

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET 5
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0149	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2009 TIME 14:07

PART I - CERTIFICATION

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 BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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 WOMEN'S HOSPITAL 15-0149 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT 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.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

CEO

TITLE

May 26, 2009

DATE

 ECR ENCRYPTION INFORMATION

DATE: 5/26/2009 TIME 14:07

wcnr35:ZaMLX:q3DgE320n1IskBaM0
 kk:JT0iHJiCq9bpyMNN6KR6A:h.5Pi
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 PI ENCRYPTION INFORMATION

DATE: 5/26/2009 TIME 14:07

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PART II - SETTLEMENT SUMMARY

		TITLE V		TITLE XVIII		TITLE XIX	
		1	A 2	B 3	4		
1	HOSPITAL	0		-3,943	4,812	0	
100	TOTAL	0		-3,943	4,812	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 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 this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Health Financial Systems MCRIF32 FOR DEACONESS WOMEN'S HOSPITAL IN LIEU OF FORM CMS-2552-96 (12/2008)
 I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I 15-0149 I FROM 1/ 1/2008 I WORKSHEET 5-2
 IDENTIFICATION DATA I I TO 12/31/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 4199 GATEWAY BLVD P.O. BOX:
 1.01 CITY: NEWBURGH STATE: IN ZIP CODE: 47630- COUNTY: WARRICK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	DEACONESS WOMEN'S HOSPITAL	15-0149		5/ 3/2001	4	5	6
					N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008 1 2
 18 TYPE OF CONTROL 6

TYPE OF HOSPITAL/SUBPROVIDER
 19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 21780
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy)
 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
	0	0.0000	0.0000	

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)		N
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

	Y	XVIII	XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?			

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	50	2.01	3	4	278	5 612
2 HMO							6,390
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		50				278	612
6 INTENSIVE CARE UNIT		24					711
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							578
12 TOTAL		74				278	1,901
13 RPCH VISITS							
25 TOTAL		74					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS TOTAL OBSERVATION BEDS ADMITTED	INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	8
2 HMO			9,886		
2 01 HMO - (IRF PPS SUBPROVIDER)					
3 ADULTS & PED-SB SNF					
4 ADULTS & PED-SB NF					
5 TOTAL ADULTS AND PEDS			9,886		
6 INTENSIVE CARE UNIT			6,065		
7 CORONARY CARE UNIT					
8 BURN INTENSIVE CARE UNIT					
9 SURGICAL INTENSIVE CARE UNIT					
11 NURSERY			6,805		
12 TOTAL			22,756		
13 RPCH VISITS					
25 TOTAL					
26 OBSERVATION BED DAYS					
27 AMBULANCE TRIPS					
28 EMPLOYEE DISCOUNT DAYS					
28 01 EMP DISCOUNT DAYS -IRF					

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					114	1,329	4,227
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		352.90			114	1,329	4,227
13 RPCH VISITS							
25 TOTAL		352.90					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
1 TOTAL SALARY	16,854,518		16,854,518	730,803.00	23.06	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A		30,000	30,000	158.00	189.87	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	666,554	-30,000	636,554	29,031.00	21.93	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	174,655		174,655	1,060.00	164.77	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	370,156		370,156	13,246.00	27.94	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	4,336,609		4,336,609			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	170,527		170,527			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A	8,037		8,037			CMS 339
19.01 PART A TEACHING PHYSICIANS						CMS 339
19.01 PHYSICIAN PART B						CMS 339
20 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	124,393		124,393	5,711.00	21.78	
22 ADMINISTRATIVE & GENERAL	2,976,461	-371,182	2,605,279	90,965.00	28.64	
22.01 A & G UNDER CONTRACT	45,652		45,652	156.00	292.64	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	332,196		332,196	22,117.00	15.02	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	406,122		406,122	37,780.00	10.75	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY		99,096	99,096	8,484.00	11.68	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	413,808	-99,096	314,712	26,938.00	11.68	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION						
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	151,185		151,185	11,093.00	13.63	
34 SOCIAL SERVICE	124,350	1,792	126,142	5,564.00	22.67	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	16,900,170		16,900,170	730,959.00	23.12	
2 EXCLUDED AREA SALARIES	666,554	-30,000	636,554	29,031.00	21.93	
3 SUBTOTAL SALARIES	16,233,616	30,000	16,263,616	701,928.00	23.17	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	544,811		544,811	14,306.00	38.08	
5 SUBTOTAL WAGE-RELATED COSTS	4,344,646		4,344,646		26.71	
6 TOTAL	21,123,073	30,000	21,153,073	716,234.00	29.53	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	4,574,167	-369,390	4,204,777	208,808.00	20.14	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
- 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

- 17 REVENUE FROM UNCOMPENSATED CARE
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .469006
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

Health Financial Systems MCRIF32 FOR DEACONESS WOMEN'S HOSPITAL
HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO: 15-0149
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
WORKSHEET S-10

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 15-0149 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				3,668,003	3,668,003
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,308,588	1,308,588
5	0500 EMPLOYEE BENEFITS	124,393	4,551,195	4,675,588	-5,561	4,670,027
6	0600 ADMINISTRATIVE & GENERAL	2,976,461	5,728,278	8,704,739	-4,053,261	4,651,478
8	0800 OPERATION OF PLANT	332,196	1,361,516	1,693,712	-80,150	1,613,562
9	0900 LAUNDRY & LINEN SERVICE		568,697	568,697	-177	568,520
10	1000 HOUSEKEEPING	406,122	107,298	513,420	-3,504	509,916
11	1100 DIETARY				186,162	186,162
12	1200 CAFETERIA	413,808	363,573	777,381	-210,079	567,302
17	1700 MEDICAL RECORDS & LIBRARY	151,185	164,120	315,305	-612	314,693
18	1800 SOCIAL SERVICE	124,350	8,610	132,960	-1,893	131,067
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,060,199	945,153	6,005,352	-3,161,717	2,843,635
26	2600 INTENSIVE CARE UNIT	2,309,936	2,157,298	4,467,234	-216,531	4,250,703
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY	707,964	159,569	867,533	-113,404	754,129
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,149,700	4,867,666	7,017,366	-1,688,468	5,328,898
39	3900 DELIVERY ROOM & LABOR ROOM				2,691,821	2,691,821
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	347,949	231,214	579,163	-76,354	502,809
44	4400 LABORATORY		1,666,790	1,666,790	-901	1,665,889
49	4900 RESPIRATORY THERAPY	619,320	215,411	834,731	-81,514	753,217
50	5000 PHYSICAL THERAPY	7	785,136	785,143	-56,273	728,870
53	5300 ELECTROCARDIOLOGY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	56,130	37,317	93,447	2,200,072	2,293,519
56	5600 DRUGS CHARGED TO PATIENTS		1,701,179	1,701,179	16,390	1,717,569
	OUTPAT SERVICE COST CNTRS					
60.03	6003 OUTPATIENT LACTATION SERVICES	408,244	4,202	412,446	8,747	421,193
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	95 SUBTOTALS	16,187,964	25,624,222	41,812,186	329,384	42,141,570
	NONREIMBURS COST CENTERS					
	OTHER NONREIMBURSABLE COST CENTERS					
100	7951 WOMEN'S RESOURCES	232,252	305,715	537,967	-28,634	509,333
100.01	7950		567,621	567,621	-9,174	558,447
100.02	7952 MARKETING		369,367	523,465	-67,902	455,563
100.03	7953 IVF/A&E LAB	154,098				
100.04	7954 PERINATOLOGY SERVICES	280,204	1,062,467	1,342,671	-223,674	1,118,997
101	TOTAL	16,854,518	27,929,392	44,783,910	-0-	44,783,910

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 15-0149 I
I I

I PERIOD: I PREPARED 5/26/2009
I FROM 1/ 1/2008 I WORKSHEET A
I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-5,956	3,662,047
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	62,572	1,371,160
5	0500 EMPLOYEE BENEFITS	-6,317	4,663,710
6	0600 ADMINISTRATIVE & GENERAL	-38,758	4,612,720
8	0800 OPERATION OF PLANT		1,613,562
9	0900 LAUNDRY & LINEN SERVICE		568,520
10	1000 HOUSEKEEPING		509,916
11	1100 DIETARY		186,162
12	1200 CAFETERIA	-328,677	238,625
17	1700 MEDICAL RECORDS & LIBRARY		314,693
18	1800 SOCIAL SERVICE	-250	130,817
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-16,980	2,826,655
26	2600 INTENSIVE CARE UNIT	-1,578,067	2,672,636
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		754,129
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,652,496	2,676,402
39	3900 DELIVERY ROOM & LABOR ROOM		2,691,821
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-4,095	498,714
44	4400 LABORATORY	-12,000	1,653,889
49	4900 RESPIRATORY THERAPY		753,217
50	5000 PHYSICAL THERAPY	-238,809	490,061
53	5300 ELECTROCARDIOLOGY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,293,519
56	5600 DRUGS CHARGED TO PATIENTS		1,717,569
	OUTPAT SERVICE COST CNTRS		
60.03	6003 OUTPATIENT LACTATION SERVICES		421,193
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	9500 SUBTOTALS	-4,819,833	37,321,737
	NONREIMBURS COST CENTERS		
100	7951 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7950 WOMEN'S RESOURCES		509,333
100.02	7952 MARKETING		558,447
100.03	7953 IVF/A&E LAB		455,563
100.04	7954 PERINATOLOGY SERVICES		1,118,997
101	TOTAL	-4,819,833	39,964,077

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 15-0149 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60.03	OUTPATIENT LACTATION SERVICES	6003	CLINIC
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
100	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	WOMEN'S RESOURCES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	IVF/A&E LAB	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	PERINATOLOGY SERVICES	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	
	1	2	3	4	OTHER 5
1 LEASEHOLD IMPROVEMENTS & CAPITAL LEA	A	NEW CAP REL COSTS-BLDG & FIXT	3		297,027
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14 EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		885,040
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34 INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		182,800
35 EQUIPMENT LEASES	D	NEW CAP REL COSTS-MVBLE EQUIP	4		379,781
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16 BUILDING LEASE	E	NEW CAP REL COSTS-BLDG & FIXT	3		2,942,445
17					
18					
19					
20					
21 DRUGS/IV SOLUTIONS	F	DRUGS CHARGED TO PATIENTS	56		45,001
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32 MEDICAL SUPPLIES CHARGED	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,222,377
33		ADMINISTRATIVE & GENERAL	6		69,762
34					
35					

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 MEDICAL SUPPLIES CHARGED	G					
2						
3						
4						
5						
6						
7						
8						
9						
10 INSURANCE	H	NEW CAP REL COSTS-BLDG & FIXT	3			72,428
11 CAFETERIA	I	DIETARY	11		99,096	87,066
12 YELLOW PAGES	J	ADMINISTRATIVE & GENERAL	6			9,174
13 PROPERTY TAXES	K	NEW CAP REL COSTS-BLDG & FIXT	3			173,303
14		NEW CAP REL COSTS-MVBLE EQUIP	4			43,767
15 MARKET ADJUSTMENT	L	ADMINISTRATIVE & GENERAL	6		7,264	
16		SOCIAL SERVICE	18		1,792	
17		ADULTS & PEDIATRICS	25		171,697	
18		INTENSIVE CARE UNIT	26		66,385	
19		NURSERY	33		16,432	
20		OPERATING ROOM	37		70,714	
21		RESPIRATORY THERAPY	49		33,462	
22		OUTPATIENT LACTATION SERVICES	60.03		10,700	
23 LABOR & DELIVERY	M	DELIVERY ROOM & LABOR ROOM	39		2,581,048	110,773
24 MEDICAL DIRECTORSHIP STIPEND	N	ADULTS & PEDIATRICS	25		30,000	
36 TOTAL RECLASSIFICATIONS					3,088,590	7,520,744

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		OTHER	A-7 REF
			LINE NO	SALARY		
	1	6	7	8	9	10
1 LEASEHOLD IMPROVEMENTS & CAPITAL LEA	A	ADMINISTRATIVE & GENERAL	6		78,728	10
2		OPERATION OF PLANT	8		34,253	10
3		CAFETERIA	12		10,106	10
4		MEDICAL RECORDS & LIBRARY	17		83	10
5		SOCIAL SERVICE	18		270	10
6		ADULTS & PEDIATRICS	25		15,191	10
7		OPERATING ROOM	37		8,370	10
8		RADIOLOGY-DIAGNOSTIC	41		55,835	10
9		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		22,305	10
10		DRUGS CHARGED TO PATIENTS	56		6,985	10
11		WOMEN'S RESOURCES	100.01		616	10
12		IVF/A&E LAB	100.03		148	10
13		PERINATOLOGY SERVICES	100.04		64,137	10
14 EQUIPMENT DEPRECIATION	B	EMPLOYEE BENEFITS	5		333	9
15		ADMINISTRATIVE & GENERAL	6		334,011	9
16		OPERATION OF PLANT	8		45,447	9
17		LAUNDRY & LINEN SERVICE	9		177	9
18		HOUSEKEEPING	10		3,381	9
19		CAFETERIA	12		11,685	9
20		MEDICAL RECORDS & LIBRARY	17		529	9
21		SOCIAL SERVICE	18		290	9
22		ADULTS & PEDIATRICS	25		136,926	9
23		INTENSIVE CARE UNIT	26		99,089	9
24		NURSERY	33		16,276	9
25		OPERATING ROOM	37		162,737	9
26		RADIOLOGY-DIAGNOSTIC	41		20,409	9
27		RESPIRATORY THERAPY	49		15,029	9
28		PHYSICAL THERAPY	50		5,278	9
29		DRUGS CHARGED TO PATIENTS	56		3,473	9
30		OUTPATIENT LACTATION SERVICES	60.03		1,075	9
31		WOMEN'S RESOURCES	100.01		7,698	9
32		IVF/A&E LAB	100.03		8,771	9
33		PERINATOLOGY SERVICES	100.04		12,426	9
34 INTEREST EXPENSE	C	ADMINISTRATIVE & GENERAL	6		182,800	11
35 EQUIPMENT LEASES	D	ADMINISTRATIVE & GENERAL	6		120,811	10
1 EQUIPMENT LEASES	D	OPERATION OF PLANT	8		450	10
2		HOUSEKEEPING	10		60	10
3		CAFETERIA	12		454	10
4		SOCIAL SERVICE	18		3,125	10
5		ADULTS & PEDIATRICS	25		67,680	10
6		INTENSIVE CARE UNIT	26		39,024	10
7		NURSERY	33		456	10
8		OPERATING ROOM	37		84,949	10
9		RADIOLOGY-DIAGNOSTIC	41		110	10
10		LABORATORY	44		901	10
11		RESPIRATORY THERAPY	49		12,466	10
12		PHYSICAL THERAPY	50		305	10
13		DRUGS CHARGED TO PATIENTS	56		12,092	10
14		WOMEN'S RESOURCES	100.01		20,100	10
15		IVF/A&E LAB	100.03		8,719	10
16		PERINATOLOGY SERVICES	100.04		8,079	10
17 BUILDING LEASE	E	ADMINISTRATIVE & GENERAL	6		2,755,245	10
18		PHYSICAL THERAPY	50		43,501	10
19		IVF/A&E LAB	100.03		38,454	10
20		PERINATOLOGY SERVICES	100.04		105,245	10
21 DRUGS/IV SOLUTIONS	F	EMPLOYEE BENEFITS	5		5,228	
22		ADMINISTRATIVE & GENERAL	6		125	
23		CAFETERIA	12		1,328	
24		ADULTS & PEDIATRICS	25		15,418	
25		INTENSIVE CARE UNIT	26		290	
26		NURSERY	33		790	
27		OPERATING ROOM	37		9,175	
28		PHYSICAL THERAPY	50		636	
29		OUTPATIENT LACTATION SERVICES	60.03		6	
30		IVF/A&E LAB	100.03		10,088	
31		PERINATOLOGY SERVICES	100.04		1,917	
32 MEDICAL SUPPLIES CHARGED	G	HOUSEKEEPING	10		63	
33		CAFETERIA	12		344	
34		ADULTS & PEDIATRICS	25		436,378	
35		INTENSIVE CARE UNIT	26		144,513	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150149	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 MEDICAL SUPPLIES CHARGED	G		33			112,314	
2			37			1,493,951	
3			49			87,481	
4			50			6,553	
5			56			6,061	
6			60.03			872	
7			100.01			220	
8			100.03			1,722	
9			100.04			1,667	
10 INSURANCE	H	ADMINISTRATIVE & GENERAL	6			72,428	12
11 CAFETERIA	I	CAFETERIA	12		99,096	87,066	
12 YELLOW PAGES	J	MARKETING	100.02			9,174	
13 PROPERTY TAXES	K	ADMINISTRATIVE & GENERAL	6			216,867	13
14		PERINATOLOGY SERVICES	100.04			203	13
15 MARKET ADJUSTMENT	L	ADMINISTRATIVE & GENERAL	6		378,446		
16							
17							
18							
19							
20							
21							
22							
23 LABOR & DELIVERY	M	ADULTS & PEDIATRICS	25		2,581,048	110,773	
24 MEDICAL DIRECTORSHIP STIPEND	N	PERINATOLOGY SERVICES	100.04		30,000		
36 TOTAL RECLASSIFICATIONS					3,088,590	7,520,744	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASS CODE: A
 EXPLANATION : LEASEHOLD IMPROVEMENTS & CAPITAL LEA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	297,027	ADMINISTRATIVE & GENERAL	6	78,728	
2.00			0	OPERATION OF PLANT	8	34,253	
3.00			0	CAFETERIA	12	10,106	
4.00			0	MEDICAL RECORDS & LIBRARY	17	83	
5.00			0	SOCIAL SERVICE	18	270	
6.00			0	ADULTS & PEDIATRICS	25	15,191	
7.00			0	OPERATING ROOM	37	8,370	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	55,835	
9.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	22,305	
10.00			0	DRUGS CHARGED TO PATIENTS	56	6,985	
11.00			0	WOMEN'S RESOURCES	100.01	616	
12.00			0	IVF/A&E LAB	100.03	148	
13.00			0	PERINATOLOGY SERVICES	100.04	64,137	
TOTAL RECLASSIFICATIONS FOR CODE A			297,027				297,027

RECLASS CODE: B
 EXPLANATION : EQUIPMENT DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	885,040	EMPLOYEE BENEFITS	5	333	
2.00			0	ADMINISTRATIVE & GENERAL	6	334,011	
3.00			0	OPERATION OF PLANT	8	45,447	
4.00			0	LAUNDRY & LINEN SERVICE	9	177	
5.00			0	HOUSEKEEPING	10	3,381	
6.00			0	CAFETERIA	12	11,685	
7.00			0	MEDICAL RECORDS & LIBRARY	17	529	
8.00			0	SOCIAL SERVICE	18	290	
9.00			0	ADULTS & PEDIATRICS	25	136,926	
10.00			0	INTENSIVE CARE UNIT	26	99,089	
11.00			0	NURSERY	33	16,276	
12.00			0	OPERATING ROOM	37	162,737	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	20,409	
14.00			0	RESPIRATORY THERAPY	49	15,029	
15.00			0	PHYSICAL THERAPY	50	5,278	
16.00			0	DRUGS CHARGED TO PATIENTS	56	3,473	
17.00			0	OUTPATIENT LACTATION SERVICES	60.03	1,075	
18.00			0	WOMEN'S RESOURCES	100.01	7,698	
19.00			0	IVF/A&E LAB	100.03	8,771	
20.00			0	PERINATOLOGY SERVICES	100.04	12,426	
TOTAL RECLASSIFICATIONS FOR CODE B			885,040				885,040

RECLASS CODE: C
 EXPLANATION : INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	182,800	ADMINISTRATIVE & GENERAL	6	182,800	
TOTAL RECLASSIFICATIONS FOR CODE C			182,800				182,800

RECLASS CODE: D
 EXPLANATION : EQUIPMENT LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	379,781	ADMINISTRATIVE & GENERAL	6	120,811	
2.00			0	OPERATION OF PLANT	8	450	
3.00			0	HOUSEKEEPING	10	60	
4.00			0	CAFETERIA	12	454	
5.00			0	SOCIAL SERVICE	18	3,125	
6.00			0	ADULTS & PEDIATRICS	25	67,680	
7.00			0	INTENSIVE CARE UNIT	26	39,024	
8.00			0	NURSERY	33	456	
9.00			0	OPERATING ROOM	37	84,949	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	110	
11.00			0	LABORATORY	44	901	
12.00			0	RESPIRATORY THERAPY	49	12,466	
13.00			0	PHYSICAL THERAPY	50	305	
14.00			0	DRUGS CHARGED TO PATIENTS	56	12,092	
15.00			0	WOMEN'S RESOURCES	100.01	20,100	
16.00			0	IVF/A&E LAB	100.03	8,719	
17.00			0	PERINATOLOGY SERVICES	100.04	8,079	
TOTAL RECLASSIFICATIONS FOR CODE D			379,781				379,781

RECLASS CODE: E
 EXPLANATION : BUILDING LEASE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,942,445	ADMINISTRATIVE & GENERAL	6	2,755,245	
2.00			0	PHYSICAL THERAPY	50	43,501	
3.00			0	IVF/A&E LAB	100.03	38,454	
4.00			0	PERINATOLOGY SERVICES	100.04	105,245	
TOTAL RECLASSIFICATIONS FOR CODE E			2,942,445				2,942,445

RECLASS CODE: F
 EXPLANATION : DRUGS/IV SOLUTIONS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	45,001	EMPLOYEE BENEFITS	5	5,228	
2.00			0	ADMINISTRATIVE & GENERAL	6	125	
3.00			0	CAFETERIA	12	1,328	
4.00			0	ADULTS & PEDIATRICS	25	15,418	
5.00			0	INTENSIVE CARE UNIT	26	290	
6.00			0	NURSERY	33	790	
7.00			0	OPERATING ROOM	37	9,175	
8.00			0	PHYSICAL THERAPY	50	636	
9.00			0	OUTPATIENT LACTATION SERVICES	60.03	6	
10.00			0	IVF/A&E LAB	100.03	10,088	
11.00			0	PERINATOLOGY SERVICES	100.04	1,917	
TOTAL RECLASSIFICATIONS FOR CODE F			45,001				45,001

RECLASS CODE: G
 EXPLANATION : MEDICAL SUPPLIES CHARGED

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,222,377	HOUSEKEEPING	10	63	
2.00	ADMINISTRATIVE & GENERAL	6	69,762	CAFETERIA	12	344	
3.00			0	ADULTS & PEDIATRICS	25	436,378	
4.00			0	INTENSIVE CARE UNIT	26	144,513	
5.00			0	NURSERY	33	112,314	
6.00			0	OPERATING ROOM	37	1,493,951	
7.00			0	RESPIRATORY THERAPY	49	87,481	
8.00			0	PHYSICAL THERAPY	50	6,553	
9.00			0	DRUGS CHARGED TO PATIENTS	56	6,061	
10.00			0	OUTPATIENT LACTATION SERVICES	60.03	872	
11.00			0	WOMEN'S RESOURCES	100.01	220	
12.00			0	IVF/A&E LAB	100.03	1,722	
13.00			0	PERINATOLOGY SERVICES	100.04	1,667	
TOTAL RECLASSIFICATIONS FOR CODE G			2,292,139				2,292,139

RECLASS CODE: H
 EXPLANATION : INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	72,428	ADMINISTRATIVE & GENERAL	6	72,428	
TOTAL RECLASSIFICATIONS FOR CODE H			72,428				72,428

RECLASS CODE: I
 EXPLANATION : CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	186,162	CAFETERIA	12	186,162	
TOTAL RECLASSIFICATIONS FOR CODE I			186,162				186,162

RECLASS CODE: J
 EXPLANATION : YELLOW PAGES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	9,174	MARKETING	100.02	9,174	
TOTAL RECLASSIFICATIONS FOR CODE J			9,174				9,174

RECLASS CODE: K
 EXPLANATION : PROPERTY TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	173,303	ADMINISTRATIVE & GENERAL	6	216,867	

Health Financial Systems MCRIF32
 RECLASSIFICATIONS

FOR DEACONESS WOMEN'S HOSPITAL

IN LIEU OF FORM CMS-2552-96 (09/1996)
 PROVIDER NO: 150149 PERIOD: FROM 1/ 1/2008 TO 12/31/2008
 PREPARED 5/26/2009 WORKSHEET A-6
 NOT A CMS WORKSHEET

RECLASS CODE: K
 EXPLANATION : PROPERTY TAXES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	43,767
TOTAL RECLASSIFICATIONS FOR CODE K			217,070

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PERINATOLOGY SERVICES	100.04	203	
		217,070	

RECLASS CODE: L
 EXPLANATION : MARKET ADJUSTMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	7,264
2.00	SOCIAL SERVICE	18	1,792
3.00	ADULTS & PEDIATRICS	25	171,697
4.00	INTENSIVE CARE UNIT	26	66,385
5.00	NURSERY	33	16,432
6.00	OPERATING ROOM	37	70,714
7.00	RESPIRATORY THERAPY	49	33,462
8.00	OUTPATIENT LACTATION SERVICES	60.03	10,700
TOTAL RECLASSIFICATIONS FOR CODE L			378,446

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	378,446	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		378,446	

RECLASS CODE: M
 EXPLANATION : LABOR & DELIVERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	2,691,821
TOTAL RECLASSIFICATIONS FOR CODE M			2,691,821

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	2,691,821	
		2,691,821	

RECLASS CODE: N
 EXPLANATION : MEDICAL DIRECTORSHIP STIPEND

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	30,000
TOTAL RECLASSIFICATIONS FOR CODE N			30,000

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PERINATOLOGY SERVICES	100.04	30,000	
		30,000	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASES	DONATION	AND		RETIREMENTS		
	1	2	3	4	5	6	7	
1 LAND								
2 LAND IMPROVEMENTS								
3 BUILDINGS & FIXTURE								
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT								
7 SUBTOTAL								
8 RECONCILING ITEMS								
9 TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASES	DONATION	AND		RETIREMENTS		
	1	2	3	4	5	6	7	
1 LAND								
2 LAND IMPROVEMENTS								
3 BUILDINGS & FIXTURE								
4 BUILDING IMPROVEMEN	942,472					8,753	933,719	
5 FIXED EQUIPMENT	1,874,528					64,190	1,810,338	
6 MOVABLE EQUIPMENT	8,335,679	758,703		758,703		66,741	9,027,641	
7 SUBTOTAL	11,152,679	758,703		758,703		139,684	11,771,698	
8 RECONCILING ITEMS								
9 TOTAL	11,152,679	758,703		758,703		139,684	11,771,698	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS		
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL		3,239,067	177,249	72,428	173,303		3,662,047
4	NEW CAP REL COSTS-MV	947,612	379,781			43,767		1,371,160
5	TOTAL	947,612	3,618,848	177,249	72,428	217,070		5,033,207

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

* All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 15-0149
I

I PERIOD: I PREPARED 5/26/2009
I FROM 1/ 1/2008 I WORKSHEET A-8
I TO 12/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3	COST CENTER		
1			**COST CENTER DELETED**		1	
2			**COST CENTER DELETED**		2	
3	B	-5,551	NEW CAP REL COSTS-BLDG &		3	11
4			NEW CAP REL COSTS-MVBLE E		4	
5	B	389	ADMINISTRATIVE & GENERAL		6	
6	B	-230	ADMINISTRATIVE & GENERAL		6	
7						
8						
9						
10						
11						
12	A-8-2	-4,263,888				
13						
14	A-8-1	-236,834				
15						
16	B	-247,879	CAFETERIA		12	
17						
18						
19						
20						
21						
22	B	-10,438	CAFETERIA		12	
23						
24						
25	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	A-8-3					
28			**COST CENTER DELETED**		89	
29			**COST CENTER DELETED**		1	
30			**COST CENTER DELETED**		2	
31			NEW CAP REL COSTS-BLDG &		3	
32			NEW CAP REL COSTS-MVBLE E		4	
33			**COST CENTER DELETED**		20	
34						
35	A-8-4		**COST CENTER DELETED**		51	
36	A-8-4		**COST CENTER DELETED**		52	
37	B	-405	NEW CAP REL COSTS-BLDG &		3	10
38						
39						
40	B	-31,588	ADMINISTRATIVE & GENERAL		6	
41	B	-6,317	EMPLOYEE BENEFITS		5	
42	B	62,572	NEW CAP REL COSTS-MVBLE E		4	9
43	A	-4,146	ADMINISTRATIVE & GENERAL		6	
43.01	A	-542	ADMINISTRATIVE & GENERAL		6	
44						
45	B	-70,360	CAFETERIA		12	
46	B	-1,975	PHYSICAL THERAPY		50	
47	A	-2,641	ADMINISTRATIVE & GENERAL		6	
48						
49						
50		-4,819,833				

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

(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 37 thru 49 and subscripts thereof.

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

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & FACILITY RENT	3,048,708	3,048,708		10
2	4	NEW CAP REL COSTS-MVBLE E EQUIPMENT LEASES	189,180	189,180		10
3	6	ADMINISTRATIVE & GENERAL VARIOUS	376,726	376,726		
4	8	OPERATION OF PLANT VARIOUS	1,219,808	1,219,808		
4.01	9	LAUNDRY & LINEN SERVICE VARIOUS	3,383	3,383		
4.02	17	MEDICAL RECORDS & LIBRARY VARIOUS	150,506	150,506		
4.03	37	OPERATING ROOM VARIOUS	5,434	5,434		
4.04	41	RADIOLOGY-DIAGNOSTIC VARIOUS	31,591	31,591		
4.05	55	MEDICAL SUPPLIES CHARGED VARIOUS	8,126	8,126		
4.06	56	DRUGS CHARGED TO PATIENTS VARIOUS	770,944	770,944		
4.07	50	PHYSICAL THERAPY THERAPY SERVICES	460,117	696,951	-236,834	
5		TOTALS	6,264,523	6,501,357	-236,834	

* 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 ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF 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 & MEDICAID SERVICES AND ITS INTERMEDIARIES 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 REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
2	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
3	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
4	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.01	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.02	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.03	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.04	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.05	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.06	A	0.00	DEACONESS HOSPITAL	51.00	THERAPY SERVICES

- (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 A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
 I 15-0149 I
 I I

I PERIOD: I
 I FROM 1/ 1/2008 I
 I TO 12/31/2008 I

I PREPARED 5/26/2009 I
 I WORKSHEET A-8-2 I
 I GROUP 1 I

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 18	SOCIAL SERVICES (U/R)	250	250					
2 25	ADULTS & PEDS	30,000		30,000	171,400	158	13,020	651
3 26	NICU	1,665,415	1,490,760	174,655	171,400	1,060	87,348	4,367
4 37	ANESTHESIOLOGISTS	2,652,496	2,652,496					
5 41	RADIOLOGY (EKG)	4,095	4,095					
6 44	LAB	12,000	12,000					
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,364,256	4,159,601	204,655		1,218	100,368	5,018

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 15-0149 I FROM 1/ 1/2008 I WORKSHEET A-8-2
 I I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 18	SOCIAL SERVICES (U/R)							250
2 25	ADULTS & PEDS					13,020	16,980	16,980
3 26	NICU					87,348	87,307	1,578,067
4 37	ANESTHESIOLOGISTS							2,652,496
5 41	RADIOLOGY (EKG)							4,095
6 44	LAB							12,000
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					100,368	104,287	4,263,888

Health Financial Systems MCRIF32
 COST ALLOCATION STATISTICS

FOR DEACONESS WOMEN'S HOSPITAL

IN LIEU OF FORM CMS-2552-96(9/1997)

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 15-0149 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS	DESCRIPTION	
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	GROSS	REVENUE	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	11	MEALS	SERVED	ENTERED
12	CAFETERIA	12	FTES		ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	18	CASE LOAD		ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	3,662,047	3,662,047					
005 NEW CAP REL COSTS-MVBLE E	1,371,160		1,371,160				
006 EMPLOYEE BENEFITS	4,663,710	69,112		516	4,733,338		
008 ADMINISTRATIVE & GENERAL	4,612,720	811,772		517,472	737,093	6,679,057	6,679,057
009 OPERATION OF PLANT	1,613,562	126,880		70,409	93,986	1,904,837	382,230
010 LAUNDRY & LINEN SERVICE	568,520			274		568,794	114,136
011 HOUSEKEEPING	509,916	20,686		5,238	114,901	650,741	130,580
012 DIETARY	186,162	175,973			28,037	390,172	78,293
017 CAFETERIA	238,625			18,103	89,039	345,767	69,383
018 MEDICAL RECORDS & LIBRARY	314,693	15,697		820	42,774	373,984	75,045
025 SOCIAL SERVICE	130,817	3,718		449	35,688	170,672	34,248
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	2,826,655	1,196,290	212,134	758,476	4,993,555	1,002,006	1,030,784
028 INTENSIVE CARE UNIT	2,672,636	199,773	153,515	672,316	3,698,240	742,100	172,135
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
037 SURGICAL INTENSIVE CARE U							
039 NURSERY	754,129	108,355	25,216	204,948	1,092,648	219,254	93,364
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	2,676,402	532,909	252,122	628,206	4,089,639	820,639	459,182
044 DELIVERY ROOM & LABOR ROO	2,691,821			730,238	3,422,059	686,681	
049 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC	498,714	11,725	31,619	98,443	640,501	128,525	10,103
053 LABORATORY	1,653,889	5,243			1,659,132	332,926	4,518
055 RESPIRATORY THERAPY	753,217		23,284	184,687	961,188	192,875	
056 PHYSICAL THERAPY	490,061	74,673	8,177	2	572,913	114,962	64,342
060 03 ELECTROCARDIOLOGY							
095 MEDICAL SUPPLIES CHARGED	2,293,519	24,658		15,880	2,334,057	468,359	21,247
100 DRUGS CHARGED TO PATIENTS	1,717,569	28,439	5,381		1,751,389	351,439	24,505
101 OUTPAT SERVICE COST CNTRS							
102 03 OUTPATIENT LACTATION SERV	421,193	5,307	1,665	118,529	546,694	109,701	4,572
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	37,321,737	3,411,210	1,326,394	4,553,243	36,846,039	6,053,382	2,070,932
100 NONREIMBURS COST CENTERS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 WOMEN'S RESOURCES	509,333	36,637	11,926	65,709	623,605	125,134	31,569
100 03 MARKETING	558,447				558,447	112,060	
100 04 IVF/A&E LAB	455,563	82,204	13,589	43,598	594,954	119,385	70,831
101 PERINATOLOGY SERVICES	1,118,997	131,996	19,251	70,788	1,341,032	269,096	113,735
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	39,964,077	3,662,047	1,371,160	4,733,338	39,964,077	6,679,057	2,287,067

Health Financial Systems		MCRIF32	FOR DEACONESS WOMEN'S HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD		
COST ALLOCATION - GENERAL SERVICE COSTS		I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2009
		I	15-0149	I	FROM 1/ 1/2008	I	WORKSHEET B
		I		I	TO 12/31/2008	I	PART I
COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL
	9	10	11	12	17	18	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	682,930						
011 HOUSEKEEPING		799,145					
012 DIETARY		53,398	673,491				
017 CAFETERIA				415,150			
018 MEDICAL RECORDS & LIBRARY		4,763		8,525	475,842		
025 SOCIAL SERVICE		1,128		4,343		213,594	
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	107,279	363,006	673,491	87,500	40,119	91,328	8,389,068
028 INTENSIVE CARE UNIT	114,540	60,620		68,682	41,577	56,029	4,953,923
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
037 SURGICAL INTENSIVE CARE U							
039 NURSERY	56,459	32,879		27,666	21,107	62,865	1,606,242
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	297,572	161,707		71,578	123,300		6,023,617
044 DELIVERY ROOM & LABOR ROO	107,080			81,068	40,032	3,372	4,340,292
049 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC		3,558		10,455	14,315		807,457
053 LABORATORY		1,591			41,369		2,039,536
055 RESPIRATORY THERAPY				19,141	21,603		1,194,807
056 PHYSICAL THERAPY		22,659			10,485		785,361
060 03 ELECTROCARDIOLOGY							
095 01 MEDICAL SUPPLIES CHARGED		7,482		2,574	56,752		2,890,471
100 02 DRUGS CHARGED TO PATIENTS		8,630			64,134		2,200,097
100 03 OUTPAT SERVICE COST CNTRS							
101 04 OUTPATIENT LACTATION SERV		1,610		11,259	1,049		674,885
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	682,930	723,031	673,491	392,791	475,842	213,594	35,905,756
100 NONREIMBURS COST CENTERS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 WOMEN'S RESOURCES		11,117		10,938			802,363
100 03 MARKETING							670,507
100 04 IVF/A&E LAB		24,944		5,791			815,905
101 PERINATOLOGY SERVICES		40,053		5,630			1,769,546
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	682,930	799,145	673,491	415,150	475,842	213,594	39,964,077

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 15-0149 I FROM 1/ 1/2008 I WORKSHEET 8
 I I TO 12/31/2008 I PART I

COST CENTER	I&R COST POST STEP- DOWN ADJ	TOTAL
	26	27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
017 CAFETERIA		
018 MEDICAL RECORDS & LIBRARY		
025 SOCIAL SERVICE		
026 INPAT ROUTINE SRVC CNTRS		8,389,068
027 ADULTS & PEDIATRICS		4,953,923
028 INTENSIVE CARE UNIT		
029 CORONARY CARE UNIT		
033 BURN INTENSIVE CARE UNIT		1,606,242
037 SURGICAL INTENSIVE CARE U		
039 NURSERY		6,023,617
040 ANCILLARY SRVC COST CNTRS		4,340,292
041 OPERATING ROOM		807,457
044 DELIVERY ROOM & LABOR ROO		2,039,536
049 ANESTHESIOLOGY		1,194,807
050 RADIOLOGY-DIAGNOSTIC		785,361
053 LABORATORY		
055 RESPIRATORY THERAPY		2,890,471
056 PHYSICAL THERAPY		2,200,097
060 03 ELECTROCARDIOLOGY		
095 MEDICAL SUPPLIES CHARGED		674,885
100 DRUGS CHARGED TO PATIENTS		
100 01 OUTPATIENT LACTATION SERV		35,905,756
100 02 SPEC PURPOSE COST CENTERS		
100 03 SUBTOTALS		
100 04 NONREIMBURS COST CENTERS		802,363
101 OTHER NONREIMBURSABLE COS		670,507
102 01 WOMEN'S RESOURCES		815,905
102 02 MARKETING		1,769,546
102 03 IVF/A&E LAB		
102 04 PERINATOLOGY SERVICES		
103 CROSS FOOT ADJUSTMENT		
103 NEGATIVE COST CENTER		
103 TOTAL		39,964,077

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		69,112	516	69,628	69,628		
006 ADMINISTRATIVE & GENERAL		811,772	517,472	1,329,244	10,843	1,340,087	
008 OPERATION OF PLANT		126,880	70,409	197,289	1,383	76,691	275,363
009 LAUNDRY & LINEN SERVICE			274	274		22,900	
010 HOUSEKEEPING		20,686	5,238	25,924	1,690	26,199	2,146
011 DIETARY		175,973		175,973	412	15,709	18,256
012 CAFETERIA			18,103	18,103	1,310	13,921	
017 MEDICAL RECORDS & LIBRARY		15,697	820	16,517	629	15,057	1,628
018 SOCIAL SERVICE		3,718	449	4,167	525	6,871	386
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,196,290	212,134	1,408,424	11,156	201,046	124,106
026 INTENSIVE CARE UNIT		199,773	153,515	353,288	9,890	148,895	20,725
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY		108,355	25,216	133,571	3,015	43,991	11,241
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		532,909	252,122	785,031	9,241	164,653	55,286
039 DELIVERY ROOM & LABOR ROD					10,742	137,776	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		11,725	31,619	43,344	1,448	25,787	1,216
044 LABORATORY		5,243		5,243		66,798	544
049 RESPIRATORY THERAPY			23,284	23,284	2,717	38,698	
050 PHYSICAL THERAPY		74,673	8,177	82,850		23,066	7,747
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED		24,658		24,658	234	93,971	2,558
056 DRUGS CHARGED TO PATIENTS		28,439	5,381	33,820		70,513	2,950
060 03 OUTPAT SERVICE COST CNTRS							
060 03 OUTPATIENT LACTATION SERV		5,307	1,665	6,972	1,744	22,010	551
060 03 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,411,210	1,326,394	4,737,604	66,979	1,214,552	249,340
100 NONREIMBURS COST CENTERS							
100 01 OTHER NONREIMBURSABLE COS							
100 01 WOMEN'S RESOURCES		36,637	11,926	48,563	967	25,107	3,801
100 02 MARKETING						22,484	
100 03 IVF/A&E LAB		82,204	13,589	95,793	641	23,953	8,528
100 04 PERINATOLOGY SERVICES		131,996	19,251	151,247	1,041	53,991	13,694
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,662,047	1,371,160	5,033,207	69,628	1,340,087	275,363

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL
	9	10	11	12	17	18	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	23,174						
011 HOUSEKEEPING		55,959					
012 DIETARY		3,739	214,089				
017 CAFETERIA				33,334			
018 MEDICAL RECORDS & LIBRARY		334		685	34,850		
025 SOCIAL SERVICE		79		349		12,377	
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	3,639	25,419	214,089	7,026	2,937	5,292	2,003,134
028 INTENSIVE CARE UNIT	3,885	4,245		5,515	3,043	3,247	552,733
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
037 SURGICAL INTENSIVE CARE U							
039 NURSERY	1,915	2,302		2,221	1,545	3,643	203,444
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	10,103	11,323		5,747	9,045		1,050,429
044 DELIVERY ROOM & LABOR ROO	3,632			6,509	2,930	195	161,784
049 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC		249		839	1,048		73,931
053 LABORATORY		111			3,028		75,724
055 RESPIRATORY THERAPY				1,537	1,581		67,817
056 PHYSICAL THERAPY		1,587			767		116,017
060 ELECTROCARDIOLOGY							
063 MEDICAL SUPPLIES CHARGED		524		207	4,154		126,306
066 DRUGS CHARGED TO PATIENTS		604			4,695		112,582
069 OUTPAT SERVICE COST CNTRS							
072 OUTPATIENT LACTATION SERV		113		904	77		32,371
075 SPEC PURPOSE COST CENTERS							
078 SUBTOTALS	23,174	50,629	214,089	31,539	34,850	12,377	4,576,272
081 NONREIMBURS COST CENTERS							
084 OTHER NONREIMBURSABLE COS							
087 01 WOMEN'S RESOURCES		778		878			80,094
090 02 MARKETING							22,484
093 03 IVF/A&E LAB		1,747		465			131,127
096 04 PERINATOLOGY SERVICES		2,805		452			223,230
099 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	23,174	55,959	214,089	33,334	34,850	12,377	5,033,207

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 15-0149 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
		26	27
	GENERAL SERVICE COST CNTR		
003	NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006	ADMINISTRATIVE & GENERAL		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
017	MEDICAL RECORDS & LIBRARY		
018	SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS		2,003,134
026	INTENSIVE CARE UNIT		552,733
027	CORONARY CARE UNIT		
028	BURN INTENSIVE CARE UNIT		
029	SURGICAL INTENSIVE CARE U		
033	NURSERY		203,444
	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM		1,050,429
039	DELIVERY ROOM & LABOR ROO		161,784
040	ANESTHESIOLOGY		
041	RADIOLOGY-DIAGNOSTIC		73,931
044	LABORATORY		75,724
049	RESPIRATORY THERAPY		67,817
050	PHYSICAL THERAPY		116,017
053	ELECTROCARDIOLOGY		
055	MEDICAL SUPPLIES CHARGED		126,306
056	DRUGS CHARGED TO PATIENTS		112,582
	OUTPAT SERVICE COST CNTRS		
060 03	OUTPATIENT LACTATION SERV		32,371
	SPEC PURPOSE COST CENTERS		
095	SUBTOTALS		4,576,272
	NONREIMBURS COST CENTERS		
100	OTHER NONREIMBURSABLE COS		
100 01	WOMEN'S RESOURCES		80,094
100 02	MARKETING		22,484
100 03	IVF/A&E LAB		131,127
100 04	PERINATOLOGY SERVICES		223,230
101	CROSS FOOT ADJUSTMENTS		
102	NEGATIVE COST CENTER		
103	TOTAL		5,033,207

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	OSTS-BLDG & FEET	OSTS-MVBLE VALUE	FITS GROSS SALARIES		E & GENERAL COST	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	115,247					
005 NEW CAP REL COSTS-MVB		885,040				
006 EMPLOYEE BENEFITS	2,175	333	16,730,125			
008 ADMINISTRATIVE & GENE	25,547	334,011	2,605,279	-6,679,057	33,285,020	
009 OPERATION OF PLANT	3,993	45,447	332,196		1,904,837	83,532
010 LAUNDRY & LINEN SERVI		177			568,794	
011 HOUSEKEEPING	651	3,381	406,122		650,741	651
012 DIETARY	5,538		99,096		390,172	5,538
017 CAFETERIA		11,685	314,712		345,767	
018 MEDICAL RECORDS & LIB	494	529	151,185		373,984	494
025 SOCIAL SERVICE	117	290	126,142		170,672	117
026 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRICS	37,648	136,926	2,680,848		4,993,555	37,648
028 INTENSIVE CARE UNIT	6,287	99,089	2,376,321		3,698,240	6,287
029 CORONARY CARE UNIT						
033 BURN INTENSIVE CARE U						
037 SURGICAL INTENSIVE CA						
039 NURSERY	3,410	16,276	724,396		1,092,648	3,410
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	16,771	162,737	2,220,414		4,089,639	16,771
044 DELIVERY ROOM & LABOR			2,581,048		3,422,059	
049 ANESTHESIOLOGY						
050 RADIOLOGY-DIAGNOSTIC	369	20,409	347,949		640,501	369
053 LABORATORY	165				1,659,132	165
055 RESPIRATORY THERAPY		15,029	652,782		961,188	
056 PHYSICAL THERAPY	2,350	5,278	7		572,913	2,350
060 ELECTROCARDIOLOGY						
095 MEDICAL SUPPLIES CHAR	776		56,130		2,334,057	776
100 DRUGS CHARGED TO PATI	895	3,473			1,751,389	895
101 OUTPAT SERVICE COST C						
102 03 OUTPATIENT LACTATION	167	1,075	418,944		546,694	167
103 SPEC PURPOSE COST CEN						
104 SUBTOTALS	107,353	856,145	16,093,571	-6,679,057	30,166,982	75,638
100 NONREIMBURS COST CENT						
100 01 OTHER NONREIMBURSABLE						
100 02 WOMEN'S RESOURCES	1,153	7,698	232,252		623,605	1,153
100 03 MARKETING					558,447	
100 04 IVF/A&E LAB	2,587	8,771	154,098		594,954	2,587
101 PERINATOLOGY SERVICES	4,154	12,426	250,204		1,341,032	4,154
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
104 COST TO BE ALLOCATED	3,662,047	1,371,160	4,733,338		6,679,057	2,287,067
105 (WRKSHT B, PART I)						
106 UNIT COST MULTIPLIER	31.775638		.282923		.200663	
107 (WRKSHT B, PT I)		1.549263				27.379531
108 COST TO BE ALLOCATED						
109 (WRKSHT B, PART II)						
110 UNIT COST MULTIPLIER			69,628		1,340,087	275,363
111 (WRKSHT B, PT II)						
112 COST TO BE ALLOCATED						
113 (WRKSHT B, PART III)						
114 UNIT COST MULTIPLIER			.004162		.040261	
115 (WRKSHT B, PT III)						3.296497

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		(GROSS REVENUE)	(SQUARE FEET)	(MEALS SERVED)	(FTE)	(GROSS CHARGES)	(CASE LOAD)
		9	10	11	12	17	18
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS						
006	ADMINISTRATIVE & GENERAL						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE	41,073,588					
010	HOUSEKEEPING		82,881				
011	DIETARY		5,538	30,753			
012	CAFETERIA				2,581		
017	MEDICAL RECORDS & LIBRARY		494		53	76,557,092	
018	SOCIAL SERVICE		117		27		23,121
025	INPAT ROUTINE SERVICE CENTER						
026	ADULTS & PEDIATRICS	6,452,105	37,648	30,753	544	6,454,130	9,886
027	INTENSIVE CARE UNIT	6,888,780	6,287		427	6,688,780	6,065
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
033	SURGICAL INTENSIVE CARE						
037	NURSERY	3,395,598	3,410		172	3,395,598	6,805
039	ANCILLARY SERVICE COST CENTER						
040	OPERATING ROOM	17,896,962	16,771		445	19,841,817	
041	DELIVERY ROOM & LABOR	6,440,143			504	6,440,143	365
044	ANESTHESIOLOGY						
049	RADIOLOGY-DIAGNOSTIC LABORATORY		369		65	2,302,906	
050	RESPIRATORY THERAPY		165		119	6,655,305	
053	PHYSICAL THERAPY		2,350			3,475,376	
055	ELECTROCARDIOLOGY					1,686,731	
056	MEDICAL SUPPLIES CHARGED TO PATIENT		776		16	9,130,003	
060	DRUGS CHARGED TO PATIENT		895			10,317,620	
095	OUTPATIENT SERVICE COST CENTER						
095	OUTPATIENT LACTATION		167		70	168,683	
095	SPEC PURPOSE COST CENTER						
100	SUBTOTALS	41,073,588	74,987	30,753	2,442	76,557,092	23,121
100	NONREIMBURSABLE						
100	01 WOMEN'S RESOURCES		1,153		68		
100	02 MARKETING						
100	03 IVF/A&E LAB		2,587		36		
100	04 PERINATOLOGY SERVICES		4,154		35		
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	682,930	799,145	673,491	415,150	475,842	213,594
104	UNIT COST MULTIPLIER (WORKSHEET B, PT I)	.016627	9.642077	21.900010	160.848508	.006216	9.238095
105	COST TO BE ALLOCATED (PER WORKSHEET B, PART II)						
106	UNIT COST MULTIPLIER (WORKSHEET B, PT II)						
107	COST TO BE ALLOCATED (PER WORKSHEET B, PART III)	23,174	55,959	214,089	33,334	34,850	12,377
108	UNIT COST MULTIPLIER (WORKSHEET B, PT III)	.000564	.675173	6.961565	12.915149	.000455	.535314

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 15-0149 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	8,389,068		8,389,068	16,980	8,406,048
26	INTENSIVE CARE UNIT	4,953,923		4,953,923	87,307	5,041,230
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	1,606,242		1,606,242		1,606,242
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,023,617		6,023,617		6,023,617
39	DELIVERY ROOM & LABOR ROO	4,340,292		4,340,292		4,340,292
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	807,457		807,457		807,457
44	LABORATORY	2,039,536		2,039,536		2,039,536
49	RESPIRATORY THERAPY	1,194,807		1,194,807		1,194,807
50	PHYSICAL THERAPY	785,361		785,361		785,361
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	2,890,471		2,890,471		2,890,471
56	DRUGS CHARGED TO PATIENTS	2,200,097		2,200,097		2,200,097
	OUTPAT SERVICE COST CNTRS					
60 03	OUTPATIENT LACTATION SERV	674,885		674,885		674,885
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	35,905,756		35,905,756	104,287	36,010,043
102	LESS OBSERVATION BEDS					
103	TOTAL	35,905,756		35,905,756	104,287	36,010,043

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,454,130		6,454,130			
26	INTENSIVE CARE UNIT	6,688,780		6,688,780			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	3,395,598		3,395,598			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,274,674	9,567,143	19,841,817	.303582	.303582	.303582
39	DELIVERY ROOM & LABOR ROO	6,204,096	236,047	6,440,143	.673943	.673943	.673943
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,323,332	979,574	2,302,906	.350625	.350625	.350625
44	LABORATORY	4,708,090	1,947,215	6,655,305	.306453	.306453	.306453
49	RESPIRATORY THERAPY	3,470,419	4,957	3,475,376	.343792	.343792	.343792
50	PHYSICAL THERAPY	309,824	1,376,907	1,686,731	.465611	.465611	.465611
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	5,830,831	3,299,172	9,130,003	.316590	.316590	.316590
56	DRUGS CHARGED TO PATIENTS	8,911,413	1,406,207	10,317,620	.213237	.213237	.213237
	OUTPAT SERVICE COST CNTRS						
60	03 OUTPATIENT LACTATION SERV	164,590	4,093	168,683	4.000907	4.000907	4.000907
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	57,735,777	18,821,315	76,557,092			
102	LESS OBSERVATION BEDS						
103	TOTAL	57,735,777	18,821,315	76,557,092			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	8,389,068		8,389,068	16,980	8,406,048
26	INTENSIVE CARE UNIT	4,953,923		4,953,923	87,307	5,041,230
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	1,606,242		1,606,242		1,606,242
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,023,617		6,023,617		6,023,617
39	DELIVERY ROOM & LABOR ROO	4,340,292		4,340,292		4,340,292
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	807,457		807,457		807,457
44	LABORATORY	2,039,536		2,039,536		2,039,536
49	RESPIRATORY THERAPY	1,194,807		1,194,807		1,194,807
50	PHYSICAL THERAPY	785,361		785,361		785,361
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	2,890,471		2,890,471		2,890,471
56	DRUGS CHARGED TO PATIENTS	2,200,097		2,200,097		2,200,097
	OUTPAT SERVICE COST CNTRS					
60 03	OUTPATIENT LACTATION SERV	674,885		674,885		674,885
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	35,905,756		35,905,756	104,287	36,010,043
102	LESS OBSERVATION BEDS					
103	TOTAL	35,905,756		35,905,756	104,287	36,010,043

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,454,130		6,454,130			
26	INTENSIVE CARE UNIT	6,688,780		6,688,780			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	3,395,598		3,395,598			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,274,674	9,567,143	19,841,817	.303582	.303582	.303582
39	DELIVERY ROOM & LABOR ROO	6,204,096	236,047	6,440,143	.673943	.673943	.673943
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,323,332	979,574	2,302,906	.350625	.350625	.350625
44	LABORATORY	4,708,090	1,947,215	6,655,305	.306453	.306453	.306453
49	RESPIRATORY THERAPY	3,470,419	4,957	3,475,376	.343792	.343792	.343792
50	PHYSICAL THERAPY	309,824	1,376,907	1,686,731	.465611	.465611	.465611
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	5,830,831	3,299,172	9,130,003	.316590	.316590	.316590
56	DRUGS CHARGED TO PATIENTS	8,911,413	1,406,207	10,317,620	.213237	.213237	.213237
	OUTPAT SERVICE COST CNTRS						
60	03 OUTPATIENT LACTATION SERV	164,590	4,093	168,683	4.000907	4.000907	4.000907
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	57,735,777	18,821,315	76,557,092			
102	LESS OBSERVATION BEDS						
103	TOTAL	57,735,777	18,821,315	76,557,092			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	6,023,617	1,050,429	4,973,188			6,023,617
39	DELIVERY ROOM & LABOR ROO	4,340,292	161,784	4,178,508			4,340,292
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	807,457	73,931	733,526			807,457
44	LABORATORY	2,039,536	75,724	1,963,812			2,039,536
49	RESPIRATORY THERAPY	1,194,807	67,817	1,126,990			1,194,807
50	PHYSICAL THERAPY	785,361	116,017	669,344			785,361
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	2,890,471	126,306	2,764,165			2,890,471
56	DRUGS CHARGED TO PATIENTS	2,200,097	112,582	2,087,515			2,200,097
	OUTPAT SERVICE COST CNTRS						
60	03 OUTPATIENT LACTATION SERV	674,885	32,371	642,514			674,885
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	20,956,523	1,816,961	19,139,562			20,956,523
102	LESS OBSERVATION BEDS						
103	TOTAL	20,956,523	1,816,961	19,139,562			20,956,523

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG	I/P PT B COST RATIO TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	19,841,817	.303582	.303582
39	DELIVERY ROOM & LABOR ROO	6,440,143	.673943	.673943
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	2,302,906	.350625	.350625
44	LABORATORY	6,655,305	.306453	.306453
49	RESPIRATORY THERAPY	3,475,376	.343792	.343792
50	PHYSICAL THERAPY	1,686,731	.465611	.465611
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	9,130,003	.316590	.316590
56	DRUGS CHARGED TO PATIENTS	10,317,620	.213237	.213237
	OUTPAT SERVICE COST CNTRS			
60	03 OUTPATIENT LACTATION SERV	168,683	4.000907	4.000907
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	60,018,584		
102	LESS OBSERVATION BEDS			
103	TOTAL	60,018,584		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	6,023,617	1,050,429	4,973,188	105,043	288,445	5,630,129
39	OPERATING ROOM	4,340,292	161,784	4,178,508	16,178	242,353	4,081,761
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	807,457	73,931	733,526	7,393	42,545	757,519
44	RADIOLOGY-DIAGNOSTIC	2,039,536	75,724	1,963,812	7,572	113,901	1,918,063
49	LABORATORY	1,194,807	67,817	1,126,990	6,782	65,365	1,122,660
50	RESPIRATORY THERAPY	785,361	116,017	669,344	11,602	38,822	734,937
53	PHYSICAL THERAPY						
55	ELECTROCARDIOLOGY	2,890,471	126,306	2,764,165	12,631	160,322	2,717,518
56	MEDICAL SUPPLIES CHARGED	2,200,097	112,582	2,087,515	11,258	121,076	2,067,763
	DRUGS CHARGED TO PATIENTS						
60	OUTPAT SERVICE COST CNTRS	674,885	32,371	642,514	3,237	37,266	634,382
03	OUTPATIENT LACTATION SERV						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	20,956,523	1,816,961	19,139,562	181,696	1,110,095	19,664,732
102	LESS OBSERVATION BEDS						
103	TOTAL	20,956,523	1,816,961	19,139,562	181,696	1,110,095	19,664,732

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	19,841,817	.283751	.298288
39	DELIVERY ROOM & LABOR ROD	6,440,143	.633800	.671431
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	2,302,906	.328940	.347415
44	LABORATORY	6,655,305	.288201	.305315
49	RESPIRATORY THERAPY	3,475,376	.323033	.341841
50	PHYSICAL THERAPY	1,686,731	.435717	.458733
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	9,130,003	.297647	.315207
56	DRUGS CHARGED TO PATIENTS	10,317,620	.200411	.212146
	OUTPAT SERVICE COST CNTRS			
60 03	OUTPATIENT LACTATION SERV OTHER REIMBURS COST CNTRS	168,683	3.760794	3.981717
101	SUBTOTAL	60,018,584		
102	LESS OBSERVATION BEDS			
103	TOTAL	60,018,584		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				2,003,134		2,003,134
27	INTENSIVE CARE UNIT				552,733		552,733
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U				203,444		203,444
101	NURSERY						
	TOTAL				2,759,311		2,759,311

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	9,886	278			202.62	56,328
26	INTENSIVE CARE UNIT	6,065				91.13	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	6,805				29.90	
101	TOTAL	22,756	278				56,328

Health Financial Systems MCRIF32

FOR DEACONESS WOMEN'S HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
SERVICE OTHER PASS THROUGH COSTS	I	15-0149	I	FROM 1/ 1/2008	I	WORKSHEET D	
TITLE XVIII, PART A	I		I	TO 12/31/2008	I	PART III	

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS					9,886	
27	INTENSIVE CARE UNIT					6,065	
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U						
101	NURSERY					6,805	
	TOTAL					22,756	

Health Financial Systems MCRIF32 FOR DEACONESS WOMEN'S HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009

SERVICE OTHER PASS THROUGH COSTS I 15-0149 I FROM 1/ 1/2008 I WORKSHEET D

TITLE XVIII, PART A I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	278
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL		278

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60 03	OUTPATIENT LACTATION SERV						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

Health Financial Systems MCRIF32 FOR DEACONESS WOMEN'S HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 OTHER PASS THROUGH COSTS I 15-0149 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-0149 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			19,841,817			546,805	
39	OPERATING ROOM			6,440,143			11,853	
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			2,302,906			29,531	
44	RADIOLOGY-DIAGNOSTIC			6,655,305			126,676	
49	LABORATORY			3,475,376			579	
50	RESPIRATORY THERAPY			1,686,731			2,411	
53	PHYSICAL THERAPY							
55	ELECTROCARDIOLOGY			9,130,003			370,649	
56	MEDICAL SUPPLIES CHARGED			10,317,620			164,635	
	DRUGS CHARGED TO PATIENTS							
60	03 OUTPAT SERVICE COST CNTRS			168,683				
	OUTPATIENT LACTATION SERV							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			60,018,584			1,253,139	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	= COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	403,753					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	10,339					
44	LABORATORY	21,163					
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	2,440					
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	213,202					
56	DRUGS CHARGED TO PATIENTS	46,857					
	OUTPAT SERVICE COST CNTRS						
60	03 OUTPATIENT LACTATION SERV						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	697,754					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.303582	.303582			
39 DELIVERY ROOM & LABOR ROOM	.673943	.673943			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.350625	.350625			
44 LABORATORY	.306453	.306453			
49 RESPIRATORY THERAPY	.343792	.343792			
50 PHYSICAL THERAPY	.465611	.465611			
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.316590	.316590			
56 DRUGS CHARGED TO PATIENTS	.213237	.213237			
60 03 OUTPATIENT LACTATION SERVICES	4.000907	4.000907			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		403,753			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		10,339			
44 LABORATORY		21,163			
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY		2,440			
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		213,202			
56 DRUGS CHARGED TO PATIENTS		46,857			
60 03 OUTPATIENT LACTATION SERVICES					
101 SUBTOTAL		697,754			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		697,754			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				122,572	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				3,625	
44 LABORATORY				6,485	
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY				1,136	
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				67,498	
56 DRUGS CHARGED TO PATIENTS				9,992	
60 03 OUTPATIENT LACTATION SERVICES					
101 SUBTOTAL				211,308	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				211,308	

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
OUTPAT SERVICE COST CNTRS			
60 03 OUTPATIENT LACTATION SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,050,429	19,841,817	2,057,429		
39	DELIVERY ROOM & LABOR ROO		161,784	6,440,143	2,316,256		
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		73,931	2,302,906	537,575		
44	LABORATORY		75,724	6,655,305	2,333,603		
49	RESPIRATORY THERAPY		67,817	3,475,376	620,423		
50	PHYSICAL THERAPY		116,017	1,686,731	115,766		
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED		126,306	9,130,003	2,248,336		
56	DRUGS CHARGED TO PATIENTS		112,582	10,317,620	3,124,698		
	OUTPAT SERVICE COST CNTRS						
60 03	OUTPATIENT LACTATION SERV		32,371	168,683	41,764		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,816,961	60,018,584	13,395,850		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 15-0149 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0149 I I

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.052940	108,920
39	DELIVERY ROOM & LABOR ROO	.025121	58,187
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.032103	17,258
44	LABORATORY	.011378	26,552
49	RESPIRATORY THERAPY	.019514	12,107
50	PHYSICAL THERAPY	.068782	7,963
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED	.013834	31,103
56	DRUGS CHARGED TO PATIENTS	.010912	34,097
	OUTPAT SERVICE COST CNTRS		
60 03	OUTPATIENT LACTATION SERV	.191904	8,015
	OTHER REIMBURS COST CNTRS		
101	TOTAL		304,202

Health Financial Systems MCRIF32 FOR DEACONESS WOMEN'S HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

APPORIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 SERVICE OTHER PASS THROUGH COSTS I 15-0149 I FROM 1/ 1/2008 I WORKSHEET D
 TITLE XIX I TO 12/31/2008 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					9,886	
26	INTENSIVE CARE UNIT					6,065	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY					6,805	
101	TOTAL					22,756	

Health Financial Systems MCRIF32 FOR DEACONESS WOMEN'S HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 SERVICE OTHER PASS THROUGH COSTS I 15-0149 I FROM 1/ 1/2008 I WORKSHEET D
 TITLE XIX I I TO 12/31/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		612
26	INTENSIVE CARE UNIT		711
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		578
101	TOTAL		1,901

Health Financial Systems MCRIF32 FOR DEACONESS WOMEN'S HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 OTHER PASS THROUGH COSTS I 15-0149 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-0149 I

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60 03	OUTPATIENT LACTATION SERV						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			19,841,817			2,057,429	
39	DELIVERY ROOM & LABOR ROO			6,440,143			2,316,256	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			2,302,906			537,575	
44	LABORATORY			6,655,305			2,333,603	
49	RESPIRATORY THERAPY			3,475,376			620,423	
50	PHYSICAL THERAPY			1,686,731			115,766	
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED			9,130,003			2,248,336	
56	DRUGS CHARGED TO PATIENTS			10,317,620			3,124,698	
	OUTPAT SERVICE COST CNTRS							
60	03 OUTPATIENT LACTATION SERV			168,683			41,764	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			60,018,584			13,395,850	

TITLE XIX

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
LINE NO.		8	8.01	8.02	9		
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,602,343					
39	DELIVERY ROOM & LABOR ROO	121,521					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	316,696					
44	LABORATORY	412,843					
49	RESPIRATORY THERAPY	1,716					
50	PHYSICAL THERAPY	2,119					
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	428,718					
56	DRUGS CHARGED TO PATIENTS	208,190					
	OUTPAT SERVICE COST CNTRS						
60	03 OUTPATIENT LACTATION SERV	19					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	3,094,165					

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.283751				1,602,343
39 DELIVERY ROOM & LABOR ROOM	.633800				121,521
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.328940				316,696
44 LABORATORY	.288201				412,843
49 RESPIRATORY THERAPY	.323033				1,716
50 PHYSICAL THERAPY	.435717				2,119
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.297647				428,718
56 DRUGS CHARGED TO PATIENTS	.200411				208,190
60 03 OUTPATIENT LACTATION SERVICES	3.760794				19
101 SUBTOTAL					3,094,165
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					3,094,165

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS					
60 03 OUTPATIENT LACTATION SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		454,666			
39 DELIVERY ROOM & LABOR ROOM		77,020			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		104,174			
44 LABORATORY		118,982			
49 RESPIRATORY THERAPY		554			
50 PHYSICAL THERAPY		923			
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		127,607			
56 DRUGS CHARGED TO PATIENTS		41,724			
OUTPAT SERVICE COST CNTRS					
60 03 OUTPATIENT LACTATION SERVICES		71			
101 SUBTOTAL		925,721			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		925,721			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,886
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,886
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,886
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	278
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	278
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	8,406,048
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,406,048

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	8,406,048

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	850.30
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	236,383
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	236,383

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	5,041,230	6,065	831.20		
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1 376,934
49	TOTAL PROGRAM INPATIENT COSTS				613,317

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	56,328
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	38,736
52	TOTAL PROGRAM EXCLUDABLE COST	95,064
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	518,253

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 68 PROGRAM ROUTINE SERVICE COST
- 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
- 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
- 72 PER DIEM CAPITAL-RELATED COSTS
- 73 PROGRAM CAPITAL-RELATED COSTS
- 74 INPATIENT ROUTINE SERVICE COST
- 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
- 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
- 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
- 78 INPATIENT ROUTINE SERVICE COST LIMITATION
- 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
- 80 PROGRAM INPATIENT ANCILLARY SERVICES
- 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
- 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 850.30
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		8,406,048			
87 NEW CAPITAL-RELATED COST	2,003,134	8,406,048	.238297		
88 NON PHYSICIAN ANESTHETIST		8,406,048			
89 MEDICAL EDUCATION		8,406,048			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,886
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,886
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,886
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	612
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	612
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	6,805
16	NURSERY DAYS (TITLE V OR XIX ONLY)	578

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	8,406,048
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,406,048

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	8,406,048

TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					850.30
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					520,384
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					520,384

		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	1,606,242	6,805	236.04	578	136,431
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	5,041,230	6,065	831.20	711	590,983
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					4,901,644
49	TOTAL PROGRAM INPATIENT COSTS					6,149,442

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					206,078
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					304,202
52	TOTAL PROGRAM EXCLUDABLE COST					510,280
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					5,639,162

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	850.30
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	8,406,048			
87	NEW CAPITAL-RELATED COST	2,003,134	8,406,048	.238297	
88	NON PHYSICIAN ANESTHETIST		8,406,048		
89	MEDICAL EDUCATION		8,406,048		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		167,755	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.303582	546,805	166,000
39	DELIVERY ROOM & LABOR ROOM	.673943	11,853	7,988
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.350625	29,531	10,354
44	LABORATORY	.306453	126,676	38,820
49	RESPIRATORY THERAPY	.343792	579	199
50	PHYSICAL THERAPY	.465611	2,411	1,123
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.316590	370,649	117,344
56	DRUGS CHARGED TO PATIENTS	.213237	164,635	35,106
60	03 OUTPAT SERVICE COST CNTRS OUTPAT LACTATION SERVICES OTHER REIMBURS COST CNTRS	4.000907		
101	TOTAL		1,253,139	376,934
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,253,139	

TITLE XIX		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
	ADULTS & PEDIATRICS		1,914,851		
26	INTENSIVE CARE UNIT		2,701,747		
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.303582	2,057,429	624,598	
39	DELIVERY ROOM & LABOR ROOM	.673943	2,316,256	1,561,025	
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC	.350625	537,575	188,487	
44	LABORATORY	.306453	2,333,603	715,140	
49	RESPIRATORY THERAPY	.343792	620,423	213,296	
50	PHYSICAL THERAPY	.465611	115,766	53,902	
53	ELECTROCARDIOLOGY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.316590	2,248,336	711,801	
56	DRUGS CHARGED TO PATIENTS	.213237	3,124,698	666,301	
	OUTPAT SERVICE COST CNTRS				
60	03 OUTPATIENT LACTATION SERVICES	4.000907	41,764	167,094	
	OTHER REIMBURS COST CNTRS				
101	TOTAL		13,395,850	4,901,644	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		13,395,850		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). 211,308
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 158,988
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
 1.04 LINE 1.01 TIMES LINE 1.03.
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
 2 INTERNS AND RESIDENTS
 3 ORGAN ACQUISITIONS
 4 COST OF TEACHING PHYSICIANS
 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
 6 ANCILLARY SERVICE CHARGES
 7 INTERNS AND RESIDENTS SERVICE CHARGES
 8 ORGAN ACQUISITION CHARGES
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
 10 TOTAL REASONABLE CHARGES
 CUSTOMARY CHARGES
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
 13 RATIO OF LINE 11 TO LINE 12
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) 158,988

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) 47,246
 19 SUBTOTAL (SEE INSTRUCTIONS) 111,742
 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
 22 ESRD DIRECT MEDICAL EDUCATION COSTS
 23 SUBTOTAL 111,742
 24 PRIMARY PAYER PAYMENTS
 25 SUBTOTAL 111,742

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS) 6,875
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 4,813
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 6,875
 28 SUBTOTAL 116,555
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
 30 OTHER ADJUSTMENTS (SPECIFY)
 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
 32 SUBTOTAL 116,555
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS 111,743
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM 4,812
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		543,820		111,743
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		543,820		111,743
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT	.01			
AMOUNT (BALANCE DUE)	.02	3,943		4,812
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		539,877		116,555

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS				
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	16,495,063			
5 OTHER RECEIVABLES	28,261			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-7,994,354			
7 INVENTORY	319,736			
8 PREPAID EXPENSES	158,108			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	9,006,814			
FIXED ASSETS				
12 LAND				
12.01				
13 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	933,719			
15.01 LESS ACCUMULATED DEPRECIATION	-145,995			
16 FIXED EQUIPMENT	1,810,338			
16.01 LESS ACCUMULATED DEPRECIATION	-1,087,984			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	9,244,634			
18.01 LESS ACCUMULATED DEPRECIATION	-5,486,175			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	5,268,537			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	368,257			
26 TOTAL OTHER ASSETS	368,257			
27 TOTAL ASSETS	14,643,608			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,903,274			
29 SALARIES, WAGES & FEES PAYABLE	1,712,392			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,094,275			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	65,187			
36 TOTAL CURRENT LIABILITIES	6,775,128			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	1,102,677			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	1,102,677			
43 TOTAL LIABILITIES	7,877,805			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	6,765,803			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	6,765,803			
52 TOTAL LIABILITIES AND FUND BALANCES	14,643,608			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		7,039,024		
2	NET INCOME (LOSS)		5,959,306		
3	TOTAL		12,998,330		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		12,998,330		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	DISTRIBUTIONS TO MEMBERS	6,232,527			
15					
16					
17					
18	TOTAL DEDUCTIONS		6,232,527		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		6,765,803		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	DISTRIBUTIONS TO MEMBERS				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0149 I PERIOD: FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/26/2009 WORKSHEET G-3

DESCRIPTION		
1	TOTAL PATIENT REVENUES	87,949,173
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	37,012,098
3	NET PATIENT REVENUES	50,937,075
4	LESS: TOTAL OPERATING EXPENSES	46,355,375
5	NET INCOME FROM SERVICE TO PATIENTS	4,581,700
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	12,517
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	328,677
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	8,864
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	402,385
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	405
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY) OTHER INCOME	624,758
25	TOTAL OTHER INCOME	1,377,606
26	TOTAL	5,959,306
OTHER EXPENSES		
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	5,959,306

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	43,881
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	43.58
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON 5-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	43,881
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

