

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 S
 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	15-0166	I	FROM 1/ 1/2008	I	--AUDITED X-DESK REVIEW	I	6/ 1/2009
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 2-MCR CODE	I	130
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 12/ 9/2009 TIME 14:04

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:
 PINNACLE HOSPITAL 15-0166
 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)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX		
		1	2		3	4		
1	HOSPITAL	0		79,180		231	0	
100	TOTAL	0		79,180		231	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.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET 5-2
 I I TO 12/31/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 9301 CONNECTICUT DRIVE P.O. BOX:
 1.01 CITY: CROWN POINT STATE: IN ZIP CODE: 46307- COUNTY: LAKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	PINNACLE HOSPITAL	15-0166	2.01	8/ 1/2007	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2
5

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? N
- 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 23844
- 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 §5105 OR MIPPA §147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) 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. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE 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 DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE 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? N
- 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 N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA
 I PROVIDER NO: 15-0166 I PERIOD: FROM 1/1/2008 TO 12/31/2008 I PREPARED 12/9/2009 WORKSHEET S-2

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	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.				
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		0.00	0	
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)					
28.03	STAFFING		%	Y/N	
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	Y	N		
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	Y			
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					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	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?	N	N	N	

V XVIII XIX

1 2 3

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET S-2
 I I TO 12/31/2008 I

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? N
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y
 IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS).
- 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
- 40.02 STREET: P.O. BOX:
- 40.03 CITY: STATE: ZIP CODE: -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	ASC	RADIOLOGY	DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 - PREMIUMS: 0
 - PAID LOSSES: 0
 - AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56.01		N	0.00		0
56.02			0.00		0
56.03			0.00		0
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 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 INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
 IDENTIFICATION DATA

IN LIEU OF FORM CMS-2552-96 (07/2009) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET S-2
 I I TO 12/31/2008 I

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 REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? 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 INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 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. N

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). N / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
I 15-0166 I FROM 1/ 1/2008 I WORKSHEET S-3
I I TO 12/31/2008 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		18				1,195	
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		18				1,195	
12 TOTAL		18				1,195	
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL		18					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,052				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			2,052				
12 TOTAL			2,052				
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL							
26 OBSERVATION BED DAYS			198	10	188		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					359		611
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL			127.00		359		611
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL			127.00				
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET S-3
 I I TO 12/31/2008 I PARTS II & III

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
SALARIES							
1	TOTAL SALARY	8,584,575	-1,619,786	6,964,789	264,171.00	26.36	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
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						
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	100,543		100,543	1,474.00	68.21	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A						
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	1,619,786		1,619,786			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS						CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	72,579		72,579	2,739.00	26.50	
22	ADMINISTRATIVE & GENERAL	2,882,755	-1,619,786	1,262,969	51,988.00	24.29	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	106,598		106,598	6,889.00	15.47	
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING	145,349		145,349	11,784.00	12.33	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	89,460		89,460	8,328.00	10.74	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION						
31	CENTRAL SERVICE AND SUPPLY	192,432		192,432	11,319.00	17.00	
32	PHARMACY	252,862		252,862	5,376.00	47.04	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	145,598		145,598	7,386.00	19.71	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	8,584,575	-1,619,786	6,964,789	264,171.00	26.36	
2	EXCLUDED AREA SALARIES						
3	SUBTOTAL SALARIES	8,584,575	-1,619,786	6,964,789	264,171.00	26.36	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	100,543		100,543	1,474.00	68.21	
5	SUBTOTAL WAGE-RELATED COSTS	1,619,786		1,619,786		23.26	
6	TOTAL	10,304,904	-1,619,786	8,685,118	265,645.00	32.69	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						

HOSPITAL WAGE INDEX INFORMATION

IN LIEU OF FORM CMS-2552-96 (05/2004)
 I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET S-3
 I I TO 12/31/2008 I PARTS II & III

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
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	3,887,633	-1,619,786	2,267,847	105,809.00	21.43	

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET S-10
 I I TO 12/31/2008 I
 I I I

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) .557361
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/ 9/2009
I	15-0166	I	FROM 1/ 1/2008	I	WORKSHEET S-10
I		I	TO 12/31/2008	I	
I		I		I	

DESCRIPTION

- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 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

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 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					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				371,793	371,793
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				2,537,882	2,537,882
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	72,579	-27,159	45,420	1,619,786	1,665,206
6	0600 ADMINISTRATIVE & GENERAL	2,882,755	7,850,334	10,733,089	-4,734,278	5,998,811
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	106,598	285,379	391,977	490,899	882,876
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	145,349	17,551	162,900		162,900
11	1100 DIETARY	89,460	228,750	318,210	-819	317,391
12	1200 CAFETERIA					
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION					
15	1500 CENTRAL SERVICES & SUPPLY	192,432	88,018	280,450	-10,378	270,072
16	1600 PHARMACY	252,862	249,549	502,411	-236,306	266,105
17	1700 MEDICAL RECORDS & LIBRARY	145,598	38,674	184,272		184,272
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY)					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,137,443	181,199	1,318,642	-23,723	1,294,919
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,367,263	2,684,458	4,051,721	-2,545,386	1,506,335
40	4000 ANESTHESIOLOGY	362,360	541,535	903,895	-3,414	900,481
41	4100 RADIOLOGY-DIAGNOSTIC	510,125	882,994	1,393,119	-24,486	1,368,633
44	4400 LABORATORY	77,476	200,670	278,146	-8,338	269,808
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	399,672	1,357	401,029	-968	400,061
50	5000 PHYSICAL THERAPY					
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,611,151	2,611,151
56	5600 DRUGS CHARGED TO PATIENTS				236,306	236,306
	OUTPAT SERVICE COST CNTRS					
60.01	6001 URGENT CARE	842,603	357,017	1,199,620	-7,048	1,192,572
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
88	8800 INTEREST EXPENSE		272,673	272,673	-272,673	
95	SUBTOTALS	8,584,575	13,852,999	22,437,574	-0-	22,437,574
	NONREIMBURS COST CENTERS					
101	TOTAL	8,584,575	13,852,999	22,437,574	-0-	22,437,574

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I IN LIEU OF FORM CMS-2552-96(9/1996)
 I 15-0166 I FROM 1/ 1/2008 I PREPARED 12/ 9/2009
 I I TO 12/31/2008 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	2,507,435	2,879,228
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	-110,665	2,427,217
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		
5 0500	EMPLOYEE BENEFITS		1,665,206
6 0600	ADMINISTRATIVE & GENERAL	-1,868,703	4,130,108
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT		882,876
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		162,900
11 1100	DIETARY		317,391
12 1200	CAFETERIA		
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		
15 1500	CENTRAL SERVICES & SUPPLY		270,072
16 1600	PHARMACY		266,105
17 1700	MEDICAL RECORDS & LIBRARY		184,272
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY)		
25 2500	INPAT ROUTINE SRVC CNTRS		
	ADULTS & PEDIATRICS		1,294,919
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		1,506,335
40 4000	ANESTHESIOLOGY		385,682
41 4100	RADIOLOGY-DIAGNOSTIC	-514,799	1,368,633
44 4400	LABORATORY		269,808
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY		400,061
50 5000	PHYSICAL THERAPY		
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,611,151
56 5600	DRUGS CHARGED TO PATIENTS		236,306
	OUTPAT SERVICE COST CNTRS		
60.01 6001	URGENT CARE	-260,779	931,793
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
69.10 6910	CMHC		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
85.02 8520	INTESTINAL ACQUISITION		
85.03 8530	ISLET CELL ACQUISITION		
88 8800	INTEREST EXPENSE		-0-
95	SUBTOTALS	-247,511	22,190,063
	NONREIMBURS COST CENTERS		
101	TOTAL	-247,511	22,190,063

COST CENTERS USED IN COST REPORT

IN LIEU OF FORM CMS-2552-96(7/2009)
 I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 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			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
OUTPAT SERVICE COST			
60.01	URGENT CARE	6001	CLINIC
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
OTHER REIMBURS COST			
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 12/ 9/2009
150166	FROM 1/ 1/2008	WORKSHEET A-6
	TO 12/31/2008	

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		OTHER
	(1)	COST CENTER	LINE NO	SALARY	
	1	2	3	4	5
1 BENEFIT EXPENSE	A	EMPLOYEE BENEFITS	5		1,619,786
2 PROPERTY TAX	B	OLD CAP REL COSTS-BLDG & FIXT	1		346,134
3 CAPITAL INTEREST EXPENSE	C	OLD CAP REL COSTS-MVBLE EQUIP	2		272,673
4 DEPRECIATION	D	OLD CAP REL COSTS-MVBLE EQUIP	2		2,226,954
5 RENTAL EXPENSE	E	OLD CAP REL COSTS-MVBLE EQUIP	2		35,794
6					
7					
8					
9 PROPERTY INSURANCE	F	OLD CAP REL COSTS-BLDG & FIXT	1		25,659
10 AUTO INSURANCE	G	OLD CAP REL COSTS-MVBLE EQUIP	2		2,461
11 MEDICAL SUPPLIES	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,600,773
12					
13					
14					
15					
16					
17					
18		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		10,378
19 UTILITIES	I	OPERATION OF PLANT	8		490,978
20 DRUGS SOLD	J	DRUGS CHARGED TO PATIENTS	56		236,306
36 TOTAL RECLASSIFICATIONS					7,867,896

(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.

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 BENEFIT EXPENSE	A	ADMINISTRATIVE & GENERAL	6		1,619,786		
2 PROPERTY TAX	B	ADMINISTRATIVE & GENERAL	6			346,134	9
3 CAPITAL INTEREST EXPENSE	C	INTEREST EXPENSE	88			272,673	11
4 DEPRECIATION	D	ADMINISTRATIVE & GENERAL	6			2,226,954	9
5 RENTAL EXPENSE	E	ADMINISTRATIVE & GENERAL	6			22,306	9
6		OPERATION OF PLANT	8			79	9
7		DIETARY	11			819	9
8		RADIOLOGY-DIAGNOSTIC	41			12,590	9
9 PROPERTY INSURANCE	F	ADMINISTRATIVE & GENERAL	6			25,659	9
10 AUTO INSURANCE	G	ADMINISTRATIVE & GENERAL	6			2,461	9
11 MEDICAL SUPPLIES	H	ADULTS & PEDIATRICS	25			23,723	
12		OPERATING ROOM	37			2,545,386	
13		ANESTHESIOLOGY	40			3,414	
14		RADIOLOGY-DIAGNOSTIC	41			11,896	
15		LABORATORY	44			8,338	
16		RESPIRATORY THERAPY	49			968	
17		URGENT CARE	60.01			7,048	
18		CENTRAL SERVICES & SUPPLY	15			10,378	
19 UTILITIES	I	ADMINISTRATIVE & GENERAL	6			490,978	
20 DRUGS SOLD	J	PHARMACY	16			236,306	
36 TOTAL RECLASSIFICATIONS					1,619,786	6,248,110	

(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.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND	25,000					25,000	
2	LAND IMPROVEMENTS	8,873	58,645		58,645		67,518	
3	BUILDINGS & FIXTURE	55,898	166,138		166,138		222,036	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	103,956	12,814		12,814		116,770	
6	MOVABLE EQUIPMENT	9,500,259	20,490		20,490		9,520,749	
7	SUBTOTAL	9,693,986	258,087		258,087		9,952,073	
8	RECONCILING ITEMS							
9	TOTAL	9,693,986	258,087		258,087		9,952,073	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		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 III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL			1				
2	OLD CAP REL COSTS-MV	9,500,259		9,500,259	1.000000			
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	9,500,260		9,500,260	1.000000			

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL	2,879,228						2,879,228
2	OLD CAP REL COSTS-MV	2,154,544		272,673				2,427,217
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	5,033,772		272,673				5,306,445

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 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP	B	-2,104	OLD CAP REL COSTS-MVBLE E	2	9
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-2,614	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-6,378	ADMINISTRATIVE & GENERAL	6	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-775,578			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	819,304			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,275	ADMINISTRATIVE & GENERAL	6	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 CONTRIBUTIONS	A	-19,964	ADMINISTRATIVE & GENERAL	6	
38 MISC INCOME	B	-6,369	ADMINISTRATIVE & GENERAL	6	
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 DEPRECIATION EXPENSE	A	-47,905	OLD CAP REL COSTS-MVBLE E	2	9
43 DEPRECIATION EXPENSE	A	-60,656	OLD CAP REL COSTS-MVBLE E	2	9
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 PHYSICIAN APPLICATION FEES	B	-4,000	ADMINISTRATIVE & GENERAL	6	
48 MARKETING	A	-139,972	ADMINISTRATIVE & GENERAL	6	
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-247,511			

(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

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL
 STATEMENT OF COSTS OF SERVICES
 FROM RELATED ORGANIZATIONS AND
 HOME OFFICE COSTS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I
 I I TO 12/31/2008 I WORKSHEET A-8-1

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	6	ADMINISTRATIVE & GENERAL	ADMIN EXPENSE	111,869	1,800,000	-1,688,131	
2	1	OLD CAP REL COSTS-BLDG &	BUILDING CAPITAL COSTS	2,507,435		2,507,435	9
3							
4							
5		TOTALS		2,619,304	1,800,000	819,304	

* 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	G MRA	100.00	PINNACLE HOSPITAL	100.00	HEALTH CARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS 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.
FINANCIAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 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	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 60	1 URGENT CARE	260,779	260,779					
2 40	ANESTHESIOLOGY	514,799	514,799					
3								
4								
5								
6								
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	775,578	775,578					

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 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				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE	FEET	ENTERED
11	DIETARY	8	POUNDS OF	LAUNDRY	ENTERED
12	CAFETERIA	9	MEALS	SERVED	NOT ENTERED
13	MAINTENANCE OF PERSONNEL	10	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	11	DIRECT	NRSING HRS	NOT ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUIS.	ENTERED
16	PHARMACY	13	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	15	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	16	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	17	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	20	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OST5-BLDG & 1	OLD CAP REL C OST5-MVBLE E 2	NEW CAP REL C OST5-BLDG & 3	NEW CAP REL C OST5-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	2,879,228	2,879,228					
003 OLD CAP REL COSTS-MVBLE E	2,427,217		2,427,217				
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	1,665,206					1,665,206	
007 ADMINISTRATIVE & GENERAL	4,130,108	523,137	441,010			305,142	5,399,397
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	882,876	313,719	264,468			25,755	1,486,818
010 LAUNDRY & LINEN SERVICE		15,361	12,949				28,310
011 HOUSEKEEPING	162,900					35,117	198,017
012 DIETARY	317,391	37,945	31,988			21,614	408,938
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	270,072					46,493	316,565
017 PHARMACY	266,105	19,309	16,278			61,093	362,785
018 MEDICAL RECORDS & LIBRARY	184,272					35,177	219,449
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	1,294,919	593,922	500,682			274,814	2,664,337
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	1,506,335	998,265	841,547			330,340	3,676,487
040 ANESTHESIOLOGY	385,682					87,549	473,231
041 RADIOLOGY-DIAGNOSTIC	1,368,633	239,659	202,035			123,250	1,933,577
044 LABORATORY	269,808	21,091	17,780			18,719	327,398
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	400,061	3,756	3,166			96,564	503,547
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
055 MEDICAL SUPPLIES CHARGED	2,611,151						2,611,151
056 DRUGS CHARGED TO PATIENTS	236,306						236,306
060 01 OUTPAT SERVICE COST CNTRS							
URGENT CARE	931,793	113,064	95,314			203,579	1,343,750
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	22,190,063	2,879,228	2,427,217			1,665,206	22,190,063
NONREIMBURS COST CENTERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	22,190,063	2,879,228	2,427,217			1,665,206	22,190,063

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	5,399,397						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	478,118		1,964,936				
010 LAUNDRY & LINEN SERVICE	9,104		14,778	52,192			
011 HOUSEKEEPING	63,677				261,694		
012 DIETARY	131,503		36,506		4,899	581,846	
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	101,798						
017 PHARMACY	116,661		18,577		2,493		
018 MEDICAL RECORDS & LIBRARY	70,568						
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	856,774		571,404	52,192	76,677	581,846	
027 ANCILLARY SRVC COST CNTRS							
028 OPERATING ROOM	1,182,257		960,417		128,879		
029 ANESTHESIOLOGY	152,177						
030 RADIOLOGY-DIAGNOSTIC	621,782		230,572		30,941		
031 LABORATORY	105,282		20,291		2,723		
032 30 BLOOD CLOTTING FACTORS AD							
033 RESPIRATORY THERAPY	161,926		3,614		485		
034 PHYSICAL THERAPY							
035 OCCUPATIONAL THERAPY							
036 SPEECH PATHOLOGY							
037 MEDICAL SUPPLIES CHARGED	839,670						
038 DRUGS CHARGED TO PATIENTS	75,989						
039 OUTPAT SERVICE COST CNTRS							
040 01 URGENT CARE	432,111		108,777		14,597		
041 OBSERVATION BEDS (NON-DIS							
042 50 RHC							
043 60 FQHC							
044 OTHER REIMBURS COST CNTRS							
045 10 CMHC							
046 20 OUTPATIENT PHYSICAL THERA							
047 30 OUTPATIENT OCCUPATIONAL T							
048 40 OUTPATIENT SPEECH PATHOLO							
049 071 HOME HEALTH AGENCY							
050 SPEC PURPOSE COST CENTERS							
051 01 PANCREAS ACQUISITION							
052 02 INTESTINAL ACQUISITION							
053 03 ISLET CELL ACQUISITION							
054 SUBTOTALS	5,399,397		1,964,936	52,192	261,694	581,846	
055 NONREIMBURS COST CENTERS							
056 CROSS FOOT ADJUSTMENT							
057 NEGATIVE COST CENTER							
058 TOTAL	5,399,397		1,964,936	52,192	261,694	581,846	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY			418,363				
017 PHARMACY				500,516			
018 MEDICAL RECORDS & LIBRARY					290,017		
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS						12,150	
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM						147,849	
041 ANESTHESIOLOGY						2,245	
044 RADIOLOGY-DIAGNOSTIC						49,352	
046 LABORATORY						5,277	
049 30 BLOOD CLOTTING FACTORS AD							
050 RESPIRATORY THERAPY						1,679	
051 PHYSICAL THERAPY							
052 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 MEDICAL SUPPLIES CHARGED			418,363			51,185	
060 DRUGS CHARGED TO PATIENTS				500,516		16,313	
062 OUTPAT SERVICE COST CNTRS							
063 01 URGENT CARE						3,967	
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
069 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS			418,363	500,516	290,017		
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL			418,363	500,516	290,017		

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24		25	26	27
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION								
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY								
018 MEDICAL RECORDS & LIBRARY								
019 SOCIAL SERVICE								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM-(SPECIFY)								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS						4,815,380		4,815,380
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM						6,095,889		6,095,889
040 ANESTHESIOLOGY						627,653		627,653
041 RADIOLOGY-DIAGNOSTIC						2,866,224		2,866,224
044 LABORATORY						460,971		460,971
046 30 BLOOD CLOTTING FACTORS AD								
049 RESPIRATORY THERAPY						671,251		671,251
050 PHYSICAL THERAPY								
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY								
055 MEDICAL SUPPLIES CHARGED						3,920,369		3,920,369
056 DRUGS CHARGED TO PATIENTS						829,124		829,124
060 01 OUTPAT SERVICE COST CNTRS								
060 URGENT CARE						1,903,202		1,903,202
062 OBSERVATION BEDS (NON-DIS								
063 50 RHC								
063 60 FQHC								
069 OTHER REIMBURS COST CNTRS								
069 10 CMHC								
069 20 OUTPATIENT PHYSICAL THERA								
069 30 OUTPATIENT OCCUPATIONAL T								
069 40 OUTPATIENT SPEECH PATHOLO								
071 HOME HEALTH AGENCY								
085 01 SPEC PURPOSE COST CENTERS								
085 PANCREAS ACQUISITION								
085 02 INTESTINAL ACQUISITION								
085 03 ISLET CELL ACQUISITION								
095 SUBTOTALS						22,190,063		22,190,063
101 NONREIMBURS COST CENTERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL						22,190,063		22,190,063

ALLOCATION OF OLD CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE FITS
		OLD CAPITAL REL COSTS 0	OSTS-BLDG & 1	OSTS-MVBLE E 2	OSTS-BLDG & 3	OSTS-MVBLE E 4		
	GENERAL SERVICE COST CNTR						4a	5
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL		523,137	441,010			964,147	
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT		313,719	264,468			578,187	
009	LAUNDRY & LINEN SERVICE		15,361	12,949			28,310	
010	HOUSEKEEPING							
011	DIETARY		37,945	31,988			69,933	
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY		19,309	16,278			35,587	
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM-(SPECIFY)							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		593,922	500,682			1,094,604	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		998,265	841,547			1,839,812	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC		239,659	202,035			441,694	
044	LABORATORY		21,091	17,780			38,871	
046	30 BLOOD CLOTTING FACTORS AD							
049	RESPIRATORY THERAPY		3,756	3,166			6,922	
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
060	01 URGENT CARE		113,064	95,314			208,378	
062	OBSERVATION BEDS (NON-DIS							
063	50 RHC							
063	60 FQHC							
	OTHER REIMBURS COST CNTRS							
069	10 CMHC							
069	20 OUTPATIENT PHYSICAL THERA							
069	30 OUTPATIENT OCCUPATIONAL T							
069	40 OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CENTERS							
085	01 PANCREAS ACQUISITION							
085	02 INTESTINAL ACQUISITION							
085	03 ISLET CELL ACQUISITION							
095	SUBTOTALS		2,879,228	2,427,217			5,306,445	
	NONREIMBURS COST CENTERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		2,879,228	2,427,217			5,306,445	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	964,147						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	85,376		663,563				
010 LAUNDRY & LINEN SERVICE	1,626		4,991	34,927			
011 HOUSEKEEPING	11,371				11,371		
012 DIETARY	23,482		12,328		213	105,956	
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	18,178						
017 PHARMACY	20,832		6,274		108		
018 MEDICAL RECORDS & LIBRARY	12,601						
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	152,992		192,964	34,927	3,332	105,956	
027 ANCILLARY SRVC COST CNTRS							
028 OPERATING ROOM	211,102		324,335		5,601		
029 ANESTHESIOLOGY	27,174						
030 RADIOLOGY-DIAGNOSTIC	111,030		77,865		1,344		
031 LABORATORY	18,800		6,852		118		
032 BLOOD CLOTTING FACTORS AD							
033 RESPIRATORY THERAPY	28,915		1,220		21		
034 PHYSICAL THERAPY							
035 OCCUPATIONAL THERAPY							
036 SPEECH PATHOLOGY							
037 MEDICAL SUPPLIES CHARGED	149,938						
038 DRUGS CHARGED TO PATIENTS	13,569						
039 OUTPAT SERVICE COST CNTRS							
040 01 URGENT CARE	77,161		36,734		634		
041 OBSERVATION BEDS (NON-DIS							
042 50 RHC							
043 60 FQHC							
044 OTHER REIMBURS COST CNTRS							
045 10 CMHC							
046 20 OUTPATIENT PHYSICAL THERA							
047 30 OUTPATIENT OCCUPATIONAL T							
048 40 OUTPATIENT SPEECH PATHOLO							
049 HOME HEALTH AGENCY							
050 SPEC PURPOSE COST CENTERS							
051 01 PANCREAS ACQUISITION							
052 02 INTESTINAL ACQUISITION							
053 03 ISLET CELL ACQUISITION							
054 SUBTOTALS	964,147		663,563	34,927	11,371	105,956	
055 NONREIMBURS COST CENTERS							
056 CROSS FOOT ADJUSTMENTS							
057 NEGATIVE COST CENTER							
058 TOTAL	964,147		663,563	34,927	11,371	105,956	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	NONPHYSICIAN ANESTHETISTS 20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION			18,178				
016 CENTRAL SERVICES & SUPPLY				62,801			
017 PHARMACY					12,601		
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
037 INPAT ROUTINE SRVC CNTRS							
040 ADULTS & PEDIATRICS						529	
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM						6,413	
046 30 BLOOD CLOTTING FACTORS AD						98	
049 RESPIRATORY THERAPY						2,148	
050 PHYSICAL THERAPY						230	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
055 MEDICAL SUPPLIES CHARGED			18,178			2,227	
056 DRUGS CHARGED TO PATIENTS				62,801		710	
060 01 OUTPAT SERVICE COST CNTRS							
062 URGENT CARE						173	
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
069 10 FQHC							
069 20 OTHER REIMBURS COST CNTRS							
069 30 CMHC							
069 40 OUTPATIENT PHYSICAL THERA							
071 30 OUTPATIENT OCCUPATIONAL T							
071 40 OUTPATIENT SPEECH PATHOLO							
085 01 HOME HEALTH AGENCY							
085 02 SPEC PURPOSE COST CENTERS							
085 03 PANCREAS ACQUISITION							
095 02 INTESTINAL ACQUISITION							
095 03 ISLET CELL ACQUISITION							
101 SUBTOTALS			18,178	62,801	12,601		
102 NONREIMBURS COST CENTERS							
103 CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL			18,178	62,801	12,601		

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	L	SALARY & FRI	OTHER PRGM C	GM-(SPECIFY)			
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS					1,585,304		1,585,304
026 ADULTS & PEDIATRICS							
027 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					2,387,263		2,387,263
040 ANESTHESIOLOGY					27,272		27,272
041 RADIOLOGY-DIAGNOSTIC					634,081		634,081
044 LABORATORY					64,871		64,871
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY					37,151		37,151
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
055 MEDICAL SUPPLIES CHARGED					170,343		170,343
056 DRUGS CHARGED TO PATIENTS					77,080		77,080
060 01 OUTPAT SERVICE COST CNTRS					323,080		323,080
062 URGENT CARE							
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 02 PANCREAS ACQUISITION							
085 03 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS					5,306,445		5,306,445
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					5,306,445		5,306,445

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	59,793					
003 OLD CAP REL COSTS-MVB		59,793				
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS					6,892,210	
007 ADMINISTRATIVE & GENE	10,864	10,864			1,262,969	-5,399,397
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT	6,515	6,515			106,598	
010 LAUNDRY & LINEN SERVI	319	319				
011 HOUSEKEEPING					145,349	
012 DIETARY	788	788			89,460	
013 CAFETERIA						
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO						
016 CENTRAL SERVICES & SU					192,432	
017 PHARMACY	401	401			252,862	
018 MEDICAL RECORDS & LIB					145,598	
019 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	12,334	12,334			1,137,443	
027 ANCILLARY SRVC COST C						
037 OPERATING ROOM	20,731	20,731			1,367,263	
040 ANESTHESIOLOGY					362,360	
041 RADIOLOGY-DIAGNOSTIC	4,977	4,977			510,125	
044 LABORATORY	438	438			77,476	
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY	78	78			399,672	
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
060 01 OUTPAT SERVICE COST C						
062 URGENT CARE	2,348	2,348			842,603	
063 50 OBSERVATION BEDS (NON						
063 60 RHC						
063 60 FQHC						
069 OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
085 01 SPEC PURPOSE COST CEN						
085 02 PANCREAS ACQUISITION						
085 03 INTESTINAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
095 SUBTOTALS	59,793	59,793			6,892,210	-5,399,397
101 NONREIMBURS COST CENT						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
104 COST TO BE ALLOCATED	2,879,228	2,427,217			1,665,206	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	48.153262				.241607	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		40.593665				
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF)LAUNDRY	(SQUARE)FEET	(POUNDS OF)LAUNDRY	(MEALS)SERVED
		6	7	8	9	10	11	12
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	16,790,666						
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	1,486,818		42,414				
009	LAUNDRY & LINEN SERVICE	28,310		319	1,000			
010	HOUSEKEEPING	198,017				42,095		
011	DIETARY	408,938		788		788	1,000	
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIVE							
015	CENTRAL SERVICES & SUPPLY	316,565						
016	PHARMACY	362,785		401		401		
017	MEDICAL RECORDS & LIBRARY	219,449						
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHESIOLOGIST							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & BENEFITS							
023	I&R SERVICES-OTHER PERSONNEL							
024	PARAMEDICAL PROGRAM-CENTRAL							
025	INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	2,664,337		12,334	1,000	12,334	1,000	
037	OPERATING ROOM	3,676,487		20,731		20,731		
040	ANESTHESIOLOGY	473,231						
041	RADIOLOGY-DIAGNOSTIC	1,933,577		4,977		4,977		
044	LABORATORY	327,398		438		438		
046	BLOOD CLOTTING FACTOR							
049	RESPIRATORY THERAPY	503,547		78		78		
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
055	MEDICAL SUPPLIES CHARGED TO PATIENT	2,611,151						
056	DRUGS CHARGED TO PATIENT	236,306						
060	01 URGENT CARE	1,343,750		2,348		2,348		
062	OBSERVATION BEDS (NON)							
063	50 RHC							
063	60 FQHC							
069	OTHER REIMBURSED COST CENTER							
069	10 CMHC							
069	20 OUTPATIENT PHYSICAL THERAPY							
069	30 OUTPATIENT OCCUPATIONAL THERAPY							
069	40 OUTPATIENT SPEECH PATHOLOGY							
071	HOME HEALTH AGENCY							
085	SPEC PURPOSE COST CENTER							
085	01 PANCREAS ACQUISITION							
085	02 INTESTINAL ACQUISITION							
085	03 ISLET CELL ACQUISITION							
095	SUBTOTALS	16,790,666		42,414	1,000	42,095	1,000	
101	NONREIMBURSED COST CENTER							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	5,399,397		1,964,936	52,192	261,694	581,846	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)				52.192000	6.216748	581.846000	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	964,147		663,563	34,927	11,371	105,956	
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)				34.927000	.270127	105.956000	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT)NRSING HRS	(COSTED)REQUIS.	(COSTED)REQUIS.	(GROSS)REVENUE	(TIME)SPENT	(ASSIGNED)TIME
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATIO							
016 CENTRAL SERVICES & SU			1,000				
017 PHARMACY				1,000			
018 MEDICAL RECORDS & LIB					39,812,697		
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHET							
022 NURSING SCHOOL							
023 I&R SERVICES--SALARY &							
024 I&R SERVICES--OTHER PR							
025 PARAMED ED PRGM-(SPEC							
037 INPAT ROUTINE SRVC CN							
040 ADULTS & PEDIATRICS					1,667,777		
041 ANCILLARY SRVC COST C							
044 OPERATING ROOM					20,297,472		
046 ANESTHESIOLOGY					308,162		
049 RADIOLOGY-DIAGNOSTIC					6,774,520		
050 LABORATORY					724,327		
051 BLOOD CLOTTING FACTOR							
055 RESPIRATORY THERAPY					230,536		
056 PHYSICAL THERAPY							
060 OCCUPATIONAL THERAPY							
062 SPEECH PATHOLOGY							
063 MEDICAL SUPPLIES CHAR			1,000		7,026,092		
066 DRUGS CHARGED TO PATI				1,000	2,239,201		
069 OUTPAT SERVICE COST C							
071 01 URGENT CARE					544,610		
085 02 OBSERVATION BEDS (NON							
095 50 RHC							
101 60 FQHC							
102 OTHER REIMBURS COST C							
103 10 CMHC							
104 20 OUTPATIENT PHYSICAL T							
105 30 OUTPATIENT OCCUPATION							
106 40 OUTPATIENT SPEECH PAT							
107 071 HOME HEALTH AGENCY							
108 SPEC PURPOSE COST CEN							
110 01 PANCREAS ACQUISITION							
115 02 INTESTINAL ACQUISITIO							
120 03 ISLET CELL ACQUISITIO							
125 095 SUBTOTALS			1,000	1,000	39,812,697		
130 NONREIMBURS COST CENT							
135 CROSS FOOT ADJUSTMENT							
140 NEGATIVE COST CENTER							
145 COST TO BE ALLOCATED			418,363	500,516	290,017		
150 (WRKSHT B, PART I)							
155 UNIT COST MULTIPLIER				500.516000			
160 (WRKSHT B, PT I)			418.363000		.007285		
165 COST TO BE ALLOCATED			18,178	62,801	12,601		
170 (WRKSHT B, PART II)							
175 UNIT COST MULTIPLIER				62.801000			
180 (WRKSHT B, PT II)			18.178000		.000317		
185 COST TO BE ALLOCATED							
190 (WRKSHT B, PART III)							
195 UNIT COST MULTIPLIER							
200 (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
	(ASSIGNED TIME	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED)TIME)
	21	22	23	24
001	GENERAL SERVICE COST			
002	OLD CAP REL COSTS-BLD			
003	OLD CAP REL COSTS-MVB			
004	NEW CAP REL COSTS-BLD			
005	NEW CAP REL COSTS-MVB			
006	EMPLOYEE BENEFITS			
007	ADMINISTRATIVE & GENE			
008	MAINTENANCE & REPAIRS			
009	OPERATION OF PLANT			
010	LAUNDRY & LINEN SERVI			
011	HOUSEKEEPING			
012	DIETARY			
013	CAFETERIA			
014	MAINTENANCE OF PERSON			
015	NURSING ADMINISTRATIO			
016	CENTRAL SERVICES & SU			
017	PHARMACY			
018	MEDICAL RECORDS & LIB			
020	SOCIAL SERVICE			
021	NONPHYSICIAN ANESTHET			
022	NURSING SCHOOL			
023	I&R SERVICES-SALARY &			
024	I&R SERVICES-OTHER PR			
025	PARAMED ED PRGM-(SPEC			
037	INPAT ROUTINE SRVC CN			
040	ADULTS & PEDIATRICS			
041	ANCILLARY SRVC COST C			
044	OPERATING ROOM			
046	ANESTHESIOLOGY			
049	RADIOLOGY-DIAGNOSTIC			
050	LABORATORY			
051	30 BLOOD CLOTTING FACTOR			
052	RESPIRATORY THERAPY			
055	PHYSICAL THERAPY			
056	OCCUPATIONAL THERAPY			
060	SPEECH PATHOLOGY			
062	MEDICAL SUPPLIES CHAR			
063	DRUGS CHARGED TO PATI			
069	OUTPAT SERVICE COST C			
071	01 URGENT CARE			
085	02 PANCREAS ACQUISITION			
095	03 ISLET CELL ACQUISITIO			
101	095 SUBTOTALS			
102	NONREIMBURS COST CENT			
103	CROSS FOOT ADJUSTMENT			
104	NEGATIVE COST CENTER			
105	COST TO BE ALLOCATED			
106	(PER WRKSHT B, PART			
107	UNIT COST MULTIPLIER			
108	(WRKSHT B, PT I)			
	COST TO BE ALLOCATED			
	(PER WRKSHT B, PART			
	UNIT COST MULTIPLIER			
	(WRKSHT B, PT II)			
	COST TO BE ALLOCATED			
	(PER WRKSHT B, PART			
	UNIT COST MULTIPLIER			
	(WRKSHT B, PT III)			

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	4,815,380		4,815,380		4,815,380
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,095,889		6,095,889		6,095,889
40	ANESTHESIOLOGY	627,653		627,653		627,653
41	RADIOLOGY-DIAGNOSTIC	2,866,224		2,866,224		2,866,224
44	LABORATORY	460,971		460,971		460,971
46 30	BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	671,251		671,251		671,251
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
55	MEDICAL SUPPLIES CHARGED	3,920,369		3,920,369		3,920,369
56	DRUGS CHARGED TO PATIENTS	829,124		829,124		829,124
60 01	URGENT CARE	1,903,202		1,903,202		1,903,202
62	OBSERVATION BEDS (NON-DIS	423,754		423,754		423,754
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	22,613,817		22,613,817		22,613,817
102	LESS OBSERVATION BEDS	423,754		423,754		423,754
103	TOTAL	22,190,063		22,190,063		22,190,063

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

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	1,600,853		1,600,853			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	3,523,945	16,773,527	20,297,472	.300327	.300327	.300327
40	ANESTHESIOLOGY	76,329	231,833	308,162	2.036763	2.036763	2.036763
41	RADIOLOGY-DIAGNOSTIC	771,482	6,003,038	6,774,520	.423089	.423089	.423089
44	LABORATORY	285,631	438,696	724,327	.636413	.636413	.636413
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	184,223	46,313	230,536	2.911697	2.911697	2.911697
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED	3,226,432	3,799,660	7,026,092	.557973	.557973	.557973
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,452,362	786,839	2,239,201	.370277	.370277	.370277
60	01 URGENT CARE	40,890	503,720	544,610	3.494614	3.494614	3.494614
62	OBSERVATION BEDS (NON-DIS)	3,380	63,544	66,924	6.331869	6.331869	6.331869
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	11,165,527	28,647,170	39,812,697			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,165,527	28,647,170	39,812,697			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
I 15-0166 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	4,815,380		4,815,380		4,815,380
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,095,889		6,095,889		6,095,889
40	ANESTHESIOLOGY	627,653		627,653		627,653
41	RADIOLOGY-DIAGNOSTIC	2,866,224		2,866,224		2,866,224
44	LABORATORY	460,971		460,971		460,971
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	671,251		671,251		671,251
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
55	MEDICAL SUPPLIES CHARGED	3,920,369		3,920,369		3,920,369
56	DRUGS CHARGED TO PATIENTS	829,124		829,124		829,124
	OUTPAT SERVICE COST CNTRS					
60	01 URGENT CARE	1,903,202		1,903,202		1,903,202
62	OBSERVATION BEDS (NON-DIS	423,754		423,754		423,754
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	22,613,817		22,613,817		22,613,817
102	LESS OBSERVATION BEDS	423,754		423,754		423,754
103	TOTAL	22,190,063		22,190,063		22,190,063

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
I 15-0166 I FROM 1/ 1/2008 I WORKSHEET C
I I TO 12/31/2008 I PART I

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	1,600,853		1,600,853			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,523,945	16,773,527	20,297,472	.300327	.300327	.300327
40	ANESTHESIOLOGY	76,329	231,833	308,162	2.036763	2.036763	2.036763
41	RADIOLOGY-DIAGNOSTIC	771,482	6,003,038	6,774,520	.423089	.423089	.423089
44	LABORATORY	285,631	438,696	724,327	.636413	.636413	.636413
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	184,223	46,313	230,536	2.911697	2.911697	2.911697
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED	3,226,432	3,799,660	7,026,092	.557973	.557973	.557973
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,452,362	786,839	2,239,201	.370277	.370277	.370277
60	01 URGENT CARE	40,890	503,720	544,610	3.494614	3.494614	3.494614
62	OBSERVATION BEDS (NON-DIS	3,380	63,544	66,924	6.331869	6.331869	6.331869
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	11,165,527	28,647,170	39,812,697			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,165,527	28,647,170	39,812,697			

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART II

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 COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	6,095,889	2,387,263	3,708,626			6,095,889
40	ANESTHESIOLOGY	627,653	27,272	600,381			627,653
41	RADIOLOGY-DIAGNOSTIC	2,866,224	634,081	2,232,143			2,866,224
44	LABORATORY	460,971	64,871	396,100			460,971
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	671,251	37,151	634,100			671,251
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED	3,920,369	170,343	3,750,026			3,920,369
56	DRUGS CHARGED TO PATIENTS	829,124	77,080	752,044			829,124
	OUTPAT SERVICE COST CNTRS						
60 01	URGENT CARE	1,903,202	323,080	1,580,122			1,903,202
62	OBSERVATION BEDS (NON-DIS	423,754	139,507	284,247			423,754
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	17,798,437	3,860,648	13,937,789			17,798,437
102	LESS OBSERVATION BEDS	423,754	139,507	284,247			423,754
103	TOTAL	17,374,683	3,721,141	13,653,542			17,374,683

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART II

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	20,297,472	.300327	.300327
40	ANESTHESIOLOGY	308,162	2.036763	2.036763
41	RADIOLOGY-DIAGNOSTIC	6,774,520	.423089	.423089
44	LABORATORY	724,327	.636413	.636413
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	230,536	2.911697	2.911697
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
55	MEDICAL SUPPLIES CHARGED	7,026,092	.557973	.557973
56	DRUGS CHARGED TO PATIENTS	2,239,201	.370277	.370277
	OUTPAT SERVICE COST CNTRS			
60	01 URGENT CARE	544,610	3.494614	3.494614
62	OBSERVATION BEDS (NON-DIS	66,924	6.331869	6.331869
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	38,211,844		
102	LESS OBSERVATION BEDS	66,924		
103	TOTAL	38,144,920		

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART II

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 COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	6,095,889	2,387,263	3,708,626	238,726	215,100	5,642,063
40	ANESTHESIOLOGY	627,653	27,272	600,381	2,727	34,822	590,104
41	RADIOLOGY-DIAGNOSTIC	2,866,224	634,081	2,232,143	63,408	129,464	2,673,352
44	LABORATORY	460,971	64,871	396,100	6,487	22,974	431,510
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	671,251	37,151	634,100	3,715	36,778	630,758
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED	3,920,369	170,343	3,750,026	17,034	217,502	3,685,833
56	DRUGS CHARGED TO PATIENTS	829,124	77,080	752,044	7,708	43,619	777,797
	OUTPAT SERVICE COST CNTRS						
60	01 URGENT CARE	1,903,202	323,080	1,580,122	32,308	91,647	1,779,247
62	OBSERVATION BEDS (NON-DIS	423,754	139,507	284,247	13,951	16,486	393,317
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	17,798,437	3,860,648	13,937,789	386,064	808,392	16,603,981
102	LESS OBSERVATION BEDS	423,754	139,507	284,247	13,951	16,486	393,317
103	TOTAL	17,374,683	3,721,141	13,653,542	372,113	791,906	16,210,664

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART II

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	20,297,472	.277969	.288566
40	ANESTHESIOLOGY	308,162	1.914915	2.027914
41	RADIOLOGY-DIAGNOSTIC	6,774,520	.394619	.413729
44	LABORATORY	724,327	.595739	.627457
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	230,536	2.736050	2.895582
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
55	MEDICAL SUPPLIES CHARGED	7,026,092	.524592	.555549
56	DRUGS CHARGED TO PATIENTS	2,239,201	.347355	.366834
	OUTPAT SERVICE COST CNTRS			
60	01 URGENT CARE	544,610	3.267011	3.435291
62	OBSERVATION BEDS (NON-DIS	66,924	5.877070	6.123409
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	38,211,844		
102	LESS OBSERVATION BEDS	66,924		
103	TOTAL	38,144,920		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I
 PPS

TITLE XVIII, PART A

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						
	ADULTS & PEDIATRICS	1,585,304		1,585,304			
101	TOTAL	1,585,304		1,585,304			

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
25	INPAT ROUTINE SRVC CNTRS	2,250	1,195	704.58	841,973		
101	ADULTS & PEDIATRICS						
	TOTAL	2,250	1,195		841,973		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0166 I I

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,387,263		20,297,472	1,357,718	.117614	159,687
40	ANESTHESIOLOGY	27,272		308,162	1,397	.088499	124
41	RADIOLOGY-DIAGNOSTIC	634,081		6,774,520	431,734	.093598	40,409
44	LABORATORY	64,871		724,327	176,137	.089560	15,775
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	37,151		230,536	127,109	.161151	20,484
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED	170,343		7,026,092	1,290,043	.024244	31,276
56	DRUGS CHARGED TO PATIENTS	77,080		2,239,201	790,549	.034423	27,213
	OUTPAT SERVICE COST CNTRS						
60 01	URGENT CARE	323,080		544,610	21,450	.593232	12,725
62	OBSERVATION BEDS (NON-DIS	139,507		66,924		2.084559	
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	3,860,648		38,211,844	4,196,137		307,693

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0166 I
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
44	LABORATORY	
46 30	BLOOD CLOTTING FACTORS AD	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
51	OCCUPATIONAL THERAPY	
52	SPEECH PATHOLOGY	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
	OUTPAT SERVICE COST CNTRS	
60 01	URGENT CARE	
62	OBSERVATION BEDS (NON-DIS	
63 50	RHC	
63 60	FQHC	
	OTHER REIMBURS COST CNTRS	
101	TOTAL	

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL

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

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D
I 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					2,250	
101	TOTAL					2,250	

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(11/1998)
I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D
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	1,195	
101	TOTAL	1,195	

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(07/2009)
 I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-0166 I I

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	01 URGENT CARE						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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							
	OPERATING ROOM			20,297,472			1,357,718	
40	ANESTHESIOLOGY			308,162			1,397	
41	RADIOLOGY-DIAGNOSTIC			6,774,520			431,734	
44	LABORATORY			724,327			176,137	
46 30	BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			230,536			127,109	
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
55	MEDICAL SUPPLIES CHARGED			7,026,092			1,290,043	
56	DRUGS CHARGED TO PATIENTS			2,239,201			790,549	
	OUTPAT SERVICE COST CNTRS							
60 01	URGENT CARE			544,610			21,450	
62	OBSERVATION BEDS (NON-DIS			66,924				
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			38,211,844			4,196,137	

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-0166 I I

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	5,155,372					
40	ANESTHESIOLOGY	1,283					
41	RADIOLOGY-DIAGNOSTIC	1,618,198					
44	LABORATORY	57,002					
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	10,308					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED	1,404,259					
56	DRUGS CHARGED TO PATIENTS	264,580					
	OUTPAT SERVICE COST CNTRS						
60	01 URGENT CARE	85,364					
62	OBSERVATION BEDS (NON-DIS	19,942					
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	8,616,308					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 I PROVIDER NO: 15-0166 I PERIOD: FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 12/ 9/2009
 I COMPONENT NO: 15-0166 I WORKSHEET D PART V

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	.300327	.300327			
40 ANESTHESIOLOGY	2.036763	2.036763			
41 RADIOLOGY-DIAGNOSTIC	.423089	.423089			
44 LABORATORY	.636413	.636413			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	2.911697	2.911697			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.557973	.557973			
56 DRUGS CHARGED TO PATIENTS	.370277	.370277			
60 01 OUTPAT SERVICE COST CNTRS					
62 URGENT CARE	3.494614	3.494614			
63 50 OBSERVATION BEDS (NON-DISTINCT PART)	6.331869	6.331869			
63 60 RHC					
63 60 FQHC					
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)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART V
 I 15-0166 I I

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		5,155,372	500		
40 ANESTHESIOLOGY		1,283			
41 RADIOLOGY-DIAGNOSTIC		1,618,198			
44 LABORATORY		57,002			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY		10,308			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,404,259			
56 DRUGS CHARGED TO PATIENTS		264,580			
60 01 OUTPAT SERVICE COST CNTRS					
62 URGENT CARE		85,364			
63 50 RHC		19,942			
63 60 FQHC					
101 SUBTOTAL		8,616,308	500		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
NET CHARGES		8,616,308	500		

(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 7	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,548,297	150
40 ANESTHESIOLOGY				2,613	
41 RADIOLOGY-DIAGNOSTIC				684,642	
44 LABORATORY				36,277	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				30,014	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				783,539	
56 DRUGS CHARGED TO PATIENTS				97,968	
60 01 URGENT CARE				298,314	
62 OBSERVATION BEDS (NON-DISTINCT PART)				126,270	
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL				3,607,934	150
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				3,607,934	150

(A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART V
 I 15-0166 I I

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			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
OUTPAT SERVICE COST CNTRS			
60 01 URGENT CARE			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 50 RHC			
63 60 FQHC			
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)

Health Financial Systems MCRIF32 FOR PINNACLE HOSPITAL
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D
I COMPONENT NO: I TO 12/31/2008 I PART VI
I 15-0166 I I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2 PROGRAM VACCINE CHARGES
3 PROGRAM COSTS

1
.370277
174
64

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART I
 I 15-0166 I I

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)	2,250
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,250
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,250
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)	1,195
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)	
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	4,815,380
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	4,815,380

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,523,945
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,523,945
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.366474
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,566.20
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	4,815,380

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 2,140.17
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,557,503
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,557,503

	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 INTENSIVE CARE UNIT					
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					2,162,955
49 TOTAL PROGRAM INPATIENT COSTS					4,720,458

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 841,973
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 307,693
 52 TOTAL PROGRAM EXCLUDABLE COST 1,149,666
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,570,792

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I 15-0166 I I

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 198
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 2,140.17
- 85 OBSERVATION BED COST 423,754

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	1,585,304	4,815,380	.329217	423,754	139,507
87 NEW CAPITAL-RELATED COST		4,815,380		423,754	
88 NON PHYSICIAN ANESTHETIST		4,815,380		423,754	
89 MEDICAL EDUCATION		4,815,380		423,754	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 15-0166 I

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		904,320	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.300327	1,357,718	407,759
40	ANESTHESIOLOGY	2.036763	1,397	2,845
41	RADIOLOGY-DIAGNOSTIC	.423089	431,734	182,662
44	LABORATORY	.636413	176,137	112,096
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	2.911697	127,109	370,103
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.557973	1,290,043	719,809
56	DRUGS CHARGED TO PATIENTS	.370277	790,549	292,722
	OUTPAT SERVICE COST CNTRS			
60 01	URGENT CARE	3.494614	21,450	74,959
62	OBSERVATION BEDS (NON-DISTINCT PART)	6.331869		
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,196,137	2,162,955
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,196,137	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2008 I PART A
 I 15-0166 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	1,503,686	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	317,345	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	115,557	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		17.49
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2008 I PART A
 I 15-0166 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5 TOTAL MEDICARE DISCHARGES ON WKST 5-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	1,936,588	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	1,936,588	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	977,216	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	2,913,804	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	2,913,804	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	274,336	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,024	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	2,638,444	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	2,638,444	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	2,807,832	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	-248,568	
29 BALANCE DUE PROVIDER (PROGRAM)	79,180	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2008 I PART B
 I 15-0166 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	214
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,607,934
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,930,654
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)	214
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	674
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	674
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)	674
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	460
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	214
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,930,654
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	100
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	323,103
19	SUBTOTAL (SEE INSTRUCTIONS)	1,607,665
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	1,607,665
24	PRIMARY PAYER PAYMENTS	4,079
25	SUBTOTAL	1,603,586
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,603,586
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)	466
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,603,120
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,603,243
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	-354
35	BALANCE DUE PROVIDER/PROGRAM	231
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2008 I
 I 15-0166 I I

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		2,088,396		1,603,243
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	8/11/2008	719,436		
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		719,436		NONE
4 TOTAL INTERIM PAYMENTS		2,807,832		1,603,243
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	8/13/2009	248,568	8/13/2009	354
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		-248,568		-354
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		79,180		231
7 TOTAL MEDICARE PROGRAM LIABILITY		2,638,444		1,603,120

NAME OF INTERMEDIARY: National Government Services, Inc.
 INTERMEDIARY NO: 00130

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.

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,624,286			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	12,812,474			
5 OTHER RECEIVABLES	5,927			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8,429,317			
7 INVENTORY	623,105			
8 PREPAID EXPENSES	205,583			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	6,842,058			
FIXED ASSETS				
12 LAND	25,000			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	34,873			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	67,518			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	116,770			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	9,707,912			
18.01 LESS ACCUMULATED DEPRECIATION	-3,203,502			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	6,748,571			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS				
27 TOTAL ASSETS	13,590,629			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,529,388			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	950,810			
35 OTHER CURRENT LIABILITIES	820,556			
36 TOTAL CURRENT LIABILITIES	5,300,754			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	6,758,932			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	4,584,860			
42 TOTAL LONG-TERM LIABILITIES	11,343,792			
43 TOTAL LIABILITIES	16,644,546			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-3,053,917			
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	-3,053,917			
52 TOTAL LIABILITIES AND FUND BALANCES	13,590,629			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		516,683		
2 OF PERIOD				
2 NET INCOME (LOSS)		-3,570,600		
3 TOTAL		-3,053,917		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-3,053,917		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		-3,053,917		
PERIOD PER BALANCE SHEET				

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET G-2
 I I TO 12/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,667,598		1,667,598
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,667,598		1,667,598
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	1,667,598		1,667,598
17 00 ANCILLARY SERVICES	9,604,374	29,274,977	38,879,351
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00			
25 00 TOTAL PATIENT REVENUES	11,271,972	29,274,977	40,546,949

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		22,437,574	
ADD (SPECIFY)			
27 00			
28 00 BAD DEBTS	293,149		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		293,149	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		22,730,723	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET G-3
 I I TO 12/31/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	40,546,949
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	21,403,187
3	NET PATIENT REVENUES	19,143,762
4	LESS: TOTAL OPERATING EXPENSES	22,730,723
5	NET INCOME FROM SERVICE TO PATIENTS	-3,586,961
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	16,361
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	
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	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24		
25	TOTAL OTHER INCOME	16,361
26	TOTAL	-3,570,600
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-3,570,600

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 12/ 9/2009
 I 15-0166 I FROM 1/ 1/2008 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV
 I 15-0166 I I

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
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	.00
	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 RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-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	
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	841,973
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	307,693
3	TOTAL INPATIENT PROGRAM CAPITAL COST	1,149,666
4	CAPITAL COST PAYMENT FACTOR	85
5	TOTAL INPATIENT PROGRAM CAPITAL COST	977,216
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)	