, 752 11. 00 TRANSFERS 73, 207, 266 10, 305, 809 0 0 14. 00 15. 00 16. 00 17. 00 ROUNDING (CORRECT VARIANCE IN REV) 0 0 18. 00 Total deductions (sum of lines 12-17) 83, 513, 075 1 19. 00 Fund balance at end of period per balance 1, 200, 335, 734 16, 894, 751 19. 00
6.00 RESTRICTED RELIZED INVESTMENT 0 488, 863 0 0 6.00 7.00 8.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
7. 00 8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
8.00 9.00 10.00 Total additions (sum of line 4-9) 11.00 Subtotal (line 3 plus line 10) 12.00 TRANSFERS 10.00 10.305,809 10.305,8
9.00 10.00 Total additions (sum of line 4-9) 11.00 Subtotal (line 3 plus line 10) 12.00 TRANSFERS 13.00 BENEFIT RELATED CHANGES 10, 305, 809 11.00 12.00 13.00 TRANSFERS 10, 305, 809 10, 305, 809 10, 305, 809 10, 305, 809 11.00 12.00 13.00 14.00 15.00 16.00 ROUNDING (CORRECT VARIANCE IN REV) 17.00 18.00 Total deductions (sum of lines 12-17) 19.00 Fund balance at end of period per balance 10, 305, 809 11, 283, 848, 809 12, 283, 848, 809 13, 283, 848, 809 14, 283, 848, 809 15, 283, 848, 809 16, 894, 752 11, 200, 335, 734 16, 894, 751 19.00
10.00 Total additions (sum of line 4-9) 11.00 Subtotal (line 3 plus line 10) 12.00 TRANSFERS 13.00 BENEFIT RELATED CHANGES 14.00 15.00 16.00 ROUNDING (CORRECT VARIANCE IN REV) 17.00 18.00 Total deductions (sum of lines 12-17) 19.00 Fund balance at end of period per balance 10.00 1, 283, 848, 809 1, 283, 848, 80
11. 00 Subtotal (line 3 plus line 10) 1, 283, 848, 809 16, 894, 752 11. 00 12. 00 13. 00 14. 00 14. 00 15. 00 16. 00 17. 00 18. 00 Total deductions (sum of lines 12-17) 19. 00 Fund balance at end of period per balance 1, 283, 848, 809 16, 894, 752 11. 00 12. 00 0 12. 00 0 13. 00 0 0 14. 00 0 0 0 14. 00 0 0 15. 00 0 0 15. 00 0 0 0 0 0 0 0 0 0
12. 00 TRANSFERS 73, 207, 266 0 0 12. 00 13. 00 BENEFIT RELATED CHANGES 10, 305, 809 0 0 13. 00 14. 00 0 0 0 0 14. 00 15. 00 16. 00 0 0 0 0 15. 00 17. 00 17. 00 0 0 0 0 17. 00 18. 00 Total deductions (sum of lines 12-17) 83, 513, 075 1 18. 00 19. 00 Fund balance at end of period per balance 1, 200, 335, 734 16, 894, 751 19. 00
13. 00 BENEFIT RELATED CHANGES 10, 305, 809 0 0 13. 00 14. 00 15. 00 16. 00 0 0 0 15. 00 17. 00 18. 00 Total deductions (sum of lines 12-17) 19. 00 Fund balance at end of period per balance 10, 305, 809 0 0 0 0 14. 00 10, 305, 809 0 0 0 0 14. 00 0 0 0 0 15. 00 0 0 0 17. 00 17. 00 18. 00 19. 00 Fund balance at end of period per balance 1, 200, 335, 734 16, 894, 751 19. 00
14. 00 0 0 0 14. 00 15. 00 0 0 0 0 15. 00 16. 00 ROUNDING (CORRECT VARIANCE IN REV) 0 1 0 16. 00 17. 00 0 0 0 0 17. 00 18. 00 Total deductions (sum of lines 12-17) 83, 513, 075 1 18. 00 19. 00 Fund balance at end of period per balance 1, 200, 335, 734 16, 894, 751 19. 00
15.00 16.00 ROUNDING (CORRECT VARIANCE IN REV) 0 0 0 15.00 16.00 17.00 18.00 Total deductions (sum of lines 12-17) 83,513,075 1 18.00 19.00 Fund balance at end of period per balance 1,200,335,734 16,894,751 19.00 19.
16. 00 ROUNDING (CORRECT VARIANCE IN REV) 0 1 0 16. 00 17. 00 0 0 0 0 17. 00 18. 00 Total deductions (sum of lines 12-17) 83, 513, 075 1 18. 00 19. 00 Fund balance at end of period per balance 1, 200, 335, 734 16, 894, 751 19. 00
17.00 0 0 17.00 18.00 Total deductions (sum of lines 12-17) 19.00 Fund balance at end of period per balance 17.00 18.00 18.00 18.00 19
19.00 Fund balance at end of period per balance 1, 200, 335, 734 16, 894, 751 19.00
sheet (line 11 minus line 18)
Endowment Fund Plant Fund
4.00
1.00 Fund balances at beginning of period 0 1.00 1.00
1.00 Fund balances at beginning of period 0 1.00 2.00 Net income (loss) (from Wkst. G-3, line 29) 2.00
3.00 Total (sum of line 1 and line 2) 0 3.00
4. 00 RESTRICTED CONTRIBUTIONS 0 4. 00
5.00 INVESTMENT RETURN 0 5.00
6. 00 RESTRICTED RELIZED INVESTMENT 0 6. 00
7.00 7.00
8.00
9.00
10.00 Total additions (sum of line 4-9) 0 0 10.00
11.00 Subtotal (line 3 plus line 10) 0 0 11.00
12.00 TRANSFERS 0 12.00
13.00 BENEFIT RELATED CHANGES 0 13.00
14.00
15. 00
16.00 ROUNDING (CORRECT VARIANCE IN REV) 0 16.00
17. 00
18.00 Total deductions (sum of lines 12-17) 0 18.00
19.00 Fund balance at end of period per balance 0 19.00
sheet (line 11 minus line 18)

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

			0 09/30/2020	1/28/2021 10:	
	Cost Center Description	I npati ent	Outpati ent	Total	DO PIII
	'	1.00	2. 00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospi tal	218, 851, 210)	218, 851, 210	1. 00
2.00	SUBPROVI DER - I PF	7, 280, 875	5	7, 280, 875	2. 00
3.00	SUBPROVI DER - I RF				3. 00
4.00	SUBPROVI DER				4. 00
5.00	Swing bed - SNF)	0	5. 00
6.00	Swing bed - NF)	0	6. 00
7.00	SKILLED NURSING FACILITY				7. 00
8.00	NURSING FACILITY				8. 00
9.00	OTHER LONG TERM CARE				9. 00
10.00	Total general inpatient care services (sum of lines 1-9)	226, 132, 085	5	226, 132, 085	10.00
	Intensive Care Type Inpatient Hospital Services				
11. 00	INTENSIVE CARE UNIT	68, 242, 642	2	68, 242, 642	11. 00
12.00	CORONARY CARE UNIT	18, 465, 996		18, 465, 996	
13.00	BURN INTENSIVE CARE UNIT				13. 00
14.00	SURGICAL INTENSIVE CARE UNIT				14. 00
15. 00	OTHER SPECIAL CARE (SPECIFY)				15. 00
16. 00	Total intensive care type inpatient hospital services (sum of lines	86, 708, 638	3	86, 708, 638	16. 00
	11-15)				
17. 00	Total inpatient routine care services (sum of lines 10 and 16)	312, 840, 723		312, 840, 723	1
18. 00	Ancillary services		1, 245, 560, 382		
19. 00	Outpati ent servi ces	96, 865, 466			1
20. 00	RURAL HEALTH CLINIC		0	_	20. 00
	FEDERALLY QUALIFIED HEALTH CENTER		0	0	21. 00
22. 00	HOME HEALTH AGENCY				22. 00
23. 00	AMBULANCE SERVICES				23. 00
24. 00	CMHC				24. 00
25. 00	AMBULATORY SURGICAL CENTER (D. P.)				25. 00
26. 00	HOSPI CE				26. 00
27. 00	OTHER (SPECIFY)		0	0	27. 00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.	1, 322, 275, 093	1, 674, 165, 000	2, 996, 440, 093	28. 00
	G-3, line 1)				
00.00	PART II - OPERATING EXPENSES		044 057 040		00.00
29. 00	Operating expenses (per Wkst. A, column 3, line 200)		941, 057, 963		29. 00
30.00	ADD (SPECIFY)				30.00
31. 00					31.00
32.00			1		32.00
33. 00					33. 00
34. 00					34.00
35. 00	T				35. 00
36.00	Total additions (sum of lines 30-35)		0		36.00
37. 00	DEDUCT (SPECIFY)				37. 00
38. 00					38. 00
39. 00					39. 00
40. 00					40.00
41. 00	T-t-1 d-dusting (1) 27 41)		ή _		41.00
42.00	Total deductions (sum of lines 37-41)	_	041 057 043		42.00
43. 00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer	'	941, 057, 963		43. 00
	to Wkst. G-3, line 4)	I	I	I	I

Heal th	Ith Financial Systems DEACONESS HOSPITAL In		In Lie	u of Form CMS-2	2552-10
STATE	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0082	Peri od:	Worksheet G-3	
	From 10/01/2019		To 09/30/2020	Date/Time Pre	nared:
			10 077 307 2020	4/28/2021 10: (
					·
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part I, colum			2, 996, 440, 093	
2.00	Less contractual allowances and discounts on patients	accounts		2, 008, 516, 969	
3.00	Net patient revenues (line 1 minus line 2)			987, 923, 124	
4.00	Less total operating expenses (from Wkst. G-2, Part I			941, 057, 963	
5.00	Net income from service to patients (line 3 minus lin	e 4)		46, 865, 161	5. 00
	OTHER I NCOME			0	/ 00
6. 00 7. 00	Contributions, donations, bequests, etc			· · · · · · · · · · · · · · · · · · ·	0.00
7. 00 8. 00	Revenues from telephone and other miscellaneous commu	nication carvicas		67, 874, 832 0	1
9. 00	Revenue from television and radio service	ill cation services		0	
10.00	Purchase di scounts			26, 587	
11. 00	Rebates and refunds of expenses			20, 307	1
12. 00	Parking Lot receipts			26, 200	
13. 00	Revenue from Laundry and Linen service			0	ı
	Revenue from meals sold to employees and guests			2, 296, 043	
15. 00	Revenue from rental of living quarters			0	1
16.00	Revenue from sale of medical and surgical supplies to	other than patients		0	16. 00
17.00	Revenue from sale of drugs to other than patients	·		0	17. 00
18.00	Revenue from sale of medical records and abstracts			0	18. 00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19. 00
20.00	Revenue from gifts, flowers, coffee shops, and cantee	n			20. 00
21. 00	Rental of vending machines			27, 160	
22. 00	Rental of hospital space			10, 465, 281	22. 00
23. 00	Governmental appropriations			0	
24. 00	OTHER OPERATING REVENUE			51, 842, 239	
	COVI D-19 PHE Fundi ng			16, 863, 523	
	Total other income (sum of lines 6-24)			149, 423, 032	
	Total (line 5 plus line 25)			196, 288, 193	
27. 00	OTHER EXPENSES (SPECIFY)			0	
	Total other expenses (sum of line 27 and subscripts)	0.03		0	=0.00
29. 00	Net income (or loss) for the period (line 26 minus li	ne 28)		196, 288, 193	29. 00

Health Financial Systems DEACONESS HOST CALCULATION OF CAPITAL PAYMENT		Provi der CCN: 15-0082	Peri od:	u of Form CMS-2 Worksheet L	
			From 10/01/2019	Parts I-III	
			To 09/30/2020	Date/Time Pre 4/28/2021 10:	
		Title XVIII	Hospi tal	PPS	
				1 00	
	PART I - FULLY PROSPECTIVE METHOD			1. 00	
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier				1.00
1.01	Model 4 BPCI Capital DRG other than outlier			0	1. 01
2.00	Capital DRG outlier payments			199, 026	2.00
2.01	Model 4 BPCI Capital DRG outlier payments			0	
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)			363.00	
4.00	Number of interns & residents (see instructions)			18. 81	
5.00	Indirect medical education percentage (see instructions)			1. 47	
6. 00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)			135, 392	
7. 00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)			4. 26	
8.00	Percentage of Medicaid patient days to total days (see instructions)			19. 06	
9.00	Sum of lines 7 and 8			23. 32	
10.00		tions)		4. 83	
11.00	, , , , , , , , , , , , , , , , , , ,			444, 859	
12. 00	Total prospective capital payments (see instructions)			9, 989, 616	12. 00
				1. 00	
	PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions			0	
2.00	Program inpatient ancillary capital cost (see instruction			0	
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	
4.00	Capital cost payment factor (see instructions)			0	
5. 00	Total inpatient program capital cost (line 3 x line 4)			0	5. 00
				1. 00	
1 00	PART III - COMPUTATION OF EXCEPTION PAYMENTS			0	1 00
1. 00 2. 00	Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circum	stances (see instructions)		0	
3. 00	Net program inpatient capital costs for extraordinary circum	,		0	
4. 00	Applicable exception percentage (see instructions)			0.00	
5.00	Capital cost for comparison to payments (line 3 x line 4)		0.00	
6.00	Percentage adjustment for extraordinary circumstances (s	,		0.00	
7. 00	Adjustment to capital minimum payment level for extraord	•	(line 6)	0	1
8.00	Capital minimum payment level (line 5 plus line 7)	, , , , , , , , , , , , , , , , , , ,	,	0	8.00
9.00	Current year capital payments (from Part I, line 12, as	appl i cabl e)		0	9.00
10.00	Current year comparison of capital minimum payment level	to capital payments (line 8	less line 9)	0	10.00
11. 00	Carryover of accumulated capital minimum payment level o Worksheet L, Part III, line 14)	ver capital payment (from pri	or year	0	11. 00
40 00	Net comparison of capital minimum payment level to capit	al payments (line 10 plus lir	ne 11)	0	12.00
12.00	Current year exception payment (if line 12 is positive,	enter the amount on this line	e)	0	13.00
	Carryover of accumulated capital minimum payment level o	ver capital payment for the f	following period	0	14. 00
12. 00 13. 00 14. 00	(if line 12 is negative, enter the amount on this line)				
13. 00 14. 00	(if line 12 is negative, enter the amount on this line)	e instructions)		0	15. 00
13. 00 14. 00 15. 00 16. 00	(if line 12 is negative, enter the amount on this line)			0 0 0	16. 00