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 05/01/2017 To 04/30/2018	Worksheet S Parts I-III Date/Time Prepared: 9/28/2018 12:47 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 9/28/2018 Time: 12:47 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 ACTIONS, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL 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 05/01/2017 and ending 04/30/2018 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.

[ ] I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) _____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	52,218	-497,167	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	22,336	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
10.00	RHC-PRINCETON I	0		212,971		0	10.00
10.01	RHC-PROMPT CARE II	0		2,798		0	10.01
200.00	Total	0	74,554	-281,398	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 9/27/2018 8:40 pm

	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) 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	O	O	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	O	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	O	N	15.00
15.01	Hospital-Based Health Clinic - RHC	RHC-PROMPT CARE	148583	99914		10/27/2017	N	O	N	15.01
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	05/01/2017	04/30/2018	20.00
21.00	Type of Control (see instructions)	8		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(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		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 9/27/2018 8:40 pm

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

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		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)(i) or (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)(i) or (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	XVIII	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	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	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	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	"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

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (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	61.00
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)						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)						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)						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).						61.04

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 9/27/2018 8:40 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						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. Enter in column 4, the 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. Enter in column 4, the 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 through 67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 9/27/2018 8:40 pm

		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	67.00

		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 is 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 is 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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? 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
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a 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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 9/27/2018 8:40 pm

		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 healthcare related taxes as defined in §1903(w)(3) of the Act?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
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	2.00	
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.			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 9/27/2018 8:40 pm

		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	
	Multicampus		
165.00	Is this hospital part of a Multicampus 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	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §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	168.00
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	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2017	12/31/2017	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. I, 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 05/01/2017 To 04/30/2018 | Worksheet S-2 Part II | Date/Time Prepared: 9/27/2018 8:40 pm

		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	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-2 Part II Date/Time Prepared: 9/27/2018 8:40 pm

		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 relifed 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 05/01/2017 To 04/30/2018 | Worksheet S-2 Part II Date/Time Prepared: 9/27/2018 8:40 pm

		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 05/01/2017 To 04/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 9/27/2018 8:40 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	22	8,030	48,409.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		22	8,030	48,409.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	3	1,095	4,317.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)		25	9,125	52,726.00	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-PRINCETON	88.00				0	26.00
26.01	RHC-PROMPT CARE	88.01				0	26.01
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
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-3 Part I | Date/Time Prepared: 9/27/2018 8:40 pm

	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)	1,176	111	1,896			1.00
2.00	HMO and other (see instructions)	250	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	298	0	429			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	33			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,474	111	2,358			7.00
8.00	INTENSIVE CARE UNIT	176	44	308			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)	1,650	155	2,666	0.00	271.74	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-PRINCETON	6,920	1,964	17,923	0.00	33.61	26.00
26.01	RHC-PROMPT CARE	0	0	3,350	0.00	3.19	26.01
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	308.54	27.00
28.00	Observation Bed Days		0	348			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			27			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
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-3 Part I | Date/Time Prepared: 9/27/2018 8:40 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	445	71	775	1.00
2.00	HMO and other (see instructions)			88	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	445	71	775	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
26.01	RHC-PROMPT CARE	0.00					26.01
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			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA | Provider CCN:14-1337 | Component CCN:14-8549 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-8 | Date/Time Prepared: 9/27/2018 8:40 pm

			RHC I	Cost	
			1.00		
	Clinic Address and Identification				
1.00	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	2.00
				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	
	Source of Federal Funds				
4.00	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.)		yes orN	0	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	CLINIC			07:00	07:00	07:00	11.00

	1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? N 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.	0	13.00

		Provider name	CCN number	
		1.00	2.00	
14.00	RHC/FQHC name, CCN number			14.00

		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all 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)	GME					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	
	Facility hours of operations (1)						
11.00	CLINIC	07:00	07:00	07:00	07:00	07:00	11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA | Provider CCN:14-1337 | Component CCN:14-8549 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-8 | Date/Time Prepared: 9/27/2018 8:40 pm

RHC I | Cost

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
	Facility hours of operations (1)						
11.00	CLINIC	07:00	07:00				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA | Provider CCN:14-1337 | Component CCN:14-8583 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-8 | Date/Time Prepared: 9/27/2018 8:40 pm

RHC II | Cost

					1.00		
	Clinic Address and Identification						
1.00	Street				2128 N MAIN STR		1.00
		City			State	ZIP Code	
		1.00			2.00	3.00	
2.00	City, State, ZIP Code, County	PRINCETON			IL	61356	2.00
						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	
	Source of Federal Funds						
4.00	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.)				yes orN	0	10.00
		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	CLINIC	09:00	14:00	09:00	18:00	09:00	11.00
					1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?				N		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.				N	0	13.00
				Provider name		CCN number	
				1.00		2.00	
14.00	RHC/FQHC name, CCN number						14.00
		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all 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)	GME					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	
	Facility hours of operations (1)						
11.00	CLINIC	18:00	09:00	18:00	09:00	18:00	11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA | Provider CCN:14-1337 | Component CCN:14-8583 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-8 | Date/Time Prepared: 9/27/2018 8:40 pm

RHC II | Cost

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
	Facility hours of operations (1)						
11.00	CLINIC	09:00	18:00	09:00	14:00		11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet S-10 | Date/Time Prepared: 9/27/2018 8:40 pm

		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)	0.391097	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 and/or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH and/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)	2,907,715	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)	447,544	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)	54,675	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	33,346	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
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (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)	480,890	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	343,270	46,527	389,797	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	134,252	46,527	180,779	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	134,252	46,527	180,779	23.00

		1.00	
24.00	Does the amount on 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, enter the charges for patient days beyond the 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 reimbursable bad debts for the entire hospital complex (see instructions)	234,001	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	360,002	27.01
28.00	Non-Medicare bad debt expense (see instructions)	1,747,488	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	809,438	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	990,217	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	1,471,107	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet A | Date/Time Prepared: 9/27/2018 8:40 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,137,671	1,137,671	153,113	1,290,784	1.00
1.01	00101	PERRY PLAZA B&F		58,898	58,898	0	58,898	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,059,083	1,059,083	48,132	1,107,215	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	425,937	6,248,731	6,674,668	-308,795	6,365,873	4.00
5.01	00590	BUSINESS OFFICE	498,216	267,367	765,583	0	765,583	5.01
5.02	00591	A&G HOSPITAL-ONLY	765,763	1,048,199	1,813,962	0	1,813,962	5.02
5.03	00592	A&G SHARED	924,566	1,346,828	2,271,394	-97,675	2,173,719	5.03
7.00	00700	OPERATION OF PLANT	582,370	1,038,770	1,621,140	0	1,621,140	7.00
7.01	00701	PERRY PLAZA PLANT OP	25,519	66,737	92,256	0	92,256	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,562	88,784	92,346	0	92,346	8.00
9.00	00900	HOUSEKEEPING	357,783	144,968	502,751	0	502,751	9.00
10.00	01000	DIETARY	376,934	474,340	851,274	0	851,274	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	799,563	85,519	885,082	0	885,082	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	63,250	62,741	125,991	0	125,991	14.00
15.00	01500	PHARMACY	313,022	489,275	802,297	0	802,297	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	481,771	126,605	608,376	0	608,376	16.00
17.00	01700	SOCIAL SERVICE	372,431	35,292	407,723	0	407,723	17.00
18.00	01850	PATIENT REGISTRATION	313,817	11,799	325,616	0	325,616	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,183,543	421,093	1,604,636	12,719	1,617,355	30.00
31.00	03100	INTENSIVE CARE UNIT	377,627	473,990	851,617	0	851,617	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,499,362	2,300,360	3,799,722	-805,956	2,993,766	50.00
53.00	05300	ANESTHESIOLOGY	0	1,006,797	1,006,797	0	1,006,797	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	660,189	190,923	851,112	0	851,112	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	242,575	116,072	358,647	0	358,647	55.00
56.00	05600	RADIOISOTOPE	0	275,028	275,028	0	275,028	56.00
57.00	05700	CT SCAN	74,044	180,827	254,871	0	254,871	57.00
58.00	05800	MRI	104,100	120,143	224,243	0	224,243	58.00
60.00	06000	LABORATORY	714,382	1,094,076	1,808,458	0	1,808,458	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	82,944	82,944	0	82,944	63.00
65.00	06500	RESPIRATORY THERAPY	384,818	43,485	428,303	0	428,303	65.00
66.00	06600	PHYSICAL THERAPY	667,190	84,506	751,696	0	751,696	66.00
69.00	06900	ELECTROCARDIOLOGY	43,788	7,497	51,285	0	51,285	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,259	241	1,500	0	1,500	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	805,956	805,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,354,073	1,354,073	0	1,354,073	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	407,759	407,759	0	407,759	76.01
76.97	07697	CARDIAC REHABILITATION	69,810	24,261	94,071	0	94,071	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	2,434,993	411,045	2,846,038	90,011	2,936,049	88.00
88.01	08801	RHC-PROMPT CARE	0	0	0	313,940	313,940	88.01
90.00	09000	CLINIC	1,873,050	108,412	1,981,462	99,916	2,081,378	90.00
90.01	04950	SLEEP LAB	60,951	5,003	65,954	0	65,954	90.01
90.02	09001	GENERAL SURGERY CL	677,585	12,774	690,359	60,393	750,752	90.02
90.03	09002	PM PAIN CLINIC	27,362	125,402	152,764	0	152,764	90.03
91.00	09100	EMERGENCY	791,606	2,708,959	3,500,565	-2,160	3,498,405	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		101,410	101,410	-101,410	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,192,738	25,448,687	43,641,425	268,184	43,909,609	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
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	385,256	133,407	518,663	22,878	541,541	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	516,695	79,820	596,515	-291,062	305,453	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	19,094,689	25,661,914	44,756,603	0	44,756,603	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet A | Date/Time Prepared: 9/27/2018 8:40 pm

		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	-115,620	1,175,164		1.00
1.01	00101	PERRY PLAZA B&F	0	58,898		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-26,594	1,080,621		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,200,017	5,165,856		4.00
5.01	00590	BUSINESS OFFICE	0	765,583		5.01
5.02	00591	A&G HOSPITAL-ONLY	-14,213	1,799,749		5.02
5.03	00592	A&G SHARED	-279,782	1,893,937		5.03
7.00	00700	OPERATION OF PLANT	-757	1,620,383		7.00
7.01	00701	PERRY PLAZA PLANT OP	0	92,256		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	-2,108	90,238		8.00
9.00	00900	HOUSEKEEPING	0	502,751		9.00
10.00	01000	DIETARY	-212,922	638,352		10.00
11.00	01100	CAFETERIA	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	-2,541	882,541		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	125,991		14.00
15.00	01500	PHARMACY	0	802,297		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-97	608,279		16.00
17.00	01700	SOCIAL SERVICE	0	407,723		17.00
18.00	01850	PATIENT REGISTRATION	0	325,616		18.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-351,342	1,266,013		30.00
31.00	03100	INTENSIVE CARE UNIT	0	851,617		31.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-10,543	2,983,223		50.00
53.00	05300	ANESTHESIOLOGY	-970,018	36,779		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	851,112		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	358,647		55.00
56.00	05600	RADIOISOTOPE	0	275,028		56.00
57.00	05700	CT SCAN	0	254,871		57.00
58.00	05800	MRI	0	224,243		58.00
60.00	06000	LABORATORY	-37,260	1,771,198		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	82,944		63.00
65.00	06500	RESPIRATORY THERAPY	0	428,303		65.00
66.00	06600	PHYSICAL THERAPY	0	751,696		66.00
69.00	06900	ELECTROCARDIOLOGY	0	51,285		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,500		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	805,956		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,354,073		73.00
76.00	03140	CARDIOLOGY	0	0		76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	407,759		76.01
76.97	07697	CARDIAC REHABILITATION	0	94,071		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RHC-PRINCETON	-36,000	2,900,049		88.00
88.01	08801	RHC-PROMPT CARE	0	313,940		88.01
90.00	09000	CLINIC	-1,740,308	341,070		90.00
90.01	04950	SLEEP LAB	0	65,954		90.01
90.02	09001	GENERAL SURGERY CL	-609,278	141,474		90.02
90.03	09002	PM PAIN CLINIC	-116,605	36,159		90.03
91.00	09100	EMERGENCY	-1,559,126	1,939,279		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-7,285,131	36,624,478		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
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0		192.03
194.00	07956	WALNUT & HENRY CLINICS	0	541,541		194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0		194.01
194.03	07953	MOB LEASED SPACE	0	0		194.03
194.05	07955	PERRY PLAZA LEASED	0	0		194.05
194.06	07954	PM PROMPT CARE	0	305,453		194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-7,285,131	37,471,472		200.00

RECLASSIFICATIONS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet A-6 | Date/Time Prepared: 9/27/2018 8:40 pm

		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	101,410		1.00
	TOTALS		0	101,410		
	B - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	51,703		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	48,132		2.00
	TOTALS		0	99,835		
	C - EMPLOYEE PHYSICALS					
1.00	A&G SHARED	5.03	0	2,160		1.00
	TOTALS		0	2,160		
	F - PHYSICIAN BENEFITS RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	12,719		1.00
2.00	RHC-PRINCETON	88.00	0	90,011		2.00
3.00	CLINIC	90.00	0	99,916		3.00
4.00	GENERAL SURGERY CL	90.02	0	60,393		4.00
5.00	WALNUT & HENRY CLINICS	194.00	0	22,878		5.00
6.00	PM PROMPT CARE	194.06	0	11,282		6.00
7.00	RHC-PROMPT CARE	88.01	0	11,596		7.00
	TOTALS		0	308,795		
	G - IMPLANTIBLES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	805,956		1.00
	TOTALS		0	805,956		
	H - PROMPT CARE RHC					
1.00	RHC-PROMPT CARE	88.01	261,887	40,457		1.00
	TOTALS		261,887	40,457		
500.00	Grand Total: Increases		261,887	1,358,613		500.00

RECLASSIFICATIONS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet A-6 | Date/Time Prepared: 9/27/2018 8:40 pm

	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	101,410	11		1.00
	TOTALS		0	101,410			
	B - PROPERTY INSURANCE						
1.00	A&G SHARED	5.03	0	99,835	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	99,835			
	C - EMPLOYEE PHYSICALS						
1.00	EMERGENCY	91.00	0	2,160	0		1.00
	TOTALS		0	2,160			
	F - PHYSICIAN BENEFITS RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	308,795	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
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		0	308,795			
	G - IMPLANTIBLES RECLASS						
1.00	OPERATING ROOM	50.00	0	805,956	0		1.00
	TOTALS		0	805,956			
	H - PROMPT CARE RHC						
1.00	PM PROMPT CARE	194.06	261,887	40,457	0		1.00
	TOTALS		261,887	40,457			
500.00	Grand Total: Decreases		261,887	1,358,613			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet A-7 Part I Date/Time Prepared: 9/27/2018 8:40 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	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 05/01/2017 To 04/30/2018 | Worksheet A-7 Part II | Date/Time Prepared: 9/27/2018 8:40 pm

	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	1,137,671	0	0	0	0	1.00
1.01	PERRY PLAZA B&F	58,898	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	1,059,083	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,255,652	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	1,137,671		1.00
1.01	PERRY PLAZA B&F	0	58,898		1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,059,083		2.00
3.00	Total (sum of lines 1-2)	0	2,255,652		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet A-7 Part III Date/Time Prepared: 9/27/2018 8:40 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: 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: Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: 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	1,107,812	0	1.00
1.01	PERRY PLAZA B&F	0	0	0	58,898	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,032,489	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,199,199	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	15,649	51,703	0	0	1,175,164	1.00
1.01	PERRY PLAZA B&F	0	0	0	0	58,898	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	48,132	0	0	1,080,621	2.00
3.00	Total (sum of lines 1-2)	15,649	99,835	0	0	2,314,683	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet A-8 | Date/Time Prepared: 9/27/2018 8:40 pm

	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	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,394	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)	B	-2,108	LAUNDRY & LINEN SERVICE	8.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,394,480			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (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
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00

ADJUSTMENTS TO EXPENSES | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet A-8 | Date/Time Prepared: 9/27/2018 8:40 pm

	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	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-26,594	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	CAFETERIA	B	-186,710	DIETARY	10.00	0	33.00
33.01	DIETICIAN REVENUE	B	-7,491	DIETARY	10.00	0	33.01
33.02	OUTSIDE CATERING	B	-1,989	DIETARY	10.00	0	33.02
33.03	MEDICAL RECORDS	B	-97	MEDICAL RECORDS & LIBRARY	16.00	0	33.03
33.04	CONTRACT NURSING	B	-2,541	NURSING ADMINISTRATION	13.00	0	33.04
33.05	MISCELLANEOUS	B	-16,256	A&G SHARED	5.03	0	33.05
33.06	MOBILE MEALS	A	-16,732	DIETARY	10.00	0	33.06
33.07	GASB 68	A	-303,577	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.07
33.08	PERRY PLAZA TELEPHONE EXP	A	-757	OPERATION OF PLANT	7.00	0	33.08
33.11	MEDICAL DIRECTOR TO A SNF	B	-36,000	RHC-PRINCETON	88.00	0	33.11
33.12	AMORTIZATION EXPENSE	A	-39,667	CAP REL COSTS-BLDG & FIXT	1.00	11	33.12
33.13	TELEPHONE SALARY OFFSET	A	-14,213	A&G HOSPITAL-ONLY	5.02	0	33.13
33.14	TELEPHONE BENEFIT OFFSET	A	-3,591	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15	NON-ALLOWABLE MARKETING	A	-241,425	A&G SHARED	5.03	0	33.15
33.16	MARKETING BENEFITS	A	-19,163	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	RENTAL PROPERTY - CAPITAL	A	-29,859	CAP REL COSTS-BLDG & FIXT	1.00	9	33.17
33.18	2004 BOND INTEREST	A	-10,297	CAP REL COSTS-BLDG & FIXT	1.00	11	33.18
33.21	IHA DUES OFFSET	A	-17,117	A&G SHARED	5.03	0	33.21
33.22	ALCOHOL EXP	A	-46	A&G SHARED	5.03	0	33.22
33.23	PHYSICIAN ON CALL	A	-4,568	A&G SHARED	5.03	0	33.23
33.24	SELF-INSURANCE OFFSET	A	-867,200	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.24
33.25	UNFUNDED OTHER POST EMPLOYMENT BENEF	A	-6,486	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25
33.26	SOCIAL ORG. DUES - PRINCETON ROTARY	B	-370	A&G SHARED	5.03	0	33.26
33.27	NON-ALLOWABLE NOTE INTEREST	A	-31,403	CAP REL COSTS-BLDG & FIXT	1.00	11	33.27
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,285,131				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 05/01/2017 To 04/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 9/27/2018 8:40 pm

	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	2,001,400	1,559,126	442,274	0	0	1.00
2.00	90.00	CLINIC	696	696	0	0	0	2.00
3.00	90.00	CLINIC	1,739,612	1,739,612	0	0	0	3.00
4.00	90.02	GENERAL SURGERY CL	609,278	609,278	0	0	0	4.00
5.00	50.00	OPERATING ROOM	10,543	10,543	0	0	0	5.00
6.00	60.00	LABORATORY	37,260	37,260	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	970,018	970,018	0	0	0	7.00
8.00	76.97	CARDIAC REHABILITATION	12,094	0	12,094	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	262,055	262,055	0	0	0	10.00
11.00	30.00	ADULTS & PEDIATRICS	89,287	89,287	0	0	0	11.00
12.00	90.03	PM PAIN CLINIC	116,605	116,605	0	0	0	12.00
200.00			5,875,848	5,394,480	481,368		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
12.00	90.03	PM PAIN CLINIC	0	0	0	0	0	12.00
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	1,559,126		1.00
2.00	90.00	CLINIC	0	0	0	696		2.00
3.00	90.00	CLINIC	0	0	0	1,739,612		3.00
4.00	90.02	GENERAL SURGERY CL	0	0	0	609,278		4.00
5.00	50.00	OPERATING ROOM	0	0	0	10,543		5.00
6.00	60.00	LABORATORY	0	0	0	37,260		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	970,018		7.00
8.00	76.97	CARDIAC REHABILITATION	0	0	0	0		8.00
9.00	5.03	A&G SHARED	0	0	0	0		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	262,055		10.00
11.00	30.00	ADULTS & PEDIATRICS	0	0	0	89,287		11.00
12.00	90.03	PM PAIN CLINIC	0	0	0	116,605		12.00
200.00			0	0	0	5,394,480		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B Part I | Date/Time Prepared: 9/27/2018 8:40 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS PERRY PLAZA B&F	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,175,164	1,175,164				1.00
1.01	00101	PERRY PLAZA B&F	58,898	0	58,898			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,080,621			1,080,621		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,165,856	5,683	0	0	5,171,539	4.00
5.01	00590	BUSINESS OFFICE	765,583	25,608	0	0	169,969	5.01
5.02	00591	A&G HOSPITAL-ONLY	1,799,749	49,817	364	332,475	250,516	5.02
5.03	00592	A&G SHARED	1,893,937	96,417	0	4,520	291,405	5.03
7.00	00700	OPERATION OF PLANT	1,620,383	147,009	9,078	23,580	198,678	7.00
7.01	00701	PERRY PLAZA PLANT OP	92,256	0	409	76	8,706	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	90,238	17,888	0	1,770	5,238	8.00
9.00	00900	HOUSEKEEPING	502,751	15,106	0	0	122,059	9.00
10.00	01000	DIETARY	638,352	33,215	0	17,091	128,593	10.00
11.00	01100	CAFETERIA	0	16,513	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	882,541	16,273	0	0	272,775	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	125,991	11,612	0	5,335	21,578	14.00
15.00	01500	PHARMACY	802,297	14,860	0	2,310	106,789	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	608,279	29,469	0	2,303	164,359	16.00
17.00	01700	SOCIAL SERVICE	407,723	12,432	0	0	127,057	17.00
18.00	01850	PATIENT REGISTRATION	325,616	6,200	0	634	107,060	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,266,013	103,758	0	52,341	377,650	30.00
31.00	03100	INTENSIVE CARE UNIT	851,617	21,496	0	26,402	128,829	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,983,223	152,365	0	232,545	511,515	50.00
53.00	05300	ANESTHESIOLOGY	36,779	1,123	0	30,439	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	851,112	30,358	0	139,095	225,227	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	358,647	2,132	0	49,972	82,756	55.00
56.00	05600	RADIOISOTOPE	275,028	3,715	0	0	0	56.00
57.00	05700	CT SCAN	254,871	0	0	1,004	25,260	57.00
58.00	05800	MRI	224,243	8,086	0	3,946	35,514	58.00
60.00	06000	LABORATORY	1,771,198	25,337	0	49,622	243,715	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	82,944	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	428,303	12,880	0	7,755	131,283	65.00
66.00	06600	PHYSICAL THERAPY	751,696	30,825	0	6,299	227,615	66.00
69.00	06900	ELECTROCARDIOLOGY	51,285	870	0	6,240	14,938	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,500	2,157	0	462	430	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	805,956	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,354,073	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	407,759	8,162	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	94,071	9,367	0	9,630	23,816	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	2,900,049	45,155	0	13,256	542,680	88.00
88.01	08801	RHC-PROMPT CARE	313,940	0	0	13,448	63,077	88.01
90.00	09000	CLINIC	341,070	22,493	0	282	79,610	90.00
90.01	04950	SLEEP LAB	65,954	6,888	0	5,272	20,794	90.01
90.02	09001	GENERAL SURGERY CL	141,474	8,074	0	0	43,906	90.02
90.03	09002	PM PAIN CLINIC	36,159	6,516	0	0	9,335	90.03
91.00	09100	EMERGENCY	1,939,279	52,365	0	29,433	270,060	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,624,478	1,052,224	9,851	1,067,537	5,032,792	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,176	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	541,541	0	0	0	77,375	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	15,308	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	103,456	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	49,047	0	0	194.05
194.06	07954	PM PROMPT CARE	305,453	0	0	13,084	61,372	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,471,472	1,175,164	58,898	1,080,621	5,171,539	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B Part I | Date/Time Prepared: 9/27/2018 8:40 pm

		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	961,160					5.01
5.02	00591	A&G HOSPITAL-ONLY	0	2,432,921	2,432,921			5.02
5.03	00592	A&G SHARED	0	2,286,279	161,313	2,447,592	2,447,592	5.03
7.00	00700	OPERATION OF PLANT	0	1,998,728	141,024	2,139,752	149,534	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	101,447	7,158	108,605	7,590	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	115,134	8,124	123,258	8,614	8.00
9.00	00900	HOUSEKEEPING	0	639,916	45,151	685,067	47,875	9.00
10.00	01000	DIETARY	0	817,251	57,663	874,914	61,142	10.00
11.00	01100	CAFETERIA	0	16,513	1,165	17,678	1,235	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,171,589	82,664	1,254,253	87,652	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	164,516	11,608	176,124	12,308	14.00
15.00	01500	PHARMACY	0	926,256	65,354	991,610	69,298	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	804,410	56,757	861,167	60,182	16.00
17.00	01700	SOCIAL SERVICE	0	547,212	38,610	585,822	40,940	17.00
18.00	01850	PATIENT REGISTRATION	0	439,510	31,011	470,521	32,882	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,412	1,845,174	130,190	1,975,364	138,046	30.00
31.00	03100	INTENSIVE CARE UNIT	10,065	1,038,409	73,267	1,111,676	77,688	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	197,862	4,077,510	287,693	4,365,203	305,043	50.00
53.00	05300	ANESTHESIOLOGY	11,635	79,976	5,643	85,619	5,983	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,748	1,296,540	91,480	1,388,020	97,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	29,938	523,445	36,933	560,378	39,161	55.00
56.00	05600	RADIOISOTOPE	9,830	288,573	20,361	308,934	21,590	56.00
57.00	05700	CT SCAN	102,545	383,680	27,071	410,751	28,705	57.00
58.00	05800	MRI	35,415	307,204	21,675	328,879	22,983	58.00
60.00	06000	LABORATORY	151,637	2,241,509	158,154	2,399,663	167,698	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,984	84,928	5,992	90,920	6,354	63.00
65.00	06500	RESPIRATORY THERAPY	15,526	595,747	42,034	637,781	44,571	65.00
66.00	06600	PHYSICAL THERAPY	42,341	1,058,776	74,704	1,133,480	79,212	66.00
69.00	06900	ELECTROCARDIOLOGY	11,149	84,482	5,961	90,443	6,321	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	188	4,737	334	5,071	354	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	20,071	826,027	58,282	884,309	61,799	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,099	1,410,172	99,498	1,509,670	105,502	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	4,960	420,881	29,696	450,577	31,488	76.01
76.97	07697	CARDIAC REHABILITATION	4,560	141,444	9,980	151,424	10,582	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	44,246	3,545,386	250,152	3,795,538	265,247	88.00
88.01	08801	RHC-PROMPT CARE	5,136	395,601	27,912	423,513	29,597	88.01
90.00	09000	CLINIC	8,194	451,649	31,867	483,516	33,790	90.00
90.01	04950	SLEEP LAB	6,704	105,612	7,452	113,064	7,901	90.01
90.02	09001	GENERAL SURGERY CL	3,836	197,290	13,920	211,210	14,760	90.02
90.03	09002	PM PAIN CLINIC	1,232	53,242	3,757	56,999	3,983	90.03
91.00	09100	EMERGENCY	81,767	2,372,904	167,425	2,540,329	177,528	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	953,080	36,292,580	2,389,035	36,248,694	2,362,138	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,176	0	4,176	292	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	3,083	621,999	43,886	665,885	46,535	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	15,308	0	15,308	1,070	194.01
194.03	07953	MOB LEASED SPACE	0	103,456	0	103,456	7,230	194.03
194.05	07955	PERRY PLAZA LEASED	0	49,047	0	49,047	3,428	194.05
194.06	07954	PM PROMPT CARE	4,997	384,906	0	384,906	26,899	194.06
200.00		Cross Foot Adjustments		0		0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	961,160	37,471,472	2,432,921	37,471,472	2,447,592	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B Part I | Date/Time Prepared: 9/27/2018 8:40 pm

		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	2,289,286					7.00
7.01	00701	PERRY PLAZA PLANT OP	0	116,195				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	48,142	0	180,014			8.00
9.00	00900	HOUSEKEEPING	40,656	0	6	773,604		9.00
10.00	01000	DIETARY	89,392	0	0	15,553	1,041,001	10.00
11.00	01100	CAFETERIA	44,441	0	22	0	725,139	11.00
13.00	01300	NURSING ADMINISTRATION	43,796	0	0	28,063	316	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	31,251	0	694	338	0	14.00
15.00	01500	PHARMACY	39,994	0	0	11,834	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	79,308	0	0	6,424	1,925	16.00
17.00	01700	SOCIAL SERVICE	33,458	0	0	11,834	1,264	17.00
18.00	01850	PATIENT REGISTRATION	16,687	0	0	19,949	5,775	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	279,243	0	36,110	166,014	227,222	30.00
31.00	03100	INTENSIVE CARE UNIT	57,852	0	13,102	17,244	30,084	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	410,054	0	51,258	204,558	17,067	50.00
53.00	05300	ANESTHESIOLOGY	3,022	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,702	0	7,417	28,402	488	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,738	0	5,901	0	0	55.00
56.00	05600	RADIOISOTOPE	9,998	0	937	0	57	56.00
57.00	05700	CT SCAN	0	0	5,860	5,410	0	57.00
58.00	05800	MRI	21,762	0	4,199	4,057	0	58.00
60.00	06000	LABORATORY	68,190	0	0	29,078	1,034	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	34,664	0	8	18,934	0	65.00
66.00	06600	PHYSICAL THERAPY	82,958	0	11,247	10,482	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,343	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,806	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	21,966	0	0	7,777	3,276	76.01
76.97	07697	CARDIAC REHABILITATION	25,208	0	59	5,410	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	121,526	0	530	48,688	6,436	88.00
88.01	08801	RHC-PROMPT CARE	0	0	99	0	0	88.01
90.00	09000	CLINIC	60,534	0	1,718	19,272	460	90.00
90.01	04950	SLEEP LAB	18,537	0	0	13,863	776	90.01
90.02	09001	GENERAL SURGERY CL	21,728	0	261	0	86	90.02
90.03	09002	PM PAIN CLINIC	17,535	0	0	5,072	0	90.03
91.00	09100	EMERGENCY	140,929	0	40,300	95,348	19,596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,958,420	0	179,728	773,604	1,041,001	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,238	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	0	286	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	41,199	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	278,429	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	116,195	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
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 through 201)	2,289,286	116,195	180,014	773,604	1,041,001	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B Part I | Date/Time Prepared: 9/27/2018 8:40 pm

		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	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	788,515					11.00
13.00	01300	NURSING ADMINISTRATION	28,466	1,442,546				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,987	40,646	270,348			14.00
15.00	01500	PHARMACY	19,251	0	674	1,132,661		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57,525	0	0	0	1,066,531	16.00
17.00	01700	SOCIAL SERVICE	27,097	0	0	0	0	17.00
18.00	01850	PATIENT REGISTRATION	29,880	0	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	56,704	511,001	9,499	21	50,388	30.00
31.00	03100	INTENSIVE CARE UNIT	14,917	117,400	1,665	0	11,168	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	101,410	478,486	163,781	97	219,589	50.00
53.00	05300	ANESTHESIOLOGY	0	0	3,898	0	12,910	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,327	0	0	0	56,309	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,331	0	0	0	33,219	55.00
56.00	05600	RADIOISOTOPE	0	0	0	67,650	10,907	56.00
57.00	05700	CT SCAN	3,239	0	0	0	113,782	57.00
58.00	05800	MRI	5,885	0	0	0	39,296	58.00
60.00	06000	LABORATORY	49,815	0	0	0	168,254	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,202	63.00
65.00	06500	RESPIRATORY THERAPY	16,195	0	1,260	2,278	17,228	65.00
66.00	06600	PHYSICAL THERAPY	49,177	0	2,267	770	46,981	66.00
69.00	06900	ELECTROCARDIOLOGY	4,881	0	224	0	12,370	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	208	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	69,962	0	22,270	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,038,774	62,246	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	2	0	5,504	76.01
76.97	07697	CARDIAC REHABILITATION	6,067	0	1,243	0	5,060	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	149,173	0	1,940	11,377	49,094	88.00
88.01	08801	RHC-PROMPT CARE	0	0	758	1,322	5,699	88.01
90.00	09000	CLINIC	51,959	0	1,713	8,893	9,092	90.00
90.01	04950	SLEEP LAB	91	0	543	0	7,439	90.01
90.02	09001	GENERAL SURGERY CL	16,742	0	319	0	4,256	90.02
90.03	09002	PM PAIN CLINIC	2,828	0	0	0	1,367	90.03
91.00	09100	EMERGENCY	31,568	295,013	9,862	193	90,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	788,515	1,442,546	269,610	1,131,375	1,057,565	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
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	0	0	0	3,421	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	738	1,286	5,545	194.06
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 through 201)	788,515	1,442,546	270,348	1,132,661	1,066,531	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B Part I Date/Time Prepared: 9/27/2018 8:40 pm

		Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT REGISTRATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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	700,415					17.00
18.00	01850	PATIENT REGISTRATION	0	575,694				18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	628,554	29,361	4,107,527	0	4,107,527	30.00
31.00	03100	INTENSIVE CARE UNIT	71,861	6,508	1,531,165	0	1,531,165	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	127,908	6,444,454	0	6,444,454	50.00
53.00	05300	ANESTHESIOLOGY	0	7,523	118,955	0	118,955	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32,811	1,732,476	0	1,732,476	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,357	680,085	0	680,085	55.00
56.00	05600	RADIOISOTOPE	0	6,355	426,428	0	426,428	56.00
57.00	05700	CT SCAN	0	66,301	634,048	0	634,048	57.00
58.00	05800	MRI	0	22,898	449,959	0	449,959	58.00
60.00	06000	LABORATORY	0	98,041	2,981,773	0	2,981,773	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,283	100,759	0	100,759	63.00
65.00	06500	RESPIRATORY THERAPY	0	10,039	782,958	0	782,958	65.00
66.00	06600	PHYSICAL THERAPY	0	27,376	1,443,950	0	1,443,950	66.00
69.00	06900	ELECTROCARDIOLOGY	0	7,208	123,790	0	123,790	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	121	11,560	0	11,560	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	12,977	1,051,317	0	1,051,317	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,271	2,752,463	0	2,752,463	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	3,207	523,797	0	523,797	76.01
76.97	07697	CARDIAC REHABILITATION	0	2,948	208,001	0	208,001	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0	0	4,449,549	0	4,449,549	88.00
88.01	08801	RHC-PROMPT CARE	0	0	460,988	0	460,988	88.01
90.00	09000	CLINIC	0	0	670,947	0	670,947	90.00
90.01	04950	SLEEP LAB	0	4,334	166,548	0	166,548	90.01
90.02	09001	GENERAL SURGERY CL	0	0	269,362	0	269,362	90.02
90.03	09002	PM PAIN CLINIC	0	0	87,784	0	87,784	90.03
91.00	09100	EMERGENCY	0	52,867	3,494,260	0	3,494,260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	700,415	575,694	35,704,903	0	35,704,903	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	15,706	0	15,706	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	0	716,127	0	716,127	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	57,577	0	57,577	194.01
194.03	07953	MOB LEASED SPACE	0	0	389,115	0	389,115	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	168,670	0	168,670	194.05
194.06	07954	PM PROMPT CARE	0	0	419,374	0	419,374	194.06
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 through 201)	700,415	575,694	37,471,472	0	37,471,472	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B Part II | Date/Time Prepared: 9/27/2018 8:40 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS PERRY PLAZA B&F	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	
			0	1.00	1.01	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	5,683	0	0	5,683	4.00
5.01	00590	BUSINESS OFFICE	0	25,608	0	0	25,608	5.01
5.02	00591	A&G HOSPITAL-ONLY	0	49,817	364	332,475	382,656	5.02
5.03	00592	A&G SHARED	0	96,417	0	4,520	100,937	5.03
7.00	00700	OPERATION OF PLANT	0	147,009	9,078	23,580	179,667	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	0	409	76	485	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	17,888	0	1,770	19,658	8.00
9.00	00900	HOUSEKEEPING	0	15,106	0	0	15,106	9.00
10.00	01000	DIETARY	0	33,215	0	17,091	50,306	10.00
11.00	01100	CAFETERIA	0	16,513	0	0	16,513	11.00
13.00	01300	NURSING ADMINISTRATION	0	16,273	0	0	16,273	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,612	0	5,335	16,947	14.00
15.00	01500	PHARMACY	0	14,860	0	2,310	17,170	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	29,469	0	2,303	31,772	16.00
17.00	01700	SOCIAL SERVICE	0	12,432	0	0	12,432	17.00
18.00	01850	PATIENT REGISTRATION	0	6,200	0	634	6,834	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	103,758	0	52,341	156,099	30.00
31.00	03100	INTENSIVE CARE UNIT	0	21,496	0	26,402	47,898	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	152,365	0	232,545	384,910	50.00
53.00	05300	ANESTHESIOLOGY	0	1,123	0	30,439	31,562	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,358	0	139,095	169,453	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,132	0	49,972	52,104	55.00
56.00	05600	RADIOISOTOPE	0	3,715	0	0	3,715	56.00
57.00	05700	CT SCAN	0	0	0	1,004	1,004	57.00
58.00	05800	MRI	0	8,086	0	3,946	12,032	58.00
60.00	06000	LABORATORY	0	25,337	0	49,622	74,959	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	12,880	0	7,755	20,635	65.00
66.00	06600	PHYSICAL THERAPY	0	30,825	0	6,299	37,124	66.00
69.00	06900	ELECTROCARDIOLOGY	0	870	0	6,240	7,110	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,157	0	462	2,619	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	8,162	0	0	8,162	76.01
76.97	07697	CARDIAC REHABILITATION	0	9,367	0	9,630	18,997	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0	45,155	0	13,256	58,411	88.00
88.01	08801	RHC-PROMPT CARE	0	0	0	13,448	13,448	88.01
90.00	09000	CLINIC	0	22,493	0	282	22,775	90.00
90.01	04950	SLEEP LAB	0	6,888	0	5,272	12,160	90.01
90.02	09001	GENERAL SURGERY CL	0	8,074	0	0	8,074	90.02
90.03	09002	PM PAIN CLINIC	0	6,516	0	0	6,516	90.03
91.00	09100	EMERGENCY	0	52,365	0	29,433	81,798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,052,224	9,851	1,067,537	2,129,612	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,176	0	0	4,176	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	0	0	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	15,308	0	0	15,308	194.01
194.03	07953	MOB LEASED SPACE	0	103,456	0	0	103,456	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	49,047	0	49,047	194.05
194.06	07954	PM PROMPT CARE	0	0	0	13,084	13,084	194.06
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 through 201)	0	1,175,164	58,898	1,080,621	2,314,683	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B Part II Date/Time Prepared: 9/27/2018 8:40 pm

		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	5,683					4.00
5.01	00590	BUSINESS OFFICE	187	25,795				5.01
5.02	00591	A&G HOSPITAL-ONLY	275	0	382,931			5.02
5.03	00592	A&G SHARED	320	0	25,389	126,646		5.03
7.00	00700	OPERATION OF PLANT	218	0	22,196	7,737	209,818	7.00
7.01	00701	PERRY PLAZA PLANT OP	10	0	1,127	393	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	6	0	1,279	446	4,412	8.00
9.00	00900	HOUSEKEEPING	134	0	7,106	2,477	3,726	9.00
10.00	01000	DIETARY	141	0	9,076	3,164	8,193	10.00
11.00	01100	CAFETERIA	0	0	183	64	4,073	11.00
13.00	01300	NURSING ADMINISTRATION	300	0	13,010	4,535	4,014	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24	0	1,827	637	2,864	14.00
15.00	01500	PHARMACY	117	0	10,286	3,586	3,666	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	181	0	8,933	3,114	7,269	16.00
17.00	01700	SOCIAL SERVICE	140	0	6,077	2,118	3,067	17.00
18.00	01850	PATIENT REGISTRATION	118	0	4,881	1,701	1,529	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	415	1,218	20,491	7,143	25,593	30.00
31.00	03100	INTENSIVE CARE UNIT	142	270	11,532	4,020	5,302	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	562	5,322	45,289	15,785	37,584	50.00
53.00	05300	ANESTHESIOLOGY	0	312	888	310	277	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	248	1,361	14,398	5,019	7,488	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	91	803	5,813	2,026	526	55.00
56.00	05600	RADIOISOTOPE	0	264	3,205	1,117	916	56.00
57.00	05700	CT SCAN	28	2,750	4,261	1,485	0	57.00
58.00	05800	MRI	39	950	3,412	1,189	1,995	58.00
60.00	06000	LABORATORY	268	4,067	24,892	8,677	6,250	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	53	943	329	0	63.00
65.00	06500	RESPIRATORY THERAPY	144	416	6,616	2,306	3,177	65.00
66.00	06600	PHYSICAL THERAPY	250	1,136	11,758	4,099	7,603	66.00
69.00	06900	ELECTROCARDIOLOGY	16	299	938	327	215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5	53	18	532	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	538	9,173	3,198	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,505	15,660	5,459	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	133	4,674	1,629	2,013	76.01
76.97	07697	CARDIAC REHABILITATION	26	122	1,571	548	2,310	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	596	1,187	39,372	13,725	11,138	88.00
88.01	08801	RHC-PROMPT CARE	69	138	4,393	1,531	0	88.01
90.00	09000	CLINIC	88	220	5,016	1,748	5,548	90.00
90.01	04950	SLEEP LAB	23	180	1,173	409	1,699	90.01
90.02	09001	GENERAL SURGERY CL	48	103	2,191	764	1,991	90.02
90.03	09002	PM PAIN CLINIC	10	33	591	206	1,607	90.03
91.00	09100	EMERGENCY	297	2,193	26,351	9,186	12,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,531	25,578	376,024	122,225	179,493	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	15	1,030	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	85	83	6,907	2,408	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	55	3,776	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	374	25,519	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	177	0	194.05
194.06	07954	PM PROMPT CARE	67	134	0	1,392	0	194.06
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 through 201)	5,683	25,795	382,931	126,646	209,818	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B Part II | Date/Time Prepared: 9/27/2018 8:40 pm

		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	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	2,015					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	25,801				8.00
9.00	00900	HOUSEKEEPING	0	1	28,550			9.00
10.00	01000	DIETARY	0	0	574	71,454		10.00
11.00	01100	CAFETERIA	0	3	0	49,772	70,608	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,036	22	2,549	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	99	12	0	805	14.00
15.00	01500	PHARMACY	0	0	437	0	1,724	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	237	132	5,151	16.00
17.00	01700	SOCIAL SERVICE	0	0	437	87	2,426	17.00
18.00	01850	PATIENT REGISTRATION	0	0	736	396	2,676	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	5,176	6,127	15,596	5,078	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,878	636	2,065	1,336	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	7,348	7,548	1,172	9,081	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,063	1,048	34	3,611	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	846	0	0	1,462	55.00
56.00	05600	RADIOISOTOPE	0	134	0	4	0	56.00
57.00	05700	CT SCAN	0	840	200	0	290	57.00
58.00	05800	MRI	0	602	150	0	527	58.00
60.00	06000	LABORATORY	0	0	1,073	71	4,461	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1	699	0	1,450	65.00
66.00	06600	PHYSICAL THERAPY	0	1,612	387	0	4,404	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	437	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	287	225	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	8	200	0	543	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0	76	1,797	442	13,357	88.00
88.01	08801	RHC-PROMPT CARE	0	14	0	0	0	88.01
90.00	09000	CLINIC	0	246	711	32	4,653	90.00
90.01	04950	SLEEP LAB	0	0	512	53	8	90.01
90.02	09001	GENERAL SURGERY CL	0	37	0	6	1,499	90.02
90.03	09002	PM PAIN CLINIC	0	0	187	0	253	90.03
91.00	09100	EMERGENCY	0	5,776	3,519	1,345	2,827	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	25,760	28,550	71,454	70,608	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
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	41	0	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	2,015	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
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 through 201)	2,015	25,801	28,550	71,454	70,608	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B Part II | Date/Time Prepared: 9/27/2018 8:40 pm

		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	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	41,739					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,176	24,391				14.00
15.00	01500	PHARMACY	0	61	37,047			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	56,789		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	26,784	17.00
18.00	01850	PATIENT REGISTRATION	0	0	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	14,785	857	1	2,684	24,036	30.00
31.00	03100	INTENSIVE CARE UNIT	3,397	150	0	595	2,748	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,845	14,775	3	11,680	0	50.00
53.00	05300	ANESTHESIOLOGY	0	352	0	688	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,999	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,769	0	55.00
56.00	05600	RADIOISOTOPE	0	0	2,213	581	0	56.00
57.00	05700	CT SCAN	0	0	0	6,060	0	57.00
58.00	05800	MRI	0	0	0	2,093	0	58.00
60.00	06000	LABORATORY	0	0	0	8,962	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	117	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	114	74	918	0	65.00
66.00	06600	PHYSICAL THERAPY	0	205	25	2,502	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	20	0	659	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11	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	6,312	0	1,186	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	33,977	3,315	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	293	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	112	0	269	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0	175	372	2,615	0	88.00
88.01	08801	RHC-PROMPT CARE	0	68	43	304	0	88.01
90.00	09000	CLINIC	0	155	291	484	0	90.00
90.01	04950	SLEEP LAB	0	49	0	396	0	90.01
90.02	09001	GENERAL SURGERY CL	0	29	0	227	0	90.02
90.03	09002	PM PAIN CLINIC	0	0	0	73	0	90.03
91.00	09100	EMERGENCY	8,536	890	6	4,832	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,739	24,324	37,005	56,312	26,784	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
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	0	0	182	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	67	42	295	0	194.06
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 through 201)	41,739	24,391	37,047	56,789	26,784	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B Part II | Date/Time Prepared: 9/27/2018 8:40 pm

		Cost Center Description	OTHER GENERAL SERVICE PATIENT REGISTRATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			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						17.00
18.00	01850	PATIENT REGISTRATION	18,871					18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	961	286,260	0	286,260		30.00
31.00	03100	INTENSIVE CARE UNIT	213	82,182	0	82,182		31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,209	559,113	0	559,113		50.00
53.00	05300	ANESTHESIOLOGY	246	34,635	0	34,635		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,074	207,796	0	207,796		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	634	66,074	0	66,074		55.00
56.00	05600	RADIOISOTOPE	208	12,357	0	12,357		56.00
57.00	05700	CT SCAN	2,171	19,089	0	19,089		57.00
58.00	05800	MRI	750	23,739	0	23,739		58.00
60.00	06000	LABORATORY	3,210	136,890	0	136,890		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	42	1,484	0	1,484		63.00
65.00	06500	RESPIRATORY THERAPY	329	36,879	0	36,879		65.00
66.00	06600	PHYSICAL THERAPY	896	72,001	0	72,001		66.00
69.00	06900	ELECTROCARDIOLOGY	236	10,257	0	10,257		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4	3,242	0	3,242		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	425	20,832	0	20,832		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,188	61,104	0	61,104		73.00
76.00	03140	CARDIOLOGY	0	0	0	0		76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	105	17,521	0	17,521		76.01
76.97	07697	CARDIAC REHABILITATION	97	24,803	0	24,803		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0	143,263	0	143,263		88.00
88.01	08801	RHC-PROMPT CARE	0	20,008	0	20,008		88.01
90.00	09000	CLINIC	0	41,967	0	41,967		90.00
90.01	04950	SLEEP LAB	142	16,804	0	16,804		90.01
90.02	09001	GENERAL SURGERY CL	0	14,969	0	14,969		90.02
90.03	09002	PM PAIN CLINIC	0	9,476	0	9,476		90.03
91.00	09100	EMERGENCY	1,731	162,203	0	162,203		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,871	2,084,948	0	2,084,948		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,221	0	5,221		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0		192.03
194.00	07956	WALNUT & HENRY CLINICS	0	9,706	0	9,706		194.00
194.01	07951	HOSPITAL LEASED SPACE	0	19,139	0	19,139		194.01
194.03	07953	MOB LEASED SPACE	0	129,349	0	129,349		194.03
194.05	07955	PERRY PLAZA LEASED	0	51,239	0	51,239		194.05
194.06	07954	PM PROMPT CARE	0	15,081	0	15,081		194.06
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 through 201)	18,871	2,314,683	0	2,314,683		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B-1 | Date/Time Prepared: 9/27/2018 8:40 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	PERRY PLAZA B&F (PLAZA SQR FT)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	BUSINESS OFFICE (GROSS REVENUE)	
			1.00	1.01	2.00	4.00	5.01	
		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			1,026,981			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	901	0	0	15,158,926		4.00
5.01	00590	BUSINESS OFFICE	4,060	0	0	498,216	92,068,136	5.01
5.02	00591	A&G HOSPITAL-ONLY	7,898	233	315,972	734,317	0	5.02
5.03	00592	A&G SHARED	15,286	0	4,296	854,172	0	5.03
7.00	00700	OPERATION OF PLANT	23,307	5,813	22,410	582,370	0	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	262	72	25,519	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,836	0	1,682	15,353	0	8.00
9.00	00900	HOUSEKEEPING	2,395	0	0	357,783	0	9.00
10.00	01000	DIETARY	5,266	0	16,243	376,934	0	10.00
11.00	01100	CAFETERIA	2,618	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,580	0	0	799,563	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,841	0	5,070	63,250	0	14.00
15.00	01500	PHARMACY	2,356	0	2,195	313,022	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,672	0	2,189	481,771	0	16.00
17.00	01700	SOCIAL SERVICE	1,971	0	0	372,431	0	17.00
18.00	01850	PATIENT REGISTRATION	983	0	603	313,817	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,450	0	49,743	1,106,975	4,349,763	30.00
31.00	03100	INTENSIVE CARE UNIT	3,408	0	25,091	377,627	964,094	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,156	0	221,002	1,499,362	18,955,080	50.00
53.00	05300	ANESTHESIOLOGY	178	0	28,928	0	1,114,448	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,813	0	132,191	660,189	4,860,893	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	338	0	47,491	242,575	2,867,663	55.00
56.00	05600	RADIOISOTOPE	589	0	0	0	941,545	56.00
57.00	05700	CT SCAN	0	0	954	74,044	9,822,322	57.00
58.00	05800	MRI	1,282	0	3,750	104,100	3,392,279	58.00
60.00	06000	LABORATORY	4,017	0	47,159	714,382	14,524,660	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	190,081	63.00
65.00	06500	RESPIRATORY THERAPY	2,042	0	7,370	384,818	1,487,197	65.00
66.00	06600	PHYSICAL THERAPY	4,887	0	5,986	667,190	4,055,683	66.00
69.00	06900	ELECTROCARDIOLOGY	138	0	5,930	43,788	1,067,884	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	342	0	439	1,259	17,980	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	1,922,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,373,486	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1,294	0	0	0	475,134	76.01
76.97	07697	CARDIAC REHABILITATION	1,485	0	9,152	69,810	436,790	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	7,159	0	12,598	1,590,726	4,238,111	88.00
88.01	08801	RHC-PROMPT CARE	0	0	12,780	184,893	491,963	88.01
90.00	09000	CLINIC	3,566	0	268	233,354	784,901	90.00
90.01	04950	SLEEP LAB	1,092	0	5,010	60,951	642,147	90.01
90.02	09001	GENERAL SURGERY CL	1,280	0	0	128,699	367,399	90.02
90.03	09002	PM PAIN CLINIC	1,033	0	0	27,362	118,050	90.03
91.00	09100	EMERGENCY	8,302	0	27,972	791,606	7,832,132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,821	6,308	1,014,546	14,752,228	91,294,186	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	662	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	0	0	226,802	295,284	194.00
194.01	07951	HOSPITAL LEASED SPACE	2,427	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	16,402	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	31,406	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	12,435	179,896	478,666	194.06
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)	1,175,164	58,898	1,080,621	5,171,539	961,160	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.307506	1.561701	1.052231	0.341155	0.010440	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B-1 | Date/Time Prepared: 9/27/2018 8:40 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	PERRY PLAZA B&F (PLAZA SQR FT)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	BUSINESS OFFICE (GROSS REVE NUE)	
		1.00	1.01	2.00	4.00	5.01	
204.00	Cost to be allocated (per Wkst. B, Part II)				5,683	25,795	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000375	0.000280	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B-1 | Date/Time Prepared: 9/27/2018 8:40 pm

		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	-2,432,921	34,481,658				5.02
5.03	00592	A&G SHARED	0	2,286,279	-2,447,592	35,023,880		5.03
7.00	00700	OPERATION OF PLANT	0	1,998,728	0	2,139,752	134,860	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	101,447	0	108,605	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	115,134	0	123,258	2,836	8.00
9.00	00900	HOUSEKEEPING	0	639,916	0	685,067	2,395	9.00
10.00	01000	DIETARY	0	817,251	0	874,914	5,266	10.00
11.00	01100	CAFETERIA	0	16,513	0	17,678	2,618	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,171,589	0	1,254,253	2,580	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	164,516	0	176,124	1,841	14.00
15.00	01500	PHARMACY	0	926,256	0	991,610	2,356	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	804,410	0	861,167	4,672	16.00
17.00	01700	SOCIAL SERVICE	0	547,212	0	585,822	1,971	17.00
18.00	01850	PATIENT REGISTRATION	0	439,510	0	470,521	983	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,845,174	0	1,975,364	16,450	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,038,409	0	1,111,676	3,408	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,077,510	0	4,365,203	24,156	50.00
53.00	05300	ANESTHESIOLOGY	0	79,976	0	85,619	178	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,296,540	0	1,388,020	4,813	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	523,445	0	560,378	338	55.00
56.00	05600	RADIOISOTOPE	0	288,573	0	308,934	589	56.00
57.00	05700	CT SCAN	0	383,680	0	410,751	0	57.00
58.00	05800	MRI	0	307,204	0	328,879	1,282	58.00
60.00	06000	LABORATORY	0	2,241,509	0	2,399,663	4,017	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	84,928	0	90,920	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	595,747	0	637,781	2,042	65.00
66.00	06600	PHYSICAL THERAPY	0	1,058,776	0	1,133,480	4,887	66.00
69.00	06900	ELECTROCARDIOLOGY	0	84,482	0	90,443	138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,737	0	5,071	342	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	826,027	0	884,309	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,410,172	0	1,509,670	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	420,881	0	450,577	1,294	76.01
76.97	07697	CARDIAC REHABILITATION	0	141,444	0	151,424	1,485	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0	3,545,386	0	3,795,538	7,159	88.00
88.01	08801	RHC-PROMPT CARE	0	395,601	0	423,513	0	88.01
90.00	09000	CLINIC	0	451,649	0	483,516	3,566	90.00
90.01	04950	SLEEP LAB	0	105,612	0	113,064	1,092	90.01
90.02	09001	GENERAL SURGERY CL	0	197,290	0	211,210	1,280	90.02
90.03	09002	PM PAIN CLINIC	0	53,242	0	56,999	1,033	90.03
91.00	09100	EMERGENCY	0	2,372,904	0	2,540,329	8,302	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-2,432,921	33,859,659	-2,447,592	33,801,102	115,369	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-4,176	0	0	4,176	662	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	621,999	0	665,885	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	-15,308	0	0	15,308	2,427	194.01
194.03	07953	MOB LEASED SPACE	-103,456	0	0	103,456	16,402	194.03
194.05	07955	PERRY PLAZA LEASED	-49,047	0	0	49,047	0	194.05
194.06	07954	PM PROMPT CARE	-384,906	0	0	384,906	0	194.06
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)		2,432,921		2,447,592	2,289,286	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.070557		0.069884	16.975278	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		382,931		126,646	209,818	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.011105		0.003616	1.555821	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B-1 | Date/Time Prepared: 9/27/2018 8:40 pm

		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	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B-1 | Date/Time Prepared: 9/27/2018 8:40 pm

		Cost Center Description	PERRY PLAZA PLANT OP (PLAZA SQR FT)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERV ED)	
			7.01	8.00	9.00	10.00	11.00	
		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	0	197,632				8.00
9.00	00900	HOUSEKEEPING	0	7	2,288			9.00
10.00	01000	DIETARY	0	0	46	36,230		10.00
11.00	01100	CAFETERIA	0	24	0	25,237	17,285	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	83	11	624	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	762	1	0	197	14.00
15.00	01500	PHARMACY	0	0	35	0	422	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	19	67	1,261	16.00
17.00	01700	SOCIAL SERVICE	0	0	35	44	594	17.00
18.00	01850	PATIENT REGISTRATION	0	0	59	201	655	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	39,644	491	7,908	1,243	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,384	51	1,047	327	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	56,274	605	594	2,223	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,143	84	17	884	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,478	0	0	358	55.00
56.00	05600	RADIOISOTOPE	0	1,029	0	2	0	56.00
57.00	05700	CT SCAN	0	6,433	16	0	71	57.00
58.00	05800	MRI	0	4,610	12	0	129	58.00
60.00	06000	LABORATORY	0	0	86	36	1,092	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	9	56	0	355	65.00
66.00	06600	PHYSICAL THERAPY	0	12,348	31	0	1,078	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	107	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	23	114	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	65	16	0	133	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0	582	144	224	3,270	88.00
88.01	08801	RHC-PROMPT CARE	0	109	0	0	0	88.01
90.00	09000	CLINIC	0	1,886	57	16	1,139	90.00
90.01	04950	SLEEP LAB	0	0	41	27	2	90.01
90.02	09001	GENERAL SURGERY CL	0	287	0	3	367	90.02
90.03	09002	PM PAIN CLINIC	0	0	15	0	62	90.03
91.00	09100	EMERGENCY	0	44,244	282	682	692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	197,318	2,288	36,230	17,285	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
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	314	0	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	31,406	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
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)	116,195	180,014	773,604	1,041,001	788,515	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.699771	0.910855	338.113636	28.733122	45.618455	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,015	25,801	28,550	71,454	70,608	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.064160	0.130551	12.478147	1.972233	4.084929	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B-1 | Date/Time Prepared: 9/27/2018 8:40 pm

	Cost Center Description	PERRY PLAZA PLANT OP (PLAZA SQR FT)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERVED)	
		7.01	8.00	9.00	10.00	11.00	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B-1 | Date/Time Prepared: 9/27/2018 8:40 pm

		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	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	15,261					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	430	2,123,257				14.00
15.00	01500	PHARMACY	0	5,292	1,476,457			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	92,068,136		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,041	17.00
18.00	01850	PATIENT REGISTRATION	0	0	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,406	74,604	28	4,349,763	2,729	30.00
31.00	03100	INTENSIVE CARE UNIT	1,242	13,077	0	964,094	312	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,062	1,286,299	126	18,955,080	0	50.00
53.00	05300	ANESTHESIOLOGY	0	30,613	0	1,114,448	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,860,893	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,867,663	0	55.00
56.00	05600	RADIOISOTOPE	0	0	88,184	941,545	0	56.00
57.00	05700	CT SCAN	0	0	0	9,822,322	0	57.00
58.00	05800	MRI	0	0	0	3,392,279	0	58.00
60.00	06000	LABORATORY	0	0	0	14,524,660	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	190,081	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	9,899	2,969	1,487,197	0	65.00
66.00	06600	PHYSICAL THERAPY	0	17,806	1,004	4,055,683	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,756	0	1,067,884	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	17,980	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	549,471	0	1,922,501	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,354,073	5,373,486	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	16	0	475,134	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	9,760	0	436,790	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0	15,235	14,830	4,238,111	0	88.00
88.01	08801	RHC-PROMPT CARE	0	5,957	1,723	491,963	0	88.01
90.00	09000	CLINIC	0	13,450	11,592	784,901	0	90.00
90.01	04950	SLEEP LAB	0	4,263	0	642,147	0	90.01
90.02	09001	GENERAL SURGERY CL	0	2,508	0	367,399	0	90.02
90.03	09002	PM PAIN CLINIC	0	0	0	118,050	0	90.03
91.00	09100	EMERGENCY	3,121	77,455	252	7,832,132	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,261	2,117,461	1,474,781	91,294,186	3,041	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
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	0	0	295,284	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	5,796	1,676	478,666	0	194.06
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)	1,442,546	270,348	1,132,661	1,066,531	700,415	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	94.524998	0.127327	0.767148	0.011584	230.323907	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	41,739	24,391	37,047	56,789	26,784	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B-1 | Date/Time Prepared: 9/27/2018 8:40 pm

	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	
205.00	Unit cost multiplier (Wkst. B, Part II)	2.735011	0.011488	0.025092	0.000617	8.807629	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B-1 | Date/Time Prepared: 9/27/2018 8:40 pm

		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	85,293,762		18.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	4,349,763		30.00
31.00	03100	INTENSIVE CARE UNIT	964,094		31.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	18,955,080		50.00
53.00	05300	ANESTHESIOLOGY	1,114,448		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,860,893		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,867,663		55.00
56.00	05600	RADIOISOTOPE	941,545		56.00
57.00	05700	CT SCAN	9,822,322		57.00
58.00	05800	MRI	3,392,279		58.00
60.00	06000	LABORATORY	14,524,660		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	190,081		63.00
65.00	06500	RESPIRATORY THERAPY	1,487,197		65.00
66.00	06600	PHYSICAL THERAPY	4,055,683		66.00
69.00	06900	ELECTROCARDIOLOGY	1,067,884		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,980		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,922,501		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,373,486		73.00
76.00	03140	CARDIOLOGY	0		76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	475,134		76.01
76.97	07697	CARDIAC REHABILITATION	436,790		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RHC-PRINCETON	0		88.00
88.01	08801	RHC-PROMPT CARE	0		88.01
90.00	09000	CLINIC	0		90.00
90.01	04950	SLEEP LAB	642,147		90.01
90.02	09001	GENERAL SURGERY CL	0		90.02
90.03	09002	PM PAIN CLINIC	0		90.03
91.00	09100	EMERGENCY	7,832,132		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,293,762		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
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0		192.03
194.00	07956	WALNUT & HENRY CLINICS	0		194.00
194.01	07951	HOSPITAL LEASED SPACE	0		194.01
194.03	07953	MOB LEASED SPACE	0		194.03
194.05	07955	PERRY PLAZA LEASED	0		194.05
194.06	07954	PM PROMPT CARE	0		194.06
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)	575,694		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.006750		203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet B-1 | Date/Time Prepared: 9/27/2018 8:40 pm

		Cost Center Description	OTHER GENERAL SERVICE PATIENT REGISTRATION (GROSS REVENUE)		
			18.00		
204.00		Cost to be allocated (per Wkst. B, Part II)	18,871		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000221		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet C Part I Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,107,527		4,107,527	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,531,165		1,531,165	0	0	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,444,454		6,444,454	0	0	50.00
53.00	05300	ANESTHESIOLOGY	118,955		118,955	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,732,476		1,732,476	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	680,085		680,085	0	0	55.00
56.00	05600	RADIOISOTOPE	426,428		426,428	0	0	56.00
57.00	05700	CT SCAN	634,048		634,048	0	0	57.00
58.00	05800	MRI	449,959		449,959	0	0	58.00
60.00	06000	LABORATORY	2,981,773		2,981,773	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	100,759		100,759	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	782,958	0	782,958	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,443,950	0	1,443,950	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	123,790		123,790	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,560		11,560	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	1,051,317		1,051,317	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,752,463		2,752,463	0	0	73.00
76.00	03140	CARDIOLOGY	0		0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	523,797		523,797	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	208,001		208,001	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	4,449,549		4,449,549	0	0	88.00
88.01	08801	RHC-PROMPT CARE	460,988		460,988	0	0	88.01
90.00	09000	CLINIC	670,947		670,947	0	0	90.00
90.01	04950	SLEEP LAB	166,548		166,548	0	0	90.01
90.02	09001	GENERAL SURGERY CL	269,362		269,362	0	0	90.02
90.03	09002	PM PAIN CLINIC	87,784		87,784	0	0	90.03
91.00	09100	EMERGENCY	3,494,260		3,494,260	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	534,093		534,093		0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	36,238,996	0	36,238,996	0	0	200.00
201.00		Less Observation Beds	534,093		534,093		0	201.00
202.00		Total (see instructions)	35,704,903	0	35,704,903	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet C Part I Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,352,689		3,352,689			30.00
31.00	03100	INTENSIVE CARE UNIT	964,094		964,094			31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,637,052	15,318,028	18,955,080	0.339986	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	235,633	878,815	1,114,448	0.106739	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	210,871	4,650,022	4,860,893	0.356411	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	211,174	2,656,489	2,867,663	0.237157	0.000000	55.00
56.00	05600	RADIOISOTOPE	35,695	905,850	941,545	0.452902	0.000000	56.00
57.00	05700	CT SCAN	324,759	9,497,563	9,822,322	0.064552	0.000000	57.00
58.00	05800	MRI	108,341	3,283,938	3,392,279	0.132642	0.000000	58.00
60.00	06000	LABORATORY	1,046,668	13,477,992	14,524,660	0.205290	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	94,557	95,524	190,081	0.530085	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	998,285	488,912	1,487,197	0.526466	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	828,716	3,226,967	4,055,683	0.356031	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	87,428	980,456	1,067,884	0.115921	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,980	17,980	0.642937	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	1,124,878	797,623	1,922,501	0.546849	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,262,273	4,111,213	5,373,486	0.512230	0.000000	73.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	475,134	475,134	1.102420	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	436,790	436,790	0.476204	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	35,441	4,202,670	4,238,111			88.00
88.01	08801	RHC-PROMPT CARE	0	491,963	491,963			88.01
90.00	09000	CLINIC	171,379	613,522	784,901	0.854817	0.000000	90.00
90.01	04950	SLEEP LAB	0	642,147	642,147	0.259361	0.000000	90.01
90.02	09001	GENERAL SURGERY CL	125,890	241,509	367,399	0.733159	0.000000	90.02
90.03	09002	PM PAIN CLINIC	0	118,050	118,050	0.743617	0.000000	90.03
91.00	09100	EMERGENCY	3,889,517	3,942,615	7,832,132	0.446144	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,408	988,666	997,074	0.535660	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	18,753,748	72,540,438	91,294,186			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	18,753,748	72,540,438	91,294,186			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet C Part I Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
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			88.00
88.01	08801	RHC-PROMPT CARE			88.01
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
90.03	09002	PM PAIN CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
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 05/01/2017 To 04/30/2018 | Worksheet C Part I Date/Time Prepared: 9/27/2018 8:40 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,107,527		4,107,527	0	4,107,527	30.00
31.00	03100	INTENSIVE CARE UNIT	1,531,165		1,531,165	0	1,531,165	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,444,454		6,444,454	0	6,444,454	50.00
53.00	05300	ANESTHESIOLOGY	118,955		118,955	0	118,955	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,732,476		1,732,476	0	1,732,476	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	680,085		680,085	0	680,085	55.00
56.00	05600	RADIOISOTOPE	426,428		426,428	0	426,428	56.00
57.00	05700	CT SCAN	634,048		634,048	0	634,048	57.00
58.00	05800	MRI	449,959		449,959	0	449,959	58.00
60.00	06000	LABORATORY	2,981,773		2,981,773	0	2,981,773	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	100,759		100,759	0	100,759	63.00
65.00	06500	RESPIRATORY THERAPY	782,958	0	782,958	0	782,958	65.00
66.00	06600	PHYSICAL THERAPY	1,443,950	0	1,443,950	0	1,443,950	66.00
69.00	06900	ELECTROCARDIOLOGY	123,790		123,790	0	123,790	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,560		11,560	0	11,560	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,051,317		1,051,317	0	1,051,317	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,752,463		2,752,463	0	2,752,463	73.00
76.00	03140	CARDIOLOGY	0		0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	523,797		523,797	0	523,797	76.01
76.97	07697	CARDIAC REHABILITATION	208,001		208,001	0	208,001	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	4,449,549		4,449,549	0	4,449,549	88.00
88.01	08801	RHC-PROMPT CARE	460,988		460,988	0	460,988	88.01
90.00	09000	CLINIC	670,947		670,947	0	670,947	90.00
90.01	04950	SLEEP LAB	166,548		166,548	0	166,548	90.01
90.02	09001	GENERAL SURGERY CL	269,362		269,362	0	269,362	90.02
90.03	09002	PM PAIN CLINIC	87,784		87,784	0	87,784	90.03
91.00	09100	EMERGENCY	3,494,260		3,494,260	0	3,494,260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	534,093		534,093		534,093	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	36,238,996	0	36,238,996	0	36,238,996	200.00
201.00		Less Observation Beds	534,093		534,093		534,093	201.00
202.00		Total (see instructions)	35,704,903	0	35,704,903	0	35,704,903	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet C Part I Date/Time Prepared: 9/27/2018 8:40 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,352,689		3,352,689			30.00
31.00	03100	INTENSIVE CARE UNIT	964,094		964,094			31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,637,052	15,318,028	18,955,080	0.339986	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	235,633	878,815	1,114,448	0.106739	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	210,871	4,650,022	4,860,893	0.356411	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	211,174	2,656,489	2,867,663	0.237157	0.000000	55.00
56.00	05600	RADIOISOTOPE	35,695	905,850	941,545	0.452902	0.000000	56.00
57.00	05700	CT SCAN	324,759	9,497,563	9,822,322	0.064552	0.000000	57.00
58.00	05800	MRI	108,341	3,283,938	3,392,279	0.132642	0.000000	58.00
60.00	06000	LABORATORY	1,046,668	13,477,992	14,524,660	0.205290	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	94,557	95,524	190,081	0.530085	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	998,285	488,912	1,487,197	0.526466	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	828,716	3,226,967	4,055,683	0.356031	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	87,428	980,456	1,067,884	0.115921	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,980	17,980	0.642937	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	1,124,878	797,623	1,922,501	0.546849	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,262,273	4,111,213	5,373,486	0.512230	0.000000	73.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	475,134	475,134	1.102420	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	436,790	436,790	0.476204	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	35,441	4,202,670	4,238,111	1.049890	0.000000	88.00
88.01	08801	RHC-PROMPT CARE	0	491,963	491,963	0.937038	0.000000	88.01
90.00	09000	CLINIC	171,379	613,522	784,901	0.854817	0.000000	90.00
90.01	04950	SLEEP LAB	0	642,147	642,147	0.259361	0.000000	90.01
90.02	09001	GENERAL SURGERY CL	125,890	241,509	367,399	0.733159	0.000000	90.02
90.03	09002	PM PAIN CLINIC	0	118,050	118,050	0.743617	0.000000	90.03
91.00	09100	EMERGENCY	3,889,517	3,942,615	7,832,132	0.446144	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,408	988,666	997,074	0.535660	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	18,753,748	72,540,438	91,294,186			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	18,753,748	72,540,438	91,294,186			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet C Part I Date/Time Prepared: 9/27/2018 8:40 pm

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
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
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
88.01	08801	RHC-PROMPT CARE	0.000000		88.01
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
90.03	09002	PM PAIN CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
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 05/01/2017 To 04/30/2018 | Worksheet D Part II Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

		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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	559,113	18,955,080	0.029497	1,767,547	52,137	50.00
53.00	05300	ANESTHESIOLOGY	34,635	1,114,448	0.031078	119,861	3,725	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	207,796	4,860,893	0.042749	117,105	5,006	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	66,074	2,867,663	0.023041	119,116	2,745	55.00
56.00	05600	RADIOISOTOPE	12,357	941,545	0.013124	18,773	246	56.00
57.00	05700	CT SCAN	19,089	9,822,322	0.001943	124,996	243	57.00
58.00	05800	MRI	23,739	3,392,279	0.006998	62,835	440	58.00
60.00	06000	LABORATORY	136,890	14,524,660	0.009425	575,679	5,426	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,484	190,081	0.007807	57,983	453	63.00
65.00	06500	RESPIRATORY THERAPY	36,879	1,487,197	0.024798	702,736	17,426	65.00
66.00	06600	PHYSICAL THERAPY	72,001	4,055,683	0.017753	341,680	6,066	66.00
69.00	06900	ELECTROCARDIOLOGY	10,257	1,067,884	0.009605	19,595	188	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,242	17,980	0.180311	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	20,832	1,922,501	0.010836	467,339	5,064	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,104	5,373,486	0.011371	696,587	7,921	73.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	17,521	475,134	0.036876	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	24,803	436,790	0.056785	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	143,263	4,238,111	0.033804	0	0	88.00
88.01	08801	RHC-PROMPT CARE	20,008	491,963	0.040670	0	0	88.01
90.00	09000	CLINIC	41,967	784,901	0.053468	0	0	90.00
90.01	04950	SLEEP LAB	16,804	642,147	0.026168	0	0	90.01
90.02	09001	GENERAL SURGERY CL	14,969	367,399	0.040743	0	0	90.02
90.03	09002	PM PAIN CLINIC	9,476	118,050	0.080271	0	0	90.03
91.00	09100	EMERGENCY	162,203	7,832,132	0.020710	3,221	67	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	37,222	997,074	0.037331	0	0	92.00
200.00		Total (lines 50 through 199)	1,753,728	86,977,403		5,195,053	107,153	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet D Part IV Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
88.01	08801	RHC-PROMPT CARE	0	0	0	0	0	88.01
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
90.03	09002	PM PAIN CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet D Part IV Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	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)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	18,955,080	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,114,448	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,860,893	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,867,663	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	941,545	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	9,822,322	0.000000	57.00
58.00	05800	MRI	0	0	0	3,392,279	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	14,524,660	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	190,081	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,487,197	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,055,683	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,067,884	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	17,980	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,922,501	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,373,486	0.000000	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0.000000	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	475,134	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	436,790	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0	0	0	4,238,111	0.000000	88.00
88.01	08801	RHC-PROMPT CARE	0	0	0	491,963	0.000000	88.01
90.00	09000	CLINIC	0	0	0	784,901	0.000000	90.00
90.01	04950	SLEEP LAB	0	0	0	642,147	0.000000	90.01
90.02	09001	GENERAL SURGERY CL	0	0	0	367,399	0.000000	90.02
90.03	09002	PM PAIN CLINIC	0	0	0	118,050	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	7,832,132	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	997,074	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	86,977,403		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet D Part IV Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	1,767,547	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	119,861	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	117,105	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	119,116	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	18,773	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	124,996	0	0	0	57.00
58.00	05800	MRI	0.000000	62,835	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	575,679	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	57,983	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	702,736	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	341,680	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	19,595	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	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	0.000000	467,339	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	696,587	0	0	0	73.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0.000000	0	0	0	0	88.00
88.01	08801	RHC-PROMPT CARE	0.000000	0	0	0	0	88.01
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	SLEEP LAB	0.000000	0	0	0	0	90.01
90.02	09001	GENERAL SURGERY CL	0.000000	0	0	0	0	90.02
90.03	09002	PM PAIN CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	3,221	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		5,195,053	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet D Part V Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.339986	0	5,876,585	23	0	50.00
53.00	05300	ANESTHESIOLOGY	0.106739	0	278,385	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.356411	0	1,751,563	12	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.237157	0	1,243,259	0	0	55.00
56.00	05600	RADIOISOTOPE	0.452902	0	397,531	2	0	56.00
57.00	05700	CT SCAN	0.064552	0	3,946,978	238	0	57.00
58.00	05800	MRI	0.132642	0	1,239,141	0	0	58.00
60.00	06000	LABORATORY	0.205290	0	5,800,897	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.530085	0	53,440	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.526466	0	235,005	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.356031	0	1,120,210	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.115921	0	495,693	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.642937	0	5,500	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	0.546849	0	190,700	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.512230	0	2,145,239	1,580	0	73.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1.102420	0	448,890	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.476204	0	249,672	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0.000000				0	88.00
88.01	08801	RHC-PROMPT CARE	0.000000				0	88.01
90.00	09000	CLINIC	0.854817	0	300,891	2	0	90.00
90.01	04950	SLEEP LAB	0.259361	0	221,460	0	0	90.01
90.02	09001	GENERAL SURGERY CL	0.733159	0	74,391	0	0	90.02
90.03	09002	PM PAIN CLINIC	0.743617	0	12,701	0	0	90.03
91.00	09100	EMERGENCY	0.446144	0	2,665,268	453	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.535660	0	473,649	31	0	92.00
200.00		Subtotal (see instructions)		0	29,227,048	2,341	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	29,227,048	2,341	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet D Part V Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,997,957	8		50.00
53.00	05300	ANESTHESIOLOGY	29,715	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	624,276	4		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	294,848	0		55.00
56.00	05600	RADIOISOTOPE	180,043	1		56.00
57.00	05700	CT SCAN	254,785	15		57.00
58.00	05800	MRI	164,362	0		58.00
60.00	06000	LABORATORY	1,190,866	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,328	0		63.00
65.00	06500	RESPIRATORY THERAPY	123,722	0		65.00
66.00	06600	PHYSICAL THERAPY	398,829	0		66.00
69.00	06900	ELECTROCARDIOLOGY	57,461	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,536	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	104,284	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,098,856	809		73.00
76.00	03140	CARDIOLOGY	0	0		76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	494,865	0		76.01
76.97	07697	CARDIAC REHABILITATION	118,895	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RHC-PRINCETON	0	0		88.00
88.01	08801	RHC-PROMPT CARE	0	0		88.01
90.00	09000	CLINIC	257,207	2		90.00
90.01	04950	SLEEP LAB	57,438	0		90.01
90.02	09001	GENERAL SURGERY CL	54,540	0		90.02
90.03	09002	PM PAIN CLINIC	9,445	0		90.03
91.00	09100	EMERGENCY	1,189,093	202		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	253,715	17		92.00
200.00		Subtotal (see instructions)	8,987,066	1,058		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	8,987,066	1,058		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-1337 | Component CCN:14-Z337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet D Part V | Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.339986	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.106739	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.356411	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.237157	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.452902	0	0	0	0	56.00
57.00	05700	CT SCAN	0.064552	0	0	0	0	57.00
58.00	05800	MRI	0.132642	0	0	0	0	58.00
60.00	06000	LABORATORY	0.205290	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.530085	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.526466	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.356031	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.115921	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.642937	0	0	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	0.546849	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.512230	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1.102420	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.476204	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC-PRINCETON	0.000000				0	88.00
88.01	08801	RHC-PROMPT CARE	0.000000				0	88.01
90.00	09000	CLINIC	0.854817	0	0	0	0	90.00
90.01	04950	SLEEP LAB	0.259361	0	0	0	0	90.01
90.02	09001	GENERAL SURGERY CL	0.733159	0	0	0	0	90.02
90.03	09002	PM PAIN CLINIC	0.743617	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.446144	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.535660	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	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	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-1337 | Component CCN:14-Z337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet D Part V | Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded & Coins. (see inst.)	Costs: 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
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
88.01	08801	RHC-PROMPT CARE	0	0		88.01
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
90.03	09002	PM PAIN CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
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 05/01/2017 To 04/30/2018 | Worksheet D-1 | Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,706	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,244	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	1,896	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	286	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)	143	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	22	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)	11	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,176	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)	199	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)	99	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	155.41	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	155.41	20.00
21.00	Total general inpatient routine service cost (see instructions)	4,107,527	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)	3,419	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)	1,710	25.00
26.00	Total swing-bed cost (see instructions)	663,537	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,443,990	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)	3,443,990	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)	1,534.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,804,866	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)	1,804,866	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet D-1 | Date/Time Prepared: 9/27/2018 8:40 pm

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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	1,531,165	308	4,971.31	176	874,951	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,965,246	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,645,063	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)	305,415	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	151,940	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	457,355	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)	348	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,534.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	534,093	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet D-1 | Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

	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	286,260	4,107,527	0.069692	534,093	37,222	90.00
91.00	Nursing School cost	0	4,107,527	0.000000	534,093	0	91.00
92.00	Allied health cost	0	4,107,527	0.000000	534,093	0	92.00
93.00	All other Medical Education	0	4,107,527	0.000000	534,093	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet D-3 | Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,847,403		30.00
31.00	03100	INTENSIVE CARE UNIT		522,058		31.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.339986	1,767,547	600,941	50.00
53.00	05300	ANESTHESIOLOGY	0.106739	119,861	12,794	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.356411	117,105	41,738	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.237157	119,116	28,249	55.00
56.00	05600	RADIOISOTOPE	0.452902	18,773	8,502	56.00
57.00	05700	CT SCAN	0.064552	124,996	8,069	57.00
58.00	05800	MRI	0.132642	62,835	8,335	58.00
60.00	06000	LABORATORY	0.205290	575,679	118,181	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.530085	57,983	30,736	63.00
65.00	06500	RESPIRATORY THERAPY	0.526466	702,736	369,967	65.00
66.00	06600	PHYSICAL THERAPY	0.356031	341,680	121,649	66.00
69.00	06900	ELECTROCARDIOLOGY	0.115921	19,595	2,271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.642937	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.546849	467,339	255,564	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.512230	696,587	356,813	73.00
76.00	03140	CARDIOLOGY	0.000000	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1.102420	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.476204	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RHC-PRINCETON	0.000000		0	88.00
88.01	08801	RHC-PROMPT CARE	0.000000		0	88.01
90.00	09000	CLINIC	0.854817	0	0	90.00
90.01	04950	SLEEP LAB	0.259361	0	0	90.01
90.02	09001	GENERAL SURGERY CL	0.733159	0	0	90.02
90.03	09002	PM PAIN CLINIC	0.743617	0	0	90.03
91.00	09100	EMERGENCY	0.446144	3,221	1,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.535660	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,195,053	1,965,246	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)		5,195,053		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet D-3

Component CCN:14-Z337 | Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.339986	2,764	940	50.00
53.00	05300	ANESTHESIOLOGY	0.106739	581	62	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.356411	6,205	2,212	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.237157	5,753	1,364	55.00
56.00	05600	RADIOISOTOPE	0.452902	0	0	56.00
57.00	05700	CT SCAN	0.064552	0	0	57.00
58.00	05800	MRI	0.132642	0	0	58.00
60.00	06000	LABORATORY	0.205290	34,936	7,172	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.530085	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.526466	100,032	52,663	65.00
66.00	06600	PHYSICAL THERAPY	0.356031	219,251	78,060	66.00
69.00	06900	ELECTROCARDIOLOGY	0.115921	624	72	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.642937	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.546849	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.512230	54,999	28,172	73.00
76.00	03140	CARDIOLOGY	0.000000	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1.102420	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.476204	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RHC-PRINCETON	0.000000		0	88.00
88.01	08801	RHC-PROMPT CARE	0.000000		0	88.01
90.00	09000	CLINIC	0.854817	0	0	90.00
90.01	04950	SLEEP LAB	0.259361	0	0	90.01
90.02	09001	GENERAL SURGERY CL	0.733159	0	0	90.02
90.03	09002	PM PAIN CLINIC	0.743617	0	0	90.03
91.00	09100	EMERGENCY	0.446144	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.535660	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		425,145	170,717	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)		425,145		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet E Part B Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Hospital

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	8,988,124	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	OPPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
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 lines 3, 4, and 4.01, 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)	8,988,124	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 chargebasis 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 (see instructions)	9,078,005	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, 4.01, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	79,178	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	4,619,300	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)	4,379,527	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)	4,379,527	30.00
31.00	Primary payer payments	1,309	31.00
32.00	Subtotal (line 30 minus line 31)	4,378,218	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)	307,423	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	199,825	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	307,142	36.00
37.00	Subtotal (see instructions)	4,578,043	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)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
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)	4,578,043	40.00
40.01	Sequestration adjustment (see instructions)	91,561	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	4,983,649	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-497,167	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 05/01/2017 To 04/30/2018 | Worksheet E-1 Part I Date/Time Prepared: 9/27/2018 8:40 pm

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		4,159,194		5,151,409	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	11/09/2017	20,424	11/09/2017	167,760	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-20,424		-167,760	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)		4,138,770		4,983,649	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		52,218		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		497,167	6.02
7.00	Total Medicare program liability (see instructions)		4,190,988		4,486,482	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 05/01/2017 To 04/30/2018 | Worksheet E-1 Part I | Date/Time Prepared: 9/27/2018 8:40 pm

Component CCN:14-Z337 | 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		602,676		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	11/09/2017	9,320		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-9,320		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)		593,356		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		22,336		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		615,692		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 05/01/2017 To 04/30/2018	Worksheet E-1 Part II Date/Time Prepared: 9/27/2018 8:40 pm
	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		1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		7.00
8.00	Calculation of the HIT incentive payment (see instructions)		8.00
9.00	Sequestration adjustment amount (see instructions)		9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00
31.00	Other Adjustment (specify)		31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS | Provider CCN:14-1337 | Component CCN:14-Z337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet E-2 | Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | Swing Beds - SNF | Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	461,929	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)	172,424	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	298	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)	634,353	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	634,353	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)	634,353	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	6,096	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)	628,257	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
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)	628,257	0	19.00
19.01	Sequestration adjustment (see instructions)	12,565	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
20.00	Interim payments	593,356	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	22,336	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
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
	Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
	Comparision of PPS versus Cost Reimbursement			
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN:14-1337	Period: From 05/01/2017 To 04/30/2018	Worksheet E-3 Part V Date/Time Prepared: 9/27/2018 8:40 pm
	Title XVIII	Hospital	Cost

		1.00	
	PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT		
1.00	Inpatient services	4,645,063	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)	0	2.00
3.00	Organ acquisition	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	4,645,063	4.00
5.00	Primary payer payments	0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)	4,691,514	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)	4,691,514	19.00
20.00	Deductibles (exclude professional component)	449,172	20.00
21.00	Excess reasonable cost (from line 16)	0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)	4,242,342	22.00
23.00	Coinsurance	0	23.00
24.00	Subtotal (line 22 minus line 23)	4,242,342	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	52,579	25.00
26.00	Adjusted reimbursable bad debts (see instructions)	34,176	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	47,555	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)	4,276,518	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	Demonstration payment adjustment amount before sequestration	0	29.99
30.00	Subtotal (see instructions)	4,276,518	30.00
30.01	Sequestration adjustment (see instructions)	85,530	30.01
30.02	Demonstration payment adjustment amount after sequestration	0	30.02
31.00	Interim payments	4,138,770	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, 30.02, 31, and 32)	52,218	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 05/01/2017 To 04/30/2018 | Worksheet G | Date/Time Prepared: 9/27/2018 8:40 pm

		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	4,114,199	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	6,617,344	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	414,174	0	0	0	7.00
8.00	Prepaid expenses	427,979	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)	11,573,696	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	3,682,865	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	14,007,870	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)	17,690,735	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	6,979,861	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	2,097,685	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,077,546	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	38,341,977	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,060,065	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,222,279	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,105,670	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,597,084	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,985,098	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	788,949	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,182,002	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,970,951	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	11,956,049	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	26,385,928				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)	26,385,928	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	38,341,977	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet G-1 | Date/Time Prepared: 9/27/2018 8:40 pm

		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		26,629,474		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-243,546				2.00
3.00	Total (sum of line 1 and line 2)		26,385,928		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)		26,385,928		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		26,385,928		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet G-2 Parts I & II Date/Time Prepared: 9/27/2018 8:40 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	3,606,645		3,606,645	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	457,934		457,934	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)	4,064,579		4,064,579	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	930,084		930,084	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)	930,084		930,084	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,994,663		4,994,663	17.00
18.00	Ancillary services	10,739,280	62,952,291	73,691,571	18.00
19.00	Outpatient services	4,894,784	11,102,503	15,997,287	19.00
20.00	RHC-PRINCETON	37,239	4,203,104	4,240,343	20.00
20.01	RHC-PROMPT CARE	0	0	0	20.01
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	OTHER NRCC	553	1,272,431	1,272,984	27.00
27.01	OTHER (SPECIFY)	0	0	0	27.01
27.02	OTHER (SPECIFY)	0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3 line 1)	20,666,519	79,530,329	100,196,848	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		44,756,603		29.00
30.00	ADD (SPECIFY)	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	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		44,756,603		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN:14-1337	Period: From 05/01/2017 To 04/30/2018	Worksheet G-3 Date/Time Prepared: 9/27/2018 8:40 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	100,196,848	1.00
2.00	Less contractual allowances and discounts on patients' accounts	56,350,242	2.00
3.00	Net patient revenues (line 1 minus line 2)	43,846,606	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	44,756,603	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-909,997	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	80,618	6.00
7.00	Income from investments	19,677	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	581,330	24.00
24.01	OTHER NON-OP	0	24.01
25.00	Total other income (sum of lines 6-24)	681,625	25.00
26.00	Total (line 5 plus line 25)	-228,372	26.00
27.00	OTHER NON-OP	15,174	27.00
27.01	OTHER EXPENSES (SPECIFY)	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	15,174	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-243,546	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-1337 | Component CCN:14-8549 | Period: From 05/01/2017 To 04/30/2018 | Worksheet M-1 | Date/Time Prepared: 9/27/2018 8:40 pm

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	0	0	0	90,011	90,011	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	0	0	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	2,434,993	87,509	2,522,502	0	2,522,502	9.00
10.00	Subtotal (sum of lines 1 through 9)	2,434,993	87,509	2,522,502	90,011	2,612,513	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	168,323	168,323	0	168,323	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						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	168,323	168,323	0	168,323	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,434,993	255,832	2,690,825	90,011	2,780,836	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	14,830	14,830	0	14,830	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						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	14,830	14,830	0	14,830	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	114,669	114,669	0	114,669	29.00
30.00	Administrative Costs	0	25,714	25,714	0	25,714	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	140,383	140,383	0	140,383	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,434,993	411,045	2,846,038	90,011	2,936,049	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet M-1

Component CCN:14-8549 | Date/Time Prepared: 9/27/2018 8:40 pm

RHC I | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	-36,000	54,011		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	2,522,502		9.00
10.00	Subtotal (sum of lines 1 through 9)	-36,000	2,576,513		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	168,323		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	168,323		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-36,000	2,744,836		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	14,830		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	14,830		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	114,669		29.00
30.00	Administrative Costs	0	25,714		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	140,383		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-36,000	2,900,049		32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-1337 | Period: From 05/01/2017 To 04/30/2018 | Worksheet M-1

Component CCN:14-8583 | Date/Time Prepared: 9/27/2018 8:40 pm

RHC II | 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	261,887	0	261,887	11,596	273,483	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	0	0	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	0	664	664	0	664	9.00
10.00	Subtotal (sum of lines 1 through 9)	261,887	664	262,551	11,596	274,147	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	4,907	4,907	0	4,907	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	4,907	4,907	0	4,907	14.00
15.00	Medical Supplies	0	8,451	8,451	0	8,451	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						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	8,451	8,451	0	8,451	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	261,887	14,022	275,909	11,596	287,505	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	1,723	1,723	0	1,723	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						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	1,723	1,723	0	1,723	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	23,254	23,254	0	23,254	29.00
30.00	Administrative Costs	0	1,458	1,458	0	1,458	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	24,712	24,712	0	24,712	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	261,887	40,457	302,344	11,596	313,940	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-1337 | Component CCN:14-8583 | Period: From 05/01/2017 To 04/30/2018 | Worksheet M-1 | Date/Time Prepared: 9/27/2018 8:40 pm

RHC II | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	273,483		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	664		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	274,147		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	4,907		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	4,907		14.00
15.00	Medical Supplies	0	8,451		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	8,451		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	287,505		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	1,723		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	1,723		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	23,254		29.00
30.00	Administrative Costs	0	1,458		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	24,712		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	313,940		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN:14-1337 Component CCN:14-8549 | Period: From 05/01/2017 To 04/30/2018 | Worksheet M-2 Date/Time Prepared: 9/27/2018 8:40 pm

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	2.42	10,088	4,200	10,164		1.00
2.00	Physician Assistant	0.00	0	0	0		2.00
3.00	Nurse Practitioner	3.32	7,243	2,100	6,972		3.00
4.00	Subtotal (sum of lines 1 through 3)	5.74	17,331		17,136	17,331	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)	0.28	592			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	6.02	17,923			17,331	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)	2,744,836	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)	14,830	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)	2,759,666	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)	0.994626	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)	140,383	14.00
15.00	Parent provider overhead allocated to facility (see instructions)	1,549,500	15.00
16.00	Total overhead (sum of lines 14 and 15)	1,689,883	16.00
17.00	Allowable GME overhead (see instructions)	0	17.00
18.00	Enter the amount from line 16	1,689,883	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)	1,680,802	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)	4,425,638	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN:14-1337 Component CCN:14-8583 | Period: From 05/01/2017 To 04/30/2018 | Worksheet M-2 Date/Time Prepared: 9/27/2018 8:40 pm

RHC II | 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	0.23	978	4,200	966		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.85	2,372	2,100	1,785		3.00
4.00	Subtotal (sum of lines 1 through 3)	1.08	3,350		2,751	3,350	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)	1.08	3,350			3,350	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)					287,505	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					1,723	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					289,228	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.994043	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					24,712	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					147,048	15.00
16.00	Total overhead (sum of lines 14 and 15)					171,760	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					171,760	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					170,737	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					458,242	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN:14-1337 Component CCN:14-8549	Period: From 05/01/2017 To 04/30/2018	Worksheet M-3 Date/Time Prepared: 9/27/2018 8:40 pm
	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)			4,425,638	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			96,591	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			4,329,047	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			17,331	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)			17,331	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			249.79	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)	0.00	0.00		8.00
9.00	Rate for Program covered visits (see instructions)	249.79	249.79		9.00
	CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	6,895		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	1,722,302		11.00
12.00	Program covered visits for mental health services (from contractor records)	0	25		12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	6,245		13.00
14.00	Limit adjustment for mental health services (see instructions)	0	6,245		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	1,728,547		16.00
16.01	Total program charges (see instructions)(from contractor's records)		1,148,876		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		120,950		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		181,976		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.)		1,159,389		16.04
16.05	Total program cost (see instructions)	0	1,341,365		16.05
17.00	Primary payer amounts		0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		97,335		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		186,118		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		1,341,365		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		54,739		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		1,396,104		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
25.99	Demonstration payment adjustment amount before sequestration		0		25.99
26.00	Net reimbursable amount (see instructions)		1,396,104		26.00
26.01	Sequestration adjustment (see instructions)		27,922		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		1,155,211		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, 26.02, 27, and 28)		212,971		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0		30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN:14-1337 Component CCN:14-8583	Period: From 05/01/2017 To 04/30/2018	Worksheet M-3 Date/Time Prepared: 9/27/2018 8:40 pm
	Title XVIII	RHC II	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)		458,242	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		3,997	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		454,245	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		3,350	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)		3,350	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		135.60	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)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	135.60	135.60	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	0	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	0	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	0	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	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.)		0	16.04
16.05	Total program cost (see instructions)	0	0	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		0	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		2,855	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		2,855	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
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		2,855	26.00
26.01	Sequestration adjustment (see instructions)		57	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		0	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, 26.02, 27, and 28)		2,798	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §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 05/01/2017 To 04/30/2018 | Worksheet M-4 | Date/Time Prepared: 9/27/2018 8:40 pm

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)	2,576,513	2,576,513	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.002386	0.003569	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	6,148	9,196	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	38,558	6,006	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	44,706	15,202	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	2,744,836	2,744,836	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	1,680,802	1,680,802	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.016287	0.005538	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	27,375	9,308	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	72,081	24,510	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	484	724	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	148.93	33.85	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	293	328	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	43,636	11,103	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)		96,591	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)		54,739	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST

Provider CCN:14-1337 | Component CCN:14-8583 | Period: From 05/01/2017 To 04/30/2018 | Worksheet M-4 | Date/Time Prepared: 9/27/2018 8:40 pm

Title XVIII | RHC II | Cost

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	274,147	274,147	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000000	0.000933	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	0	256	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	0	2,252	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	0	2,508	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	287,505	287,505	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	170,737	170,737	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.000000	0.008723	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	0	1,489	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	0	3,997	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	0	14	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	0.00	285.50	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	0	10	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	0	2,855	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)		3,997	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)		2,855	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 05/01/2017 To 04/30/2018 | Worksheet M-5 | Date/Time Prepared: 9/27/2018 8:40 pm

RHC I | Cost

		Part B mm/dd/yyyy	Part B Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		1,137,595	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		11/09/2017	17,616	3.01
3.02			0	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)		17,616	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		1,155,211	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		212,971	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		1,368,182	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00