

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 reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet S Parts I-III Date/Time Prepared: 8/28/2014 7:04 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 8/28/2014 Time: 7:04 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PERRY MEMORIAL HOSPITAL ( 141337 ) for the cost reporting period beginning 05/01/2013 and ending 04/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	40,688	405,631	85,033	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	22,328	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	63,016	405,631	85,033	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part I Date/Time Prepared: 8/27/2014 11:42 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 530 PARK AVENUE EAST	PO Box:		1.00
2.00	City: PRINCETON	State: IL	Zip Code: 61356	2.00
			County: BUREAU	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PERRY MEMORIAL HOSPITAL	141337	99914	1	07/15/2004	N	0	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	PERRY MEMORIAL SB/SNF	14Z337	99914		07/15/2004	N	0	N	7.00
8.00	Swing Beds - NF	PERRY MEMORIAL SB/SNF	14Z337	99914		07/15/2004	N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	05/01/2013	04/30/2014	20.00
21.00	Type of Control (see instructions)	8		21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)									22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	

24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

		Urban/Rural	S	Date of Geogr	
		1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part I Date/Time Prepared: 8/27/2014 11:42 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00		
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did 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. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					Y	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			Y			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			Y			106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	307,061	0	0		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337		Period: From 05/01/2013 To 04/30/2014		Worksheet S-2 Part I Date/Time Prepared: 8/27/2014 11:42 am								
1.00		2.00		3.00										
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.														
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00								
142.00	Street:	PO Box:				142.00								
143.00	City:	State:		Zip Code:		143.00								
						1.00								
144.00	Are provider based physicians' costs included in Worksheet A?						Y 144.00							
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						N 145.00							
						1.00								
						2.00								
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N 146.00							
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N 147.00							
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N 148.00							
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N 149.00							
		Part A		Part B		Title V		Title XIX						
		1.00		2.00		3.00		4.00						
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)														
155.00	Hospital	N		N		N		N 155.00						
156.00	Subprovider - IPF	N		N		N		N 156.00						
157.00	Subprovider - IRF	N		N		N		N 157.00						
158.00	SUBPROVIDER							158.00						
159.00	SNF	N		N		N		N 159.00						
160.00	HOME HEALTH AGENCY	N		N		N		N 160.00						
161.00	CMHC			N		N		N 161.00						
						1.00								
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N		165.00					
		Name		County		State		Zip Code		CBSA		FTE/Campus		
		0		1.00		2.00		3.00		4.00		5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5										0.00		166.00	
						1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act														
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y		167.00					
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						98,154		168.00					
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00		169.00					
						Beginning		Ending						
						1.00		2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						10/01/2012		09/30/2013		170.00			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part II Date/Time Prepared: 8/27/2014 11:42 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/27/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part II Date/Time Prepared: 8/27/2014 11:42 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
		1.00	2.00	3.00	
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAN		LI NHART	41.00
42.00	Enter the employer/company name of the cost report preparer.	MCGLADREY, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(563) 888-4404		DAN.LI NHART@MCGLADREY.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	06/27/2014	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	22	8,030	57,144.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		22	8,030	57,144.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	3	1,095	6,840.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		25	9,125	63,984.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		25				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,444	173	2,381			1.00
2.00 HMO and other (see instructions)	217	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	344	0	364			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	51			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,788	173	2,796			7.00
8.00 INTENSIVE CARE UNIT	122	19	285			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		10	136			13.00
14.00 Total (see instructions)	1,910	202	3,217	0.00	277.10	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	277.10	27.00
28.00 Observation Bed Days		0	416			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			38			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	489	83	909	1.00
2.00 HMO and other (see instructions)				72			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		489	83	909	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet S-10 Date/Time Prepared: 8/27/2014 11:42 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.462090	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		895,876	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		1,975,014	5.00	
6.00	Medicaid charges		4,510,050	6.00	
7.00	Medicaid cost (line 1 times line 6)		2,084,049	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		21,031	9.00	
10.00	Stand-alone SCHIP charges		75,858	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		35,053	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		14,022	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		14,022	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,241,298	87,998	1,329,296	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	573,591	40,663	614,254	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	573,591	40,663	614,254	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		1,195,938	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		395,258	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		800,680	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		369,986	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		984,240	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		998,262	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		1,263,851	1,263,851	372,949	1,636,800	1.00
1.01	00101		143,256	143,256	0	143,256	1.01
2.00	00200		1,357,534	1,357,534	43,837	1,401,371	2.00
4.00	00400	228,500	4,692,504	4,921,004	-16,804	4,904,200	4.00
5.01	00560	344,849	271,416	616,265	0	616,265	5.01
5.02	00561	932,619	568,805	1,501,424	-13,087	1,488,337	5.02
5.03	00562	767,712	979,316	1,747,028	-83,204	1,663,824	5.03
7.00	00700	577,614	1,150,552	1,728,166	120,333	1,848,499	7.00
7.01	00701	27,844	53,200	81,044	0	81,044	7.01
8.00	00800	271,691	242,287	513,978	-107,731	406,247	8.00
9.00	00900	356,721	122,416	479,137	0	479,137	9.00
10.00	01000	403,858	392,010	795,868	0	795,868	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	818,607	14,893	833,500	0	833,500	13.00
14.00	01400	47,181	43,568	90,749	0	90,749	14.00
15.00	01500	259,954	426,974	686,928	0	686,928	15.00
16.00	01600	483,925	89,865	573,790	0	573,790	16.00
17.00	01700	329,230	43,819	373,049	0	373,049	17.00
18.00	01850	308,610	11,019	319,629	0	319,629	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,568,399	267,752	1,836,151	0	1,836,151	30.00
31.00	03100	521,489	65,333	586,822	0	586,822	31.00
43.00	04300	25,051	12,749	37,800	0	37,800	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,449,563	1,100,867	2,550,430	-205,131	2,345,299	50.00
52.00	05200	8,896	1,455	10,351	0	10,351	52.00
53.00	05300	0	1,089,946	1,089,946	0	1,089,946	53.00
54.00	05400	590,946	238,041	828,987	0	828,987	54.00
55.00	05500	200,654	88,606	289,260	0	289,260	55.00
56.00	05600	0	296,925	296,925	0	296,925	56.00
57.00	05700	153,360	198,827	352,187	0	352,187	57.00
58.00	05800	113,780	112,847	226,627	0	226,627	58.00
60.00	06000	697,676	1,014,043	1,711,719	0	1,711,719	60.00
63.00	06300	0	95,422	95,422	0	95,422	63.00
65.00	06500	371,957	36,581	408,538	0	408,538	65.00
66.00	06600	504,256	32,070	536,326	0	536,326	66.00
69.00	06900	42,475	2,100	44,575	0	44,575	69.00
70.00	07000	1,451	361	1,812	0	1,812	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	205,131	205,131	72.00
73.00	07300	0	936,110	936,110	0	936,110	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	47,910	27,348	75,258	0	75,258	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	234,827	706,562	941,389	16,804	958,193	90.00
90.01	04950	42,268	3,518	45,786	0	45,786	90.01
91.00	09100	834,377	1,808,222	2,642,599	-960	2,641,639	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	103,194	118,978	222,172	0	222,172	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	0	0	0	0	0	106.00
113.00	11300		332,137	332,137	-332,137	0	113.00
118.00		13,671,444	20,454,085	34,125,529	0	34,125,529	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	8,831	8,831	0	8,831	192.01
192.03	19203	0	0	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.05	07955	0	0	0	0	0	194.05
200.00		13,671,444	20,462,916	34,134,360	0	34,134,360	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-341,666	1,295,134	1.00
1.01	00101	PERRY PLAZA B&F	0	143,256	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-129,444	1,271,927	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,033,818	3,870,382	4.00
5.01	00560	BUSINESS OFFICE	-7,382	608,883	5.01
5.02	00561	A&G HOSPITAL ONLY	-133,770	1,354,567	5.02
5.03	00562	A&G SHARED	-313,739	1,350,085	5.03
7.00	00700	OPERATION OF PLANT	0	1,848,499	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	81,044	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	406,247	8.00
9.00	00900	HOUSEKEEPING	0	479,137	9.00
10.00	01000	DIETARY	-174,734	621,134	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-14,632	818,868	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	90,749	14.00
15.00	01500	PHARMACY	0	686,928	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-69	573,721	16.00
17.00	01700	SOCIAL SERVICE	0	373,049	17.00
18.00	01850	PATIENT REGISTRATION	0	319,629	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	1,836,151	30.00
31.00	03100	INTENSIVE CARE UNIT	0	586,822	31.00
43.00	04300	NURSERY	0	37,800	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-12,630	2,332,669	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,351	52.00
53.00	05300	ANESTHESIOLOGY	-1,037,278	52,668	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	828,987	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	289,260	55.00
56.00	05600	RADIOISOTOPE	0	296,925	56.00
57.00	05700	CT SCAN	0	352,187	57.00
58.00	05800	MRI	0	226,627	58.00
60.00	06000	LABORATORY	-37,260	1,674,459	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	95,422	63.00
65.00	06500	RESPIRATORY THERAPY	0	408,538	65.00
66.00	06600	PHYSICAL THERAPY	0	536,326	66.00
69.00	06900	ELECTROCARDIOLOGY	0	44,575	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,812	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	205,131	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	936,110	73.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-24,813	50,445	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-807,956	150,237	90.00
90.01	04950	SLEEP LAB	0	45,786	90.01
91.00	09100	EMERGENCY	-971,740	1,669,899	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	222,172	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
106.00	10600	HEART ACQUISITION	0	0	106.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-5,040,931	29,084,598	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	RHC-PRINCETON	0	8,831	192.01
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	192.03
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	194.01
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 90	0	0	194.02
194.03	07953	MOB LEASED SPACE	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-5,040,931	29,093,429	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	332,137	1.00
	TOTALS		0	332,137	
<b>B - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	40,812	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	43,837	2.00
	TOTALS		0	84,649	
<b>C - EMPLOYEE PHYSICALS</b>					
1.00	A&G SHARED	5.03	0	960	1.00
	TOTALS		0	960	
<b>D - LAUNDRY UTILITIES</b>					
1.00	OPERATION OF PLANT	7.00	0	120,333	1.00
	TOTALS		0	120,333	
<b>E - MATERIALS MANAGEMENT DIRECTOR</b>					
1.00	A&G SHARED	5.03	485	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	12,602	0	2.00
	TOTALS		13,087	0	
<b>F - PHYSICIAN BENEFITS RECLASS</b>					
1.00	CLINIC	90.00	0	16,804	1.00
	TOTALS		0	16,804	
<b>G - IMPLANTIBLES RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	205,131	1.00
	TOTALS		0	205,131	
500.00	Grand Total: Increases		13,087	760,014	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	332,137	11		1.00
	TOTALS		0	332,137			
<b>B - PROPERTY INSURANCE</b>							
1.00	A&G SHARED	5.03	0	84,649	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	84,649			
<b>C - EMPLOYEE PHYSICALS</b>							
1.00	EMERGENCY	91.00	0	960	0		1.00
	TOTALS		0	960			
<b>D - LAUNDRY UTILITIES</b>							
1.00	LAUNDRY & LINEN SERVICE	8.00	0	120,333	0		1.00
	TOTALS		0	120,333			
<b>E - MATERIALS MANAGEMENT DIRECTOR</b>							
1.00	A&G HOSPITAL ONLY	5.02	13,087	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		13,087	0			
<b>F - PHYSICIAN BENEFITS RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,804	0		1.00
	TOTALS		0	16,804			
<b>G - IMPLANTIBLES RECLASS</b>							
1.00	OPERATING ROOM	50.00	0	205,131	0		1.00
	TOTALS		0	205,131			
500.00	Grand Total: Decreases		13,087	760,014			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-7  
Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	607,110	0	0	0	1.00
2.00	Land Improvements	1,306,238	50,539	0	50,539	2.00
3.00	Buildings and Fixtures	37,249,405	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	17,200,976	0	0	0	6.00
7.00	HIT designated Assets	343,365	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	56,707,094	50,539	0	50,539	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	56,707,094	50,539	0	50,539	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	607,110	0			1.00
2.00	Land Improvements	1,356,777	0			2.00
3.00	Buildings and Fixtures	37,230,153	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	16,879,303	0			6.00
7.00	HIT designated Assets	343,365	0			7.00
8.00	Subtotal (sum of lines 1-7)	56,416,708	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	56,416,708	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-7  
Part II  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,263,851	0	0	0	0	1.00
1.01	PERRY PLAZA B&F	143,256	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	1,357,534	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,764,641	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	1,263,851				1.00
1.01	PERRY PLAZA B&F	0	143,256				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,357,534				2.00
3.00	Total (sum of lines 1-2)	0	2,764,641				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-7  
Part III  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	39,194,040	0	39,194,040	0.694724	0	1.00
1.01	PERRY PLAZA B&F	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	17,222,668	0	17,222,668	0.305276	0	2.00
3.00	Total (sum of lines 1-2)	56,416,708	0	56,416,708	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,262,831	0	1.00
1.01	PERRY PLAZA B&F	0	0	0	143,256	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,228,090	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,634,177	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-8,509	40,812	0	0	1,295,134	1.00
1.01	PERRY PLAZA B&F	0	0	0	0	143,256	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	43,837	0	0	1,271,927	2.00
3.00	Total (sum of lines 1-2)	-8,509	84,649	0	0	2,710,317	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-8

Date/Time Prepared:  
8/27/2014 11:42 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-18,504	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - PERRY PLAZA B&F (chapter 2)			OPERRY PLAZA B&F	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,891,677			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	ORESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	OPHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	OCAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - PERRY PLAZA B&F		0	OPERRY PLAZA B&F	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0	0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	OADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0*** Cost Center Deleted ***	68.00		31.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
32.00 CAH HIT Adjustment for Depreciation and Interest	A	-129,444	CAP REL COSTS-MVBLE EQUIP	2.00	9 32.00
33.00 CAFETERIA	B	-149,005	DIETARY	10.00	0 33.00
33.01 DIETICIAN REVENUE (EXP IN DEPT 62)	B	-1,650	DIETARY	10.00	0 33.01
33.02 OUTSIDE CATERING	B	-1,434	DIETARY	10.00	0 33.02
33.03 MEDICAL RECORDS	B	-69	MEDICAL RECORDS & LIBRARY	16.00	0 33.03
33.04 CONTRACT NURSING	B	-14,632	NURSING ADMINISTRATION	13.00	0 33.04
33.05 MISCELLANEOUS	B	-38,652	A&G SHARED	5.03	0 33.05
33.06 MOBILE MEALS	A	-22,645	DIETARY	10.00	0 33.06
33.07		0		0.00	0 33.07
33.08 PHYSICIAN RECRUITMENT	A	-130,350	A&G HOSPITAL ONLY	5.02	0 33.08
33.09		0		0.00	0 33.09
33.11 BILLING & COLLECTIONS	A	-7,382	BUSINESS OFFICE	5.01	0 33.11
33.12 AMORTIZATION EXPENSE	A	-214,200	CAP REL COSTS-BLDG & FIXT	1.00	11 33.12
33.13 TELEPHONE SALARY OFFSET	A	-3,420	A&G HOSPITAL ONLY	5.02	0 33.13
33.14 TELEPHONE BENEFIT OFFSET	A	-686	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.14
33.15 NON-ALLOWABLE MARKETING	A	-177,845	A&G SHARED	5.03	0 33.15
33.16 MARKETING BENEFITS	A	-14,572	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.16
33.17 RENTAL PROPERTY - CAPITAL	A	-1,020	CAP REL COSTS-BLDG & FIXT	1.00	9 33.17
33.18 2004 BOND INTEREST	A	-10,297	CAP REL COSTS-BLDG & FIXT	1.00	11 33.18
33.21 IHA DUES OFFSET	A	-17,049	A&G SHARED	5.03	0 33.21
33.22 ALCOHOL EXP	A	-93	A&G SHARED	5.03	0 33.22
33.23 PHYSICIAN ON CALL	A	-80,000	A&G SHARED	5.03	0 33.23
33.24 SELF-INSURANCE OFFSET	A	-935,599	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.24
33.25 UNFUNDED OTHER POST EMPLOYMENT BENEF	A	-11,531	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.25
33.26 SOCIAL ORG. DUES - PRINCETON ROTARY	B	-100	A&G SHARED	5.03	0 33.26
33.27 NON-ALLOWABLE NOTE INTEREST	A	-97,645	CAP REL COSTS-BLDG & FIXT	1.00	11 33.27
34.00 EMPLOYEE DRUG OFFSET	B	-71,430	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,040,931			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-8-2

Date/Time Prepared:  
8/27/2014 11:42 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	91.00	EMERGENCY	1,680,487	971,740	708,747	0	0	1.00
2.00	50.00	OPERATING ROOM	12,630	12,630	0	0	0	2.00
3.00	60.00	LABORATORY	37,260	37,260	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	1,037,278	1,037,278	0	0	0	4.00
5.00	76.97	CARDIAC REHABILITATION	24,813	24,813	0	0	0	5.00
6.00	5.03	A&G SHARED	27,329	0	27,329	0	0	6.00
7.00	90.00	CLINIC	675,671	675,671	0	0	0	7.00
8.00	90.00	CLINIC	132,285	132,285	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,627,753	2,891,677	736,076			200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	60.00	LABORATORY	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	5.00
6.00	5.03	A&G SHARED	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	91.00	EMERGENCY	0	0	0	971,740		1.00
2.00	50.00	OPERATING ROOM	0	0	0	12,630		2.00
3.00	60.00	LABORATORY	0	0	0	37,260		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	1,037,278		4.00
5.00	76.97	CARDIAC REHABILITATION	0	0	0	24,813		5.00
6.00	5.03	A&G SHARED	0	0	0	0		6.00
7.00	90.00	CLINIC	0	0	0	675,671		7.00
8.00	90.00	CLINIC	0	0	0	132,285		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	2,891,677		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	PERRY PLAZA B&F	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,295,134	1,295,134			1.00
1.01 00101	PERRY PLAZA B&F	143,256	0	143,256		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,271,927			1,271,927	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,870,382	6,263	0	0	3,876,645
5.01 00560	BUSINESS OFFICE	608,883	27,959	0	0	100,884
5.02 00561	A&G HOSPITAL ONLY	1,354,567	54,895	885	301,144	267,998
5.03 00562	A&G SHARED	1,350,085	107,052	0	6,930	203,487
7.00 00700	OPERATION OF PLANT	1,848,499	161,871	22,081	14,245	168,979
7.01 00701	PERRY PLAZA PLANT OP	81,044	0	995	103	8,146
8.00 00800	LAUNDRY & LINEN SERVICE	406,247	6,333	28,033	15,840	83,169
9.00 00900	HOUSEKEEPING	479,137	14,563	0	25	104,357
10.00 01000	DIETARY	621,134	36,606	0	11,116	118,147
11.00 01100	CAFETERIA	0	18,199	0	0	0
13.00 01300	NURSING ADMINISTRATION	818,868	17,844	0	229	239,480
14.00 01400	CENTRAL SERVICES & SUPPLY	90,749	12,791	0	6,865	13,803
15.00 01500	PHARMACY	686,928	15,627	0	1,471	76,049
16.00 01600	MEDICAL RECORDS & LIBRARY	573,721	32,136	0	6,934	141,570
17.00 01700	SOCIAL SERVICE	373,049	5,297	0	0	96,315
18.00 01850	PATIENT REGISTRATION	319,629	6,833	0	1,185	90,283
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	1,836,151	124,820	0	50,209	458,829
31.00 03100	INTENSIVE CARE UNIT	586,822	22,662	0	3,058	152,560
43.00 04300	NURSERY	37,800	6,944	0	0	7,329
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,332,669	178,159	0	171,944	424,064
52.00 05200	DELIVERY ROOM & LABOR ROOM	10,351	7,021	0	0	2,602
53.00 05300	ANESTHESIOLOGY	52,668	1,237	0	31,542	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	828,987	27,048	0	118,010	172,879
55.00 05500	RADIOLOGY-THERAPEUTIC	289,260	2,350	0	40,110	58,701
56.00 05600	RADIOISOTOPE	296,925	4,094	0	0	0
57.00 05700	CT SCAN	352,187	6,409	0	129,238	44,865
58.00 05800	MRI	226,627	8,912	0	244,006	33,286
60.00 06000	LABORATORY	1,674,459	27,924	0	62,563	204,102
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	95,422	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	408,538	17,240	0	1,762	108,815
66.00 06600	PHYSICAL THERAPY	536,326	33,972	0	9,661	147,518
69.00 06900	ELECTROCARDIOLOGY	44,575	959	0	25,746	12,426
70.00 07000	ELECTROENCEPHALOGRAPHY	1,812	2,377	0	411	424
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	205,131	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	936,110	0	0	0	0
76.00 03140	CARDIOLOGY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	50,445	3,455	0	1,410	14,016
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	150,237	24,789	0	840	34,914
90.01 04950	SLEEP LAB	45,786	5,672	0	2,017	12,365
91.00 09100	EMERGENCY	1,669,899	57,655	0	13,313	244,094
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	222,172	11,616	0	0	30,189
<b>SPECIAL PURPOSE COST CENTERS</b>						
106.00 10600	HEART ACQUISITION	0	0	0	0	0
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	29,084,598	1,099,584	51,994	1,271,927	3,876,645
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,602	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	RHC-PRINCETON	8,831	0	0	0	0
192.03 19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0
194.00 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01 07951	HOSPITAL LEASED SPACE	0	16,850	0	0	0
194.02 07952	ORTHO CLINIC - PB IN FY14 ON LINE 90	0	0	0	0	0
194.03 07953	MOB LEASED SPACE	0	174,098	0	0	0
194.05 07955	PERRY PLAZA LEASED	0	0	91,262	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	29,093,429	1,295,134	143,256	1,271,927	3,876,645

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description			BUSINESS OFFICE	Subtotal	A&G HOSPITAL ONLY	Subtotal	A&G SHARED	
			5.01	5A.01	5.02	5A.02	5.03	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	BUSINESS OFFICE	737,726					5.01
5.02	00561	A&G HOSPITAL ONLY	0	1,979,489	1,979,489			5.02
5.03	00562	A&G SHARED	0	1,667,554	123,044	1,790,598	1,790,598	5.03
7.00	00700	OPERATION OF PLANT	0	2,215,675	163,488	2,379,163	157,689	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	90,288	6,662	96,950	6,426	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	539,622	39,817	579,439	38,405	8.00
9.00	00900	HOUSEKEEPING	0	598,082	44,131	642,213	42,565	9.00
10.00	01000	DIETARY	0	787,003	58,071	845,074	56,011	10.00
11.00	01100	CAFETERIA	0	18,199	1,343	19,542	1,295	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,076,421	79,426	1,155,847	76,608	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	124,208	9,165	133,373	8,840	14.00
15.00	01500	PHARMACY	0	780,075	57,559	837,634	55,518	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	754,361	55,662	810,023	53,688	16.00
17.00	01700	SOCIAL SERVICE	0	474,661	35,024	509,685	33,781	17.00
18.00	01850	PATIENT REGISTRATION	0	417,930	30,838	448,768	29,744	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	45,404	2,515,413	185,605	2,701,018	179,021	30.00
31.00	03100	INTENSIVE CARE UNIT	9,604	774,706	57,163	831,869	55,135	31.00
43.00	04300	NURSERY	2,200	54,273	4,005	58,278	3,863	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	148,819	3,255,655	240,218	3,495,873	231,704	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,321	22,295	1,645	23,940	1,587	52.00
53.00	05300	ANESTHESIOLOGY	7,457	92,904	6,855	99,759	6,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,922	1,192,846	88,017	1,280,863	84,894	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30,151	420,572	31,033	451,605	29,932	55.00
56.00	05600	RADIOISOTOPE	11,402	312,421	23,053	335,474	22,235	56.00
57.00	05700	CT SCAN	80,763	613,462	45,266	658,728	43,660	57.00
58.00	05800	MRI	32,239	545,070	40,219	585,289	38,792	58.00
60.00	06000	LABORATORY	129,781	2,098,829	154,866	2,253,695	149,373	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,638	99,060	7,309	106,369	7,050	63.00
65.00	06500	RESPIRATORY THERAPY	16,846	553,201	40,819	594,020	39,371	65.00
66.00	06600	PHYSICAL THERAPY	25,330	752,807	55,547	808,354	53,577	66.00
69.00	06900	ELECTROCARDIOLOGY	9,406	93,112	6,870	99,982	6,627	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	259	5,283	390	5,673	376	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,469	211,600	15,613	227,213	15,059	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,739	980,849	72,374	1,053,223	69,807	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,172	72,498	5,349	77,847	5,160	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,722	213,502	15,754	229,256	15,195	90.00
90.01	04950	SLEEP LAB	5,264	71,104	5,247	76,351	5,060	90.01
91.00	09100	EMERGENCY	70,138	2,055,099	151,640	2,206,739	146,260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	3,680	267,657	19,750	287,407	19,049	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	737,726	28,797,786	1,978,837	28,797,134	1,789,969	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,602	0	4,602	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RHC-PRINCETON	0	8,831	652	9,483	629	192.01
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	16,850	0	16,850	0	194.01
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 90	0	0	0	0	0	194.02
194.03	07953	MOB LEASED SPACE	0	174,098	0	174,098	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	91,262	0	91,262	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	737,726	29,093,429	1,979,489	29,093,429	1,790,598	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		OPERATION OF PLANT	PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	BUSINESS OFFICE					5.01
5.02	00561	A&G HOSPITAL ONLY					5.02
5.03	00562	A&G SHARED					5.03
7.00	00700	OPERATION OF PLANT	2,536,852				7.00
7.01	00701	PERRY PLAZA PLANT OP	0	103,376			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	17,144	24,292	659,280		8.00
9.00	00900	HOUSEKEEPING	39,425	0	10,041	734,244	9.00
10.00	01000	DIETARY	99,098	0	0	20,410	1,020,593
11.00	01100	CAFETERIA	49,267	0	487	0	440,812
13.00	01300	NURSING ADMINISTRATION	48,307	0	0	10,338	31,776
14.00	01400	CENTRAL SERVICES & SUPPLY	34,626	0	205	19,350	0
15.00	01500	PHARMACY	42,304	0	0	10,868	0
16.00	01600	MEDICAL RECORDS & LIBRARY	86,998	0	0	19,615	0
17.00	01700	SOCIAL SERVICE	14,340	0	0	2,651	4,045
18.00	01850	PATIENT REGISTRATION	18,499	0	0	6,362	15,506
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	337,906	0	35,957	144,993	346,340
31.00	03100	INTENSIVE CARE UNIT	61,348	0	6,383	18,290	51,079
43.00	04300	NURSERY	18,800	0	275	5,301	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	482,299	0	26,012	169,644	85,956
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,007	0	520	0	0
53.00	05300	ANESTHESIOLOGY	3,350	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,223	0	1,983	17,230	0
55.00	05500	RADIOLOGY-THERAPEUTIC	6,361	0	2,971	0	0
56.00	05600	RADIOISOTOPE	11,084	0	2,291	0	404
57.00	05700	CT SCAN	17,351	0	1,737	2,916	0
58.00	05800	MRI	24,125	0	1,611	6,362	0
60.00	06000	LABORATORY	75,594	0	5	21,206	382
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	46,670	0	0	13,519	0
66.00	06600	PHYSICAL THERAPY	91,966	0	5,992	28,362	1,034
69.00	06900	ELECTROCARDIOLOGY	2,597	0	123	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	6,436	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	9,353	0	2	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	67,107	0	338	16,169	0
90.01	04950	SLEEP LAB	15,356	0	0	11,928	1,978
91.00	09100	EMERGENCY	156,081	0	16,544	94,100	41,281
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	31,446	0	0	6,892	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,007,468	24,292	113,477	646,506	1,020,593
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,458	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RHC-PRINCETON	0	0	0	0	0
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	545,803	0	0
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	45,616	0	0	0	0
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 90	0	0	0	0	0
194.03	07953	MOB LEASED SPACE	471,310	0	0	87,738	0
194.05	07955	PERRY PLAZA LEASED	0	79,084	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,536,852	103,376	659,280	734,244	1,020,593

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period: From 05/01/2013 To 04/30/2014

Worksheet B Part I Date/Time Prepared: 8/27/2014 11:42 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00561						5.02
5.03	00562						5.03
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	511,403					11.00
13.00	01300	34,523	1,357,399				13.00
14.00	01400	5,760	26,314	228,468			14.00
15.00	01500	14,998	0	2,357	963,679		15.00
16.00	01600	42,964	0	0	0	1,013,288	16.00
17.00	01700	20,069	0	0	0	0	17.00
18.00	01850	21,518	0	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	72,017	556,419	15,883	80	62,365	30.00
31.00	03100	14,599	129,257	2,943	4	13,192	31.00
43.00	04300	0	6,698	2,421	0	3,022	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	78,501	371,186	141,255	134	204,394	50.00
52.00	05200	0	2,392	296	0	3,189	52.00
53.00	05300	0	0	2,605	0	10,243	53.00
54.00	05400	29,162	0	0	622	63,076	54.00
55.00	05500	11,520	0	0	0	41,414	55.00
56.00	05600	0	0	19	92,172	15,661	56.00
57.00	05700	8,767	0	0	0	110,932	57.00
58.00	05800	6,521	0	0	0	44,281	58.00
60.00	06000	39,849	0	0	0	178,260	60.00
63.00	06300	0	0	0	0	4,998	63.00
65.00	06500	18,113	0	2,230	3,286	23,138	65.00
66.00	06600	30,575	0	2,025	2,502	34,791	66.00
69.00	06900	3,949	0	214	0	12,919	69.00
70.00	07000	0	0	1	0	356	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	42,050	0	8,886	72.00
73.00	07300	0	0	0	864,567	61,451	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	2,789	0	395	0	4,357	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	10,832	0	187	90	3,739	90.00
90.01	04950	36	0	581	0	7,231	90.01
91.00	09100	32,350	265,133	13,006	222	96,338	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	11,991	0	0	0	5,055	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	0	0	0	0	0	106.00
113.00	11300						113.00
118.00		511,403	1,357,399	228,468	963,679	1,013,288	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.03	19203	0	0	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.05	07955	0	0	0	0	0	194.05
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		511,403	1,357,399	228,468	963,679	1,013,288	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT REGISTRATION				
	17.00	18.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	PERRY PLAZA B&F					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00560	BUSINESS OFFICE					5.01
5.02 00561	A&G HOSPITAL ONLY					5.02
5.03 00562	A&G SHARED					5.03
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	PERRY PLAZA PLANT OP					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	584,571				17.00
18.00 01850	PATIENT REGISTRATION	0	540,397			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	536,891	33,383	5,022,273	0	5,022,273 30.00
31.00 03100	INTENSIVE CARE UNIT	47,680	7,062	1,238,841	0	1,238,841 31.00
43.00 04300	NURSERY	0	1,617	100,275	0	100,275 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	109,409	5,396,367	0	5,396,367 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	1,707	52,638	0	52,638 52.00
53.00 05300	ANESTHESIOLOGY	0	5,483	128,052	0	128,052 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	33,764	1,584,817	0	1,584,817 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	22,168	565,971	0	565,971 55.00
56.00 05600	RADIOISOTOPE	0	8,383	487,723	0	487,723 56.00
57.00 05700	CT SCAN	0	59,381	903,472	0	903,472 57.00
58.00 05800	MRI	0	23,703	730,684	0	730,684 58.00
60.00 06000	LABORATORY	0	95,420	2,813,784	0	2,813,784 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	2,675	121,092	0	121,092 63.00
65.00 06500	RESPIRATORY THERAPY	0	12,386	752,733	0	752,733 65.00
66.00 06600	PHYSICAL THERAPY	0	18,623	1,077,801	0	1,077,801 66.00
69.00 06900	ELECTROCARDIOLOGY	0	6,915	133,326	0	133,326 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	191	13,033	0	13,033 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,756	297,964	0	297,964 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	32,894	2,081,942	0	2,081,942 73.00
76.00 03140	CARDIOLOGY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	2,332	102,235	0	102,235 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	342,913	0	342,913 90.00
90.01 04950	SLEEP LAB	0	3,871	122,392	0	122,392 90.01
91.00 09100	EMERGENCY	0	51,568	3,119,622	0	3,119,622 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	2,706	364,546	0	364,546 97.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
106.00 10600	HEART ACQUISITION	0	0	0	0	0 106.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	584,571	540,397	27,554,496	0	27,554,496 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	17,060	0	17,060 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	RHC-PRINCETON	0	0	10,112	0	10,112 192.01
192.03 19203	OUTSIDE CONTRACT LAUNDRY	0	0	545,803	0	545,803 192.03
194.00 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01 07951	HOSPITAL LEASED SPACE	0	0	62,466	0	62,466 194.01
194.02 07952	ORTHO CLINIC - PB IN FY14 ON LINE 90	0	0	0	0	0 194.02
194.03 07953	MOB LEASED SPACE	0	0	733,146	0	733,146 194.03
194.05 07955	PERRY PLAZA LEASED	0	0	170,346	0	170,346 194.05
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	584,571	540,397	29,093,429	0	29,093,429 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	PERRY PLAZA B&F	MVBLE EQUIP		
		0	1.00	1.01		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	PERRY PLAZA B&F					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,263	0	0	4.00
5.01 00560	BUSINESS OFFICE	0	27,959	0	0	5.01
5.02 00561	A&G HOSPITAL ONLY	0	54,895	885	301,144	5.02
5.03 00562	A&G SHARED	0	107,052	0	6,930	5.03
7.00 00700	OPERATION OF PLANT	0	161,871	22,081	14,245	7.00
7.01 00701	PERRY PLAZA PLANT OP	0	0	995	103	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	6,333	28,033	15,840	8.00
9.00 00900	HOUSEKEEPING	0	14,563	0	25	9.00
10.00 01000	DIETARY	0	36,606	0	11,116	10.00
11.00 01100	CAFETERIA	0	18,199	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	17,844	0	229	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	12,791	0	6,865	14.00
15.00 01500	PHARMACY	0	15,627	0	1,471	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	32,136	0	6,934	16.00
17.00 01700	SOCIAL SERVICE	0	5,297	0	0	17.00
18.00 01850	PATIENT REGISTRATION	0	6,833	0	1,185	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	124,820	0	50,209	30.00
31.00 03100	INTENSIVE CARE UNIT	0	22,662	0	3,058	31.00
43.00 04300	NURSERY	0	6,944	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	178,159	0	171,944	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	7,021	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	1,237	0	31,542	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	27,048	0	118,010	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	2,350	0	40,110	55.00
56.00 05600	RADIOISOTOPE	0	4,094	0	0	56.00
57.00 05700	CT SCAN	0	6,409	0	129,238	57.00
58.00 05800	MRI	0	8,912	0	244,006	58.00
60.00 06000	LABORATORY	0	27,924	0	62,563	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	17,240	0	1,762	65.00
66.00 06600	PHYSICAL THERAPY	0	33,972	0	9,661	66.00
69.00 06900	ELECTROCARDIOLOGY	0	959	0	25,746	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,377	0	411	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	3,455	0	1,410	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	24,789	0	840	90.00
90.01 04950	SLEEP LAB	0	5,672	0	2,017	90.01
91.00 09100	EMERGENCY	0	57,655	0	13,313	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	11,616	0	0	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,099,584	51,994	1,271,927	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,602	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	RHC-PRINCETON	0	0	0	0	192.01
192.03 19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	192.03
194.00 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951	HOSPITAL LEASED SPACE	0	16,850	0	0	194.01
194.02 07952	ORTHO CLINIC - PB IN FY14 ON LINE 90	0	0	0	0	194.02
194.03 07953	MOB LEASED SPACE	0	174,098	0	0	194.03
194.05 07955	PERRY PLAZA LEASED	0	0	91,262	0	194.05
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	0	1,295,134	143,256	1,271,927	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet B Part II Date/Time Prepared: 8/27/2014 11:42 am			
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	BUSINESS OFFICE 5.01	A&G HOSPITAL ONLY 5.02	A&G SHARED 5.03	OPERATION OF PLANT 7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,263				4.00
5.01	00560	BUSINESS OFFICE	163	28,122			5.01
5.02	00561	A&G HOSPITAL ONLY	433	0	357,357		5.02
5.03	00562	A&G SHARED	329	0	22,213	136,524	5.03
7.00	00700	OPERATION OF PLANT	273	0	29,515	12,022	240,007
7.01	00701	PERRY PLAZA PLANT OP	13	0	1,203	490	0
8.00	00800	LAUNDRY & LINEN SERVICE	134	0	7,188	2,928	1,622
9.00	00900	HOUSEKEEPING	169	0	7,967	3,245	3,730
10.00	01000	DIETARY	191	0	10,484	4,270	9,376
11.00	01100	CAFETERIA	0	0	242	99	4,661
13.00	01300	NURSING ADMINISTRATION	387	0	14,339	5,840	4,570
14.00	01400	CENTRAL SERVICES & SUPPLY	22	0	1,655	674	3,276
15.00	01500	PHARMACY	123	0	10,391	4,233	4,002
16.00	01600	MEDICAL RECORDS & LIBRARY	229	0	10,049	4,093	8,231
17.00	01700	SOCIAL SERVICE	156	0	6,323	2,575	1,357
18.00	01850	PATIENT REGISTRATION	146	0	5,567	2,268	1,750
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	735	1,732	33,508	13,648	31,969
31.00	03100	INTENSIVE CARE UNIT	247	366	10,320	4,203	5,804
43.00	04300	NURSERY	12	84	723	294	1,779
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	686	5,656	43,361	17,678	45,626
52.00	05200	DELIVERY ROOM & LABOR ROOM	4	89	297	121	1,798
53.00	05300	ANESTHESIOLOGY	0	284	1,238	504	317
54.00	05400	RADIOLOGY-DIAGNOSTIC	280	1,752	15,890	6,472	6,927
55.00	05500	RADIOLOGY-THERAPEUTIC	95	1,150	5,602	2,282	602
56.00	05600	RADIOISOTOPE	0	435	4,162	1,695	1,049
57.00	05700	CT SCAN	73	3,081	8,172	3,329	1,642
58.00	05800	MRI	54	1,230	7,261	2,957	2,282
60.00	06000	LABORATORY	330	4,951	27,959	11,388	7,152
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	139	1,320	537	0
65.00	06500	RESPIRATORY THERAPY	176	643	7,369	3,002	4,415
66.00	06600	PHYSICAL THERAPY	239	966	10,028	4,085	8,701
69.00	06900	ELECTROCARDIOLOGY	20	359	1,240	505	246
70.00	07000	ELECTROENCEPHALOGRAPHY	1	10	70	29	609
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	247	2,819	1,148	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,707	13,066	5,322	0
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	23	121	966	393	885
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	56	104	2,844	1,158	6,349
90.01	04950	SLEEP LAB	20	201	947	386	1,453
91.00	09100	EMERGENCY	395	2,675	27,376	11,151	14,767
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	49	140	3,565	1,452	2,975
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,263	28,122	357,239	136,476	189,922
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,179
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RHC-PRI NCETON	0	0	118	48	0
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	4,316
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 90	0	0	0	0	0
194.03	07953	MOB LEASED SPACE	0	0	0	0	44,590
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	6,263	28,122	357,357	136,524	240,007

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.01	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00561						5.02
5.03	00562						5.03
7.00	00700						7.00
7.01	00701	2,804					7.01
8.00	00800	659	62,737				8.00
9.00	00900	0	956	30,655			9.00
10.00	01000	0	0	852	72,895		10.00
11.00	01100	0	46	0	31,486	54,733	11.00
13.00	01300	0	0	432	2,270	3,695	13.00
14.00	01400	0	19	808	0	616	14.00
15.00	01500	0	0	454	0	1,605	15.00
16.00	01600	0	0	819	0	4,598	16.00
17.00	01700	0	0	111	289	2,148	17.00
18.00	01850	0	0	266	1,107	2,303	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	3,422	6,054	24,737	7,708	30.00
31.00	03100	0	607	764	3,648	1,562	31.00
43.00	04300	0	26	221	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	2,475	7,081	6,139	8,402	50.00
52.00	05200	0	50	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	189	719	0	3,121	54.00
55.00	05500	0	283	0	0	1,233	55.00
56.00	05600	0	218	0	29	0	56.00
57.00	05700	0	165	122	0	938	57.00
58.00	05800	0	153	266	0	698	58.00
60.00	06000	0	0	885	27	4,265	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	564	0	1,939	65.00
66.00	06600	0	570	1,184	74	3,272	66.00
69.00	06900	0	12	0	0	423	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	0	0	0	299	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	32	675	0	1,159	90.00
90.01	04950	0	0	498	141	4	90.01
91.00	09100	0	1,574	3,929	2,948	3,462	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	0	0	288	0	1,283	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	0	0	0	0	0	106.00
113.00	11300	0	0	0	0	0	113.00
118.00		659	10,797	26,992	72,895	54,733	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.03	19203	0	0	0	0	0	192.03
194.00	07956	0	51,940	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	3,663	0	0	194.03
194.05	07955	2,145	0	0	0	0	194.05
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,804	62,737	30,655	72,895	54,733	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet B Part II Date/Time Prepared: 8/27/2014 11:42 am
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00561						5.02
5.03	00562						5.03
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	49,606					13.00
14.00	01400	962	27,688				14.00
15.00	01500	0	286	38,192			15.00
16.00	01600	0	0	0	67,089		16.00
17.00	01700	0	0	0	0	18,256	17.00
18.00	01850	0	0	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	20,334	1,925	3	4,130	16,767	30.00
31.00	03100	4,724	357	0	874	1,489	31.00
43.00	04300	245	293	0	200	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	13,565	17,119	5	13,517	0	50.00
52.00	05200	87	36	0	211	0	52.00
53.00	05300	0	316	0	678	0	53.00
54.00	05400	0	0	25	4,177	0	54.00
55.00	05500	0	0	0	2,743	0	55.00
56.00	05600	0	2	3,653	1,037	0	56.00
57.00	05700	0	0	0	7,347	0	57.00
58.00	05800	0	0	0	2,933	0	58.00
60.00	06000	0	0	0	11,806	0	60.00
63.00	06300	0	0	0	331	0	63.00
65.00	06500	0	270	130	1,532	0	65.00
66.00	06600	0	245	99	2,304	0	66.00
69.00	06900	0	26	0	856	0	69.00
70.00	07000	0	0	0	24	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	5,096	0	588	0	72.00
73.00	07300	0	0	34,264	4,070	0	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	48	0	289	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	23	4	248	0	90.00
90.01	04950	0	70	0	479	0	90.01
91.00	09100	9,689	1,576	9	6,380	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	0	0	0	335	0	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	0	0	0	0	0	106.00
113.00	11300						113.00
118.00		49,606	27,688	38,192	67,089	18,256	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.03	19203	0	0	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.05	07955	0	0	0	0	0	194.05
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		49,606	27,688	38,192	67,089	18,256	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PATIENT REGISTRATION				
	18.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	PERRY PLAZA B&F				1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00560	BUSINESS OFFICE				5.01
5.02 00561	A&G HOSPITAL ONLY				5.02
5.03 00562	A&G SHARED				5.03
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	PERRY PLAZA PLANT OP				7.01
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
18.00 01850	PATIENT REGISTRATION	21,425			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	1,322	343,023	0	343,023
31.00 03100	INTENSIVE CARE UNIT	280	60,965	0	60,965
43.00 04300	NURSERY	64	10,885	0	10,885
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	4,360	535,773	0	535,773
52.00 05200	DELIVERY ROOM & LABOR ROOM	68	9,782	0	9,782
53.00 05300	ANESTHESIOLOGY	217	36,333	0	36,333
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,337	185,947	0	185,947
55.00 05500	RADIOLOGY-THERAPEUTIC	878	57,328	0	57,328
56.00 05600	RADIOISOTOPE	332	16,706	0	16,706
57.00 05700	CT SCAN	2,351	162,867	0	162,867
58.00 05800	MRI	939	271,691	0	271,691
60.00 06000	LABORATORY	3,778	163,028	0	163,028
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	106	2,433	0	2,433
65.00 06500	RESPIRATORY THERAPY	490	39,532	0	39,532
66.00 06600	PHYSICAL THERAPY	737	76,137	0	76,137
69.00 06900	ELECTROCARDIOLOGY	274	30,666	0	30,666
70.00 07000	ELECTROENCEPHALOGRAPHY	8	3,539	0	3,539
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	188	10,086	0	10,086
73.00 07300	DRUGS CHARGED TO PATIENTS	1,302	59,731	0	59,731
76.00 03140	CARDIOLOGY	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	92	7,981	0	7,981
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	38,281	0	38,281
90.01 04950	SLEEP LAB	153	12,041	0	12,041
91.00 09100	EMERGENCY	2,042	158,941	0	158,941
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	107	21,810	0	21,810
<b>SPECIAL PURPOSE COST CENTERS</b>					
106.00 10600	HEART ACQUISITION	0	0	0	0
113.00 11300	INTEREST EXPENSE				
118.00	SUBTOTALS (SUM OF LINES 1-117)	21,425	2,315,506	0	2,315,506
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,781	0	5,781
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01 19201	RHC-PRINCETON	0	166	0	166
192.03 19203	OUTSIDE CONTRACT LAUNDRY	0	51,940	0	51,940
194.00 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
194.01 07951	HOSPITAL LEASED SPACE	0	21,166	0	21,166
194.02 07952	ORTHO CLINIC - PB IN FY14 ON LINE 90	0	0	0	0
194.03 07953	MOB LEASED SPACE	0	222,351	0	222,351
194.05 07955	PERRY PLAZA LEASED	0	93,407	0	93,407
200.00	Cross Foot Adjustments	0	0	0	0
201.00	Negative Cost Centers	0	0	0	0
202.00	TOTAL (sum lines 118-201)	21,425	2,710,317	0	2,710,317

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1

Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	BUSINESS OFFICE (GROSS REVENUE)	
		BLDG & FIXT (SQUARE FEET)	PERRY PLAZA B&F (PLAZA SQ FT)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	186,312				1.00
1.01	00101	PERRY PLAZA B&F	0	37,714			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			1,357,534		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	901	0	0	13,251,396	4.00
5.01	00560	BUSINESS OFFICE	4,022	0	0	344,849	59,494,291
5.02	00561	A&G HOSPITAL ONLY	7,897	233	321,410	916,088	0
5.03	00562	A&G SHARED	15,400	0	7,396	695,574	0
7.00	00700	OPERATION OF PLANT	23,286	5,813	15,204	577,614	0
7.01	00701	PERRY PLAZA PLANT OP	0	262	110	27,844	0
8.00	00800	LAUNDRY & LINEN SERVICE	911	7,380	16,906	284,293	0
9.00	00900	HOUSEKEEPING	2,095	0	27	356,721	0
10.00	01000	DIETARY	5,266	0	11,864	403,858	0
11.00	01100	CAFETERIA	2,618	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,567	0	244	818,607	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,840	0	7,327	47,181	0
15.00	01500	PHARMACY	2,248	0	1,570	259,954	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,623	0	7,401	483,925	0
17.00	01700	SOCIAL SERVICE	762	0	0	329,230	0
18.00	01850	PATIENT REGISTRATION	983	0	1,265	308,610	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	17,956	0	53,588	1,568,399	3,661,651
31.00	03100	INTENSIVE CARE UNIT	3,260	0	3,264	521,489	774,553
43.00	04300	NURSERY	999	0	0	25,051	177,415
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	25,629	0	183,517	1,449,563	12,001,739
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,010	0	0	8,896	187,212
53.00	05300	ANESTHESIOLOGY	178	0	33,665	0	601,371
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,891	0	125,953	590,946	3,703,378
55.00	05500	RADIOLOGY-THERAPEUTIC	338	0	42,810	200,654	2,431,545
56.00	05600	RADIOISOTOPE	589	0	0	0	919,490
57.00	05700	CT SCAN	922	0	137,936	153,360	6,513,168
58.00	05800	MRI	1,282	0	260,429	113,780	2,599,883
60.00	06000	LABORATORY	4,017	0	66,774	697,676	10,466,176
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	293,425
65.00	06500	RESPIRATORY THERAPY	2,480	0	1,881	371,957	1,358,530
66.00	06600	PHYSICAL THERAPY	4,887	0	10,311	504,256	2,042,706
69.00	06900	ELECTROCARDIOLOGY	138	0	27,479	42,475	758,511
70.00	07000	ELECTROENCEPHALOGRAPHY	342	0	439	1,451	20,925
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	521,704
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,607,965
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	497	0	1,505	47,910	255,792
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	3,566	0	897	119,346	219,542
90.01	04950	SLEEP LAB	816	0	2,153	42,268	424,555
91.00	09100	EMERGENCY	8,294	0	14,209	834,377	5,656,281
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,671	0	0	103,194	296,774
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	158,181	13,688	1,357,534	13,251,396	59,494,291
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	662	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RHC-PRINCETON	0	0	0	0	0
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	2,424	0	0	0	0
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 90	0	0	0	0	0
194.03	07953	MOB LEASED SPACE	25,045	0	0	0	0
194.05	07955	PERRY PLAZA LEASED	0	24,026	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	1,295,134	143,256	1,271,927	3,876,645	737,726

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1

Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	BUSINESS OFFICE (GROSS REVENUE)	
		BLDG & FIXT (SQUARE FEET)	PERRY PLAZA B&F (PLAZA SQ FT)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
203.00	Unit cost multiplier (Wkst. B, Part I)	6.951426	3.798483	0.936939	0.292546	0.012400	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				6,263	28,122	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000473	0.000473	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		Reconciliation	A&G HOSPITAL ONLY (ACCUM. COST)	Reconciliation	A&G SHARED (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00561	-1,979,489	26,827,128				5.02
5.03	00562	0	1,667,554	-1,790,598	27,016,019		5.03
7.00	00700	0	2,215,675	0	2,379,163	134,806	7.00
7.01	00701	0	90,288	0	96,950	0	7.01
8.00	00800	0	539,622	0	579,439	911	8.00
9.00	00900	0	598,082	0	642,213	2,095	9.00
10.00	01000	0	787,003	0	845,074	5,266	10.00
11.00	01100	0	18,199	0	19,542	2,618	11.00
13.00	01300	0	1,076,421	0	1,155,847	2,567	13.00
14.00	01400	0	124,208	0	133,373	1,840	14.00
15.00	01500	0	780,075	0	837,634	2,248	15.00
16.00	01600	0	754,361	0	810,023	4,623	16.00
17.00	01700	0	474,661	0	509,685	762	17.00
18.00	01850	0	417,930	0	448,768	983	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	2,515,413	0	2,701,018	17,956	30.00
31.00	03100	0	774,706	0	831,869	3,260	31.00
43.00	04300	0	54,273	0	58,278	999	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	3,255,655	0	3,495,873	25,629	50.00
52.00	05200	0	22,295	0	23,940	1,010	52.00
53.00	05300	0	92,904	0	99,759	178	53.00
54.00	05400	0	1,192,846	0	1,280,863	3,891	54.00
55.00	05500	0	420,572	0	451,605	338	55.00
56.00	05600	0	312,421	0	335,474	589	56.00
57.00	05700	0	613,462	0	658,728	922	57.00
58.00	05800	0	545,070	0	585,289	1,282	58.00
60.00	06000	0	2,098,829	0	2,253,695	4,017	60.00
63.00	06300	0	99,060	0	106,369	0	63.00
65.00	06500	0	553,201	0	594,020	2,480	65.00
66.00	06600	0	752,807	0	808,354	4,887	66.00
69.00	06900	0	93,112	0	99,982	138	69.00
70.00	07000	0	5,283	0	5,673	342	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	211,600	0	227,213	0	72.00
73.00	07300	0	980,849	0	1,053,223	0	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	72,498	0	77,847	497	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	213,502	0	229,256	3,566	90.00
90.01	04950	0	71,104	0	76,351	816	90.01
91.00	09100	0	2,055,099	0	2,206,739	8,294	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	0	267,657	0	287,407	1,671	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	0	0	0	0	0	106.00
113.00	11300	0	0	0	0	0	113.00
118.00		-1,979,489	26,818,297	-1,790,598	27,006,536	106,675	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	-4,602	0	-4,602	0	662	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	8,831	0	9,483	0	192.01
192.03	19203	0	0	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	-16,850	0	-16,850	0	2,424	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	-174,098	0	-174,098	0	25,045	194.03
194.05	07955	-91,262	0	-91,262	0	0	194.05
200.00							200.00
201.00							201.00
202.00			1,979,489		1,790,598	2,536,852	202.00
203.00			0.073787		0.066279	18.818539	203.00
204.00			357,357		136,524	240,007	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1

Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		Reconciliation	A&G HOSPITAL ONLY (ACCUM. COST)	Reconciliation	A&G SHARED (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	7.00	
205.00	Unit cost multiplier (Wkst. B, Part II)		0.013321		0.005053	1.780388	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		PERRY PLAZA PLANT OP (PLAZA SQR FT)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERV ED)	
		7.01	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00561						5.02
5.03	00562						5.03
7.00	00700						7.00
7.01	00701	31,406					7.01
8.00	00800	7,380	1,229,375				8.00
9.00	00900	0	18,724	2,770			9.00
10.00	01000	0	0	77	45,416		10.00
11.00	01100	0	909	0	19,616	14,117	11.00
13.00	01300	0	0	39	1,414	953	13.00
14.00	01400	0	382	73	0	159	14.00
15.00	01500	0	0	41	0	414	15.00
16.00	01600	0	0	74	0	1,186	16.00
17.00	01700	0	0	10	180	554	17.00
18.00	01850	0	0	24	690	594	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	67,049	547	15,412	1,988	30.00
31.00	03100	0	11,903	69	2,273	403	31.00
43.00	04300	0	513	20	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	48,505	640	3,825	2,167	50.00
52.00	05200	0	970	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	3,697	65	0	805	54.00
55.00	05500	0	5,540	0	0	318	55.00
56.00	05600	0	4,272	0	18	0	56.00
57.00	05700	0	3,239	11	0	242	57.00
58.00	05800	0	3,004	24	0	180	58.00
60.00	06000	0	9	80	17	1,100	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	51	0	500	65.00
66.00	06600	0	11,173	107	46	844	66.00
69.00	06900	0	229	0	0	109	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	3	0	0	77	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	631	61	0	299	90.00
90.01	04950	0	0	45	88	1	90.01
91.00	09100	0	30,850	355	1,837	893	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	0	0	26	0	331	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	0	0	0	0	0	106.00
113.00	11300	0	0	0	0	0	113.00
118.00		7,380	211,602	2,439	45,416	14,117	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.03	19203	0	1,017,773	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	331	0	0	194.03
194.05	07955	24,026	0	0	0	0	194.05
200.00							200.00
201.00							201.00
202.00		103,376	659,280	734,244	1,020,593	511,403	202.00
203.00		3.291600	0.536272	265.070036	22.472102	36.226040	203.00
204.00		2,804	62,737	30,655	72,895	54,733	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1

Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		PERRY PLAZA PLANT OP (PLAZA SQ FT)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERV ED)	
		7.01	8.00	9.00	10.00	11.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.089282	0.051032	11.066787	1.605051	3.877099	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1

Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE  (PATIENT DA YS)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00561						5.02
5.03	00562						5.03
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	17,023					13.00
14.00	01400	330	1,114,533				14.00
15.00	01500	0	11,499	1,161,308			15.00
16.00	01600	0	0	0	59,494,291		16.00
17.00	01700	0	0	0	0	3,531	17.00
18.00	01850	0	0	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,978	77,482	97	3,661,651	3,243	30.00
31.00	03100	1,621	14,357	5	774,553	288	31.00
43.00	04300	84	11,811	0	177,415	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,655	689,084	161	12,001,739	0	50.00
52.00	05200	30	1,443	0	187,212	0	52.00
53.00	05300	0	12,706	0	601,371	0	53.00
54.00	05400	0	0	750	3,703,378	0	54.00
55.00	05500	0	0	0	2,431,545	0	55.00
56.00	05600	0	92	111,074	919,490	0	56.00
57.00	05700	0	0	0	6,513,168	0	57.00
58.00	05800	0	0	0	2,599,883	0	58.00
60.00	06000	0	0	0	10,466,176	0	60.00
63.00	06300	0	0	0	293,425	0	63.00
65.00	06500	0	10,881	3,960	1,358,530	0	65.00
66.00	06600	0	9,877	3,015	2,042,706	0	66.00
69.00	06900	0	1,043	0	758,511	0	69.00
70.00	07000	0	6	0	20,925	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	205,131	0	521,704	0	72.00
73.00	07300	0	0	1,041,871	3,607,965	0	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	1,929	0	255,792	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	912	108	219,542	0	90.00
90.01	04950	0	2,832	0	424,555	0	90.01
91.00	09100	3,325	63,448	267	5,656,281	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	0	0	0	296,774	0	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	0	0	0	0	0	106.00
113.00	11300						113.00
118.00		17,023	1,114,533	1,161,308	59,494,291	3,531	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.03	19203	0	0	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.05	07955	0	0	0	0	0	194.05
200.00							200.00
201.00							201.00
202.00		1,357,399	228,468	963,679	1,013,288	584,571	202.00
203.00		79.739118	0.204990	0.829822	0.017032	165.553951	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1

Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE  (PATIENT DAYS)	
		(DIRECT NURSING HRS)	(COSTED REQUIS.)				
		13.00	14.00	15.00	16.00	17.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	49,606	27,688	38,192	67,089	18,256	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.914057	0.024843	0.032887	0.001128	5.170207	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		OTHER GENERAL SERVICE PATIENT REGISTRATION (GROSS REVENUE)	18.00
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	PERRY PLAZA B&F	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00560	BUSINESS OFFICE	5.01
5.02	00561	A&G HOSPITAL ONLY	5.02
5.03	00562	A&G SHARED	5.03
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	PERRY PLAZA PLANT OP	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	PATIENT REGISTRATION	18.00
		59,274,749	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
		3,661,651	
		774,553	
		177,415	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03140	CARDIOLOGY	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
		12,001,739	
		187,212	
		601,371	
		3,703,378	
		2,431,545	
		919,490	
		6,513,168	
		2,599,883	
		10,466,176	
		293,425	
		1,358,530	
		2,042,706	
		758,511	
		20,925	
		0	
		521,704	
		3,607,965	
		0	
		255,792	
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
90.01	04950	SLEEP LAB	90.01
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
		0	
		424,555	
		5,656,281	
<b>OTHER REIMBURSABLE COST CENTERS</b>			
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
		296,774	
<b>SPECIAL PURPOSE COST CENTERS</b>			
106.00	10600	HEART ACQUISITION	106.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		59,274,749	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	RHC-PRINCETON	192.01
192.03	19203	OUTSIDE CONTRACT LAUNDRY	192.03
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	194.00
194.01	07951	HOSPITAL LEASED SPACE	194.01
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 90	194.02
194.03	07953	MOB LEASED SPACE	194.03
194.05	07955	PERRY PLAZA LEASED	194.05
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
		540,397	
		0.009117	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		OTHER GENERAL SERVICE		
		PATIENT REGISTRATION (GROSS REVENUE)		
		18.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	21,425		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000361		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet C  
Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,022,273		5,022,273	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,238,841		1,238,841	0	0	31.00
43.00	04300	NURSERY	100,275		100,275	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,396,367		5,396,367	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,638		52,638	0	0	52.00
53.00	05300	ANESTHESIOLOGY	128,052		128,052	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,584,817		1,584,817	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	565,971		565,971	0	0	55.00
56.00	05600	RADIOISOTOPE	487,723		487,723	0	0	56.00
57.00	05700	CT SCAN	903,472		903,472	0	0	57.00
58.00	05800	MRI	730,684		730,684	0	0	58.00
60.00	06000	LABORATORY	2,813,784		2,813,784	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	121,092		121,092	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	752,733	0	752,733	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,077,801	0	1,077,801	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	133,326		133,326	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,033		13,033	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,964		297,964	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,081,942		2,081,942	0	0	73.00
76.00	03140	CARDIOLOGY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	102,235		102,235	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	342,913		342,913	0	0	90.00
90.01	04950	SLEEP LAB	122,392		122,392	0	0	90.01
91.00	09100	EMERGENCY	3,119,622		3,119,622	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	660,138		660,138	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	364,546		364,546	0	0	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0		0		0	106.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	28,214,634	0	28,214,634	0	0	200.00
201.00		Less Observation Beds	660,138		660,138			201.00
202.00		Total (see instructions)	27,554,496	0	27,554,496	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet C  
Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

		Title XVIII			Hospital	Cost		
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,107,881		3,107,881			30.00
31.00	03100	INTENSIVE CARE UNIT	774,553		774,553			31.00
43.00	04300	NURSERY	177,415		177,415			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,256,506	9,772,437	12,028,943	0.448615	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	187,212	0	187,212	0.281168	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	159,542	441,829	601,371	0.212933	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	197,959	3,505,419	3,703,378	0.427938	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	258,115	2,173,430	2,431,545	0.232762	0.000000	55.00
56.00	05600	RADIOISOTOPE	48,721	869,204	917,925	0.531332	0.000000	56.00
57.00	05700	CT SCAN	488,712	6,024,456	6,513,168	0.138715	0.000000	57.00
58.00	05800	MRI	131,041	2,468,842	2,599,883	0.281045	0.000000	58.00
60.00	06000	LABORATORY	1,000,744	9,576,672	10,577,416	0.266018	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	79,859	213,566	293,425	0.412685	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	1,040,039	318,491	1,358,530	0.554079	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	358,687	1,684,019	2,042,706	0.527634	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	61,304	697,207	758,511	0.175773	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,511	18,414	20,925	0.622843	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	195,923	325,781	521,704	0.571136	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,130,030	2,477,935	3,607,965	0.577041	0.000000	73.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	255,792	255,792	0.399680	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	219,542	219,542	1.561947	0.000000	90.00
90.01	04950	SLEEP LAB	0	424,555	424,555	0.288283	0.000000	90.01
91.00	09100	EMERGENCY	272,419	5,383,862	5,656,281	0.551532	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,981	540,729	552,710	1.194366	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	296,774	296,774	1.228362	0.000000	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0	0	0			106.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	11,941,154	47,688,956	59,630,110			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	11,941,154	47,688,956	59,630,110			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet C Part I Date/Time Prepared: 8/27/2014 11:42 am
		Title XVIII	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
60.00	06000	LABORATORY	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
76.00	03140	CARDIOLOGY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.01	04950	SLEEP LAB	0.000000	90.01
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600	HEART ACQUISITION		106.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet C Part I Date/Time Prepared: 8/27/2014 11:42 am
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,022,273		5,022,273	0	5,022,273	30.00
31.00	03100	INTENSIVE CARE UNIT	1,238,841		1,238,841	0	1,238,841	31.00
43.00	04300	NURSERY	100,275		100,275	0	100,275	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,396,367		5,396,367	0	5,396,367	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,638		52,638	0	52,638	52.00
53.00	05300	ANESTHESIOLOGY	128,052		128,052	0	128,052	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,584,817		1,584,817	0	1,584,817	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	565,971		565,971	0	565,971	55.00
56.00	05600	RADIOISOTOPE	487,723		487,723	0	487,723	56.00
57.00	05700	CT SCAN	903,472		903,472	0	903,472	57.00
58.00	05800	MRI	730,684		730,684	0	730,684	58.00
60.00	06000	LABORATORY	2,813,784		2,813,784	0	2,813,784	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	121,092		121,092	0	121,092	63.00
65.00	06500	RESPIRATORY THERAPY	752,733	0	752,733	0	752,733	65.00
66.00	06600	PHYSICAL THERAPY	1,077,801	0	1,077,801	0	1,077,801	66.00
69.00	06900	ELECTROCARDIOLOGY	133,326		133,326	0	133,326	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,033		13,033	0	13,033	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,964		297,964	0	297,964	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,081,942		2,081,942	0	2,081,942	73.00
76.00	03140	CARDIOLOGY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	102,235		102,235	0	102,235	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	342,913		342,913	0	342,913	90.00
90.01	04950	SLEEP LAB	122,392		122,392	0	122,392	90.01
91.00	09100	EMERGENCY	3,119,622		3,119,622	0	3,119,622	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	660,138		660,138	0	660,138	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	364,546		364,546	0	364,546	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0		0		0	106.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	28,214,634	0	28,214,634	0	28,214,634	200.00
201.00		Less Observation Beds	660,138		660,138		660,138	201.00
202.00		Total (see instructions)	27,554,496	0	27,554,496	0	27,554,496	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet C Part I Date/Time Prepared: 8/27/2014 11:42 am
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	3,107,881		3,107,881			30.00
31.00 03100 INTENSIVE CARE UNIT	774,553		774,553			31.00
43.00 04300 NURSERY	177,415		177,415			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	2,256,506	9,772,437	12,028,943	0.448615	0.000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	187,212	0	187,212	0.281168	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	159,542	441,829	601,371	0.212933	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	197,959	3,505,419	3,703,378	0.427938	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	258,115	2,173,430	2,431,545	0.232762	0.000000	55.00
56.00 05600 RADIOISOTOPE	48,721	869,204	917,925	0.531332	0.000000	56.00
57.00 05700 CT SCAN	488,712	6,024,456	6,513,168	0.138715	0.000000	57.00
58.00 05800 MRI	131,041	2,468,842	2,599,883	0.281045	0.000000	58.00
60.00 06000 LABORATORY	1,000,744	9,576,672	10,577,416	0.266018	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	79,859	213,566	293,425	0.412685	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	1,040,039	318,491	1,358,530	0.554079	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	358,687	1,684,019	2,042,706	0.527634	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	61,304	697,207	758,511	0.175773	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,511	18,414	20,925	0.622843	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	195,923	325,781	521,704	0.571136	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,130,030	2,477,935	3,607,965	0.577041	0.000000	73.00
76.00 03140 RADIOLOGY	0	0	0	0.000000	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	255,792	255,792	0.399680	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	219,542	219,542	1.561947	0.000000	90.00
90.01 04950 SLEEP LAB	0	424,555	424,555	0.288283	0.000000	90.01
91.00 09100 EMERGENCY	272,419	5,383,862	5,656,281	0.551532	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	11,981	540,729	552,710	1.194366	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	296,774	296,774	1.228362	0.000000	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
106.00 10600 HEART ACQUISITION	0	0	0			106.00
113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	11,941,154	47,688,956	59,630,110			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	11,941,154	47,688,956	59,630,110			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet C Part I Date/Time Prepared: 8/27/2014 11:42 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
60.00	06000	LABORATORY	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
76.00	03140	CARDIOLOGY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.01	04950	SLEEP LAB	0.000000	90.01
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600	HEART ACQUISITION		106.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet D  
Part II  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	535,773	12,028,943	0.044540	1,045,273	46,556	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,782	187,212	0.052251	0	0	52.00
53.00	05300 ANESTHESIOLOGY	36,333	601,371	0.060417	71,113	4,296	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	185,947	3,703,378	0.050210	120,228	6,037	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	57,328	2,431,545	0.023577	164,148	3,870	55.00
56.00	05600 RADIOISOTOPE	16,706	917,925	0.018200	32,546	592	56.00
57.00	05700 CT SCAN	162,867	6,513,168	0.025006	243,486	6,089	57.00
58.00	05800 MRI	271,691	2,599,883	0.104501	74,338	7,768	58.00
60.00	06000 LABORATORY	163,028	10,577,416	0.015413	543,376	8,375	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,433	293,425	0.008292	51,545	427	63.00
65.00	06500 RESPIRATORY THERAPY	39,532	1,358,530	0.029099	700,879	20,395	65.00
66.00	06600 PHYSICAL THERAPY	76,137	2,042,706	0.037273	148,527	5,536	66.00
69.00	06900 ELECTROCARDIOLOGY	30,666	758,511	0.040429	35,666	1,442	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,539	20,925	0.169128	837	142	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,086	521,704	0.019333	115,421	2,231	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	59,731	3,607,965	0.016555	501,857	8,308	73.00
76.00	03140 RADIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	7,981	255,792	0.031201	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	38,281	219,542	0.174368	0	0	90.00
90.01	04950 SLEEP LAB	12,041	424,555	0.028361	0	0	90.01
91.00	09100 EMERGENCY	158,941	5,656,281	0.028100	5,798	163	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	51,018	552,710	0.092305	281	26	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	21,810	296,774	0.073490	0	0	97.00
200.00	Total (lines 50-199)	1,951,651	55,570,261		3,855,319	122,253	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet D  
Part IV  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		Title XVIII				Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	04950	SLEEP LAB	0	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet D  
Part IV  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Cost		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	12,028,943	0.000000	0.000000	1,045,273	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	187,212	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	601,371	0.000000	0.000000	71,113	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,703,378	0.000000	0.000000	120,228	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,431,545	0.000000	0.000000	164,148	55.00
56.00	05600	RADIOISOTOPE	0	917,925	0.000000	0.000000	32,546	56.00
57.00	05700	CT SCAN	0	6,513,168	0.000000	0.000000	243,486	57.00
58.00	05800	MRI	0	2,599,883	0.000000	0.000000	74,338	58.00
60.00	06000	LABORATORY	0	10,577,416	0.000000	0.000000	543,376	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	293,425	0.000000	0.000000	51,545	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,358,530	0.000000	0.000000	700,879	65.00
66.00	06600	PHYSICAL THERAPY	0	2,042,706	0.000000	0.000000	148,527	66.00
69.00	06900	ELECTROCARDIOLOGY	0	758,511	0.000000	0.000000	35,666	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,925	0.000000	0.000000	837	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	521,704	0.000000	0.000000	115,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,607,965	0.000000	0.000000	501,857	73.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	255,792	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	219,542	0.000000	0.000000	0	90.00
90.01	04950	SLEEP LAB	0	424,555	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	5,656,281	0.000000	0.000000	5,798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	552,710	0.000000	0.000000	281	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	296,774	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	55,570,261			3,855,319	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet D  
Part IV  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
60.00	06000 LABORATORY	0	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03140 RADIOLOGY	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 SLEEP LAB	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part V Date/Time Prepared: 8/27/2014 11:42 am
Title XVIII		Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.448615	0	4,663,736	232	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.281168	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.212933	0	159,198	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.427938	0	1,368,133	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.232762	0	1,119,749	0	0
56.00 05600 RADIOISOTOPE	0.531332	0	375,267	7	0
57.00 05700 CT SCAN	0.138715	0	2,729,597	423	0
58.00 05800 MRI	0.281045	0	987,758	0	0
60.00 06000 LABORATORY	0.266018	0	4,324,858	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.412685	0	54,442	0	0
65.00 06500 RESPIRATORY THERAPY	0.554079	0	167,157	0	0
66.00 06600 PHYSICAL THERAPY	0.527634	0	636,603	0	0
69.00 06900 ELECTROCARDIOLOGY	0.175773	0	352,414	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.622843	0	5,022	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.571136	0	138,818	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.577041	0	1,256,854	2,073	0
76.00 03140 RADIOLOGY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.399680	0	131,457	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	1.561947	0	37,951	0	0
90.01 04950 SLEEP LAB	0.288283	0	149,019	0	0
91.00 09100 EMERGENCY	0.551532	0	1,946,716	1,189	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1.194366	0	293,324	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	1.228362	0	0	0	0
200.00	Subtotal (see instructions)	0	20,898,073	3,924	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	20,898,073	3,924	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part V Date/Time Prepared: 8/27/2014 11:42 am
		Title XVIII	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	2,092,222	104	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	33,899	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	585,476	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	260,635	0	55.00
56.00	05600 RADIOISOTOPE	199,391	4	56.00
57.00	05700 CT SCAN	378,636	59	57.00
58.00	05800 MRI	277,604	0	58.00
60.00	06000 LABORATORY	1,150,490	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	22,467	0	63.00
65.00	06500 RESPIRATORY THERAPY	92,618	0	65.00
66.00	06600 PHYSICAL THERAPY	335,893	0	66.00
69.00	06900 ELECTROCARDIOLOGY	61,945	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,128	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	79,284	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	725,256	1,196	73.00
76.00	03140 RADIOLOGY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	52,541	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	59,277	0	90.00
90.01	04950 SLEEP LAB	42,960	0	90.01
91.00	09100 EMERGENCY	1,073,676	656	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	350,336	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Subtotal (see instructions)	7,877,734	2,019	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	7,877,734	2,019	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141337

Period: From 05/01/2013

Worksheet D

Component CCN: 14Z337

To 04/30/2014

Part V  
Date/Time Prepared:  
8/27/2014 11:42 am

Title XVIII

Swing Beds - SNF

Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.448615	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.281168	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.212933	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.427938	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.232762	0	0	0	0
56.00 05600 RADIOISOTOPE	0.531332	0	0	0	0
57.00 05700 CT SCAN	0.138715	0	0	0	0
58.00 05800 MRI	0.281045	0	0	0	0
60.00 06000 LABORATORY	0.266018	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.412685	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.554079	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.527634	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.175773	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.622843	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.571136	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.577041	0	0	0	0
76.00 03140 RADIOLOGY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.399680	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	1.561947	0	0	0	0
90.01 04950 SLEEP LAB	0.288283	0	0	0	0
91.00 09100 EMERGENCY	0.551532	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1.194366	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	1.228362	0	0	0	0
200.00 Subtotal (see instructions)		0	0	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)			0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141337 Component CCN: 14Z337	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part V Date/Time Prepared: 8/27/2014 11:42 am
Title XVIII		Swing Beds - SNF	Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 SLEEP LAB	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 8/27/2014 11:42 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,212	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,797	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,381	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		231	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		133	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		46	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		5	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,444	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		219	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		125	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		121.01	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		121.01	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,022,273	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		5,566	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		605	25.00
26.00	Total swing-bed cost (see instructions)		583,792	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,438,481	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,438,481	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,586.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,291,440	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,291,440	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337		Period: From 05/01/2013 To 04/30/2014		Worksheet D-1	
Title XVIII		Hospital		Cost		Date/Time Prepared: 8/27/2014 11:42 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,238,841	285	4,346.81	122	530,311		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,644,051		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,465,802		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					347,525		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					198,359		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					545,884		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						416	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,586.87		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					660,138		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337		Period: From 05/01/2013 To 04/30/2014		Worksheet D-1 Date/Time Prepared: 8/27/2014 11:42 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	343,023	4,438,481	0.077284	660,138	51,018	90.00
91.00	Nursing School cost	0	4,438,481	0.000000	660,138	0	91.00
92.00	Allied health cost	0	4,438,481	0.000000	660,138	0	92.00
93.00	All other Medical Education	0	4,438,481	0.000000	660,138	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet D-3 Date/Time Prepared: 8/27/2014 11:42 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		1,513,484	30.00
31.00	03100	INTENSIVE CARE UNIT		298,539	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.448615	1,045,273	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.281168	0	52.00
53.00	05300	ANESTHESIOLOGY	0.212933	71,113	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.427938	120,228	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232762	164,148	55.00
56.00	05600	RADIOISOTOPE	0.531332	32,546	56.00
57.00	05700	CT SCAN	0.138715	243,486	57.00
58.00	05800	MRI	0.281045	74,338	58.00
60.00	06000	LABORATORY	0.266018	543,376	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.412685	51,545	63.00
65.00	06500	RESPIRATORY THERAPY	0.554079	700,879	65.00
66.00	06600	PHYSICAL THERAPY	0.527634	148,527	66.00
69.00	06900	ELECTROCARDIOLOGY	0.175773	35,666	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.622843	837	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.571136	115,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.577041	501,857	73.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.399680	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.561947	0	90.00
90.01	04950	SLEEP LAB	0.288283	0	90.01
91.00	09100	EMERGENCY	0.551532	5,798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.194366	281	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1.228362	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		3,855,319	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,855,319	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet D-3	
		Component CCN: 14Z337		Date/Time Prepared: 8/27/2014 11:42 am	
Cost Center Description		Title XVIII	Swing Beds - SNF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.448615	2,793	1,253 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.281168	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.212933	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.427938	4,773	2,043 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232762	3,651	850 55.00
56.00	05600	RADIOISOTOPE	0.531332	0	0 56.00
57.00	05700	CT SCAN	0.138715	4,662	647 57.00
58.00	05800	MRI	0.281045	0	0 58.00
60.00	06000	LABORATORY	0.266018	24,307	6,466 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.412685	836	345 63.00
65.00	06500	RESPIRATORY THERAPY	0.554079	67,140	37,201 65.00
66.00	06600	PHYSICAL THERAPY	0.527634	155,802	82,206 66.00
69.00	06900	ELECTROCARDIOLOGY	0.175773	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.622843	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.571136	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.577041	54,162	31,254 73.00
76.00	03140	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.399680	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.561947	0	0 90.00
90.01	04950	SLEEP LAB	0.288283	0	0 90.01
91.00	09100	EMERGENCY	0.551532	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.194366	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1.228362	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		318,126	162,265 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		318,126	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet E Part B Date/Time Prepared: 8/27/2014 11:42 am
		Title XVII	Hospital	Cost
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			7,879,753 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			7,879,753 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	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)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			7,958,551 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			39,927 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,270,827 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			4,647,797 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			4,647,797 30.00
31.00	Primary payer payments			3,757 31.00
32.00	Subtotal (line 30 minus line 31)			4,644,040 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			393,367 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			346,163 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			341,089 36.00
37.00	Subtotal (see instructions)			4,990,203 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			4,990,203 40.00
40.01	Sequestration adjustment (see instructions)			99,804 40.01
41.00	Interim payments			4,484,768 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			405,631 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		4,043,461		4,469,093	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	10/21/2013	123,692	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	10/21/2013	63,143	04/18/2014	108,017	3.50	
3.51		04/18/2014	10,019		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-73,162		15,675	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,970,299		4,484,768	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		40,688		405,631	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		4,010,987		4,890,399	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141337

Period: From 05/01/2013

Worksheet E-1

Component CCN: 14Z337

To 04/30/2014

Part I  
Date/Time Prepared:  
8/27/2014 11:42 am

Title XVIII

Swing Beds - SNF

Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		615,156		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	10/21/2013	2,472		0	3.01
3.02		04/18/2014	57,474		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		59,946		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		675,102		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		22,328		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		697,430		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet E-1  
Part II  
Date/Time Prepared:  
8/27/2014 11:42 am

		Title VIII	Hospital	Cost
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			909 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			1,566 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			217 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			2,666 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			59,630,110 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			1,329,296 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			98,154 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			86,768 8.00
9.00	Sequestration adjustment amount (see instructions)			1,735 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			85,033 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			85,033 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet E-2
		Component CCN: 14Z337		Date/Time Prepared: 8/27/2014 11:42 am
		Title XVIII	Swing Beds - SNF	Cost
		Part A	Part B	
		1.00	2.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	551,343	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 6 and 7, line 202 for Part B) (For CAH, see instructions)	163,888	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	344	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	715,231	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	715,231	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	715,231	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	3,568	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	711,663	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	RURAL DEMONSTRATION PROJECT	0		16.50
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	711,663	0	19.00
19.01	Sequestration adjustment (see instructions)	14,233	0	19.01
20.00	Interim payments	675,102	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program line 19 minus lines 19.01, 20 and 21	22,328	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141337	Period: From 05/01/2013 To 04/30/2014	Worksheet E-3 Part V Date/Time Prepared: 8/27/2014 11:42 am
		Title XVII	Hospital	Cost
				1.00
<b>PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)</b>				
1.00	Inpatient services			4,465,802 1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			4,465,802 4.00
5.00	Primary payer payments			335 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			4,510,125 6.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
<b>Customary charges</b>				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	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)			0 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 17.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			4,510,125 19.00
20.00	Deductibles (exclude professional component)			466,376 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			4,043,749 22.00
23.00	Coinsurance			0 23.00
24.00	Subtotal (line 22 minus line 23)			4,043,749 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			55,790 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			49,095 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			46,912 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			4,092,844 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (line 28, plus or minus lines 29)			4,092,844 30.00
30.01	Sequestration adjustment (see instructions)			81,857 30.01
31.00	Interim payments			3,970,299 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program line 30 minus lines 30.01, 31, and 32			40,688 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 34.00

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

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet G

Date/Time Prepared:  
8/27/2014 11:42 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	7,501,570	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	2,981,836	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	399,406	0	0	0	7.00
8.00	Prepaid expenses	302,908	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	11,185,720	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,073,194	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	17,111,388	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	18,184,582	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	6,820,731	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	105,277	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,926,008	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	36,296,310	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	748,867	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,416,201	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	615,048	0	0	0	40.00
41.00	Deferred income	800,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,097,291	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,677,407	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,141,511	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	658,480	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,799,991	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,477,398	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	28,818,912	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	28,818,912	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	36,296,310	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet G-1

Date/Time Prepared:  
8/27/2014 11:42 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		30,081,612		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,262,700			2.00
3.00	Total (sum of line 1 and line 2)		28,818,912		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		28,818,912		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		28,818,912		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
8/27/2014 11:42 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	3,806,387		3,806,387	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	3,806,387		3,806,387	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	714,535		714,535	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	714,535		714,535	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,520,922		4,520,922	17.00
18.00	Ancillary services	7,541,168	42,286,364	49,827,532	18.00
19.00	Outpatient services	286,388	8,642,293	8,928,681	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	182,059	612	182,671	27.00
27.01	EMPLOYEE DRUGS	0	71,430	71,430	27.01
27.02	DIETARY	0	1,650	1,650	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	12,530,537	51,002,349	63,532,886	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		34,134,360		29.00
30.00	ROUNDING	59			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		59		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		34,134,419		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141337

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet G-3

Date/Time Prepared:  
8/27/2014 11:42 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	63,532,886	1.00
2.00	Less contractual allowances and discounts on patients' accounts	32,225,104	2.00
3.00	Net patient revenues (line 1 minus line 2)	31,307,782	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	34,134,419	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,826,637	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	540,356	6.00
7.00	Income from investments	40,453	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OP	983,128	24.00
24.01	OTHER NON-OP	0	24.01
25.00	Total other income (sum of lines 6-24)	1,563,937	25.00
26.00	Total (line 5 plus line 25)	-1,262,700	26.00
27.00	ROUNDING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,262,700	29.00