

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet S Parts I-III Date/Time Prepared: 9/22/2017 11:16 am
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for Full or "L" for Low.

Date: 9/22/2017 Time: 11:16 am

Contractor use only
 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. 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 (14-1337) for the cost reporting period beginning 05/01/2016 and ending 04/30/2017 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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-53,066	-355,290	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	-49,123	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RHC-PRINCETON I	0		132,778		0	10.00
200.00 Total	0	-102,189	-222,512	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: 14-1337		Period: From 05/01/2016 To 04/30/2017		Worksheet S-2 Part I Date/Time Prepared: 9/22/2017 10:40 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		RHC-PRINCETON	148549	99914		11/04/2015	N	0	N	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)					05/01/2016	04/30/2017		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 §412.106(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 days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet S-2 Part I Date/Time Prepared: 9/22/2017 10:40 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.		0			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the 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, chapter 21, §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

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
		Program Name	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 Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	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. 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	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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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
Inpatient Psychiatric Facility PPS						
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, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
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, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
					1.00	
Long Term Care Hospital PPS						
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
TEFRA Providers						
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
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
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/IID 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

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		V		XIX					
		1.00		2.00					
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			
Rural Providers									
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	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 is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00			
		Physical		Occupational		Speech		Respiratory	
		1.00		2.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N		N	
								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	
								1.00	
								2.00	
								3.00	
Miscellaneous Cost Reporting Information									
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, chapter 22, §2208.1.	N				0		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N						116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y						117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1						118.00	
		Premiums		Losses		Insurance			
		1.00		2.00		3.00			
118.01	List amounts of malpractice premiums and paid losses:	204,372		0		0		118.01	
								1.00	
								2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N						118.02	
119.00	DO NOT USE THIS LINE							119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N				120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y						121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N						122.00	
Transplant Center Information									
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N						125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet S-2 Part I Date/Time Prepared: 9/22/2017 10:40 am			
		1.00	2.00				
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:			141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:	Zip Code:			143.00	
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
					1.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	N			145.00	
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, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
					1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (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 §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet S-2 Part I Date/Time Prepared: 9/22/2017 10:40 am
			Beginning 1.00	Ending 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)		01/01/2016	12/31/2016 170.00
			1.00	2.00
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 in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet S-2 Part II Date/Time Prepared: 9/22/2017 10:40 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 Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
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	06/22/2017	Y	06/22/2017
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet S-2 Part II Date/Time Prepared: 9/22/2017 10:40 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
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
Interest Expense					
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
Purchased Services					
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
Provider-Based Physicians					
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.		Y		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
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	
Cost Report Preparer Contact Information					
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	41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(563) 888-4404		DAN.LINHART@RSMUS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet S-2 Part II Date/Time Prepared: 9/22/2017 10:40 am
		3.00		
Cost Report Preparer Contact Information				
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.	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: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
9/22/2017 10:40 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	54,800.53	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	54,800.53	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	3	1,095	2,911.47	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	57,712.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)	30.00					24.10	
25.00 CMHC - CMHC						25.00	
26.00 RHC-PRI NCETON	88.00				0	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	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: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
9/22/2017 10:40 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)	1,365	111	2,100			1.00
2.00 HMO and other (see instructions)	258	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	460	0	600			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	21			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,825	111	2,721			7.00
8.00 INTENSIVE CARE UNIT	176	44	311			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)	2,001	155	3,032	0.00	272.34	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 RHC-PRI NCETON	6,160	1,964	13,180	0.00	29.35	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	301.69	27.00
28.00 Observation Bed Days		0	310			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			15			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: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
9/22/2017 10:40 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	479	74	813	1.00
2.00 HMO and other (see instructions)			87	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation 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	479	74	813	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 RHC-PRINCETON	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 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-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1337 Component CCN: 14-8549		Period: From 05/01/2016 To 04/30/2017		Worksheet S-8 Date/Time Prepared: 9/22/2017 10:40 am	
		RHC I		Cost			
				1.00			
1.00	Clinic Address and Identification Street	530 PARK AVENUE EAST				1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	PRINCETON		IL		61356	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
		Grant Award		Date			
		1.00		2.00			
4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0		10.00	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) Clinic	07:00		07:00		07:00	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		0		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.					13.00	
		Provider name		CCN number			
		1.00		2.00			
14.00	RHC/FQHC name, CCN number					14.00	
		Y/N		V		Total Visits	
		1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
		County		4.00			
2.00	City, State, ZIP Code, County	BUREAU				2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) Clinic	07:00		07:00		07:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1337 Component CCN: 14-8549		Period: From 05/01/2016 To 04/30/2017		Worksheet S-8 Date/Time Prepared: 9/22/2017 10:40 am	
				RHC I		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) Clinic	07:00	07:00				11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet S-10 Date/Time Prepared: 9/22/2017 10:40 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.417556	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		1,394,851	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		1,065,320	5.00
6.00	Medicaid charges		7,434,767	6.00
7.00	Medicaid cost (line 1 times line 6)		3,104,432	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)		644,261	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		21,329	9.00
10.00	Stand-alone CHIP charges		139,798	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		58,373	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		37,044	12.00
Other state or local government indigent care program (see instructions for each line)				
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
Uncompensated care (see instructions for each line)				
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, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		681,305	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	343,270	46,527	389,797
21.00	Cost of patients approved for charity care (line 1 times line 20)	143,334	19,428	162,762
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	143,334	19,428	162,762
				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)		2,107,490	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		115,862	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		1,991,628	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		831,616	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		994,378	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		1,675,683	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-1337		Period: From 05/01/2016 To 04/30/2017		Worksheet A	
Date/Time Prepared: 9/22/2017 10:40 am							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		1,218,135	1,218,135	111,986	1,330,121	1.00
1.01	00101		91,043	91,043	0	91,043	1.01
2.00	00200		1,132,991	1,132,991	47,049	1,180,040	2.00
4.00	00400		6,243,778	6,642,391	-237,508	6,404,883	4.00
5.01	00590	398,613	251,668	711,197	0	711,197	5.01
5.02	00591	459,529	818,269	1,566,887	-8,656	1,558,231	5.02
5.03	00592	748,618	1,416,793	2,709,759	-94,649	2,615,110	5.03
7.00	00700	1,292,966	1,074,258	1,673,997	110,668	1,784,665	7.00
7.01	00701	599,739	57,832	80,335	0	80,335	7.01
8.00	00800	22,503	229,537	479,952	-103,166	376,786	8.00
9.00	00900	250,415	141,318	457,885	0	457,885	9.00
10.00	01000	316,567	389,909	814,237	0	814,237	10.00
11.00	01100	424,328	0	0	0	0	11.00
13.00	01300	0	23,181	834,700	0	834,700	13.00
14.00	01400	811,519	53,961	102,484	0	102,484	14.00
15.00	01500	48,523	519,447	852,283	0	852,283	15.00
16.00	01600	332,836	181,148	648,345	0	648,345	16.00
17.00	01700	467,197	33,965	384,172	0	384,172	17.00
18.00	01850	350,207	16,963	324,652	0	324,652	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,205,227	458,398	1,663,625	10,497	1,674,122	30.00
31.00	03100	411,484	401,754	813,238	0	813,238	31.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,376,288	1,848,419	3,224,707	-549,471	2,675,236	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	1,054,840	1,054,840	0	1,054,840	53.00
54.00	05400	630,714	237,475	868,189	0	868,189	54.00
55.00	05500	236,714	91,352	328,066	0	328,066	55.00
56.00	05600	0	282,666	282,666	0	282,666	56.00
57.00	05700	93,273	194,975	288,248	0	288,248	57.00
58.00	05800	88,158	120,984	209,142	0	209,142	58.00
60.00	06000	736,657	1,068,942	1,805,599	0	1,805,599	60.00
63.00	06300	0	79,141	79,141	0	79,141	63.00
65.00	06500	394,929	38,402	433,331	0	433,331	65.00
66.00	06600	636,181	64,092	700,273	0	700,273	66.00
69.00	06900	42,080	9,331	51,411	0	51,411	69.00
70.00	07000	1,234	5,421	6,655	0	6,655	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	549,471	549,471	72.00
73.00	07300	0	892,311	892,311	0	892,311	73.00
76.00	03140	0	0	0	0	0	76.00
76.01	03950	0	295,773	295,773	0	295,773	76.01
76.97	07697	65,541	27,849	93,390	0	93,390	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	2,209,552	263,779	2,473,331	112,855	2,586,186	88.00
90.00	09000	1,155,094	89,826	1,244,920	54,623	1,299,543	90.00
90.01	04950	62,552	6,967	69,519	0	69,519	90.01
90.02	09001	259,402	59,259	318,661	35,418	354,079	90.02
91.00	09100	900,250	2,070,053	2,970,303	-1,830	2,968,473	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	0	0	0	0	0	106.00
113.00	11300		61,402	61,402	-61,402	0	113.00
118.00		17,336,579	23,617,607	40,954,186	-24,115	40,930,071	118.00
NONREIMBURSABLE COST CENTERS							
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
194.06	07954	383,857	85,254	469,111	24,115	493,226	194.06
194.07	07957	0	0	0	0	0	194.07
200.00		17,720,436	23,702,861	41,423,297	0	41,423,297	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet A
Date/Time Prepared:
9/22/2017 10:40 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-105,365	1,224,756	1.00
1.01	00101	PERRY PLAZA B&F	0	91,043	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-68,092	1,111,948	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,346,799	5,058,084	4.00
5.01	00590	BUSINESS OFFICE	0	711,197	5.01
5.02	00591	A&G HOSPITAL-ONLY	-9,630	1,548,601	5.02
5.03	00592	A&G SHARED	-279,387	2,335,723	5.03
7.00	00700	OPERATION OF PLANT	0	1,784,665	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	80,335	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	376,786	8.00
9.00	00900	HOUSEKEEPING	0	457,885	9.00
10.00	01000	DIETARY	-207,585	606,652	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-3,554	831,146	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	102,484	14.00
15.00	01500	PHARMACY	0	852,283	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-74	648,271	16.00
17.00	01700	SOCIAL SERVICE	0	384,172	17.00
18.00	01850	PATIENT REGISTRATION	0	324,652	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-351,434	1,322,688	30.00
31.00	03100	INTENSIVE CARE UNIT	0	813,238	31.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-11,610	2,663,626	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-1,014,940	39,900	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	868,189	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	328,066	55.00
56.00	05600	RADIOISOTOPE	0	282,666	56.00
57.00	05700	CT SCAN	0	288,248	57.00
58.00	05800	MRI	0	209,142	58.00
60.00	06000	LABORATORY	-37,260	1,768,339	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	79,141	63.00
65.00	06500	RESPIRATORY THERAPY	0	433,331	65.00
66.00	06600	PHYSICAL THERAPY	0	700,273	66.00
69.00	06900	ELECTROCARDIOLOGY	0	51,411	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,655	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	549,471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	892,311	73.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	295,773	76.01
76.97	07697	CARDIAC REHABILITATION	-12,906	80,484	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC-PRINCETON	0	2,586,186	88.00
90.00	09000	CLINIC	-1,052,120	247,423	90.00
90.01	04950	SLEEP LAB	0	69,519	90.01
90.02	09001	GENERAL SURGERY CL	-278,594	75,485	90.02
91.00	09100	EMERGENCY	-1,491,650	1,476,823	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
SPECIAL PURPOSE COST CENTERS					
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)	-6,271,000	34,659,071	118.00
NONREIMBURSABLE COST CENTERS					
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	0	194.04
194.05	07955	PERRY PLAZA LEASED	0	0	194.05
194.06	07954	PM PROMPT CARE	0	493,226	194.06
194.07	07957	PM GENERAL SURGERY	0	0	194.07
200.00		TOTAL (SUM OF LINES 118-199)	-6,271,000	35,152,297	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	61,402	1.00	
	TOTALS		0	61,402		
B - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	50,584	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	47,049	2.00	
	TOTALS		0	97,633		
C - EMPLOYEE PHYSICALS						
1.00	A&G SHARED	5.03	0	1,830	1.00	
	TOTALS		0	1,830		
D - LAUNDRY UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	110,668	1.00	
	TOTALS		0	110,668		
E - MATERIALS MANAGEMENT DIRECTOR						
1.00	A&G SHARED	5.03	1,154	0	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	7,502	0	2.00	
	TOTALS		8,656	0		
F - PHYSICIAN BENEFITS RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	10,497	1.00	
2.00	RHC-PRI NCETON	88.00	0	112,855	2.00	
3.00	CLINIC	90.00	0	54,623	3.00	
4.00	PM PROMPT CARE	194.06	0	24,115	4.00	
5.00	GENERAL SURGERY CL	90.02	0	35,418	5.00	
	TOTALS		0	237,508		
G - IMPLANTIBLES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	549,471	1.00	
	TOTALS		0	549,471		
500.00	Grand Total: Increases		8,656	1,058,512	500.00	

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	61,402	11		1.00
	TOTALS		0	61,402			
B - PROPERTY INSURANCE							
1.00	A&G SHARED	5.03	0	97,633	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	97,633			
C - EMPLOYEE PHYSICALS							
1.00	EMERGENCY	91.00	0	1,830	0		1.00
	TOTALS		0	1,830			
D - LAUNDRY UTILITIES							
1.00	LAUNDRY & LINEN SERVICE	8.00	0	110,668	0		1.00
	TOTALS		0	110,668			
E - MATERIALS MANAGEMENT DIRECTOR							
1.00	A&G HOSPITAL-ONLY	5.02	8,656	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		8,656	0			
F - PHYSICIAN BENEFITS RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	237,508	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		0	237,508			
G - IMPLANTIBLES RECLASS							
1.00	OPERATING ROOM	50.00	0	549,471	0		1.00
	TOTALS		0	549,471			
500.00	Grand Total: Decreases		8,656	1,058,512			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet A-7
Part I
Date/Time Prepared:
9/22/2017 10:40 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	607,110	66,278	0	66,278	0	1.00
2.00	Land Improvements	1,457,198	18,289	0	18,289	0	2.00
3.00	Buildings and Fixtures	38,991,091	122,068	0	122,068	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	18,553,985	620,085	0	620,085	0	6.00
7.00	HIT designated Assets	343,365	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	59,952,749	826,720	0	826,720	0	8.00
9.00	Reconciling Items	451,764	0	0	0	225,284	9.00
10.00	Total (line 8 minus line 9)	59,500,985	826,720	0	826,720	-225,284	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	673,388	0				1.00
2.00	Land Improvements	1,475,487	0				2.00
3.00	Buildings and Fixtures	39,113,159	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	19,174,070	0				6.00
7.00	HIT designated Assets	343,365	0				7.00
8.00	Subtotal (sum of lines 1-7)	60,779,469	0				8.00
9.00	Reconciling Items	226,480	0				9.00
10.00	Total (line 8 minus line 9)	60,552,989	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet A-7
Part II
Date/Time Prepared:
9/22/2017 10:40 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	1,218,135	0	0	0	0	1.00
1.01	PERRY PLAZA B&F	91,043	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	1,132,991	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,442,169	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	1,218,135				1.00
1.01	PERRY PLAZA B&F	0	91,043				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,132,991				2.00
3.00	Total (sum of lines 1-2)	0	2,442,169				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet A-7
Part III
Date/Time Prepared:
9/22/2017 10:40 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	41,262,034	0	41,262,034	0.678881	0	1.00
1.01	PERRY PLAZA B&F	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	19,517,435	0	19,517,435	0.321119	0	2.00
3.00	Total (sum of lines 1-2)	60,779,469	0	60,779,469	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	1,187,821	0	1.00
1.01	PERRY PLAZA B&F	0	0	0	91,043	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,064,899	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,343,763	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	-13,649	50,584	0	0	1,224,756	1.00
1.01	PERRY PLAZA B&F	0	0	0	0	91,043	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	47,049	0	0	1,111,948	2.00
3.00	Total (sum of lines 1-2)	-13,649	97,633	0	0	2,427,747	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	-4,316	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	-4,250,514			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

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
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	-68,092	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	CAFETERIA	B	-181,696	DIETARY	10.00	0	33.00
33.01	DIETICIAN REVENUE (EXP IN DEPT 62)	B	-4,704	DIETARY	10.00	0	33.01
33.02	OUTSIDE CATERING	B	-1,739	DIETARY	10.00	0	33.02
33.03	MEDICAL RECORDS	B	-74	MEDICAL RECORDS & LIBRARY	16.00	0	33.03
33.04	CONTRACT NURSING	B	-3,554	NURSING ADMINISTRATION	13.00	0	33.04
33.05	MISCELLANEOUS	B	-1,646	A&G SHARED	5.03	0	33.05
33.06	MOBILE MEALS	A	-19,446	DIETARY	10.00	0	33.06
33.07	GASB 68	A	-467,394	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.07
33.08			0		0.00	0	33.08
33.11			0		0.00	0	33.11
33.12	AMORTIZATION EXPENSE	A	-10,838	CAP REL COSTS-BLDG & FIXT	1.00	11	33.12
33.13	TELEPHONE SALARY OFFSET	A	-9,630	A&G HOSPITAL-ONLY	5.02	0	33.13
33.14	TELEPHONE BENEFIT OFFSET	A	-2,433	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15	NON-ALLOWABLE MARKETING	A	-232,185	A&G SHARED	5.03	0	33.15
33.16	MARKETING BENEFITS	A	-21,607	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	RENTAL PROPERTY - CAPITAL	A	-30,314	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	-19,371	A&G SHARED	5.03	0	33.21
33.22	ALCOHOL EXP	A	-665	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	-829,299	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	-520	A&G SHARED	5.03	0	33.26
33.27	NON-ALLOWABLE NOTE INTEREST	A	-49,600	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.)		-6,271,000				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: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet A-8-2

Date/Time Prepared:
9/22/2017 10:40 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	1,878,012	1,491,650	386,362	0	0	1.00
2.00	90.00	CLINIC	68	68	0	0	0	2.00
3.00	90.00	CLINIC	1,052,052	1,052,052	0	0	0	3.00
4.00	90.02	GENERAL SURGERY CL	278,594	278,594	0	0	0	4.00
5.00	50.00	OPERATING ROOM	11,610	11,610	0	0	0	5.00
6.00	60.00	LABORATORY	37,260	37,260	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	1,014,940	1,014,940	0	0	0	7.00
8.00	76.97	CARDIAC REHABILITATION	12,906	12,906	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	283,948	283,948	0	0	0	10.00
11.00	30.00	ADULTS & PEDIATRICS	67,486	67,486	0	0	0	11.00
200.00			4,663,876	4,250,514	413,362	0	0	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	GENERAL SURGERY CL	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
11.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	11.00
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	1,491,650		1.00
2.00	90.00	CLINIC	0	0	0	68		2.00
3.00	90.00	CLINIC	0	0	0	1,052,052		3.00
4.00	90.02	GENERAL SURGERY CL	0	0	0	278,594		4.00
5.00	50.00	OPERATING ROOM	0	0	0	11,610		5.00
6.00	60.00	LABORATORY	0	0	0	37,260		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	1,014,940		7.00
8.00	76.97	CARDIAC REHABILITATION	0	0	0	12,906		8.00
9.00	5.03	A&G SHARED	0	0	0	0		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	283,948		10.00
11.00	30.00	ADULTS & PEDIATRICS	0	0	0	67,486		11.00
200.00			0	0	0	4,250,514		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet B Part I Date/Time Prepared: 9/22/2017 10:40 am
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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		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,224,756	1,224,756			1.00	
1.01 00101	PERRY PLAZA B&F	91,043	0	91,043		1.01	
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,111,948			1,111,948	2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,058,084	5,923	0	0	4.00	
5.01 00590	BUSINESS OFFICE	711,197	26,689	0	0	5.01	
5.02 00591	A&G HOSPITAL-ONLY	1,548,601	51,919	562	309,468	5.02	
5.03 00592	A&G SHARED	2,335,723	100,485	0	9,335	5.03	
7.00 00700	OPERATION OF PLANT	1,784,665	153,213	14,033	23,436	7.00	
7.01 00701	PERRY PLAZA PLANT OP	80,335	0	632	75	7.01	
8.00 00800	LAUNDRY & LINEN SERVICE	376,786	18,643	17,816	11,297	8.00	
9.00 00900	HOUSEKEEPING	457,885	15,744	0	0	9.00	
10.00 01000	DIETARY	606,652	34,617	0	16,665	10.00	
11.00 01100	CAFETERIA	0	17,210	0	0	11.00	
13.00 01300	NURSING ADMINISTRATION	831,146	16,960	0	0	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	102,484	12,102	0	4,285	14.00	
15.00 01500	PHARMACY	852,283	15,488	0	1,639	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	648,271	30,712	0	2,286	16.00	
17.00 01700	SOCIAL SERVICE	384,172	12,957	0	0	17.00	
18.00 01850	PATIENT REGISTRATION	324,652	6,462	0	630	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	1,322,688	115,684	0	53,165	30.00	
31.00 03100	INTENSIVE CARE UNIT	813,238	22,403	0	26,200	31.00	
43.00 04300	NURSERY	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	2,663,626	158,794	0	168,070	50.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00 05300	ANESTHESIOLOGY	39,900	1,170	0	8,803	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	868,189	31,639	0	71,374	54.00	
55.00 05500	RADIOLOGY-THERAPEUTIC	328,066	2,222	0	49,589	55.00	
56.00 05600	RADIOISOTOPE	282,666	3,872	0	0	56.00	
57.00 05700	CT SCAN	288,248	0	0	996	57.00	
58.00 05800	MRI	209,142	8,427	0	226,614	58.00	
60.00 06000	LABORATORY	1,768,339	26,406	0	42,723	60.00	
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	79,141	0	0	0	63.00	
65.00 06500	RESPIRATORY THERAPY	433,331	16,316	0	7,461	65.00	
66.00 06600	PHYSICAL THERAPY	700,273	32,126	0	3,727	66.00	
69.00 06900	ELECTROCARDIOLOGY	51,411	907	0	6,304	69.00	
70.00 07000	ELECTROENCEPHALOGRAPHY	6,655	2,248	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	549,471	0	0	0	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	892,311	0	0	0	73.00	
76.00 03140	CARDIOLOGY	0	0	0	0	76.00	
76.01 03950	SENIOR BEHAVIORAL WELLNESS	295,773	8,506	0	0	76.01	
76.97 07697	CARDIAC REHABILITATION	80,484	9,762	0	9,324	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RHC-PRINCETON	2,586,186	47,061	0	9,982	88.00	
90.00 09000	CLINIC	247,423	23,442	0	560	90.00	
90.01 04950	SLEEP LAB	69,519	5,371	0	5,231	90.01	
90.02 09001	GENERAL SURGERY CL	75,485	8,414	0	0	90.02	
91.00 09100	EMERGENCY	1,476,823	54,575	0	16,001	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00	
OTHER REIMBURSABLE COST CENTERS							
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
SPECIAL PURPOSE COST CENTERS							
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00	
113.00 11300	INTEREST EXPENSE					113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	34,659,071	1,098,469	33,043	1,085,698	4,986,107	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,352	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	0	0	0	0	192.03
194.00 07956	OTHER NRCC	0	0	0	0	0	194.00
194.01 07951	HOSPITAL LEASED SPACE	0	15,954	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	105,981	0	0	0	194.03
194.04 07950	DME CLOSED FY15	0	0	0	0	0	194.04
194.05 07955	PERRY PLAZA LEASED	0	0	58,000	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B
Part I
Date/Time Prepared:
9/22/2017 10:40 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		
		1.00	1.01	2.00		
194.06 07954 PM PROMPT CARE	493,226	0	0	26,250	77,900	194.06
194.07 07957 PM GENERAL SURGERY	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	35,152,297	1,224,756	91,043	1,111,948	5,064,007	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet B Part I Date/Time Prepared: 9/22/2017 10:40 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
GENERAL SERVICE COST CENTERS						
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	893,389			5.01
5.02	00591	A&G HOSPITAL-ONLY	0	2,157,814	2,157,814	5.02
5.03	00592	A&G SHARED	0	2,854,534	191,214	3,045,748
7.00	00700	OPERATION OF PLANT	0	2,178,297	145,915	2,324,212
7.01	00701	PERRY PLAZA PLANT OP	0	88,657	5,939	94,596
8.00	00800	LAUNDRY & LINEN SERVICE	0	511,820	34,285	546,105
9.00	00900	HOUSEKEEPING	0	580,754	38,902	619,656
10.00	01000	DIETARY	0	801,525	53,691	855,216
11.00	01100	CAFETERIA	0	17,210	1,153	18,363
13.00	01300	NURSING ADMINISTRATION	0	1,122,722	75,207	1,197,929
14.00	01400	CENTRAL SERVICES & SUPPLY	0	135,291	9,063	144,354
15.00	01500	PHARMACY	0	982,041	65,783	1,047,824
16.00	01600	MEDICAL RECORDS & LIBRARY	0	839,367	56,226	895,593
17.00	01700	SOCIAL SERVICE	0	515,638	34,541	550,179
18.00	01850	PATIENT REGISTRATION	0	435,865	29,197	465,062
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	48,783	1,928,880	129,208	2,058,088
31.00	03100	INTENSIVE CARE UNIT	10,536	1,011,622	67,765	1,079,387
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	166,883	3,623,105	242,704	3,865,809
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00	05300	ANESTHESIOLOGY	9,951	59,824	4,007	63,831
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,201	1,232,835	82,583	1,315,418
55.00	05500	RADIOLOGY-THERAPEUTIC	29,039	489,019	32,757	521,776
56.00	05600	RADIOISOTOPE	10,853	297,391	19,921	317,312
57.00	05700	CT SCAN	100,646	421,453	28,231	449,684
58.00	05800	MRI	37,696	511,711	34,277	545,988
60.00	06000	LABORATORY	149,698	2,236,449	149,811	2,386,260
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,017	81,158	5,436	86,594
65.00	06500	RESPIRATORY THERAPY	17,375	608,126	40,736	648,862
66.00	06600	PHYSICAL THERAPY	43,343	994,751	66,634	1,061,385
69.00	06900	ELECTROCARDIOLOGY	10,509	83,371	5,585	88,956
70.00	07000	ELECTROENCEPHALOGRAPHY	221	10,000	670	10,670
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,525	564,996	37,847	602,843
73.00	07300	DRUGS CHARGED TO PATIENTS	44,952	937,263	62,783	1,000,046
76.00	03140	CARDIOLOGY	0	0	0	0
76.01	03950	SENIOR BEHAVIORAL WELLNESS	3,061	307,340	20,587	327,927
76.97	07697	CARDIAC REHABILITATION	4,473	126,222	8,455	134,677
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	40,074	3,156,533	211,444	3,367,977
90.00	09000	CLINIC	7,089	331,867	22,230	354,097
90.01	04950	SLEEP LAB	6,569	107,857	7,225	115,082
90.02	09001	GENERAL SURGERY CL	2,346	91,736	6,145	97,881
91.00	09100	EMERGENCY	83,549	1,935,590	129,657	2,065,247
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	893,389	34,370,634	2,157,814	34,370,634
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,352	0	4,352
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	0	0	0
194.00	07956	OTHER NRCC	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	0	15,954	0	15,954
194.02	07952	ORTHO CLINIC - PB IN FY14 ON LINE 9	0	0	0	0
194.03	07953	MOB LEASED SPACE	0	105,981	0	105,981
194.04	07950	DME CLOSED FY15	0	0	0	0
194.05	07955	PERRY PLAZA LEASED	0	58,000	0	58,000
194.06	07954	PM PROMPT CARE	0	597,376	0	597,376
194.07	07957	PM GENERAL SURGERY	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	893,389	35,152,297	2,157,814	35,152,297

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet B Part I Date/Time Prepared: 9/22/2017 10:40 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		
GENERAL SERVICE COST CENTERS								
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	00591	A&G HOSPITAL-ONLY					5.02	
5.03	00592	A&G SHARED					5.03	
7.00	00700	OPERATION OF PLANT	2,550,197				7.00	
7.01	00701	PERRY PLAZA PLANT OP	0	103,794			7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	53,629	24,390	677,222		8.00	
9.00	00900	HOUSEKEEPING	45,289	0	50,667	775,862	9.00	
10.00	01000	DIETARY	99,580	0	0	24,945	1,062,895	10.00
11.00	01100	CAFETERIA	49,506	0	2,401	0	568,918	11.00
13.00	01300	NURSING ADMINISTRATION	48,788	0	0	15,407	4,489	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,813	0	945	17,608	0	14.00
15.00	01500	PHARMACY	44,552	0	0	11,005	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	88,347	0	0	10,638	86	16.00
17.00	01700	SOCIAL SERVICE	37,272	0	0	4,402	1,753	17.00
18.00	01850	PATIENT REGISTRATION	18,588	0	0	11,372	3,976	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	332,777	0	181,936	175,348	375,119	30.00
31.00	03100	INTENSIVE CARE UNIT	64,445	0	46,071	21,277	48,611	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	456,791	0	167,316	176,451	19,624	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,366	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,014	0	24,115	26,779	1,539	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,392	0	16,788	0	0	55.00
56.00	05600	RADIOISOTOPE	11,138	0	2,179	0	171	56.00
57.00	05700	CT SCAN	0	0	12,636	2,935	0	57.00
58.00	05800	MRI	24,243	0	10,941	6,236	0	58.00
60.00	06000	LABORATORY	75,961	0	121	31,548	1,967	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	46,935	0	74	13,206	0	65.00
66.00	06600	PHYSICAL THERAPY	92,413	0	53,091	31,181	428	66.00
69.00	06900	ELECTROCARDIOLOGY	2,610	0	198	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,467	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
76.01	03950	SENIOR BEHAVIORAL WELLNESS	24,469	0	0	5,869	3,292	76.01
76.97	07697	CARDIAC REHABILITATION	28,081	0	192	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC-PRINCETON	135,376	0	1,674	48,056	4,062	88.00
90.00	09000	CLINIC	67,433	0	8,409	17,241	1,069	90.00
90.01	04950	SLEEP LAB	15,449	0	0	18,709	1,112	90.01
90.02	09001	GENERAL SURGERY CL	24,205	0	94	0	0	90.02
91.00	09100	EMERGENCY	156,990	0	95,154	105,649	26,422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,186,919	24,390	675,002	775,862	1,062,638	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,518	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	0	1,695	0	0	192.03
194.00	07956	OTHER NRCC	0	0	0	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	45,894	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	304,866	0	0	0	0	194.03
194.04	07950	DME CLOSED FY15	0	0	0	0	0	194.04
194.05	07955	PERRY PLAZA LEASED	0	79,404	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	525	0	257	194.06
194.07	07957	PM GENERAL SURGERY	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,550,197	103,794	677,222	775,862	1,062,895	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-1337		Period: From 05/01/2016 To 04/30/2017		Worksheet B Part I Date/Time Prepared: 9/22/2017 10:40 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
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	00591						5.02
5.03	00592						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	640,973					11.00
13.00	01300	31,497	1,414,586				13.00
14.00	01400	6,726	32,899	251,381			14.00
15.00	01500	18,455	0	1,095	1,224,812		15.00
16.00	01600	52,618	0	0	0	1,134,361	16.00
17.00	01700	23,418	0	0	0	0	17.00
18.00	01850	27,232	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	47,328	519,141	12,964	557	61,939	30.00
31.00	03100	14,067	125,163	1,851	267	13,378	31.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	83,377	422,799	128,289	299	211,921	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	3,913	15	12,635	53.00
54.00	05400	31,538	0	0	0	61,200	54.00
55.00	05500	14,805	0	0	0	36,871	55.00
56.00	05600	0	0	0	117,065	13,780	56.00
57.00	05700	5,824	0	0	0	127,790	57.00
58.00	05800	5,044	0	0	0	47,863	58.00
60.00	06000	45,851	0	0	0	190,071	60.00
63.00	06300	0	0	0	0	2,561	63.00
65.00	06500	14,887	0	1,470	3,269	22,061	65.00
66.00	06600	39,494	0	2,973	1,463	55,032	66.00
69.00	06900	4,306	0	329	0	13,343	69.00
70.00	07000	0	0	15	0	280	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	75,520	0	19,712	72.00
73.00	07300	0	0	0	1,096,250	57,075	73.00
76.00	03140	0	0	0	0	0	76.00
76.01	03950	0	0	133	0	3,886	76.01
76.97	07697	5,167	0	1,313	0	5,679	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	116,557	0	1,219	2,837	50,882	88.00
90.00	09000	19,768	0	1,283	764	9,001	90.00
90.01	04950	205	0	654	0	8,340	90.01
90.02	09001	3,609	0	7,738	0	2,979	90.02
91.00	09100	29,200	314,584	9,492	240	106,082	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	0	0	0	0	0	106.00
113.00	11300						113.00
118.00		640,973	1,414,586	250,251	1,223,026	1,134,361	118.00
NONREIMBURSABLE COST CENTERS							
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
194.06	07954	0	0	1,130	1,786	0	194.06
194.07	07957	0	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-1337			Period: From 05/01/2016 To 04/30/2017		Worksheet B Part I Date/Time Prepared: 9/22/2017 10:40 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
202.00	TOTAL (sum lines 118-201)	640,973	1,414,586	251,381	1,224,812	1,134,361	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B
Part I
Date/Time Prepared:
9/22/2017 10:40 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	
GENERAL SERVICE COST CENTERS							
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 00591 A&G HOSPITAL-ONLY							5.02
5.03 00592 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	670,518						17.00
18.00 01850 PATIENT REGISTRATION	0	571,448					18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	607,800	33,031		4,606,138	0	4,606,138	30.00
31.00 03100 INTENSIVE CARE UNIT	62,718	7,134		1,589,319	0	1,589,319	31.00
43.00 04300 NURSERY	0	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	113,048		6,021,599	0	6,021,599	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	6,738		96,704	0	96,704	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	32,637		1,712,139	0	1,712,139	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	19,663		667,028	0	667,028	55.00
56.00 05600 RADIOISOTOPE	0	7,349		499,847	0	499,847	56.00
57.00 05700 CT SCAN	0	68,148		710,740	0	710,740	57.00
58.00 05800 MRI	0	25,525		718,927	0	718,927	58.00
60.00 06000 LABORATORY	0	101,362		3,065,159	0	3,065,159	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	1,366		98,941	0	98,941	63.00
65.00 06500 RESPIRATORY THERAPY	0	11,765		825,619	0	825,619	65.00
66.00 06600 PHYSICAL THERAPY	0	29,348		1,470,008	0	1,470,008	66.00
69.00 06900 ELECTROCARDIOLOGY	0	7,116		125,507	0	125,507	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	149		18,618	0	18,618	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	10,512		767,202	0	767,202	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	30,437		2,281,043	0	2,281,043	73.00
76.00 03140 CARDIOLOGY	0	0		0	0	0	76.00
76.01 03950 SENIOR BEHAVIORAL WELLNESS	0	2,072		399,533	0	399,533	76.01
76.97 07697 CARDIAC REHABILITATION	0	3,028		191,232	0	191,232	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RHC-PRINCETON	0	0		4,056,112	0	4,056,112	88.00
90.00 09000 CLINIC	0	0		513,494	0	513,494	90.00
90.01 04950 SLEEP LAB	0	4,448		175,189	0	175,189	90.01
90.02 09001 GENERAL SURGERY CL	0	0		146,023	0	146,023	90.02
91.00 09100 EMERGENCY	0	56,572		3,166,438	0	3,166,438	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00 10600 HEART ACQUISITION	0	0		0	0	0	106.00
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	670,518	571,448		33,922,559	0	33,922,559	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		16,870	0	16,870	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	0		1,695	0	1,695	192.03
194.00 07956 OTHER NRCC	0	0		0	0	0	194.00
194.01 07951 HOSPITAL LEASED SPACE	0	0		61,848	0	61,848	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		410,847	0	410,847	194.03
194.04 07950 DME CLOSED FY15	0	0		0	0	0	194.04
194.05 07955 PERRY PLAZA LEASED	0	0		137,404	0	137,404	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B
Part I
Date/Time Prepared:
9/22/2017 10:40 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	
194.06	07954	PM PROMPT CARE	0	0	601,074	0	601,074	194.06
194.07	07957	PM GENERAL SURGERY	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	670,518	571,448	35,152,297	0	35,152,297	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet B Part II Date/Time Prepared: 9/22/2017 10:40 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	2.00			2A
GENERAL SERVICE COST CENTERS							
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	5,923	0	5,923	4.00	
5.01 00590	BUSINESS OFFICE	0	26,689	0	26,689	5.01	
5.02 00591	A&G HOSPITAL-ONLY	0	51,919	562	309,468	5.02	
5.03 00592	A&G SHARED	0	100,485	0	9,335	5.03	
7.00 00700	OPERATION OF PLANT	0	153,213	14,033	23,436	7.00	
7.01 00701	PERRY PLAZA PLANT OP	0	0	632	75	7.01	
8.00 00800	LAUNDRY & LINEN SERVICE	0	18,643	17,816	11,297	8.00	
9.00 00900	HOUSEKEEPING	0	15,744	0	0	9.00	
10.00 01000	DIETARY	0	34,617	0	16,665	10.00	
11.00 01100	CAFETERIA	0	17,210	0	0	11.00	
13.00 01300	NURSING ADMINISTRATION	0	16,960	0	0	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	0	12,102	0	4,285	14.00	
15.00 01500	PHARMACY	0	15,488	0	1,639	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	0	30,712	0	2,286	16.00	
17.00 01700	SOCIAL SERVICE	0	12,957	0	0	17.00	
18.00 01850	PATIENT REGISTRATION	0	6,462	0	630	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	115,684	0	53,165	168,849	30.00
31.00 03100	INTENSIVE CARE UNIT	0	22,403	0	26,200	48,603	31.00
43.00 04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	158,794	0	168,070	326,864	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	1,170	0	8,803	9,973	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	31,639	0	71,374	103,013	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	2,222	0	49,589	51,811	55.00
56.00 05600	RADIOISOTOPE	0	3,872	0	0	3,872	56.00
57.00 05700	CT SCAN	0	0	0	996	996	57.00
58.00 05800	MRI	0	8,427	0	226,614	235,041	58.00
60.00 06000	LABORATORY	0	26,406	0	42,723	69,129	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	16,316	0	7,461	23,777	65.00
66.00 06600	PHYSICAL THERAPY	0	32,126	0	3,727	35,853	66.00
69.00 06900	ELECTROCARDIOLOGY	0	907	0	6,304	7,211	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,248	0	458	2,706	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
76.01 03950	SENIOR BEHAVIORAL WELLNESS	0	8,506	0	0	8,506	76.01
76.97 07697	CARDIAC REHABILITATION	0	9,762	0	9,324	19,086	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RHC-PRINCETON	0	47,061	0	9,982	57,043	88.00
90.00 09000	CLINIC	0	23,442	0	560	24,002	90.00
90.01 04950	SLEEP LAB	0	5,371	0	5,231	10,602	90.01
90.02 09001	GENERAL SURGERY CL	0	8,414	0	0	8,414	90.02
91.00 09100	EMERGENCY	0	54,575	0	16,001	70,576	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00 10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,098,469	33,043	1,085,698	2,217,210	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,352	0	0	4,352	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	0	0	0	0	192.03
194.00 07956	OTHER NRCC	0	0	0	0	0	194.00
194.01 07951	HOSPITAL LEASED SPACE	0	15,954	0	0	15,954	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	105,981	0	0	105,981	194.03
194.04 07950	DME CLOSED FY15	0	0	0	0	0	194.04
194.05 07955	PERRY PLAZA LEASED	0	0	58,000	0	58,000	194.05
194.06 07954	PM PROMPT CARE	0	0	0	26,250	26,250	194.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B
Part II
Date/Time Prepared:
9/22/2017 10:40 am

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		
194.07 07957 PM GENERAL SURGERY	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	1,224,756	91,043	1,111,948	2,427,747	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B
Part II
Date/Time Prepared:
9/22/2017 10:40 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	BUSINESS OFFICE	A&G HOSPITAL-ONLY	A&G SHARED	OPERATION OF PLANT		
		4.00	5.01	5.02	5.03	7.00		
GENERAL SERVICE COST CENTERS								
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	5,923				4.00	
5.01	00590	BUSINESS OFFICE	182	26,871			5.01	
5.02	00591	A&G HOSPITAL-ONLY	289	0	362,238		5.02	
5.03	00592	A&G SHARED	479	0	32,099	142,398	5.03	
7.00	00700	OPERATION OF PLANT	237	0	24,495	10,566	225,980	7.00
7.01	00701	PERRY PLAZA PLANT OP	9	0	997	430	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	102	0	5,755	2,483	4,752	8.00
9.00	00900	HOUSEKEEPING	125	0	6,531	2,817	4,013	9.00
10.00	01000	DIETARY	168	0	9,013	3,888	8,824	10.00
11.00	01100	CAFETERIA	0	0	194	83	4,387	11.00
13.00	01300	NURSING ADMINISTRATION	321	0	12,625	5,446	4,323	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19	0	1,521	656	3,085	14.00
15.00	01500	PHARMACY	132	0	11,043	4,763	3,948	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	185	0	9,439	4,071	7,829	16.00
17.00	01700	SOCIAL SERVICE	139	0	5,798	2,501	3,303	17.00
18.00	01850	PATIENT REGISTRATION	122	0	4,901	2,114	1,647	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	455	1,466	21,690	9,356	29,488	30.00
31.00	03100	INTENSIVE CARE UNIT	163	317	11,376	4,907	5,711	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	545	5,033	40,747	17,568	40,480	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	299	673	290	298	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	250	1,449	13,863	5,980	8,065	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	94	873	5,499	2,372	566	55.00
56.00	05600	RADIOISOTOPE	0	326	3,344	1,443	987	56.00
57.00	05700	CT SCAN	37	3,025	4,739	2,044	0	57.00
58.00	05800	MRI	35	1,133	5,754	2,482	2,148	58.00
60.00	06000	LABORATORY	292	4,500	25,149	10,848	6,731	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	61	913	394	0	63.00
65.00	06500	RESPIRATORY THERAPY	156	522	6,838	2,950	4,159	65.00
66.00	06600	PHYSICAL THERAPY	252	1,303	11,186	4,825	8,189	66.00
69.00	06900	ELECTROCARDIOLOGY	17	316	938	404	231	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7	112	49	573	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	467	6,353	2,741	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,351	10,540	4,546	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	92	3,456	1,491	2,168	76.01
76.97	07697	CARDIAC REHABILITATION	26	134	1,419	612	2,488	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC-PRINCETON	552	1,205	35,495	15,311	11,996	88.00
90.00	09000	CLINIC	62	213	3,732	1,610	5,975	90.00
90.01	04950	SLEEP LAB	25	197	1,213	523	1,369	90.01
90.02	09001	GENERAL SURGERY CL	6	71	1,032	445	2,145	90.02
91.00	09100	EMERGENCY	356	2,511	21,766	9,389	13,911	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,832	26,871	362,238	142,398	193,789	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,109	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	0	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	4,067	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	0	0	27,015	194.03
194.04	07950	DME CLOSED FY15	0	0	0	0	0	194.04
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	91	0	0	0	0	194.06
194.07	07957	PM GENERAL SURGERY	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1337			Period: From 05/01/2016 To 04/30/2017		Worksheet B Part II Date/Time Prepared: 9/22/2017 10:40 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		
202.00	TOTAL (sum lines 118-201)	5,923	26,871	362,238	142,398	225,980	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet B Part II Date/Time Prepared: 9/22/2017 10:40 am		
Cost Center Description		PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		7.01	8.00	9.00	10.00	11.00
GENERAL SERVICE COST CENTERS						
1.00	00100					
1.01	00101					
2.00	00200					
4.00	00400					
5.01	00590					
5.02	00591					
5.03	00592					
7.00	00700					
7.01	00701					
8.00	00800	2,143	61,352			
9.00	00900	504		33,820		
10.00	01000	0	4,590	1,087	74,262	
11.00	01100	0	217	0	39,748	61,839
13.00	01300	0	0	672	314	3,039
14.00	01400	0	86	768	0	649
15.00	01500	0	0	480	0	1,781
16.00	01600	0	0	464	6	5,076
17.00	01700	0	0	192	122	2,259
18.00	01850	0	0	496	278	2,627
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	16,480	7,643	26,209	4,566
31.00	03100	0	4,174	927	3,396	1,357
43.00	04300	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	15,158	7,690	1,371	8,044
52.00	05200	0	0	0	0	0
53.00	05300	0	0	0	0	0
54.00	05400	0	2,185	1,167	108	3,043
55.00	05500	0	1,521	0	0	1,428
56.00	05600	0	197	0	12	0
57.00	05700	0	1,145	128	0	562
58.00	05800	0	991	272	0	487
60.00	06000	0	11	1,375	137	4,424
63.00	06300	0	0	0	0	0
65.00	06500	0	7	576	0	1,436
66.00	06600	0	4,810	1,359	30	3,810
69.00	06900	0	18	0	0	415
70.00	07000	0	0	0	0	0
71.00	07100	0	0	0	0	0
72.00	07200	0	0	0	0	0
73.00	07300	0	0	0	0	0
76.00	03140	0	0	0	0	0
76.01	03950	0	0	256	230	0
76.97	07697	0	17	0	0	499
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	152	2,095	284	11,245
90.00	09000	0	762	752	75	1,907
90.01	04950	0	0	816	78	20
90.02	09001	0	9	0	0	348
91.00	09100	0	8,620	4,605	1,846	2,817
92.00	09200	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
106.00	10600	0	0	0	0	0
113.00	11300	0	0	0	0	0
118.00		504	61,150	33,820	74,244	61,839
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	0
192.00	19200	0	0	0	0	0
192.01	19201	0	0	0	0	0
192.03	19203	0	154	0	0	0
194.00	07956	0	0	0	0	0
194.01	07951	0	0	0	0	0
194.02	07952	0	0	0	0	0
194.03	07953	0	0	0	0	0
194.04	07950	0	0	0	0	0
194.05	07955	1,639	0	0	0	0
194.06	07954	0	48	0	18	0
194.07	07957	0	0	0	0	0
200.00		0	0	0	0	0
201.00		0	0	0	0	0
202.00		2,143	61,352	33,820	74,262	61,839

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet B Part II Date/Time Prepared: 9/22/2017 10:40 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
GENERAL SERVICE COST CENTERS						
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	00591					5.02
5.03	00592					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	43,700				13.00
14.00	01400	1,016	24,187			14.00
15.00	01500	0	105	39,379		15.00
16.00	01600	0	0	0	60,068	16.00
17.00	01700	0	0	0	0	17.00
18.00	01850	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	16,038	1,247	18	3,279	24,720
31.00	03100	3,867	178	9	708	2,551
43.00	04300	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	13,061	12,346	10	11,230	0
52.00	05200	0	0	0	0	0
53.00	05300	0	377	0	669	0
54.00	05400	0	0	0	3,240	0
55.00	05500	0	0	0	1,952	0
56.00	05600	0	0	3,764	730	0
57.00	05700	0	0	0	6,765	0
58.00	05800	0	0	0	2,534	0
60.00	06000	0	0	0	10,063	0
63.00	06300	0	0	0	136	0
65.00	06500	0	141	105	1,168	0
66.00	06600	0	286	47	2,913	0
69.00	06900	0	32	0	706	0
70.00	07000	0	1	0	15	0
71.00	07100	0	0	0	0	0
72.00	07200	0	7,266	0	1,044	0
73.00	07300	0	0	35,245	3,022	0
76.00	03140	0	0	0	0	0
76.01	03950	0	13	0	206	0
76.97	07697	0	126	0	301	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	117	91	2,694	0
90.00	09000	0	123	25	477	0
90.01	04950	0	63	0	442	0
90.02	09001	0	744	0	158	0
91.00	09100	9,718	913	8	5,616	0
92.00	09200	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
106.00	10600	0	0	0	0	0
113.00	11300	0	0	0	0	0
118.00		43,700	24,078	39,322	60,068	27,271
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	0
192.00	19200	0	0	0	0	0
192.01	19201	0	0	0	0	0
192.03	19203	0	0	0	0	0
194.00	07956	0	0	0	0	0
194.01	07951	0	0	0	0	0
194.02	07952	0	0	0	0	0
194.03	07953	0	0	0	0	0
194.04	07950	0	0	0	0	0
194.05	07955	0	0	0	0	0
194.06	07954	0	109	57	0	0
194.07	07957	0	0	0	0	0
200.00		0	0	0	0	0
201.00		0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1337			Period: From 05/01/2016 To 04/30/2017		Worksheet B Part II Date/Time Prepared: 9/22/2017 10:40 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		
202.00	TOTAL (sum lines 118-201)	43,700	24,187	39,379	60,068	27,271		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B
Part II
Date/Time Prepared:
9/22/2017 10:40 am

Cost Center Description	OTHER GENERAL SERVICE PATIENT REGISTRATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	18.00				
GENERAL SERVICE COST CENTERS					
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 00591 A&G HOSPITAL-ONLY					5.02
5.03 00592 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	19,277				18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	1,115	332,619	0	332,619	30.00
31.00 03100 INTENSIVE CARE UNIT	241	88,485	0	88,485	31.00
43.00 04300 NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	3,800	503,947	0	503,947	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	228	12,807	0	12,807	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,102	143,465	0	143,465	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	664	66,780	0	66,780	55.00
56.00 05600 RADIO SOTOP	248	14,923	0	14,923	56.00
57.00 05700 CT SCAN	2,301	21,742	0	21,742	57.00
58.00 05800 MRI	862	251,739	0	251,739	58.00
60.00 06000 LABORATORY	3,422	136,081	0	136,081	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	46	1,550	0	1,550	63.00
65.00 06500 RESPIRATORY THERAPY	397	42,232	0	42,232	65.00
66.00 06600 PHYSICAL THERAPY	991	75,854	0	75,854	66.00
69.00 06900 ELECTROCARDIOLOGY	240	10,528	0	10,528	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5	3,468	0	3,468	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	355	18,226	0	18,226	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,028	55,732	0	55,732	73.00
76.00 03140 CARDIOLOGY	0	0	0	0	76.00
76.01 03950 SENIOR BEHAVIORAL WELLNESS	70	16,488	0	16,488	76.01
76.97 07697 CARDIAC REHABILITATION	102	24,810	0	24,810	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RHC-PRINCETON	0	138,280	0	138,280	88.00
90.00 09000 CLINIC	0	39,715	0	39,715	90.00
90.01 04950 SLEEP LAB	150	15,498	0	15,498	90.01
90.02 09001 GENERAL SURGERY CL	0	13,372	0	13,372	90.02
91.00 09100 EMERGENCY	1,910	154,562	0	154,562	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS					
106.00 10600 HEART ACQUISITION	0	0	0	0	106.00
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	19,277	2,182,903	0	2,182,903	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,461	0	5,461	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	154	0	154	192.03
194.00 07956 OTHER NRCC	0	0	0	0	194.00
194.01 07951 HOSPITAL LEASED SPACE	0	20,021	0	20,021	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	132,996	0	132,996	194.03
194.04 07950 DME CLOSED FY15	0	0	0	0	194.04
194.05 07955 PERRY PLAZA LEASED	0	59,639	0	59,639	194.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B
Part II
Date/Time Prepared:
9/22/2017 10:40 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		
194.06	07954	PM PROMPT CARE	0	26,573	0	26,573		194.06
194.07	07957	PM GENERAL SURGERY	0	0	0	0		194.07
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	19,277	2,427,747	0	2,427,747		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B-1

Date/Time Prepared:
9/22/2017 10:40 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	BUSINESS OFFICE (GROSS REVENUE)	
		BLDG & FIXT (SQUARE FEET)	PERRY PLAZA B&F (PLAZA SQ FT)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS							
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			1,064,899		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	901	0	0	14,964,685	4.00
5.01	00590	BUSINESS OFFICE	4,060	0	0	459,529	81,374,697
5.02	00591	A&G HOSPITAL-ONLY	7,898	233	296,375	730,692	0
5.03	00592	A&G SHARED	15,286	0	8,940	1,208,613	0
7.00	00700	OPERATION OF PLANT	23,307	5,813	22,444	599,739	0
7.01	00701	PERRY PLAZA PLANT OP	0	262	72	22,503	0
8.00	00800	LAUNDRY & LINEN SERVICE	2,836	7,380	10,819	257,917	0
9.00	00900	HOUSEKEEPING	2,395	0	0	316,567	0
10.00	01000	DIETARY	5,266	0	15,960	424,328	0
11.00	01100	CAFETERIA	2,618	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,580	0	0	811,519	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,841	0	4,104	48,523	0
15.00	01500	PHARMACY	2,356	0	1,570	332,836	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,672	0	2,189	467,197	0
17.00	01700	SOCIAL SERVICE	1,971	0	0	350,207	0
18.00	01850	PATIENT REGISTRATION	983	0	603	307,689	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,598	0	50,915	1,148,238	4,443,259
31.00	03100	INTENSIVE CARE UNIT	3,408	0	25,091	411,484	959,657
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,156	0	160,959	1,376,288	15,202,415
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	178	0	8,431	0	906,412
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,813	0	68,354	630,714	4,390,275
55.00	05500	RADIOLOGY-THERAPEUTIC	338	0	47,491	236,714	2,644,945
56.00	05600	RADIOISOTOPE	589	0	0	0	988,549
57.00	05700	CT SCAN	0	0	954	93,273	9,167,133
58.00	05800	MRI	1,282	0	217,025	88,158	3,433,487
60.00	06000	LABORATORY	4,017	0	40,915	736,657	13,634,952
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	183,719
65.00	06500	RESPIRATORY THERAPY	2,482	0	7,145	394,929	1,582,604
66.00	06600	PHYSICAL THERAPY	4,887	0	3,569	636,181	3,947,810
69.00	06900	ELECTROCARDIOLOGY	138	0	6,037	42,080	957,183
70.00	07000	ELECTROENCEPHALOGRAPHY	342	0	439	1,234	20,108
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	1,414,066
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,094,357
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1,294	0	0	0	278,785
76.97	07697	CARDIAC REHABILITATION	1,485	0	8,929	65,541	407,379
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC-PRINCETON	7,159	0	9,560	1,398,438	3,650,064
90.00	09000	CLINIC	3,566	0	536	157,664	645,673
90.01	04950	SLEEP LAB	817	0	5,010	62,552	598,294
90.02	09001	GENERAL SURGERY CL	1,280	0	0	16,227	213,688
91.00	09100	EMERGENCY	8,302	0	15,324	900,250	7,609,883
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	167,101	13,688	1,039,760	14,734,481	81,374,697
NONREIMBURSABLE COST CENTERS							
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	16,122	0	0	0	0
194.04	07950	DME CLOSED FY15	0	0	0	0	0
194.05	07955	PERRY PLAZA LEASED	0	24,026	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B-1

Date/Time Prepared:
9/22/2017 10:40 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	
194.06	07954	PM PROMPT CARE	0	0	25,139	230,204	0	194.06
194.07	07957	PM GENERAL SURGERY	0	0	0	0	0	194.07
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)	1,224,756	91,043	1,111,948	5,064,007	893,389	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.573683	2.414037	1.044182	0.338397	0.010979	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				5,923	26,871	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000396	0.000330	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1337		Period: From 05/01/2016 To 04/30/2017		Worksheet B-1	
Date/Time Prepared: 9/22/2017 10:40 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	
GENERAL SERVICE COST CENTERS							
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	00591	A&G HOSPITAL-ONLY	-2,157,814	32,212,820			5.02
5.03	00592	A&G SHARED	0	2,854,534	-3,045,748	31,324,886	5.03
7.00	00700	OPERATION OF PLANT	0	2,178,297	0	2,324,212	134,860
7.01	00701	PERRY PLAZA PLANT OP	0	88,657	0	94,596	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	511,820	0	546,105	2,836
9.00	00900	HOUSEKEEPING	0	580,754	0	619,656	2,395
10.00	01000	DIETARY	0	801,525	0	855,216	5,266
11.00	01100	CAFETERIA	0	17,210	0	18,363	2,618
13.00	01300	NURSING ADMINISTRATION	0	1,122,722	0	1,197,929	2,580
14.00	01400	CENTRAL SERVICES & SUPPLY	0	135,291	0	144,354	1,841
15.00	01500	PHARMACY	0	982,041	0	1,047,824	2,356
16.00	01600	MEDICAL RECORDS & LIBRARY	0	839,367	0	895,593	4,672
17.00	01700	SOCIAL SERVICE	0	515,638	0	550,179	1,971
18.00	01850	PATIENT REGISTRATION	0	435,865	0	465,062	983
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,928,880	0	2,058,088	17,598
31.00	03100	INTENSIVE CARE UNIT	0	1,011,622	0	1,079,387	3,408
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	3,623,105	0	3,865,809	24,156
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	59,824	0	63,831	178
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,232,835	0	1,315,418	4,813
55.00	05500	RADIOLOGY-THERAPEUTIC	0	489,019	0	521,776	338
56.00	05600	RADIOISOTOPE	0	297,391	0	317,312	589
57.00	05700	CT SCAN	0	421,453	0	449,684	0
58.00	05800	MRI	0	511,711	0	545,988	1,282
60.00	06000	LABORATORY	0	2,236,449	0	2,386,260	4,017
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	81,158	0	86,594	0
65.00	06500	RESPIRATORY THERAPY	0	608,126	0	648,862	2,482
66.00	06600	PHYSICAL THERAPY	0	994,751	0	1,061,385	4,887
69.00	06900	ELECTROCARDIOLOGY	0	83,371	0	88,956	138
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,000	0	10,670	342
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	564,996	0	602,843	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	937,263	0	1,000,046	0
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	307,340	0	327,927	1,294
76.97	07697	CARDIAC REHABILITATION	0	126,222	0	134,677	1,485
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC-PRINCETON	0	3,156,533	0	3,367,977	7,159
90.00	09000	CLINIC	0	331,867	0	354,097	3,566
90.01	04950	SLEEP LAB	0	107,857	0	115,082	817
90.02	09001	GENERAL SURGERY CL	0	91,736	0	97,881	1,280
91.00	09100	EMERGENCY	0	1,935,590	0	2,065,247	8,302
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,157,814	32,212,820	-3,045,748	31,324,886	115,649
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-4,352	0	-4,352	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	-15,954	0	-15,954	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	-105,981	0	-105,981	0	16,122
194.04	07950	DME CLOSED FY15	0	0	0	0	0
194.05	07955	PERRY PLAZA LEASED	-58,000	0	-58,000	0	0
194.06	07954	PM PROMPT CARE	-597,376	0	-597,376	0	0
194.07	07957	PM GENERAL SURGERY	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1337		Period: From 05/01/2016 To 04/30/2017		Worksheet B-1 Date/Time Prepared: 9/22/2017 10:40 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	
202.00	Cost to be allocated (per Wkst. B, Part I)		2,157,814		3,045,748	2,550,197	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.066986		0.097231	18.909958	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		362,238		142,398	225,980	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.011245		0.004546	1.675664	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1337		Period: From 05/01/2016 To 04/30/2017		Worksheet B-1	
Date/Time Prepared: 9/22/2017 10:40 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		
GENERAL SERVICE COST CENTERS							
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 00591	A&G HOSPITAL-ONLY						5.02
5.03 00592	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	201,415				8.00
9.00 00900	HOUSEKEEPING	0	15,069	2,115			9.00
10.00 01000	DIETARY	0	0	68	24,861		10.00
11.00 01100	CAFETERIA	0	714	0	13,307	15,629	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	42	105	768	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	281	48	0	164	14.00
15.00 01500	PHARMACY	0	0	30	0	450	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	29	2	1,283	16.00
17.00 01700	SOCIAL SERVICE	0	0	12	41	571	17.00
18.00 01850	PATIENT REGISTRATION	0	0	31	93	664	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	54,111	478	8,774	1,154	30.00
31.00 03100	INTENSIVE CARE UNIT	0	13,702	58	1,137	343	31.00
43.00 04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	49,762	481	459	2,033	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	7,172	73	36	769	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	4,993	0	0	361	55.00
56.00 05600	RADIOISOTOPE	0	648	0	4	0	56.00
57.00 05700	CT SCAN	0	3,758	8	0	142	57.00
58.00 05800	MRI	0	3,254	17	0	123	58.00
60.00 06000	LABORATORY	0	36	86	46	1,118	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	22	36	0	363	65.00
66.00 06600	PHYSICAL THERAPY	0	15,790	85	10	963	66.00
69.00 06900	ELECTROCARDIOLOGY	0	59	0	0	105	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
76.01 03950	SENIOR BEHAVIORAL WELLNESS	0	0	16	77	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	57	0	0	126	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RHC-PRINCETON	0	498	131	95	2,842	88.00
90.00 09000	CLINIC	0	2,501	47	25	482	90.00
90.01 04950	SLEEP LAB	0	0	51	26	5	90.01
90.02 09001	GENERAL SURGERY CL	0	28	0	0	88	90.02
91.00 09100	EMERGENCY	0	28,300	288	618	712	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00 10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,380	200,755	2,115	24,855	15,629	118.00
NONREIMBURSABLE COST CENTERS							
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	504	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	0	0	0	194.03
194.04 07950	DME CLOSED FY15	0	0	0	0	0	194.04
194.05 07955	PERRY PLAZA LEASED	24,026	0	0	0	0	194.05
194.06 07954	PM PROMPT CARE	0	156	0	6	0	194.06
194.07 07957	PM GENERAL SURGERY	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B-1

Date/Time Prepared:
9/22/2017 10:40 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	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	103,794	677,222	775,862	1,062,895	640,973	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.304910	3.362322	366.837825	42.753510	41.011773	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,143	61,352	33,820	74,262	61,839	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.068235	0.304605	15.990544	2.987088	3.956683	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet B-1		Date/Time Prepared: 9/22/2017 10:40 am
Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING 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	
GENERAL SERVICE COST CENTERS						
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 00591						5.02
5.03 00592						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	15,608					13.00
14.00 01400	363	1,829,005				14.00
15.00 01500	0	7,968	996,955			15.00
16.00 01600	0	0	0	81,374,697		16.00
17.00 01700	0	0	0	0	3,357	17.00
18.00 01850	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	5,728	94,322	453	4,443,259	3,043	30.00
31.00 03100	1,381	13,466	217	959,657	314	31.00
43.00 04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	4,665	933,408	243	15,202,415	0	50.00
52.00 05200	0	0	0	0	0	52.00
53.00 05300	0	28,474	12	906,412	0	53.00
54.00 05400	0	0	0	4,390,275	0	54.00
55.00 05500	0	0	0	2,644,945	0	55.00
56.00 05600	0	0	95,287	988,549	0	56.00
57.00 05700	0	0	0	9,167,133	0	57.00
58.00 05800	0	0	0	3,433,487	0	58.00
60.00 06000	0	0	0	13,634,952	0	60.00
63.00 06300	0	0	0	183,719	0	63.00
65.00 06500	0	10,698	2,661	1,582,604	0	65.00
66.00 06600	0	21,634	1,191	3,947,810	0	66.00
69.00 06900	0	2,393	0	957,183	0	69.00
70.00 07000	0	106	0	20,108	0	70.00
71.00 07100	0	0	0	0	0	71.00
72.00 07200	0	549,471	0	1,414,066	0	72.00
73.00 07300	0	0	892,311	4,094,357	0	73.00
76.00 03140	0	0	0	0	0	76.00
76.01 03950	0	969	0	278,785	0	76.01
76.97 07697	0	9,553	0	407,379	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	0	8,868	2,309	3,650,064	0	88.00
90.00 09000	0	9,333	622	645,673	0	90.00
90.01 04950	0	4,759	0	598,294	0	90.01
90.02 09001	0	56,299	0	213,688	0	90.02
91.00 09100	3,471	69,059	195	7,609,883	0	91.00
92.00 09200						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600	0	0	0	0	0	106.00
113.00 11300						113.00
118.00	15,608	1,820,780	995,501	81,374,697	3,357	118.00
NONREIMBURSABLE COST CENTERS						
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
194.06 07954	0	8,225	1,454	0	0	194.06
194.07 07957	0	0	0	0	0	194.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B-1
Date/Time Prepared:
9/22/2017 10:40 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	
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)	1,414,586	251,381	1,224,812	1,134,361	670,518	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	90.632112	0.137441	1.228553	0.013940	199.737265	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	43,700	24,187	39,379	60,068	27,271	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.799846	0.013224	0.039499	0.000738	8.123622	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet B-1 Date/Time Prepared: 9/22/2017 10:40 am
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Cost Center Description		OTHER GENERAL SERVICE PATIENT REGISTRATION (GROSS REVENUE)	
		18.00	
GENERAL SERVICE COST CENTERS			
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	00591 A&G HOSPITAL-ONLY		5.02
5.03	00592 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	76,865,272	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	4,443,259	30.00
31.00	03100 INTENSIVE CARE UNIT	959,657	31.00
43.00	04300 NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	15,202,415	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	906,412	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,390,275	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,644,945	55.00
56.00	05600 RADIOISOTOPE	988,549	56.00
57.00	05700 CT SCAN	9,167,133	57.00
58.00	05800 MRI	3,433,487	58.00
60.00	06000 LABORATORY	13,634,952	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	183,719	63.00
65.00	06500 RESPIRATORY THERAPY	1,582,604	65.00
66.00	06600 PHYSICAL THERAPY	3,947,810	66.00
69.00	06900 ELECTROCARDIOLOGY	957,183	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	20,108	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,414,066	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,094,357	73.00
76.00	03140 RADIOLOGY	0	76.00
76.01	03950 SENIOR BEHAVIORAL WELLNESS	278,785	76.01
76.97	07697 CARDIAC REHABILITATION	407,379	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RHC-PRINCETON	0	88.00
90.00	09000 CLINIC	0	90.00
90.01	04950 SLEEP LAB	598,294	90.01
90.02	09001 GENERAL SURGERY CL	0	90.02
91.00	09100 EMERGENCY	7,609,883	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
SPECIAL PURPOSE COST CENTERS			
106.00	10600 HEART ACQUISITION	0	106.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	76,865,272	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 RHC-PRINCETON	0	192.01
192.03	19203 OUTSIDE CONTRACT LAUNDRY	0	192.03
194.00	07956 OTHER NRCC	0	194.00
194.01	07951 HOSPITAL LEASED SPACE	0	194.01
194.02	07952 ORTHO CLINIC - PB IN FY14 ON LINE 9	0	194.02
194.03	07953 MOB LEASED SPACE	0	194.03
194.04	07950 DME CLOSED FY15	0	194.04
194.05	07955 PERRY PLAZA LEASED	0	194.05
194.06	07954 PM PROMPT CARE	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet B-1
Date/Time Prepared:
9/22/2017 10:40 am

Cost Center Description		OTHER GENERAL SERVICE		
		PATIENT REGISTRATION (GROSS REVENUE)		
		18.00		
194.07	07957 PM GENERAL SURGERY		0	194.07
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)		571,448	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.007434	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		19,277	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000251	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet C
Part I
Date/Time Prepared:
9/22/2017 10:40 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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	4,606,138		4,606,138	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	1,589,319		1,589,319	0	0 31.00
43.00	04300 NURSERY	0		0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,021,599		6,021,599	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	96,704		96,704	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,712,139		1,712,139	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	667,028		667,028	0	0 55.00
56.00	05600 RADIOISOTOPE	499,847		499,847	0	0 56.00
57.00	05700 CT SCAN	710,740		710,740	0	0 57.00
58.00	05800 MRI	718,927		718,927	0	0 58.00
60.00	06000 LABORATORY	3,065,159		3,065,159	0	0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	98,941		98,941	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	825,619	0	825,619	0	0 65.00
66.00	06600 PHYSICAL THERAPY	1,470,008	0	1,470,008	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	125,507		125,507	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	18,618		18,618	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	767,202		767,202	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,281,043		2,281,043	0	0 73.00
76.00	03140 CARDIOLOGY	0		0	0	0 76.00
76.01	03950 SENIOR BEHAVIORAL WELLNESS	399,533		399,533	0	0 76.01
76.97	07697 CARDIAC REHABILITATION	191,232		191,232	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RHC-PRINCETON	4,056,112		4,056,112	0	0 88.00
90.00	09000 CLINIC	513,494		513,494	0	0 90.00
90.01	04950 SLEEP LAB	175,189		175,189	0	0 90.01
90.02	09001 GENERAL SURGERY CL	146,023		146,023	0	0 90.02
91.00	09100 EMERGENCY	3,166,438		3,166,438	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	474,095		474,095	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0 97.00
SPECIAL PURPOSE COST CENTERS						
106.00	10600 HEART ACQUISITION	0		0		0 106.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	34,396,654	0	34,396,654	0	0 200.00
201.00	Less Observation Beds	474,095		474,095		0 201.00
202.00	Total (see instructions)	33,922,559	0	33,922,559	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-1337		Period: From 05/01/2016 To 04/30/2017		Worksheet C Part I Date/Time Prepared: 9/22/2017 10:40 am		
			Title XVIII			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	3,874,816		3,874,816				30.00
31.00	03100	INTENSIVE CARE UNIT	959,657		959,657				31.00
43.00	04300	NURSERY	0		0				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,258,270	11,944,145	15,202,415	0.396095	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	451,200	455,212	906,412	0.106689	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	210,339	4,179,936	4,390,275	0.389984	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	161,878	2,483,067	2,644,945	0.252190	0.000000		55.00
56.00	05600	RADIOISOTOPE	42,340	946,209	988,549	0.505637	0.000000		56.00
57.00	05700	CT SCAN	371,777	8,795,356	9,167,133	0.077531	0.000000		57.00
58.00	05800	MRI	83,224	3,350,263	3,433,487	0.209387	0.000000		58.00
60.00	06000	LABORATORY	1,113,214	12,521,738	13,634,952	0.224802	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	104,987	78,732	183,719	0.538545	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	1,149,565	433,039	1,582,604	0.521684	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	926,795	3,021,015	3,947,810	0.372360	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	85,131	872,052	957,183	0.131121	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,108	20,108	0.925900	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,019,398	394,668	1,414,066	0.542550	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,184,187	2,910,170	4,094,357	0.557119	0.000000		73.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000		76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	278,785	278,785	1.433122	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0	407,379	407,379	0.469420	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RHC-PRINCETON	12,489	3,637,575	3,650,064				88.00
90.00	09000	CLINIC	378,173	267,500	645,673	0.795285	0.000000		90.00
90.01	04950	SLEEP LAB	0	598,294	598,294	0.292814	0.000000		90.01
90.02	09001	GENERAL SURGERY CL	29,453	50,184	79,637	1.833607	0.000000		90.02
91.00	09100	EMERGENCY	474,893	7,134,990	7,609,883	0.416095	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,458	550,985	568,443	0.834024	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
SPECIAL PURPOSE COST CENTERS									
106.00	10600	HEART ACQUISITION	0	0	0				106.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	15,909,244	65,331,402	81,240,646				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	15,909,244	65,331,402	81,240,646				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet C Part I Date/Time Prepared: 9/22/2017 10:40 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03140 RADIOLOGY	0.000000		76.00
76.01	03950 SENIOR BEHAVIORAL WELLNESS	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RHC-PRINCETON			88.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP LAB	0.000000		90.01
90.02	09001 GENERAL SURGERY CL	0.000000		90.02
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600 HEART ACQUISITION			106.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet C
Part I
Date/Time Prepared:
9/22/2017 10:40 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,606,138		4,606,138	0	4,606,138	30.00
31.00	03100	INTENSIVE CARE UNIT	1,589,319		1,589,319	0	1,589,319	31.00
43.00	04300	NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,021,599		6,021,599	0	6,021,599	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	96,704		96,704	0	96,704	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,712,139		1,712,139	0	1,712,139	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	667,028		667,028	0	667,028	55.00
56.00	05600	RADIOISOTOPE	499,847		499,847	0	499,847	56.00
57.00	05700	CT SCAN	710,740		710,740	0	710,740	57.00
58.00	05800	MRI	718,927		718,927	0	718,927	58.00
60.00	06000	LABORATORY	3,065,159		3,065,159	0	3,065,159	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	98,941		98,941	0	98,941	63.00
65.00	06500	RESPIRATORY THERAPY	825,619	0	825,619	0	825,619	65.00
66.00	06600	PHYSICAL THERAPY	1,470,008	0	1,470,008	0	1,470,008	66.00
69.00	06900	ELECTROCARDIOLOGY	125,507		125,507	0	125,507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,618		18,618	0	18,618	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	767,202		767,202	0	767,202	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,281,043		2,281,043	0	2,281,043	73.00
76.00	03140	CARDIOLOGY	0		0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	399,533		399,533	0	399,533	76.01
76.97	07697	CARDIAC REHABILITATION	191,232		191,232	0	191,232	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC-PRINCETON	4,056,112		4,056,112	0	4,056,112	88.00
90.00	09000	CLINIC	513,494		513,494	0	513,494	90.00
90.01	04950	SLEEP LAB	175,189		175,189	0	175,189	90.01
90.02	09001	GENERAL SURGERY CL	146,023		146,023	0	146,023	90.02
91.00	09100	EMERGENCY	3,166,438		3,166,438	0	3,166,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	474,095		474,095	0	474,095	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0		0		0	106.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	34,396,654	0	34,396,654	0	34,396,654	200.00
201.00		Less Observation Beds	474,095		474,095		474,095	201.00
202.00		Total (see instructions)	33,922,559	0	33,922,559	0	33,922,559	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet C
Part I
Date/Time Prepared:
9/22/2017 10:40 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	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,874,816		3,874,816		30.00
31.00	03100	INTENSIVE CARE UNIT	959,657		959,657		31.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,258,270	11,944,145	15,202,415	0.396095	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	451,200	455,212	906,412	0.106689	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	210,339	4,179,936	4,390,275	0.389984	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	161,878	2,483,067	2,644,945	0.252190	55.00
56.00	05600	RADIOISOTOPE	42,340	946,209	988,549	0.505637	56.00
57.00	05700	CT SCAN	371,777	8,795,356	9,167,133	0.077531	57.00
58.00	05800	MRI	83,224	3,350,263	3,433,487	0.209387	58.00
60.00	06000	LABORATORY	1,113,214	12,521,738	13,634,952	0.224802	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	104,987	78,732	183,719	0.538545	63.00
65.00	06500	RESPIRATORY THERAPY	1,149,565	433,039	1,582,604	0.521684	65.00
66.00	06600	PHYSICAL THERAPY	926,795	3,021,015	3,947,810	0.372360	66.00
69.00	06900	ELECTROCARDIOLOGY	85,131	872,052	957,183	0.131121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,108	20,108	0.925900	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	1,019,398	394,668	1,414,066	0.542550	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,184,187	2,910,170	4,094,357	0.557119	73.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	278,785	278,785	1.433122	76.01
76.97	07697	CARDIAC REHABILITATION	0	407,379	407,379	0.469420	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC-PRINCETON	12,489	3,637,575	3,650,064	1.111244	88.00
90.00	09000	CLINIC	378,173	267,500	645,673	0.795285	90.00
90.01	04950	SLEEP LAB	0	598,294	598,294	0.292814	90.01
90.02	09001	GENERAL SURGERY CL	29,453	50,184	79,637	1.833607	90.02
91.00	09100	EMERGENCY	474,893	7,134,990	7,609,883	0.416095	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,458	550,985	568,443	0.834024	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	15,909,244	65,331,402	81,240,646		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	15,909,244	65,331,402	81,240,646		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet C Part I Date/Time Prepared: 9/22/2017 10:40 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
60.00	06000	LABORATORY	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
76.00	03140	CARDIOLOGY	0.000000	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RHC-PRINCETON	0.000000	88.00
90.00	09000	CLINIC	0.000000	90.00
90.01	04950	SLEEP LAB	0.000000	90.01
90.02	09001	GENERAL SURGERY CL	0.000000	90.02
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600	HEART ACQUISITION		106.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet D
Part II
Date/Time Prepared:
9/22/2017 10:40 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital Cost							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	503,947	15,202,415	0.033149	1,833,135	60,767	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	12,807	906,412	0.014129	122,315	1,728	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	143,465	4,390,275	0.032678	136,695	4,467	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	66,780	2,644,945	0.025248	104,611	2,641	55.00
56.00	05600 RADIOISOTOPE	14,923	988,549	0.015096	18,155	274	56.00
57.00	05700 CT SCAN	21,742	9,167,133	0.002372	231,726	550	57.00
58.00	05800 MRI	251,739	3,433,487	0.073319	55,823	4,093	58.00
60.00	06000 LABORATORY	136,081	13,634,952	0.009980	645,587	6,443	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,550	183,719	0.008437	73,003	616	63.00
65.00	06500 RESPIRATORY THERAPY	42,232	1,582,604	0.026685	773,786	20,648	65.00
66.00	06600 PHYSICAL THERAPY	75,854	3,947,810	0.019214	330,268	6,346	66.00
69.00	06900 ELECTROCARDIOLOGY	10,528	957,183	0.010999	30,206	332	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,468	20,108	0.172469	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	18,226	1,414,066	0.012889	588,046	7,579	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	55,732	4,094,357	0.013612	664,446	9,044	73.00
76.00	03140 CARDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03950 SENIOR BEHAVIORAL WELLNESS	16,488	278,785	0.059142	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	24,810	407,379	0.060902	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RHC-PRINCETON	138,280	3,650,064	0.037884	0	0	88.00
90.00	09000 CLINIC	39,715	645,673	0.061509	325	20	90.00
90.01	04950 SLEEP LAB	15,498	598,294	0.025904	0	0	90.01
90.02	09001 GENERAL SURGERY CL	13,372	79,637	0.167912	44	7	90.02
91.00	09100 EMERGENCY	154,562	7,609,883	0.020311	1,178	24	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	34,235	568,443	0.060226	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	1,796,034	76,406,173		5,609,349	125,579	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet D
Part IV
Date/Time Prepared:
9/22/2017 10:40 am

Cost Center Description			Title XVIII				Hospital	
			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
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
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC-PRINCETON	0	0	0	0	0	88.00
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	GENERAL SURGERY CL	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
OTHER REIMBURSABLE COST CENTERS								
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: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet D
Part IV
Date/Time Prepared:
9/22/2017 10:40 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	Cost
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,202,415	0.000000	0.000000	1,833,135	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	906,412	0.000000	0.000000	122,315	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,390,275	0.000000	0.000000	136,695	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,644,945	0.000000	0.000000	104,611	55.00
56.00	05600	RADIOISOTOPE	0	988,549	0.000000	0.000000	18,155	56.00
57.00	05700	CT SCAN	0	9,167,133	0.000000	0.000000	231,726	57.00
58.00	05800	MRI	0	3,433,487	0.000000	0.000000	55,823	58.00
60.00	06000	LABORATORY	0	13,634,952	0.000000	0.000000	645,587	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	183,719	0.000000	0.000000	73,003	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,582,604	0.000000	0.000000	773,786	65.00
66.00	06600	PHYSICAL THERAPY	0	3,947,810	0.000000	0.000000	330,268	66.00
69.00	06900	ELECTROCARDIOLOGY	0	957,183	0.000000	0.000000	30,206	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,108	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	1,414,066	0.000000	0.000000	588,046	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,094,357	0.000000	0.000000	664,446	73.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	278,785	0.000000	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	407,379	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC-PRINCETON	0	3,650,064	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	645,673	0.000000	0.000000	325	90.00
90.01	04950	SLEEP LAB	0	598,294	0.000000	0.000000	0	90.01
90.02	09001	GENERAL SURGERY CL	0	79,637	0.000000	0.000000	44	90.02
91.00	09100	EMERGENCY	0	7,609,883	0.000000	0.000000	1,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	568,443	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	76,406,173			5,609,349	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet D Part IV Date/Time Prepared: 9/22/2017 10:40 am
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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		
ANCILLARY SERVICE COST CENTERS						
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
76.01	03950 SENIOR BEHAVIORAL WELLNESS	0	0	0		76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RHC-PRINCETON	0	0	0		88.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 SLEEP LAB	0	0	0		90.01
90.02	09001 GENERAL SURGERY CL	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
OTHER REIMBURSABLE COST CENTERS						
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: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet D
Part V
Date/Time Prepared:
9/22/2017 10:40 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.396095	0	4,939,817	25	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.106689	0	248,458	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.389984	0	1,596,912	12	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252190	0	1,168,106	0	0	55.00
56.00	05600	RADIOISOTOPE	0.505637	0	486,105	2	0	56.00
57.00	05700	CT SCAN	0.077531	0	3,657,525	140	0	57.00
58.00	05800	MRI	0.209387	0	1,291,330	0	0	58.00
60.00	06000	LABORATORY	0.224802	0	5,507,796	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.538545	0	43,694	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.521684	0	207,056	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.372360	0	1,196,294	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.131121	0	461,441	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.925900	0	7,312	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	0.542550	0	81,379	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.557119	0	1,460,440	705	0	73.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1.433122	0	245,995	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.469420	0	260,372	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC-PRINCETON	0.000000				0	88.00
90.00	09000	CLINIC	0.795285	0	221,043	9	0	90.00
90.01	04950	SLEEP LAB	0.292814	0	193,234	0	0	90.01
90.02	09001	GENERAL SURGERY CL	1.833607	0	36,619	0	0	90.02
91.00	09100	EMERGENCY	0.416095	0	2,846,957	283	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.834024	0	280,345	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		0	26,438,230	1,176	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	26,438,230	1,176	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet D Part V Date/Time Prepared: 9/22/2017 10:40 am
		Title XVIII	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,956,637	10		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	26,508	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	622,770	5		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	294,585	0		55.00
56.00 05600 RADIOISOTOPE	245,793	1		56.00
57.00 05700 CT SCAN	283,572	11		57.00
58.00 05800 MRI	270,388	0		58.00
60.00 06000 LABORATORY	1,238,164	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	23,531	0		63.00
65.00 06500 RESPIRATORY THERAPY	108,018	0		65.00
66.00 06600 PHYSICAL THERAPY	445,452	0		66.00
69.00 06900 ELECTROCARDIOLOGY	60,505	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	6,770	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	44,152	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	813,639	393		73.00
76.00 03140 RADIOLOGY	0	0		76.00
76.01 03950 SENIOR BEHAVIORAL WELLNESS	352,541	0		76.01
76.97 07697 CARDIAC REHABILITATION	122,224	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RHC-PRINCETON	0	0		88.00
90.00 09000 CLINIC	175,792	7		90.00
90.01 04950 SLEEP LAB	56,582	0		90.01
90.02 09001 GENERAL SURGERY CL	67,145	0		90.02
91.00 09100 EMERGENCY	1,184,605	118		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	233,814	0		92.00
OTHER REIMBURSABLE COST CENTERS				
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	8,633,187	545		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	8,633,187	545		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1337 Component CCN: 14-Z337	Period: From 05/01/2016 To 04/30/2017	Worksheet D Part V Date/Time Prepared: 9/22/2017 10:40 am
Title XVIII			Swing Beds - SNF	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.396095	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.106689	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.389984	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252190	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.505637	0	0	0	56.00
57.00	05700	CT SCAN	0.077531	0	0	0	57.00
58.00	05800	MRI	0.209387	0	0	0	58.00
60.00	06000	LABORATORY	0.224802	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.538545	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.521684	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.372360	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.131121	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.925900	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	0.542550	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.557119	0	0	0	73.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1.433122	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.469420	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC-PRINCETON	0.000000				88.00
90.00	09000	CLINIC	0.795285	0	0	0	90.00
90.01	04950	SLEEP LAB	0.292814	0	0	0	90.01
90.02	09001	GENERAL SURGERY CL	1.833607	0	0	0	90.02
91.00	09100	EMERGENCY	0.416095	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.834024	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
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: 14-1337 Component CCN: 14-Z337	Period: From 05/01/2016 To 04/30/2017	Worksheet D Part V Date/Time Prepared: 9/22/2017 10:40 am
Title XVIII			Swing Beds - SNF	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
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
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC-PRINCETON	0	0	88.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP LAB	0	0	90.01
90.02	09001	GENERAL SURGERY CL	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
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: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet D-1 Date/Time Prepared: 9/22/2017 10:40 am
Cost Center Description		Title XVIII	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,031 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,410 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			2,100 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			400 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)			200 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			14 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)			7 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,365 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)			307 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)			153 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
SWING BED ADJUSTMENT				
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)			4,606,138 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)			1,884 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)			942 25.00
26.00	Total swing-bed cost (see instructions)			920,430 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,685,708 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
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)			3,685,708 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,529.34 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,087,549 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)			2,087,549 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet D-1 Date/Time Prepared: 9/22/2017 10:40 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	1,589,319	311	5,110.35	176	899,422	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)					2,262,776	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,249,747	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)					469,507	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					233,989	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					703,496	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/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID 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)					310	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,529.34	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					474,095	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1337		Period: From 05/01/2016 To 04/30/2017		Worksheet D-1 Date/Time Prepared: 9/22/2017 10:40 am	
Cost Center Description		Cost	Routine Cost (from line 21)	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	332,619	4,606,138	0.072212	474,095	34,235	90.00
91.00	Nursing School cost	0	4,606,138	0.000000	474,095	0	91.00
92.00	Allied health cost	0	4,606,138	0.000000	474,095	0	92.00
93.00	All other Medical Education	0	4,606,138	0.000000	474,095	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet D-3 Date/Time Prepared: 9/22/2017 10:40 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,985,658	30.00
31.00	03100	INTENSIVE CARE UNIT		493,364	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.396095	1,833,135	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.106689	122,315	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.389984	136,695	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252190	104,611	55.00
56.00	05600	RADIOISOTOPE	0.505637	18,155	56.00
57.00	05700	CT SCAN	0.077531	231,726	57.00
58.00	05800	MRI	0.209387	55,823	58.00
60.00	06000	LABORATORY	0.224802	645,587	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.538545	73,003	63.00
65.00	06500	RESPIRATORY THERAPY	0.521684	773,786	65.00
66.00	06600	PHYSICAL THERAPY	0.372360	330,268	66.00
69.00	06900	ELECTROCARDIOLOGY	0.131121	30,206	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.925900	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.542550	588,046	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.557119	664,446	73.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1.433122	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.469420	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC-PRINCETON	0.000000		88.00
90.00	09000	CLINIC	0.795285	325	90.00
90.01	04950	SLEEP LAB	0.292814	0	90.01
90.02	09001	GENERAL SURGERY CL	1.833607	44	90.02
91.00	09100	EMERGENCY	0.416095	1,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.834024	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		5,609,349	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)		5,609,349	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1337 Component CCN: 14-Z337	Period: From 05/01/2016 To 04/30/2017	Worksheet D-3 Date/Time Prepared: 9/22/2017 10:40 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.396095	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.106689	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.389984	7,400	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252190	3,797	55.00
56.00	05600	RADIOISOTOPE	0.505637	1,703	56.00
57.00	05700	CT SCAN	0.077531	0	57.00
58.00	05800	MRI	0.209387	0	58.00
60.00	06000	LABORATORY	0.224802	40,553	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.538545	922	63.00
65.00	06500	RESPIRATORY THERAPY	0.521684	85,246	65.00
66.00	06600	PHYSICAL THERAPY	0.372360	336,077	66.00
69.00	06900	ELECTROCARDIOLOGY	0.131121	891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.925900	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.542550	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.557119	69,774	73.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1.433122	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.469420	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC-PRINCETON	0.000000	0	88.00
90.00	09000	CLINIC	0.795285	0	90.00
90.01	04950	SLEEP LAB	0.292814	0	90.01
90.02	09001	GENERAL SURGERY CL	1.833607	0	90.02
91.00	09100	EMERGENCY	0.416095	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.834024	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		546,363	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)		546,363	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet E Part B Date/Time Prepared: 9/22/2017 10:40 am
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			8,633,732 1.00
2.00	Medical and other services reimbursed under OPPTS (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)			8,633,732 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
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)			8,720,069 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
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			62,682 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			4,101,712 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] (see instructions)			4,555,675 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)			4,555,675 30.00
31.00	Primary payer payments			2,914 31.00
32.00	Subtotal (line 30 minus line 31)			4,552,761 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			153,072 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			99,497 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			120,127 36.00
37.00	Subtotal (see instructions)			4,652,258 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)			4,652,258 40.00
40.01	Sequestration adjustment (see instructions)			93,045 40.01
41.00	Interim payments			4,914,503 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-355,290 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
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: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
9/22/2017 10:40 am

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		4,808,843		5,311,782	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	12/01/2016	9,150		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	04/13/2017	4,576	12/01/2016	177,901		3.50
3.51			0	04/13/2017	219,378		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)		4,574		-397,279		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)		4,813,417		4,914,503		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		0		0		6.01
6.02	SETTLEMENT TO PROGRAM		53,066		355,290		6.02
7.00	Total Medicare program liability (see instructions)		4,760,351		4,559,213		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: 14-1337

Period: From 05/01/2016

Worksheet E-1

Component CCN: 14-Z337

To 04/30/2017

Part I
Date/Time Prepared:
9/22/2017 10:40 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		965,671		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		0		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	12/01/2016	8,230		0	3.50
3.51		04/13/2017	7,209		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)		-15,439		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)		950,232		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		49,123		0	6.02
7.00	Total Medicare program liability (see instructions)		901,109		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: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet E-1
Part II
Date/Time Prepared:
9/22/2017 10:40 am

		Title XVIII	Hospital	Cost
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			813 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			1,541 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			258 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			2,411 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			81,240,646 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			389,797 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
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
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: 14-1337

Period:

Worksheet E-2

Component CCN: 14-Z337

From 05/01/2016
To 04/30/2017

Date/Time Prepared:
9/22/2017 10:40 am

		Title XVIII		Swing Beds - SNF	
		Part A	Part B	Cost	
		1.00	2.00		
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)	710,531	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 Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	225,149	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	460	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)	935,680	0	8.00	
9.00	Primary payer payments (see instructions)	0	0	9.00	
10.00	Subtotal (line 8 minus line 9)	935,680	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)	935,680	0	12.00	
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	16,181	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)	919,499	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)	919,499	0	19.00	
19.01	Sequestration adjustment (see instructions)	18,390	0	19.01	
20.00	Interim payments	950,232	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)	-49,123	0	22.00	
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1337	Period: From 05/01/2016 To 04/30/2017	Worksheet E-3 Part V Date/Time Prepared: 9/22/2017 10:40 am
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services			5,249,747 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)			5,249,747 4.00
5.00	Primary payer payments			1,712 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			5,300,532 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
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
Customary charges				
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
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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)			5,300,532 19.00
20.00	Deductibles (exclude professional component)			459,396 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			4,841,136 22.00
23.00	Coinurance			0 23.00
24.00	Subtotal (line 22 minus line 23)			4,841,136 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			25,177 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			16,365 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			14,168 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			4,857,501 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)			4,857,501 30.00
30.01	Sequestration adjustment (see instructions)			97,150 30.01
31.00	Interim payments			4,813,417 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)			-53,066 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: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet G

Date/Time Prepared:
9/22/2017 10:40 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	5,505,612	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	5,602,153	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	380,412	0	0	0	7.00
8.00	Prepaid expenses	356,826	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	11,845,003	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,058,874	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	15,425,428	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)	16,484,302	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,897,493	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	2,567,823	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,465,316	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	37,794,621	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,021,508	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,965,414	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	511,230	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	1,029,368	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,527,520	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,014,555	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,197,140	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	6,211,695	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	10,739,215	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	27,055,406				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	27,055,406	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	37,794,621	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet G-1

Date/Time Prepared:
9/22/2017 10:40 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		29,001,735			0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,946,329				2.00
3.00	Total (sum of line 1 and line 2)		27,055,406			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)		27,055,406			0	11.00
12.00		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)		27,055,406			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			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: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
9/22/2017 10:40 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	3,350,214		3,350,214	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	3,350,214		3,350,214	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	752,865		752,865	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)	752,865		752,865	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,103,079		4,103,079	17.00
18.00	Ancillary services	8,664,482	49,126,463	57,790,945	18.00
19.00	Outpatient services	794,041	15,035,500	15,829,541	19.00
20.00	RHC-PRINCETON	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	PHARMACY	0	191	191	27.01
27.02	DIETARY	0	2,116	2,116	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	13,561,602	64,164,270	77,725,872	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		41,423,297		29.00
30.00		0			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)		0		36.00
37.00		0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		41,423,297		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1337

Period:
From 05/01/2016
To 04/30/2017

Worksheet G-3

Date/Time Prepared:
9/22/2017 10:40 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	77,725,872	1.00
2.00	Less contractual allowances and discounts on patients' accounts	39,335,682	2.00
3.00	Net patient revenues (line 1 minus line 2)	38,390,190	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	41,423,297	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,033,107	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	148,832	6.00
7.00	Income from investments	56,782	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	882,403	24.00
24.01	OTHER NON-OP	0	24.01
25.00	Total other income (sum of lines 6-24)	1,088,017	25.00
26.00	Total (line 5 plus line 25)	-1,945,090	26.00
27.00	OTHER NON-OP	1,239	27.00
27.01		0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1,239	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,946,329	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1337

Period: From 05/01/2016

Worksheet M-1

Component CCN: 14-8549

To 04/30/2017

Date/Time Prepared: 9/22/2017 10:40 am

		RHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	817,852	0	817,852	112,855	930,707	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	546,074	0	546,074	0	546,074	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	845,626	0	845,626	0	845,626	9.00
10.00	Subtotal (sum of lines 1 through 9)	2,209,552	0	2,209,552	112,855	2,322,407	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	178,203	178,203	0	178,203	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	178,203	178,203	0	178,203	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,209,552	178,203	2,387,755	112,855	2,500,610	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	2,309	2,309	0	2,309	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	2,309	2,309	0	2,309	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	0	83,267	83,267	0	83,267	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	83,267	83,267	0	83,267	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,209,552	263,779	2,473,331	112,855	2,586,186	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 14-1337	Period:	Worksheet M-1
	Component CCN: 14-8549	From 05/01/2016 To 04/30/2017	Date/Time Prepared: 9/22/2017 10:40 am
		RHC I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00	Physician	0	930,707
2.00	Physician Assistant	0	0
3.00	Nurse Practitioner	0	546,074
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	0
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	845,626
10.00	Subtotal (sum of lines 1 through 9)	0	2,322,407
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	0	178,203
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	0
20.00	Allowable GME Costs	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	178,203
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,500,610
COSTS OTHER THAN RHC/FQHC SERVICES			
23.00	Pharmacy	0	2,309
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	2,309
FACILITY OVERHEAD			
29.00	Facility Costs	0	0
30.00	Administrative Costs	0	83,267
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	83,267
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	2,586,186

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1337 Component CCN: 14-8549	Period: From 05/01/2016 To 04/30/2017	Worksheet M-2 Date/Time Prepared: 9/22/2017 10:40 am
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		RHC I					Cost
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	2.57	6,972	4,200	10,794		1.00
2.00	Physician Assistant	0.00	0	0	0		2.00
3.00	Nurse Practitioner	3.09	6,208	2,100	6,489		3.00
4.00	Subtotal (sum of lines 1 through 3)	5.66	13,180		17,283	17,283	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	5.66	13,180			17,283	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					2,500,610	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					2,309	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					2,502,919	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.999077	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)					83,267	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,469,926	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,553,193	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,553,193	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,551,759	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					4,052,369	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1337 Component CCN: 14-8549	Period: From 05/01/2016 To 04/30/2017	Worksheet M-3 Date/Time Prepared: 9/22/2017 10:40 am	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			4,052,369	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			191,516	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			3,860,853	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			17,283	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			17,283	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			223.39	7.00
		Calculation of Limit (1)			
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
		1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	81.32	82.30		8.00
9.00	Rate for Program covered visits (see instructions)	223.39	223.39		9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)	0	6,160		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	1,376,082		11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0		12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0		13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0		14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	1,376,082		16.00
16.01	Total program charges (see instructions)(from contractor's records)		990,621		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		130,986		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		181,954		16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		901,761		16.04
16.05	Total program cost (see instructions)	0	1,083,715		16.05
17.00	Primary payer amounts		0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		66,927		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		158,542		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		1,083,715		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		86,056		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		1,169,771		22.00
23.00	Allowable bad debts (see instructions)		0		23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0		23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0		25.50
26.00	Net reimbursable amount (see instructions)		1,169,771		26.00
26.01	Sequestration adjustment (see instructions)		23,395		26.01
27.00	Interim payments		1,013,598		27.00
28.00	Tentative settlement (for contractor use only)		0		28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)		132,778		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0		30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-1337 Component CCN: 14-8549	Period: From 05/01/2016 To 04/30/2017	Worksheet M-4 Date/Time Prepared: 9/22/2017 10:40 am	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		2,322,407	2,322,407	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.004519	0.005701	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		10,495	13,240	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		80,239	14,205	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		90,734	27,445	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		2,500,610	2,500,610	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		1,551,759	1,551,759	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.036285	0.010975	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		56,306	17,031	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		147,040	44,476	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		593	748	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		247.96	59.46	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		272	313	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		67,445	18,611	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			191,516	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			86,056	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-1337 Component CCN: 14-8549	Period: From 05/01/2016 To 04/30/2017	Worksheet M-5 Date/Time Prepared: 9/22/2017 10:40 am
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		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		932,106	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	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		12/01/2016	42,132	3.01
3.02		04/13/2017	39,360	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		81,492	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		1,013,598	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			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		132,778	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		1,146,376	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00