

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet S Parts I-III Date/Time Prepared: 8/14/2015 2:11 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 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.	Date: 8/14/2015 Time: 2:11 pm
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 05/01/2014 and ending 04/30/2015 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	449,023	-194,989	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	71,441	0	0	0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	520,464	-194,989	0	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. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337		Period: From 05/01/2014 To 04/30/2015		Worksheet S-2 Part I Date/Time Prepared: 8/14/2015 11:01 am						
1.00		2.00		3.00		4.00						
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		County: BUREAU		2.00			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00	2.00	3.00	4.00	5.00	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 - FOHC										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)					05/01/2014	04/30/2015		20.00			
21.00	Type of Control (see instructions)					8			21.00			
<u>Inpatient PPS Information</u>												
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)					N	N		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period 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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03			
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	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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 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 column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.					0	0	0	0	0	0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet S-2 Part I Date/Time Prepared: 8/14/2015 11:01 am		
		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
		Beginning:		Ending:		
		1.00		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		Y/N		
		1.00		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)		N		N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N		N	40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
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	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 Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		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	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N		N	48.00
Teaching Hospitals						
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 Wkst. D, Parts III & IV and D-2, Pt. 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, § 2148? If yes, complete Wkst. D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. 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	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	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

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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			
61.10	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		
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			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
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		
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider 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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col . 1/ (col . 1 + col . 2))		
				1.00	2.00	3.00		
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.								
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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				0.00	0.00	0.000000	64.00
		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		
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	

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		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
				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 an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (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 an approved GME 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, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (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	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00	
<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	

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		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				
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 Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. 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 1.00		Occupational 2.00		Speech 3.00		Respiratory 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					
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N			110.00		
						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 column 1 is 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 hospitals providers) based on the definition in CMS Pub. 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 1.00		Losses 2.00		Insurance 3.00					
118.01	List amounts of malpractice premiums and paid losses:		265,977		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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet S-2 Part I Date/Time Prepared: 8/14/2015 11:01 am			
			1.00	2.00			
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		
All Providers							
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		
		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:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
			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 the 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, § 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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
					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		
		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 (see instructions)						0.00
							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.					N	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)						0
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet S-2 Part I Date/Time Prepared: 8/14/2015 11:01 am
			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)			170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			171.00
			N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet S-2 Part II Date/Time Prepared: 8/14/2015 11:01 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	
		Description	Y/N	Date	Y/N
		0	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	06/26/2015	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 05/01/2014 To 04/30/2015	Worksheet S-2 Part II Date/Time Prepared: 8/14/2015 11:01 am
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	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.	1.00 N	2.00	3.00 N	21.00
				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		LINHART	
42.00	Enter the employer/company name of the cost report preparer.	MCGLADREY, LLP			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(563) 888-4404		DAN.LINHART@MCGLADREY.COM	

		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)		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)	06/26/2015	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 05/01/2014  
To 04/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle 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	50,450.35	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	50,450.35	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	3	1,095	2,511.87	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	52,962.22	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 05/01/2014  
To 04/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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)	1,305	147	1,917			1.00
2.00 HMO and other (see instructions)	79	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	269	0	346			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	47			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,574	147	2,310			7.00
8.00 INTENSIVE CARE UNIT	169	34	287			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		0	0			13.00
14.00 Total (see instructions)	1,743	181	2,597	0.00	278.32	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	278.32	27.00
28.00 Observation Bed Days		0	368			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			44			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 05/01/2014  
To 04/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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	468	76	774	1.00
2.00 HMO and other (see instructions)			26	0		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	468	76	774	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 05/01/2014 To 04/30/2015	Worksheet S-10 Date/Time Prepared: 8/14/2015 11:01 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)		0.440271		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		1,123,622		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		1,599,909		5.00
6.00	Medicaid charges		5,560,671		6.00
7.00	Medicaid cost (line 1 times line 6)		2,448,202		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		15,617		9.00
10.00	Stand-alone SCHIP charges		69,652		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		30,666		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		15,049		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)		15,049		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	764,178	54,888	819,066	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	336,445	24,166	360,611	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)	336,445	24,166	360,611	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)		1,655,738		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		332,861		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		1,322,877		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		582,424		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		943,035		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		958,084		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet A  
Date/Time Prepared:  
8/14/2015 11:01 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (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		1,240,960	1,240,960	186,267	1,427,227	1.00
1.01	00101		130,190	130,190	0	130,190	1.01
2.00	00200		1,240,595	1,240,595	45,068	1,285,663	2.00
4.00	00400	300,817	5,256,516	5,557,333	-125,197	5,432,136	4.00
5.01	00590	405,370	189,543	594,913	0	594,913	5.01
5.02	00561	840,907	584,258	1,425,165	-13,930	1,411,235	5.02
5.03	00562	753,842	1,181,849	1,935,691	-87,199	1,848,492	5.03
7.00	00700	568,849	1,048,864	1,617,713	108,640	1,726,353	7.00
7.01	00701	22,487	50,638	73,125	0	73,125	7.01
8.00	00800	272,828	209,181	482,009	-95,470	386,539	8.00
9.00	00900	344,587	126,245	470,832	0	470,832	9.00
10.00	01000	401,264	423,942	825,206	0	825,206	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	806,412	20,647	827,059	0	827,059	13.00
14.00	01400	48,827	46,652	95,479	0	95,479	14.00
15.00	01500	261,366	399,353	660,719	0	660,719	15.00
16.00	01600	509,258	72,782	582,040	0	582,040	16.00
17.00	01700	333,453	43,549	377,002	0	377,002	17.00
18.00	01850	299,077	13,064	312,141	0	312,141	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,250,344	372,051	1,622,395	0	1,622,395	30.00
31.00	03100	465,669	197,132	662,801	0	662,801	31.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,423,748	1,077,841	2,501,589	-200,507	2,301,082	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	1,027,897	1,027,897	0	1,027,897	53.00
54.00	05400	580,176	249,561	829,737	0	829,737	54.00
55.00	05500	213,963	54,060	268,023	0	268,023	55.00
56.00	05600	0	310,093	310,093	0	310,093	56.00
57.00	05700	129,612	210,149	339,761	0	339,761	57.00
58.00	05800	114,941	121,130	236,071	0	236,071	58.00
60.00	06000	729,383	995,720	1,725,103	0	1,725,103	60.00
63.00	06300	0	82,343	82,343	0	82,343	63.00
65.00	06500	389,340	41,288	430,628	0	430,628	65.00
66.00	06600	521,333	30,539	551,872	0	551,872	66.00
69.00	06900	45,058	13,053	58,111	0	58,111	69.00
70.00	07000	1,030	140	1,170	0	1,170	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	200,507	200,507	72.00
73.00	07300	0	917,488	917,488	0	917,488	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	61,407	33,352	94,759	0	94,759	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	1,186,618	96,364	1,282,982	50,157	1,333,139	90.00
90.01	04950	46,684	4,359	51,043	0	51,043	90.01
90.02	09001	746,373	320,358	1,066,731	75,040	1,141,771	90.02
91.00	09100	848,750	1,762,934	2,611,684	-2,190	2,609,494	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	0	0	0	0	0	97.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	0	0	0	0	0	106.00
113.00	11300		141,186	141,186	-141,186	0	113.00
118.00		14,923,773	20,337,866	35,261,639	0	35,261,639	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
194.04	07950	6,056	46,076	52,132	0	52,132	194.04
194.05	07955	0	0	0	0	0	194.05
200.00		14,929,829	20,383,942	35,313,771	0	35,313,771	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet A  
Date/Time Prepared:  
8/14/2015 11:01 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	-159,671	1,267,556	1.00
1.01	00101	PERRY PLAZA B&F	0	130,190	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-187,033	1,098,630	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-945,412	4,486,724	4.00
5.01	00590	BUSINESS OFFICE	-4,814	590,099	5.01
5.02	00561	A&G HOSPITAL ONLY	-21,674	1,389,561	5.02
5.03	00562	A&G SHARED	-249,362	1,599,130	5.03
7.00	00700	OPERATION OF PLANT	0	1,726,353	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	73,125	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	386,539	8.00
9.00	00900	HOUSEKEEPING	0	470,832	9.00
10.00	01000	DIETARY	-166,436	658,770	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-2,830	824,229	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	95,479	14.00
15.00	01500	PHARMACY	0	660,719	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-139	581,901	16.00
17.00	01700	SOCIAL SERVICE	0	377,002	17.00
18.00	01850	PATIENT REGISTRATION	0	312,141	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-237,401	1,384,994	30.00
31.00	03100	INTENSIVE CARE UNIT	0	662,801	31.00
43.00	04300	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-19,385	2,281,697	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-984,170	43,727	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	829,737	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	268,023	55.00
56.00	05600	RADIOISOTOPE	0	310,093	56.00
57.00	05700	CT SCAN	0	339,761	57.00
58.00	05800	MRI	0	236,071	58.00
60.00	06000	LABORATORY	-37,260	1,687,843	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	82,343	63.00
65.00	06500	RESPIRATORY THERAPY	0	430,628	65.00
66.00	06600	PHYSICAL THERAPY	0	551,872	66.00
69.00	06900	ELECTROCARDIOLOGY	0	58,111	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	200,507	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	917,488	73.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-31,109	63,650	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-1,045,918	287,221	90.00
90.01	04950	SLEEP LAB	0	51,043	90.01
90.02	09001	RHC- PRINCETON	-492,570	649,201	90.02
91.00	09100	EMERGENCY	-1,088,938	1,520,556	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	0	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)	-5,674,122	29,587,517	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	0	192.01
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	192.03
194.00	07956	OTHER NRCC	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	194.01
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	194.02
194.03	07953	MOB LEASED SPACE	0	0	194.03
194.04	07950	DME CLOSED FY15	0	52,132	194.04
194.05	07955	PERRY PLAZA LEASED	0	0	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-5,674,122	29,639,649	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	141,186	1.00	
	TOTALS		0	141,186		
<b>B - PROPERTY INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	45,081	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	45,068	2.00	
	TOTALS		0	90,149		
<b>C - EMPLOYEE PHYSICALS</b>						
1.00	A&G SHARED	5.03	0	2,190	1.00	
	TOTALS		0	2,190		
<b>D - LAUNDRY UTILITIES</b>						
1.00	OPERATION OF PLANT	7.00	0	108,640	1.00	
	TOTALS		0	108,640		
<b>E - MATERIALS MANAGEMENT DIRECTOR</b>						
1.00	A&G SHARED	5.03	760	0	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	13,170	0	2.00	
	TOTALS		13,930	0		
<b>F - PHYSICIAN BENEFITS RECLASS</b>						
1.00	CLINIC	90.00	0	50,157	1.00	
2.00	RHC- PRINCETON	90.02	0	75,040	2.00	
	TOTALS		0	125,197		
<b>G - IMPLANTIBLES RECLASS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	200,507	1.00	
	TOTALS		0	200,507		
500.00	Grand Total: Increases		13,930	667,869	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	141,186	11		1.00
	TOTALS		0	141,186			
<b>B - PROPERTY INSURANCE</b>							
1.00	A&G SHARED	5.03	0	90,149	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	90,149			
<b>C - EMPLOYEE PHYSICALS</b>							
1.00	EMERGENCY	91.00	0	2,190	0		1.00
	TOTALS		0	2,190			
<b>D - LAUNDRY UTILITIES</b>							
1.00	LAUNDRY & LINEN SERVICE	8.00	0	108,640	0		1.00
	TOTALS		0	108,640			
<b>E - MATERIALS MANAGEMENT DIRECTOR</b>							
1.00	A&G HOSPITAL ONLY	5.02	13,930	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		13,930	0			
<b>F - PHYSICIAN BENEFITS RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	125,197	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	125,197			
<b>G - IMPLANTIBLES RECLASS</b>							
1.00	OPERATING ROOM	50.00	0	200,507	0		1.00
	TOTALS		0	200,507			
500.00	Grand Total: Decreases		13,930	667,869			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet A-7  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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	1,356,777	0	0	0	2.00
3.00	Buildings and Fixtures	37,230,153	384,786	0	384,786	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	16,879,303	369,523	0	369,523	6.00
7.00	HIT designated Assets	343,365	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	56,416,708	754,309	0	754,309	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	56,416,708	754,309	0	754,309	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	37,614,939	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	17,248,826	0			6.00
7.00	HIT designated Assets	343,365	0			7.00
8.00	Subtotal (sum of lines 1-7)	57,171,017	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	57,171,017	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet A-7  
Part II  
Date/Time Prepared:  
8/14/2015 11:01 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	1,240,960	0	0	0	0	1.00
1.01	PERRY PLAZA B&F	130,190	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	1,240,595	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,611,745	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	1,240,960				1.00
1.01	PERRY PLAZA B&F	0	130,190				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,240,595				2.00
3.00	Total (sum of lines 1-2)	0	2,611,745				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet A-7  
Part III  
Date/Time Prepared:  
8/14/2015 11:01 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	39,578,826	0	39,578,826	0.692288	0	1.00
1.01	PERRY PLAZA B&F	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	17,592,191	0	17,592,191	0.307712	0	2.00
3.00	Total (sum of lines 1-2)	57,171,017	0	57,171,017	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,229,105	0	1.00
1.01	PERRY PLAZA B&F	0	0	0	130,190	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,053,562	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,412,857	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 cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-6,630	45,081	0	0	1,267,556	1.00
1.01	PERRY PLAZA B&F	0	0	0	0	130,190	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	45,068	0	0	1,098,630	2.00
3.00	Total (sum of lines 1-2)	-6,630	90,149	0	0	2,496,376	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-6,732	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01 Investment income - PERRY PLAZA B&F (chapter 2)		0	PERRY PLAZA B&F	1.01	0	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP 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	-3,936,751			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 employees 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	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - PERRY PLAZA B&F		0	PERRY PLAZA B&F	1.01	0	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

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	3.00		
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-187,033	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	CAFETERIA	B	-146,758	DIETARY	10.00	0	33.00
33.01	DIETICIAN REVENUE (EXP IN DEPT 62)	B	-1,377	DIETARY	10.00	0	33.01
33.02	OUTSIDE CATERING	B	-1,050	DIETARY	10.00	0	33.02
33.03	MEDICAL RECORDS	B	-139	MEDICAL RECORDS & LIBRARY	16.00	0	33.03
33.04	CONTRACT NURSING	B	-2,830	NURSING ADMINISTRATION	13.00	0	33.04
33.05	MISCELLANEOUS	B	-4,587	A&G SHARED	5.03	0	33.05
33.06	MOBILE MEALS	A	-17,251	DIETARY	10.00	0	33.06
33.08	PHYSICIAN RECRUITMENT	A	-18,831	A&G HOSPITAL ONLY	5.02	0	33.08
33.11	BILLING & COLLECTIONS	A	-4,814	BUSINESS OFFICE	5.01	0	33.11
33.12	AMORTIZATION EXPENSE	A	-49,974	CAP REL COSTS-BLDG & FIXT	1.00	11	33.12
33.13	TELEPHONE SALARY OFFSET	A	-2,843	A&G HOSPITAL ONLY	5.02	0	33.13
33.14	TELEPHONE BENEFIT OFFSET	A	-635	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15	NON-ALLOWABLE MARKETING	A	-201,889	A&G SHARED	5.03	0	33.15
33.16	MARKETING BENEFITS	A	-16,386	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	RENTAL PROPERTY - CAPITAL	A	-11,855	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	-17,274	A&G SHARED	5.03	0	33.21
33.22	ALCOHOL EXP	A	-392	A&G SHARED	5.03	0	33.22
33.23	PHYSICIAN ON CALL	A	-25,000	A&G SHARED	5.03	0	33.23
33.24	SELF-INSURANCE OFFSET	A	-902,325	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.24
33.25	UNFUNDED OTHER POST EMPLOYMENT BENEF	A	-26,066	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25
33.26	SOCIAL ORG. DUES - PRINCETON ROTARY	B	-220	A&G SHARED	5.03	0	33.26
33.27	NON-ALLOWABLE NOTE INTEREST	A	-80,813	CAP REL COSTS-BLDG & FIXT	1.00	11	33.27
34.00			0		0.00	0	34.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,674,122				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 05/01/2014  
To 04/30/2015

Worksheet A-8-2

Date/Time Prepared:  
8/14/2015 11:01 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	1,668,859	1,088,938	579,920	0	0	1.00
2.00	90.00	CLINIC	53,028	53,028	0	0	0	2.00
3.00	90.00	CLINIC	992,890	992,890	0	0	0	3.00
4.00	90.02	RHC- PRINCETON	492,570	492,570	0	0	0	4.00
5.00	50.00	OPERATING ROOM	19,385	19,385	0	0	0	5.00
6.00	60.00	LABORATORY	37,260	37,260	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	984,170	984,170	0	0	0	7.00
8.00	76.97	CARDIAC REHABILITATION	31,109	31,109	0	0	0	8.00
9.00	5.03	A&G SHARED	27,000	0	27,000	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	237,401	237,401	0	0	0	10.00
200.00			4,543,672	3,936,751	606,920			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	90.00	CLINIC	0	0	0	0	0	2.00
3.00	90.00	CLINIC	0	0	0	0	0	3.00
4.00	90.02	RHC- PRINCETON	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	8.00
9.00	5.03	A&G SHARED	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	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	1,088,938		1.00
2.00	90.00	CLINIC	0	0	0	53,028		2.00
3.00	90.00	CLINIC	0	0	0	992,890		3.00
4.00	90.02	RHC- PRINCETON	0	0	0	492,570		4.00
5.00	50.00	OPERATING ROOM	0	0	0	19,385		5.00
6.00	60.00	LABORATORY	0	0	0	37,260		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	984,170		7.00
8.00	76.97	CARDIAC REHABILITATION	0	0	0	31,109		8.00
9.00	5.03	A&G SHARED	0	0	0	0		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	237,401		10.00
200.00			0	0	0	3,936,751		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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	1,267,556	1,267,556			1.00
1.01 00101	PERRY PLAZA B&F	130,190	0	130,190		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,098,630			1,098,630	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,486,724	6,130	0	0	4,492,854
5.01 00590	BUSINESS OFFICE	590,099	27,622	0	0	138,053
5.02 00561	A&G HOSPITAL ONLY	1,389,561	53,726	804	131,286	280,667
5.03 00562	A&G SHARED	1,599,130	104,868	0	6,992	232,010
7.00 00700	OPERATION OF PLANT	1,726,353	158,567	20,067	17,090	193,727
7.01 00701	PERRY PLAZA PLANT OP	73,125	0	904	75	7,658
8.00 00800	LAUNDRY & LINEN SERVICE	386,539	19,294	25,476	18,834	97,399
9.00 00900	HOUSEKEEPING	470,832	16,294	0	28	117,353
10.00 01000	DIETARY	658,770	35,827	0	12,641	136,654
11.00 01100	CAFETERIA	0	17,811	0	0	0
13.00 01300	NURSING ADMINISTRATION	824,229	17,553	0	127	274,632
14.00 01400	CENTRAL SERVICES & SUPPLY	95,479	12,525	0	4,460	16,629
15.00 01500	PHARMACY	660,719	16,029	0	1,637	89,011
16.00 01600	MEDICAL RECORDS & LIBRARY	581,901	31,786	0	7,389	173,433
17.00 01700	SOCIAL SERVICE	377,002	13,410	0	0	113,561
18.00 01850	PATIENT REGISTRATION	312,141	6,688	0	1,300	101,854
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	1,384,994	119,726	0	51,487	425,817
31.00 03100	INTENSIVE CARE UNIT	662,801	23,186	0	3,344	158,588
43.00 04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,281,697	164,343	0	185,231	484,864
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	43,727	1,211	0	35,077	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	829,737	32,745	0	43,096	197,585
55.00 05500	RADIOLOGY-THERAPEUTIC	268,023	2,300	0	31,206	72,867
56.00 05600	RADIOISOTOPE	310,093	4,007	0	0	0
57.00 05700	CT SCAN	339,761	0	0	131,991	44,141
58.00 05800	MRI	236,071	8,722	0	271,569	39,144
60.00 06000	LABORATORY	1,687,843	27,329	0	85,056	248,399
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	82,343	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	430,628	16,886	0	1,961	132,594
66.00 06600	PHYSICAL THERAPY	551,872	33,248	0	1,817	177,545
69.00 06900	ELECTROCARDIOLOGY	58,111	939	0	30,424	15,345
70.00 07000	ELECTROENCEPHALOGRAPHY	1,170	2,327	0	458	351
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	200,507	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	917,488	0	0	0	0
76.00 03140	CARDIOLOGY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	63,650	3,381	0	0	20,913
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	287,221	24,261	0	559	83,058
90.01 04950	SLEEP LAB	51,043	5,558	0	2,888	15,899
90.02 09001	RHC- PRINCETON	649,201	34,126	0	4,653	111,991
91.00 09100	EMERGENCY	1,520,556	56,482	0	15,954	289,050
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	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)	29,587,517	1,098,907	47,251	1,098,630	4,490,792
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,504	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 NRCC	0	0	0	0	0
194.01 07951	HOSPITAL LEASED SPACE	0	16,512	0	0	0
194.02 07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	0	0	0
194.03 07953	MOB LEASED SPACE	0	136,265	0	0	0
194.04 07950	DME CLOSED FY15	52,132	11,368	0	0	2,062
194.05 07955	PERRY PLAZA LEASED	0	0	82,939	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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		
202.00   TOTAL (sum lines 118-201)	29,639,649	1,267,556	130,190	1,098,630	4,492,854	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet B Part I Date/Time Prepared: 8/14/2015 11:01 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	00590	BUSINESS OFFICE	755,774				5.01
5.02	00561	A&G HOSPITAL ONLY	0	1,856,044	1,856,044		5.02
5.03	00562	A&G SHARED	0	1,943,000	130,931	2,073,931	2,073,931
7.00	00700	OPERATION OF PLANT	0	2,115,804	142,576	2,258,380	171,404
7.01	00701	PERRY PLAZA PLANT OP	0	81,762	5,510	87,272	6,624
8.00	00800	LAUNDRY & LINEN SERVICE	0	547,542	36,897	584,439	44,357
9.00	00900	HOUSEKEEPING	0	604,507	40,735	645,242	48,972
10.00	01000	DIETARY	0	843,892	56,867	900,759	68,365
11.00	01100	CAFETERIA	0	17,811	1,200	19,011	1,443
13.00	01300	NURSING ADMINISTRATION	0	1,116,541	75,239	1,191,780	90,453
14.00	01400	CENTRAL SERVICES & SUPPLY	0	129,093	8,699	137,792	10,458
15.00	01500	PHARMACY	0	767,396	51,712	819,108	62,168
16.00	01600	MEDICAL RECORDS & LIBRARY	0	794,509	53,539	848,048	64,364
17.00	01700	SOCIAL SERVICE	0	503,973	33,961	537,934	40,828
18.00	01850	PATIENT REGISTRATION	0	421,983	28,436	450,419	34,185
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	34,263	2,016,287	135,870	2,152,157	163,342
31.00	03100	INTENSIVE CARE UNIT	10,489	858,408	57,845	916,253	69,541
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	144,609	3,260,744	219,734	3,480,478	264,166
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	6,526	86,541	5,832	92,373	7,011
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,144	1,147,307	77,312	1,224,619	92,945
55.00	05500	RADIOLOGY-THERAPEUTIC	27,653	402,049	27,092	429,141	32,571
56.00	05600	RADIOISOTOPE	10,662	324,762	21,884	346,646	26,309
57.00	05700	CT SCAN	91,480	607,373	40,928	648,301	49,204
58.00	05800	MRI	33,350	588,856	39,681	628,537	47,704
60.00	06000	LABORATORY	146,772	2,195,399	147,939	2,343,338	177,852
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,040	84,383	5,686	90,069	6,836
65.00	06500	RESPIRATORY THERAPY	19,092	601,161	40,510	641,671	48,701
66.00	06600	PHYSICAL THERAPY	26,712	791,194	53,315	844,509	64,096
69.00	06900	ELECTROCARDIOLOGY	9,703	114,522	7,717	122,239	9,278
70.00	07000	ELECTROENCEPHALOGRAPHY	191	4,497	303	4,800	364
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,612	206,119	13,890	220,009	16,698
73.00	07300	DRUGS CHARGED TO PATIENTS	41,942	959,430	64,652	1,024,082	77,725
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	4,395	92,339	6,222	98,561	7,480
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	5,344	400,443	26,984	427,427	32,440
90.01	04950	SLEEP LAB	4,996	80,384	5,417	85,801	6,512
90.02	09001	RHC- PRINCETON	6,731	806,702	54,360	861,062	65,352
91.00	09100	EMERGENCY	79,068	1,961,110	132,151	2,093,261	158,872
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	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)	755,774	29,333,867	1,851,626	29,329,449	2,068,620
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,504	0	4,504	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 NRCC	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	0	16,512	0	16,512	0
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	0	0	0
194.03	07953	MOB LEASED SPACE	0	136,265	0	136,265	0
194.04	07950	DME CLOSED FY15	0	65,562	4,418	69,980	5,311
194.05	07955	PERRY PLAZA LEASED	0	82,939	0	82,939	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	755,774	29,639,649	1,856,044	29,639,649	2,073,931

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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	00590	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	2,429,784				7.00
7.01	00701	PERRY PLAZA PLANT OP	0	93,896			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	51,145	22,064	702,005		8.00
9.00	00900	HOUSEKEEPING	43,192	0	10,499	747,905	9.00
10.00	01000	DIETARY	94,967	0	0	20,708	1,084,799
11.00	01100	CAFETERIA	47,213	0	370	0	501,218
13.00	01300	NURSING ADMINISTRATION	46,528	0	0	10,488	43,271
14.00	01400	CENTRAL SERVICES & SUPPLY	33,201	0	169	19,632	0
15.00	01500	PHARMACY	42,488	0	0	11,026	0
16.00	01600	MEDICAL RECORDS & LIBRARY	84,255	0	0	18,825	2,103
17.00	01700	SOCIAL SERVICE	35,545	0	0	5,379	736
18.00	01850	PATIENT REGISTRATION	17,727	0	0	6,454	16,851
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	317,364	0	33,834	132,584	295,642
31.00	03100	INTENSIVE CARE UNIT	61,460	0	6,073	18,556	53,313
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	435,629	0	25,064	171,849	113,462
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	3,210	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,798	0	2,391	17,481	552
55.00	05500	RADIOLOGY-THERAPEUTIC	6,096	0	3,336	0	0
56.00	05600	RADIOISOTOPE	10,622	0	1,340	0	131
57.00	05700	CT SCAN	0	0	2,229	2,958	657
58.00	05800	MRI	23,120	0	1,627	6,454	0
60.00	06000	LABORATORY	72,443	0	8	21,515	2,024
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	44,761	0	0	13,447	0
66.00	06600	PHYSICAL THERAPY	88,132	0	7,128	28,776	1,078
69.00	06900	ELECTROCARDIOLOGY	2,489	0	64	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	6,168	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	8,963	0	27	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	64,309	0	713	16,405	342
90.01	04950	SLEEP LAB	14,734	0	0	12,371	2,340
90.02	09001	RHC-PRINCETON	90,459	0	0	26,356	10,042
91.00	09100	EMERGENCY	149,719	0	18,433	95,472	41,037
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	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)	1,982,737	22,064	113,305	656,736	1,084,799
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,939	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	588,700	0	0
194.00	07956	OTHER NRCC	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	43,769	0	0	0	0
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	0	0	0
194.03	07953	MOB LEASED SPACE	361,204	0	0	90,631	0
194.04	07950	DME CLOSED FY15	30,135	0	0	538	0
194.05	07955	PERRY PLAZA LEASED	0	71,832	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)	2,429,784	93,896	702,005	747,905	1,084,799

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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	00590						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	569,255					11.00
13.00	01300	32,753	1,415,273				13.00
14.00	01400	6,755	30,356	238,363			14.00
15.00	01500	18,692	0	2,815	956,297		15.00
16.00	01600	55,099	0	0	0	1,072,694	16.00
17.00	01700	24,087	0	0	0	0	17.00
18.00	01850	21,921	0	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	47,664	539,083	15,299	87	48,629	30.00
31.00	03100	17,035	131,765	2,346	4	14,887	31.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	88,021	411,103	147,918	144	205,240	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	2,897	0	9,262	53.00
54.00	05400	28,378	0	0	224	62,653	54.00
55.00	05500	14,486	0	0	0	39,248	55.00
56.00	05600	0	0	3	106,762	15,133	56.00
57.00	05700	8,794	0	0	0	129,835	57.00
58.00	05800	7,647	0	0	0	47,333	58.00
60.00	06000	44,139	0	0	0	208,350	60.00
63.00	06300	0	0	0	0	2,895	63.00
65.00	06500	17,375	0	2,684	3,551	27,097	65.00
66.00	06600	35,557	0	2,393	2,974	37,911	66.00
69.00	06900	4,715	0	417	0	13,771	69.00
70.00	07000	0	0	0	0	272	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	43,606	0	7,965	72.00
73.00	07300	0	0	0	822,720	59,527	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	5,268	0	241	0	6,237	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	19,966	0	580	14,750	7,585	90.00
90.01	04950	0	0	821	0	7,091	90.01
90.02	09001	42,057	0	2,416	4,842	9,554	90.02
91.00	09100	27,826	302,966	13,927	239	112,219	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	0	0	0	0	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		568,235	1,415,273	238,363	956,297	1,072,694	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
194.04	07950	1,020	0	0	0	0	194.04
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		569,255	1,415,273	238,363	956,297	1,072,694	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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 00590	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	644,509				17.00
18.00 01850	PATIENT REGISTRATION	0	547,557			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	581,108	25,227	4,352,020	0	30.00
31.00 03100	INTENSIVE CARE UNIT	63,401	7,723	1,362,357	0	31.00
43.00 04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	106,469	5,449,543	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	4,805	119,558	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	32,501	1,548,542	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	20,360	545,238	0	55.00
56.00 05600	RADIOISOTOPE	0	7,850	514,796	0	56.00
57.00 05700	CT SCAN	0	67,352	909,330	0	57.00
58.00 05800	MRI	0	24,554	786,976	0	58.00
60.00 06000	LABORATORY	0	108,065	2,977,734	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	1,502	101,302	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	14,057	813,344	0	65.00
66.00 06600	PHYSICAL THERAPY	0	19,667	1,132,221	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	7,144	160,117	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	141	11,745	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	0	4,132	292,410	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	30,880	2,014,934	0	73.00
76.00 03140	CARDIOLOGY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	3,236	130,013	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	584,517	0	90.00
90.01 04950	SLEEP LAB	0	3,678	133,348	0	90.01
90.02 09001	RHC- PRINCETON	0	0	1,112,140	0	90.02
91.00 09100	EMERGENCY	0	58,214	3,072,185	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	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	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	644,509	547,557	28,124,370	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	16,443	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	588,700	0	192.03
194.00 07956	OTHER NRCC	0	0	0	0	194.00
194.01 07951	HOSPITAL LEASED SPACE	0	0	60,281	0	194.01
194.02 07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	0	0	194.02
194.03 07953	MOB LEASED SPACE	0	0	588,100	0	194.03
194.04 07950	DME CLOSED FY15	0	0	106,984	0	194.04
194.05 07955	PERRY PLAZA LEASED	0	0	154,771	0	194.05
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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	
202.00   TOTAL (sum lines 118-201)	644,509	547,557	29,639,649	0	29,639,649	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet B Part II Date/Time Prepared: 8/14/2015 11:01 am
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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	6,130	0	0	4.00
5.01 00590	BUSINESS OFFICE	0	27,622	0	0	5.01
5.02 00561	A&G HOSPITAL ONLY	0	53,726	804	131,286	5.02
5.03 00562	A&G SHARED	0	104,868	0	6,992	5.03
7.00 00700	OPERATION OF PLANT	0	158,567	20,067	17,090	7.00
7.01 00701	PERRY PLAZA PLANT OP	0	0	904	75	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	19,294	25,476	18,834	8.00
9.00 00900	HOUSEKEEPING	0	16,294	0	28	9.00
10.00 01000	DIETARY	0	35,827	0	12,641	10.00
11.00 01100	CAFETERIA	0	17,811	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	17,553	0	127	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	12,525	0	4,460	14.00
15.00 01500	PHARMACY	0	16,029	0	1,637	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	31,786	0	7,389	16.00
17.00 01700	SOCIAL SERVICE	0	13,410	0	0	17.00
18.00 01850	PATIENT REGISTRATION	0	6,688	0	1,300	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	119,726	0	51,487	30.00
31.00 03100	INTENSIVE CARE UNIT	0	23,186	0	3,344	31.00
43.00 04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	164,343	0	185,231	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	1,211	0	35,077	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	32,745	0	43,096	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	2,300	0	31,206	55.00
56.00 05600	RADIOISOTOPE	0	4,007	0	0	56.00
57.00 05700	CT SCAN	0	0	0	131,991	57.00
58.00 05800	MRI	0	8,722	0	271,569	58.00
60.00 06000	LABORATORY	0	27,329	0	85,056	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	16,886	0	1,961	65.00
66.00 06600	PHYSICAL THERAPY	0	33,248	0	1,817	66.00
69.00 06900	ELECTROCARDIOLOGY	0	939	0	30,424	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,327	0	458	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	3,381	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	24,261	0	559	90.00
90.01 04950	SLEEP LAB	0	5,558	0	2,888	90.01
90.02 09001	RHC- PRINCETON	0	34,126	0	4,653	90.02
91.00 09100	EMERGENCY	0	56,482	0	15,954	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	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	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,098,907	47,251	1,098,630	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,504	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 NRCC	0	0	0	0	194.00
194.01 07951	HOSPITAL LEASED SPACE	0	16,512	0	0	194.01
194.02 07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	0	0	194.02
194.03 07953	MOB LEASED SPACE	0	136,265	0	0	194.03
194.04 07950	DME CLOSED FY15	0	11,368	0	0	194.04
194.05 07955	PERRY PLAZA LEASED	0	0	82,939	0	194.05
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,267,556	130,190	1,098,630	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet B Part II Date/Time Prepared: 8/14/2015 11:01 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	6,130				4.00
5.01	00590	BUSINESS OFFICE	188	27,810			5.01
5.02	00561	A&G HOSPITAL ONLY	383	0	186,199		5.02
5.03	00562	A&G SHARED	317	0	13,135	125,312	5.03
7.00	00700	OPERATION OF PLANT	265	0	14,303	10,357	220,649
7.01	00701	PERRY PLAZA PLANT OP	10	0	553	400	0
8.00	00800	LAUNDRY & LINEN SERVICE	133	0	3,701	2,680	4,644
9.00	00900	HOUSEKEEPING	160	0	4,086	2,959	3,922
10.00	01000	DIETARY	187	0	5,705	4,131	8,624
11.00	01100	CAFETERIA	0	0	120	87	4,287
13.00	01300	NURSING ADMINISTRATION	375	0	7,548	5,466	4,225
14.00	01400	CENTRAL SERVICES & SUPPLY	23	0	873	632	3,015
15.00	01500	PHARMACY	122	0	5,188	3,756	3,858
16.00	01600	MEDICAL RECORDS & LIBRARY	237	0	5,371	3,889	7,651
17.00	01700	SOCIAL SERVICE	155	0	3,407	2,467	3,228
18.00	01850	PATIENT REGISTRATION	139	0	2,853	2,066	1,610
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	581	1,261	13,630	9,870	28,820
31.00	03100	INTENSIVE CARE UNIT	217	386	5,803	4,202	5,581
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	658	5,321	22,049	15,958	39,558
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	240	585	424	292
54.00	05400	RADIOLOGY-DIAGNOSTIC	270	1,624	7,756	5,616	7,882
55.00	05500	RADIOLOGY-THERAPEUTIC	99	1,018	2,718	1,968	554
56.00	05600	RADIOISOTOPE	0	392	2,195	1,590	965
57.00	05700	CT SCAN	60	3,366	4,106	2,973	0
58.00	05800	MRI	53	1,227	3,981	2,882	2,100
60.00	06000	LABORATORY	339	5,401	14,841	10,747	6,579
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	75	570	413	0
65.00	06500	RESPIRATORY THERAPY	181	703	4,064	2,943	4,065
66.00	06600	PHYSICAL THERAPY	242	983	5,348	3,873	8,003
69.00	06900	ELECTROCARDIOLOGY	21	357	774	561	226
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7	30	22	560
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	206	1,393	1,009	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,543	6,486	4,696	0
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	29	162	624	452	814
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	113	197	2,707	1,960	5,840
90.01	04950	SLEEP LAB	22	184	543	393	1,338
90.02	09001	RHC- PRINCETON	153	248	5,453	3,949	8,215
91.00	09100	EMERGENCY	395	2,909	13,257	9,600	13,596
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	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)	6,127	27,810	185,756	124,991	180,052
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,084
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 NRCC	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	3,975
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	0	0	0
194.03	07953	MOB LEASED SPACE	0	0	0	0	32,801
194.04	07950	DME CLOSED FY15	3	0	443	321	2,737
194.05	07955	PERRY PLAZA LEASED	0	0	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)	6,130	27,810	186,199	125,312	220,649

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet B Part II Date/Time Prepared: 8/14/2015 11:01 am
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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	00590						5.01
5.02	00561						5.02
5.03	00562						5.03
7.00	00700						7.00
7.01	00701	1,942					7.01
8.00	00800	456	75,218				8.00
9.00	00900	0	1,125	28,574			9.00
10.00	01000	0	0	791	67,906		10.00
11.00	01100	0	40	0	31,375	53,720	11.00
13.00	01300	0	0	401	2,709	3,091	13.00
14.00	01400	0	18	750	0	637	14.00
15.00	01500	0	0	421	0	1,764	15.00
16.00	01600	0	0	719	132	5,200	16.00
17.00	01700	0	0	205	46	2,273	17.00
18.00	01850	0	0	247	1,055	2,069	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	3,625	5,065	18,507	4,498	30.00
31.00	03100	0	651	709	3,337	1,608	31.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	2,685	6,564	7,102	8,306	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	256	668	35	2,678	54.00
55.00	05500	0	357	0	0	1,367	55.00
56.00	05600	0	144	0	8	0	56.00
57.00	05700	0	239	113	41	830	57.00
58.00	05800	0	174	247	0	722	58.00
60.00	06000	0	1	822	127	4,165	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	514	0	1,640	65.00
66.00	06600	0	764	1,099	67	3,355	66.00
69.00	06900	0	7	0	0	445	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	497	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	76	627	21	1,884	90.00
90.01	04950	0	0	473	146	0	90.01
90.02	09001	0	0	1,007	629	3,969	90.02
91.00	09100	0	1,975	3,648	2,569	2,626	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	0	0	0	0	0	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		456	12,140	25,090	67,906	53,624	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	63,078	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	3,463	0	0	194.03
194.04	07950	0	0	21	0	96	194.04
194.05	07955	1,486	0	0	0	0	194.05
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,942	75,218	28,574	67,906	53,720	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet B Part II Date/Time Prepared: 8/14/2015 11:01 am			
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	00590						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	41,495					13.00
14.00	01400	890	23,823				14.00
15.00	01500	0	281	33,056			15.00
16.00	01600	0	0	0	62,374		16.00
17.00	01700	0	0	0	0	25,191	17.00
18.00	01850	0	0	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	15,806	1,529	3	2,827	22,713	30.00
31.00	03100	3,863	235	0	866	2,478	31.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	12,053	14,784	5	11,933	0	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	290	0	539	0	53.00
54.00	05400	0	0	8	3,643	0	54.00
55.00	05500	0	0	0	2,282	0	55.00
56.00	05600	0	0	3,690	880	0	56.00
57.00	05700	0	0	0	7,549	0	57.00
58.00	05800	0	0	0	2,752	0	58.00
60.00	06000	0	0	0	12,119	0	60.00
63.00	06300	0	0	0	168	0	63.00
65.00	06500	0	268	123	1,575	0	65.00
66.00	06600	0	239	103	2,204	0	66.00
69.00	06900	0	42	0	801	0	69.00
70.00	07000	0	0	0	16	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	4,358	0	463	0	72.00
73.00	07300	0	0	28,439	3,461	0	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	24	0	363	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	58	510	441	0	90.00
90.01	04950	0	82	0	412	0	90.01
90.02	09001	0	241	167	555	0	90.02
91.00	09100	8,883	1,392	8	6,525	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	0	0	0	0	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		41,495	23,823	33,056	62,374	25,191	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
194.04	07950	0	0	0	0	0	194.04
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		41,495	23,823	33,056	62,374	25,191	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
8/14/2015 11:01 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 00590	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	18,027			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	832	300,780	0	300,780
31.00 03100	INTENSIVE CARE UNIT	255	56,721	0	56,721
43.00 04300	NURSERY	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	3,511	500,061	0	500,061
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00 05300	ANESTHESIOLOGY	158	38,816	0	38,816
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,072	107,349	0	107,349
55.00 05500	RADIOLOGY-THERAPEUTIC	671	44,540	0	44,540
56.00 05600	RADIOISOTOPE	259	14,130	0	14,130
57.00 05700	CT SCAN	2,221	153,489	0	153,489
58.00 05800	MRI	810	295,239	0	295,239
60.00 06000	LABORATORY	3,532	171,058	0	171,058
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	50	1,276	0	1,276
65.00 06500	RESPIRATORY THERAPY	464	35,387	0	35,387
66.00 06600	PHYSICAL THERAPY	649	61,994	0	61,994
69.00 06900	ELECTROCARDIOLOGY	236	34,833	0	34,833
70.00 07000	ELECTROENCEPHALOGRAPHY	5	3,425	0	3,425
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	136	7,565	0	7,565
73.00 07300	DRUGS CHARGED TO PATIENTS	1,018	45,643	0	45,643
76.00 03140	CARDIOLOGY	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	107	6,456	0	6,456
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	39,254	0	39,254
90.01 04950	SLEEP LAB	121	12,160	0	12,160
90.02 09001	RHC- PRINCETON	0	63,365	0	63,365
91.00 09100	EMERGENCY	1,920	141,739	0	141,739
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0
<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)	18,027	2,135,280	0	2,135,280
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,588	0	5,588
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01 19201	RHC-PRINCETON	0	0	0	0
192.03 19203	OUTSIDE CONTRACT LAUNDRY	0	63,078	0	63,078
194.00 07956	OTHER NRCC	0	0	0	0
194.01 07951	HOSPITAL LEASED SPACE	0	20,487	0	20,487
194.02 07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	0	0
194.03 07953	MOB LEASED SPACE	0	172,529	0	172,529
194.04 07950	DME CLOSED FY15	0	14,989	0	14,989
194.05 07955	PERRY PLAZA LEASED	0	84,425	0	84,425
200.00	Cross Foot Adjustments		0	0	0
201.00	Negative Cost Centers	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
8/14/2015 11:01 am

Cost Center Description	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	PATIENT REGISTRATION					
	18.00					
202.00   TOTAL (sum lines 118-201)	18,027	2,496,376	0	2,496,376		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B-1

Date/Time Prepared:  
8/14/2015 11:01 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 SQRT)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.01	
<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			1,053,562		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	901	0	0	13,192,566	4.00
5.01	00590	BUSINESS OFFICE	4,060	0	0	405,370	63,061,019
5.02	00561	A&G HOSPITAL ONLY	7,897	233	125,900	824,135	0
5.03	00562	A&G SHARED	15,414	0	6,705	681,260	0
7.00	00700	OPERATION OF PLANT	23,307	5,813	16,389	568,849	0
7.01	00701	PERRY PLAZA PLANT OP	0	262	72	22,487	0
8.00	00800	LAUNDRY & LINEN SERVICE	2,836	7,380	18,061	285,998	0
9.00	00900	HOUSEKEEPING	2,395	0	27	344,587	0
10.00	01000	DIETARY	5,266	0	12,122	401,264	0
11.00	01100	CAFETERIA	2,618	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,580	0	122	806,412	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,841	0	4,277	48,827	0
15.00	01500	PHARMACY	2,356	0	1,570	261,366	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,672	0	7,086	509,258	0
17.00	01700	SOCIAL SERVICE	1,971	0	0	333,453	0
18.00	01850	PATIENT REGISTRATION	983	0	1,247	299,077	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	17,598	0	49,375	1,250,344	2,858,865
31.00	03100	INTENSIVE CARE UNIT	3,408	0	3,207	465,669	875,219
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	24,156	0	177,632	1,423,748	12,065,854
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	178	0	33,638	0	544,526
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,813	0	41,328	580,176	3,683,285
55.00	05500	RADIOLOGY-THERAPEUTIC	338	0	29,926	213,963	2,307,339
56.00	05600	RADIOISOTOPE	589	0	0	0	889,630
57.00	05700	CT SCAN	0	0	126,576	129,612	7,632,836
58.00	05800	MRI	1,282	0	260,429	114,941	2,782,649
60.00	06000	LABORATORY	4,017	0	81,567	729,383	12,247,136
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	170,210
65.00	06500	RESPIRATORY THERAPY	2,482	0	1,881	389,340	1,593,017
66.00	06600	PHYSICAL THERAPY	4,887	0	1,742	521,333	2,228,757
69.00	06900	ELECTROCARDIOLOGY	138	0	29,176	45,058	809,564
70.00	07000	ELECTROENCEPHALOGRAPHY	342	0	439	1,030	15,966
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	468,243
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,499,555
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	497	0	0	61,407	366,691
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	3,566	0	536	243,886	445,918
90.01	04950	SLEEP LAB	817	0	2,770	46,684	416,869
90.02	09001	RHC- PRINCETON	5,016	0	4,462	328,843	561,652
91.00	09100	EMERGENCY	8,302	0	15,300	848,750	6,597,238
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	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)	161,523	13,688	1,053,562	13,186,510	63,061,019
<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 NRCC	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	2,427	0	0	0	0
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	0	0	0
194.03	07953	MOB LEASED SPACE	20,029	0	0	0	0
194.04	07950	DME CLOSED FY15	1,671	0	0	6,056	0
194.05	07955	PERRY PLAZA LEASED	0	24,026	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	BUSINESS OFFICE (GROSS REVENUE)	
		BLDG & FIXT (SQUARE FEET)	PERRY PLAZA B&F (PLAZA SQRT)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
202.00	Cost to be allocated (per Wkst. B, Part I)	1,267,556	130,190	1,098,630	4,492,854	755,774	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.803405	3.452034	1.042777	0.340560	0.011985	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				6,130	27,810	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000465	0.000441	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet B-1 Date/Time Prepared: 8/14/2015 11:01 am
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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	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	00590	BUSINESS OFFICE					5.01
5.02	00561	A&G HOSPITAL ONLY	-1,856,044	27,543,385			5.02
5.03	00562	A&G SHARED	0	1,943,000	-2,073,931	27,325,498	5.03
7.00	00700	OPERATION OF PLANT	0	2,115,804	0	2,258,380	134,733
7.01	00701	PERRY PLAZA PLANT OP	0	81,762	0	87,272	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	547,542	0	584,439	2,836
9.00	00900	HOUSEKEEPING	0	604,507	0	645,242	2,395
10.00	01000	DIETARY	0	843,892	0	900,759	5,266
11.00	01100	CAFETERIA	0	17,811	0	19,011	2,618
13.00	01300	NURSING ADMINISTRATION	0	1,116,541	0	1,191,780	2,580
14.00	01400	CENTRAL SERVICES & SUPPLY	0	129,093	0	137,792	1,841
15.00	01500	PHARMACY	0	767,396	0	819,108	2,356
16.00	01600	MEDICAL RECORDS & LIBRARY	0	794,509	0	848,048	4,672
17.00	01700	SOCIAL SERVICE	0	503,973	0	537,934	1,971
18.00	01850	PATIENT REGISTRATION	0	421,983	0	450,419	983
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	2,016,287	0	2,152,157	17,598
31.00	03100	INTENSIVE CARE UNIT	0	858,408	0	916,253	3,408
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	3,260,744	0	3,480,478	24,156
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	86,541	0	92,373	178
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,147,307	0	1,224,619	4,813
55.00	05500	RADIOLOGY-THERAPEUTIC	0	402,049	0	429,141	338
56.00	05600	RADIOISOTOPE	0	324,762	0	346,646	589
57.00	05700	CT SCAN	0	607,373	0	648,301	0
58.00	05800	MRI	0	588,856	0	628,537	1,282
60.00	06000	LABORATORY	0	2,195,399	0	2,343,338	4,017
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	84,383	0	90,069	0
65.00	06500	RESPIRATORY THERAPY	0	601,161	0	641,671	2,482
66.00	06600	PHYSICAL THERAPY	0	791,194	0	844,509	4,887
69.00	06900	ELECTROCARDIOLOGY	0	114,522	0	122,239	138
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,497	0	4,800	342
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	206,119	0	220,009	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	959,430	0	1,024,082	0
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	92,339	0	98,561	497
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	400,443	0	427,427	3,566
90.01	04950	SLEEP LAB	0	80,384	0	85,801	817
90.02	09001	RHC-PRINCETON	0	806,702	0	861,062	5,016
91.00	09100	EMERGENCY	0	1,961,110	0	2,093,261	8,302
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	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)	-1,856,044	27,477,823	-2,073,931	27,255,518	109,944
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-4,504	0	-4,504	0	662
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 NRCC	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	-16,512	0	-16,512	0	2,427
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	0	0	0
194.03	07953	MOB LEASED SPACE	-136,265	0	-136,265	0	20,029
194.04	07950	DME CLOSED FY15	0	65,562	0	69,980	1,671
194.05	07955	PERRY PLAZA LEASED	-82,939	0	-82,939	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)		1,856,044		2,073,931	2,429,784
203.00		Unit cost multiplier (Wkst. B, Part I)		0.067386		0.075897	18.034067

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 141337		Period: From 05/01/2014 To 04/30/2015		Worksheet B-1 Date/Time Prepared: 8/14/2015 11:01 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	
204.00	Cost to be allocated (per Wkst. B, Part II)		186,199		125,312	220,649	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.006760		0.004586	1.637676	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 141337		Period: From 05/01/2014 To 04/30/2015		Worksheet B-1	
Date/Time Prepared: 8/14/2015 11:01 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 SERVED)		
	7.01	8.00	9.00	10.00	11.00		
<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 00590	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	31,406					7.01
8.00 00800	LAUNDRY & LINEN SERVICE	7,380	1,213,655				8.00
9.00 00900	HOUSEKEEPING	0	18,151	2,781			9.00
10.00 01000	DIETARY	0	0	77	41,265		10.00
11.00 01100	CAFETERIA	0	639	0	19,066	13,400	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	39	1,646	771	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	292	73	0	159	14.00
15.00 01500	PHARMACY	0	0	41	0	440	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	70	80	1,297	16.00
17.00 01700	SOCIAL SERVICE	0	0	20	28	567	17.00
18.00 01850	PATIENT REGISTRATION	0	0	24	641	516	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	58,493	493	11,246	1,122	30.00
31.00 03100	INTENSIVE CARE UNIT	0	10,499	69	2,028	401	31.00
43.00 04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	43,331	639	4,316	2,072	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	4,133	65	21	668	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	5,768	0	0	341	55.00
56.00 05600	RADIOISOTOPE	0	2,316	0	5	0	56.00
57.00 05700	CT SCAN	0	3,853	11	25	207	57.00
58.00 05800	MRI	0	2,813	24	0	180	58.00
60.00 06000	LABORATORY	0	14	80	77	1,039	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	50	0	409	65.00
66.00 06600	PHYSICAL THERAPY	0	12,324	107	41	837	66.00
69.00 06900	ELECTROCARDIOLOGY	0	110	0	0	111	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	46	0	0	124	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	1,232	61	13	470	90.00
90.01 04950	SLEEP LAB	0	0	46	89	0	90.01
90.02 09001	RHC-PRINCETON	0	0	98	382	990	90.02
91.00 09100	EMERGENCY	0	31,868	355	1,561	655	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
<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 11800	SUBTOTALS (SUM OF LINES 1-117)	7,380	195,882	2,442	41,265	13,376	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	RHC-PRINCETON	0	0	0	0	0	192.01
192.03 19203	OUTSIDE CONTRACT LAUNDRY	0	1,017,773	0	0	0	192.03
194.00 07956	OTHER NRCC	0	0	0	0	0	194.00
194.01 07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.02 07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	0	0	0	194.02
194.03 07953	MOB LEASED SPACE	0	0	337	0	0	194.03
194.04 07950	DME CLOSED FY15	0	0	2	0	24	194.04
194.05 07955	PERRY PLAZA LEASED	24,026	0	0	0	0	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)	93,896	702,005	747,905	1,084,799	569,255	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.989747	0.578422	268.933837	26.288598	42.481716	203.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 141337			Period: From 05/01/2014 To 04/30/2015		Worksheet B-1 Date/Time Prepared: 8/14/2015 11:01 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		
204.00	Cost to be allocated (per Wkst. B, Part II)	1,942	75,218	28,574	67,906	53,720	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.061835	0.061976	10.274721	1.645608	4.008955	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B-1

Date/Time Prepared:  
8/14/2015 11:01 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	
		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	00590						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	16,831					13.00
14.00	01400	361	1,096,023				14.00
15.00	01500	0	12,943	1,066,465			15.00
16.00	01600	0	0	0	63,061,019		16.00
17.00	01700	0	0	0	0	3,009	17.00
18.00	01850	0	0	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,411	70,348	97	2,858,865	2,713	30.00
31.00	03100	1,567	10,789	5	875,219	296	31.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,889	680,140	161	12,065,854	0	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	13,319	0	544,526	0	53.00
54.00	05400	0	0	250	3,683,285	0	54.00
55.00	05500	0	0	0	2,307,339	0	55.00
56.00	05600	0	15	119,061	889,630	0	56.00
57.00	05700	0	0	0	7,632,836	0	57.00
58.00	05800	0	0	0	2,782,649	0	58.00
60.00	06000	0	0	0	12,247,136	0	60.00
63.00	06300	0	0	0	170,210	0	63.00
65.00	06500	0	12,342	3,960	1,593,017	0	65.00
66.00	06600	0	11,004	3,317	2,228,757	0	66.00
69.00	06900	0	1,917	0	809,564	0	69.00
70.00	07000	0	0	0	15,966	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	200,507	0	468,243	0	72.00
73.00	07300	0	0	917,498	3,499,555	0	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	1,108	0	366,691	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	2,668	16,449	445,918	0	90.00
90.01	04950	0	3,776	0	416,869	0	90.01
90.02	09001	0	11,107	5,400	561,652	0	90.02
91.00	09100	3,603	64,040	267	6,597,238	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	0	0	0	0	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		16,831	1,096,023	1,066,465	63,061,019	3,009	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
194.04	07950	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
200.00							200.00
201.00							201.00
202.00		1,415,273	238,363	956,297	1,072,694	644,509	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B-1

Date/Time Prepared:  
8/14/2015 11:01 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	84.087279	0.217480	0.896698	0.017010	214.193752	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	41,495	23,823	33,056	62,374	25,191	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.465391	0.021736	0.030996	0.000989	8.371884	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B-1  
Date/Time Prepared:  
8/14/2015 11:01 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	00590	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
		62,053,449	
<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
		2,858,865	
		875,219	
		0	
<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
		12,065,854	
		0	
		544,526	
		3,683,285	
		2,307,339	
		889,630	
		7,632,836	
		2,782,649	
		12,247,136	
		170,210	
		1,593,017	
		2,228,757	
		809,564	
		15,966	
		0	
		468,243	
		3,499,555	
		0	
		366,691	
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
90.01	04950	SLEEP LAB	90.01
90.02	09001	RHC- PRINCETON	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
		0	
		416,869	
		0	
		6,597,238	
<b>OTHER REIMBURSABLE COST CENTERS</b>			
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
		0	
<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
		62,053,449	
<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 NRCC	194.00
194.01	07951	HOSPITAL LEASED SPACE	194.01
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	194.02
194.03	07953	MOB LEASED SPACE	194.03
194.04	07950	DME CLOSED FY15	194.04
194.05	07955	PERRY PLAZA LEASED	194.05
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet B-1  
Date/Time Prepared:  
8/14/2015 11:01 am

Cost Center Description		OTHER GENERAL SERVICE		
		PATIENT REGISTRATION (GROSS REVENUE)		
		18.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	547,557		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.008824		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	18,027		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000291		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	4,352,020		4,352,020	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	1,362,357		1,362,357	0	0 31.00
43.00	04300 NURSERY	0		0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	5,449,543		5,449,543	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	119,558		119,558	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,548,542		1,548,542	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	545,238		545,238	0	0 55.00
56.00	05600 RADIOISOTOPE	514,796		514,796	0	0 56.00
57.00	05700 CT SCAN	909,330		909,330	0	0 57.00
58.00	05800 MRI	786,976		786,976	0	0 58.00
60.00	06000 LABORATORY	2,977,734		2,977,734	0	0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	101,302		101,302	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	813,344	0	813,344	0	0 65.00
66.00	06600 PHYSICAL THERAPY	1,132,221	0	1,132,221	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	160,117		160,117	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	11,745		11,745	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	292,410		292,410	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,014,934		2,014,934	0	0 73.00
76.00	03140 CARDIOLOGY	0		0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	130,013		130,013	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	584,517		584,517	0	0 90.00
90.01	04950 SLEEP LAB	133,348		133,348	0	0 90.01
90.02	09001 RHC- PRINCETON	1,112,140		1,112,140	0	0 90.02
91.00	09100 EMERGENCY	3,072,185		3,072,185	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	607,837		607,837	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	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					0 113.00
200.00	Subtotal (see instructions)	28,732,207	0	28,732,207	0	0 200.00
201.00	Less Observation Beds	607,837		607,837		0 201.00
202.00	Total (see instructions)	28,124,370	0	28,124,370	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,858,865		2,858,865		30.00
31.00	03100	INTENSIVE CARE UNIT	875,219		875,219		31.00
43.00	04300	NURSERY	0		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,026,950	10,038,904	12,065,854	0.451650	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	264,662	279,864	544,526	0.219563	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	171,689	3,511,596	3,683,285	0.420424	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	212,712	2,094,627	2,307,339	0.236306	55.00
56.00	05600	RADIOISOTOPE	41,290	848,340	889,630	0.578663	56.00
57.00	05700	CT SCAN	330,478	7,302,358	7,632,836	0.119134	57.00
58.00	05800	MRI	122,329	2,660,320	2,782,649	0.282815	58.00
60.00	06000	LABORATORY	891,901	11,355,235	12,247,136	0.243137	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	76,078	94,132	170,210	0.595159	63.00
65.00	06500	RESPIRATORY THERAPY	1,208,481	384,536	1,593,017	0.510568	65.00
66.00	06600	PHYSICAL THERAPY	422,643	1,806,114	2,228,757	0.508006	66.00
69.00	06900	ELECTROCARDIOLOGY	60,318	749,246	809,564	0.197782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,966	15,966	0.735626	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	193,077	275,165	468,242	0.624485	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,096,195	2,403,360	3,499,555	0.575769	73.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	366,691	366,691	0.354557	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	157,146	524,072	681,218	0.858047	90.00
90.01	04950	SLEEP LAB	0	416,869	416,869	0.319880	90.01
90.02	09001	RHC- PRINCETON	0	588,191	588,191	1.890780	90.02
91.00	09100	EMERGENCY	386,955	6,210,283	6,597,238	0.465677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,911	539,901	556,812	1.091638	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	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)	11,413,899	52,465,770	63,879,669		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	11,413,899	52,465,770	63,879,669		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet C Part I Date/Time Prepared: 8/14/2015 11:01 am
		Title XVII	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<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
<b>ANCILLARY SERVICE COST CENTERS</b>				
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 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP LAB	0.000000		90.01
90.02	09001 RHC- PRINCETON	0.000000		90.02
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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 05/01/2014  
To 04/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	4,352,020		4,352,020	0	4,352,020	30.00
31.00	03100 INTENSIVE CARE UNIT	1,362,357		1,362,357	0	1,362,357	31.00
43.00	04300 NURSERY	0		0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	5,449,543		5,449,543	0	5,449,543	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	119,558		119,558	0	119,558	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,548,542		1,548,542	0	1,548,542	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	545,238		545,238	0	545,238	55.00
56.00	05600 RADIOISOTOPE	514,796		514,796	0	514,796	56.00
57.00	05700 CT SCAN	909,330		909,330	0	909,330	57.00
58.00	05800 MRI	786,976		786,976	0	786,976	58.00
60.00	06000 LABORATORY	2,977,734		2,977,734	0	2,977,734	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	101,302		101,302	0	101,302	63.00
65.00	06500 RESPIRATORY THERAPY	813,344	0	813,344	0	813,344	65.00
66.00	06600 PHYSICAL THERAPY	1,132,221	0	1,132,221	0	1,132,221	66.00
69.00	06900 ELECTROCARDIOLOGY	160,117		160,117	0	160,117	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	11,745		11,745	0	11,745	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	292,410		292,410	0	292,410	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,014,934		2,014,934	0	2,014,934	73.00
76.00	03140 CARDIOLOGY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	130,013		130,013	0	130,013	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	584,517		584,517	0	584,517	90.00
90.01	04950 SLEEP LAB	133,348		133,348	0	133,348	90.01
90.02	09001 RHC- PRINCETON	1,112,140		1,112,140	0	1,112,140	90.02
91.00	09100 EMERGENCY	3,072,185		3,072,185	0	3,072,185	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	607,837		607,837	0	607,837	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	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
200.00	Subtotal (see instructions)	28,732,207	0	28,732,207	0	28,732,207	200.00
201.00	Less Observation Beds	607,837		607,837	0	607,837	201.00
202.00	Total (see instructions)	28,124,370	0	28,124,370	0	28,124,370	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,858,865		2,858,865		30.00
31.00	03100	INTENSIVE CARE UNIT	875,219		875,219		31.00
43.00	04300	NURSERY	0		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,026,950	10,038,904	12,065,854	0.451650	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	264,662	279,864	544,526	0.219563	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	171,689	3,511,596	3,683,285	0.420424	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	212,712	2,094,627	2,307,339	0.236306	55.00
56.00	05600	RADIOISOTOPE	41,290	848,340	889,630	0.578663	56.00
57.00	05700	CT SCAN	330,478	7,302,358	7,632,836	0.119134	57.00
58.00	05800	MRI	122,329	2,660,320	2,782,649	0.282815	58.00
60.00	06000	LABORATORY	891,901	11,355,235	12,247,136	0.243137	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	76,078	94,132	170,210	0.595159	63.00
65.00	06500	RESPIRATORY THERAPY	1,208,481	384,536	1,593,017	0.510568	65.00
66.00	06600	PHYSICAL THERAPY	422,643	1,806,114	2,228,757	0.508006	66.00
69.00	06900	ELECTROCARDIOLOGY	60,318	749,246	809,564	0.197782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,966	15,966	0.735626	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	193,077	275,165	468,242	0.624485	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,096,195	2,403,360	3,499,555	0.575769	73.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	366,691	366,691	0.354557	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	157,146	524,072	681,218	0.858047	90.00
90.01	04950	SLEEP LAB	0	416,869	416,869	0.319880	90.01
90.02	09001	RHC- PRINCETON	0	588,191	588,191	1.890780	90.02
91.00	09100	EMERGENCY	386,955	6,210,283	6,597,238	0.465677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,911	539,901	556,812	1.091638	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	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)	11,413,899	52,465,770	63,879,669		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	11,413,899	52,465,770	63,879,669		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet C Part I Date/Time Prepared: 8/14/2015 11:01 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<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
<b>ANCILLARY SERVICE COST CENTERS</b>				
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 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP LAB	0.000000		90.01
90.02	09001 RHC- PRINCETON	0.000000		90.02
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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 05/01/2014  
To 04/30/2015

Worksheet D  
Part II  
Date/Time Prepared:  
8/14/2015 11:01 am

Cost Center Description		Capital Related Cost (from Wkst. C, 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	500,061	12,065,854	0.041444	971,757	40,273	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	38,816	544,526	0.071284	62,193	4,433	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	107,349	3,683,285	0.029145	111,172	3,240	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	44,540	2,307,339	0.019304	143,426	2,769	55.00
56.00	05600 RADIOISOTOPE	14,130	889,630	0.015883	22,927	364	56.00
57.00	05700 CT SCAN	153,489	7,632,836	0.020109	171,682	3,452	57.00
58.00	05800 MRI	295,239	2,782,649	0.106100	81,562	8,654	58.00
60.00	06000 LABORATORY	171,058	12,247,136	0.013967	518,573	7,243	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,276	170,210	0.007497	44,880	336	63.00
65.00	06500 RESPIRATORY THERAPY	35,387	1,593,017	0.022214	758,324	16,845	65.00
66.00	06600 PHYSICAL THERAPY	61,994	2,228,757	0.027816	181,564	5,050	66.00
69.00	06900 ELECTROCARDIOLOGY	34,833	809,564	0.043027	27,816	1,197	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,425	15,966	0.214518	0	0	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	7,565	468,242	0.016156	107,727	1,740	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	45,643	3,499,555	0.013043	607,708	7,926	73.00
76.00	03140 RADIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	6,456	366,691	0.017606	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	39,254	681,218	0.057623	67,916	3,914	90.00
90.01	04950 SLEEP LAB	12,160	416,869	0.029170	0	0	90.01
90.02	09001 RHC- PRINCETON	63,365	588,191	0.107729	0	0	90.02
91.00	09100 EMERGENCY	141,739	6,597,238	0.021485	285	6	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	48,441	556,812	0.086997	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	1,826,220	60,145,585		3,879,512	107,442	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
8/14/2015 11:01 am

Cost Center Description		Title XVIII				Hospital		Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
		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
90.02	09001	RHC- PRINCETON	0	0	0	0	0	90.02
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 05/01/2014  
To 04/30/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
8/14/2015 11:01 am

Cost Center Description			Title XVIII			Hospital		
			Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Cost	
			6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	12,065,854	0.000000	0.000000	971,757	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	544,526	0.000000	0.000000	62,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,683,285	0.000000	0.000000	111,172	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,307,339	0.000000	0.000000	143,426	55.00
56.00	05600	RADIOISOTOPE	0	889,630	0.000000	0.000000	22,927	56.00
57.00	05700	CT SCAN	0	7,632,836	0.000000	0.000000	171,682	57.00
58.00	05800	MRI	0	2,782,649	0.000000	0.000000	81,562	58.00
60.00	06000	LABORATORY	0	12,247,136	0.000000	0.000000	518,573	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	170,210	0.000000	0.000000	44,880	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,593,017	0.000000	0.000000	758,324	65.00
66.00	06600	PHYSICAL THERAPY	0	2,228,757	0.000000	0.000000	181,564	66.00
69.00	06900	ELECTROCARDIOLOGY	0	809,564	0.000000	0.000000	27,816	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,966	0.000000	0.000000	0	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	468,242	0.000000	0.000000	107,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,499,555	0.000000	0.000000	607,708	73.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	366,691	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	681,218	0.000000	0.000000	67,916	90.00
90.01	04950	SLEEP LAB	0	416,869	0.000000	0.000000	0	90.01
90.02	09001	RHC- PRINCETON	0	588,191	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	6,597,238	0.000000	0.000000	285	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	556,812	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	60,145,585			3,879,512	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
8/14/2015 11:01 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 CARDIOLOGY	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
90.02	09001 RHC- PRINCETON	0	0	0		90.02
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 05/01/2014 To 04/30/2015	Worksheet D Part V Date/Time Prepared: 8/14/2015 11:01 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	0.451650	0	4,176,584	1,232	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.219563	0	157,523	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.420424	0	1,349,742	70	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.236306	0	1,032,100	0	0	55.00
56.00	05600 RADIOISOTOPE	0.578663	0	419,713	31	0	56.00
57.00	05700 CT SCAN	0.119134	0	3,181,165	4,643	0	57.00
58.00	05800 MRI	0.282815	0	1,065,049	0	0	58.00
60.00	06000 LABORATORY	0.243137	0	5,113,123	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.595159	0	64,543	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.510568	0	202,462	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.508006	0	619,529	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.197782	0	406,319	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.735626	0	2,661	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.624485	0	78,924	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.575769	0	1,123,596	17,800	0	73.00
76.00	03140 RADIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.354557	0	195,350	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.858047	0	246,651	1,537	0	90.00
90.01	04950 SLEEP LAB	0.319880	0	167,270	0	0	90.01
90.02	09001 RHC- PRINCETON	1.890780	0	187,968	10	0	90.02
91.00	09100 EMERGENCY	0.465677	0	2,258,803	9,829	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.091638	0	300,110	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		0	22,349,185	35,152	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	22,349,185	35,152	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet D Part V Date/Time Prepared: 8/14/2015 11:01 am
		Title XVIII	Hospital	Cost

Cost Center Description	Costs			
	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	1,886,354	556	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	34,586	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	567,464	29	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	243,891	0	55.00
56.00	05600 RADIOISOTOPE	242,872	18	56.00
57.00	05700 CT SCAN	378,985	553	57.00
58.00	05800 MRI	301,212	0	58.00
60.00	06000 LABORATORY	1,243,189	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	38,413	0	63.00
65.00	06500 RESPIRATORY THERAPY	103,371	0	65.00
66.00	06600 PHYSICAL THERAPY	314,724	0	66.00
69.00	06900 ELECTROCARDIOLOGY	80,363	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,958	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	49,287	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	646,932	10,249	73.00
76.00	03140 RADIOLOGY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	69,263	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	211,638	1,319	90.00
90.01	04950 SLEEP LAB	53,506	0	90.01
90.02	09001 RHC- PRINCETON	355,406	19	90.02
91.00	09100 EMERGENCY	1,051,873	4,577	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	327,611	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)	8,202,898	17,320	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	8,202,898	17,320	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet D Part V Date/Time Prepared: 8/14/2015 11:01 am
		Component CCN: 14Z337	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	0.451650	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.219563	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.420424	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.236306	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.578663	0	0	0	56.00
57.00	05700	CT SCAN	0.119134	0	0	0	57.00
58.00	05800	MRI	0.282815	0	0	0	58.00
60.00	06000	LABORATORY	0.243137	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.595159	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.510568	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.508006	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.197782	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.735626	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.624485	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.575769	0	0	0	73.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.354557	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0.858047	0	0	0	90.00
90.01	04950	SLEEP LAB	0.319880	0	0	0	90.01
90.02	09001	RHC- PRINCETON	1.890780	0	0	0	90.02
91.00	09100	EMERGENCY	0.465677	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.091638	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00		Subtotal (see instructions)		0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141337	Period: From 05/01/2014	Worksheet D
		Component CCN: 14Z337	To 04/30/2015	Part V
		Title XVII	Swing Beds - SNF	Date/Time Prepared: 8/14/2015 11:01 am
				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	CARDIOLOGY	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
90.02	09001	RHC- PRINCETON	0	0	90.02
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 05/01/2014 To 04/30/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 8/14/2015 11:01 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)		2,678	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,285	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)		1,917	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)		115	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		31	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)		16	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,305	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)		229	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)		40	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		134.54	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		134.54	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,352,020	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)		4,171	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)		2,153	25.00
26.00	Total swing-bed cost (see instructions)		577,823	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,774,197	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)		3,774,197	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)		1,651.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,155,508	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)		2,155,508	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet D-1 Date/Time Prepared: 8/14/2015 11:01 am	
Title XVIII			Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
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	1,362,357	287	4,746.89	169	802,224	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)					1,703,257	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,660,989	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)					378,246	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					66,069	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					444,315	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)					368	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,651.73	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					607,837	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337		Period: From 05/01/2014 To 04/30/2015		Worksheet D-1 Date/Time Prepared: 8/14/2015 11:01 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	300,780	3,774,197	0.079694	607,837	48,441	90.00
91.00	Nursing School cost	0	3,774,197	0.000000	607,837	0	91.00
92.00	Allied health cost	0	3,774,197	0.000000	607,837	0	92.00
93.00	All other Medical Education	0	3,774,197	0.000000	607,837	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet D-3 Date/Time Prepared: 8/14/2015 11:01 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		1,498,068	30.00
31.00	03100	INTENSIVE CARE UNIT		436,124	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.451650	971,757	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.219563	62,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.420424	111,172	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.236306	143,426	55.00
56.00	05600	RADIOISOTOPE	0.578663	22,927	56.00
57.00	05700	CT SCAN	0.119134	171,682	57.00
58.00	05800	MRI	0.282815	81,562	58.00
60.00	06000	LABORATORY	0.243137	518,573	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.595159	44,880	63.00
65.00	06500	RESPIRATORY THERAPY	0.510568	758,324	65.00
66.00	06600	PHYSICAL THERAPY	0.508006	181,564	66.00
69.00	06900	ELECTROCARDIOLOGY	0.197782	27,816	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.735626	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.624485	107,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.575769	607,708	73.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.354557	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.858047	67,916	90.00
90.01	04950	SLEEP LAB	0.319880	0	90.01
90.02	09001	RHC- PRINCETON	1.890780	0	90.02
91.00	09100	EMERGENCY	0.465677	285	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.091638	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		3,879,512	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)		3,879,512	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141337	Period: From 05/01/2014	Worksheet D-3	
		Component CCN: 14Z337	To 04/30/2015	Date/Time Prepared: 8/14/2015 11:01 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	0.451650	75	34
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	0.219563	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.420424	5,829	2,451
55.00	05500	RADIOLOGY-THERAPEUTIC	0.236306	2,386	564
56.00	05600	RADIOISOTOPE	0.578663	0	0
57.00	05700	CT SCAN	0.119134	5,354	638
58.00	05800	MRI	0.282815	0	0
60.00	06000	LABORATORY	0.243137	23,423	5,695
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.595159	1,856	1,105
65.00	06500	RESPIRATORY THERAPY	0.510568	135,940	69,407
66.00	06600	PHYSICAL THERAPY	0.508006	137,973	70,091
69.00	06900	ELECTROCARDIOLOGY	0.197782	546	108
70.00	07000	ELECTROENCEPHALOGRAPHY	0.735626	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.624485	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.575769	53,360	30,723
76.00	03140	CARDIOLOGY	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	0.354557	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.858047	0	0
90.01	04950	SLEEP LAB	0.319880	0	0
90.02	09001	RHC- PRINCETON	1.890780	0	0
91.00	09100	EMERGENCY	0.465677	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.091638	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0
200.00		Total (sum of lines 50-94 and 96-98)		366,742	180,816
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net Charges (line 200 minus line 201)		366,742	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet E Part B Date/Time Prepared: 8/14/2015 11:01 am
		Title XVII	Hospital	Cost
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			8,220,218 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 Wkst. D, Pt. IV, col. 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)			8,220,218 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 Wkst. D-4, Pt. 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)			8,302,420 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			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)			43,539 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,397,334 26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			4,861,547 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			4,861,547 30.00
31.00	Primary payer payments			2,203 31.00
32.00	Subtotal (line 30 minus line 31)			4,859,344 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			388,411 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			295,192 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			302,118 36.00
37.00	Subtotal (see instructions)			5,154,536 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
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)			5,154,536 40.00
40.01	Sequestration adjustment (see instructions)			103,091 40.01
41.00	Interim payments			5,246,434 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-194,989 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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 05/01/2014  
To 04/30/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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		3,749,924		4,973,785	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	04/16/2015	16,047	12/19/2014	132,904		3.01
3.02			0	04/16/2015	139,745		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)		16,047		272,649		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)		3,765,971		5,246,434		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		449,023		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		194,989		6.02
7.00	Total Medicare program liability (see instructions)		4,214,994		5,051,445		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  
Component CCN: 14Z337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
8/14/2015 11:01 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		531,555		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	04/16/2015	4,516		0	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		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)		4,516		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)		536,071		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		71,441		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		607,512		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 05/01/2014  
To 04/30/2015

Worksheet E-1  
Part II  
Date/Time Prepared:  
8/14/2015 11:01 am

		Title XVIII	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, Pt. I col. 15 line 14			774 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			1,474 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			79 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			2,204 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			63,879,669 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			819,066 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
<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)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 141337  
Component CCN: 14Z337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet E-2  
Date/Time Prepared:  
8/14/2015 11:01 am

		Title XVIII		Swing Beds - SNF	
		Part A	Part B	Cost	
		1.00	2.00		
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient routine services - swing bed-SNF (see instructions)	448,758	0	1.00	
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00	
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200 for Pt. A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202 for Pt. B) (For CAH, see instructions)	182,624	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	269	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)	631,382	0	8.00	
9.00	Primary payer payments (see instructions)	0	0	9.00	
10.00	Subtotal (line 8 minus line 9)	631,382	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)	631,382	0	12.00	
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	11,472	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)	619,910	0	15.00	
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00	
16.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	16.50	
16.55	410A RURAL DEMONSTRATION PROJECT	0		16.55	
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)	619,910	0	19.00	
19.01	Sequestration adjustment (see instructions)	12,398	0	19.01	
20.00	Interim payments	536,071	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)	71,441	0	22.00	
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	0	0	23.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet E-3 Part V Date/Time Prepared: 8/14/2015 11:01 am
		Title XVII	Hospital	Cost
				1.00
<b>PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT</b>				
1.00	Inpatient services			4,660,989 1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			4,660,989 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			4,707,599 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 physicians' services in a teaching hospital (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)			4,707,599 19.00
20.00	Deductibles (exclude professional component)			440,159 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			4,267,440 22.00
23.00	Coinurance			4,095 23.00
24.00	Subtotal (line 22 minus line 23)			4,263,345 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			49,565 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			37,669 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			25,408 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			4,301,014 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 29.50
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (see instructions)			4,301,014 30.00
30.01	Sequestration adjustment (see instructions)			86,020 30.01
31.00	Interim payments			3,765,971 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)			449,023 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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 05/01/2014  
To 04/30/2015

Worksheet G

Date/Time Prepared:  
8/14/2015 11:01 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	6,833,668	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	3,212,056	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	332,867	0	0	0	7.00
8.00	Prepaid expenses	378,383	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)	10,756,974	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,240,941	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	15,390,855	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)	16,631,796	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	6,849,103	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	103,226	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,952,329	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	34,341,099	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,035,970	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,204,450	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	615,688	0	0	0	40.00
41.00	Deferred income	0	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	1,229,877	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,085,985	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,525,822	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	612,742	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,138,564	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,224,549	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	27,116,550	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)	27,116,550	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	34,341,099	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141337

Period:  
From 05/01/2014  
To 04/30/2015

Worksheet G-1

Date/Time Prepared:  
8/14/2015 11:01 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		28,818,912			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,702,362				2.00
3.00	Total (sum of line 1 and line 2)		27,116,550			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		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)		27,116,550			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		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)		27,116,550			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 05/01/2014  
To 04/30/2015

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
8/14/2015 11:01 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	2,536,625		2,536,625	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)	2,536,625		2,536,625	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	778,802		778,802	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)	778,802		778,802	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	3,315,427		3,315,427	17.00
18.00	Ancillary services	7,023,883	45,731,320	52,755,203	18.00
19.00	Outpatient services	553,221	13,594,006	14,147,227	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	0	0	0	27.00
27.01	EMPLOYEE DRUGS	0	0	0	27.01
27.02	DIETARY	0	1,377	1,377	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	10,892,531	59,326,703	70,219,234	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		35,313,771		29.00
30.00	CLOSING DME	7,480			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)		7,480		36.00
37.00	ROUNDING	1			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)		1		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		35,321,250		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 141337	Period: From 05/01/2014 To 04/30/2015	Worksheet G-3 Date/Time Prepared: 8/14/2015 11:01 am
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		70,219,234	1.00
2.00	Less contractual allowances and discounts on patients' accounts		37,571,704	2.00
3.00	Net patient revenues (line 1 minus line 2)		32,647,530	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		35,321,250	4.00
5.00	Net income from service to patients (line 3 minus line 4)		-2,673,720	5.00
<b>OTHER INCOME</b>				
6.00	Contributions, donations, bequests, etc		85,789	6.00
7.00	Income from investments		46,299	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		849,289	24.00
24.01	OTHER NON-OP		0	24.01
25.00	Total other income (sum of lines 6-24)		981,377	25.00
26.00	Total (line 5 plus line 25)		-1,692,343	26.00
27.00	OTHER NON-OP		10,019	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		10,019	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		-1,702,362	29.00