



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY	1. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 05/28/2014	TIME: 12:14
	2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
	3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
	4. <input checked="" type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> COST REPORT STATUS	6. DATE RECEIVED: _____	10. NPR DATE: _____
	1 -AS SUBMITTED	7. CONTRACTOR NO: _____	11. CONTRACTOR'S VENDOR CODE: _____
	2 -SETTLED WITHOUT AUDIT	8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN	
	4 -REOPENED		
	5 -AMENDED		

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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 PARKVIEW HOSPITAL (15-0021) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2013 AND ENDING 12/31/2013, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX
		1	2	3	4	5
1	HOSPITAL		-238,254	289,271	143,740	1
2	SUBPROVIDER - IPF		26,943			2
3	SUBPROVIDER - IRF		-1,582			3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY		8,063			7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL		-204,830	289,271	143,740	200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	BEGINNING:	ENDING:		38
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (see instructions)	1	2	39	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		V	XVIII	XIX	
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL		1	2	3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48
TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (see instructions)	Y			60
		Y/N	IME	DIRECT GME	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.(see instructions)	N			61
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
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
OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (see instructions). ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.					
	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	1	2	3	4	
OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (see instructions). ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.					
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	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)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (see instructions)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (see instructions)	Y			63



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS-THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.				UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (col. 1/ col. 1 + col. 2)	
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (column 1 divided by (column 1 + column 2)). (see instructions)						64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. 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)							
	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (col. 3/ col. 3 + col. 4)		
	1	2	3	4	5		
65							65
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS-EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010				UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (col. 1/ col. 1 + col. 2)	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (column 1 divided by (column 1 + column 2)). (see instructions)			1.99	13.60	0.127646	66
ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. 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)							
	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (col. 3/ col. 3 + col. 4)		
	1	2	3	4	5		
67	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	1.99	13.60	0.127646		67
INPATIENT PSYCHIATRIC FACILITY PPS				1	2	3	
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y			70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N			71
INPATIENT REHABILITATION FACILITY PPS				1	2	3	
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y			75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N			76
LONG TERM CARE HOSPITAL PPS							
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N		80
TEFRA PROVIDERS							
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA? ENTER 'Y' FOR YES OR 'N' FOR NO.				N		85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (excluded unit) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.						86



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WORKSHEET S-2
PART I

TITLE V AND XIX SERVICES		V	XIX		
		1	2		
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90	
91	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	
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (dual certification)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92	
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93	
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94	
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95	
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96	
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97	
RURAL PROVIDERS		1	2		
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		105	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106	
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108	
		PHYSICAL	OCCUPATIONAL	SPEECH	RESPIRATORY
109	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 EACH THERAPY.	N			109

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, or E only) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98'	N			115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			117
118	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
		PREMIUMS	PAID LOSSES	SELF INSURANCE	
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:	518,348	533,525	321,868	118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N			118.02
120	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
121	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

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S)(mm/dd/yyyy) BELOW.	N			125
126	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
127	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
128	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
129	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
130	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
131	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
132	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
133	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
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.				134



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WORKSHEET S-2
PART I

ALL PROVIDERS							
		1	2				
140	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.	Y	15H032	140			
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	NAME: PARKVIEW HEALTH SYSTEM, INC.	CONTRACTOR'S NAME: WISCONSIN PHYSICIAN SERVICES CONTRACTOR'S NUMBER: 08101			141		
142	STREET: 10501 CORPORATE DRIVE	P.O. BOX: 5600				142	
143	CITY: FORT WAYNE	STATE: IN	ZIP CODE: 46895-5600	143			
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y				144	
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y				145	
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (see CMS Pub. 15-2, section 4020). IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	N				146	
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N				147	
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N				148	
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N				149	
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)							
		TITLE XVIII					
		PART A	PART B	TITLE V	TITLE XIX		
			1	2	3		
155	HOSPITAL	N	N		N	155	
156	SUBPROVIDER - IPF	N	N		N	156	
157	SUBPROVIDER - IRF	N	N		N	157	
158	SUBPROVIDER - (OTHER)					158	
159	SNF	N	N			159	
160	HHA	N	N			160	
161	CMHC		N			161	
161.10	CORF					161.10	
MULTICAMPUS							
165	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	
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					166	
		NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
		0	1	2	3	4	5
HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT							
167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y				167	
168	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)					168	
169	IF THIS PROVIDER IS A MEANINGFUL USER (line 167 is 'Y') AND IS NOT A CAH (line 105 is 'N'), ENTER THE TRANSITIONAL FACTOR. (see instructions)	0.75				169	
170	ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD RESPECTIVELY (mm/dd/yyyy)	10/01/2012	09/30/2013	170			



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
		1	2		
1	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
		Y/N	DATE	V/I	
		1	2	3	
2	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
3	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)	Y			3
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
		1	2	3	
4	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	04/24/2013	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N		Y/N	
		1		2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
BAD DEBTS					
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y	12
13	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
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	14
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N	15
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
16	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	
17	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)	N		N	
18	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 THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	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	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS.	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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 COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COSTS			
22	HAVE ASSETS BEEN RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		27
INTEREST EXPENSE			
28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		28
29	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.		29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.		30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.		31
PURCHASED SERVICES			
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.		32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.		33
PROVIDER-BASED PHYSICIANS			
34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.		34
35	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.		35
HOME OFFICE COSTS		Y/N	DATE
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
38	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.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: ERIC	LAST NAME: NICKESON	TITLE: DIRECTOR REIMBURSEMENT
42	EMPLOYER: PARKVIEW HEALTH SYSTEM, INC.		
43	PHONE NUMBER: (260) 373-8406	E-MAIL ADDRESS: ERIC.NICKESON@PARKVIEW.COM	



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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	288,274,761	-57,750,445	230,524,316	8,747,746.00	26.35	1
2							2
3							3
4		1,100,034		1,100,034	6,045.00	181.97	4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8		104,213,237	-59,551,744	44,661,493	1,646,152.00	27.13	8
9	44	2,492,843	323,715	2,816,558	126,407.00	22.28	9
10		19,979,774	2,384,248	22,364,022	801,064.00	27.92	10
OTHER WAGES & RELATED COSTS							
11		1,795,684		1,795,684	23,758.09	75.58	11
12							12
13		522,512		522,512	5,886.00	88.77	13
14		108,662,916	-59,551,744	49,111,172	1,688,681.00	29.08	14
15							15
16							16
WAGE-RELATED COSTS							
17		74,383,153		74,383,153			17
18							18
19		9,197,496		9,197,496			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26		24,902,583	-18,176,191	6,726,392	15,633.00	430.27	26
27		110,809,475	-58,654,329	52,155,146	1,855,557.00	28.11	27
28							28
29							29
30		3,746,150	476,459	4,222,609	195,039.00	21.65	30
31		274,637	34,324	308,961	23,743.00	13.01	31
32		4,163,890	517,705	4,681,595	393,066.00	11.91	32
33							33
34		4,536,748	609,334	5,146,082	376,180.00	13.68	34
35							35
36							36
37							37
38		2,182,430	272,661	2,455,091	67,884.00	36.17	38
39							39
40		9,306,782	378,615	9,685,397	280,243.00	34.56	40
41							41
42		2,612,491	326,291	2,938,782	105,622.00	27.82	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)	184,061,524	1,801,299	185,862,823	7,101,594.00	26.17	1
2	EXCLUDED AREA SALARIES (see instructions)	22,472,617	2,707,963	25,180,580	927,471.00	27.15	2
3	SUBTOTAL SALARIES (line 1 minus line 2)	161,588,907	-906,664	160,682,243	6,174,123.00	26.03	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)	110,981,112	-59,551,744	51,429,368	1,718,325.09	29.93	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)	74,383,153		74,383,153		46.29%	5
6	TOTAL (sum of lines 3 through 5)	346,953,172	-60,458,408	286,494,764	7,892,448.09	36.30	6
7	TOTAL OVERHEAD COST (see instructions)	162,535,186	-74,215,131	88,320,055	3,312,967.00	26.66	7



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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3

PART IV - WAGE RELATED COST

PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	4,871,548	2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	16,215,324	3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	25,628,684	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	618,253	7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	40,732,043	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (If employee is owner or beneficiary)	366,632	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	788,292	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	1,446,961	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-EMPLOYERS PORTION ONLY	17,797,053	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE		19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	OTHER		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)	396,981	21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	347,563	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	109,209,334	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD				
1	WAGE INDEX FISCAL YEAR ENDING DATE	09/30/2014		1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)	01/01/2010	12/31/2010	2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH	7/01/2010		3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)	1/01/2009		4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)	1/01/2012		5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)				
6	EFFECTIVE DATE OF PENSION PLAN			6
7	FIRST DAY OF THE PROVIDER COST REPORTING PERIOD CONTAINING THE PENSION PLAN EFFECTIVE DATE			7
8	STARTING DATE OF THE ADJUSTED AVERAGING PERIOD (date on Line 7, adjusted to first of month)			8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD				
9	BEGINNING DATE OF AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE	1/01/2009		9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5	1/01/2012		10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	DEPOSIT DATE(S)	CONTRIB-UTION(S)	11
11.01		02/28/2009	5,000,000	11.01
11.02		04/30/2009	2,500,000	11.02
11.03		05/31/2009	10,000,000	11.03
11.04		10/31/2009	5,000,000	11.04
11.05		01/31/2010	5,000,000	11.05
11.06		02/28/2010	5,300,000	11.06
11.07		07/31/2010	5,000,000	11.07
11.08		10/31/2010	5,000,000	11.08
11.09		03/31/2011	8,600,000	11.09
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)	36		12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD	51,400,000		13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)	1,427,778		14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2	12		15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)	17,133,336		16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX				
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)	8,495,348		17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)	8,495,348		18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	25,628,684		19



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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	1,795,683	23,758	1
2	HOSPITAL	1,795,683	23,758	2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18



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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 15-7423

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: ALLEN

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		3,916		2,396	6,312	1
2	UNDUPLICATED CENSUS COUNT (see instructions)		1,636.00		2,895.00	4,531.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	NUMBER OF EMPLOYEES (Full Time Equivalent)			
		STAFF	CONTRACT	TOTAL	
		1	2	3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00	3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5	OTHER ADMINISTRATIVE PERSONNEL	27.61		27.61	5
6	DIRECT NURSING SERVICE	43.79		43.79	6
7	NURSING SUPERVISOR	11.94		11.94	7
8	PHYSICAL THERAPY SERVICE	9.28		9.28	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE	6.30		6.30	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE	1.69		1.69	12
13	SPEECH PATHOLOGY SUPERVISOR	1.00		1.00	13
14	MEDICAL SOCIAL SERVICE				14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	8.62		8.62	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)	55.08		55.08	18

HOME HEALTH AGENCY - CBSA CODES

19	ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		2	19
20	LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (line 20 contains the first code).		23060	20
20.01			99915	20.01

PPS ACTIVITY

		FULL EPISODES			LUPA EPISODES	PEP ONLY EPISODES	TOTAL (columns 1 through 4)	
		WITHOUT OUTLIERS	WITH OUTLIERS					
		1	2	3				
21	SKILLED NURSING VISITS	10,053	640	394	175	11,262	21	
22	SKILLED NURSING VISIT CHARGES	1,750,412	112,605	63,694	30,210	1,956,921	22	
23	PHYSICAL THERAPY VISITS	2,445	60	47	18	2,570	23	
24	PHYSICAL THERAPY VISIT CHARGES	466,120	11,580	7,755	3,600	489,055	24	
25	OCCUPATIONAL THERAPY VISITS	1,137	68	12	7	1,224	25	
26	OCCUPATIONAL THERAPY VISIT CHARGES	220,840	13,195	2,400	1,400	237,835	26	
27	SPEECH PATHOLOGY VISITS	279	50	5		334	27	
28	SPEECH PATHOLOGY VISIT CHARGES	54,280	9,700	1,000		64,980	28	
29	MEDICAL SOCIAL SERVICE VISITS	298	15	10	6	329	29	
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	65,085	3,260	1,965	1,320	71,630	30	
31	HOME HEALTH AIDE VISITS	1,978	72	4	15	2,069	31	
32	HOME HEALTH AIDE VISIT CHARGES	174,360	6,403	339	1,350	182,452	32	
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	16,190	905	472	221	17,788	33	
34	OTHER CHARGES	135,131	5,709	14,068	2,210	157,118	34	
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,866,228	162,452	91,221	40,090	3,159,991	35	
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)	1,108		143	21	1,272	36	
37	TOTAL NUMBER OF OUTLIER EPISODES		21		1	22	37	
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	2,690,400	73,609	49,999	15,571	2,829,579	38	



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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE	
		1	2	
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	N	//	2

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX	31		31	3
4	RUL				4
5	RVX	23		23	5
6	RVL	21		21	6
7	RHX	1		1	7
8	RHL	55		55	8
9	RMX				9
10	RML	14		14	10
11	RLX				11
12	RUC	74		74	12
13	RUB	96		96	13
14	RUA	59		59	14
15	RVC	152		152	15
16	RVB	310		310	16
17	RVA	869		869	17
18	RHC	236		236	18
19	RHB	688		688	19
20	RHA	1,702		1,702	20
21	RMC	62		62	21
22	RMB	222		222	22
23	RMA	275		275	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2	3		3	27
28	ES1				28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1				32
33	HC2				33
34	HC1	7		7	34
35	HB2				35
36	HB1	52		52	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1	6		6	40
41	LC2				41
42	LC1	16		16	42
43	LB2				43
44	LB1	17		17	44
45	CE2				45
46	CE1				46
47	CD2	10		10	47
48	CD1	1		1	48
49	CC2				49
50	CC1	12		12	50
51	CB2				51
52	CB1	90		90	52
53	CA2				53
54	CA1	131		131	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64
65	BB2				65
66	BB1	6		6	66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70



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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1	19		19	76
77	PA2				77
78	PA1	3		3	78
199	AAA				199
200	TOTAL	5,263		5,263	200

SNF SERVICES

		CBSA AT BEGINNING OF COST REPORTING PERIOD	CBSA ON/AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (if applicable)	
		1	2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (if applicable).	23060	23060	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (see instructions)

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?	
		1	2	3	
202	STAFFING	1,936,034	26.21%	Y	202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (OTHER)	5,319,017	72.02%	Y	206
207	TOTAL SNF REVENUE (Worksheet G-2, Part I, line 7, column 3)	7,385,720			207



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HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 15-1552

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

		UNDUPLICATED DAYS					TOTAL (sum of cols. 1, 2, & 5)	
		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER		
		1	2	3	4	5		
1	CONTINUOUS HOME CARE	19					19	1
2	ROUTINE HOME CARE	32,880	1,108			2,322	36,310	2
3	INPATIENT RESPITE CARE	57					57	3
4	GENERAL INPATIENT CARE	1,686	136			212	2,034	4
5	TOTAL HOSPICE DAYS	34,642	1,244			2,534	38,420	5

PART II - CENSUS DATA

		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
		6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE					
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS C							7
8	AVERAGE LENGTH OF STAY (line 5/line 6)							8
9	UNDUPLICATED CENSUS COUNT	812	50			97	959	9

NOTE: Parts I & II, columns 1 and 2 also include the days reported in column 3 and 4.



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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.272738	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID		37,633,861	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		19,657,238	5
6	MEDICAID CHARGES		243,012,668	6
7	MEDICAID COST (line 1 times line 6)		66,278,789	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (line 7 minus the sum of lines 2 and 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.		8,987,690	8

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(see instructions for each line)

9	NET REVENUE FROM STAND-ALONE SCHIP		449,526	9
10	STAND-ALONE SCHIP CHARGES		2,957,444	10
11	STAND-ALONE SCHIP COST (line 1 times line 10)		806,607	11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (line 11 minus line 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.		357,081	12

OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (see instructions for each line)

13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (not included on lines 2, 5, or 9)			13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (not included in lines 6 or 10)			14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (line 1 times line 14)			15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (line 15 minus line 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.			16

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)		9,344,771		19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (at full charges excluding non-reimbursable cost centers) FOR THE ENTIRE FACILITY	35,958,439	10,934,497	46,892,936	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	9,807,233	2,982,253	12,789,486	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	982,436	118,958	1,101,394	22
23	COST OF CHARITY CARE (line 21 minus line 22)	8,824,797	2,863,295	11,688,092	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM?			N	24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (see instructions)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)			77,974,076	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)			954,488	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)			77,019,588	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)			21,006,168	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)			32,694,260	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)			42,039,031	31



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	CAP REL COSTS-BLDG & FIXT		47,099,871	47,099,871	-26,609,912	20,489,959	171,608	20,661,567	1
2	00200	CAP REL COSTS-MVBLE EQUIP				27,270,847	27,270,847	-441,973	26,828,874	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	24,902,583	60,086,268	84,988,851	-16,845,597	68,143,254	-29,992,082	38,151,172	4
5.01	01160	COMMUNICATIONS				2,048,334	2,048,334	-108,616	1,939,718	5.01
5.02	00550	DATA PROCESSIN								5.02
5.03	00560	MATERIALS MANAGEMENT								5.03
5.04	00570	PATIENT SERVICES	1,774,442	315,242	2,089,684	220,309	2,309,993		2,309,993	5.04
5.05	00580	PATIENT ACCOUNTING								5.05
5.06	00591	AMBULATORY SVCS ADMIN								5.06
5.07	00590	OTHER A&G	109,035,033	50,741,114	159,776,147	-1,819,457	157,956,690	-31,506,721	126,449,969	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN		83	83		83		83	5.08
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT		6,689,759	6,689,759	43,066	6,732,825	-4,822	6,728,003	7
7.01	00701	FACILITY ENGINEERING	3,746,150	-405,052	3,341,098	464,732	3,805,830	-117	3,805,713	7.01
8	00800	LAUNDRY & LINEN SERVICE	274,637	1,872,896	2,147,533	34,324	2,181,857	416,200	2,598,057	8
9	00900	HOUSEKEEPING	4,163,890	593,283	4,757,173	498,684	5,255,857		5,255,857	9
10	01000	DIETARY	4,536,748	5,648,027	10,184,775	-5,574,518	4,610,257	-4,349,278	260,979	10
10.01	01001	KITCHEN-NO CONNECT W/CAFE				6,179,983	6,179,983		6,179,983	10.01
10.02	01002	CAFETERIA								10.02
10.03	01003	PREADMITS AND ER								10.03
11	01100	CAFETERIA								11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	2,182,430	1,090,602	3,273,032	272,142	3,545,174		3,545,174	13
14	01400	CENTRAL SERVICES & SUPPLY		1,457	1,457	-166	1,291		1,291	14
15	01500	PHARMACY	7,812,413	26,277,206	34,089,619	-20,586,755	13,502,864	-1,195	13,501,669	15
15.01	01501	OUTPATIENT PHARMACY	655,058	8,466,923	9,121,981	81,438	9,203,419	-781,299	8,422,120	15.01
15.02	01502	IV SOLUTIONS	839,311	751,373	1,590,684	503,099	2,093,783		2,093,783	15.02
15.03	01503	MED SURG SUPPLY		-775,802	-775,802	47,666,687	46,890,885		46,890,885	15.03
16	01600	MEDICAL RECORDS & LIBRARY				-1,414	-1,414		-1,414	16
17	01700	SOCIAL SERVICE	2,251,156	1,164,939	3,416,095	276,475	3,692,570	-59	3,692,511	17
17.01	01701	REHAB ADMIN	361,335	90,106	451,441	43,973	495,414		495,414	17.01
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD		3,041,948	3,041,948		3,041,948		3,041,948	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD								22
23	02300	PARAMED ED PRGM-(SPECIFY)				75,110	75,110		75,110	23
23.01	02301	PARAMED ED RADIOLOGY								23.01
23.02	02302	PARAMED ED PHARMACY				221,214	221,214		221,214	23.02
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRCS	28,129,598	6,644,635	34,774,233	1,601,404	36,375,637	-159,829	36,215,808	30
31	03100	INTENSIVE CARE UNIT	3,977,564	737,144	4,714,708	256,315	4,971,023	-19,839	4,951,184	31
31.01	03101	PEDIATRIC ICU	693,142	429,208	1,122,350	91,101	1,213,451	-154,840	1,058,611	31.01
31.02	03102	NEONATAL ICU	2,668,768	356,062	3,024,830	298,338	3,323,168		3,323,168	31.02
32	03200	CORONARY CARE UNIT	11,955,432	2,520,918	14,476,350	957,397	15,433,747		15,433,747	32
40	04000	SUBPROVIDER - IPF	4,861,556	1,663,049	6,524,605	37,655	6,562,260	-75,986	6,486,274	40
41	04100	SUBPROVIDER - IRF	1,418,893	181,989	1,600,882	177,958	1,778,840	-32,212	1,746,628	41
43	04300	NURSERY				2,782,319	2,782,319		2,782,319	43
44	04400	SKILLED NURSING FACILITY	2,492,843	291,843	2,784,686	279,290	3,063,976		3,063,976	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	7,915,588	29,422,452	37,338,040	-26,003,597	11,334,443	-650	11,333,793	50
50.01	05001	CAREW MEDICAL PARK SURG								50.01
51	05100	RECOVERY ROOM	2,119,416	421,122	2,540,538	5,884,217	8,424,755		8,424,755	51
52	05200	DELIVERY ROOM & LABOR ROOM	298,861	155,159	454,020	-374,153	79,867		79,867	52
53	05300	ANESTHESIOLOGY		1,865,522	1,865,522	-59,830	1,805,692	-1,805,692		53
54	05400	RADIOLOGY-DIAGNOSTIC	8,075,471	8,190,332	16,265,803	-2,905,829	13,359,974	-285,820	13,074,154	54
54.01	05401	RADIOLOGY - WABASH								54.01
54.02	05402	RADIOLOGY - MANCHESTER								54.02
54.03	05403	RADIOLOGY - EAST STATE								54.03
54.04	05404	RADIOLOGY - JEFFERSON								54.04
54.05	05405	RADIOLOGY - NHMP	148,235	63,116	211,351	20,443	231,794	-35,669	196,125	54.05
54.06	05406	RADIOLOGY - CMP		1,486	1,486	-73	1,413		1,413	54.06
54.07	05407	RADIOLOGY - WP	8,303	132,997	141,300	1,004	142,304	-86,483	55,821	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	35,534	24,103	59,637	4,436	64,073	-49,932	14,141	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL								54.09
55	05500	RADIOLOGY-THERAPEUTIC	2,318,281	3,005,097	5,323,378	150,384	5,473,762	-203,893	5,269,869	55
56	05600	RADIOISOTOPE	297,317	190,374	487,691	-60,843	426,848		426,848	56
60	06000	LABORATORY	11,020,058	13,048,867	24,068,925	-401,720	23,667,205	-15,289,477	8,377,728	60
60.01	06001	ANATOMICAL PATHOLOGY	374,315	700,647	1,074,962	132,589	1,207,551		1,207,551	60.01
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,703	2,816,269	2,817,972	1,337,492	4,155,464	-14	4,155,450	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	4,232,736	761,281	4,994,017	-1,588,762	3,405,255	-8,386	3,396,869	65



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
65.01	06501	WOUND CARE	346,718	1,091,935	1,438,653	-18,532	1,420,121		1,420,121	65.01
65.02	06502	DIALYSIS	42,325	1,171,324	1,213,649	-7,129	1,206,520		1,206,520	65.02
65.03	03330	ENDOSCOPY	1,657,860	2,740,710	4,398,570	-834,219	3,564,351	-473,638	3,090,713	65.03
66	06600	PHYSICAL THERAPY	4,426,657	326,002	4,752,659	-530,018	4,222,641	-7	4,222,634	66
66.01	06601	TRANSITIONAL THERAPY		3,749	3,749	-37	3,712		3,712	66.01
66.02	03650	PV REHAB OUTREACH								66.02
67	06700	OCCUPATIONAL THERAPY	281,737	3,339	285,076	712,359	997,435		997,435	67
68	06800	SPEECH PATHOLOGY				333,614	333,614		333,614	68
68.01	06801	NEURO REHAB	831,091	263,007	1,094,098	71,133	1,165,231	-133,909	1,031,322	68.01
69	06900	ELECTROCARDIOLOGY	354,858	91,400	446,258	1,627,552	2,073,810		2,073,810	69
70	07000	ELECTROENCEPHALOGRAPHY	139,017	29,120	168,137	52,340	220,477	-256	220,221	70
70.01	07001	NUTRITION SUPPORT	429,161	97,444	526,605	47,715	574,320	-5,183	569,137	70.01
70.02	03140	MRI	531,249	415,928	947,177	42,016	989,193		989,193	70.02
70.03	03141	CARDIAC CATH LAB	2,306,340	18,100,062	20,406,402	-17,554,498	2,851,904		2,851,904	70.03
70.04	03142	CARDIAC REHAB SERVICES	75,220	10,600	85,820	9,282	95,102		95,102	70.04
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS								71
71.01	07101	COST OF SOLUTIONS								71.01
72	07200	IMPL. DEV. CHARGED TO PATIENTS								72
73	07300	DRUGS CHARGED TO PATIENTS				20,476,858	20,476,858		20,476,858	73
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	3,030	517,096	520,126	-223,879	296,247	-1,893	294,354	90
90.01	09001	ANTICOAG CLINIC	598,661	183,420	782,081	338,499	1,120,580		1,120,580	90.01
91	09100	EMERGENCY	6,846,862	9,495,240	16,342,102	173,871	16,515,973	-3,134,804	13,381,169	91
91.01	09101	PARTIAL HOSPITALIZATION	125,850	5,303	131,153	12,787	143,940		143,940	91.01
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
95	09500	AMBULANCE SERVICES	2,076,381	4,474,444	6,550,825	242,161	6,792,986		6,792,986	95
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	HOME HEALTH AGENCY	8,111,067	8,081,360	16,192,427	-9,101,662	7,090,765	-289,990	6,800,775	101
		SPECIAL PURPOSE COST CENTERS								
116	11600	HOSPICE				6,958,870	6,958,870		6,958,870	116
118		SUBTOTALS (sum of lines 1-117)	284,762,884	333,475,398	618,238,282	-90,784	618,147,498	-88,846,756	529,300,742	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100,447	298,354	398,801	-34,025	364,776		364,776	190
194	07950	NON ALLOWABLE								194
194.01	07951	TELEVISION								194.01
194.02	07952	PHYSICIAN PRACTICES								194.02
194.03	07953	OP CLINIC	47	695,718	695,765	4	695,769		695,769	194.03
194.04	07954	PHYS. ANSWERING SERVICE								194.04
194.05	07955	EDUCARE CTR	58,470	713,010	771,480	-36,993	734,487		734,487	194.05
194.06	07956	STUCKY RESEARCH CTR	826,883	309,748	1,136,631	2,047	1,138,678	-3,315	1,135,363	194.06
194.07	07957	OCCUPATIONAL HEALTH		-253,851	-253,851	253,851				194.07
194.08	07958	FOUNDATION								194.08
194.09	07959	LV HEALTH PLAN								194.09
194.10	07960	PV RESPIRATORY OUTREACH								194.10
194.11	07961	OUTREACH TRANSCRIPTION								194.11
194.12	07962	GUEST SERVICES	71,717	1,302,058	1,373,775		1,373,775		1,373,775	194.12
194.13	07963	HUNTINGTON ARC								194.13
194.14	07964	SENIOR HEALTH SERVICES	102,883	67,873	170,756	12,889	183,645		183,645	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	783,097	1,135,543	1,918,640	-272,631	1,646,009	-43,975	1,602,034	194.15
194.16	07966	FITNESS				144,915	144,915		144,915	194.16
194.17	07967	NONALLOWABLE ADVERTISING								194.17
194.18	07968	BREAST DIAGNOSTIC CTR		22,789	22,789	-1,287	21,502	-7,749	13,753	194.18
194.19	07969	REGIONAL PAIN CLINIC								194.19
194.20	07970	START-UP COSTS NORTH								194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM		3,618	3,618		3,618		3,618	194.21
194.22	07972	EBT								194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	176,333	459,272	635,605	22,014	657,619	-1,139,902	-482,283	194.23
194.24	07974	START-UP COSTS ORTHO								194.24
194.25	07975	PREMIER SURGERY CENTER	1,392,000	9,845,007	11,237,007		11,237,007	-1,392,000	9,845,007	194.25
194.26	07976	ISH								194.26
194.27	07977	MCHA BRYAN HOPD								194.27
200		TOTAL (sum of lines 118-199)	288,274,761	348,074,537	636,349,298		636,349,298	-91,433,697	544,915,601	200



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
1	DIETARY PERSONNEL	1				
		2				
500	TOTAL RECLASSIFICATIONS	A	KITCHEN-NO CONNECT W/CAFE	10.01	2,752,837	3,427,146
	CODE LETTER - A					1
1	PHARMACY SALARIES AND SOLUTIONS	B	IV SOLUTIONS	15.02	146,895	
500	TOTAL RECLASSIFICATIONS				146,895	500
	CODE LETTER - B					
1	OTHER A&G	C	OTHER A&G	5.07	60,689	
500	TOTAL RECLASSIFICATIONS				60,689	500
	CODE LETTER - C					
1	BLOOD BANK	D	ANTICOAG CLINIC	90.01	132,269	127,604
2			WHOLE BLOOD & PACKED RED BLOO	62	465,817	714,352
500	TOTAL RECLASSIFICATIONS				598,086	841,956
	CODE LETTER - D					500
1	BLOOD BANK LAB ADMIN	F	ANATOMICAL PATHOLOGY	60.01	66,723	24,180
2			WHOLE BLOOD & PACKED RED BLOO	62	61,198	95,913
500	TOTAL RECLASSIFICATIONS				127,921	120,093
	CODE LETTER - F					500
1	MEDICAL RECORDS TRANSCRIPTION COSTS	G	OPERATING ROOM	50		1,414
500	TOTAL RECLASSIFICATIONS					1,414
	CODE LETTER - G					500
1	DEPR-LEY ROAD LEASEHOLD IMPROV	H				
500	TOTAL RECLASSIFICATIONS					500
	CODE LETTER - H					
1	EQUIPMENT DEPRECIATION	I	CAP REL COSTS-MVBLE EQUIP	2		27,092,998
500	TOTAL RECLASSIFICATIONS					27,092,998
	CODE LETTER - I					500
1	MED SURG/IV SUPPLIES	J	IV SOLUTIONS	15.02		1,318,876
2			MED SURG SUPPLY	15.03		47,666,687
3						2
4						3
5						4
6						5
7						6
8						7
9						8
10						9
11						10
12						11
13						12
14						13
15						14
16						15
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
43							43
500	TOTAL RECLASSIFICATIONS					48,985,563	500
	CODE LETTER - J						
1	OPERATION OF PLANT	K	OPERATION OF PLANT	7		44,225	1
500	TOTAL RECLASSIFICATIONS					44,225	500
	CODE LETTER - K						
1	IV SALARIES	L	ADULTS & PEDIATRICS	30	433,377		1
2			INTENSIVE CARE UNIT	31	17,107		2
3			PEDIATRIC ICU	31.01	17,107		3
4			NEONATAL ICU	31.02	11,405		4
5			CORONARY CARE UNIT	32	28,512		5
6			SUBPROVIDER - IRF	41	5,702		6
7			SKILLED NURSING FACILITY	44	11,405		7
8			EMERGENCY	91	45,619		8
500	TOTAL RECLASSIFICATIONS				570,234		500
	CODE LETTER - L						
1	COST OF DRUGS SOLD	M	DRUGS CHARGED TO PATIENTS	73		20,476,858	1
500	TOTAL RECLASSIFICATIONS					20,476,858	500
	CODE LETTER - M						
1	PBH ADMIN COSTS	N	ADULTS & PEDIATRICS	30	275,513	202,410	1
500	TOTAL RECLASSIFICATIONS				275,513	202,410	500
	CODE LETTER - N						
1	FITNESS CENTER	O	FITNESS	194.16	123,280	21,635	1
500	TOTAL RECLASSIFICATIONS				123,280	21,635	500
	CODE LETTER - O						
1	TRAUMA DIRECTOR	P	INTENSIVE CARE UNIT	31		41,017	1
500	TOTAL RECLASSIFICATIONS					41,017	500
	CODE LETTER - P						
1	CAPITAL INSURANCE	S	CAP REL COSTS-BLDG & FIXT	1		483,086	1
2			CAP REL COSTS-MVBLE EQUIP	2		177,849	2
500	TOTAL RECLASSIFICATIONS					660,935	500
	CODE LETTER - S						
1	HOSPICE RECLASS	T	HOSPICE	116	3,086,829	2,734,522	1
500	TOTAL RECLASSIFICATIONS				3,086,829	2,734,522	500
	CODE LETTER - T						
1	ALLOC A&G OVERHEAD TO HHA & HOSPICE	U	HOSPICE	116	540,578	596,941	1
500	TOTAL RECLASSIFICATIONS				540,578	596,941	500
	CODE LETTER - U						
1	RECLASS PTO DOLLARS	W	PATIENT SERVICES	5.04	2,496		1
2			OTHER A&G	5.07	14,049		2
3							3
4			FACILITY ENGINEERING	7.01	20,767		4
5			LAUNDRY & LINEN SERVICE	8	1,304		5
6			HOUSEKEEPING	9	22,413		6
7			DIETARY	10	19,998		7
8			NURSING ADMINISTRATION	13	6,877		8
9			PHARMACY	15	20,726		9
10			OUTPATIENT PHARMACY	15.01	4,078		10
11			IV SOLUTIONS	15.02	615		11
12			SOCIAL SERVICE	17	4,633		12
13							13
14			ADULTS & PEDIATRICS	30	75,107		14
15							15
16			SUBPROVIDER - IPF	40	18,342		16
17			CORONARY CARE UNIT	32	3,047		17
18			SUBPROVIDER - IRF	41	23,110		18
19			SKILLED NURSING FACILITY	44	39,518		19
20			OPERATING ROOM	50	23,020		20
21			RECOVERY ROOM	51	125		21
22			RADIOLOGY-DIAGNOSTIC	54	30,883		22
23			RADIOLOGY - NHMP	54.05	2,587		23
24							24
25			RADIOLOGY - WP	54.07	132		25
26							26
27			RADIOISOTOPE	56	1,124		27
28							28



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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
			COST CENTER	LINE #	SALARY	
		1	2	3	4	5
29						29
30			RESPIRATORY THERAPY	65	16,616	30
31			WOUND CARE	65.01	3,342	31
32						32
33			ENDOSCOPY	65.03	4,571	33
34			PHYSICAL THERAPY	66	38,716	34
35						35
36						36
37			NEURO REHAB	68.01	7,921	37
38			ELECTROCARDIOLOGY	69	1,493	38
39			ELECTROENCEPHALOGRAPHY	70	221	39
40			NUTRITION SUPPORT	70.01	1,536	40
41			MRI	70.02	3,958	41
42						42
43						43
44			ANTICOAG CLINIC	90.01	4,534	44
45			EMERGENCY	91	50,266	45
46			AMBULANCE SERVICES	95	37	46
47			GIFT, FLOWER, COFFEE SHOP & C	190	1,077	47
48						48
49			EDUCARE CTR	194.05	171	49
50						50
51			SENIOR HEALTH SERVICES	194.14	1,631	51
52			SCHOOL NURSE/COMMUNITY OUTREA	194.15	35	52
500	TOTAL RECLASSIFICATIONS				471,076	500
	CODE LETTER - W					
1	EMPLOYEE BENEFIT RECLASS	Y	EMPLOYEE BENEFITS DEPARTMENT	4		3,142,432
2			DIETARY	10		25
3			NURSING ADMINISTRATION	13		2,260
4			DELIVERY ROOM & LABOR ROOM	52		21
5			RADIOLOGY-DIAGNOSTIC	54		8,064
6			RADIOLOGY-THERAPEUTIC	55		52
500	TOTAL RECLASSIFICATIONS					3,152,854
	CODE LETTER - Y					
1	PTO ACCRUAL RECLASS PVHOS	Z	PATIENT SERVICES	5.04	194,177	1
2			OTHER A&G	5.07	529,064	2
3						3
4			FACILITY ENGINEERING	7.01	413,063	4
5			LAUNDRY & LINEN SERVICE	8	30,054	5
6			HOUSEKEEPING	9	435,153	6
7			DIETARY	10	514,099	7
8			NURSING ADMINISTRATION	13	238,824	8
9			SUBPROVIDER - IPF	40	126,613	9
10			PHARMACY	15	861,773	10
11			OUTPATIENT PHARMACY	15.01	71,339	11
12			IV SOLUTIONS	15.02	91,846	12
13			SOCIAL SERVICE	17	246,344	13
14			REHAB ADMIN	17.01	39,541	14
15			ADULTS & PEDIATRICS	30	3,017,576	15
16			INTENSIVE CARE UNIT	31	450,529	16
17			PEDIATRIC ICU	31.01	75,851	17
18			NEONATAL ICU	31.02	292,044	18
19			CORONARY CARE UNIT	32	1,358,613	19
20			SUBPROVIDER - IRF	41	159,526	20
21			SKILLED NURSING FACILITY	44	272,792	21
22			OPERATING ROOM	50	869,711	22
23						23
24			RECOVERY ROOM	51	231,928	24
25			DELIVERY ROOM & LABOR ROOM	52	32,704	25
26			RADIOLOGY-DIAGNOSTIC	54	887,225	26
27			RADIOLOGY - NHMP	54.05	17,856	27
28						28
29			RADIOLOGY - WP	54.07	909	29
30			RADIOLOGY - PULM CLINIC	54.08	3,888	30
31			RADIOLOGY-THERAPEUTIC	55	253,690	31
32			RADIOISOTOPE	56	32,535	32
33			LABORATORY	60	1,205,905	33
34			ANATOMICAL PATHOLOGY	60.01	40,961	34
35			WHOLE BLOOD & PACKED RED BLOO	62	186	35
36			PHYSICAL THERAPY	66	493,919	36
37			RESPIRATORY THERAPY	65	463,189	37
38			WOUND CARE	65.01	37,941	38
39			DIALYSIS	65.02	4,632	39
40			ENDOSCOPY	65.03	181,420	40



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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
			COST CENTER	LINE #	SALARY	
		1	2	3	4	5
41						41
42						42
43			NEURO REHAB	68.01	90,946	43
44			ELECTROCARDIOLOGY	69	38,832	44
45			ELECTROENCEPHALOGRAPHY	70	15,213	45
46			NUTRITION SUPPORT	70.01	46,963	46
47			MRI	70.02	58,135	47
48			CARDIAC CATH LAB	70.03	252,383	48
49			CARDIAC REHAB SERVICES	70.04	8,231	49
50			CLINIC	90	332	50
51			ANTICOAG CLINIC	90.01	68,808	51
52			EMERGENCY	91	749,253	52
53			AMBULANCE SERVICES	95	227,219	53
54						54
55						55
56			EDUCARE CTR	194.05	6,398	56
57			SENIOR HEALTH SERVICES	194.14	11,258	57
58						58
59			MEDICAL OFFICE BUILDINGS	194.23	19,297	59
500	TOTAL RECLASSIFICATIONS				15,770,688	500
	CODE LETTER - Z					
1	PTO RECLASS PVN	AA	PATIENT SERVICES	5.04	24,930	1
2			OTHER A&G	5.07	60,876	2
3						3
4			FACILITY ENGINEERING	7.01	38,000	4
5			LAUNDRY & LINEN SERVICE	8	2,966	5
6			HOUSEKEEPING	9	39,511	6
7			DIETARY	10	52,982	7
8			NURSING ADMINISTRATION	13	26,960	8
9						9
10			PHARMACY	15	101,259	10
11			OUTPATIENT PHARMACY	15.01	6,085	11
12			IV SOLUTIONS	15.02	12,342	12
13			SOCIAL SERVICE	17	30,202	13
14			REHAB ADMIN	17.01	5,571	14
15			ADULTS & PEDIATRICS	30	352,102	15
16			INTENSIVE CARE UNIT	31	63,475	16
17			PEDIATRIC ICU	31.01	10,687	17
18			NEONATAL ICU	31.02	41,146	18
19			CORONARY CARE UNIT	32	188,453	19
20			OPERATING ROOM	50	100,145	20
21			RECOVERY ROOM	51	32,555	21
22			DELIVERY ROOM & LABOR ROOM	52	4,608	22
23			RADIOLOGY-DIAGNOSTIC	54	94,966	23
24						24
25						25
26			RADIOLOGY - PULM CLINIC	54.08	548	26
27			RADIOLOGY-THERAPEUTIC	55	35,743	27
28			RADIOISOTOPE	56	3,491	28
29			LABORATORY	60	169,904	29
30			ANATOMICAL PATHOLOGY	60.01	5,771	30
31			WHOLE BLOOD & PACKED RED BLOO	62	26	31
32			RESPIRATORY THERAPY	65	49,099	32
33			WOUND CARE	65.01	2,095	33
34			DIALYSIS	65.02	653	34
35			ENDOSCOPY	65.03	21,115	35
36			PHYSICAL THERAPY	66	31,935	36
37			NEURO REHAB	68.01	5,110	37
38			ELECTROCARDIOLOGY	69	4,019	38
39			ELECTROENCEPHALOGRAPHY	70	1,928	39
40			NUTRITION SUPPORT	70.01	5,123	40
41			MRI	70.02	4,341	41
42			CARDIAC CATH LAB	70.03	35,558	42
43			CARDIAC REHAB SERVICES	70.04	1,160	43
44			CLINIC	90	47	44
45			ANTICOAG CLINIC	90.01	5,284	45
46			EMERGENCY	91	56,676	46
47			AMBULANCE SERVICES	95	31,977	47
48			GIFT, FLOWER, COFFEE SHOP & C	190	501	48
49						49
50			EDUCARE CTR	194.05	736	50
51			STUCKY RESEARCH CTR	194.06	12,749	51
52			SCHOOL NURSE/COMMUNITY OUTREA	194.15	12,038	52
53			MEDICAL OFFICE BUILDINGS	194.23	2,717	53
500	TOTAL RECLASSIFICATIONS				1,790,165	500



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
	CODE LETTER - AA					
1	PTO RECLASS PBH	AB	FACILITY ENGINEERING	7.01	597	1
2			HOUSEKEEPING	9	2,661	2
3			DIETARY	10	2,870	3
4			ADULTS & PEDIATRICS	30	17,767	4
5			SUBPROVIDER - IPF	40	59,653	5
6			OCCUPATIONAL THERAPY	67	3,895	6
7			PARTIAL HOSPITALIZATION	91.01	1,740	7
500	TOTAL RECLASSIFICATIONS				89,183	500
	CODE LETTER - AB					
1	PTO ACCRUAL RECLASS PBH	AC	FACILITY ENGINEERING	7.01	4,032	1
2			HOUSEKEEPING	9	17,967	2
3			DIETARY	10	19,385	3
4			ADULTS & PEDIATRICS	30	119,983	4
5			SUBPROVIDER - IPF	40	402,843	5
6			OCCUPATIONAL THERAPY	67	26,303	6
7			PARTIAL HOSPITALIZATION	91.01	11,749	7
8			OP CLINIC	194.03	4	8
500	TOTAL RECLASSIFICATIONS				602,266	500
	CODE LETTER - AC					
1	PTO RECLASS HOME HEALTH	AD	HOME HEALTH AGENCY	101	135,035	1
500	TOTAL RECLASSIFICATIONS				135,035	500
	CODE LETTER - AD					
1	PTO ACCRUAL RECLASS HOME HEALTH	AE	HOME HEALTH AGENCY	101	995,790	1
500	TOTAL RECLASSIFICATIONS				995,790	500
	CODE LETTER - AE					
1	PARAMEDICAL EDUCATION	AF	PARAMED ED PRGM-(SPECIFY)	23	71,935	3,175 1
2			PARAMED ED PHARMACY	23.02	221,214	2
500	TOTAL RECLASSIFICATIONS				293,149	3,175 500
	CODE LETTER - AF					
1	DIABETES CLINIC RECLASS	AG	ADULTS & PEDIATRICS	30		224,258 1
500	TOTAL RECLASSIFICATIONS					224,258 500
	CODE LETTER - AG					
1	CORPORATE ALLOCATION RECLASS	AH	OTHER A&G	5.07		59,540,610 1
2			MEDICAL OFFICE BUILDINGS	194.23	11,134	2
500	TOTAL RECLASSIFICATIONS				11,134	59,540,610 500
	CODE LETTER - AH					
1	INTERNAL MEDICINE PHYSICIAN RECLASS	AI	ADULTS & PEDIATRICS	30		209,068 1
500	TOTAL RECLASSIFICATIONS					209,068 500
	CODE LETTER - AI					
1	TELEPHONE EXPENSE RECLASS	AK	COMMUNICATIONS	5.01		2,048,334 1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27



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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50							50
51							51
52							52
53							53
54							54
55							55
500	TOTAL RECLASSIFICATIONS CODE LETTER - AK					2,048,334	500
1	NEW LIFE CENTER NURSING ADMIN	AM	ADULTS & PEDIATRICS	30	194,129	72,746	1
2			NURSERY	43	104,731	39,246	2
500	TOTAL RECLASSIFICATIONS CODE LETTER - AM				298,860	111,992	500
1	OCCUPATIONAL HEALTH	AN	OCCUPATIONAL HEALTH	194.07		253,851	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
500	TOTAL RECLASSIFICATIONS CODE LETTER - AN					253,851	500
1	CONVERSION TABLE RECLASS	AO	RECOVERY ROOM	51	437,026	1,730,982	1
2			OCCUPATIONAL THERAPY	67	659,310	23,218	2
3			SPEECH PATHOLOGY	68	322,265	11,349	3
4							4
5			ELECTROCARDIOLOGY	69	1,341,661	244,490	5
6			ELECTROENCEPHALOGRAPHY	70	29,940	5,456	6
7			RECOVERY ROOM	51	719,780	2,850,916	7
500	TOTAL RECLASSIFICATIONS CODE LETTER - AO				3,509,982	4,866,411	500
1	NURSERY RECLASS NORTH	AP	NURSERY	43	1,429,906	700,509	1
500	TOTAL RECLASSIFICATIONS CODE LETTER - AP				1,429,906	700,509	500
1	NURSERY RECLASS PVHOS	AQ	NURSERY	43	355,103	152,824	1
500	TOTAL RECLASSIFICATIONS CODE LETTER - AQ				355,103	152,824	500
1	RECLASS ANESTH TO OR	AR	OPERATING ROOM	50		34,030	1
500	TOTAL RECLASSIFICATIONS CODE LETTER - AR					34,030	500
	GRAND TOTAL (INCREASES)				34,035,199	176,545,629	



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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	DIETARY PERSONNEL	A	DIETARY	10	2,752,837	3,427,146		
500	TOTAL RECLASSIFICATIONS				2,752,837	3,427,146	500	
	CODE LETTER - A							
1	PHARMACY SALARIES AND SOLUTIONS	B	PHARMACY	15	146,895			
500	TOTAL RECLASSIFICATIONS				146,895		500	
	CODE LETTER - B							
1	OTHER A&G	C	EMERGENCY	91	60,689			
500	TOTAL RECLASSIFICATIONS				60,689		500	
	CODE LETTER - C							
1	BLOOD BANK	D	LABORATORY	60	598,086	841,956		
2								
500	TOTAL RECLASSIFICATIONS				598,086	841,956	500	
	CODE LETTER - D							
1	BLOOD BANK LAB ADMIN	F	LABORATORY	60	127,921	120,093		
2								
500	TOTAL RECLASSIFICATIONS				127,921	120,093	500	
	CODE LETTER - F							
1	MEDICAL RECORDS TRANSCRIPTION COSTS	G	MEDICAL RECORDS & LIBRARY	16		1,414		
500	TOTAL RECLASSIFICATIONS					1,414	500	
	CODE LETTER - G							
1	DEPR-LEY ROAD LEASEHOLD IMPROV	H						
500	TOTAL RECLASSIFICATIONS						500	
	CODE LETTER - H							
1	EQUIPMENT DEPRECIATION	I	CAP REL COSTS-BLDG & FIXT	1		27,092,998	9	
500	TOTAL RECLASSIFICATIONS					27,092,998	500	
	CODE LETTER - I							
1	MED SURG/IV SUPPLIES	J	EMPLOYEE BENEFITS DEPARTMENT	4		38		
2			PATIENT SERVICES	5.04		742		
3			FACILITY ENGINEERING	7.01		2,171		
4			OTHER A&G	5.07		215		
5			NURSING ADMINISTRATION	13		1,144		
6								
7			PHARMACY	15		711,327		
8			OUTPATIENT PHARMACY	15.01		17		
9			IV SOLUTIONS	15.02		496,794		
10			ADULTS & PEDIATRICS	30		941,202		
11			INTENSIVE CARE UNIT	31		315,078		
12			PEDIATRIC ICU	31.01		12,415		
13			NEONATAL ICU	31.02		46,055		
14			CORONARY CARE UNIT	32		619,999		
15			SUBPROVIDER - IRF	41		10,300		
16			SUBPROVIDER - IPF	40		1,253		
17			SKILLED NURSING FACILITY	44		42,594		
18			OPERATING ROOM	50		21,283,301		
19			RECOVERY ROOM	51		112,291		
20			ANESTHESIOLOGY	53		25,800		
21			RADIOLOGY-DIAGNOSTIC	54		3,838,085		
22			LABORATORY	60		484		
23			RADIOLOGY-THERAPEUTIC	55		137,950		
24			RADIOISOTOPE	56		97,535		
25			ANATOMICAL PATHOLOGY	60.01		4,275		
26			RESPIRATORY THERAPY	65		492,245		
27			WOUND CARE	65.01		61,353		
28			DIALYSIS	65.02		12,181		
29			ENDOSCOPY	65.03		1,036,903		
30			PHYSICAL THERAPY	66		61,999		
31								
32			ELECTROENCEPHALOGRAPHY	70		19		
33			NEURO REHAB	68.01		2,923		
34			ELECTROCARDIOLOGY	69		1,030		
35			NUTRITION SUPPORT	70.01		4,662		
36			MRI	70.02		11,632		
37			CARDIAC CATH LAB	70.03		17,831,570		
38			CARDIAC REHAB SERVICES	70.04		36		
39								
40			EMERGENCY	91		524,276		
41			AMBULANCE SERVICES	95		6,395		



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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
51								51
52								52
53								53
500	TOTAL RECLASSIFICATIONS CODE LETTER - AA					1,790,165		500
1	PTO RECLASS PBH	AB	EMPLOYEE BENEFITS DEPARTMENT	4	89,183			1
2								2
3								3
4								4
5								5
6								6
7								7
500	TOTAL RECLASSIFICATIONS CODE LETTER - AB				89,183			500
1	PTO ACCRUAL RECLASS PBH	AC	EMPLOYEE BENEFITS DEPARTMENT	4	602,266			1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
500	TOTAL RECLASSIFICATIONS CODE LETTER - AC				602,266			500
1	PTO RECLASS HOME HEALTH	AD	EMPLOYEE BENEFITS DEPARTMENT	4	135,035			1
500	TOTAL RECLASSIFICATIONS CODE LETTER - AD				135,035			500
1	PTO ACCRUAL RECLASS HOME HEALTH	AE	EMPLOYEE BENEFITS DEPARTMENT	4	995,790			1
500	TOTAL RECLASSIFICATIONS CODE LETTER - AE				995,790			500
1	PARAMEDICAL EDUCATION	AF	LABORATORY	60	71,935	3,175		1
2			PHARMACY	15	221,214			2
500	TOTAL RECLASSIFICATIONS CODE LETTER - AF				293,149	3,175		500
1	DIABETES CLINIC RECLASS	AG	CLINIC	90		224,258		1
500	TOTAL RECLASSIFICATIONS CODE LETTER - AG					224,258		500
1	CORPORATE ALLOCATION RECLASS	AH	OTHER A&G	5.07	59,540,610			1
2			MEDICAL OFFICE BUILDINGS	194.23	11,134			2
500	TOTAL RECLASSIFICATIONS CODE LETTER - AH				59,551,744			500
1	INTERNAL MEDICINE PHYSICIAN RECLASS	AI	OTHER A&G	5.07		209,068		1
500	TOTAL RECLASSIFICATIONS CODE LETTER - AI					209,068		500
1	TELEPHONE EXPENSE RECLASS	AK	PATIENT SERVICES	5.04		552		1
2			OTHER A&G	5.07		1,611,838		2
3			OPERATION OF PLANT	7		1,159		3
4			FACILITY ENGINEERING	7.01		9,556		4
5			HOUSEKEEPING	9		19,021		5
6			DIETARY	10		3,894		6
7			NURSING ADMINISTRATION	13		1,635		7
8			CENTRAL SERVICES & SUPPLY	14		166		8
9			PHARMACY	15		2,151		9
10			SOCIAL SERVICE	17		2,262		10
11			REHAB ADMIN	17.01		1,139		11
12			ADULTS & PEDIATRICS	30		4,005		12
13			INTENSIVE CARE UNIT	31		735		13
14			PEDIATRIC ICU	31.01		129		14
15			NEONATAL ICU	31.02		202		15
16			CORONARY CARE UNIT	32		1,229		16
17			SUBPROVIDER - IRF	41		80		17
18			SUBPROVIDER - IPF	40		90,620		18
19			SKILLED NURSING FACILITY	44		1,831		19
20			OPERATING ROOM	50		9,912		20
21			RECOVERY ROOM	51		6,804		21
22			DELIVERY ROOM & LABOR ROOM	52		634		22



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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
23			RADIOLOGY-DIAGNOSTIC	54		5,158		23
24			RADIOLOGY - WP	54.07		37		24
25			RADIOLOGY - CMP	54.06		73		25
26			RADIOLOGY-THERAPEUTIC	55		1,151		26
27			RADIOISOTOPE	56		458		27
28			LABORATORY	60		10,778		28
29			ANATOMICAL PATHOLOGY	60.01		233		29
30			RESPIRATORY THERAPY	65		3,659		30
31			WOUND CARE	65.01		410		31
32			DIALYSIS	65.02		233		32
33			ENDOSCOPY	65.03		4,422		33
34			PHYSICAL THERAPY	66		3,540		34
35			OCCUPATIONAL THERAPY	67		367		35
36			TRANSITIONAL THERAPY	66.01		37		36
37			NEURO REHAB	68.01		311		37
38			ELECTROCARDIOLOGY	69		149		38
39			ELECTROENCEPHALOGRAPHY	70		399		39
40			NUTRITION SUPPORT	70.01		1,245		40
41			MRI	70.02		117		41
42			CARDIAC CATH LAB	70.03		10,087		42
43			CARDIAC REHAB SERVICES	70.04		73		43
44								44
45			EMERGENCY	91		5,635		45
46			PARTIAL HOSPITALIZATION	91.01		702		46
47			AMBULANCE SERVICES	95		10,677		47
48			HOME HEALTH AGENCY	101		208,156		48
49								49
50			EDUCARE CTR	194.05		73		50
51			SCHOOL NURSE/COMMUNITY OUTREA	194.15		6,240		51
52			BREAST DIAGNOSTIC CTR	194.18		1,287		52
53			OUTPATIENT PHARMACY	15.01		47		53
54			IV SOLUTIONS	15.02		447		54
55			STUCKY RESEARCH CTR	194.06		2,579		55
500	TOTAL RECLASSIFICATIONS					2,048,334		500
	CODE LETTER - AK							
1	NEW LIFE CENTER NURSING ADMIN	AM	DELIVERY ROOM & LABOR ROOM	52	298,860	111,992		1
2								2
500	TOTAL RECLASSIFICATIONS				298,860	111,992		500
	CODE LETTER - AM							
1	OCCUPATIONAL HEALTH	AN	PHARMACY	15		12,068		1
2			RADIOLOGY-DIAGNOSTIC	54		83,724		2
3			LABORATORY	60		3,101		3
4			ANATOMICAL PATHOLOGY	60.01		538		4
5			RESPIRATORY THERAPY	65		215		5
6			WOUND CARE	65.01		147		6
7			PHYSICAL THERAPY	66		12,907		7
8			NEURO REHAB	68.01		29,610		8
9			ELECTROCARDIOLOGY	69		1,764		9
10			MRI	70.02		12,669		10
11			CARDIAC CATH LAB	70.03		782		11
12			EMERGENCY	91		96,326		12
500	TOTAL RECLASSIFICATIONS					253,851		500
	CODE LETTER - AN							
1	CONVERSION TABLE RECLASS	AO	OPERATING ROOM	50	437,026	1,730,982		1
2			PHYSICAL THERAPY	66	659,310	23,218		2
3			PHYSICAL THERAPY	66	322,265	11,349		3
4								4
5			RESPIRATORY THERAPY	65	1,341,661	244,490		5
6			RESPIRATORY THERAPY	65	29,940	5,456		6
7			OPERATING ROOM	50	719,780	2,850,916		7
500	TOTAL RECLASSIFICATIONS				3,509,982	4,866,411		500
	CODE LETTER - AO							
1	NURSERY RECLASS NORTH	AP	ADULTS & PEDIATRICS	30	1,429,906	700,509		1
500	TOTAL RECLASSIFICATIONS				1,429,906	700,509		500
	CODE LETTER - AP							
1	NURSERY RECLASS PVHOS	AQ	ADULTS & PEDIATRICS	30	355,103	152,824		1
500	TOTAL RECLASSIFICATIONS				355,103	152,824		500
	CODE LETTER - AQ							
1	RECLASS ANESTH TO OR	AR	ANESTHESIOLOGY	53		34,030		1



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
500	TOTAL RECLASSIFICATIONS					34,030		500
	CODE LETTER - AR							
	GRAND TOTAL (DECREASES)				91,785,644	118,795,184		

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.



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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	6,760,319					6,760,319		1
2	LAND IMPROVEMENTS	62,940,845	461,664		461,664	135	63,402,374	5,105,539	2
3	BUILDINGS AND FIXTURES	711,479,514	6,356,238		6,356,238	7,950,986	709,884,766	85,922,578	3
4	BUILDING IMPROVEMENTS	9,522,589	16,983		16,983	30,869	9,508,703	489,872	4
5	FIXED EQUIPMENT	18,903,090	-89,658		-89,658	3,212	18,810,220	179,243	5
6	MOVABLE EQUIPMENT	186,405,204	11,180,395		11,180,395	4,493,021	193,092,578	81,306,828	6
7	HIT DESIGNATED ASSETS	15,828,672	10,532,795		10,532,795		26,361,467		7
8	SUBTOTAL (sum of lines 1-7)	1,011,840,233	28,458,417		28,458,417	12,478,223	1,027,820,427	173,004,060	8
9	RECONCILING ITEMS	12,743,544	10,532,795		10,532,795	-2,043,054	25,319,393		9
10	TOTAL (line 7 minus line 9)	999,096,689	17,925,622		17,925,622	14,521,277	1,002,501,034	173,004,060	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	47,099,871						47,099,871	1	
2	CAP REL COSTS-MVBLE EQUIP								2	
3	TOTAL (sum of lines 1-2)	47,099,871						47,099,871	3	

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI	808,366,382		808,366,382	0.795339					1
2	CAP REL COSTS-MVBLE EQU	219,454,045	11,441,402	208,012,643	0.204661					2
3	TOTAL (sum of lines 1-2)	1,027,820,427	11,441,402	1,016,379,025	1.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	20,178,481			483,086			20,661,567	1	
2	CAP REL COSTS-MVBLE EQUIP	26,651,025			177,849			26,828,874	2	
3	TOTAL (sum of lines 1-2)	46,829,506			660,935			47,490,441	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)	B	-4,143,700	CAP REL COSTS-BLDG & FIXT	1	9	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-OTHER (chapter 2)						3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)						4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)						5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)						6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	A	-1,916	OPERATION OF PLANT	7		7
8	TELEVISION AND RADIO SERVICE (chapter 21)	A	-108,616	COMMUNICATIONS	5.01		8
9	PARKING LOT (chapter 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,943,941				10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-4,636,082				12
13	LAUNDRY AND LINEN SERVICE						13
14	CAFETERIA - EMPLOYEES AND GUESTS	A	-1,070,736	DIETARY	10		14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-671,055	OUTPATIENT PHARMACY	15.01		17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS						18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20	VENDING MACHINES						20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)						21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS						22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66		24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114		25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1		26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2		27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19		28
29	PHYSICIANS' ASSISTANT						29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67		30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68		31
32	CAH HIT ADJ FOR DEPRECIATION AND						32
33							33
34							34
35							35
36							36
37							37
37.04	FITNESS CENTER EMPLOYEE REVENUE	B	-52,692	EMPLOYEE BENEFITS DEPARTMENT	4		37.04
37.05	HEALTH FITNESS EMPLOYEE DUES	B	-1,053	EMPLOYEE BENEFITS DEPARTMENT	4		37.05
37.06	NONALLOWABLE LOBBYING FEES	A	-24,897	OTHER A&G	5.07		37.06
37.09	CAPITAL COST NEW B&F	A	4,482,178	CAP REL COSTS-BLDG & FIXT	1	9	37.09
37.10	CAPITAL COST NEW M&E	A	-100,505	CAP REL COSTS-MVBLE EQUIP	2	9	37.10
38	TELEMETRY	A	-87,121	ADULTS & PEDIATRICS	30		38
38.06	SELF FUNDED INSURANCE ADJUSTMENT	A	-29,873,835	EMPLOYEE BENEFITS DEPARTMENT	4		38.06
38.36	CAPITAL COSTS NEW M&E	A	-158,531	CAP REL COSTS-BLDG & FIXT	1	9	38.36
38.38	CAPITAL COSTS NEW M&E	A	7,944	CAP REL COSTS-BLDG & FIXT	1	9	38.38
39							39
39.02	LIQUOR EXPENSE	A	-3,173	OTHER A&G	5.07		39.02
39.07	TELEPHONE OFFSET	A	-141	CAP REL COSTS-BLDG & FIXT	1	9	39.07
39.08	TELEPHONE OFFSET	A	-341,468	CAP REL COSTS-MVBLE EQUIP	2	9	39.08
39.09	CAFETERIA EMPLOYEE ADJUSTMENT	B	-2,255,558	DIETARY	10		39.09
40	OFFSET DIATETIC REVENUE	B	-1,022,755	DIETARY	10		40
40.02	OFFSET LAB SERVICES BILLED	B	-1,452,987	LABORATORY	60		40.02
40.03	OFFSET LAB SERVICES BILLED	B	-1,184,859	LABORATORY	60		40.03
40.04	OFFSET LAB SERVICES BILLED	B	-1,509,774	LABORATORY	60		40.04
40.06	LAB SERVICES BILLED	B	-10,518,507	LABORATORY	60		40.06
40.09	OFFSET OTHER OPERATING REVENUE	B	-923	PHARMACY	15		40.09
40.10	OFFSET OTHER OPERATING REVENUE	B	-1,024	OTHER A&G	5.07		40.10
40.11	OFFSET LAB SERVICES BILLED NORTH	B	255,144	LABORATORY	60		40.11
40.13	OFFSET LAB SERVICES BILLED AVILLA	B	-70,169	LABORATORY	60		40.13
40.14	OFFSET LAB SERVICES BILLED LAGRAG	B	-714,367	LABORATORY	60		40.14
41							41
41.07	VENDING MACHINES	A	-2,906	OPERATION OF PLANT	7		41.07



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF.	
				COST CENTER		LINE#		
				1	2	3		
41.08	VENDING MACHINES	A	-16,142	CAP REL COSTS-BLDG & FIXT		1	9	41.08
41.09	VENDING MACHINES	A	-151	OTHER A&G		5.07		41.09
41.10	VENDING MACHINES	A	-285	OTHER A&G		5.07		41.10
42	INERUNIT RENT INCOME OFFSET	B	-49,676	RADIOLOGY - PULM CLINIC		54.08		42
43	RENTAL PROPERTY ADJUSTMENT	A	-30,748	OTHER A&G		5.07		43
44	FILM DUPLICATION	B	-250	RADIOLOGY-DIAGNOSTIC		54		44
45								45
46								46
47								47
47.01	MEDICAL PARK 11	A	-826,833	MEDICAL OFFICE BUILDINGS		194.23		47.01
47.02	CAREW STREET	A	-27,061	MEDICAL OFFICE BUILDINGS		194.23		47.02
47.03	HOPD LIBERTY MILLS	A	36,156	LABORATORY		60		47.03
47.04	HOPD LIBERTY MILLS	A	35,156	RADIOLOGY-DIAGNOSTIC		54		47.04
48								48
48.04	OFFSET PULM REHAB REVENUE	B	-5,672	RESPIRATORY THERAPY		65		48.04
48.15	OFFSET PARK CENTER REVENUE	B	-62,761	SUBPROVIDER - IPF		40		48.15
49								49
49.07	GROSS UP BREAST DIGANOSTIC CENTER	A	-7,749	BREAST DIAGNOSTIC CTR		194.18		49.07
49.17	INDIANA SALES TAX DISCOUNT	B	-210,250	OTHER A&G		5.07		49.17
49.18	RETAIL SALES TAX PAYABLE	B	-232	PHARMACY		15		49.18
49.19	RETAIL SALES TAX	B	-700	RADIOLOGY-THERAPEUTIC		55		49.19
49.20	INTERUNIT RENT EXPENSE	A	-1,772	CLINIC		90		49.20
49.21	INTERUNIT RENT EXPENSE	A	-133,766	NEURO REHAB		68.01		49.21
49.22	INTERUNIT RENT EXPENSE	A	-471,488	ENDOSCOPY		65.03		49.22
49.24	INTERUNIT RENT EXPENSE	A	-110,244	OUTPATIENT PHARMACY		15.01		49.24
49.25	INTERUNIT RENT EXPENSE	A	-43,975	SCHOOL NURSE/COMMUNITY OUTREACH		194.15		49.25
49.26	INERUNIT RENT EXPENSE	A	-319,882	RADIOLOGY-DIAGNOSTIC		54		49.26
49.28	INERUNIT RENT EXPENSE	A	-35,669	RADIOLOGY - NHMP		54.05		49.28
49.29	INTERUNIT RENT EXPENSE	A	-86,483	RADIOLOGY - WP		54.07		49.29
49.30	INTERUNIT RENT EXPENSE	A	-69,159	LABORATORY		60		49.30
49.31	INTERUNIT RENT EXPENSE	A	-51,511	LABORATORY		60		49.31
49.33	INTERUNIT RENT EXPENSE	A	-279,813	HOME HEALTH AGENCY		101		49.33
49.34	COMMUNITY BENEFIT	A	-1,000	OTHER A&G		5.07		49.34
49.36	OFFSET ONCOLOGY RENT INCOME	B	-122,481	RADIOLOGY-THERAPEUTIC		55		49.36
49.38	OFFSET NUTRITION CLASS REVENUE	B	-5,183	NUTRITION SUPPORT		70.01		49.38
49.40	OFFSET TRAUMA OTHER REVENUE	B	-666	EMERGENCY		91		49.40
49.46	INTERUNIT RENT EXPENSE	A	-274,852	MEDICAL OFFICE BUILDINGS		194.23		49.46
49.56	ONCOLOGY OTHER REVENUE	B	-2,889	RADIOLOGY-THERAPEUTIC		55		49.56
49.63	A&G OTHER REVENUE	B	-89,994	OTHER A&G		5.07		49.63
49.75	FACILITY ENGINEERING OTHER REVENUE	B	-117	FACILITY ENGINEERING		7.01		49.75
49.78	ANESTHESIOLOGIST PROFESSIONAL FEE	A	-1,805,692	ANESTHESIOLOGY		53		49.78
49.79	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-27,113,909	OTHER A&G		5.07		49.79
49.80	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-229	DIETARY		10		49.80
49.81	REMOVE PPG LOSSES ALLOCATED TO PAR	A	-40	PHARMACY		15		49.81
49.82	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-59	SOCIAL SERVICE		17		49.82
49.83	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-540	ADULTS & PEDIATRICS		30		49.83
49.84	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-22	PEDIATRIC ICU		31.01		49.84
49.85	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-650	OPERATING ROOM		50		49.85
49.86	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-844	RADIOLOGY-DIAGNOSTIC		54		49.86
49.87	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-256	RADIOLOGY - PULM CLINIC		54.08		49.87
49.88	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-9,406	RADIOLOGY-THERAPEUTIC		55		49.88
49.89	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-9,444	LABORATORY		60		49.89
49.90	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-14	WHOLE BLOOD & PACKED RED BLOOD CELLS		62		49.90
49.91	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-352	RESPIRATORY THERAPY		65		49.91
49.92	REMOVE LOSSES ALLOCATED TO PARKVIE	A	-2,150	ENDOSCOPY		65.03		49.92
49.93	REMOVE LOSSES ALLOCATED TO PARKVIE	A	-7	PHYSICAL THERAPY		66		49.93
49.94	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-256	ELECTROENCEPHALOGRAPHY		70		49.94
49.95	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-121	CLINIC		90		49.95
49.96	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-25	EMERGENCY		91		49.96
49.97	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-10,177	HOME HEALTH AGENCY		101		49.97
49.98	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-3,315	STUCKY RESEARCH CTR		194.06		49.98
49.99	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-22	MEDICAL OFFICE BUILDINGS		194.23		49.99
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-91,433,697					50

(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.



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE#	WKST A-7 REF.	
		1	2	3	4	5	

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



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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

**A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS
OR CLAIMED HOME OFFICE COSTS:**

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
	1	2	3	4	5	6	7	
	1							1
	2							2
	3	8	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	2,162,384	1,870,066	292,318	3
	4							4
	4.04	4	EMPLOYEE BENEFITS DEPARTMENT	MANAGED CARE SERVICES	1,312,119	1,376,621	-64,502	4.04
	4.06	5.07	OTHER A&G	HOME OFFICE COST REPORT	101,253,718	104,838,364	-3,584,646	4.06
	4.07	8	LAUNDRY & LINEN SERVICE	CARRY FORWARD	123,882		123,882	4.07
	4.09	194.23	MEDICAL OFFICE BUILDINGS	HOME OFFICE COST REPORT		11,134	-11,134	4.09
	4.11	194.25	PREMIER SURGERY CENTER	LEASE		1,392,000	-1,392,000	4.11
	5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			104,852,103	109,488,185	-4,636,082	5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
				NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6	C			HOSPITAL LAUNDRY			6
7	B			PV HEALTH SYSTEM			7
8							8
9							9
10							10

(1) Use the following symbols to indicate the interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial Or non-financial) specify:



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	5.07	OTHER A&G DR. A	777,660		777,660	171,400	4,017	331,016	16,551	1
2	31	INTENSIVE CARE UNIT DR. B	41,017		41,017	171,400	257	21,178	1,059	2
3	31.01	PEDIATRIC ICU DR. C	156,263	154,818	1,445	171,400	41	3,379	169	3
4	41	SUBPROVIDER - IRF DR. D	43,696	32,212	11,484	171,400	259	21,343	1,067	4
5	55	RADIOLOGY-THERAPEUTI DR. E	110,525		110,525	171,400	511	42,108	2,105	5
6	60	LABORATORY DR. F	273,632		273,632	219,500	4,283	451,980	22,599	6
7	65	RESPIRATORY THERAPY DR. G	8,707		8,707	171,400	77	6,345	317	7
8	68.01	NEURO REHAB DR. H	1,132		1,132	171,400	12	989	49	8
9	91	EMERGENCY DR. I	3,310,869	2,949,621	361,248	171,400	2,145	176,756	8,838	9
10	40	SUBPROVIDER - IPF DR. J	35,696		35,696	142,500	328	22,471	1,124	10
11	90.01	ANTICOAG CLINIC DR. K								11
12	30	ADULTS & PEDIATRICS DR. L	72,168	72,168		171,400				12
200		TOTAL	4,831,365	3,208,819	1,622,546		11,930	1,077,565	53,878	200



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATION	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	5.07	OTHER A&G DR. A					331,016	446,644	446,644	1
2	31	INTENSIVE CARE UNIT DR. B					21,178	19,839	19,839	2
3	31.01	PEDIATRIC ICU DR. C					3,379		154,818	3
4	41	SUBPROVIDER - IRF DR. D					21,343		32,212	4
5	55	RADIOLOGY-THERAPEUTI DR. E					42,108	68,417	68,417	5
6	60	LABORATORY DR. F					451,980			6
7	65	RESPIRATORY THERAPY DR. G					6,345	2,362	2,362	7
8	68.01	NEURO REHAB DR. H					989	143	143	8
9	91	EMERGENCY DR. I					176,756	184,492	3,134,113	9
10	40	SUBPROVIDER - IPF DR. J					22,471	13,225	13,225	10
11	90.01	ANTICOAG CLINIC DR. K								11
12	30	ADULTS & PEDIATRICS DR. L							72,168	12
200		TOTAL					1,077,565	735,122	3,943,941	200



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REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS

WORKSHEET A-8-3
PARTS V-VI

CHECK APPLICABLE BOX: OCCUPATIONAL PHYSICAL RESPIRATORY SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD (if column 5, line 47 is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)						47
48	OVERTIME RATE (see instructions)						48
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (multiply line 47 times line 48)						49
CALCULATION OF LIMIT							
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (divide the hours in each column on line 47 by the total overtime worked in column 5, line 47)						50
51	ALLOCATION OF PROVIDER'S STANDARD WORK YEAR FOR ONE FULL-TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50) (see instructions)						51
DETERMINATION OF OVERTIME ALLOWANCE							
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (see instructions)						52
53	OVERTIME COST LIMITATION) (line 51 times line 52)						53
54	MAXIMUM OVERTIME COST (enter the lesser of line 49 or line 53)						54
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (multiply line 47 times line 52)						55
56	OVERTIME ALLOWANCE (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT (from line 23)						57
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (from lines 33, 34, or 35)						58
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (from lines 44, 45, or 46)						59
60	OVERTIME ALLOWANCE (from column 5, line 56)						60
61	EQUIPMENT COST (see instructions)						61
62	SUPPLIES (see instructions)						62
63	TOTAL ALLOWANCE (sum of lines 57-62)						63
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (from provider records)						64
65	EXCESS OVER LIMITATION (line 64 minus line 63; if negative enter zero)						65



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS

WORKSHEET A-8-3
PARTS V-VI

CHECK APPLICABLE BOX: [] OCCUPATIONAL [XX] PHYSICAL [] RESPIRATORY [] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD (if column 5, line 47 is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)						47
48	OVERTIME RATE (see instructions)						48
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (multiply line 47 times line 48)						49
CALCULATION OF LIMIT							
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (divide the hours in each column on line 47 by the total overtime worked in column 5, line 47)						50
51	ALLOCATION OF PROVIDER'S STANDARD WORK YEAR FOR ONE FULL-TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50) (see instructions)						51
DETERMINATION OF OVERTIME ALLOWANCE							
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (see instructions)						52
53	OVERTIME COST LIMITATION) (line 51 times line 52)						53
54	MAXIMUM OVERTIME COST (enter the lesser of line 49 or line 53)						54
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (multiply line 47 times line 52)						55
56	OVERTIME ALLOWANCE (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT (from line 23)						57
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (from lines 33, 34, or 35)						58
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (from lines 44, 45, or 46)						59
60	OVERTIME ALLOWANCE (from column 5, line 56)						60
61	EQUIPMENT COST (see instructions)						61
62	SUPPLIES (see instructions)						62
63	TOTAL ALLOWANCE (sum of lines 57-62)						63
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (from provider records)						64
65	EXCESS OVER LIMITATION (line 64 minus line 63; if negative enter zero)						65



PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS

WORKSHEET A-8-3
PARTS V-VI

CHECK APPLICABLE BOX: OCCUPATIONAL PHYSICAL RESPIRATORY SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD (if column 5, line 47 is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)						47
48	OVERTIME RATE (see instructions)						48
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (multiply line 47 times line 48)						49
CALCULATION OF LIMIT							
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (divide the hours in each column on line 47 by the total overtime worked in column 5, line 47)						50
51	ALLOCATION OF PROVIDER'S STANDARD WORK YEAR FOR ONE FULL-TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50) (see instructions)						51
DETERMINATION OF OVERTIME ALLOWANCE							
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (see instructions)						52
53	OVERTIME COST LIMITATION) (line 51 times line 52)						53
54	MAXIMUM OVERTIME COST (enter the lesser of line 49 or line 53)						54
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (multiply line 47 times line 52)						55
56	OVERTIME ALLOWANCE (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS

WORKSHEET A-8-3
PARTS V-VI

CHECK APPLICABLE BOX: [] OCCUPATIONAL [] PHYSICAL [] RESPIRATORY [XX] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
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48	OVERTIME RATE (see instructions)						48
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (multiply line 47 times line 48)						49
CALCULATION OF LIMIT							
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (divide the hours in each column on line 47 by the total overtime worked in column 5, line 47)						50
51	ALLOCATION OF PROVIDER'S STANDARD WORK YEAR FOR ONE FULL-TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50) (see instructions)						51
DETERMINATION OF OVERTIME ALLOWANCE							
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (see instructions)						52
53	OVERTIME COST LIMITATION) (line 51 times line 52)						53
54	MAXIMUM OVERTIME COST (enter the lesser of line 49 or line 53)						54
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (multiply line 47 times line 52)						55
56	OVERTIME ALLOWANCE (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT (from line 23)						57
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61	EQUIPMENT COST (see instructions)						61
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63	TOTAL ALLOWANCE (sum of lines 57-62)						63
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COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUN- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	20,661,567	20,661,567					1
2	CAP REL COSTS-MVBLE EQUIP	26,828,874		26,828,874				2
4	EMPLOYEE BENEFITS DEPARTMENT	38,151,172	448,921	75,731	38,675,824			4
5.01	COMMUNICATIONS	1,939,718		20,608		1,960,326		5.01
5.02	DATA PROCESSIN		218,438	8,070,337		318,047	8,606,822	5.02
5.03	MATERIALS MANAGEMENT		99,381	13,888		29,202		5.03
5.04	PATIENT SERVICES	2,309,993	88,966	49,612	344,949	94,547	86,301	5.04
5.05	PATIENT ACCOUNTING		16,833	15,702		59,272		5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G	126,449,969	1,118,668	4,431,797	8,668,257	210,489	178,644	5.07
5.08	CAREW MEDICAL PARK ADMIN	83	1,363					5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	6,728,003	1,933,043	369,068		11,276		7
7.01	FACILITY ENGINEERING	3,805,713	1,503,704	168,500	729,734	45,972	271,849	7.01
8	LAUNDRY & LINEN SERVICE	2,598,057	22,996		53,393	28,913	34,520	8
9	HOUSEKEEPING	5,255,857	407,519	32,767	809,055	13,011	558,369	9
10	DIETARY	260,979	717,731	352,162	413,591	18,215	535,931	10
10.01	KITCHEN-NO CONNECT W/CAFE	6,179,983			475,734			10.01
10.02	CAFETERIA							10.02
10.03	PREADMITS AND ER							10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,545,174	40,668	1,387	424,279	3,759	89,753	13
14	CENTRAL SERVICES & SUPPLY	1,291	227,874	581,297		12,144		14
15	PHARMACY	13,501,669	205,379	1,259,776	1,456,504	32,961	330,534	15
15.01	OUTPATIENT PHARMACY	8,422,120	67,101	1,873	127,289	289	31,931	15.01
15.02	IV SOLUTIONS	2,093,783		20,450	89,998		42,288	15.02
15.03	MED SURG SUPPLY	46,890,885						15.03
16	MEDICAL RECORDS & LIBRARY	-1,414	128,539	8,519		3,759		16
17	SOCIAL SERVICE	3,692,511	96,108	5,977	437,628	14,457	119,959	17
17.01	REHAB ADMIN	495,414		164	70,241	10,409	18,986	17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	3,041,948						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)	75,110	3,099		12,432			23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY	221,214	3,495		38,229			23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	36,215,808	3,037,349	995,643	5,327,942	320,074	1,758,820	30
31	INTENSIVE CARE UNIT	4,951,184	232,079	178,974	779,171	37,298	245,959	31
31.01	PEDIATRIC ICU	1,058,611	72,156	75,760	137,698	4,626	33,657	31.01
31.02	NEONATAL ICU	3,323,168	257,230		520,757	37,587	74,219	31.02
32	CORONARY CARE UNIT	15,433,747	657,061	515,551	2,338,902	23,420	478,972	32
40	SUBPROVIDER - IPF	6,486,274	501,914	29,945	897,519	27,179	321,904	40
41	SUBPROVIDER - IRF	1,746,628	257,789	23,235	277,755	21,685	43,151	41
43	NURSERY	2,782,319	47,192	115,568	326,577	289		43
44	SKILLED NURSING FACILITY	3,063,976	310,911	18,716	486,746	13,300	86,301	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	11,333,793	1,436,778	1,365,843	1,339,611	49,153	356,424	50
50.01	CAREW MEDICAL PARK SURG					7,228		50.01
51	RECOVERY ROOM	8,424,755	579,825	78,463	611,912	26,889	115,644	51
52	DELIVERY ROOM & LABOR ROOM	79,867	322,385		6,448	21,685	13,808	52
53	ANESTHESIOLOGY		3,856			2,313		53
54	RADIOLOGY-DIAGNOSTIC	13,074,154	455,526	2,407,611	1,570,646	49,442	404,753	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	196,125	28,098		29,150		8,630	54.05
54.06	RADIOLOGY - CMP	1,413		344		6,650		54.06
54.07	RADIOLOGY - WP	55,821		433	1,615		863	54.07
54.08	RADIOLOGY - PULM CLINIC	14,141	40,447	13,344	6,907	2,024	1,726	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	5,269,869	451,496	1,231,676	450,655	76,042	44,877	55
56	RADIOISOTOPE	426,848	71,061	117,525	57,801	1,735	13,808	56
60	LABORATORY	8,377,728	521,171	648,725	2,004,307	42,214	780,163	60
60.01	ANATOMICAL PATHOLOGY	1,207,551	15,936	40,453	84,294	2,602	27,616	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,155,450			91,408	578		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	3,396,869	148,844	289,753	585,853	24,576	214,027	65
65.01	WOUND CARE	1,420,121	28,098	9,556	67,415		13,808	65.01
65.02	DIALYSIS	1,206,520	46,947	7,671	8,228	1,446	5,178	65.02
65.03	ENDOSCOPY	3,090,713	341,607	487,487	322,296	3,470	94,931	65.03



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUN- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
66	PHYSICAL THERAPY	4,222,634	192,460	26,530	692,932	3,759	214,027	66
66.01	TRANSITIONAL THERAPY	3,712	21,563			1,735		66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	997,435	15,890		167,847	867	14,671	67
68	SPEECH PATHOLOGY	333,614			55,693	578		68
68.01	NEURO REHAB	1,031,322	91,716	9,007	161,595	5,204	36,247	68.01
69	ELECTROCARDIOLOGY	2,073,810			300,849	2,313	34,520	69
70	ELECTROENCEPHALOGRAPHY	220,221	17,171	24,390	32,199	289	8,630	70
70.01	NUTRITION SUPPORT	569,137		544	83,433	2,891	26,753	70.01
70.02	MRI	989,193	203,177	276,795	103,289	4,626	21,575	70.02
70.03	CARDIAC CATH LAB	2,851,904	349,004	583,689	448,333	44,816	111,329	70.03
70.04	CARDIAC REHAB SERVICES	95,102	35,426	5,317	14,622	4,048	6,041	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			5,911				71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	20,476,858						73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	294,354	18,418	76	589	2,602		90
90.01	ANTICOAG CLINIC	1,120,580	38,816	1,373	139,904	3,180	20,712	90.01
91	EMERGENCY	13,381,169	752,761	218,403	1,328,607	58,116	445,314	91
91.01	PARTIAL HOSPITALIZATION	143,940	11,416		24,080	3,180	7,767	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	6,792,986	77,189	1,251,885	403,631	4,915	125,137	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	6,800,775	200,707	18,471	970,273	26,889		101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	6,958,870			626,874			116
118	SUBTOTALS (sum of lines 1-117)	529,300,742	19,241,296	26,554,282	38,037,676	1,880,235	8,511,027	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	364,776	52,504	3,272	17,589	3,759	8,630	190
194	NON ALLOWABLE					11,276		194
194.01	TELEVISION					578		194.01
194.02	PHYSICIAN PRACTICES		1,025					194.02
194.03	OP CLINIC	695,769	28,914	4	9	3,470		194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR	734,487	187,241	1,564	11,367	289	3,452	194.05
194.06	STUCKY RESEARCH CTR	1,135,363	13,175	240,154	143,698	867	36,247	194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION		26,992			6,072		194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES	1,373,775			12,394			194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES	183,645	72,436	149	20,007	1,157	3,452	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	1,602,034	48,485	545	136,941	1,735	35,384	194.15
194.16	FITNESS	144,915	11,999		21,305			194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR	13,753	21,901			6,361		194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM	3,618	104,285	2,183				194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS	-482,283	644,584	18,843	34,278	5,494	8,630	194.23
194.24	START-UP COSTS ORTHO			7,878				194.24
194.25	PREMIER SURGERY CENTER	9,845,007	206,730		240,560	39,033		194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	544,915,601	20,661,567	26,828,874	38,675,824	1,960,326	8,606,822	202



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MATERIALS MGMT A, col.7)	PATIENT SERVICES FIXTURES	PATIENT ACCOUNTING EQUIPMENT	SUBTOTAL (cols.0-4)	OTHER A&G	CAREW MED PARK ADMIN	
		5.03	5.04	5.05	4A	5.07	5.08	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN							5.02
5.03	MATERIALS MANAGEMENT	142,471						5.03
5.04	PATIENT SERVICES		2,974,368					5.04
5.05	PATIENT ACCOUNTING			91,807				5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G	99			141,057,923	141,057,923		5.07
5.08	CAREW MEDICAL PARK ADMIN				1,446	505	1,951	5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	187			9,041,577	3,158,006		7
7.01	FACILITY ENGINEERING	1,260			6,526,732	2,279,631		7.01
8	LAUNDRY & LINEN SERVICE	1,153			2,739,032	956,678		8
9	HOUSEKEEPING	1,725			7,078,303	2,472,281		9
10	DIETARY	1,653			2,300,262	803,426		10
10.01	KITCHEN-NO CONNECT W/CAFE				6,655,717	2,324,682		10.01
10.02	CAFETERIA							10.02
10.03	PREADMITS AND ER							10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	264			4,105,284	1,433,877		13
14	CENTRAL SERVICES & SUPPLY	1			822,607	287,317		14
15	PHARMACY	870			16,787,693	5,863,538		15
15.01	OUTPATIENT PHARMACY	44			8,650,647	3,021,463		15.01
15.02	IV SOLUTIONS	883			2,247,402	784,964		15.02
15.03	MED SURG SUPPLY	72,255			46,963,140	16,403,098		15.03
16	MEDICAL RECORDS & LIBRARY				139,403	48,690		16
17	SOCIAL SERVICE	19			4,366,659	1,525,169		17
17.01	REHAB ADMIN	9			595,223	207,897		17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD				3,041,948	1,062,479		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)				90,641	31,659		23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY				262,938	91,838		23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	6,222	398,298	8,185	48,068,341	16,789,246		30
31	INTENSIVE CARE UNIT	1,049	51,603	915	6,478,232	2,262,691		31
31.01	PEDIATRIC ICU	77	5,545	98	1,388,228	484,875		31.01
31.02	NEONATAL ICU	509	52,025	922	4,266,417	1,490,157		31.02
32	CORONARY CARE UNIT	2,738	146,426	2,596	19,599,413	6,845,605		32
40	SUBPROVIDER - IPF	576	60,315	1,069	8,326,695	2,908,315		40
41	SUBPROVIDER - IRF	145	17,008	302	2,387,698	833,966		41
43	NURSERY		11,631	206	3,283,782	1,146,946		43
44	SKILLED NURSING FACILITY	404	21,277	377	4,002,008	1,397,805		44
	ANCHLLARY SERVICE COST CENTERS							
50	OPERATING ROOM	9,807	312,192	9,317	16,212,918	5,662,783		50
50.01	CAREW MEDICAL PARK SURG				7,228	2,525		50.01
51	RECOVERY ROOM	592	110,634	3,080	9,951,794	3,475,923		51
52	DELIVERY ROOM & LABOR ROOM	1	8,781	156	453,131	158,268		52
53	ANESTHESIOLOGY	79			6,248	2,182		53
54	RADIOLOGY-DIAGNOSTIC	9,122	281,450	14,154	18,266,858	6,380,175		54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	9	15	41	262,068	91,534		54.05
54.06	RADIOLOGY - CMP				8,407	2,936	2	54.06
54.07	RADIOLOGY - WP				58,733	20,514		54.07
54.08	RADIOLOGY - PULM CLINIC	6		2	78,597	27,452	73	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	153	5,497	2,817	7,533,082	2,631,125		55
56	RADIOISOTOPE	236	6,063	160	695,237	242,830		56
60	LABORATORY	17,140	176,340	5,545	12,573,333	4,391,563	917	60
60.01	ANATOMICAL PATHOLOGY	1,145	15,299	435	1,395,331	487,356		60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		23,500	503	4,271,439	1,491,911		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	510	74,471	1,451	4,736,354	1,654,295		65
65.01	WOUND CARE	96	15,790	347	1,555,231	543,205		65.01
65.02	DIALYSIS	48	7,726	142	1,283,906	448,438		65.02
65.03	ENDOSCOPY	1,341	27,276	2,269	4,371,390	1,526,822		65.03



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MATERIALS MGMT A, col.7)	PATIENT SERVICES FIXTURES	PATIENT ACCOUNTING EQUIPMENT	SUBTOTAL (cols.0-4)	OTHER A&G	CAREW MED PARK ADMIN	
		5.03	5.04	5.05	4A	5.07	5.08	
66	PHYSICAL THERAPY	91	42,224	829	5,395,486	1,884,514		66
66.01	TRANSITIONAL THERAPY	7	1,100	20	28,137	9,828		66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	5	9,307	193	1,206,215	421,302		67
68	SPEECH PATHOLOGY		3,932	105	393,922	137,588		68
68.01	NEURO REHAB	35	40	201	1,335,367	466,412		68.01
69	ELECTROCARDIOLOGY	159	26,831	1,265	2,439,747	852,145		69
70	ELECTROENCEPHALOGRAPHY	49	4,267	107	307,323	107,341		70
70.01	NUTRITION SUPPORT	184	376	8	683,326	238,669		70.01
70.02	MRI	43	26,526	973	1,626,197	567,992		70.02
70.03	CARDIAC CATH LAB	645	113,994	4,350	4,508,064	1,574,559		70.03
70.04	CARDIAC REHAB SERVICES	11	1	35	160,603	56,095		70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		159,678	4,351	169,940	59,356		71
71.01	COST OF SOLUTIONS		129,901	2,728	132,629	46,324		71.01
72	IMPL. DEV. CHARGED TO PATIENTS		218,345	6,309	224,654	78,466		72
73	DRUGS CHARGED TO PATIENTS		305,774	7,802	20,790,434	7,261,600		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	35	394	20	316,488	110,542		90
90.01	ANTICOAG CLINIC	216	36	122	1,324,939	462,769	959	90.01
91	EMERGENCY	2,591	102,128	5,443	16,294,532	5,691,289		91
91.01	PARTIAL HOSPITALIZATION	1		8	190,392	66,499		91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	3,468	352	628	8,660,191	3,024,797		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	1,370		1,220	8,019,705	2,801,090		101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE				7,585,744	2,649,518		116
118	SUBTOTALS (sum of lines 1-117)	141,337	2,974,368	91,807	526,790,711	134,727,336	1,951	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	584			451,114	157,563		190
194	NON ALLOWABLE				11,276	3,938		194
194.01	TELEVISION				578	202		194.01
194.02	PHYSICIAN PRACTICES				1,025	358		194.02
194.03	OP CLINIC				728,166	254,331		194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR	39			938,439	327,774		194.05
194.06	STUCKY RESEARCH CTR	24			1,569,528	548,198		194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION				33,064	11,548		194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES	166			1,386,335	484,214		194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES	66			280,912	98,116		194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	113			1,825,237	637,511		194.15
194.16	FITNESS				178,219	62,248		194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR	13			42,028	14,679		194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM				110,086	38,450		194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS	127			229,673	80,219		194.23
194.24	START-UP COSTS ORTHO				7,878	2,752		194.24
194.25	PREMIER SURGERY CENTER	2			10,331,332	3,608,486		194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	142,471	2,974,368	91,807	544,915,601	141,057,923	1,951	202



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT A, col.7)	FACILITY ENGINEERIN FIXTURES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING (cols.0-4)	DIETARY A&G	KITCHEN-NO CONNECT W/CAFE	
		7	7.01	8	9	10	10.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN							5.02
5.03	MATERIALS MANAGEMENT							5.03
5.04	PATIENT SERVICES							5.04
5.05	PATIENT ACCOUNTING							5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G							5.07
5.08	CAREW MEDICAL PARK ADMIN							5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	12,199,583						7
7.01	FACILITY ENGINEERING	1,096,117	9,902,480					7.01
8	LAUNDRY & LINEN SERVICE	16,763	14,950	3,727,423				8
9	HOUSEKEEPING	297,059	264,928		10,112,571			9
10	DIETARY	523,186	466,597		490,355	4,583,826		10
10.01	KITCHEN-NO CONNECT W/CAFE						8,980,399	10.01
10.02	CAFETERIA					1,449,137		10.02
10.03	PREADMITS AND ER					56,399	88,460	10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	29,645	26,438		27,784			13
14	CENTRAL SERVICES & SUPPLY	166,107	148,141		155,684			14
15	PHARMACY	149,710	133,517		140,315			15
15.01	OUTPATIENT PHARMACY	48,913	43,622		45,843			15.01
15.02	IV SOLUTIONS							15.02
15.03	MED SURG SUPPLY							15.03
16	MEDICAL RECORDS & LIBRARY	93,698	83,563		87,818			16
17	SOCIAL SERVICE	70,057	62,479		65,661			17
17.01	REHAB ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)	2,259	2,014		2,117			23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY	2,548	2,272		2,388			23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICES	2,214,056	1,974,581	1,364,341	2,075,123	1,642,845	4,745,515	30
31	INTENSIVE CARE UNIT	169,173	150,875	354,576	158,557	143,224	413,718	31
31.01	PEDIATRIC ICU	52,598	46,909	24,703	49,297	8,515	24,597	31.01
31.02	NEONATAL ICU	187,507	167,225		175,740			31.02
32	CORONARY CARE UNIT	478,961	427,155	187,739	448,905	302,313	873,261	32
40	SUBPROVIDER - IPF	365,868	326,294	110,591	342,909	633,702	1,830,509	40
41	SUBPROVIDER - IRF	187,914	167,589	33,823	176,122	102,964	297,421	41
43	NURSERY	34,400	30,679		32,241			43
44	SKILLED NURSING FACILITY	226,637	202,123	104,511	212,415	244,727	706,918	44
	ANCHLLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,047,332	934,049		981,609			50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	422,661	376,944	102,231	396,138			51
52	DELIVERY ROOM & LABOR ROOM	235,001	209,583		220,254			52
53	ANESTHESIOLOGY	2,811	2,507		2,634			53
54	RADIOLOGY-DIAGNOSTIC	332,053	296,137	258,427	311,216			54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	20,482	18,267		19,197			54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC	29,483	26,294		27,633			54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	329,115	293,517	21,282	308,463			55
56	RADIOISOTOPE	51,800	46,197	2,280	48,549			56
60	LABORATORY	379,905	338,813		356,065			60
60.01	ANATOMICAL PATHOLOGY	11,617	10,360		10,888			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	108,499	96,764	5,701	101,691			65
65.01	WOUND CARE	20,482	18,267	1,140	19,197			65.01
65.02	DIALYSIS	34,222	30,520	16,722	32,074			65.02
65.03	ENDOSCOPY	249,012	222,079	58,146	233,386			65.03



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WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT A, col.7) 7	FACILITY ENGINEERIN FIXTURES 7.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING (cols.0-4) 9	DIETARY A&G 10	KITCHEN-NO CONNECT W/CAFE 10.01	
66	PHYSICAL THERAPY	140,292	125,118	9,121	131,489			66
66.01	TRANSITIONAL THERAPY	15,718	14,018		14,732			66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	11,583	10,330		10,856			67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB	66,856	59,624		62,660			68.01
69	ELECTROCARDIOLOGY			3,040				69
70	ELECTROENCEPHALOGRAPHY	12,517	11,163		11,731			70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI	148,105	132,085	1,140	138,811			70.02
70.03	CARDIAC CATH LAB	254,405	226,888		238,440			70.03
70.04	CARDIAC REHAB SERVICES	25,823	23,030		24,203			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	13,425	11,973		12,583			90
90.01	ANTICOAG CLINIC	28,295	25,234		26,519			90.01
91	EMERGENCY	548,721	489,369	1,065,249	514,287			91
91.01	PARTIAL HOSPITALIZATION	8,322	7,422		7,800			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	56,266	50,180		52,736			95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	146,305	130,480		137,124			101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	11,164,284	8,979,163	3,724,763	9,142,239	4,583,826	8,980,399	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,272	34,133		35,871			190
194	NON ALLOWABLE							194
194.01	TELEVISION							194.01
194.02	PHYSICIAN PRACTICES	747	666		700			194.02
194.03	OP CLINIC	21,077	18,797		19,754			194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR	136,488	121,725		127,923			194.05
194.06	STUCKY RESEARCH CTR	9,604	8,565		9,002			194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION	19,675	17,547		18,441			194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES							194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES	52,802	47,091		49,488			194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	35,343	31,520		33,125			194.15
194.16	FITNESS	8,747	7,800		8,198			194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR	15,965	14,238		14,963			194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM	76,018	67,796	2,660	71,248			194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS	469,866	419,044		440,381			194.23
194.24	START-UP COSTS ORTHO							194.24
194.25	PREMIER SURGERY CENTER	150,695	134,395		141,238			194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	12,199,583	9,902,480	3,727,423	10,112,571	4,583,826	8,980,399	202



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	CAFETERIA OF PLANT A, col.7)	PREADMITS AND ER FIXTURES	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY A&G	OUTPATIENT PHARMACY W/CAFE	
		10.02	10.03	13	14	15	15.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN							5.02
5.03	MATERIALS MANAGEMENT							5.03
5.04	PATIENT SERVICES							5.04
5.05	PATIENT ACCOUNTING							5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G							5.07
5.08	CAREW MEDICAL PARK ADMIN							5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	FACILITY ENGINEERING							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
10.01	KITCHEN-NO CONNECT W/CAFE							10.01
10.02	CAFETERIA	1,449,137						10.02
10.03	PREADMITS AND ER	1,449,137	1,593,996					10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			5,623,028				13
14	CENTRAL SERVICES & SUPPLY				1,579,856			14
15	PHARMACY			396,110		23,470,883		15
15.01	OUTPATIENT PHARMACY			38,746		6,204,534	18,053,768	15.01
15.02	IV SOLUTIONS			50,407				15.02
15.03	MED SURG SUPPLY				1,406,165			15.03
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
17.01	REHAB ADMIN					2		17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY							23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		1,593,996	2,108,824	8,880	4,466		30
31	INTENSIVE CARE UNIT			294,919	5	289		31
31.01	PEDIATRIC ICU			40,250		4		31.01
31.02	NEONATAL ICU			170,030		78		31.02
32	CORONARY CARE UNIT			846,388	2	480		32
40	SUBPROVIDER - IPF				19	1		40
41	SUBPROVIDER - IRF					16		41
43	NURSERY			127,523				43
44	SKILLED NURSING FACILITY			216,675	3	49		44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			507,833	164,721	824		50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			138,808		79		51
52	DELIVERY ROOM & LABOR ROOM			31,975				52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			37,993	2	3,109		54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			2,633				54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
60	LABORATORY							60
60.01	ANATOMICAL PATHOLOGY					66		60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY				3	599		65
65.01	WOUND CARE			20,689		5		65.01
65.02	DIALYSIS			6,019		17		65.02
65.03	ENDOSCOPY					413		65.03



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	CAFETERIA OF PLANT A, col.7)	PREADMITS AND ER FIXTURES	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY A&G	OUTPATIENT PHARMACY W/CAFE	
66	PHYSICAL THERAPY	10.02	10.03	13	14	15	15.01	66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB					788		68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT					1,005		70.01
70.02	MRI					48		70.02
70.03	CARDIAC CATH LAB				3	64		70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS					16,518,730	18,053,768	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC					46		90
90.01	ANTICOAG CLINIC			25,204		108		90.01
91	EMERGENCY			504,824	47	2,233		91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
95	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES				6	3,071		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY			6,771		715,407		101
116	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	1,449,137	1,593,996	5,572,621	1,579,856	23,456,531	18,053,768	118
190	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	NON ALLOWABLE							194
194.01	TELEVISION							194.01
194.02	PHYSICIAN PRACTICES							194.02
194.03	OP CLINIC							194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR							194.05
194.06	STUCKY RESEARCH CTR					3,593		194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION							194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES							194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES							194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH			50,407		10,252		194.15
194.16	FITNESS							194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR					42		194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM							194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS							194.23
194.24	START-UP COSTS ORTHO							194.24
194.25	PREMIER SURGERY CENTER					465		194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,449,137	1,593,996	5,623,028	1,579,856	23,470,883	18,053,768	202



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	IV SOLUTIONS A, col.7) 15.02	MED SURG SUPPLY FIXTURES 15.03	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE SUPPLY 17	REHAB ADMIN 17.01	I&R SALARY & FRINGES 21	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN							5.02
5.03	MATERIALS MANAGEMENT							5.03
5.04	PATIENT SERVICES							5.04
5.05	PATIENT ACCOUNTING							5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G							5.07
5.08	CAREW MEDICAL PARK ADMIN							5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	FACILITY ENGINEERING							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
10.01	KITCHEN-NO CONNECT W/CAFE							10.01
10.02	CAFETERIA							10.02
10.03	PREADMITS AND ER							10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
15.01	OUTPATIENT PHARMACY							15.01
15.02	IV SOLUTIONS	3,082,773						15.02
15.03	MED SURG SUPPLY		64,772,403					15.03
16	MEDICAL RECORDS & LIBRARY			453,172				16
17	SOCIAL SERVICE				6,090,025			17
17.01	REHAB ADMIN					803,122		17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD						4,104,427	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY							23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS			16,407	3,813,574	34,293	2,140,870	30
31	INTENSIVE CARE UNIT			204	312,418		392,794	31
31.01	PEDIATRIC ICU			153				31.01
31.02	NEONATAL ICU			51	78,561			31.02
32	CORONARY CARE UNIT			1,223	1,487,793		119,849	32
40	SUBPROVIDER - IPF							40
41	SUBPROVIDER - IRF					106,494	223,281	41
43	NURSERY						290,593	43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			64,659			226,154	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			13,502				51
52	DELIVERY ROOM & LABOR ROOM						51,305	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			160,399				54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP			764				54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			51				54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			1,630				56
60	LABORATORY							60
60.01	ANATOMICAL PATHOLOGY							60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY				7,439		7,388	65
65.01	WOUND CARE				357			65.01
65.02	DIALYSIS				51			65.02
65.03	ENDOSCOPY				33,985			65.03



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	IV SOLUTIONS A, col.7)	MED SURG SUPPLY FIXTURES	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE SUPPLY	REHAB ADMIN	I&R SALARY & FRINGES	
		15.02	15.03	16	17	17.01	21	
66	PHYSICAL THERAPY			2,395		107,217		66
66.01	TRANSITIONAL THERAPY					336,989		66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY					94,287		67
68	SPEECH PATHOLOGY					94,287		68
68.01	NEURO REHAB			2,650		29,555		68.01
69	ELECTROCARDIOLOGY			9,222				69
70	ELECTROENCEPHALOGRAPHY			510				70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI			10,751				70.02
70.03	CARDIAC CATH LAB			74,951	397,679			70.03
70.04	CARDIAC REHAB SERVICES			611				70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		29,996,100					71
71.01	COST OF SOLUTIONS	3,082,773						71.01
72	IMPL. DEV. CHARGED TO PATIENTS		34,776,303					72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			204				90
90.01	ANTICOAG CLINIC			2,089				90.01
91	EMERGENCY						652,193	91
91.01	PARTIAL HOSPITALIZATION			510				91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES			8,458				95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY			20,992				101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	3,082,773	64,772,403	434,218	6,090,025	803,122	4,104,427	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	NON ALLOWABLE							194
194.01	TELEVISION							194.01
194.02	PHYSICIAN PRACTICES							194.02
194.03	OP CLINIC							194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR							194.05
194.06	STUCKY RESEARCH CTR							194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION							194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES							194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES							194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH							194.15
194.16	FITNESS							194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR							194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM							194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS							194.23
194.24	START-UP COSTS ORTHO							194.24
194.25	PREMIER SURGERY CENTER			18,954				194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	3,082,773	64,772,403	453,172	6,090,025	803,122	4,104,427	202



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION A, col.7)	PARAMED ED PHARMACY FIXTURES	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		23	23.02	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
15.01	OUTPATIENT PHARMACY						15.01
15.02	IV SOLUTIONS						15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	REHAB ADMIN						17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)	128,690					23
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY		361,984				23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		94	88,595,452	-2,140,870	86,454,582	30
31	INTENSIVE CARE UNIT		6	11,131,681	-392,794	10,738,887	31
31.01	PEDIATRIC ICU			2,120,129		2,120,129	31.01
31.02	NEONATAL ICU		2	6,535,768		6,535,768	31.02
32	CORONARY CARE UNIT		10	31,619,097	-119,849	31,499,248	32
40	SUBPROVIDER - IPF			14,844,903		14,844,903	40
41	SUBPROVIDER - IRF			4,517,288	-223,281	4,294,007	41
43	NURSERY			4,946,164	-290,593	4,655,571	43
44	SKILLED NURSING FACILITY		1	7,313,872		7,313,872	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		17	25,802,899	-226,154	25,576,745	50
50.01	CAREW MEDICAL PARK SURG			9,753		9,753	50.01
51	RECOVERY ROOM		2	14,878,082		14,878,082	51
52	DELIVERY ROOM & LABOR ROOM			1,359,517	-51,305	1,308,212	52
53	ANESTHESIOLOGY			16,382		16,382	53
54	RADIOLOGY-DIAGNOSTIC		65	26,046,434		26,046,434	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP			412,312		412,312	54.05
54.06	RADIOLOGY - CMP			11,345		11,345	54.06
54.07	RADIOLOGY - WP			79,247		79,247	54.07
54.08	RADIOLOGY - PULM CLINIC			192,216		192,216	54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC			11,116,584		11,116,584	55
56	RADIOISOTOPE			1,088,523		1,088,523	56
60	LABORATORY	128,690		18,169,286		18,169,286	60
60.01	ANATOMICAL PATHOLOGY		1	1,915,619		1,915,619	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS			5,763,350		5,763,350	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY		13	6,718,746	-7,388	6,711,358	65
65.01	WOUND CARE			2,178,573		2,178,573	65.01
65.02	DIALYSIS			1,851,969		1,851,969	65.02
65.03	ENDOSCOPY		9	6,695,242		6,695,242	65.03



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION A, col.7)	PARAMED ED PHARMACY FIXTURES	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
66	PHYSICAL THERAPY	23	23.02	7,795,632		7,795,632	66
66.01	TRANSITIONAL THERAPY			419,422		419,422	66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY			1,754,573		1,754,573	67
68	SPEECH PATHOLOGY			625,797		625,797	68
68.01	NEURO REHAB		17	2,023,929		2,023,929	68.01
69	ELECTROCARDIOLOGY			3,304,154		3,304,154	69
70	ELECTROENCEPHALOGRAPHY			450,585		450,585	70
70.01	NUTRITION SUPPORT		21	923,021		923,021	70.01
70.02	MRI		1	2,625,130		2,625,130	70.02
70.03	CARDIAC CATH LAB		1	7,275,054		7,275,054	70.03
70.04	CARDIAC REHAB SERVICES			290,365		290,365	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			30,225,396		30,225,396	71
71.01	COST OF SOLUTIONS			3,261,726		3,261,726	71.01
72	IMPL. DEV. CHARGED TO PATIENTS			35,079,423		35,079,423	72
73	DRUGS CHARGED TO PATIENTS		346,311	62,970,843		62,970,843	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		1	465,262		465,262	90
90.01	ANTICOAG CLINIC		2	1,896,118		1,896,118	90.01
91	EMERGENCY		47	25,762,791	-652,193	25,110,598	91
91.01	PARTIAL HOSPITALIZATION			280,945		280,945	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		64	11,855,769		11,855,769	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY		14,998	11,992,872		11,992,872	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE			10,235,262		10,235,262	116
118	SUBTOTALS (sum of lines 1-117)	128,690	361,683	517,444,502	-4,104,427	513,340,075	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			716,953		716,953	190
194	NON ALLOWABLE			15,214		15,214	194
194.01	TELEVISION			780		780	194.01
194.02	PHYSICIAN PRACTICES			3,496		3,496	194.02
194.03	OP CLINIC			1,042,125		1,042,125	194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR			1,652,349		1,652,349	194.05
194.06	STUCKY RESEARCH CTR		75	2,148,565		2,148,565	194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION			100,275		100,275	194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES			1,870,549		1,870,549	194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES			528,409		528,409	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH		215	2,623,610		2,623,610	194.15
194.16	FITNESS			265,212		265,212	194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR		1	101,916		101,916	194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM			366,258		366,258	194.21
194.22	EBT						194.22
194.23	MEDICAL OFFICE BUILDINGS			1,639,183		1,639,183	194.23
194.24	START-UP COSTS ORTHO			10,630		10,630	194.24
194.25	PREMIER SURGERY CENTER		10	14,385,575		14,385,575	194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	128,690	361,984	544,915,601	-4,104,427	540,811,174	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUN- CATIONS	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		448,921	75,731	524,652	524,652		4
5.01	COMMUNICATIONS			20,608	20,608		20,608	5.01
5.02	DATA PROCESSIN		218,438	8,070,337	8,288,775		3,343	5.02
5.03	MATERIALS MANAGEMENT		99,381	13,888	113,269		307	5.03
5.04	PATIENT SERVICES		88,966	49,612	138,578	4,679	994	5.04
5.05	PATIENT ACCOUNTING		16,833	15,702	32,535		623	5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G	17,548,662	1,118,668	4,431,797	23,099,127	117,638	2,213	5.07
5.08	CAREW MEDICAL PARK ADMIN		1,363		1,363			5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		1,933,043	369,068	2,302,111		119	7
7.01	FACILITY ENGINEERING		1,503,704	168,500	1,672,204	9,898	483	7.01
8	LAUNDRY & LINEN SERVICE		22,996		22,996	724	304	8
9	HOUSEKEEPING		407,519	32,767	440,286	10,974	137	9
10	DIETARY		717,731	352,162	1,069,893	5,610	191	10
10.01	KITCHEN-NO CONNECT W/CAFE					6,453		10.01
10.02	CAFETERIA							10.02
10.03	PREADMITS AND ER							10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		40,668	1,387	42,055	5,755	40	13
14	CENTRAL SERVICES & SUPPLY		227,874	581,297	809,171		128	14
15	PHARMACY		205,379	1,259,776	1,465,155	19,755	347	15
15.01	OUTPATIENT PHARMACY		67,101	1,873	68,974	1,726	3	15.01
15.02	IV SOLUTIONS			20,450	20,450	1,221		15.02
15.03	MED SURG SUPPLY							15.03
16	MEDICAL RECORDS & LIBRARY		128,539	8,519	137,058		40	16
17	SOCIAL SERVICE		96,108	5,977	102,085	5,936	152	17
17.01	REHAB ADMIN			164	164	953	109	17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)		3,099		3,099	169		23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY		3,495		3,495	519		23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		3,037,349	995,643	4,032,992	72,266	3,365	30
31	INTENSIVE CARE UNIT		232,079	178,974	411,053	10,568	392	31
31.01	PEDIATRIC ICU		72,156	75,760	147,916	1,868	49	31.01
31.02	NEONATAL ICU		257,230		257,230	7,063	395	31.02
32	CORONARY CARE UNIT		657,061	515,551	1,172,612	31,724	246	32
40	SUBPROVIDER - IPF		501,914	29,945	531,859	12,174	286	40
41	SUBPROVIDER - IRF		257,789	23,235	281,024	3,767	228	41
43	NURSERY		47,192	115,568	162,760	4,430	3	43
44	SKILLED NURSING FACILITY		310,911	18,716	329,627	6,602	140	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		1,436,778	1,365,843	2,802,621	18,170	517	50
50.01	CAREW MEDICAL PARK SURG						76	50.01
51	RECOVERY ROOM		579,825	78,463	658,288	8,300	283	51
52	DELIVERY ROOM & LABOR ROOM		322,385		322,385	87	228	52
53	ANESTHESIOLOGY		3,856		3,856		24	53
54	RADIOLOGY-DIAGNOSTIC		455,526	2,407,611	2,863,137	21,304	520	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP		28,098		28,098	395		54.05
54.06	RADIOLOGY - CMP			344	344		70	54.06
54.07	RADIOLOGY - WP			433	433	22		54.07
54.08	RADIOLOGY - PULM CLINIC		40,447	13,344	53,791	94	21	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC		451,496	1,231,676	1,683,172	6,112	799	55
56	RADIOISOTOPE		71,061	117,525	188,586	784	18	56
60	LABORATORY		521,171	648,725	1,169,896	27,186	444	60
60.01	ANATOMICAL PATHOLOGY		15,936	40,453	56,389	1,143	27	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS					1,240	6	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		148,844	289,753	438,597	7,946	258	65
65.01	WOUND CARE		28,098	9,556	37,654	914		65.01
65.02	DIALYSIS		46,947	7,671	54,618	112	15	65.02
65.03	ENDOSCOPY		341,607	487,487	829,094	4,371	36	65.03



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUN- CATIONS	
		0	1	2	2A	4	5.01	
66	PHYSICAL THERAPY		192,460	26,530	218,990	9,399	40	66
66.01	TRANSITIONAL THERAPY		21,563		21,563		18	66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY		15,890		15,890	2,277	9	67
68	SPEECH PATHOLOGY					755	6	68
68.01	NEURO REHAB		91,716	9,007	100,723	2,192	55	68.01
69	ELECTROCARDIOLOGY					4,081	24	69
70	ELECTROENCEPHALOGRAPHY		17,171	24,390	41,561	437	3	70
70.01	NUTRITION SUPPORT			544	544	1,132	30	70.01
70.02	MRI		203,177	276,795	479,972	1,401	49	70.02
70.03	CARDIAC CATH LAB		349,004	583,689	932,693	6,081	471	70.03
70.04	CARDIAC REHAB SERVICES		35,426	5,317	40,743	198	43	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			5,911	5,911			71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		18,418	76	18,494	8	27	90
90.01	ANTICOAG CLINIC		38,816	1,373	40,189	1,898	33	90.01
91	EMERGENCY		752,761	218,403	971,164	18,021	611	91
91.01	PARTIAL HOSPITALIZATION		11,416		11,416	327	33	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES		77,189	1,251,885	1,329,074	5,475	52	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		200,707	18,471	219,178	13,160	283	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE					8,503		116
118	SUBTOTALS (sum of lines 1-117)	17,548,662	19,241,296	26,554,282	63,344,240	515,997	19,766	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		52,504	3,272	55,776	239	40	190
194	NON ALLOWABLE						119	194
194.01	TELEVISION						6	194.01
194.02	PHYSICIAN PRACTICES		1,025		1,025			194.02
194.03	OP CLINIC		28,914	4	28,918		36	194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR		187,241	1,564	188,805	154	3	194.05
194.06	STUCKY RESEARCH CTR		13,175	240,154	253,329	1,949	9	194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION		26,992		26,992		64	194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES					168		194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES		72,436	149	72,585	271	12	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH		48,485	545	49,030	1,857	18	194.15
194.16	FITNESS		11,999		11,999	289		194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR		21,901		21,901		67	194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM		104,285	2,183	106,468			194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS		644,584	18,843	663,427	465	58	194.23
194.24	START-UP COSTS ORTHO			7,878	7,878			194.24
194.25	PREMIER SURGERY CENTER		206,730		206,730	3,263	410	194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	17,548,662	20,661,567	26,828,874	65,039,103	524,652	20,608	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DATA PROCESSING COSTS	MATERIALS MGMT FIXTURES	PATIENT SERVICES EQUIPMENT	PATIENT ACCOUNTING SUBTOTAL	OTHER A&G DEPARTMENT	CAREW MED PARK ADMIN	
		5.02	5.03	5.04	5.05	5.07	5.08	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN	8,292,118						5.02
5.03	MATERIALS MANAGEMENT		113,576					5.03
5.04	PATIENT SERVICES	83,146		227,397				5.04
5.05	PATIENT ACCOUNTING				33,158			5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G	172,112	79			23,391,169		5.07
5.08	CAREW MEDICAL PARK ADMIN					84	1,447	5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	FACILITY ENGINEERING	261,909	1,005			523,679		7.01
8	LAUNDRY & LINEN SERVICE	33,258	919			158,642		8
9	HOUSEKEEPING	537,953	1,375			409,968		9
10	DIETARY	516,335	1,318			133,229		10
10.01	KITCHEN-NO CONNECT W/CAFE					385,492		10.01
10.02	CAFETERIA							10.02
10.03	PREADMITS AND ER							10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	86,472	211			237,774		13
14	CENTRAL SERVICES & SUPPLY		1			47,645		14
15	PHARMACY	318,448	694			972,326		15
15.01	OUTPATIENT PHARMACY	30,764	35			501,037		15.01
15.02	IV SOLUTIONS	40,741	704			130,167		15.02
15.03	MED SURG SUPPLY		57,587			2,720,058		15.03
16	MEDICAL RECORDS & LIBRARY					8,074		16
17	SOCIAL SERVICE	115,572	15			252,913		17
17.01	REHAB ADMIN	18,292	7			34,475		17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD					176,187		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)					5,250		23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY					15,229		23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,694,508	4,961	30,745	3,007	2,784,205		30
31	INTENSIVE CARE UNIT	236,965	836	3,939	336	375,213		31
31.01	PEDIATRIC ICU	32,427	61	423	36	80,405		31.01
31.02	NEONATAL ICU	71,505	405	3,971	339	247,107		31.02
32	CORONARY CARE UNIT	461,458	2,183	11,178	954	1,135,178		32
40	SUBPROVIDER - IPF	310,133	459	4,604	393	482,274		40
41	SUBPROVIDER - IRF	41,573	116	1,298	111	138,293		41
43	NURSERY			888	76	190,193		43
44	SKILLED NURSING FACILITY	83,146	322	1,624	139	231,792		44
	ANCHLLARY SERVICE COST CENTERS							
50	OPERATING ROOM	343,392	7,820	23,832	3,423	939,036		50
50.01	CAREW MEDICAL PARK SURG					419		50.01
51	RECOVERY ROOM	111,415	472	8,446	1,131	576,398		51
52	DELIVERY ROOM & LABOR ROOM	13,303	1	670	57	26,245		52
53	ANESTHESIOLOGY		63			362		53
54	RADIOLOGY-DIAGNOSTIC	389,953	7,274	21,486	4,626	1,057,998		54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	8,315	7	1	15	15,179		54.05
54.06	RADIOLOGY - CMP					487	1	54.06
54.07	RADIOLOGY - WP	831				3,402		54.07
54.08	RADIOLOGY - PULM CLINIC	1,663	5		1	4,552	54	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	43,236	122	420	1,035	436,309		55
56	RADIOISOTOPE	13,303	188	463	59	40,267		56
60	LABORATORY	751,637	13,668	13,462	2,037	728,235	680	60
60.01	ANATOMICAL PATHOLOGY	26,607	913	1,168	160	80,816		60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS			1,794	185	247,397		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	206,201	407	5,685	533	274,325		65
65.01	WOUND CARE	13,303	76	1,205	128	90,077		65.01
65.02	DIALYSIS	4,989	39	590	52	74,363		65.02
65.03	ENDOSCOPY	91,460	1,070	2,082	834	253,187		65.03



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DATA PROCESSING COSTS	MATERIALS MGMT FIXTURES	PATIENT SERVICES EQUIPMENT	PATIENT ACCOUNTING SUBTOTAL	OTHER A&G DEPARTMENT	CAREW MED PARK ADMIN	
		5.02	5.03	5.04	5.05	5.07	5.08	
66	PHYSICAL THERAPY	206,201	72	3,223	305	312,501		66
66.01	TRANSITIONAL THERAPY		6	84	7	1,630		66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	14,135	4	711	71	69,863		67
68	SPEECH PATHOLOGY			300	39	22,816		68
68.01	NEURO REHAB	34,921	28	3	74	77,343		68.01
69	ELECTROCARDIOLOGY	33,258	127	2,048	465	141,308		69
70	ELECTROENCEPHALOGRAPHY	8,315	39	326	39	17,800		70
70.01	NUTRITION SUPPORT	25,775	147	29	3	39,578		70.01
70.02	MRI	20,786	34	2,025	357	94,188		70.02
70.03	CARDIAC CATH LAB	107,258	514	8,702	1,598	261,103		70.03
70.04	CARDIAC REHAB SERVICES	5,820	9		13	9,302		70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			12,190	1,598	9,843		71
71.01	COST OF SOLUTIONS			9,916	1,002	7,682		71.01
72	IMPL. DEV. CHARGED TO PATIENTS			16,668	2,318	13,012		72
73	DRUGS CHARGED TO PATIENTS			23,342	2,866	1,204,161		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		28	30	8	18,331		90
90.01	ANTICOAG CLINIC	19,955	172	3	45	76,739	712	90.01
91	EMERGENCY	429,032	2,066	7,796	2,000	943,763		91
91.01	PARTIAL HOSPITALIZATION	7,483	1		3	11,027		91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	120,561	2,765	27	231	501,590		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		1,093		448	464,493		101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE					439,359		116
118	SUBTOTALS (sum of lines 1-117)	8,199,825	112,672	227,397	33,158	22,341,397	1,447	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,315	466			26,128		190
194	NON ALLOWABLE					653		194
194.01	TELEVISION					33		194.01
194.02	PHYSICIAN PRACTICES					59		194.02
194.03	OP CLINIC					42,175		194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR	3,326	31			54,353		194.05
194.06	STUCKY RESEARCH CTR	34,921	19			90,905		194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION					1,915		194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES		133			80,295		194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES	3,326	53			16,270		194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	34,090	90			105,716		194.15
194.16	FITNESS					10,322		194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR		10			2,434		194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM					6,376		194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS	8,315	101			13,302		194.23
194.24	START-UP COSTS ORTHO					456		194.24
194.25	PREMIER SURGERY CENTER		1			598,380		194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	8,292,118	113,576	227,397	33,158	23,391,169	1,447	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT COSTS	FACILITY ENGINEERIN FIXTURES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING SUBTOTAL	DIETARY A&G DEPARTMENT	KITCHEN-NO CONNECT W/CAFE	
		7	7.01	8	9	10	10.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN							5.02
5.03	MATERIALS MANAGEMENT							5.03
5.04	PATIENT SERVICES							5.04
5.05	PATIENT ACCOUNTING							5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G							5.07
5.08	CAREW MEDICAL PARK ADMIN							5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	2,826,058						7
7.01	FACILITY ENGINEERING	253,918	2,577,439					7.01
8	LAUNDRY & LINEN SERVICE	3,883	3,891	224,617				8
9	HOUSEKEEPING	68,814	68,956		1,538,463			9
10	DIETARY	121,197	121,447		74,600	2,043,820		10
10.01	KITCHEN-NO CONNECT W/CAFE						391,945	10.01
10.02	CAFETERIA					646,136		10.02
10.03	PREADMITS AND ER					25,147	3,861	10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	6,867	6,881		4,227			13
14	CENTRAL SERVICES & SUPPLY	38,479	38,558		23,685			14
15	PHARMACY	34,681	34,752		21,347			15
15.01	OUTPATIENT PHARMACY	11,331	11,354		6,974			15.01
15.02	IV SOLUTIONS							15.02
15.03	MED SURG SUPPLY							15.03
16	MEDICAL RECORDS & LIBRARY	21,705	21,750		13,360			16
17	SOCIAL SERVICE	16,229	16,262		9,989			17
17.01	REHAB ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)	523	524		322			23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY	590	591		363			23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	512,893	513,949	82,216	315,698	732,506	207,115	30
31	INTENSIVE CARE UNIT	39,189	39,270	21,367	24,122	63,860	18,056	31
31.01	PEDIATRIC ICU	12,184	12,210	1,489	7,500	3,797	1,074	31.01
31.02	NEONATAL ICU	43,436	43,526		26,736			31.02
32	CORONARY CARE UNIT	110,952	111,181	11,313	68,294	134,794	38,113	32
40	SUBPROVIDER - IPF	84,754	84,929	6,664	52,168	282,553	79,892	40
41	SUBPROVIDER - IRF	43,531	43,620	2,038	26,794	45,909	12,981	41
43	NURSERY	7,969	7,985		4,905			43
44	SKILLED NURSING FACILITY	52,501	52,609	6,298	32,315	109,118	30,853	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	242,616	243,116		149,336			50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	97,910	98,112	6,160	60,266			51
52	DELIVERY ROOM & LABOR ROOM	54,438	54,551		33,508			52
53	ANESTHESIOLOGY	651	652		401			53
54	RADIOLOGY-DIAGNOSTIC	76,921	77,079	15,573	47,346			54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	4,745	4,755		2,920			54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC	6,830	6,844		4,204			54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	76,240	76,397	1,282	46,928			55
56	RADIOISOTOPE	12,000	12,024	137	7,386			56
60	LABORATORY	88,006	88,187		54,169			60
60.01	ANATOMICAL PATHOLOGY	2,691	2,697		1,656			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	25,134	25,186	344	15,471			65
65.01	WOUND CARE	4,745	4,755	69	2,920			65.01
65.02	DIALYSIS	7,928	7,944	1,008	4,880			65.02
65.03	ENDOSCOPY	57,684	57,803	3,504	35,506			65.03



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT COSTS	FACILITY ENGINEERIN FIXTURES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING SUBTOTAL	DIETARY A&G DEPARTMENT	KITCHEN-NO CONNECT W/CAFE	
		7	7.01	8	9	10	10.01	
66	PHYSICAL THERAPY	32,499	32,566	550	20,004			66
66.01	TRANSITIONAL THERAPY	3,641	3,649		2,241			66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	2,683	2,689		1,652			67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB	15,487	15,519		9,533			68.01
69	ELECTROCARDIOLOGY			183				69
70	ELECTROENCEPHALOGRAPHY	2,900	2,906		1,785			70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI	34,309	34,379	69	21,118			70.02
70.03	CARDIAC CATH LAB	58,933	59,055		36,275			70.03
70.04	CARDIAC REHAB SERVICES	5,982	5,994		3,682			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,110	3,116		1,914			90
90.01	ANTICOAG CLINIC	6,554	6,568		4,034			90.01
91	EMERGENCY	127,112	127,374	64,193	78,240			91
91.01	PARTIAL HOSPITALIZATION	1,928	1,932		1,187			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	13,034	13,061		8,023			95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	33,892	33,962		20,861			101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	2,586,229	2,337,117	224,457	1,390,845	2,043,820	391,945	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,866	8,884		5,457			190
194	NON ALLOWABLE							194
194.01	TELEVISION							194.01
194.02	PHYSICIAN PRACTICES	173	173		107			194.02
194.03	OP CLINIC	4,882	4,892		3,005			194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR	31,618	31,683		19,461			194.05
194.06	STUCKY RESEARCH CTR	2,225	2,229		1,369			194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION	4,558	4,567		2,805			194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES							194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES	12,232	12,257		7,529			194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	8,187	8,204		5,039			194.15
194.16	FITNESS	2,026	2,030		1,247			194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR	3,698	3,706		2,276			194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM	17,610	17,646	160	10,839			194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS	108,845	109,070		66,997			194.23
194.24	START-UP COSTS ORTHO							194.24
194.25	PREMIER SURGERY CENTER	34,909	34,981		21,487			194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,826,058	2,577,439	224,617	1,538,463	2,043,820	391,945	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CAFETERIA OF PLANT COSTS 10.02	PREADMITS AND ER FIXTURES 10.03	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY A&G DEPARTMENT 15	OUTPATIENT PHARMACY W/CAFE 15.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN							5.02
5.03	MATERIALS MANAGEMENT							5.03
5.04	PATIENT SERVICES							5.04
5.05	PATIENT ACCOUNTING							5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G							5.07
5.08	CAREW MEDICAL PARK ADMIN							5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	FACILITY ENGINEERING							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
10.01	KITCHEN-NO CONNECT W/CAFE							10.01
10.02	CAFETERIA	646,136						10.02
10.03	PREADMITS AND ER	646,136	675,144					10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			390,282				13
14	CENTRAL SERVICES & SUPPLY				957,667			14
15	PHARMACY			27,493		2,894,998		15
15.01	OUTPATIENT PHARMACY			2,689		765,295	1,400,182	15.01
15.02	IV SOLUTIONS			3,499				15.02
15.03	MED SURG SUPPLY				852,380			15.03
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
17.01	REHAB ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY							23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		675,144	146,368	5,383	551		30
31	INTENSIVE CARE UNIT			20,470	3	36		31
31.01	PEDIATRIC ICU			2,794				31.01
31.02	NEONATAL ICU			11,801		10		31.02
32	CORONARY CARE UNIT			58,746	1	59		32
40	SUBPROVIDER - IPF				11			40
41	SUBPROVIDER - IRF					2		41
43	NURSERY			8,851				43
44	SKILLED NURSING FACILITY			15,039	2	6		44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			35,248	99,849	102		50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			9,634		10		51
52	DELIVERY ROOM & LABOR ROOM			2,219				52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			2,637	1	384		54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			183				54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
60	LABORATORY							60
60.01	ANATOMICAL PATHOLOGY					8		60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY				2	74		65
65.01	WOUND CARE			1,436		1		65.01
65.02	DIALYSIS			418		2		65.02
65.03	ENDOSCOPY					51		65.03



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CAFETERIA OF PLANT COSTS	PREADMITS AND ER FIXTURES	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY A&G DEPARTMENT	OUTPATIENT PHARMACY W/CAFE	
66	PHYSICAL THERAPY	10.02	10.03	13	14	15	15.01	66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB					97		68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT					124		70.01
70.02	MRI					6		70.02
70.03	CARDIAC CATH LAB				2	8		70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS					2,037,489	1,400,182	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC					6		90
90.01	ANTICOAG CLINIC			1,749		13		90.01
91	EMERGENCY			35,039	29	275		91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES				4	379		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY			470		88,241		101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	646,136	675,144	386,783	957,667	2,893,229	1,400,182	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	NON ALLOWABLE							194
194.01	TELEVISION							194.01
194.02	PHYSICIAN PRACTICES							194.02
194.03	OP CLINIC							194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR							194.05
194.06	STUCKY RESEARCH CTR					443		194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION							194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES							194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES							194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH			3,499		1,264		194.15
194.16	FITNESS							194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR					5		194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM							194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS							194.23
194.24	START-UP COSTS ORTHO							194.24
194.25	PREMIER SURGERY CENTER					57		194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	646,136	675,144	390,282	957,667	2,894,998	1,400,182	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	IV SOLUTIONS COSTS 15.02	MED SURG SUPPLY FIXTURES 15.03	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE SUPPLY 17	REHAB ADMIN DEPARTMENT 17.01	I&R SALARY & FRINGES 21	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN							5.02
5.03	MATERIALS MANAGEMENT							5.03
5.04	PATIENT SERVICES							5.04
5.05	PATIENT ACCOUNTING							5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G							5.07
5.08	CAREW MEDICAL PARK ADMIN							5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	FACILITY ENGINEERING							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
10.01	KITCHEN-NO CONNECT W/CAFE							10.01
10.02	CAFETERIA							10.02
10.03	PREADMITS AND ER							10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
15.01	OUTPATIENT PHARMACY							15.01
15.02	IV SOLUTIONS	196,782						15.02
15.03	MED SURG SUPPLY		3,630,025					15.03
16	MEDICAL RECORDS & LIBRARY			201,359				16
17	SOCIAL SERVICE				519,153			17
17.01	REHAB ADMIN					54,000		17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD						176,187	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY							23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS			7,290	325,093	2,306		30
31	INTENSIVE CARE UNIT			91	26,633			31
31.01	PEDIATRIC ICU			68				31.01
31.02	NEONATAL ICU			23	6,697			31.02
32	CORONARY CARE UNIT			543	126,829			32
40	SUBPROVIDER - IPF							40
41	SUBPROVIDER - IRF					7,160		41
43	NURSERY							43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			28,730				50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			6,000				51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			71,270				54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP			340				54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			23				54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			724				56
60	LABORATORY							60
60.01	ANATOMICAL PATHOLOGY							60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			3,305				65
65.01	WOUND CARE			158				65.01
65.02	DIALYSIS			23				65.02
65.03	ENDOSCOPY			15,101				65.03



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	IV SOLUTIONS COSTS	MED SURG SUPPLY FIXTURES	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE SUPPLY	REHAB ADMIN DEPARTMENT	I&R SALARY & FRINGES	
		15.02	15.03	16	17	17.01	21	
66	PHYSICAL THERAPY			1,064		7,209		66
66.01	TRANSITIONAL THERAPY					22,658		66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY					6,340		67
68	SPEECH PATHOLOGY					6,340		68
68.01	NEURO REHAB			1,177		1,987		68.01
69	ELECTROCARDIOLOGY			4,098				69
70	ELECTROENCEPHALOGRAPHY			226				70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI			4,777				70.02
70.03	CARDIAC CATH LAB			33,303	33,901			70.03
70.04	CARDIAC REHAB SERVICES			272				70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,681,065					71
71.01	COST OF SOLUTIONS	196,782						71.01
72	IMPL. DEV. CHARGED TO PATIENTS		1,948,960					72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			91				90
90.01	ANTICOAG CLINIC			928				90.01
91	EMERGENCY							91
91.01	PARTIAL HOSPITALIZATION			226				91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES			3,758				95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY			9,328				101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	196,782	3,630,025	192,937	519,153	54,000		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	NON ALLOWABLE							194
194.01	TELEVISION							194.01
194.02	PHYSICIAN PRACTICES							194.02
194.03	OP CLINIC							194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR							194.05
194.06	STUCKY RESEARCH CTR							194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION							194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES							194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES							194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH							194.15
194.16	FITNESS							194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR							194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM							194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS							194.23
194.24	START-UP COSTS ORTHO							194.24
194.25	PREMIER SURGERY CENTER			8,422				194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS						176,187	200
201	NEGATIVE COST CENTER			628				201
202	TOTAL (sum of lines 118-201)	196,782	3,630,025	201,987	519,153	54,000	176,187	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION COSTS	PARAMED ED PHARMACY FIXTURES	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		23	23.02	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
15.01	OUTPATIENT PHARMACY						15.01
15.02	IV SOLUTIONS						15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	REHAB ADMIN						17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)	9,887					23
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY		20,787				23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS			12,152,561		12,152,561	30
31	INTENSIVE CARE UNIT			1,292,399		1,292,399	31
31.01	PEDIATRIC ICU			304,301		304,301	31.01
31.02	NEONATAL ICU			720,244		720,244	31.02
32	CORONARY CARE UNIT			3,476,358		3,476,358	32
40	SUBPROVIDER - IPF			1,933,153		1,933,153	40
41	SUBPROVIDER - IRF			648,445		648,445	41
43	NURSERY			388,060		388,060	43
44	SKILLED NURSING FACILITY			952,133		952,133	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM			4,937,808		4,937,808	50
50.01	CAREW MEDICAL PARK SURG			495		495	50.01
51	RECOVERY ROOM			1,642,825		1,642,825	51
52	DELIVERY ROOM & LABOR ROOM			507,692		507,692	52
53	ANESTHESIOLOGY			6,009		6,009	53
54	RADIOLOGY-DIAGNOSTIC			4,657,509		4,657,509	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP			64,770		64,770	54.05
54.06	RADIOLOGY - CMP			902		902	54.06
54.07	RADIOLOGY - WP			4,689		4,689	54.07
54.08	RADIOLOGY - PULM CLINIC			78,265		78,265	54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC			2,372,052		2,372,052	55
56	RADIOISOTOPE			275,939		275,939	56
60	LABORATORY			2,937,607		2,937,607	60
60.01	ANATOMICAL PATHOLOGY			174,275		174,275	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS			250,622		250,622	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY			1,003,468		1,003,468	65
65.01	WOUND CARE			157,441		157,441	65.01
65.02	DIALYSIS			156,981		156,981	65.02
65.03	ENDOSCOPY			1,351,783		1,351,783	65.03



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION COSTS	PARAMED ED PHARMACY FIXTURES	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		23	23.02	24	25	26	
66	PHYSICAL THERAPY			844,623		844,623	66
66.01	TRANSITIONAL THERAPY			55,497		55,497	66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY			116,324		116,324	67
68	SPEECH PATHOLOGY			30,256		30,256	68
68.01	NEURO REHAB			259,139		259,139	68.01
69	ELECTROCARDIOLOGY			185,592		185,592	69
70	ELECTROENCEPHALOGRAPHY			76,337		76,337	70
70.01	NUTRITION SUPPORT			67,362		67,362	70.01
70.02	MRI			693,470		693,470	70.02
70.03	CARDIAC CATH LAB			1,539,897		1,539,897	70.03
70.04	CARDIAC REHAB SERVICES			72,058		72,058	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			1,710,607		1,710,607	71
71.01	COST OF SOLUTIONS			215,382		215,382	71.01
72	IMPL. DEV. CHARGED TO PATIENTS			1,980,958		1,980,958	72
73	DRUGS CHARGED TO PATIENTS			4,668,040		4,668,040	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC			45,163		45,163	90
90.01	ANTICOAG CLINIC			159,592		159,592	90.01
91	EMERGENCY			2,806,715		2,806,715	91
91.01	PARTIAL HOSPITALIZATION			35,563		35,563	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES			1,998,034		1,998,034	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY			885,409		885,409	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE			447,862		447,862	116
118	SUBTOTALS (sum of lines 1-117)			61,342,666		61,342,666	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			114,171		114,171	190
194	NON ALLOWABLE			772		772	194
194.01	TELEVISION			39		39	194.01
194.02	PHYSICIAN PRACTICES			1,537		1,537	194.02
194.03	OP CLINIC			83,908		83,908	194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR			329,434		329,434	194.05
194.06	STUCKY RESEARCH CTR			387,398		387,398	194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION			40,901		40,901	194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES			80,596		80,596	194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES			124,535		124,535	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH			216,994		216,994	194.15
194.16	FITNESS			27,913		27,913	194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR			34,097		34,097	194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM			159,099		159,099	194.21
194.22	EBT						194.22
194.23	MEDICAL OFFICE BUILDINGS			970,580		970,580	194.23
194.24	START-UP COSTS ORTHO			8,334		8,334	194.24
194.25	PREMIER SURGERY CENTER			908,640		908,640	194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27
200	CROSS FOOT ADJUSTMENTS	9,887	20,787	206,861		206,861	200
201	NEGATIVE COST CENTER			628		628	201
202	TOTAL (sum of lines 118-201)	9,887	20,787	65,039,103		65,039,103	202



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUN-CATIONS NUMBER OF PHONES	DATA PROCESSING TIME SPENT	MATERIALS MGMT COSTED REQUISITION	
		1	2	4	5.01	5.02	5.03	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	1,773,617						1
2	CAP REL COSTS-MVBLE EQUIP		31,241,833					2
4	EMPLOYEE BENEFITS DEPARTMENT	38,536	88,188	223,797,924				4
5.01	COMMUNICATIONS		23,998		6,780			5.01
5.02	DATA PROCESSIN	18,751	9,397,780		1,100	9,973		5.02
5.03	MATERIALS MANAGEMENT	8,531	16,172		101		61,534,961	5.03
5.04	PATIENT SERVICES	7,637	57,772	1,996,045	327	100		5.04
5.05	PATIENT ACCOUNTING	1,445	18,285		205			5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G	96,028	5,160,766	50,159,101	728	207	42,872	5.07
5.08	CAREW MEDICAL PARK ADMIN	117						5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	165,935	429,775		39		80,660	7
7.01	FACILITY ENGINEERING	129,080	196,216	4,222,609	159	315	544,156	7.01
8	LAUNDRY & LINEN SERVICE	1,974		308,961	100	40	497,901	8
9	HOUSEKEEPING	34,982	38,157	4,681,595	45	647	744,995	9
10	DIETARY	61,611	410,088	2,393,245	63	621	714,226	10
10.01	KITCHEN-NO CONNECT W/CAFE			2,752,837				10.01
10.02	CAFETERIA							10.02
10.03	PREADMITS AND ER							10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,491	1,615	2,455,091	13	104	114,083	13
14	CENTRAL SERVICES & SUPPLY	19,561	676,912		42		404	14
15	PHARMACY	17,630	1,466,991	8,428,062	114	383	375,712	15
15.01	OUTPATIENT PHARMACY	5,760	2,181	736,560	1	37	18,927	15.01
15.02	IV SOLUTIONS		23,814	520,775		49	381,562	15.02
15.03	MED SURG SUPPLY						31,204,329	15.03
16	MEDICAL RECORDS & LIBRARY	11,034	9,920		13			16
17	SOCIAL SERVICE	8,250	6,960	2,532,335	50	139	8,015	17
17.01	REHAB ADMIN		191	406,447	36	22	3,717	17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)	266		71,935				23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY	300		221,214				23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	260,730	1,159,412	30,830,143	1,107	2,038	2,687,547	30
31	INTENSIVE CARE UNIT	19,922	208,413	4,508,675	129	285	453,055	31
31.01	PEDIATRIC ICU	6,194	88,222	796,787	16	39	33,303	31.01
31.02	NEONATAL ICU	22,081		3,013,363	130	86	219,664	31.02
32	CORONARY CARE UNIT	56,403	600,352	13,534,057	81	555	1,182,692	32
40	SUBPROVIDER - IPF	43,085	34,870	5,193,494	94	373	248,764	40
41	SUBPROVIDER - IRF	22,129	27,057	1,607,231	75	50	62,801	41
43	NURSERY	4,051	134,577	1,889,740	1			43
44	SKILLED NURSING FACILITY	26,689	21,794	2,816,558	46	100	174,702	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	123,335	1,590,505	7,751,658	170	413	4,236,270	50
50.01	CAREW MEDICAL PARK SURG				25			50.01
51	RECOVERY ROOM	49,773	91,369	3,540,830	93	134	255,534	51
52	DELIVERY ROOM & LABOR ROOM	27,674		37,313	75	16	463	52
53	ANESTHESIOLOGY	331			8		33,990	53
54	RADIOLOGY-DIAGNOSTIC	39,103	2,803,629	9,088,545	171	469	3,940,419	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	2,412		168,678		10	3,975	54.05
54.06	RADIOLOGY - CMP		401		23		166	54.06
54.07	RADIOLOGY - WP		504	9,344		1	78	54.07
54.08	RADIOLOGY - PULM CLINIC	3,472	15,539	39,970	7	2	2,537	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	38,757	1,434,269	2,607,714	263	52	66,076	55
56	RADIOISOTOPE	6,100	136,856	334,467	6	16	101,825	56
60	LABORATORY	44,738	755,431	11,597,925	146	904	7,403,987	60
60.01	ANATOMICAL PATHOLOGY	1,368	47,107	487,770	9	32	494,621	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS			528,930			24	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	12,777	337,413	3,390,039	85	248	220,478	65
65.01	WOUND CARE	2,412	11,128	390,096		16	41,324	65.01
65.02	DIALYSIS	4,030	8,933	47,610	5	6	20,897	65.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUN- CATIONS NUMBER OF PHONES	DATA PROCESSING TIME SPENT	MATERIALS MGMT COSTED REQUISTION	
		1	2	4	5.01	5.02	5.03	
65.03	ENDOSCOPY	29,324	567,672	1,864,966	12	110	579,420	65.03
66	PHYSICAL THERAPY	16,521	30,894	4,009,652	13	248	39,134	66
66.01	TRANSITIONAL THERAPY	1,851			6		3,068	66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	1,364		971,245	3	17	2,193	67
68	SPEECH PATHOLOGY			322,265	2			68
68.01	NEURO REHAB	7,873	10,489	935,068	18	42	15,216	68.01
69	ELECTROCARDIOLOGY			1,740,863	8	40	68,758	69
70	ELECTROENCEPHALOGRAPHY	1,474	28,402	186,319	1	10	21,337	70
70.01	NUTRITION SUPPORT		634	482,783	10	31	79,421	70.01
70.02	MRI	17,441	322,324	597,683	16	25	18,365	70.02
70.03	CARDIAC CATH LAB	29,959	679,698	2,594,281	155	129	278,575	70.03
70.04	CARDIAC REHAB SERVICES	3,041	6,191	84,611	14	7	4,847	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,883					71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,581	88	3,409	9		15,079	90
90.01	ANTICOAG CLINIC	3,332	1,599	809,556	11	24	93,130	90.01
91	EMERGENCY	64,618	254,327	7,687,987	201	516	1,119,342	91
91.01	PARTIAL HOSPITALIZATION	980		139,339	11	9	453	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	6,626	1,457,802	2,335,614	17	145	1,498,086	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	17,229	21,509	5,614,485	93		591,881	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE			3,627,407				116
118	SUBTOTALS (sum of lines 1-117)	1,651,699	30,922,074	220,105,282	6,503	9,862	61,045,056	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,507	3,810	101,779	13	10	252,349	190
194	NON ALLOWABLE				39			194
194.01	TELEVISION				2			194.01
194.02	PHYSICIAN PRACTICES	88						194.02
194.03	OP CLINIC	2,482	5	51	12			194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR	16,073	1,821	65,775	1	4	16,874	194.05
194.06	STUCKY RESEARCH CTR	1,131	279,656	831,509	3	42	10,383	194.06
194.07	OCCUPATIONAL HEALTH						13	194.07
194.08	FOUNDATION	2,317			21			194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES			71,717			71,821	194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES	6,218	174	115,772	4	4	28,485	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	4,162	635	792,412	6	41	48,775	194.15
194.16	FITNESS	1,030		123,280				194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR	1,880			22		5,578	194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM	8,952	2,542					194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS	55,332	21,942	198,347	19	10	54,978	194.23
194.24	START-UP COSTS ORTHO		9,174					194.24
194.25	PREMIER SURGERY CENTER	17,746		1,392,000	135		649	194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	20,661,567	26,828,874	38,675,824	1,960,326	8,606,822	142,471	202
203	UNIT COST MULT-WS B PT I	11,649,396	0,858,748	0,172,816	289,133,628	863,012,333	0,002,315	203
204	COST TO BE ALLOC PER B PT II			524,652	20,608	8,292,118	113,576	204
205	UNIT COST MULT-WS B PT II			0,002,344	3,039,528	831,456,733	0,001,846	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT SERVICES FIXTURES INPATIENT REVENUE	PATIENT ACCOUNTING EQUIPMENT GROSS REVENUE	EMPLOYEE RECONCILIATION GROSS SALARIES	OTHER A&G ACCUM COST	CAREW MED PARK ADMIN DIRECT EXPENSES	OPERATION OF PLANT SQUARE FEET	
		5.04	5.05	5A.07	5.07	5.08	7	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN							5.02
5.03	MATERIALS MANAGEMENT							5.03
5.04	PATIENT SERVICES	1,076,198,872						5.04
5.05	PATIENT ACCOUNTING		1,882,175,381					5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G			-141,057,923	403,857,678			5.07
5.08	CAREW MEDICAL PARK ADMIN				1,446	1,590,183		5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT				9,041,577		1,436,637	7
7.01	FACILITY ENGINEERING				6,526,732		129,080	7.01
8	LAUNDRY & LINEN SERVICE				2,739,032		1,974	8
9	HOUSEKEEPING				7,078,303		34,982	9
10	DIETARY				2,300,262		61,611	10
10.01	KITCHEN-NO CONNECT W/CAFE				6,655,717			10.01
10.02	CAFETERIA							10.02
10.03	PREADMITS AND ER							10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION				4,105,284		3,491	13
14	CENTRAL SERVICES & SUPPLY				822,607		19,561	14
15	PHARMACY				16,787,693		17,630	15
15.01	OUTPATIENT PHARMACY				8,650,647		5,760	15.01
15.02	IV SOLUTIONS				2,247,402			15.02
15.03	MED SURG SUPPLY				46,963,140			15.03
16	MEDICAL RECORDS & LIBRARY				139,403		11,034	16
17	SOCIAL SERVICE				4,366,659		8,250	17
17.01	REHAB ADMIN				595,223			17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD				3,041,948			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)				90,641		266	23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY				262,938		300	23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	144,190,497	167,037,174		48,068,341		260,730	30
31	INTENSIVE CARE UNIT	18,669,593	18,669,593		6,478,232		19,922	31
31.01	PEDIATRIC ICU	2,006,216	2,006,216		1,388,228		6,194	31.01
31.02	NEONATAL ICU	18,822,212	18,822,212		4,266,417		22,081	31.02
32	CORONARY CARE UNIT	52,976,070	52,976,070		19,599,413		56,403	32
40	SUBPROVIDER - IPF	21,821,554	21,821,554		8,326,695		43,085	40
41	SUBPROVIDER - IRF	6,153,544	6,153,544		2,387,698		22,129	41
43	NURSERY	4,208,100	4,208,100		3,283,782		4,051	43
44	SKILLED NURSING FACILITY	7,697,853	7,697,853		4,002,008		26,689	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	112,949,241	190,152,681		16,212,918		123,335	50
50.01	CAREW MEDICAL PARK SURG				7,228			50.01
51	RECOVERY ROOM	40,026,635	62,860,194		9,951,794		49,773	51
52	DELIVERY ROOM & LABOR ROOM	3,176,885	3,176,885		453,131		27,674	52
53	ANESTHESIOLOGY				6,248		331	53
54	RADIOLOGY-DIAGNOSTIC	101,827,152	297,375,175		18,266,858		39,103	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	5,504	845,976		262,068		2,412	54.05
54.06	RADIOLOGY - CMP				8,407	1,486		54.06
54.07	RADIOLOGY - WP		28,817		58,733			54.07
54.08	RADIOLOGY - PULM CLINIC		33,936		78,597	59,636	3,472	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	1,988,796	57,487,428		7,533,082		38,757	55
56	RADIOISOTOPE	2,193,456	3,258,070		695,237		6,100	56
60	LABORATORY	63,798,759	113,163,548		12,573,333	746,980	44,738	60
60.01	ANATOMICAL PATHOLOGY	5,534,953	8,875,953		1,395,331		1,368	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,502,297	10,273,096		4,271,439			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	26,943,311	29,608,278		4,736,354		12,777	65
65.01	WOUND CARE	5,712,604	7,084,859		1,555,231		2,412	65.01
65.02	DIALYSIS	2,795,091	2,896,337		1,283,906		4,030	65.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT SERVICES FIXTURES INPATIENT REVENUE	PATIENT ACCOUNTING EQUIPMENT GROSS REVENUE	EMPLOYEE RECONCILIATION GROSS SALARIES	OTHER A&G ACCUM COST	CAREW MED PARK ADMIN DIRECT EXPENSES	OPERATION OF PLANT SQUARE FEET	
		5.04	5.05	5A.07	5.07	5.08	7	
65.03	ENDOSCOPY	9,868,451	46,308,856		4,371,390		29,324	65.03
66	PHYSICAL THERAPY	15,276,574	16,917,806		5,395,486		16,521	66
66.01	TRANSITIONAL THERAPY	398,154	398,154		28,137		1,851	66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	3,367,388	3,944,901		1,206,215		1,364	67
68	SPEECH PATHOLOGY	1,422,429	2,142,350		393,922			68
68.01	NEURO REHAB	14,505	4,095,192		1,335,367		7,873	68.01
69	ELECTROCARDIOLOGY	9,707,402	25,820,413		2,439,747			69
70	ELECTROENCEPHALOGRAPHY	1,543,725	2,192,708		307,323		1,474	70
70.01	NUTRITION SUPPORT	136,175	159,281		683,326			70.01
70.02	MRI	9,596,824	19,847,500		1,626,197		17,441	70.02
70.03	CARDIAC CATH LAB	41,242,488	88,779,004		4,508,064		29,959	70.03
70.04	CARDIAC REHAB SERVICES	441	717,066		160,603		3,041	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,770,680	88,802,509		169,940			71
71.01	COST OF SOLUTIONS	46,997,486	55,668,719		132,629			71.01
72	IMPL. DEV. CHARGED TO PATIENTS	78,996,007	128,765,194		224,654			72
73	DRUGS CHARGED TO PATIENTS	110,627,468	159,216,368		20,790,434			73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	142,616	417,837		316,488		1,581	90
90.01	ANTICOAG CLINIC	13,175	2,490,979		1,324,939	782,081	3,332	90.01
91	EMERGENCY	36,949,345	111,091,022		16,294,532		64,618	91
91.01	PARTIAL HOSPITALIZATION		169,276		190,392		980	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	127,216	12,812,796		8,660,191		6,626	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		24,903,901		8,019,705		17,229	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE				7,585,744			116
118	SUBTOTALS (sum of lines 1-117)	1,076,198,872	1,882,175,381	-141,057,923	385,732,788	1,590,183	1,314,719	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				451,114		4,507	190
194	NON ALLOWABLE				11,276			194
194.01	TELEVISION				578			194.01
194.02	PHYSICIAN PRACTICES				1,025		88	194.02
194.03	OP CLINIC				728,166		2,482	194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR				938,439		16,073	194.05
194.06	STUCKY RESEARCH CTR				1,569,528		1,131	194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION				33,064		2,317	194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES				1,386,335			194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES				280,912		6,218	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH				1,825,237		4,162	194.15
194.16	FITNESS				178,219		1,030	194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR				42,028		1,880	194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM				110,086		8,952	194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS				229,673		55,332	194.23
194.24	START-UP COSTS ORTHO				7,878			194.24
194.25	PREMIER SURGERY CENTER				10,331,332		17,746	194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	2,974,368	91,807		141,057,923	1,951	12,199,583	202
203	UNIT COST MULT-WS B PT I	0.002764	0.000049		0.349276	0.001227	8.491764	203
204	COST TO BE ALLOC PER B PT II	227,397	33,158		23,391,169	1,447	2,826,058	204
205	UNIT COST MULT-WS B PT II	0.000211	0.000018		0.057919	0.000910	1.967134	205



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WORKSHEET B-1

	COST CENTER DESCRIPTIONS	FACILITY ENGINEERIN FIXTURES SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING CILATION SQUARE FEET	DIETARY A&G MEALS SERVED	KITCHEN-NO CONNECT W/CAFE MEALS SERVED	CAFETERIA OF PLANT NUMBER OF PERSONNEL	
		7.01	8	9	10	10.01	10.02	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN							5.02
5.03	MATERIALS MANAGEMENT							5.03
5.04	PATIENT SERVICES							5.04
5.05	PATIENT ACCOUNTING							5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G							5.07
5.08	CAREW MEDICAL PARK ADMIN							5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	FACILITY ENGINEERING	1,307,557						7.01
8	LAUNDRY & LINEN SERVICE	1,974	9,808					8
9	HOUSEKEEPING	34,982		1,270,601				9
10	DIETARY	61,611		61,611	837,622			10
10.01	KITCHEN-NO CONNECT W/CAFE					568,105		10.01
10.02	CAFETERIA				264,807		4,710	10.02
10.03	PREADMITS AND ER				10,306	5,596	4,710	10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,491		3,491				13
14	CENTRAL SERVICES & SUPPLY	19,561		19,561				14
15	PHARMACY	17,630		17,630				15
15.01	OUTPATIENT PHARMACY	5,760		5,760				15.01
15.02	IV SOLUTIONS							15.02
15.03	MED SURG SUPPLY							15.03
16	MEDICAL RECORDS & LIBRARY	11,034		11,034				16
17	SOCIAL SERVICE	8,250		8,250				17
17.01	REHAB ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)	266		266				23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY	300		300				23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	260,730	3,590	260,730	300,204	300,204		30
31	INTENSIVE CARE UNIT	19,922	933	19,922	26,172	26,172		31
31.01	PEDIATRIC ICU	6,194	65	6,194	1,556	1,556		31.01
31.02	NEONATAL ICU	22,081		22,081				31.02
32	CORONARY CARE UNIT	56,403	494	56,403	55,243	55,243		32
40	SUBPROVIDER - IPF	43,085	291	43,085	115,799	115,799		40
41	SUBPROVIDER - IRF	22,129	89	22,129	18,815	18,815		41
43	NURSERY	4,051		4,051				43
44	SKILLED NURSING FACILITY	26,689	275	26,689	44,720	44,720		44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	123,335		123,335				50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	49,773	269	49,773				51
52	DELIVERY ROOM & LABOR ROOM	27,674		27,674				52
53	ANESTHESIOLOGY	331		331				53
54	RADIOLOGY-DIAGNOSTIC	39,103	680	39,103				54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	2,412		2,412				54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC	3,472		3,472				54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	38,757	56	38,757				55
56	RADIOISOTOPE	6,100	6	6,100				56
60	LABORATORY	44,738		44,738				60
60.01	ANATOMICAL PATHOLOGY	1,368		1,368				60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	12,777	15	12,777				65
65.01	WOUND CARE	2,412	3	2,412				65.01
65.02	DIALYSIS	4,030	44	4,030				65.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	FACILITY ENGINEERIN FIXTURES SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING CILATION SQUARE FEET	DIETARY A&G MEALS SERVED	KITCHEN-NO CONNECT W/CAFE MEALS SERVED	CAFETERIA OF PLANT NUMBER OF PERSONNEL	
		7.01	8	9	10	10.01	10.02	
65.03	ENDOSCOPY	29,324	153	29,324				65.03
66	PHYSICAL THERAPY	16,521	24	16,521				66
66.01	TRANSITIONAL THERAPY	1,851		1,851				66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	1,364		1,364				67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB	7,873		7,873				68.01
69	ELECTROCARDIOLOGY		8					69
70	ELECTROENCEPHALOGRAPHY	1,474		1,474				70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI	17,441	3	17,441				70.02
70.03	CARDIAC CATH LAB	29,959		29,959				70.03
70.04	CARDIAC REHAB SERVICES	3,041		3,041				70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,581		1,581				90
90.01	ANTICOAG CLINIC	3,332		3,332				90.01
91	EMERGENCY	64,618	2,803	64,618				91
91.01	PARTIAL HOSPITALIZATION	980		980				91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	6,626		6,626				95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	17,229		17,229				101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	1,185,639	9,801	1,148,683	837,622	568,105	4,710	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,507		4,507				190
194	NON ALLOWABLE							194
194.01	TELEVISION							194.01
194.02	PHYSICIAN PRACTICES	88		88				194.02
194.03	OP CLINIC	2,482		2,482				194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR	16,073		16,073				194.05
194.06	STUCKY RESEARCH CTR	1,131		1,131				194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION	2,317		2,317				194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES							194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES	6,218		6,218				194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	4,162		4,162				194.15
194.16	FITNESS	1,030		1,030				194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR	1,880		1,880				194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM	8,952	7	8,952				194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS	55,332		55,332				194.23
194.24	START-UP COSTS ORTHO							194.24
194.25	PREMIER SURGERY CENTER	17,746		17,746				194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	9,902,480	3,727,423	10,112,571	4,583,826	8,980,399	1,449,137	202
203	UNIT COST MULT-WS B PT I	7,573,268	380,039,050	7,958,888	5,472,428	15,807,639	307,672,399	203
204	COST TO BE ALLOC PER B PT II	2,577,439	224,617	1,538,463	2,043,820	391,945	646,136	204
205	UNIT COST MULT-WS B PT II	1,971,187	22,901,407	1,210,815	2,440,027	0,689,916	137,183,864	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PREADMITS AND ER FIXTURES MEALS PREADMITS	CAFETERIA & LINEN SERVICE MEALS FTES	NURSING ADMINISTRATION DIRECT NRSING FTE	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY CONNECT W/CAFE COSTED REQUIS.	OUTPATIENT PHARMACY PERCENTAGE	
		10.03	11	13	14	15	15.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN							5.02
5.03	MATERIALS MANAGEMENT							5.03
5.04	PATIENT SERVICES							5.04
5.05	PATIENT ACCOUNTING							5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G							5.07
5.08	CAREW MEDICAL PARK ADMIN							5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	FACILITY ENGINEERING							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
10.01	KITCHEN-NO CONNECT W/CAFE							10.01
10.02	CAFETERIA							10.02
10.03	PREADMITS AND ER	300,204						10.03
11	CAFETERIA		22,582					11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		287	14,948				13
14	CENTRAL SERVICES & SUPPLY				1,000,000			14
15	PHARMACY		1,053	1,053		31,416,550		15
15.01	OUTPATIENT PHARMACY		103	103		8,304,969	10,000	15.01
15.02	IV SOLUTIONS		134	134				15.02
15.03	MED SURG SUPPLY				890,059			15.03
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE		389					17
17.01	REHAB ADMIN		61			3		17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY							23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	300,204	5,606	5,606	5,621	5,978		30
31	INTENSIVE CARE UNIT		784	784	3	387		31
31.01	PEDIATRIC ICU		107	107		5		31.01
31.02	NEONATAL ICU		452	452		104		31.02
32	CORONARY CARE UNIT		2,250	2,250	1	643		32
40	SUBPROVIDER - IPF		1,004		12	1		40
41	SUBPROVIDER - IRF		289			22		41
43	NURSERY		339	339				43
44	SKILLED NURSING FACILITY		576	576	2	65		44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		1,617	1,350	104,263	1,103		50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM		369	369		106		51
52	DELIVERY ROOM & LABOR ROOM		85	85				52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC		1,300	101	1	4,162		54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			7				54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE		43					56
60	LABORATORY		927					60
60.01	ANATOMICAL PATHOLOGY		88			88		60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		729		2	802		65
65.01	WOUND CARE		55	55		7		65.01
65.02	DIALYSIS		16	16		23		65.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PREADMITS AND ER FIXTURES MEALS PREADMITS	CAFETERIA & LINEN SERVICE MEALS FTES	NURSING ADMINISTRATION DIRECT NRSING FTE	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY CONNECT W/CAFE COSTED REQUIS.	OUTPATIENT PHARMACY PERCENTAGE	
		10.03	11	13	14	15	15.01	
65.03	ENDOSCOPY		304			553		65.03
66	PHYSICAL THERAPY		716					66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY		45					67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB		116			1,055		68.01
69	ELECTROCARDIOLOGY		111					69
70	ELECTROENCEPHALOGRAPHY		26					70
70.01	NUTRITION SUPPORT		85			1,345		70.01
70.02	MRI		74			64		70.02
70.03	CARDIAC CATH LAB		355		2	85		70.03
70.04	CARDIAC REHAB SERVICES		18					70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS					22,110,871	10,000	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		1			61		90
90.01	ANTICOAG CLINIC			67		144		90.01
91	EMERGENCY		1,421	1,342	30	2,989		91
91.01	PARTIAL HOSPITALIZATION		25					91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES		399		4	4,110		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY			18		957,595		101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	300,204	22,359	14,814	1,000,000	31,397,340	10,000	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		26					190
194	NON ALLOWABLE							194
194.01	TELEVISION							194.01
194.02	PHYSICIAN PRACTICES							194.02
194.03	OP CLINIC							194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR		12					194.05
194.06	STUCKY RESEARCH CTR					4,809		194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION							194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES							194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES		24					194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH		134	134		13,722		194.15
194.16	FITNESS							194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR					56		194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM							194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS		27					194.23
194.24	START-UP COSTS ORTHO							194.24
194.25	PREMIER SURGERY CENTER					623		194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,593,996		5,623,028	1,579,856	23,470,883	18,053,768	202
203	UNIT COST MULT-WS B PT I	5.309709		376.172598	1.579856	0.747087	1,805.376800	203
204	COST TO BE ALLOC PER B PT II	675.144		390.282	957.667	2,894.998	1,400.182	204
205	UNIT COST MULT-WS B PT II	2.248951		26.109312	0.957667	0.092149	140.018200	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	IV SOLUTIONS FIXTURES PERCENTAGE 2	MED SURG SUPPLY SERVICE PERCENTAGE 3	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE SUPPLY TIME SPENT 17	REHAB ADMIN W/CAFE PERCENTAGE 4	I&R SALARY & FRINGES ASSIGNED TIME 21	
	GENERAL SERVICE COST CENTERS	15.02	15.03	16	17	17.01	21	
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSIN							5.02
5.03	MATERIALS MANAGEMENT							5.03
5.04	PATIENT SERVICES							5.04
5.05	PATIENT ACCOUNTING							5.05
5.06	AMBULATORY SVCS ADMIN							5.06
5.07	OTHER A&G							5.07
5.08	CAREW MEDICAL PARK ADMIN							5.08
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	FACILITY ENGINEERING							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
10.01	KITCHEN-NO CONNECT W/CAFE							10.01
10.02	CAFETERIA							10.02
10.03	PREADMITS AND ER							10.03
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
15.01	OUTPATIENT PHARMACY							15.01
15.02	IV SOLUTIONS	10,000						15.02
15.03	MED SURG SUPPLY		10,000					15.03
16	MEDICAL RECORDS & LIBRARY			8,894				16
17	SOCIAL SERVICE				10,000			17
17.01	REHAB ADMIN					10,000		17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD						10,000	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED RADIOLOGY							23.01
23.02	PARAMED ED PHARMACY							23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS			322	6,262	427	5,216	30
31	INTENSIVE CARE UNIT			4	513		957	31
31.01	PEDIATRIC ICU			3				31.01
31.02	NEONATAL ICU			1	129			31.02
32	CORONARY CARE UNIT			24	2,443		292	32
40	SUBPROVIDER - IPF							40
41	SUBPROVIDER - IRF					1,326	544	41
43	NURSERY						708	43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			1,269			551	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			265				51
52	DELIVERY ROOM & LABOR ROOM						125	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			3,148				54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP			15				54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			1				54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			32				56
60	LABORATORY							60
60.01	ANATOMICAL PATHOLOGY							60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			146			18	65
65.01	WOUND CARE			7				65.01
65.02	DIALYSIS			1				65.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	IV SOLUTIONS FIXTURES PERCENTAGE 2	MED SURG SUPPLY SERVICE PERCENTAGE 3	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE SUPPLY TIME SPENT 17	REHAB ADMIN W/CAFE PERCENTAGE 4	I&R SALARY & FRINGES ASSIGNED TIME 21	
		15.02	15.03	16	17	17.01	21	
65.03	ENDOSCOPY			667				65.03
66	PHYSICAL THERAPY			47		1,335		66
66.01	TRANSITIONAL THERAPY					4,196		66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY					1,174		67
68	SPEECH PATHOLOGY					1,174		68
68.01	NEURO REHAB			52		368		68.01
69	ELECTROCARDIOLOGY			181				69
70	ELECTROENCEPHALOGRAPHY			10				70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI			211				70.02
70.03	CARDIAC CATH LAB			1,471	653			70.03
70.04	CARDIAC REHAB SERVICES			12				70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,631					71
71.01	COST OF SOLUTIONS	10,000						71.01
72	IMPL. DEV. CHARGED TO PATIENTS		5,369					72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			4				90
90.01	ANTICOAG CLINIC			41				90.01
91	EMERGENCY						1,589	91
91.01	PARTIAL HOSPITALIZATION			10				91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES			166				95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY			412				101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	10,000	10,000	8,522	10,000	10,000	10,000	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	NON ALLOWABLE							194
194.01	TELEVISION							194.01
194.02	PHYSICIAN PRACTICES							194.02
194.03	OP CLINIC							194.03
194.04	PHYS. ANSWERING SERVICE							194.04
194.05	EDUCARE CTR							194.05
194.06	STUCKY RESEARCH CTR							194.06
194.07	OCCUPATIONAL HEALTH							194.07
194.08	FOUNDATION							194.08
194.09	LV HEALTH PLAN							194.09
194.10	PV RESPIRATORY OUTREACH							194.10
194.11	OUTREACH TRANSCRIPTION							194.11
194.12	GUEST SERVICES							194.12
194.13	HUNTINGTON ARC							194.13
194.14	SENIOR HEALTH SERVICES							194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH							194.15
194.16	FITNESS							194.16
194.17	NONALLOWABLE ADVERTISING							194.17
194.18	BREAST DIAGNOSTIC CTR							194.18
194.19	REGIONAL PAIN CLINIC							194.19
194.20	START-UP COSTS NORTH							194.20
194.21	RONALD MCDONALD FAMILY ROOM							194.21
194.22	EBT							194.22
194.23	MEDICAL OFFICE BUILDINGS							194.23
194.24	START-UP COSTS ORTHO							194.24
194.25	PREMIER SURGERY CENTER			372				194.25
194.26	ISH							194.26
194.27	MCHA BRYAN HOPD							194.27
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	3,082,773	64,772,403	453,172	6,090,025	803,122	4,104,427	202
203	UNIT COST MULT-WS B PT I	308.277300	6,477.240300	50.952552	609.002500	80.312200	410.442700	203
204	COST TO BE ALLOC PER B PT II	196.782	3,630.025	201.359	519.153	54,000	176,187	204
205	UNIT COST MULT-WS B PT II	19.678200	363.002500	22.639870	51.915300	5.400000	17.618700	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	PARAMED EDUCATION FIXTURES ASSIGNED TIME	PARAMED ED PHARMACY SERVICE COSTED REQUIS.
	23	23.02

GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS DEPARTMENT					4
5.01	COMMUNICATIONS					5.01
5.02	DATA PROCESSIN					5.02
5.03	MATERIALS MANAGEMENT					5.03
5.04	PATIENT SERVICES					5.04
5.05	PATIENT ACCOUNTING					5.05
5.06	AMBULATORY SVCS ADMIN					5.06
5.07	OTHER A&G					5.07
5.08	CAREW MEDICAL PARK ADMIN					5.08
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
7.01	FACILITY ENGINEERING					7.01
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
10.01	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	CAFETERIA					10.02
10.03	PREADMITS AND ER					10.03
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
15.01	OUTPATIENT PHARMACY					15.01
15.02	IV SOLUTIONS					15.02
15.03	MED SURG SUPPLY					15.03
16	MEDICAL RECORDS & LIBRARY					16
17	SOCIAL SERVICE					17
17.01	REHAB ADMIN					17.01
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)	100				23
23.01	PARAMED ED RADIOLOGY					23.01
23.02	PARAMED ED PHARMACY		23,111,578			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		5,978			30
31	INTENSIVE CARE UNIT		387			31
31.01	PEDIATRIC ICU		5			31.01
31.02	NEONATAL ICU		104			31.02
32	CORONARY CARE UNIT		643			32
40	SUBPROVIDER - IPF		1			40
41	SUBPROVIDER - IRF		22			41
43	NURSERY					43
44	SKILLED NURSING FACILITY		65			44
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		1,103			50
50.01	CAREW MEDICAL PARK SURG					50.01
51	RECOVERY ROOM		106			51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC		4,162			54
54.01	RADIOLOGY - WABASH					54.01
54.02	RADIOLOGY - MANCHESTER					54.02
54.03	RADIOLOGY - EAST STATE					54.03
54.04	RADIOLOGY - JEFFERSON					54.04
54.05	RADIOLOGY - NHMP					54.05
54.06	RADIOLOGY - CMP					54.06
54.07	RADIOLOGY - WP					54.07
54.08	RADIOLOGY - PULM CLINIC					54.08
54.09	RADIOLOGY - WHITLEY POOL					54.09
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
60	LABORATORY	100				60
60.01	ANATOMICAL PATHOLOGY		88			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY		802			65



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION FIXTURES ASSIGNED TIME	PARAMED ED PHARMACY SERVICE COSTED REQUIS.			
		23	23.02			
65.01	WOUND CARE		7			65.01
65.02	DIALYSIS		23			65.02
65.03	ENDOSCOPY		553			65.03
66	PHYSICAL THERAPY					66
66.01	TRANSITIONAL THERAPY					66.01
66.02	PV REHAB OUTREACH					66.02
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
68.01	NEURO REHAB		1,055			68.01
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
70.01	NUTRITION SUPPORT		1,345			70.01
70.02	MRI		64			70.02
70.03	CARDIAC CATH LAB		85			70.03
70.04	CARDIAC REHAB SERVICES					70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					71
71.01	COST OF SOLUTIONS					71.01
72	IMPL. DEV. CHARGED TO PATIENTS					72
73	DRUGS CHARGED TO PATIENTS		22,110,871			73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC		61			90
90.01	ANTICOAG CLINIC		144			90.01
91	EMERGENCY		2,989			91
91.01	PARTIAL HOSPITALIZATION					91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
	OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES		4,110			95
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	HOME HEALTH AGENCY		957,595			101
	SPECIAL PURPOSE COST CENTERS					
116	HOSPICE					116
118	SUBTOTALS (sum of lines 1-117)	100	23,092,368			118
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
194	NON ALLOWABLE					194
194.01	TELEVISION					194.01
194.02	PHYSICIAN PRACTICES					194.02
194.03	OP CLINIC					194.03
194.04	PHYS. ANSWERING SERVICE					194.04
194.05	EDUCARE CTR					194.05
194.06	STUCKY RESEARCH CTR		4,809			194.06
194.07	OCCUPATIONAL HEALTH					194.07
194.08	FOUNDATION					194.08
194.09	LV HEALTH PLAN					194.09
194.10	PV RESPIRATORY OUTREACH					194.10
194.11	OUTREACH TRANSCRIPTION					194.11
194.12	GUEST SERVICES					194.12
194.13	HUNTINGTON ARC					194.13
194.14	SENIOR HEALTH SERVICES					194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH		13,722			194.15
194.16	FITNESS					194.16
194.17	NONALLOWABLE ADVERTISING					194.17
194.18	BREAST DIAGNOSTIC CTR		56			194.18
194.19	REGIONAL PAIN CLINIC					194.19
194.20	START-UP COSTS NORTH					194.20
194.21	RONALD MCDONALD FAMILY ROOM					194.21
194.22	EBT					194.22
194.23	MEDICAL OFFICE BUILDINGS					194.23
194.24	START-UP COSTS ORTHO					194.24
194.25	PREMIER SURGERY CENTER		623			194.25
194.26	ISH					194.26
194.27	MCHA BRYAN HOPD					194.27
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	128,690	361,984			202
203	UNIT COST MULT-WS B PT I	1,286,900000	0.015662			203
204	COST TO BE ALLOC PER B PT II	9,887	20,787			204
205	UNIT COST MULT-WS B PT II	98.870000	0.000899			205



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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST	THERAPY	COSTS			
		(from Wkst. B, Part I, col. 26)	LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW-ANCE	TOTAL COSTS	
		1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	86,454,582		86,454,582		86,454,582	30
31	INTENSIVE CARE UNIT	10,738,887		10,738,887	19,839	10,758,726	31
31.01	PEDIATRIC ICU	2,120,129		2,120,129		2,120,129	31.01
31.02	NEONATAL ICU	6,535,768		6,535,768		6,535,768	31.02
32	CORONARY CARE UNIT	31,499,248		31,499,248		31,499,248	32
40	SUBPROVIDER - IPF	14,844,903		14,844,903	13,225	14,858,128	40
41	SUBPROVIDER - IRF	4,294,007		4,294,007		4,294,007	41
43	NURSERY	4,655,571		4,655,571		4,655,571	43
44	SKILLED NURSING FACILITY	7,313,872		7,313,872		7,313,872	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	25,576,745		25,576,745		25,576,745	50
50.01	CAREW MEDICAL PARK SURG	9,753		9,753		9,753	50.01
51	RECOVERY ROOM	14,878,082		14,878,082		14,878,082	51
52	DELIVERY ROOM & LABOR ROOM	1,308,212		1,308,212		1,308,212	52
53	ANESTHESIOLOGY	16,382		16,382		16,382	53
54	RADIOLOGY-DIAGNOSTIC	26,046,434		26,046,434		26,046,434	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	412,312		412,312		412,312	54.05
54.06	RADIOLOGY - CMP	11,345		11,345		11,345	54.06
54.07	RADIOLOGY - WP	79,247		79,247		79,247	54.07
54.08	RADIOLOGY - PULM CLINIC	192,216		192,216		192,216	54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	11,116,584		11,116,584	68,417	11,185,001	55
56	RADIOISOTOPE	1,088,523		1,088,523		1,088,523	56
60	LABORATORY	18,169,286		18,169,286		18,169,286	60
60.01	ANATOMICAL PATHOLOGY	1,915,619		1,915,619		1,915,619	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,763,350		5,763,350		5,763,350	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	6,711,358		6,711,358	2,362	6,713,720	65
65.01	WOUND CARE	2,178,573		2,178,573		2,178,573	65.01
65.02	DIALYSIS	1,851,969		1,851,969		1,851,969	65.02
65.03	ENDOSCOPY	6,695,242		6,695,242		6,695,242	65.03
66	PHYSICAL THERAPY	7,795,632		7,795,632		7,795,632	66
66.01	TRANSITIONAL THERAPY	419,422		419,422		419,422	66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	1,754,573		1,754,573		1,754,573	67
68	SPEECH PATHOLOGY	625,797		625,797		625,797	68
68.01	NEURO REHAB	2,023,929		2,023,929	143	2,024,072	68.01
69	ELECTROCARDIOLOGY	3,304,154		3,304,154		3,304,154	69
70	ELECTROENCEPHALOGRAPHY	450,585		450,585		450,585	70
70.01	NUTRITION SUPPORT	923,021		923,021		923,021	70.01
70.02	MRI	2,625,130		2,625,130		2,625,130	70.02
70.03	CARDIAC CATH LAB	7,275,054		7,275,054		7,275,054	70.03
70.04	CARDIAC REHAB SERVICES	290,365		290,365		290,365	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,225,396		30,225,396		30,225,396	71
71.01	COST OF SOLUTIONS	3,261,726		3,261,726		3,261,726	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	35,079,423		35,079,423		35,079,423	72
73	DRUGS CHARGED TO PATIENTS	62,970,843		62,970,843		62,970,843	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	465,262		465,262		465,262	90
90.01	ANTICOAG CLINIC	1,896,118		1,896,118		1,896,118	90.01
91	EMERGENCY	25,110,598		25,110,598	184,492	25,295,090	91
91.01	PARTIAL HOSPITALIZATION	280,945		280,945		280,945	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	9,009,836		9,009,836		9,009,836	92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	11,855,769		11,855,769		11,855,769	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	11,992,872		11,992,872		11,992,872	101
116	HOSPICE	10,235,262		10,235,262		10,235,262	116
200	SUBTOTAL (SEE INSTRUCTIONS)	522,349,911		522,349,911	288,478	522,638,389	200
201	LESS OBSERVATION BEDS	9,009,836		9,009,836		9,009,836	201
202	TOTAL (SEE INSTRUCTIONS)	513,340,075		513,340,075		513,628,553	202



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	144,190,497		144,190,497				30
31	INTENSIVE CARE UNIT	18,669,593		18,669,593				31
31.01	PEDIATRIC ICU	2,006,216		2,006,216				31.01
31.02	NEONATAL ICU	18,822,212		18,822,212				31.02
32	CORONARY CARE UNIT	52,976,070		52,976,070				32
40	SUBPROVIDER - IPF	21,821,554		21,821,554				40
41	SUBPROVIDER - IRF	6,153,544		6,153,544				41
43	NURSERY	4,208,100		4,208,100				43
44	SKILLED NURSING FACILITY	7,697,853		7,697,853				44
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	112,949,241	77,203,440	190,152,681	0.134506	0.134506	0.134506	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	40,026,635	22,833,559	62,860,194	0.236685	0.236685	0.236685	51
52	DELIVERY ROOM & LABOR ROOM	3,176,885		3,176,885	0.411791	0.411791	0.411791	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	101,827,152	195,548,023	297,375,175	0.087588	0.087588	0.087588	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	5,504	840,472	845,976	0.487380	0.487380	0.487380	54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP		28,817	28,817	2.750009	2.750009	2.750009	54.07
54.08	RADIOLOGY - PULM CLINIC		33,936	33,936	5.664074	5.664074	5.664074	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	1,988,796	55,498,632	57,487,428	0.193374	0.193374	0.194564	55
56	RADIOISOTOPE	2,193,456	1,064,614	3,258,070	0.334101	0.334101	0.334101	56
60	LABORATORY	63,798,759	49,364,789	113,163,548	0.160558	0.160558	0.160558	60
60.01	ANATOMICAL PATHOLOGY	5,534,953	3,341,000	8,875,953	0.215821	0.215821	0.215821	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,502,297	1,770,799	10,273,096	0.561014	0.561014	0.561014	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	26,943,311	2,664,967	29,608,278	0.226672	0.226672	0.226751	65
65.01	WOUND CARE	5,712,604	1,372,255	7,084,859	0.307497	0.307497	0.307497	65.01
65.02	DIALYSIS	2,795,091	101,246	2,896,337	0.639418	0.639418	0.639418	65.02
65.03	ENDOSCOPY	9,868,451	36,440,405	46,308,856	0.144578	0.144578	0.144578	65.03
66	PHYSICAL THERAPY	15,276,574	1,641,232	16,917,806	0.460795	0.460795	0.460795	66
66.01	TRANSITIONAL THERAPY	398,154		398,154	1.053417	1.053417	1.053417	66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	3,367,388	577,513	3,944,901	0.444770	0.444770	0.444770	67
68	SPEECH PATHOLOGY	1,422,429	719,921	2,142,350	0.292108	0.292108	0.292108	68
68.01	NEURO REHAB	14,505	4,080,687	4,095,192	0.494221	0.494221	0.494256	68.01
69	ELECTROCARDIOLOGY	9,707,402	16,113,011	25,820,413	0.127967	0.127967	0.127967	69
70	ELECTROENCEPHALOGRAPHY	1,543,725	648,983	2,192,708	0.205492	0.205492	0.205492	70
70.01	NUTRITION SUPPORT	136,175	23,106	159,281	5.794922	5.794922	5.794922	70.01
70.02	MRI	9,596,824	10,250,676	19,847,500	0.132265	0.132265	0.132265	70.02
70.03	CARDIAC CATH LAB	41,242,488	47,536,516	88,779,004	0.081946	0.081946	0.081946	70.03
70.04	CARDIAC REHAB SERVICES	441	716,625	717,066	0.404935	0.404935	0.404935	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,770,680	31,031,829	88,802,509	0.340366	0.340366	0.340366	71
71.01	COST OF SOLUTIONS	46,997,486	8,671,233	55,668,719	0.058592	0.058592	0.058592	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	78,996,007	49,769,187	128,765,194	0.272429	0.272429	0.272429	72
73	DRUGS CHARGED TO PATIENTS	110,627,468	48,588,900	159,216,368	0.395505	0.395505	0.395505	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	142,616	275,221	417,837	1.113501	1.113501	1.113501	90
90.01	ANTICOAG CLINIC	13,175	2,477,804	2,490,979	0.761194	0.761194	0.761194	90.01
91	EMERGENCY	36,949,345	74,141,677	111,091,022	0.226036	0.226036	0.227697	91
91.01	PARTIAL HOSPITALIZATION		169,276	169,276	1.659686	1.659686	1.659686	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)		22,846,677	22,846,677	0.394361	0.394361	0.394361	92
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	127,216	12,685,580	12,812,796	0.925307	0.925307	0.925307	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		24,903,901	24,903,901				101
116	HOSPICE							116
200	SUBTOTAL (SEE INSTRUCTIONS)	1,076,198,872	805,976,509	1,882,175,381				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	1,076,198,872	805,976,509	1,882,175,381				202



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	INPATIENT ROUTINE SERV COST CENTERS	1	2	3	4	5	6	7	
30	ADULTS & PEDIATRICS (General Routine Care)	12,152,561		12,152,561	100,044	121.47	34,849	4,233,108	30
31	INTENSIVE CARE UNIT	1,292,399		1,292,399	6,672	193.70	3,300	639,210	31
31.01	PEDIATRIC ICU	304,301		304,301	854	356.32			31.01
31.02	NEONATAL ICU	720,244		720,244	6,620	108.80			31.02
32	CORONARY CARE UNIT	3,476,358		3,476,358	25,164	138.15	1,444	199,489	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	1,933,153		1,933,153	17,949	107.70	5,140	553,578	40
41	SUBPROVIDER - IRF	648,445		648,445	5,435	119.31	1,589	189,584	41
42	SUBPROVIDER I								42
43	NURSERY	388,060		388,060	5,391	71.98			43
44	SKILLED NURSING FACILITY	952,133		952,133	12,506	76.13	5,263	400,672	44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	21,867,654		21,867,654	180,635		51,585	6,215,641	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-0021

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	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 (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	4,937,808	190,152,681	0.025968	38,146,028	990,576	50
50.01	CAREW MEDICAL PARK SURG	495					50.01
51	RECOVERY ROOM	1,642,825	62,860,194	0.026135	4,151,138	108,490	51
52	DELIVERY ROOM & LABOR ROOM	507,692	3,176,885	0.159808			52
53	ANESTHESIOLOGY	6,009					53
54	RADIOLOGY-DIAGNOSTIC	4,657,509	297,375,175	0.015662	33,243,004	520,652	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	64,770	845,976	0.076562			54.05
54.06	RADIOLOGY - CMP	902					54.06
54.07	RADIOLOGY - WP	4,689	28,817	0.162716			54.07
54.08	RADIOLOGY - PULM CLINIC	78,265	33,936	2.306253			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,372,052	57,487,428	0.041262	363,042	14,980	55
56	RADIOISOTOPE	275,939	3,258,070	0.084694	664,687	56,295	56
60	LABORATORY	2,937,607	113,163,548	0.025959	19,776,330	513,374	60
60.01	ANATOMICAL PATHOLOGY	174,275	8,875,953	0.019635	1,467,253	28,810	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	250,622	10,273,096	0.024396	3,024,364	73,782	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,003,468	29,608,278	0.033891	11,308,847	383,268	65
65.01	WOUND CARE	157,441	7,084,859	0.022222	1,275,992	28,355	65.01
65.02	DIALYSIS	156,981	2,896,337	0.054200	1,236,758	67,032	65.02
65.03	ENDOSCOPY	1,351,783	46,308,856	0.029191	2,436,763	71,132	65.03
66	PHYSICAL THERAPY	844,623	16,917,806	0.049925	2,475,982	123,613	66
66.01	TRANSITIONAL THERAPY	55,497	398,154	0.139386			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	116,324	3,944,901	0.029487	1,616,540	47,667	67
68	SPEECH PATHOLOGY	30,256	2,142,350	0.014123	693,893	9,800	68
68.01	NEURO REHAB	259,139	4,095,192	0.063279			68.01
69	ELECTROCARDIOLOGY	185,592	25,820,413	0.007188	2,055,167	14,773	69
70	ELECTROENCEPHALOGRAPHY	76,337	2,192,708	0.034814	407,140	14,174	70
70.01	NUTRITION SUPPORT	67,362	159,281	0.422913	42,003	17,764	70.01
70.02	MRI	693,470	19,847,500	0.034940	2,802,128	97,906	70.02
70.03	CARDIAC CATH LAB	1,539,897	88,779,004	0.017345	12,017,712	208,447	70.03
70.04	CARDIAC REHAB SERVICES	72,058	717,066	0.100490	441	44	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,710,607	88,802,509	0.019263	15,867,717	305,660	71
71.01	COST OF SOLUTIONS	215,382	55,668,719	0.003869	2,346,097	9,077	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	1,980,958	128,765,194	0.015384	20,038,872	308,278	72
73	DRUGS CHARGED TO PATIENTS	4,668,040	159,216,368	0.029319	49,357,560	1,447,114	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	45,163	417,837	0.108088	31,132	3,365	90
90.01	ANTICOAG CLINIC	159,592	2,490,979	0.064068	911	58	90.01
91	EMERGENCY	2,806,715	111,091,022	0.025265	11,200,599	282,983	91
91.01	PARTIAL HOSPITALIZATION	35,563	169,276	0.210089			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,266,477	22,846,677	0.055434			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	37,410,184	1,567,913,045		238,048,100	5,747,469	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

		NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		94			94	30
31	INTENSIVE CARE UNIT		6			6	31
31.01	PEDIATRIC ICU						31.01
31.02	NEONATAL ICU		2			2	31.02
32	CORONARY CARE UNIT		10			10	32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY		1			1	44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		113			113	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	100,044		34,849		30
31	INTENSIVE CARE UNIT	6,672		3,300		31
31.01	PEDIATRIC ICU	854				31.01
31.02	NEONATAL ICU	6,620				31.02
32	CORONARY CARE UNIT	25,164		1,444		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	17,949		5,140		40
41	SUBPROVIDER - IRF	5,435		1,589		41
42	SUBPROVIDER I					42
43	NURSERY	5,391				43
44	SKILLED NURSING FACILITY	12,506		5,263		44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	180,635		51,585		200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-0021

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			17		17	17	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			2		2	2	51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			65		65	65	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC							54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
60	LABORATORY			128,690		128,690	128,690	60
60.01	ANATOMICAL PATHOLOGY			1		1	1	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			13		13	13	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS							65.02
65.03	ENDOSCOPY			9		9	9	65.03
66	PHYSICAL THERAPY							66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			17		17	17	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT			21		21	21	70.01
70.02	MRI			1		1	1	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			346,311		346,311	346,311	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			1		1	1	90
90.01	ANTICOAG CLINIC			2		2	2	90.01
91	EMERGENCY			47		47	47	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)			9		9	9	92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)			475,207		475,207	475,207	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-0021

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	190,152,681			38,146,028		14,763,525	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	62,860,194			4,151,138		8,657,111	51
52	DELIVERY ROOM & LABOR ROOM	3,176,885						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	297,375,175			33,243,004		39,814,711	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	845,976						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	28,817						54.07
54.08	RADIOLOGY - PULM CLINIC	33,936						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	57,487,428			363,042		16,017,011	55
56	RADIOISOTOPE	3,258,070			664,687		692,882	56
60	LABORATORY	113,163,548	0.001137	0.001137	19,776,330	22,486	4,470,935	5,083 60
60.01	ANATOMICAL PATHOLOGY	8,875,953			1,467,253		2,093,752	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,273,096			3,024,364		531,696	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	29,608,278			11,308,847		927,769	65
65.01	WOUND CARE	7,084,859			1,275,992		318,880	65.01
65.02	DIALYSIS	2,896,337			1,236,758		44,769	65.02
65.03	ENDOSCOPY	46,308,856			2,436,763		4,370,535	65.03
66	PHYSICAL THERAPY	16,917,806			2,475,982			66
66.01	TRANSITIONAL THERAPY	398,154						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	3,944,901			1,616,540		542	67
68	SPEECH PATHOLOGY	2,142,350			693,893			68
68.01	NEURO REHAB	4,095,192	0.000004	0.000004				68.01
69	ELECTROCARDIOLOGY	25,820,413			2,055,167		2,785,827	69
70	ELECTROENCEPHALOGRAPHY	2,192,708			407,140		43,604	70
70.01	NUTRITION SUPPORT	159,281	0.000132	0.000132	42,003	6	5,481	1 70.01
70.02	MRI	19,847,500			2,802,128		4,159,199	70.02
70.03	CARDIAC CATH LAB	88,779,004			12,017,712		11,282,016	70.03
70.04	CARDIAC REHAB SERVICES	717,066			441		209,475	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,802,509			15,867,717		6,237,388	71
71.01	COST OF SOLUTIONS	55,668,719			2,346,097		272,195	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	128,765,194			20,038,872		14,683,635	72
73	DRUGS CHARGED TO PATIENTS	159,216,368	0.002175	0.002175	49,357,560	107,353	17,549,028	38,169 73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	417,837	0.000002	0.000002	31,132		43,863	90
90.01	ANTICOAG CLINIC	2,490,979	0.000001	0.000001	911		75,894	90.01
91	EMERGENCY	111,091,022			11,200,599		10,740,169	91
91.01	PARTIAL HOSPITALIZATION	169,276						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	22,846,677					1,871,134	92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)	1,567,913,045			238,048,100	129,845	162,663,026	43,253 200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-0021

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.134506	14,763,525			1,985,783		50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	0.236685	8,657,111			2,049,008		51
52	DELIVERY ROOM & LABOR ROOM	0.411791						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	0.087588	39,814,711			3,487,291		54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	0.487380						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	2.750009						54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	0.193374	16,017,011			3,097,273		55
56	RADIOISOTOPE	0.334101	692,882			231,493		56
60	LABORATORY	0.160558	4,470,935			717,844		60
60.01	ANATOMICAL PATHOLOGY	0.215821	2,093,752			451,876		60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014	531,696			298,289		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.226672	927,769			210,299		65
65.01	WOUND CARE	0.307497	318,880			98,055		65.01
65.02	DIALYSIS	0.639418	44,769			28,626		65.02
65.03	ENDOSCOPY	0.144578	4,370,535			631,883		65.03
66	PHYSICAL THERAPY	0.460795						66
66.01	TRANSITIONAL THERAPY	1.053417						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	0.444770	542			241		67
68	SPEECH PATHOLOGY	0.292108						68
68.01	NEURO REHAB	0.494221						68.01
69	ELECTROCARDIOLOGY	0.127967	2,785,827			356,494		69
70	ELECTROENCEPHALOGRAPHY	0.205492	43,604			8,960		70
70.01	NUTRITION SUPPORT	5.794922	5,481			31,762		70.01
70.02	MRI	0.132265	4,159,199			550,116		70.02
70.03	CARDIAC CATH LAB	0.081946	11,282,016			924,516		70.03
70.04	CARDIAC REHAB SERVICES	0.404935	209,475			84,824		70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366	6,237,388			2,122,995		71
71.01	COST OF SOLUTIONS	0.058592	272,195			15,948		71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429	14,683,635			4,000,248		72
73	DRUGS CHARGED TO PATIENTS	0.395505	17,549,028			6,940,728		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.113501	43,863			48,841		90
90.01	ANTICOAG CLINIC	0.761194	75,894			57,770		90.01
91	EMERGENCY	0.226036	10,740,169			2,427,665		91
91.01	PARTIAL HOSPITALIZATION	1.659686						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361	1,871,134			737,902		92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	0.925307						95
200	SUBTOTAL (see instructions)		162,663,026			31,596,730		200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		162,663,026			31,596,730		202



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-S021

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	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 (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	4,937,808	190,152,681	0.025968	86,672	2,251	50
50.01	CAREW MEDICAL PARK SURG	495					50.01
51	RECOVERY ROOM	1,642,825	62,860,194	0.026135	88,801	2,321	51
52	DELIVERY ROOM & LABOR ROOM	507,692	3,176,885	0.159808			52
53	ANESTHESIOLOGY	6,009					53
54	RADIOLOGY-DIAGNOSTIC	4,657,509	297,375,175	0.015662	192,075	3,008	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	64,770	845,976	0.076562			54.05
54.06	RADIOLOGY - CMP	902					54.06
54.07	RADIOLOGY - WP	4,689	28,817	0.162716			54.07
54.08	RADIOLOGY - PULM CLINIC	78,265	33,936	2.306253			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,372,052	57,487,428	0.041262			55
56	RADIOISOTOPE	275,939	3,258,070	0.084694			56
60	LABORATORY	2,937,607	113,163,548	0.025959	383,532	9,956	60
60.01	ANATOMICAL PATHOLOGY	174,275	8,875,953	0.019635	903	18	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	250,622	10,273,096	0.024396	1,475	36	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,003,468	29,608,278	0.033891	5,196	176	65
65.01	WOUND CARE	157,441	7,084,859	0.022222	8,459	188	65.01
65.02	DIALYSIS	156,981	2,896,337	0.054200	782	42	65.02
65.03	ENDOSCOPY	1,351,783	46,308,856	0.029191			65.03
66	PHYSICAL THERAPY	844,623	16,917,806	0.049925	17,153	856	66
66.01	TRANSITIONAL THERAPY	55,497	398,154	0.139386			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	116,324	3,944,901	0.029487	2,872	85	67
68	SPEECH PATHOLOGY	30,256	2,142,350	0.014123	2,074	29	68
68.01	NEURO REHAB	259,139	4,095,192	0.063279			68.01
69	ELECTROCARDIOLOGY	185,592	25,820,413	0.007188	25,025	180	69
70	ELECTROENCEPHALOGRAPHY	76,337	2,192,708	0.034814	3,040	106	70
70.01	NUTRITION SUPPORT	67,362	159,281	0.422913	4,402	1,862	70.01
70.02	MRI	693,470	19,847,500	0.034940	18,354	641	70.02
70.03	CARDIAC CATH LAB	1,539,897	88,779,004	0.017345			70.03
70.04	CARDIAC REHAB SERVICES	72,058	717,066	0.100490			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,710,607	88,802,509	0.019263	14,209	274	71
71.01	COST OF SOLUTIONS	215,382	55,668,719	0.003869	8,433	33	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	1,980,958	128,765,194	0.015384			72
73	DRUGS CHARGED TO PATIENTS	4,668,040	159,216,368	0.029319	689,545	20,217	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	45,163	417,837	0.108088	474	51	90
90.01	ANTICOAG CLINIC	159,592	2,490,979	0.064068			90.01
91	EMERGENCY	2,806,715	111,091,022	0.025265	394,622	9,970	91
91.01	PARTIAL HOSPITALIZATION	35,563	169,276	0.210089			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)		22,846,677				92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	36,143,707	1,567,913,045		1,948,098	52,300	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-S021

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			17		17	17	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			2		2	2	51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			65		65	65	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC							54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
60	LABORATORY			128,690		128,690	128,690	60
60.01	ANATOMICAL PATHOLOGY			1		1	1	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			13		13	13	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS							65.02
65.03	ENDOSCOPY			9		9	9	65.03
66	PHYSICAL THERAPY							66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			17		17	17	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT			21		21	21	70.01
70.02	MRI			1		1	1	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			346,311		346,311	346,311	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			1		1	1	90
90.01	ANTICOAG CLINIC			2		2	2	90.01
91	EMERGENCY			47		47	47	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)			475,198		475,198	475,198	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-S021

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	190,152,681			86,672			50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	62,860,194			88,801			51
52	DELIVERY ROOM & LABOR ROOM	3,176,885						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	297,375,175			192,075			54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	845,976						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	28,817						54.07
54.08	RADIOLOGY - PULM CLINIC	33,936						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	57,487,428						55
56	RADIOISOTOPE	3,258,070						56
60	LABORATORY	113,163,548	0.001137	0.001137	383,532	436		60
60.01	ANATOMICAL PATHOLOGY	8,875,953			903			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,273,096			1,475			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	29,608,278			5,196			65
65.01	WOUND CARE	7,084,859			8,459			65.01
65.02	DIALYSIS	2,896,337			782			65.02
65.03	ENDOSCOPY	46,308,856						65.03
66	PHYSICAL THERAPY	16,917,806			17,153			66
66.01	TRANSITIONAL THERAPY	398,154						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	3,944,901			2,872			67
68	SPEECH PATHOLOGY	2,142,350			2,074			68
68.01	NEURO REHAB	4,095,192	0.000004	0.000004				68.01
69	ELECTROCARDIOLOGY	25,820,413			25,025			69
70	ELECTROENCEPHALOGRAPHY	2,192,708			3,040			70
70.01	NUTRITION SUPPORT	159,281	0.000132	0.000132	4,402	1		70.01
70.02	MRI	19,847,500			18,354			70.02
70.03	CARDIAC CATH LAB	88,779,004						70.03
70.04	CARDIAC REHAB SERVICES	717,066						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,802,509			14,209			71
71.01	COST OF SOLUTIONS	55,668,719			8,433			71.01
72	IMPL. DEV. CHARGED TO PATIENTS	128,765,194						72
73	DRUGS CHARGED TO PATIENTS	159,216,368	0.002175	0.002175	689,545	1,500		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	417,837	0.000002	0.000002	474			90
90.01	ANTICOAG CLINIC	2,490,979	0.000001	0.000001				90.01
91	EMERGENCY	111,091,022			394,622			91
91.01	PARTIAL HOSPITALIZATION	169,276						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	22,846,677						92
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)	1,567,913,045			1,948,098	1,937		200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-S021

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.134506						50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	0.236685						51
52	DELIVERY ROOM & LABOR ROOM	0.411791						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	0.087588						54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	0.487380						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	2.750009						54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	0.193374						55
56	RADIOISOTOPE	0.334101						56
60	LABORATORY	0.160558						60
60.01	ANATOMICAL PATHOLOGY	0.215821						60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.226672						65
65.01	WOUND CARE	0.307497						65.01
65.02	DIALYSIS	0.639418						65.02
65.03	ENDOSCOPY	0.144578						65.03
66	PHYSICAL THERAPY	0.460795						66
66.01	TRANSITIONAL THERAPY	1.053417						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	0.444770						67
68	SPEECH PATHOLOGY	0.292108						68
68.01	NEURO REHAB	0.494221						68.01
69	ELECTROCARDIOLOGY	0.127967						69
70	ELECTROENCEPHALOGRAPHY	0.205492						70
70.01	NUTRITION SUPPORT	5.794922						70.01
70.02	MRI	0.132265						70.02
70.03	CARDIAC CATH LAB	0.081946						70.03
70.04	CARDIAC REHAB SERVICES	0.404935						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366						71
71.01	COST OF SOLUTIONS	0.058592						71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429						72
73	DRUGS CHARGED TO PATIENTS	0.395505						73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.113501						90
90.01	ANTICOAG CLINIC	0.761194						90.01
91	EMERGENCY	0.226036						91
91.01	PARTIAL HOSPITALIZATION	1.659686						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	0.925307						95
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-T021

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF

(A)	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 (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	4,937,808	190,152,681	0.025968			50
50.01	CAREW MEDICAL PARK SURG	495					50.01
51	RECOVERY ROOM	1,642,825	62,860,194	0.026135			51
52	DELIVERY ROOM & LABOR ROOM	507,692	3,176,885	0.159808			52
53	ANESTHESIOLOGY	6,009					53
54	RADIOLOGY-DIAGNOSTIC	4,657,509	297,375,175	0.015662	67,472	1,057	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	64,770	845,976	0.076562			54.05
54.06	RADIOLOGY - CMP	902					54.06
54.07	RADIOLOGY - WP	4,689	28,817	0.162716			54.07
54.08	RADIOLOGY - PULM CLINIC	78,265	33,936	2.306253			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,372,052	57,487,428	0.041262			55
56	RADIOISOTOPE	275,939	3,258,070	0.084694			56
60	LABORATORY	2,937,607	113,163,548	0.025959	127,183	3,302	60
60.01	ANATOMICAL PATHOLOGY	174,275	8,875,953	0.019635	400	8	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	250,622	10,273,096	0.024396	1,705	42	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,003,468	29,608,278	0.033891	14,140	479	65
65.01	WOUND CARE	157,441	7,084,859	0.022222	8,954	199	65.01
65.02	DIALYSIS	156,981	2,896,337	0.054200	3,852	209	65.02
65.03	ENDOSCOPY	1,351,783	46,308,856	0.029191			65.03
66	PHYSICAL THERAPY	844,623	16,917,806	0.049925	481,228	24,025	66
66.01	TRANSITIONAL THERAPY	55,497	398,154	0.139386			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	116,324	3,944,901	0.029487	469,320	13,839	67
68	SPEECH PATHOLOGY	30,256	2,142,350	0.014123	281,308	3,973	68
68.01	NEURO REHAB	259,139	4,095,192	0.063279			68.01
69	ELECTROCARDIOLOGY	185,592	25,820,413	0.007188	838	6	69
70	ELECTROENCEPHALOGRAPHY	76,337	2,192,708	0.034814	1,715	60	70
70.01	NUTRITION SUPPORT	67,362	159,281	0.422913	3,028	1,281	70.01
70.02	MRI	693,470	19,847,500	0.034940	3,648	127	70.02
70.03	CARDIAC CATH LAB	1,539,897	88,779,004	0.017345			70.03
70.04	CARDIAC REHAB SERVICES	72,058	717,066	0.100490			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,710,607	88,802,509	0.019263	75,254	1,450	71
71.01	COST OF SOLUTIONS	215,382	55,668,719	0.003869	3,275	13	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	1,980,958	128,765,194	0.015384			72
73	DRUGS CHARGED TO PATIENTS	4,668,040	159,216,368	0.029319	271,584	7,963	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	45,163	417,837	0.108088	1,389	150	90
90.01	ANTICOAG CLINIC	159,592	2,490,979	0.064068			90.01
91	EMERGENCY	2,806,715	111,091,022	0.025265	10,140	256	91
91.01	PARTIAL HOSPITALIZATION	35,563	169,276	0.210089			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)		22,846,677				92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	36,143,707	1,567,913,045		1,826,433	58,439	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-T021

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			17		17	17	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			2		2	2	51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			65		65	65	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC							54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
60	LABORATORY			128,690		128,690	128,690	60
60.01	ANATOMICAL PATHOLOGY			1		1	1	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			13		13	13	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS							65.02
65.03	ENDOSCOPY			9		9	9	65.03
66	PHYSICAL THERAPY							66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			17		17	17	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT			21		21	21	70.01
70.02	MRI			1		1	1	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			346,311		346,311	346,311	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			1		1	1	90
90.01	ANTICOAG CLINIC			2		2	2	90.01
91	EMERGENCY			47		47	47	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)			475,198		475,198	475,198	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-T021

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	190,152,681						50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	62,860,194						51
52	DELIVERY ROOM & LABOR ROOM	3,176,885						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	297,375,175			67,472			54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	845,976						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	28,817						54.07
54.08	RADIOLOGY - PULM CLINIC	33,936						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	57,487,428						55
56	RADIOISOTOPE	3,258,070						56
60	LABORATORY	113,163,548	0.001137	0.001137	127,183	145		60
60.01	ANATOMICAL PATHOLOGY	8,875,953			400			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,273,096			1,705			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	29,608,278			14,140			65
65.01	WOUND CARE	7,084,859			8,954			65.01
65.02	DIALYSIS	2,896,337			3,852			65.02
65.03	ENDOSCOPY	46,308,856						65.03
66	PHYSICAL THERAPY	16,917,806			481,228			66
66.01	TRANSITIONAL THERAPY	398,154						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	3,944,901			469,320			67
68	SPEECH PATHOLOGY	2,142,350			281,308			68
68.01	NEURO REHAB	4,095,192	0.000004	0.000004				68.01
69	ELECTROCARDIOLOGY	25,820,413			838			69
70	ELECTROENCEPHALOGRAPHY	2,192,708			1,715			70
70.01	NUTRITION SUPPORT	159,281	0.000132	0.000132	3,028			70.01
70.02	MRI	19,847,500			3,648			70.02
70.03	CARDIAC CATH LAB	88,779,004						70.03
70.04	CARDIAC REHAB SERVICES	717,066						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,802,509			75,254			71
71.01	COST OF SOLUTIONS	55,668,719			3,275			71.01
72	IMPL. DEV. CHARGED TO PATIENTS	128,765,194						72
73	DRUGS CHARGED TO PATIENTS	159,216,368	0.002175	0.002175	271,584	591		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	417,837	0.000002	0.000002	1,389			90
90.01	ANTICOAG CLINIC	2,490,979	0.000001	0.000001				90.01
91	EMERGENCY	111,091,022			10,140			91
91.01	PARTIAL HOSPITALIZATION	169,276						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	22,846,677						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)	1,567,913,045			1,826,433	736		200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-T021

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [XX] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.134506						50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	0.236685						51
52	DELIVERY ROOM & LABOR ROOM	0.411791						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	0.087588						54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	0.487380						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	2.750009						54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	0.193374						55
56	RADIOISOTOPE	0.334101						56
60	LABORATORY	0.160558						60
60.01	ANATOMICAL PATHOLOGY	0.215821						60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.226672						65
65.01	WOUND CARE	0.307497						65.01
65.02	DIALYSIS	0.639418						65.02
65.03	ENDOSCOPY	0.144578						65.03
66	PHYSICAL THERAPY	0.460795						66
66.01	TRANSITIONAL THERAPY	1.053417						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	0.444770						67
68	SPEECH PATHOLOGY	0.292108						68
68.01	NEURO REHAB	0.494221						68.01
69	ELECTROCARDIOLOGY	0.127967						69
70	ELECTROENCEPHALOGRAPHY	0.205492						70
70.01	NUTRITION SUPPORT	5.794922						70.01
70.02	MRI	0.132265						70.02
70.03	CARDIAC CATH LAB	0.081946						70.03
70.04	CARDIAC REHAB SERVICES	0.404935						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366						71
71.01	COST OF SOLUTIONS	0.058592						71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429						72
73	DRUGS CHARGED TO PATIENTS	0.395505						73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.113501						90
90.01	ANTICOAG CLINIC	0.761194						90.01
91	EMERGENCY	0.226036						91
91.01	PARTIAL HOSPITALIZATION	1.659686						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	0.925307						95
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-5516

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			17		17	17	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			2		2	2	51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			65		65	65	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC							54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
60	LABORATORY			128,690		128,690	128,690	60
60.01	ANATOMICAL PATHOLOGY			1		1	1	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			13		13	13	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS							65.02
65.03	ENDOSCOPY			9		9	9	65.03
66	PHYSICAL THERAPY							66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			17		17	17	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT			21		21	21	70.01
70.02	MRI			1		1	1	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			346,311		346,311	346,311	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			1		1	1	90
90.01	ANTICOAG CLINIC			2		2	2	90.01
91	EMERGENCY			47		47	47	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)			475,198		475,198	475,198	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-5516

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	190,152,681			16,155			50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	62,860,194			9,494			51
52	DELIVERY ROOM & LABOR ROOM	3,176,885						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	297,375,175			167,065			54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	845,976						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	28,817						54.07
54.08	RADIOLOGY - PULM CLINIC	33,936						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	57,487,428			95,090			55
56	RADIOISOTOPE	3,258,070			2,349			56
60	LABORATORY	113,163,548	0.001137	0.001137	442,543	503		60
60.01	ANATOMICAL PATHOLOGY	8,875,953			1,372			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,273,096			10,160			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	29,608,278			146,883			65
65.01	WOUND CARE	7,084,859			116,688			65.01
65.02	DIALYSIS	2,896,337						65.02
65.03	ENDOSCOPY	46,308,856			14,658			65.03
66	PHYSICAL THERAPY	16,917,806			898,862			66
66.01	TRANSITIONAL THERAPY	398,154						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	3,944,901			839,191			67
68	SPEECH PATHOLOGY	2,142,350			114,434			68
68.01	NEURO REHAB	4,095,192	0.000004	0.000004				68.01
69	ELECTROCARDIOLOGY	25,820,413			8,923			69
70	ELECTROENCEPHALOGRAPHY	2,192,708			830			70
70.01	NUTRITION SUPPORT	159,281	0.000132	0.000132	68			70.01
70.02	MRI	19,847,500			9,174			70.02
70.03	CARDIAC CATH LAB	88,779,004						70.03
70.04	CARDIAC REHAB SERVICES	717,066						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,802,509			95,398			71
71.01	COST OF SOLUTIONS	55,668,719			37,912			71.01
72	IMPL. DEV. CHARGED TO PATIENTS	128,765,194						72
73	DRUGS CHARGED TO PATIENTS	159,216,368	0.002175	0.002175	1,292,123	2,810		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	417,837	0.000002	0.000002	1,552			90
90.01	ANTICOAG CLINIC	2,490,979	0.000001	0.000001				90.01
91	EMERGENCY	111,091,022			69,400			91
91.01	PARTIAL HOSPITALIZATION	169,276						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	22,846,677						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)	1,567,913,045			4,390,324	3,313		200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-5516

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [XX] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.134506						50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	0.236685						51
52	DELIVERY ROOM & LABOR ROOM	0.411791						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	0.087588						54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	0.487380						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	2.750009						54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	0.193374						55
56	RADIOISOTOPE	0.334101						56
60	LABORATORY	0.160558						60
60.01	ANATOMICAL PATHOLOGY	0.215821						60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.226672						65
65.01	WOUND CARE	0.307497						65.01
65.02	DIALYSIS	0.639418						65.02
65.03	ENDOSCOPY	0.144578						65.03
66	PHYSICAL THERAPY	0.460795						66
66.01	TRANSITIONAL THERAPY	1.053417						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	0.444770						67
68	SPEECH PATHOLOGY	0.292108						68
68.01	NEURO REHAB	0.494221						68.01
69	ELECTROCARDIOLOGY	0.127967						69
70	ELECTROENCEPHALOGRAPHY	0.205492						70
70.01	NUTRITION SUPPORT	5.794922						70.01
70.02	MRI	0.132265						70.02
70.03	CARDIAC CATH LAB	0.081946						70.03
70.04	CARDIAC REHAB SERVICES	0.404935						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366						71
71.01	COST OF SOLUTIONS	0.058592						71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429						72
73	DRUGS CHARGED TO PATIENTS	0.395505						73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.113501						90
90.01	ANTICOAG CLINIC	0.761194						90.01
91	EMERGENCY	0.226036						91
91.01	PARTIAL HOSPITALIZATION	1.659686						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	0.925307						95
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202



COMPU-MAX

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	INPATIENT ROUTINE SERV COST CENTERS	1	2	3	4	5	6	7	
30	ADULTS & PEDIATRICS (General Routine Care)	12,152,561		12,152,561	100,044	121.47	10,202	1,239,237	30
31	INTENSIVE CARE UNIT	1,292,399		1,292,399	6,672	193.70	400	77,480	31
31.01	PEDIATRIC ICU	304,301		304,301	854	356.32			31.01
31.02	NEONATAL ICU	720,244		720,244	6,620	108.80			31.02
32	CORONARY CARE UNIT	3,476,358		3,476,358	25,164	138.15	17	2,349	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	1,933,153		1,933,153	17,949	107.70	987	106,300	40
41	SUBPROVIDER - IRF	648,445		648,445	5,435	119.31	770	91,869	41
42	SUBPROVIDER I								42
43	NURSERY	388,060		388,060	5,391	71.98	452	32,535	43
44	SKILLED NURSING FACILITY	952,133		952,133	12,506	76.13			44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	21,867,654		21,867,654	180,635		12,828	1,549,770	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-0021

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF

(A)	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 (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	4,937,808	190,152,681	0.025968	15,496,621	402,416	50
50.01	CAREW MEDICAL PARK SURG	495					50.01
51	RECOVERY ROOM	1,642,825	62,860,194	0.026135	1,195,060	31,233	51
52	DELIVERY ROOM & LABOR ROOM	507,692	3,176,885	0.159808	230	37	52
53	ANESTHESIOLOGY	6,009					53
54	RADIOLOGY-DIAGNOSTIC	4,657,509	297,375,175	0.015662	10,195,975	159,689	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	64,770	845,976	0.076562			54.05
54.06	RADIOLOGY - CMP	902					54.06
54.07	RADIOLOGY - WP	4,689	28,817	0.162716			54.07
54.08	RADIOLOGY - PULM CLINIC	78,265	33,936	2.306253			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,372,052	57,487,428	0.041262	284,678	11,746	55
56	RADIOISOTOPE	275,939	3,258,070	0.084694	200,298	16,964	56
60	LABORATORY	2,937,607	113,163,548	0.025959	8,146,275	211,469	60
60.01	ANATOMICAL PATHOLOGY	174,275	8,875,953	0.019635	671,451	13,184	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	250,622	10,273,096	0.024396	853,983	20,834	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,003,468	29,608,278	0.033891	5,165,791	175,074	65
65.01	WOUND CARE	157,441	7,084,859	0.022222	438,240	9,739	65.01
65.02	DIALYSIS	156,981	2,896,337	0.054200	357,237	19,362	65.02
65.03	ENDOSCOPY	1,351,783	46,308,856	0.029191	633,929	18,505	65.03
66	PHYSICAL THERAPY	844,623	16,917,806	0.049925	558,449	27,881	66
66.01	TRANSITIONAL THERAPY	55,497	398,154	0.139386			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	116,324	3,944,901	0.029487	404,317	11,922	67
68	SPEECH PATHOLOGY	30,256	2,142,350	0.014123	270,687	3,823	68
68.01	NEURO REHAB	259,139	4,095,192	0.063279			68.01
69	ELECTROCARDIOLOGY	185,592	25,820,413	0.007188	427,200	3,071	69
70	ELECTROENCEPHALOGRAPHY	76,337	2,192,708	0.034814	178,538	6,216	70
70.01	NUTRITION SUPPORT	67,362	159,281	0.422913	15,828	6,694	70.01
70.02	MRI	693,470	19,847,500	0.034940	1,015,961	35,498	70.02
70.03	CARDIAC CATH LAB	1,539,897	88,779,004	0.017345	2,040,103	35,386	70.03
70.04	CARDIAC REHAB SERVICES	72,058	717,066	0.100490			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,710,607	88,802,509	0.019263	5,378,527	103,607	71
71.01	COST OF SOLUTIONS	215,382	55,668,719	0.003869	646,055	2,500	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	1,980,958	128,765,194	0.015384	3,447,009	53,029	72
73	DRUGS CHARGED TO PATIENTS	4,668,040	159,216,368	0.029319	21,152,242	620,163	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	45,163	417,837	0.108088	18,386	1,987	90
90.01	ANTICOAG CLINIC	159,592	2,490,979	0.064068	29	2	90.01
91	EMERGENCY	2,806,715	111,091,022	0.025265	4,407,632	111,359	91
91.01	PARTIAL HOSPITALIZATION	35,563	169,276	0.210089			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,266,477	22,846,677	0.055434			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	37,410,184	1,567,913,045		83,600,731	2,113,390	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] TEFRA
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERV COST CENTERS	1	2	3	4	5	
30	ADULTS & PEDIATRICS (General Routine Care)		94			94	30
31	INTENSIVE CARE UNIT		6			6	31
31.01	PEDIATRIC ICU						31.01
31.02	NEONATAL ICU		2			2	31.02
32	CORONARY CARE UNIT		10			10	32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY		1			1	44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		113			113	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	100,044		10,202		30
31	INTENSIVE CARE UNIT	6,672		400		31
31.01	PEDIATRIC ICU	854				31.01
31.02	NEONATAL ICU	6,620				31.02
32	CORONARY CARE UNIT	25,164		17		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	17,949		987		40
41	SUBPROVIDER - IRF	5,435		770		41
42	SUBPROVIDER I					42
43	NURSERY	5,391		452		43
44	SKILLED NURSING FACILITY	12,506				44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	180,635		12,828		200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-0021

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			17		17	17	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			2		2	2	51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			65		65	65	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC							54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
60	LABORATORY			128,690		128,690	128,690	60
60.01	ANATOMICAL PATHOLOGY			1		1	1	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			13		13	13	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS							65.02
65.03	ENDOSCOPY			9		9	9	65.03
66	PHYSICAL THERAPY							66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			17		17	17	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT			21		21	21	70.01
70.02	MRI			1		1	1	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			346,311		346,311	346,311	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			1		1	1	90
90.01	ANTICOAG CLINIC			2		2	2	90.01
91	EMERGENCY			47		47	47	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)			475,198		475,198	475,198	200

(A) Worksheet A line numbers



COMPU-MAX

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-0021

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	190,152,681			15,496,621			50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	62,860,194			1,195,060			51
52	DELIVERY ROOM & LABOR ROOM	3,176,885			230			52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	297,375,175			10,195,975			54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	845,976						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	28,817						54.07
54.08	RADIOLOGY - PULM CLINIC	33,936						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	57,487,428			284,678			55
56	RADIOISOTOPE	3,258,070			200,298			56
60	LABORATORY	113,163,548	0.001137	0.001137	8,146,275	9,262		60
60.01	ANATOMICAL PATHOLOGY	8,875,953			671,451			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,273,096			853,983			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	29,608,278			5,165,791			65
65.01	WOUND CARE	7,084,859			438,240			65.01
65.02	DIALYSIS	2,896,337			357,237			65.02
65.03	ENDOSCOPY	46,308,856			633,929			65.03
66	PHYSICAL THERAPY	16,917,806			558,449			66
66.01	TRANSITIONAL THERAPY	398,154						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	3,944,901			404,317			67
68	SPEECH PATHOLOGY	2,142,350			270,687			68
68.01	NEURO REHAB	4,095,192	0.000004	0.000004				68.01
69	ELECTROCARDIOLOGY	25,820,413			427,200			69
70	ELECTROENCEPHALOGRAPHY	2,192,708			178,538			70
70.01	NUTRITION SUPPORT	159,281	0.000132	0.000132	15,828	2		70.01
70.02	MRI	19,847,500			1,015,961			70.02
70.03	CARDIAC CATH LAB	88,779,004			2,040,103			70.03
70.04	CARDIAC REHAB SERVICES	717,066						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,802,509			5,378,527			71
71.01	COST OF SOLUTIONS	55,668,719			646,055			71.01
72	IMPL. DEV. CHARGED TO PATIENTS	128,765,194			3,447,009			72
73	DRUGS CHARGED TO PATIENTS	159,216,368	0.002175	0.002175	21,152,242	46,006		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	417,837	0.000002	0.000002	18,386			90
90.01	ANTICOAG CLINIC	2,490,979	0.000001	0.000001	29			90.01
91	EMERGENCY	111,091,022			4,407,632			91
91.01	PARTIAL HOSPITALIZATION	169,276						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	22,846,677						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)	1,567,913,045			83,600,731	55,270		200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-0021

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.134506		11,187,761			1,504,821	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	0.236685		3,647,511			863,311	51
52	DELIVERY ROOM & LABOR ROOM	0.411791						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	0.087588		21,969,266			1,924,244	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	0.487380						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	2.750009						54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	0.193374		5,161,169			998,036	55
56	RADIOISOTOPE	0.334101		329,423			110,061	56
60	LABORATORY	0.160558		7,178,510			1,152,567	60
60.01	ANATOMICAL PATHOLOGY	0.215821		1,205,182			260,104	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014		135,184			75,840	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.226672		1,577,248			357,518	65
65.01	WOUND CARE	0.307497		133,305			40,991	65.01
65.02	DIALYSIS	0.639418		31,356			20,050	65.02
65.03	ENDOSCOPY	0.144578		1,109,453			160,402	65.03
66	PHYSICAL THERAPY	0.460795		407,129			187,603	66
66.01	TRANSITIONAL THERAPY	1.053417						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	0.444770		573,560			255,102	67
68	SPEECH PATHOLOGY	0.292108		719,557			210,188	68
68.01	NEURO REHAB	0.494221						68.01
69	ELECTROCARDIOLOGY	0.127967		991,148			126,834	69
70	ELECTROENCEPHALOGRAPHY	0.205492		571,861			117,513	70
70.01	NUTRITION SUPPORT	5.794922		4,031			23,359	70.01
70.02	MRI	0.132265		3,104,649			410,636	70.02
70.03	CARDIAC CATH LAB	0.081946		1,880,925			154,134	70.03
70.04	CARDIAC REHAB SERVICES	0.404935		18,669			7,560	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366		2,777,422			945,340	71
71.01	COST OF SOLUTIONS	0.058592		118,649			6,952	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429		3,640,526			991,785	72
73	DRUGS CHARGED TO PATIENTS	0.395505		9,347,485			3,696,977	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.113501		29,431			32,771	90
90.01	ANTICOAG CLINIC	0.761194		30,945			23,555	90.01
91	EMERGENCY	0.226036		19,299,151			4,362,303	91
91.01	PARTIAL HOSPITALIZATION	1.659686						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	0.925307		1,224,434			1,132,977	95
200	SUBTOTAL (see instructions)			98,404,940			20,153,534	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)			98,404,940			20,153,534	202



COMPU-MAX

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-S021

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF

(A)	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 (col. 3 x col. 4)	
	ANCILLARY SERVICE COST CENTERS	1	2	3	4	5	
50	OPERATING ROOM	4,937,808	190,152,681	0.025968	6,180	160	50
50.01	CAREW MEDICAL PARK SURG	495					50.01
51	RECOVERY ROOM	1,642,825	62,860,194	0.026135	7,059	184	51
52	DELIVERY ROOM & LABOR ROOM	507,692	3,176,885	0.159808			52
53	ANESTHESIOLOGY	6,009					53
54	RADIOLOGY-DIAGNOSTIC	4,657,509	297,375,175	0.015662	15,027	235	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	64,770	845,976	0.076562			54.05
54.06	RADIOLOGY - CMP	902					54.06
54.07	RADIOLOGY - WP	4,689	28,817	0.162716			54.07
54.08	RADIOLOGY - PULM CLINIC	78,265	33,936	2.306253			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,372,052	57,487,428	0.041262			55
56	RADIOISOTOPE	275,939	3,258,070	0.084694			56
60	LABORATORY	2,937,607	113,163,548	0.025959	35,605	924	60
60.01	ANATOMICAL PATHOLOGY	174,275	8,875,953	0.019635			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	250,622	10,273,096	0.024396			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,003,468	29,608,278	0.033891	190	6	65
65.01	WOUND CARE	157,441	7,084,859	0.022222			65.01
65.02	DIALYSIS	156,981	2,896,337	0.054200			65.02
65.03	ENDOSCOPY	1,351,783	46,308,856	0.029191			65.03
66	PHYSICAL THERAPY	844,623	16,917,806	0.049925	488	24	66
66.01	TRANSITIONAL THERAPY	55,497	398,154	0.139386			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	116,324	3,944,901	0.029487			67
68	SPEECH PATHOLOGY	30,256	2,142,350	0.014123			68
68.01	NEURO REHAB	259,139	4,095,192	0.063279			68.01
69	ELECTROCARDIOLOGY	185,592	25,820,413	0.007188	2,990	21	69
70	ELECTROENCEPHALOGRAPHY	76,337	2,192,708	0.034814			70
70.01	NUTRITION SUPPORT	67,362	159,281	0.422913	203	86	70.01
70.02	MRI	693,470	19,847,500	0.034940			70.02
70.03	CARDIAC CATH LAB	1,539,897	88,779,004	0.017345			70.03
70.04	CARDIAC REHAB SERVICES	72,058	717,066	0.100490			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,710,607	88,802,509	0.019263	422	8	71
71.01	COST OF SOLUTIONS	215,382	55,668,719	0.003869	2,757	11	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	1,980,958	128,765,194	0.015384			72
73	DRUGS CHARGED TO PATIENTS	4,668,040	159,216,368	0.029319	76,635	2,247	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	45,163	417,837	0.108088			90
90.01	ANTICOAG CLINIC	159,592	2,490,979	0.064068			90.01
91	EMERGENCY	2,806,715	111,091,022	0.025265	61,549	1,555	91
91.01	PARTIAL HOSPITALIZATION	35,563	169,276	0.210089			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)		22,846,677				92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	36,143,707	1,567,913,045		209,105	5,461	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-S021

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			17		17	17	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			2		2	2	51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			65		65	65	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC							54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
60	LABORATORY			128,690		128,690	128,690	60
60.01	ANATOMICAL PATHOLOGY			1		1	1	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			13		13	13	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS							65.02
65.03	ENDOSCOPY			9		9	9	65.03
66	PHYSICAL THERAPY							66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			17		17	17	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT			21		21	21	70.01
70.02	MRI			1		1	1	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			346,311		346,311	346,311	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			1		1	1	90
90.01	ANTICOAG CLINIC			2		2	2	90.01
91	EMERGENCY			47		47	47	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)			475,198		475,198	475,198	200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-S021

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	190,152,681			6,180			50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	62,860,194			7,059			51
52	DELIVERY ROOM & LABOR ROOM	3,176,885						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	297,375,175			15,027			54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	845,976						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	28,817						54.07
54.08	RADIOLOGY - PULM CLINIC	33,936						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	57,487,428						55
56	RADIOISOTOPE	3,258,070						56
60	LABORATORY	113,163,548	0.001137	0.001137	35,605	40		60
60.01	ANATOMICAL PATHOLOGY	8,875,953						60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,273,096						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	29,608,278			190			65
65.01	WOUND CARE	7,084,859						65.01
65.02	DIALYSIS	2,896,337						65.02
65.03	ENDOSCOPY	46,308,856						65.03
66	PHYSICAL THERAPY	16,917,806			488			66
66.01	TRANSITIONAL THERAPY	398,154						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	3,944,901						67
68	SPEECH PATHOLOGY	2,142,350						68
68.01	NEURO REHAB	4,095,192	0.000004	0.000004				68.01
69	ELECTROCARDIOLOGY	25,820,413			2,990			69
70	ELECTROENCEPHALOGRAPHY	2,192,708						70
70.01	NUTRITION SUPPORT	159,281	0.000132	0.000132	203			70.01
70.02	MRI	19,847,500						70.02
70.03	CARDIAC CATH LAB	88,779,004						70.03
70.04	CARDIAC REHAB SERVICES	717,066						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,802,509			422			71
71.01	COST OF SOLUTIONS	55,668,719			2,757			71.01
72	IMPL. DEV. CHARGED TO PATIENTS	128,765,194						72
73	DRUGS CHARGED TO PATIENTS	159,216,368	0.002175	0.002175	76,635	167		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	417,837	0.000002	0.000002				90
90.01	ANTICOAG CLINIC	2,490,979	0.000001	0.000001				90.01
91	EMERGENCY	111,091,022			61,549			91
91.01	PARTIAL HOSPITALIZATION	169,276						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	22,846,677						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)	1,567,913,045			209,105	207		200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-S021

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.134506						50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	0.236685						51
52	DELIVERY ROOM & LABOR ROOM	0.411791						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	0.087588						54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	0.487380						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	2.750009						54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	0.193374						55
56	RADIOISOTOPE	0.334101						56
60	LABORATORY	0.160558		452			73	60
60.01	ANATOMICAL PATHOLOGY	0.215821						60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.226672		80			18	65
65.01	WOUND CARE	0.307497						65.01
65.02	DIALYSIS	0.639418						65.02
65.03	ENDOSCOPY	0.144578						65.03
66	PHYSICAL THERAPY	0.460795						66
66.01	TRANSITIONAL THERAPY	1.053417						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	0.444770						67
68	SPEECH PATHOLOGY	0.292108						68
68.01	NEURO REHAB	0.494221						68.01
69	ELECTROCARDIOLOGY	0.127967						69
70	ELECTROENCEPHALOGRAPHY	0.205492						70
70.01	NUTRITION SUPPORT	5.794922						70.01
70.02	MRI	0.132265						70.02
70.03	CARDIAC CATH LAB	0.081946						70.03
70.04	CARDIAC REHAB SERVICES	0.404935						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366						71
71.01	COST OF SOLUTIONS	0.058592						71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429						72
73	DRUGS CHARGED TO PATIENTS	0.395505		456			180	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.113501						90
90.01	ANTICOAG CLINIC	0.761194						90.01
91	EMERGENCY	0.226036		1,953			441	91
91.01	PARTIAL HOSPITALIZATION	1.659686						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361		7,903			3,117	92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	0.925307						95
200	SUBTOTAL (see instructions)			10,844			3,829	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)			10,844			3,829	202



COMPU-MAX

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-T021

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [XX] TITLE XIX [XX] IRF

(A)	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 (col. 3 x col. 4)	
	ANCILLARY SERVICE COST CENTERS	1	2	3	4	5	
50	OPERATING ROOM	4,937,808	190,152,681	0.025968			50
50.01	CAREW MEDICAL PARK SURG	495					50.01
51	RECOVERY ROOM	1,642,825	62,860,194	0.026135			51
52	DELIVERY ROOM & LABOR ROOM	507,692	3,176,885	0.159808			52
53	ANESTHESIOLOGY	6,009					53
54	RADIOLOGY-DIAGNOSTIC	4,657,509	297,375,175	0.015662	8,268	129	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	64,770	845,976	0.076562			54.05
54.06	RADIOLOGY - CMP	902					54.06
54.07	RADIOLOGY - WP	4,689	28,817	0.162716			54.07
54.08	RADIOLOGY - PULM CLINIC	78,265	33,936	2.306253			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,372,052	57,487,428	0.041262			55
56	RADIOISOTOPE	275,939	3,258,070	0.084694			56
60	LABORATORY	2,937,607	113,163,548	0.025959	2,435	63	60
60.01	ANATOMICAL PATHOLOGY	174,275	8,875,953	0.019635			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	250,622	10,273,096	0.024396			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,003,468	29,608,278	0.033891	706	24	65
65.01	WOUND CARE	157,441	7,084,859	0.022222			65.01
65.02	DIALYSIS	156,981	2,896,337	0.054200			65.02
65.03	ENDOSCOPY	1,351,783	46,308,856	0.029191			65.03
66	PHYSICAL THERAPY	844,623	16,917,806	0.049925	22,833	1,140	66
66.01	TRANSITIONAL THERAPY	55,497	398,154	0.139386			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	116,324	3,944,901	0.029487	24,163	712	67
68	SPEECH PATHOLOGY	30,256	2,142,350	0.014123	22,452	317	68
68.01	NEURO REHAB	259,139	4,095,192	0.063279			68.01
69	ELECTROCARDIOLOGY	185,592	25,820,413	0.007188	460	3	69
70	ELECTROENCEPHALOGRAPHY	76,337	2,192,708	0.034814			70
70.01	NUTRITION SUPPORT	67,362	159,281	0.422913	114	48	70.01
70.02	MRI	693,470	19,847,500	0.034940			70.02
70.03	CARDIAC CATH LAB	1,539,897	88,779,004	0.017345			70.03
70.04	CARDIAC REHAB SERVICES	72,058	717,066	0.100490			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,710,607	88,802,509	0.019263			71
71.01	COST OF SOLUTIONS	215,382	55,668,719	0.003869	360	1	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	1,980,958	128,765,194	0.015384			72
73	DRUGS CHARGED TO PATIENTS	4,668,040	159,216,368	0.029319	10,015	294	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	45,163	417,837	0.108088			90
90.01	ANTICOAG CLINIC	159,592	2,490,979	0.064068			90.01
91	EMERGENCY	2,806,715	111,091,022	0.025265			91
91.01	PARTIAL HOSPITALIZATION	35,563	169,276	0.210089			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)		22,846,677				92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	36,143,707	1,567,913,045		91,806	2,731	200

(A) Worksheet A line numbers



COMPU-MAX

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-T021

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX [XX] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			17		17	17	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM			2		2	2	51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			65		65	65	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC							54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
60	LABORATORY			128,690		128,690	128,690	60
60.01	ANATOMICAL PATHOLOGY			1		1	1	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			13		13	13	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS							65.02
65.03	ENDOSCOPY			9		9	9	65.03
66	PHYSICAL THERAPY							66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			17		17	17	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT			21		21	21	70.01
70.02	MRI			1		1	1	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			346,311		346,311	346,311	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			1		1	1	90
90.01	ANTICOAG CLINIC			2		2	2	90.01
91	EMERGENCY			47		47	47	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)			475,198		475,198	475,198	200

(A) Worksheet A line numbers



PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-T021

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX [XX] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	190,152,681						50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	62,860,194						51
52	DELIVERY ROOM & LABOR ROOM	3,176,885						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	297,375,175			8,268			54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	845,976						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	28,817						54.07
54.08	RADIOLOGY - PULM CLINIC	33,936						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	57,487,428						55
56	RADIOISOTOPE	3,258,070						56
60	LABORATORY	113,163,548	0.001137	0.001137	2,435	3		60
60.01	ANATOMICAL PATHOLOGY	8,875,953						60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,273,096						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	29,608,278			706			65
65.01	WOUND CARE	7,084,859						65.01
65.02	DIALYSIS	2,896,337						65.02
65.03	ENDOSCOPY	46,308,856						65.03
66	PHYSICAL THERAPY	16,917,806			22,833			66
66.01	TRANSITIONAL THERAPY	398,154						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	3,944,901			24,163			67
68	SPEECH PATHOLOGY	2,142,350			22,452			68
68.01	NEURO REHAB	4,095,192	0.000004	0.000004				68.01
69	ELECTROCARDIOLOGY	25,820,413			460			69
70	ELECTROENCEPHALOGRAPHY	2,192,708						70
70.01	NUTRITION SUPPORT	159,281	0.000132	0.000132	114			70.01
70.02	MRI	19,847,500						70.02
70.03	CARDIAC CATH LAB	88,779,004						70.03
70.04	CARDIAC REHAB SERVICES	717,066						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,802,509						71
71.01	COST OF SOLUTIONS	55,668,719			360			71.01
72	IMPL. DEV. CHARGED TO PATIENTS	128,765,194						72
73	DRUGS CHARGED TO PATIENTS	159,216,368	0.002175	0.002175	10,015	22		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	417,837	0.000002	0.000002				90
90.01	ANTICOAG CLINIC	2,490,979	0.000001	0.000001				90.01
91	EMERGENCY	111,091,022						91
91.01	PARTIAL HOSPITALIZATION	169,276						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	22,846,677						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)	1,567,913,045			91,806	25		200

(A) Worksheet A line numbers



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-T021

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [XX] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.134506						50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM	0.236685						51
52	DELIVERY ROOM & LABOR ROOM	0.411791						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	0.087588						54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	0.487380						54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP	2.750009						54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074						54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	0.193374						55
56	RADIOISOTOPE	0.334101						56
60	LABORATORY	0.160558						60
60.01	ANATOMICAL PATHOLOGY	0.215821						60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.226672						65
65.01	WOUND CARE	0.307497						65.01
65.02	DIALYSIS	0.639418						65.02
65.03	ENDOSCOPY	0.144578						65.03
66	PHYSICAL THERAPY	0.460795						66
66.01	TRANSITIONAL THERAPY	1.053417						66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	0.444770						67
68	SPEECH PATHOLOGY	0.292108						68
68.01	NEURO REHAB	0.494221						68.01
69	ELECTROCARDIOLOGY	0.127967						69
70	ELECTROENCEPHALOGRAPHY	0.205492						70
70.01	NUTRITION SUPPORT	5.794922						70.01
70.02	MRI	0.132265						70.02
70.03	CARDIAC CATH LAB	0.081946						70.03
70.04	CARDIAC REHAB SERVICES	0.404935						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366						71
71.01	COST OF SOLUTIONS	0.058592						71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429						72
73	DRUGS CHARGED TO PATIENTS	0.395505						73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.113501						90
90.01	ANTICOAG CLINIC	0.761194						90.01
91	EMERGENCY	0.226036						91
91.01	PARTIAL HOSPITALIZATION	1.659686						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	0.925307						95
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0021

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	100,044	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	100,044	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	89,618	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	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)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	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)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	34,849	9
10	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)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	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		12
13	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)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	86,454,582	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	86,454,582	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	86,454,582	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0021

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					864.17	38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					30,115,460	39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					30,115,460	41	
42	NURSERY (Titles V and XIX only)						42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	10,758,726	6,672	1,612.52	3,300	5,321,316	43	
43.01	PEDIATRIC ICU	2,120,129	854	2,482.59			43.01	
43.02	NEONATAL ICU	6,535,768	6,620	987.28			43.02	
44	CORONARY CARE UNIT	31,499,248	25,164	1,251.76	1,444	1,807,541	44	
45	BURN INTENSIVE CARE UNIT						45	
46	SURGICAL INTENSIVE CARE UNIT						46	
47	OTHER SPECIAL CARE (SPECIFY)						47	

							1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					55,718,759	48	
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					92,963,076	49	

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					5,071,807	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					5,877,314	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					10,949,121	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					82,013,955	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	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 (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0021

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					10,426	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					864.17	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					9,009,836	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	12,152,561	86,454,582	0.140566	9,009,836	1,266,477	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST	94	86,454,582	0.000001	9,009,836	9	92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-S021

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	17,949	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	17,949	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	17,949	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	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)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	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)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	5,140	9
10	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)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	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		12
13	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)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	14,858,128	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,858,128	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	14,858,128	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-S021

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	827.80	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	4,254,892	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	4,254,892	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	526,360	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	4,781,252	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	553,578	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	54,237	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	607,815	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	4,173,437	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	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 (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T021

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [XX] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	5,435	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	5,435	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	5,435	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	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)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	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)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,589	9
10	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)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	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		12
13	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)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	4,294,007	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,294,007	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	4,294,007	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T021

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [XX] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	790.07	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,255,421	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	1,255,421	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	704,017	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	1,959,438	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	189,584	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	59,175	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	248,759	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	1,710,679	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	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 (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-5516

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	12,506	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	12,506	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	12,506	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	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)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	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)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	5,263	9
10	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)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	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		12
13	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)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	7,313,872	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,313,872	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	7,313,872	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-5516

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST (line 37)	7,313,872	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (line 70 ÷ line 2)	584.83	71
72	PROGRAM ROUTINE SERVICE COST (line 9 x line 71)	3,077,960	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (line 14 x line 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (line 72 + line 73)	3,077,960	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (from Worksheet B, Part II, column 26, line 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (line 75 ÷ line 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (line 9 x line 76)		77
78	INPATIENT ROUTINE SERVICE COST (line 74 minus line 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (from provider records)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (line 78 minus line 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (line 9 x line 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (see instructions)	3,077,960	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (see instructions)	1,573,502	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (see instructions)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (sum of lines 83 through 85)	4,651,462	86



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0021

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	100,044	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	100,044	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	89,618	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	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)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	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)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	10,202	9
10	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)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	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		12
13	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)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)	5,391	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	452	16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	86,454,582	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	86,454,582	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	86,454,582	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0021

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					864.17	38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					8,816,262	39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					8,816,262	41	
42	NURSERY (Titles V and XIX only)	4,655,571	5,391	863.58	452	390,338	42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	10,758,726	6,672	1,612.52	400	645,008	43	
43.01	PEDIATRIC ICU	2,120,129	854	2,482.59			43.01	
43.02	NEONATAL ICU	6,535,768	6,620	987.28			43.02	
44	CORONARY CARE UNIT	31,499,248	25,164	1,251.76	17	21,280	44	
45	BURN INTENSIVE CARE UNIT						45	
46	SURGICAL INTENSIVE CARE UNIT						46	
47	OTHER SPECIAL CARE (SPECIFY)						47	

							1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					20,139,195	48	
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					30,012,083	49	

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					1,351,601	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					2,168,660	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					3,520,261	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					26,491,822	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	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 (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0021

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)	10,426	87				
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)		88				
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)		89				
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-S021

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	17,949	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	17,949	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	17,949	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	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)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	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)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	987	9
10	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)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	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		12
13	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)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	14,858,128	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,858,128	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	14,858,128	37



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-S021

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	827.80	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	817,039	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	817,039	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	55,993	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	873,032	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	106,300	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	5,668	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	111,968	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	761,064	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	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 (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T021

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	5,435	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	5,435	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	5,435	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	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)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	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)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	770	9
10	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)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	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		12
13	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)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	4,294,007	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,294,007	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	4,294,007	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T021

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [XX] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	790.07	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	608,354	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	608,354	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	33,803	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	642,157	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	91,869	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	2,756	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	94,625	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	547,532	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	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 (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-0021

WORKSHEET D-3

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
1		2	3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS		41,665,545		30
31	INTENSIVE CARE UNIT		13,556,425		31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT		4,435,325		32
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
43	NURSERY				43
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.134506	38,146,028	5,130,870	50
50.01	CAREW MEDICAL PARK SURG				50.01
51	RECOVERY ROOM	0.236685	4,151,138	982,512	51
52	DELIVERY ROOM & LABOR ROOM	0.411791			52
53	ANESTHESIOLOGY				53
54	RADIOLOGY-DIAGNOSTIC	0.087588	33,243,004	2,911,688	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.487380			54.05
54.06	RADIOLOGY - CMP				54.06
54.07	RADIOLOGY - WP	2.750009			54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.194564	363,042	70,635	55
56	RADIOISOTOPE	0.334101	664,687	222,073	56
60	LABORATORY	0.160558	19,776,330	3,175,248	60
60.01	ANATOMICAL PATHOLOGY	0.215821	1,467,253	316,664	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014	3,024,364	1,696,711	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.226751	11,308,847	2,564,292	65
65.01	WOUND CARE	0.307497	1,275,992	392,364	65.01
65.02	DIALYSIS	0.639418	1,236,758	790,805	65.02
65.03	ENDOSCOPY	0.144578	2,436,763	352,302	65.03
66	PHYSICAL THERAPY	0.460795	2,475,982	1,140,920	66
66.01	TRANSITIONAL THERAPY	1.053417			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.444770	1,616,540	718,988	67
68	SPEECH PATHOLOGY	0.292108	693,893	202,692	68
68.01	NEURO REHAB	0.494256			68.01
69	ELECTROCARDIOLOGY	0.127967	2,055,167	262,994	69
70	ELECTROENCEPHALOGRAPHY	0.205492	407,140	83,664	70
70.01	NUTRITION SUPPORT	5.794922	42,003	243,404	70.01
70.02	MRI	0.132265	2,802,128	370,623	70.02
70.03	CARDIAC CATH LAB	0.081946	12,017,712	984,803	70.03
70.04	CARDIAC REHAB SERVICES	0.404935	441	179	70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366	15,867,717	5,400,831	71
71.01	COST OF SOLUTIONS	0.058592	2,346,097	137,463	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429	20,038,872	5,459,170	72
73	DRUGS CHARGED TO PATIENTS	0.395505	49,357,560	19,521,162	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	1.113501	31,132	34,666	90
90.01	ANTICOAG CLINIC	0.761194	911	693	90.01
91	EMERGENCY	0.227697	11,200,599	2,550,343	91
91.01	PARTIAL HOSPITALIZATION	1.659686			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361			92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		238,048,100	55,718,759	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		238,048,100		202



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-S021

WORKSHEET D-3

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
40	SUBPROVIDER - IPF		6,454,697		40
41	SUBPROVIDER - IRF				41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.134506	86,672	11,658	50
50.01	CAREW MEDICAL PARK SURG				50.01
51	RECOVERY ROOM	0.236685	88,801	21,018	51
52	DELIVERY ROOM & LABOR ROOM	0.411791			52
53	ANESTHESIOLOGY				53
54	RADIOLOGY-DIAGNOSTIC	0.087588	192,075	16,823	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.487380			54.05
54.06	RADIOLOGY - CMP				54.06
54.07	RADIOLOGY - WP	2.750009			54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.194564			55
56	RADIOISOTOPE	0.334101			56
60	LABORATORY	0.160558	383,532	61,579	60
60.01	ANATOMICAL PATHOLOGY	0.215821	903	195	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014	1,475	827	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.226751	5,196	1,178	65
65.01	WOUND CARE	0.307497	8,459	2,601	65.01
65.02	DIALYSIS	0.639418	782	500	65.02
65.03	ENDOSCOPY	0.144578			65.03
66	PHYSICAL THERAPY	0.460795	17,153	7,904	66
66.01	TRANSITIONAL THERAPY	1.053417			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.444770	2,872	1,277	67
68	SPEECH PATHOLOGY	0.292108	2,074	606	68
68.01	NEURO REHAB	0.494256			68.01
69	ELECTROCARDIOLOGY	0.127967	25,025	3,202	69
70	ELECTROENCEPHALOGRAPHY	0.205492	3,040	625	70
70.01	NUTRITION SUPPORT	5.794922	4,402	25,509	70.01
70.02	MRI	0.132265	18,354	2,428	70.02
70.03	CARDIAC CATH LAB	0.081946			70.03
70.04	CARDIAC REHAB SERVICES	0.404935			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366	14,209	4,836	71
71.01	COST OF SOLUTIONS	0.058592	8,433	494	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429			72
73	DRUGS CHARGED TO PATIENTS	0.395505	689,545	272,718	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.113501	474	528	90
90.01	ANTICOAG CLINIC	0.761194			90.01
91	EMERGENCY	0.227697	394,622	89,854	91
91.01	PARTIAL HOSPITALIZATION	1.659686			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		1,948,098	526,360	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		1,948,098		202



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-T021

WORKSHEET D-3

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX - O/P [XX] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF		2,184,609		41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.134506			50
50.01	CAREW MEDICAL PARK SURG				50.01
51	RECOVERY ROOM	0.236685			51
52	DELIVERY ROOM & LABOR ROOM	0.411791			52
53	ANESTHESIOLOGY				53
54	RADIOLOGY-DIAGNOSTIC	0.087588	67,472	5,910	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.487380			54.05
54.06	RADIOLOGY - CMP				54.06
54.07	RADIOLOGY - WP	2.750009			54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.194564			55
56	RADIOISOTOPE	0.334101			56
60	LABORATORY	0.160558	127,183	20,420	60
60.01	ANATOMICAL PATHOLOGY	0.215821	400	86	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014	1,705	957	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.226751	14,140	3,206	65
65.01	WOUND CARE	0.307497	8,954	2,753	65.01
65.02	DIALYSIS	0.639418	3,852	2,463	65.02
65.03	ENDOSCOPY	0.144578			65.03
66	PHYSICAL THERAPY	0.460795	481,228	221,747	66
66.01	TRANSITIONAL THERAPY	1.053417			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.444770	469,320	208,739	67
68	SPEECH PATHOLOGY	0.292108	281,308	82,172	68
68.01	NEURO REHAB	0.494256			68.01
69	ELECTROCARDIOLOGY	0.127967	838	107	69
70	ELECTROENCEPHALOGRAPHY	0.205492	1,715	352	70
70.01	NUTRITION SUPPORT	5.794922	3,028	17,547	70.01
70.02	MRI	0.132265	3,648	483	70.02
70.03	CARDIAC CATH LAB	0.081946			70.03
70.04	CARDIAC REHAB SERVICES	0.404935			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366	75,254	25,614	71
71.01	COST OF SOLUTIONS	0.058592	3,275	192	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429			72
73	DRUGS CHARGED TO PATIENTS	0.395505	271,584	107,413	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.113501	1,389	1,547	90
90.01	ANTICOAG CLINIC	0.761194			90.01
91	EMERGENCY	0.227697	10,140	2,309	91
91.01	PARTIAL HOSPITALIZATION	1.659686			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		1,826,433	704,017	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		1,826,433		202



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-5516

WORKSHEET D-3

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [XX] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.134506	16,155	2,173	50
50.01	CAREW MEDICAL PARK SURG				50.01
51	RECOVERY ROOM	0.236685	9,494	2,247	51
52	DELIVERY ROOM & LABOR ROOM	0.411791			52
53	ANESTHESIOLOGY				53
54	RADIOLOGY-DIAGNOSTIC	0.087588	167,065	14,633	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.487380			54.05
54.06	RADIOLOGY - CMP				54.06
54.07	RADIOLOGY - WP	2.750009			54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.193374	95,090	18,388	55
56	RADIOISOTOPE	0.334101	2,349	785	56
60	LABORATORY	0.160558	442,543	71,054	60
60.01	ANATOMICAL PATHOLOGY	0.215821	1,372	296	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014	10,160	5,700	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.226672	146,883	33,294	65
65.01	WOUND CARE	0.307497	116,688	35,881	65.01
65.02	DIALYSIS	0.639418			65.02
65.03	ENDOSCOPY	0.144578	14,658	2,119	65.03
66	PHYSICAL THERAPY	0.460795	898,862	414,191	66
66.01	TRANSITIONAL THERAPY	1.053417			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.444770	839,191	373,247	67
68	SPEECH PATHOLOGY	0.292108	114,434	33,427	68
68.01	NEURO REHAB	0.494221			68.01
69	ELECTROCARDIOLOGY	0.127967	8,923	1,142	69
70	ELECTROENCEPHALOGRAPHY	0.205492	830	171	70
70.01	NUTRITION SUPPORT	5.794922	68	394	70.01
70.02	MRI	0.132265	9,174	1,213	70.02
70.03	CARDIAC CATH LAB	0.081946			70.03
70.04	CARDIAC REHAB SERVICES	0.404935			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366	95,398	32,470	71
71.01	COST OF SOLUTIONS	0.058592	37,912	2,221	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429			72
73	DRUGS CHARGED TO PATIENTS	0.395505	1,292,123	511,041	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.113501	1,552	1,728	90
90.01	ANTICOAG CLINIC	0.761194			90.01
91	EMERGENCY	0.226036	69,400	15,687	91
91.01	PARTIAL HOSPITALIZATION	1.659686			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		4,390,324	1,573,502	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		4,390,324		202



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-0021

WORKSHEET D-3

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS		26,574,869		30
31	INTENSIVE CARE UNIT		161,035		31
31.01	PEDIATRIC ICU		802,170		31.01
31.02	NEONATAL ICU		13,232,970		31.02
32	CORONARY CARE UNIT		1,528,170		32
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.134506	15,496,621	2,084,389	50
50.01	CAREW MEDICAL PARK SURG				50.01
51	RECOVERY ROOM	0.236685	1,195,060	282,853	51
52	DELIVERY ROOM & LABOR ROOM	0.411791	230	95	52
53	ANESTHESIOLOGY				53
54	RADIOLOGY-DIAGNOSTIC	0.087588	10,195,975	893,045	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.487380			54.05
54.06	RADIOLOGY - CMP				54.06
54.07	RADIOLOGY - WP	2.750009			54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.194564	284,678	55,388	55
56	RADIOISOTOPE	0.334101	200,298	66,920	56
60	LABORATORY	0.160558	8,146,275	1,307,950	60
60.01	ANATOMICAL PATHOLOGY	0.215821	671,451	144,913	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014	853,983	479,096	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.226751	5,165,791	1,171,348	65
65.01	WOUND CARE	0.307497	438,240	134,757	65.01
65.02	DIALYSIS	0.639418	357,237	228,424	65.02
65.03	ENDOSCOPY	0.144578	633,929	91,652	65.03
66	PHYSICAL THERAPY	0.460795	558,449	257,331	66
66.01	TRANSITIONAL THERAPY	1.053417			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.444770	404,317	179,828	67
68	SPEECH PATHOLOGY	0.292108	270,687	79,070	68
68.01	NEURO REHAB	0.494256			68.01
69	ELECTROCARDIOLOGY	0.127967	427,200	54,668	69
70	ELECTROENCEPHALOGRAPHY	0.205492	178,538	36,688	70
70.01	NUTRITION SUPPORT	5.794922	15,828	91,722	70.01
70.02	MRI	0.132265	1,015,961	134,376	70.02
70.03	CARDIAC CATH LAB	0.081946	2,040,103	167,178	70.03
70.04	CARDIAC REHAB SERVICES	0.404935			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366	5,378,527	1,830,668	71
71.01	COST OF SOLUTIONS	0.058592	646,055	37,854	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429	3,447,009	939,065	72
73	DRUGS CHARGED TO PATIENTS	0.395505	21,152,242	8,365,817	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	1.113501	18,386	20,473	90
90.01	ANTICOAG CLINIC	0.761194	29	22	90.01
91	EMERGENCY	0.227697	4,407,632	1,003,605	91
91.01	PARTIAL HOSPITALIZATION	1.659686			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361			92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		83,600,731	20,139,195	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		83,600,731		202



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-S021

WORKSHEET D-3

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
1	2	3			
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
40	SUBPROVIDER - IPF		8,222,460		40
41	SUBPROVIDER - IRF				41
43	NURSERY				43
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.134506	6,180	831	50
50.01	CAREW MEDICAL PARK SURG				50.01
51	RECOVERY ROOM	0.236685	7,059	1,671	51
52	DELIVERY ROOM & LABOR ROOM	0.411791			52
53	ANESTHESIOLOGY				53
54	RADIOLOGY-DIAGNOSTIC	0.087588	15,027	1,316	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.487380			54.05
54.06	RADIOLOGY - CMP				54.06
54.07	RADIOLOGY - WP	2.750009			54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.194564			55
56	RADIOISOTOPE	0.334101			56
60	LABORATORY	0.160558	35,605	5,717	60
60.01	ANATOMICAL PATHOLOGY	0.215821			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.226751	190	43	65
65.01	WOUND CARE	0.307497			65.01
65.02	DIALYSIS	0.639418			65.02
65.03	ENDOSCOPY	0.144578			65.03
66	PHYSICAL THERAPY	0.460795	488	225	66
66.01	TRANSITIONAL THERAPY	1.053417			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.444770			67
68	SPEECH PATHOLOGY	0.292108			68
68.01	NEURO REHAB	0.494256			68.01
69	ELECTROCARDIOLOGY	0.127967	2,990	383	69
70	ELECTROENCEPHALOGRAPHY	0.205492			70
70.01	NUTRITION SUPPORT	5.794922	203	1,176	70.01
70.02	MRI	0.132265			70.02
70.03	CARDIAC CATH LAB	0.081946			70.03
70.04	CARDIAC REHAB SERVICES	0.404935			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366	422	144	71
71.01	COST OF SOLUTIONS	0.058592	2,757	162	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429			72
73	DRUGS CHARGED TO PATIENTS	0.395505	76,635	30,310	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	1.113501			90
90.01	ANTICOAG CLINIC	0.761194			90.01
91	EMERGENCY	0.227697	61,549	14,015	91
91.01	PARTIAL HOSPITALIZATION	1.659686			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361			92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		209,105	55,993	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		209,105		202



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-T021

WORKSHEET D-3

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [XX] TITLE XIX - O/P [XX] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF		696,278		41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.134506			50
50.01	CAREW MEDICAL PARK SURG				50.01
51	RECOVERY ROOM	0.236685			51
52	DELIVERY ROOM & LABOR ROOM	0.411791			52
53	ANESTHESIOLOGY				53
54	RADIOLOGY-DIAGNOSTIC	0.087588	8,268	724	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.487380			54.05
54.06	RADIOLOGY - CMP				54.06
54.07	RADIOLOGY - WP	2.750009			54.07
54.08	RADIOLOGY - PULM CLINIC	5.664074			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.194564			55
56	RADIOISOTOPE	0.334101			56
60	LABORATORY	0.160558	2,435	391	60
60.01	ANATOMICAL PATHOLOGY	0.215821			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.561014			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.226751	706	160	65
65.01	WOUND CARE	0.307497			65.01
65.02	DIALYSIS	0.639418			65.02
65.03	ENDOSCOPY	0.144578			65.03
66	PHYSICAL THERAPY	0.460795	22,833	10,521	66
66.01	TRANSITIONAL THERAPY	1.053417			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.444770	24,163	10,747	67
68	SPEECH PATHOLOGY	0.292108	22,452	6,558	68
68.01	NEURO REHAB	0.494256			68.01
69	ELECTROCARDIOLOGY	0.127967	460	59	69
70	ELECTROENCEPHALOGRAPHY	0.205492			70
70.01	NUTRITION SUPPORT	5.794922	114	661	70.01
70.02	MRI	0.132265			70.02
70.03	CARDIAC CATH LAB	0.081946			70.03
70.04	CARDIAC REHAB SERVICES	0.404935			70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.340366			71
71.01	COST OF SOLUTIONS	0.058592	360	21	71.01
72	IMPL. DEV. CHARGED TO PATIENTS	0.272429			72
73	DRUGS CHARGED TO PATIENTS	0.395505	10,015	3,961	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.113501			90
90.01	ANTICOAG CLINIC	0.761194			90.01
91	EMERGENCY	0.227697			91
91.01	PARTIAL HOSPITALIZATION	1.659686			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.394361			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		91,806	33,803	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		91,806		202



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK

APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS				1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)	46,031,530			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	15,343,843			1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	3,105,064			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	41,339,837			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	497.44			4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS				
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (see instructions)	8.32			5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)				6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS				7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)(iv) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002	2.09			8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS				8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions)				8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)	10.41			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	13.60			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	10.41			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	10.41			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	8.32			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	9.71			15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM				16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	9.71			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.019520			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.019947			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.019520			21
22	IME PAYMENT ADJUSTMENT (see instructions)	1,089,911			22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON				
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	1.80			23
24	IME FTE RESIDENT COUNT OVER CAP (see instructions)	3.19			24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (see instructions)	1.80			25
26	RESIDENT TO BED RATIO (divide line 25 by line 4)	0.003619			26
27	IME PAYMENTS ADJUSTMENT (see instructions)	0.000966			27
28	IME ADJUSTMENT (see instructions)	99,223			28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)	1,189,134			29
	DISPROPORTIONATE SHARE ADJUSTMENT				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0458			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.2114			31
32	SUM OF LINES 30 AND 31	0.2572			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.1043			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	5,201,180			34
		PRIOR TO OCTOBER 1	ON OR AFTER OCTOBER 1		
	UNCOMPENSATED CARE ADJUSTMENT				
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)		9,046,380,143		35
35.01	FACTOR 3 (see instructions)		0.000813429		35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		7,358,588		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		1,854,769		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	1,854,769			36
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART 1 EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				40



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK

APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
42	DIVIDE LINE 41 BY LINE 40 (if less than 10%, you do not qualify for adjustment)				42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (line 43 divided by line 41 divided by 7 days)				44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (see instructions)				45
46	TOTAL ADDITIONAL PAYMENT (line 45 times line 44 times line 41)				46
47	SUBTOTAL (see instructions)	72,725,520			47
48	HOSPITAL SPECIFIC PAYMENTS (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (see instructions)	72,725,520			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	5,638,090			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)	453,226			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	98,578			53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	33,710			54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)				55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS				57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	129,845			58
59	TOTAL (sum of amounts on lines 49 through 58)	79,078,969			59
60	PRIMARY PAYER PAYMENTS	134,041			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	78,944,928			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,032,739			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	304,325			63
64	ALLOWABLE BAD DEBTS (see instructions)	710,173			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	461,612			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	345,585			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	73,069,476			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)				68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				70
71	AMOUNT DUE PROVIDER (see instructions)	73,069,476			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,103,349			71.01
72	INTERIM PAYMENTS	72,204,381			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-238,254			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	10,855,764			75

TO BE COMPLETED BY CONTRACTOR

90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2				90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2				91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)				94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (see instructions)				95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)				96



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-0021

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	31,553,477			2
3	PPS PAYMENTS	25,201,466			3
4	OUTLIER PAYMENT (see instructions)	553,727			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	43,253			9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	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)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	25,798,446			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	5,413,197			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	20,385,249			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	136,917			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	20,522,166			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	20,522,166			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)	716,426			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	465,677			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	430,245			36
37	SUBTOTAL (see instructions)	20,987,843			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	20,987,843			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	316,916			40.01
41	INTERIM PAYMENTS	20,381,656			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	289,271			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-S021

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF [] IRF [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	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)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)				27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)				30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T021

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [XX] IRF [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	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)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)				27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)				30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-5516

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	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)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)				27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)				30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



COMPU-MAX

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-0021

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		72,204,381		20,381,656	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)					
	PROGRAM	.01				3.01
	TO	.02				3.02
	PROVIDER	.03				3.03
		.04				3.04
		.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	PROVIDER	.52				3.52
	TO	.53				3.53
	PROGRAM	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		72,204,381		20,381,656	4
TO BE COMPLETED BY CONTRACTOR						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)					
	PROGRAM	.01				5.01
	TO	.02				5.02
	PROVIDER	.03				5.03
		.04				5.04
		.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	PROVIDER	.52				5.52
	TO	.53				5.53
	PROGRAM	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)	.01	865,095		606,187	6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		73,069,476		20,987,843	7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.



COMPU-MAX

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-T021

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,871,436		1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO				2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT	.01			3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM	.02			3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM .03			3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO .04			3.04
		PROVIDER .05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
		PROVIDER .52			3.52
		TO .53			3.53
		PROGRAM .54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,871,436		4
TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT	.01			5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.	.02			5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM .03			5.03
		TO .04			5.04
		PROVIDER .05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
		PROVIDER .52			5.52
		TO .53			5.53
		PROGRAM .54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)	.01	27,086		6.01
	BASED ON THE COST REPORT (1)	.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		1,898,522		7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-5516

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,738,817			1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)					
	PROGRAM	.01				3.01
	TO	.02				3.02
	PROVIDER	.03				3.03
		.04				3.04
		.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	PROVIDER	.52				3.52
	TO	.53				3.53
	PROGRAM	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,738,817			4
TO BE COMPLETED BY CONTRACTOR						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)					
	PROGRAM	.01				5.01
	TO	.02				5.02
	PROVIDER	.03				5.03
		.04				5.04
		.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	PROVIDER	.52				5.52
	TO	.53				5.53
	PROGRAM	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)	.01	34,845			6.01
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		1,773,662			7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.



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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL [] CAH
APPLICABLE BOX:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	27,055	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	39,593	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	27,547	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	128,928	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,882,175,381	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	46,892,936	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (see instructions)	2,551,743	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	51,035	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	2,500,708	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	2,356,968	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	143,740	32



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-S021

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IPF
 BOX:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (excluding outlier, ECT, and medical education payments)	4,010,305	1
2	NET IPF PPS OUTLIER PAYMENT	25,147	2
3	NET IPF PPS ECT PAYMENT	11,831	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)		8
9	AVERAGE DAILY CENSUS (see instructions)	49.175342	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$		10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)	4,047,283	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (see instructions)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)		15
16	SUBTOTAL (see instructions)	4,047,283	16
17	PRIMARY PAYER PAYMENTS	10,020	17
18	SUBTOTAL (line 16 less line 17)	4,037,263	18
19	DEDUCTIBLES	455,588	19
20	SUBTOTAL (line 18 minus line 19)	3,581,675	20
21	COINSURANCE	41,969	21
22	SUBTOTAL (line 20 minus line 21)	3,539,706	22
23	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	35,176	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	22,864	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	31,709	25
26	SUBTOTAL (sum of lines 22 and 24)	3,562,570	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IPF only)		27
28	OTHER PASS THROUGH COSTS (see instructions)	1,937	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	3,564,507	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	53,824	31.01
32	INTERIM PAYMENTS	3,483,740	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	26,943	34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (see instructions)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)		52
53	TIME VALUE OF MONEY (see instructions)		53



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T021

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IRF
 BOX:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	NET FEDERAL PPS PAYMENT (see instructions)	1,181,572	538,378	1
2	MEDICARE SSI RATIO (see instructions)	0.034900		2
3	INPATIENT REHABILITATION LIP PAYMENTS (see instructions)	114,376	35,371	3
4	OUTLIER PAYMENTS	34,897		4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (see instructions)			5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)			5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)			6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)			9
10	AVERAGE DAILY CENSUS (see instructions)	14.890411		10
11	TEACHING ADJUSTMENT FACTOR (see instructions)			11
12	TEACHING ADJUSTMENT (see instructions)			12
13	TOTAL PPS PAYMENT (see instructions)	1,904,594		13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (see instructions)			14
15	ORGAN ACQUISITION			15
16	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)			16
17	SUBTOTAL (see instructions)	1,904,594		17
18	PRIMARY PAYER PAYMENTS			18
19	SUBTOTAL (line 17 less line 18)	1,904,594		19
20	DEDUCTIBLES	5,920		20
21	SUBTOTAL (line 19 minus line 20)	1,898,674		21
22	COINSURANCE	888		22
23	SUBTOTAL (line 21 minus line 22)	1,897,786		23
24	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)			24
25	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)			25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			26
27	SUBTOTAL (sum of lines 23 and 25)	1,897,786		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IRF only)			28
29	OTHER PASS THROUGH COSTS (see instructions)	736		29
30	OUTLIER PAYMENTS RECONCILIATION			30
31	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	1,898,522		32
32.01	SEQUESTRATION ADJUSTMENT (see instructions)	28,668		32.01
33	INTERIM PAYMENTS	1,871,436		33
34	TENTATIVE SETTLEMENT (for contractor use only)			34
35	BALANCE DUE PROVIDER/PROGRAM (line 32 minus lines 32.01, 33 and 34)	-1,582		35
36	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (see instructions)			50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)			51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)			52
53	TIME VALUE OF MONEY (see instructions)			53



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

	PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	1,951,310	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3,313	3
4	SUBTOTAL (sum of lines 1-3)	1,954,623	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	DO NOT USE THIS LINE		5
6	DEDUCTIBLES		6
7	COINSURANCE	185,296	7
8	ALLOWABLE BAD DEBTS (see instructions)	4,926	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	4,926	9
10	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	4,335	10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (sum of lines 4 and 5 minus 6 & 7 plus 10 and 11) (see instructions)	1,773,662	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		14
15	SUBTOTAL (line 12 minus 13 ± line 14)	1,773,662	15
15.01	SEQUESTRATION ADJUSTMENT (see instructions)	26,782	15.01
16	INTERIM PAYMENTS	1,738,817	16
17	TENTATIVE SETTLEMENT (for contractor use only)		17
18	BALANCE DUE PROVIDER/PROGRAM (line 15 minus 15.01, 16 and 17)	8,063	18
19	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-0021

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/MR TEFRA
 BOXES: SNF OTHER

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES			1
2	MEDICAL AND OTHER SERVICES		20,153,534	2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)		20,153,534	4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)		20,153,534	7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES			8
9	ANCILLARY SERVICE CHARGES	83,600,731	98,404,940	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)	83,600,731	98,404,940	12
	CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	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)			14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	83,600,731	98,404,940	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	83,600,731	78,251,406	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)			18
19	INTERNS AND RESIDENTS (see instructions)			19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)		20,153,534	21
	PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	55,270		26
27	SUBTOTAL (sum of lines 22 through 26)	55,270		27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)			28
29	SUM OF LINES 27 AND 21	55,270	20,153,534	29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (from line 18)			30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)	55,270	20,153,534	31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	55,270	20,153,534	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)	55,270	20,153,534	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	55,270	20,153,534	40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	55,270	-55,270	42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-S021

WORKSHEET E-3
PART VII

CHECK TITLE V
 APPLICABLE TITLE XIX
 BOXES:

PPS
 TEFRA
 OTHER

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES			1
2	MEDICAL AND OTHER SERVICES		3,829	2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)		3,829	4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)		3,829	7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES			8
9	ANCILLARY SERVICE CHARGES	209,105	10,844	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)	209,105	10,844	12
	CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	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)			14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	209,105	10,844	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	209,105	7,015	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)			18
19	INTERNS AND RESIDENTS (see instructions)			19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)		3,829	21
	PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	207		26
27	SUBTOTAL (sum of lines 22 through 26)	207		27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)			28
29	SUM OF LINES 27 AND 21	207	3,829	29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (from line 18)			30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)	207	3,829	31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	207	3,829	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)	207	3,829	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	207	3,829	40
41	INTERIM PAYMENTS		4,036	41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	207	-207	42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T021

WORKSHEET E-3
PART VII

CHECK TITLE V
 APPLICABLE TITLE XIX
 BOXES:

PPS
 TEFRA
 OTHER

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES			1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)			4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES			8
9	ANCILLARY SERVICE CHARGES	91,806		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)	91,806		12
	CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	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)			14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	91,806		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	91,806		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)			18
19	INTERNS AND RESIDENTS (see instructions)			19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	25		26
27	SUBTOTAL (sum of lines 22 through 26)	25		27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)			28
29	SUM OF LINES 27 AND 21	25		29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (from line 18)			30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)	25		31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	25		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)	25		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	25		40
41	INTERIM PAYMENTS		25	41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	25	-25	42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43



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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII
 BOX: [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			8.53	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(c)(1) (see instructions)			1.46	2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscribers)			9.99	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			13.60	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			9.99	7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	13.60	0.00	13.60	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	9.99	0.00	9.99	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	9.99	0.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	9.96	0.00		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	9.98	0.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	9.98	0.00		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	9.98	0.00		17
18	PER RESIDENT AMOUNT	97,871.14	0.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	976,754		976,754	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			3.00	20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			3.61	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)			3.00	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)			93,011.93	23
24	MULTIPLY LINE 22 TIMES LINE 23			279,036	24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			1,255,790	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	INPATIENT DAYS	46,322	29,411		26
27	TOTAL INPATIENT DAYS (see instructions)	152,312	152,312		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.304126	0.193097		28
29	PROGRAM DIRECT GME AMOUNT	381,918	242,489		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		34,264		30
31	NET PROGRAM DIRECT GME AMOUNT			590,143	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (see instructions)			104,736,349	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)			144,061	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			104,592,288	41
PART B REASONABLE COST					
42	REASONABLE COST (see instructions)			31,596,730	42
43	PRIMARY PAYER PAYMENTS (see instructions)				43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			31,596,730	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			136,189,018	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.767994	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			0.232006	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (line 31)			590,143	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)			453,226	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)			136,917	50



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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII
 BOX: [XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(c)(1) (see instructions)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)			4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.00	0.00	0.00
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	0.00	0.00	0.00
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00	
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00	
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00	
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00	
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00	
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00	
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00	
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.00	0.00	
18	PER RESIDENT AMOUNT	0.00	0.00	
19	APPROVED AMOUNT FOR RESIDENT COSTS			
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)			
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)			
24	MULTIPLY LINE 22 TIMES LINE 23			
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
26	INPATIENT DAYS	12,376	17,719	
27	TOTAL INPATIENT DAYS (see instructions)	152,312	152,312	
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.081254	0.116334	
29	PROGRAM DIRECT GME AMOUNT			
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			
31	NET PROGRAM DIRECT GME AMOUNT			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)			
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)			
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)			
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)			
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (see instructions)			
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)			
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)			
40	PRIMARY PAYER PAYMENTS (see instructions)			
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			
PART B REASONABLE COST				
42	REASONABLE COST (see instructions)			
43	PRIMARY PAYER PAYMENTS (see instructions)			
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (line 31)			
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)			
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)			



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BALANCE SHEET

WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	-410,923				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	105,266,990				4
5	OTHER RECEIVABLES	-450,607,582				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE					6
7	INVENTORY	12,712,438				7
8	PREPAID EXPENSES	7,695,884				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	-325,343,193				11
FIXED ASSETS						
12	LAND	6,760,319				12
13	LAND IMPROVEMENTS	63,402,375				13
14	ACCUMULATED DEPRECIATION	-13,047,497				14
15	BUILDINGS	509,300,378				15
16	ACCUMULATED DEPRECIATION	-176,178,008				16
17	LEASEHOLD IMPROVEMENTS	9,508,702				17
18	ACCUMULATED AMORTIZATION	-4,221,121				18
19	FIXED EQUIPMENT	18,810,219				19
20	ACCUMULATED DEPRECIATION	-2,776,447				20
21	AUTOMOBILES AND TRUCKS	7,539,176				21
22	ACCUMULATED DEPRECIATION	-2,314,693				22
23	MAJOR MOVABLE EQUIPMENT	387,179,866				23
24	ACCUMULATED DEPRECIATION	-150,661,798				24
25	MINOR EQUIPMENT DEPRECIABLE					25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	653,301,471				30
OTHER ASSETS						
31	INVESTMENTS	20,452,135				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	9,662,196				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	30,114,331				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	358,072,609				36
LIABILITIES AND FUND BALANCES						
	(Omit Cents)	1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	26,484,791				37
38	SALARIES, WAGES & FEES PAYABLE	10,977,373				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)					40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	6,004,082				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	43,466,246				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	4,558,361				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	4,558,361				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	48,024,607				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	310,048,002				52
53	SPECIFIC PURPOSE FUND BALANCE					53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56
57	PLANT FUND BALANCE - INVESTED IN PLANT					57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	310,048,002				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	358,072,609				60



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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCES AT BEGINNING OF PERIOD		316,473,488		1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		88,781,807		2
3	TOTAL (sum of line 1 and line 2)		405,255,295		3
4	ADDITIONS (credit adjustments)	1,599,555			4
5	TRANSFERS				5
6					6
7					7
8					8
9					9
10	TOTAL ADDITIONS (sum of lines 4-9)		1,599,555		10
11	SUBTOTAL (line 3 plus line 10)		406,854,850		11
12	DEDUCTIONS (debit adjustments)				12
13	TRANSFERS	96,806,848			13
14					14
15					15
16					16
17					17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		96,806,848		18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		310,048,002		19

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCES AT BEGINNING OF PERIOD				1
2	NET INCOME (loss) (from Worksheet G-3, line 29)				2
3	TOTAL (sum of line 1 and line 2)				3
4	ADDITIONS (credit adjustments)				4
5	TRANSFERS				5
6					6
7					7
8					8
9					9
10	TOTAL ADDITIONS (sum of lines 4-9)				10
11	SUBTOTAL (line 3 plus line 10)				11
12	DEDUCTIONS (debit adjustments)				12
13	TRANSFERS				13
14					14
15					15
16					16
17					17
18	TOTAL DEDUCTIONS (sum of lines 12-17)				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)				19



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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	110,805,250		110,805,250	1
2	SUBPROVIDER IPF	22,068,045		22,068,045	2
3	SUBPROVIDER IRF	6,184,125		6,184,125	3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	7,385,720		7,385,720	7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	146,443,140		146,443,140	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	20,043,859		20,043,859	11
11.01	PEDIATRIC ICU	1,974,225		1,974,225	11.01
11.02	NEONATAL ICU	24,809,640		24,809,640	11.02
12	CORONARY CARE UNIT	50,981,525		50,981,525	12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	97,809,249		97,809,249	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	244,252,389		244,252,389	17
18	ANCILLARY SERVICES	861,712,631	841,558,827	1,703,271,458	18
19	OUTPATIENT SERVICES				19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY		24,903,901	24,903,901	22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,105,965,020	866,462,728	1,972,427,748	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)			29
30	ADD (SPECIFY)		636,349,298	30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		636,349,298	43



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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	1,972,427,748	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,294,319,930	2
3	NET PATIENT REVENUES (line 1 minus line 2)	678,107,818	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	636,349,298	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	41,758,520	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	3,982,927	6
7	INCOME FROM INVESTMENTS	50,337	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	930	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	-97,132	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	3,337,485	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	232	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	3,476	21
22	RENTAL OF HOSPITAL SPACE	5,996,345	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (LAB SERVICES BILLED)	15,195,519	24
24.01	OTHER (HEALTH FITNESS INCOME)	526,628	24.01
24.02	OTHER (OTHER OPERATING INCOME)	17,017,214	24.02
24.03	OTHER (GIFT SHOP)	336,861	24.03
24.04	OTHER (INCOME RELATED TO NONREIMBURSEABLE)		24.04
24.05	OTHER (ALL OTHER INCOME)		24.05
24.06	OTHER (ROUNDING)	-2	24.06
24.99	OTHER (GAIN ON SALE OF ASSET)	-26,073	24.99
25	TOTAL OTHER INCOME (sum of lines 6-24)	46,324,747	25
26	TOTAL (line 5 plus line 25)	88,083,267	26
27	OTHER EXPENSES (UNREALIZED LOSSES)	-1,036,073	27
27.01	OTHER EXPENSES (LOSS ON SALE OF ASSETS)		27.01
27.02	OTHER EXPENSES (INTEREST EXPENSE)	361,386	27.02
27.03	OTHER EXPENSES (ROUNDING)		27.03
27.04	OTHER EXPENSES (LOSS RELATED TO NON REIMBURSEABLE)	-23,853	27.04
28	TOTAL OTHER EXPENSES (sum of line 27 and subscripts)	-698,540	28
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	88,781,807	29



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 15-7423

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	1,161,393				1,822,790	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	3,063,235		353,941		-78,817	6
7	PHYSICAL THERAPY	557,309		65,778			7
8	OCCUPATIONAL THERAPY	438,666		27,889			8
9	SPEECH PATHOLOGY	98,884		19,397			9
10	MEDICAL SOCIAL SERVICES	27,009		23,491			10
11	HOME HEALTH AIDE	216,809		103,003			11
12	SUPPLIES (see instructions)						12
13	DRUGS						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS	2,547,762	2,814,735	46,180	1,552,603	1,330,370	23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	8,111,067	2,814,735	639,679	1,552,603	3,074,343	24



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 15-7423

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	2,984,183	-2,496,582	487,601		487,601	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	3,338,359		3,338,359		3,338,359	6
7	PHYSICAL THERAPY	623,087		623,087		623,087	7
8	OCCUPATIONAL THERAPY	466,555		466,555		466,555	8
9	SPEECH PATHOLOGY	118,281		118,281		118,281	9
10	MEDICAL SOCIAL SERVICES	50,500		50,500		50,500	10
11	HOME HEALTH AIDE	319,812		319,812		319,812	11
12	SUPPLIES (see instructions)						12
13	DRUGS						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS	8,291,650	-6,605,080	1,686,570	-289,990	1,396,580	23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	16,192,427	-9,101,662	7,090,765	-289,990	6,800,775	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 15-7423

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES				1
2	CAPITAL RELATED-MOVABLE EQUIPMENT				2
3	PLANT OPERATION & MAINTENANCE				3
4	TRANSPORTATION (see instructions)				4
5	ADMINISTRATIVE AND GENERAL	487,601			5
HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE	3,338,359			6
7	PHYSICAL THERAPY	623,087			7
8	OCCUPATIONAL THERAPY	466,555			8
9	SPEECH PATHOLOGY	118,281			9
10	MEDICAL SOCIAL SERVICES	50,500			10
11	HOME HEALTH AIDE	319,812			11
12	SUPPLIES (see instructions)				12
13	DRUGS				13
14	DME				14
HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES				15
16	RESPIRATORY THERAPY				16
17	PRIVATE DUTY NURSING				17
18	CLINIC				18
19	HEALTH PROMOTION ACTIVITIES				19
20	DAY CARE PROGRAM				20
21	HOME DELIVERED MEALS PROGRAM				21
22	HOMEMAKER SERVICE				22
23	ALL OTHERS	1,396,580			23
23.50	TELEMEDICINE				23.50
24	TOTAL (sum of lines 1-23)	6,800,775			24



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 15-7423

WORKSHEET H-1
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL		487,601	487,601		5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		3,338,359	218,483	3,556,842	6
7	PHYSICAL THERAPY		623,087	40,779	663,866	7
8	OCCUPATIONAL THERAPY		466,555	30,534	497,089	8
9	SPEECH PATHOLOGY		118,281	7,741	126,022	9
10	MEDICAL SOCIAL SERVICES		50,500	3,305	53,805	10
11	HOME HEALTH AIDE		319,812	20,930	340,742	11
12	SUPPLIES (see instructions)					12
13	DRUGS					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS		1,396,580	165,829	1,562,409	23
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)		6,800,775		6,800,775	24



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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 15-7423

WORKSHEET H-1
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTER								
1	CAPITAL RELATED-BLDGS & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION (see instructions)							4
5	ADMINISTRATIVE AND GENERAL					-487,601	7,450,421	5
HHA REIMBURSABLE SERVICES								
6	SKILLED NURSING CARE						3,338,359	6
7	PHYSICAL THERAPY						623,087	7
8	OCCUPATIONAL THERAPY						466,555	8
9	SPEECH PATHOLOGY						118,281	9
10	MEDICAL SOCIAL SERVICES						50,500	10
11	HOME HEALTH AIDE						319,812	11
12	SUPPLIES (see instructions)							12
13	DRUGS							13
14	DME							14
HHA NONREIMBURSABLE SERVICES								
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS					1,137,247	2,533,827	23
23.50	TELEMEDICINE							23.50
24	TOTAL (sum of lines 1-23)					649,646	7,450,421	24
25	COST TO BE ALLOC (per Worksheet H-1, Part I)						487,601	25
26	UNIT COST MULTIPLIER						0.065446	26



COMPU-MAX

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7423

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUN- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
1	ADMINISTRATIVE AND GENERAL		200,707	18,471	970,273	26,889		1
2	SKILLED NURSING CARE	3,556,842						2
3	PHYSICAL THERAPY	663,866						3
4	OCCUPATIONAL THERAPY	497,089						4
5	SPEECH PATHOLOGY	126,022						5
6	MEDICAL SOCIAL SERVICES	53,805						6
7	HOME HEALTH AIDE	340,742						7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS	1,562,409						19
20	TOTALS (sum of lines 1-19)(2)	6,800,775	200,707	18,471	970,273	26,889		20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7423

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	MATERIALS MGMT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	SUBTOTAL (cols.0-4)	OTHER A&G	
		5.03	5.04	5.05	5.06	4A	5.07	
1	ADMINISTRATIVE AND GENERAL	1,370		1,220		1,218,930	425,743	1
2	SKILLED NURSING CARE					3,556,842	1,242,320	2
3	PHYSICAL THERAPY					663,866	231,872	3
4	OCCUPATIONAL THERAPY					497,089	173,621	4
5	SPEECH PATHOLOGY					126,022	44,016	5
6	MEDICAL SOCIAL SERVICES					53,805	18,793	6
7	HOME HEALTH AIDE					340,742	119,013	7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS					1,562,409	545,712	19
20	TOTALS (sum of lines 1-19)(2)	1,370		1,220		8,019,705	2,801,090	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7423

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	CAREW MED PARK ADMIN	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		5.08	6	7	7.01	8	9	
1	ADMINISTRATIVE AND GENERAL			146,305	130,480		137,124	1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)			146,305	130,480		137,124	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7423

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	MAIN- TENANCE OF PERSONNEL	
		10	10.01	10.02	10.03	11	12	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)							20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7423

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	
		13	14	15	15.01	15.02	15.03	
1	ADMINISTRATIVE AND GENERAL	6,771		715,407				1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	6,771		715,407				20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7423

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	
		16	17	17.01	19	20	21	
1	ADMINISTRATIVE AND GENERAL	20,992						1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	20,992						20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7423

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	
		22	23	23.01	23.02	24	25	
1	ADMINISTRATIVE AND GENERAL				14,998	2,816,750		1
2	SKILLED NURSING CARE					4,799,162		2
3	PHYSICAL THERAPY					895,738		3
4	OCCUPATIONAL THERAPY					670,710		4
5	SPEECH PATHOLOGY					170,038		5
6	MEDICAL SOCIAL SERVICES					72,598		6
7	HOME HEALTH AIDE					459,755		7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS					2,108,121		19
20	TOTALS (sum of lines 1-19)(2)				14,998	11,992,872		20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7423

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	SUBTOTAL (sum of col.4A-23) 26	ALLOCATED HHA A&G (see Pt.2) 27	TOTAL HHA COSTS 28			
1	ADMINISTRATIVE AND GENERAL	2,816,750					1
2	SKILLED NURSING CARE	4,799,162	1,473,177	6,272,339			2
3	PHYSICAL THERAPY	895,738	274,960	1,170,698			3
4	OCCUPATIONAL THERAPY	670,710	205,884	876,594			4
5	SPEECH PATHOLOGY	170,038	52,196	222,234			5
6	MEDICAL SOCIAL SERVICES	72,598	22,285	94,883			6
7	HOME HEALTH AIDE	459,755	141,129	600,884			7
8	SUPPLIES						8
9	DRUGS						9
10	DME						10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS	2,108,121	647,119	2,755,240			19
20	TOTALS (sum of lines 1-19)(2)	11,992,872	2,816,750	11,992,872			20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.		0.306965				21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 15-7423

WORKSHEET H-2
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUN-CATIONS NUMBER OF PHONES	DATA PROCESSING TIME SPENT	MATERIALS MGMT COSTED REQUISTION	
		1	2	4	5.01	5.02	5.03	
1	ADMINISTRATIVE AND GENERAL	17,229	21,509	5,614,485	93		591,881	1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	17,229	21,509	5,614,485	93		591,881	20
21	TOTAL COST TO BE ALLOCATED	200,707	18,471	970,273	26,889		1,370	21
22	UNIT COST MULTIPLIER	11.649370		0.172816				22
22	UNIT COST MULTIPLIER		0.858757		289.129032		0.002315	22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 15-7423

WORKSHEET H-2
PART II

	HHA COST CENTER	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	RECON-CILIATION	OTHER A&G	CAREW MED PARK ADMIN	
		INPATIENT REVENUE	GROSS REVENUE	FTEs		ACCUM COST	DIRECT EXPENSES	
		5.04	5.05	5.06	4A.07	5.07	5.08	
1	ADMINISTRATIVE AND GENERAL		24,903,901			1,218,930		1
2	SKILLED NURSING CARE					3,556,842		2
3	PHYSICAL THERAPY					663,866		3
4	OCCUPATIONAL THERAPY					497,089		4
5	SPEECH PATHOLOGY					126,022		5
6	MEDICAL SOCIAL SERVICES					53,805		6
7	HOME HEALTH AIDE					340,742		7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS					1,562,409		19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)		24,903,901			8,019,705		20
21	TOTAL COST TO BE ALLOCATED		1,220			2,801,090		21
22	UNIT COST MULTIPLIER					0.349276		22
22	UNIT COST MULTIPLIER		0.000049					22



COMPU-MAX

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 15-7423

WORKSHEET H-2
PART II

	HHA COST CENTER	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	FACILITY ENGINEERIN SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		6	7	7.01	8	9	10	
1	ADMINISTRATIVE AND GENERAL		17,229	17,229		17,229		1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)		17,229	17,229		17,229		20
21	TOTAL COST TO BE ALLOCATED		146,305	130,480		137,124		21
22	UNIT COST MULTIPLIER			7.573278		7.958906		22
22	UNIT COST MULTIPLIER		8.491787					22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 15-7423

WORKSHEET H-2
PART II

	HHA COST CENTER	KITCHEN-NO CONNECT W/CAFE MEALS SERVED	CAFETERIA NUMBER OF PERSONNEL	PREADMITS AND ER MEALS PREADMITS	CAFETERIA MEALS FTES	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSING FTE	
		10.01	10.02	10.03	11	12	13	
1	ADMINISTRATIVE AND GENERAL						18	1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)						18	20
21	TOTAL COST TO BE ALLOCATED						6,771	21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER						376.166667	22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 15-7423

WORKSHEET H-2
PART II

	HHA COST CENTER	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	OUTPATIENT PHARMACY PERCENTAGE 1	IV SOLUTIONS PERCENTAGE 2	MED SURG SUPPLY PERCENTAGE 3	MEDICAL RECORDS & LIBRARY TIME SPENT 16	
1	ADMINISTRATIVE AND GENERAL		957,595	15.01	15.02	15.03	412	1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)		957,595				412	20
21	TOTAL COST TO BE ALLOCATED		715,407				20,992	21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER		0.747087				50.951456	22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 15-7423

WORKSHEET H-2
PART II

	HHA COST CENTER	SOCIAL SERVICE TIME SPENT	REHAB ADMIN PERCENTAGE 4	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
		17	17.01	19	20	21	22	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)							20
21	TOTAL COST TO BE ALLOCATED							21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER							22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 15-7423

WORKSHEET H-2
PART II

	HHA COST CENTER	PARAMED EDUCATION ASSIGNED TIME	PARAMED ED RADIOLOGY PERCENTAGE 7	PARAMED ED PHARMACY COSTED REQUIS.			
		23	23.01	23.02			
1	ADMINISTRATIVE AND GENERAL			957,595			1
2	SKILLED NURSING CARE						2
3	PHYSICAL THERAPY						3
4	OCCUPATIONAL THERAPY						4
5	SPEECH PATHOLOGY						5
6	MEDICAL SOCIAL SERVICES						6
7	HOME HEALTH AIDE						7
8	SUPPLIES						8
9	DRUGS						9
10	DME						10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
19.50	TELEMEDICINE						19.50
20	TOTALS (sum of lines 1-19)			957,595			20
21	TOTAL COST TO BE ALLOCATED			14,998			21
22	UNIT COST MULTIPLIER			0.015662			22
22	UNIT COST MULTIPLIER						22



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 15-7423

WORKSHEET H-3
PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION								
	PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL VISITS	AVERAGE COST PER VISIT (col. 3 ÷ col. 4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	6,272,339		6,272,339	31,825	197.09	1
2	PHYSICAL THERAPY	3	1,170,698		1,170,698	6,461	181.19	2
3	OCCUPATIONAL THERAPY	4	876,594		876,594	2,945	297.66	3
4	SPEECH PATHOLOGY	5	222,234		222,234	967	229.82	4
5	MEDICAL SOCIAL SERVICES	6	94,883		94,883	873	108.69	5
6	HOME HEALTH AIDE	7	600,884		600,884	5,928	101.36	6
7	TOTAL (sum of lines 1-6)		9,237,632		9,237,632	48,999		7

LIMITATION COST COMPUTATION					PROGRAM VISITS		
	PATIENT SERVICES	CBSA NO.	PART A		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	
		1	2		3	4	
8	SKILLED NURSING CARE	23060	4,421		3,163		8
8.01	SKILLED NURSING CARE	99915	1,567		2,111		8.01
9	PHYSICAL THERAPY	23060	947		785		9
9.01	PHYSICAL THERAPY	99915	345		493		9.01
10	OCCUPATIONAL THERAPY	23060	486		393		10
10.01	OCCUPATIONAL THERAPY	99915	153		192		10.01
11	SPEECH PATHOLOGY	23060	193		68		11
11.01	SPEECH PATHOLOGY	99915	37		36		11.01
12	MEDICAL SOCIAL SERVICES	23060	142		110		12
12.01	MEDICAL SOCIAL SERVICES	99915	25		52		12.01
13	HOME HEALTH AIDE	23060	630		697		13
13.01	HOME HEALTH AIDE	99915	217		525		13.01
14	TOTAL (sum of lines 8-13)		9,163		8,625		14

SUPPLIES AND DRUGS COSTS COMPUTATIONS								
	OTHER PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL CHARGES (from HHA Record)	RATIO (col. 3 ÷ col. 4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM WKST. C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (from provider records)	HHA SHARED ANCILLARY COSTS (col. 1 x col. 2)	TRANSFER TO PART I AS INDICATED	
			1	2	3	4	
1	PHYSICAL THERAPY	66	0.460795			col. 2, line 2	1
1.01	TRANSITIONAL THERAPY	66.01	1.053417			col. 2, line 2	1.01
1.02	PV REHAB OUTREACH	66.02				col. 2, line 2	1.02
2	OCCUPATIONAL THERAPY	67	0.444770			col. 2, line 3	2
3	SPEECH PATHOLOGY	68	0.292108			col. 2, line 4	3
3.01	NEURO REHAB	68.01	0.494221			col. 2, line 4	3.01
4	MEDICAL SUPPLIES CHARGED TO PAT	71	0.340366			col. 2, line 15	4
4.01	COST OF SOLUTIONS	71.01	0.058592			col. 2, line 15	4.01
5	DRUGS CHARGED TO PATIENTS	73	0.395505			col. 2, line 16	5



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 15-7423

WORKSHEET H-3
PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (sum of cols 9-10)	
PATIENT SERVICES	PART A	PART B		PART A	PART B				
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE			
	6	7	8	9	10	11	12		
1 SKILLED NURSING CARE	5,988	5,274		1,180,175	1,039,453		2,219,628	1	
2 PHYSICAL THERAPY	1,292	1,278		234,097	231,561		465,658	2	
3 OCCUPATIONAL THERAPY	639	585		190,205	174,131		364,336	3	
4 SPEECH PATHOLOGY	230	104		52,859	23,901		76,760	4	
5 MEDICAL SOCIAL SERVICES	167	162		18,151	17,608		35,759	5	
6 HOME HEALTH AIDE	847	1,222		85,852	123,862		209,714	6	
7 TOTAL (sum of lines 1-6)	9,163	8,625		1,761,339	1,610,516		3,371,855	7	

SUPPLIES AND DRUGS COSTS COMPUTATIONS		PROGRAM COVERED CHARGES			COST OF SERVICES			
OTHER PATIENT SERVICES	PART A	PART B		PART A	PART B			
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
	6	7	8	9	10	11		
15 COST OF MEDICAL SUPPLIES							15	
16 COST OF DRUGS							16	



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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 15-7423

WORKSHEET H-4
PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	DESCRIPTION	PART A 1	PART B		
			NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PART A & PART B SERVICES				
1	REASONABLE COST OF SERVICES (see instructions)				1
2	TOTAL CHARGES	1,627,358			2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (from your records)				3
4	AMOUNT 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(b)				4
5	RATIO OF LINE 3 TO LINE 4 (not to exceed 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (see instructions)	1,627,358			6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (complete only if line 6 exceeds line 1)	1,627,358			7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 1 exceeds line 6)				8
9	PRIMARY PAYER PAYMENTS				9

COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST (see instructions)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,353,316	1,337,084	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	43,285	14,337	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	20,206	29,793	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	8,693	5,456	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	1,423		15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17	TOTAL OTHER PAYMENTS			17
18	DME PAYMENTS			18
19	OXYGEN PAYMENTS			19
20	PROSTHETIC AND ORTHOTIC PAYMENTS			20
21	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (exclude coinsurance)			21
22	SUBTOTAL (sum of lines 10-20 minus line 21)	1,426,923	1,386,670	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	1,426,923	1,386,670	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	1,426,923	1,386,670	26
27	REIMBURSABLE BAD DEBTS (from your records)			27
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			28
29	TOTAL COSTS - CURRENT COST REPORTING PERIOD (line 26 plus line 27)	1,426,923	1,386,670	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			30
31	SUBTOTAL (line 29 plus/minus line 30)	1,426,923	1,386,670	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)			31.01
32	INTERIM PAYMENTS (see instructions)	1,426,923	1,386,670	32
33	TENTATIVE SETTLEMENT (for contractor use only)			33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)			34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115-2			35



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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM HHA CCN: 15-7423
 BENEFICIARIES

WORKSHEET H-5

	DESCRIPTION	PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,426,923		1,386,670
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO				
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM				
		.01			3.01
		.02			3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM			3.03
		TO			3.04
		PROVIDER			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
		PROVIDER			3.52
		TO			3.53
		PROGRAM			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,426,923		1,386,670
TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)				
		PROGRAM			5.03
		TO			5.04
		PROVIDER			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
		PROVIDER			5.52
		TO			5.53
		PROGRAM			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)	.01			6.01
		.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		1,426,923		1,386,670
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	
					8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.



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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 15-1552

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION	100,787	34,268				5
6	ADMINISTRATIVE AND GENERAL	90,386	30,731				6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE				915,300		7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES	117,397	39,915		24,522		9
10	NURSING CARE	1,877,820	638,459				10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY	6,801	2,312				12
13	OCCUPATIONAL THERAPY	1,985	675				13
14	SPEECH/LANGUAGE PATHOLOGY	1,040	354				14
15	MEDICAL SOCIAL SERVICES	413,652	140,642				15
16	SPIRITUAL COUNSELING	151,976	51,672				16
17	DIETARY COUNSELING	7,949	2,703				17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOME MAKER	230,648					19
20	HH AIDE & HOME MAKER - CONT. HOME CARE		78,420				20
21	OTHER	86,388	29,372				21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THERAPY						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION				15,060		27
28	IMAGING SERVICES				2,526		28
29	LABS AND DIAGNOSTICS				795		29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R Dept.)						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS				594,400		38
39	TOTAL (sum of lines 1-38)	3,086,829	1,049,523		1,552,603		39



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 15-1552

WORKSHEET K

	TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION	135,055		135,055		135,055	5
6 ADMINISTRATIVE AND GENERAL	121,117		121,117		121,117	6
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE	915,300	1,269,915	2,185,215		2,185,215	7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES	181,834		181,834		181,834	9
10 NURSING CARE	2,516,279		2,516,279		2,516,279	10
11 NURSING CARE-CONTINUOUS HOME CARE						11
12 PHYSICAL THERAPY	9,113		9,113		9,113	12
13 OCCUPATIONAL THERAPY	2,660		2,660		2,660	13
14 SPEECH/LANGUAGE PATHOLOGY	1,394		1,394		1,394	14
15 MEDICAL SOCIAL SERVICES	554,294		554,294		554,294	15
16 SPIRITUAL COUNSELING	203,648		203,648		203,648	16
17 DIETARY COUNSELING	10,652		10,652		10,652	17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	230,648		230,648		230,648	19
20 HH AIDE & HOMEMAKER - CONT. HOME CARE	78,420		78,420		78,420	20
21 OTHER	115,760		115,760		115,760	21
OTHER HOSPICE SERVICE COSTS						
22 DRUGS, BIOLOGICAL AND INFUSION THERAPY						22
23 ANALGESICS						23
24 SEDATIVES/HYPNOTICS						24
25 OTHER - SPECIFY						25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27 PATIENT TRANSPORTATION	15,060		15,060		15,060	27
28 IMAGING SERVICES	2,526		2,526		2,526	28
29 LABS AND DIAGNOSTICS	795		795		795	29
30 MEDICAL SUPPLIES						30
31 OUTPATIENT SERVICES (including E/R Dept.)						31
32 RADIATION THERAPY						32
33 CHEMOTHERAPY						33
34 OTHER						34
HOSPICE NONREIMBURSABLE SERVICE						
35 BEREAVEMENT PROGRAM COSTS						35
36 VOLUNTEER PROGRAM COSTS						36
37 FUNDRAISING						37
38 OTHER PROGRAM COSTS	594,400		594,400		594,400	38
39 TOTAL (sum of lines 1-38)	5,688,955	2,539,830	6,958,870		6,958,870	39



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 15-1552

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE				320,081	1,557,739	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES			413,652			15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)			413,652	320,081	1,557,739	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 15-1552

WORKSHEET K-1

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1					1
2					2
3					3
4					4
5			100,787	100,787	5
6			90,386	90,386	6
INPATIENT CARE SERVICE					
7					7
8					8
VISITING SERVICES					
9			117,397	117,397	9
10				1,877,820	10
11					11
12	6,801			6,801	12
13	1,985			1,985	13
14	1,040			1,040	14
15				413,652	15
16			151,976	151,976	16
17			7,949	7,949	17
18					18
19		230,648		230,648	19
20					20
21			86,388	86,388	21
OTHER HOSPICE SERVICE COSTS					
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
HOSPICE NONREIMBURSABLE SERVICE					
35					35
36					36
37					37
38					38
39	9,826	230,648	554,883	3,086,829	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 15-1552

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE				108,828	529,631	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES			140,642			15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)			140,642	108,828	529,631	39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 15-1552

WORKSHEET K-2

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIX					1
2 CAPITAL RELATED COSTS-MOVABLE EQUI					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION			34,268	34,268	5
6 ADMINISTRATIVE AND GENERAL			30,731	30,731	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES			39,915	39,915	9
10 NURSING CARE				638,459	10
11 NURSING CARE-CONTINUOUS HOME CARE					11
12 PHYSICAL THERAPY	2,312			2,312	12
13 OCCUPATIONAL THERAPY	675			675	13
14 SPEECH/LANGUAGE PATHOLOGY	354			354	14
15 MEDICAL SOCIAL SERVICES				140,642	15
16 SPIRITUAL COUNSELING			51,672	51,672	16
17 DIETARY COUNSELING			2,703	2,703	17
18 COUNSELING - OTHER					18
19 HOME HEALTH AIDE AND HOMEMAKER					19
20 HH AIDE & HOMEMAKER - CONT. HOME C		78,420		78,420	20
21 OTHER			29,372	29,372	21
OTHER HOSPICE SERVICE COSTS					
22 DRUGS, BIOLOGICAL AND INFUSION THE					22
23 ANALGESICS					23
24 SEDATIVES/HYPNOTICS					24
25 OTHER - SPECIFY					25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27 PATIENT TRANSPORTATION					27
28 IMAGING SERVICES					28
29 LABS AND DIAGNOSTICS					29
30 MEDICAL SUPPLIES					30
31 OUTPATIENT SERVICES (including E/R					31
32 RADIATION THERAPY					32
33 CHEMOTHERAPY					33
34 OTHER					34
HOSPICE NONREIMBURSABLE SERVICE					
35 BEREAVEMENT PROGRAM COSTS					35
36 VOLUNTEER PROGRAM COSTS					36
37 FUNDRAISING					37
38 OTHER PROGRAM COSTS					38
39 TOTAL (sum of lines 1-38)	3,341	78,420	188,661	1,049,523	39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 15-1552

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE						10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)						39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 15-1552

WORKSHEET K-3

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIX					1
2 CAPITAL RELATED COSTS-MOVABLE EQUI					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL					6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE			915,300	915,300	7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES			24,522	24,522	9
10 NURSING CARE					10
11 NURSING CARE-CONTINUOUS HOME CARE					11
12 PHYSICAL THERAPY					12
13 OCCUPATIONAL THERAPY					13
14 SPEECH/LANGUAGE PATHOLOGY					14
15 MEDICAL SOCIAL SERVICES					15
16 SPIRITUAL COUNSELING					16
17 DIETARY COUNSELING					17
18 COUNSELING - OTHER					18
19 HOME HEALTH AIDE AND HOMEMAKER					19
20 HH AIDE & HOMEMAKER - CONT. HOME C					20
21 OTHER					21
OTHER HOSPICE SERVICE COSTS					
22 DRUGS, BIOLOGICAL AND INFUSION THE					22
23 ANALGESICS					23
24 SEDATIVES/HYPNOTICS					24
25 OTHER - SPECIFY					25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27 PATIENT TRANSPORTATION			15,060	15,060	27
28 IMAGING SERVICES			2,526	2,526	28
29 LABS AND DIAGNOSTICS			795	795	29
30 MEDICAL SUPPLIES					30
31 OUTPATIENT SERVICES (including E/R					31
32 RADIATION THERAPY					32
33 CHEMOTHERAPY					33
34 OTHER					34
HOSPICE NONREIMBURSABLE SERVICE					
35 BEREAVEMENT PROGRAM COSTS					35
36 VOLUNTEER PROGRAM COSTS					36
37 FUNDRAISING					37
38 OTHER PROGRAM COSTS			594,400	594,400	38
39 TOTAL (sum of lines 1-38)			1,552,603	1,552,603	39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 15-1552

**WORKSHEET K-4
PART I**

	COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS				
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANS- PORTATION	
		0	1	2	3	4	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION	135,055					5
6	ADMINISTRATIVE AND GENERAL	121,117					6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE	2,185,215					7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES	181,834					9
10	NURSING CARE	2,516,279					10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY	9,113					12
13	OCCUPATIONAL THERAPY	2,660					13
14	SPEECH/LANGUAGE PATHOLOGY	1,394					14
15	MEDICAL SOCIAL SERVICES	554,294					15
16	SPIRITUAL COUNSELING	203,648					16
17	DIETARY COUNSELING	10,652					17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER	230,648					19
20	HH AIDE & HOMEMAKER - CONT. HOME C	78,420					20
21	OTHER	115,760					21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION	15,060					27
28	IMAGING SERVICES	2,526					28
29	LABS AND DIAGNOSTICS	795					29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS	594,400					38
39	TOTAL (sum of lines 1-38)	6,958,870					39



COMPU-MAX

PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 15-1552

WORKSHEET K-4
PART I

	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
	5	5A	6	7	
GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX				1
2	CAPITAL RELATED COSTS-MOVABLE EQUI				2
3	PLANT OPERATION AND MAINTENANCE				3
4	TRANSPORTATION - STAFF				4
5	VOLUNTEER SERVICE COORDINATION	135,055			5
6	ADMINISTRATIVE AND GENERAL	135,055	256,172	256,172	6
INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE		2,185,215	83,517	2,268,732
8	INPATIENT - RESPITE CARE				8
VISITING SERVICES					
9	PHYSICIAN SERVICES		181,834	6,950	188,784
10	NURSING CARE		2,516,279	96,171	2,612,450
11	NURSING CARE-CONTINUOUS HOME CARE				11
12	PHYSICAL THERAPY		9,113	348	9,461
13	OCCUPATIONAL THERAPY		2,660	102	2,762
14	SPEECH/LANGUAGE PATHOLOGY		1,394	53	1,447
15	MEDICAL SOCIAL SERVICES		554,294	21,185	575,479
16	SPIRITUAL COUNSELING		203,648	7,783	211,431
17	DIETARY COUNSELING		10,652	407	11,059
18	COUNSELING - OTHER				18
19	HOME HEALTH AIDE AND HOMEMAKER		230,648	8,815	239,463
20	HH AIDE & HOMEMAKER - CONT. HOME C		78,420	2,997	81,417
21	OTHER		115,760	4,424	120,184
OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE				22
23	ANALGESICS				23
24	SEDATIVES/HYPNOTICS				24
25	OTHER - SPECIFY				25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN				26
27	PATIENT TRANSPORTATION		15,060	576	15,636
28	IMAGING SERVICES		2,526	97	2,623
29	LABS AND DIAGNOSTICS		795	30	825
30	MEDICAL SUPPLIES				30
31	OUTPATIENT SERVICES (including E/R				31
32	RADIATION THERAPY				32
33	CHEMOTHERAPY				33
34	OTHER				34
HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS				35
36	VOLUNTEER PROGRAM COSTS				36
37	FUNDRAISING				37
38	OTHER PROGRAM COSTS		594,400	22,717	617,117
39	TOTAL (sum of lines 1-38)	135,055	6,958,870		6,958,870



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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 15-1552

WORKSHEET K-4
PART II

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				VOLUNTEER SERVICES COORDINATOR (Hours)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)				
		1	2	3	4	5	6A	6	
	GENERAL SERVICE COST CENTER								
1	CAPITAL RELATED COSTS-BLDG AND FIX								1
2	CAPITAL RELATED COSTS-MOVABLE EQUI								2
3	PLANT OPERATION AND MAINTENANCE								3
4	TRANSPORTATION - STAFF				327,147				4
5	VOLUNTEER SERVICE COORDINATION					3,670			5
6	ADMINISTRATIVE AND GENERAL					3,670	-256,172	6,702,698	6
	INPATIENT CARE SERVICE								
7	INPATIENT - GENERAL CARE							2,185,215	7
8	INPATIENT - RESPITE CARE								8
	VISITING SERVICES								
9	PHYSICIAN SERVICES							181,834	9
10	NURSING CARE				150,810			2,516,279	10
11	NURSING CARE-CONTINUOUS HOME CARE								11
12	PHYSICAL THERAPY				1,478			9,113	12
13	OCCUPATIONAL THERAPY				415			2,660	13
14	SPEECH/LANGUAGE PATHOLOGY				357			1,394	14
15	MEDICAL SOCIAL SERVICES				23,700			554,294	15
16	SPIRITUAL COUNSELING				23,963			203,648	16
17	DIETARY COUNSELING				962			10,652	17
18	COUNSELING - OTHER								18
19	HOME HEALTH AIDE AND HOME MAKER				89,934			230,648	19
20	HH AIDE & HOME MAKER - CONT. HOME C							78,420	20
21	OTHER				17,267			115,760	21
	OTHER HOSPICE SERVICE COSTS								
22	DRUGS, BIOLOGICAL AND INFUSION THE								22
23	ANALGESICS								23
24	SEDATIVES/HYPNOTICS								24
25	OTHER - SPECIFY								25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN								26
27	PATIENT TRANSPORTATION							15,060	27
28	IMAGING SERVICES							2,526	28
29	LABS AND DIAGNOSTICS							795	29
30	MEDICAL SUPPLIES								30
31	OUTPATIENT SERVICES (including E/R								31
32	RADIATION THERAPY								32
33	CHEMOTHERAPY								33
34	OTHER								34
	HOSPICE NONREIMBURSABLE SERVICE								
35	BEREAVEMENT PROGRAM COSTS								35
36	VOLUNTEER PROGRAM COSTS				18,261				36
37	FUNDRAISING								37
38	OTHER PROGRAM COSTS							594,400	38
39	TOTAL (sum of lines 1-38)					135,055		256,172	39
40	UNIT COST MULTIPLIER					36.799728		0.038219	40



PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 15-1552

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUN- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
1	ADMINISTRATIVE AND GENERAL				626,874			1
2	INPATIENT - GENERAL CARE	2,268,732						2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES	188,784						4
5	NURSING CARE	2,612,450						5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY	9,461						7
8	OCCUPATIONAL THERAPY	2,762						8
9	SPEECH/LANGUAGE PATHOLOGY	1,447						9
10	MEDICAL SOCIAL SERVICES	575,479						10
11	SPIRITUAL COUNSELING	211,431						11
12	DIETARY COUNSELING	11,059						12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER	239,463						14
15	HH AIDE & HOMEMAKER - CONT. HOME	81,417						15
16	OTHER	120,184						16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION	15,636						22
23	IMAGING SERVICES	2,623						23
24	LABS AND DIAGNOSTICS	825						24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS	617,117						33
34	TOTALS (sum of lines 1-33) (2)	6,958,870			626,874			34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 15-1552

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	MATERIALS MGMT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	SUBTOTAL	OTHER A&G	
		5.03	5.04	5.05	5.06	4A	5.07	
1	ADMINISTRATIVE AND GENERAL					626,874	218,952	1
2	INPATIENT - GENERAL CARE					2,268,732	792,414	2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES					188,784	65,938	4
5	NURSING CARE					2,612,450	912,465	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY					9,461	3,305	7
8	OCCUPATIONAL THERAPY					2,762	965	8
9	SPEECH/LANGUAGE PATHOLOGY					1,447	505	9
10	MEDICAL SOCIAL SERVICES					575,479	201,001	10
11	SPIRITUAL COUNSELING					211,431	73,848	11
12	DIETARY COUNSELING					11,059	3,863	12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER					239,463	83,639	14
15	HH AIDE & HOMEMAKER - CONT. HOME					81,417	28,437	15
16	OTHER					120,184	41,977	16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION					15,636	5,461	22
23	IMAGING SERVICES					2,623	916	23
24	LABS AND DIAGNOSTICS					825	288	24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS					617,117	215,544	33
34	TOTALS (sum of lines 1-33) (2)					7,585,744	2,649,518	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 15-1552

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	CAREW MED PARK ADMIN	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		5.08	6	7	7.01	8	9	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)							34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 15-1552

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	MAIN- TENANCE OF PERSONNEL	
		10	10.01	10.02	10.03	11	12	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)							34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 15-1552

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	
		13	14	15	15.01	15.02	15.03	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)							34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 15-1552

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	
		16	17	17.01	19	20	21	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)							34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 15-1552

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL (cols. 4A-23)	I&R COST & POST STEP- DOWN ADJS	
		22	23	23.01	23.02	24	25	
1	ADMINISTRATIVE AND GENERAL					845,826		1
2	INPATIENT - GENERAL CARE					3,061,146		2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES					254,722		4
5	NURSING CARE					3,524,915		5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY					12,766		7
8	OCCUPATIONAL THERAPY					3,727		8
9	SPEECH/LANGUAGE PATHOLOGY					1,952		9
10	MEDICAL SOCIAL SERVICES					776,480		10
11	SPIRITUAL COUNSELING					285,279		11
12	DIETARY COUNSELING					14,922		12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER					323,102		14
15	HH AIDE & HOMEMAKER - CONT. HOME					109,854		15
16	OTHER					162,161		16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION					21,097		22
23	IMAGING SERVICES					3,539		23
24	LABS AND DIAGNOSTICS					1,113		24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS					832,661		33
34	TOTALS (sum of lines 1-33) (2)					10,235,262		34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



PARKVIEW HOSPITAL Provider CCN: 15-0021	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 12:14 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 15-1552

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	SUBTOTAL (cols. 24 ± 25) 26	ALLOC HOSP A&G (See Part II) 27	TOTAL HOSP COSTS (col 26 ± 27) 28			
1	ADMINISTRATIVE AND GENERAL	845,826					1
2	INPATIENT - GENERAL CARE	3,061,146	275,757	3,336,903			2
3	INPATIENT - RESPITE CARE						3
4	PHYSICIAN SERVICES	254,722	22,946	277,668			4
5	NURSING CARE	3,524,915	317,532	3,842,447			5
6	NURSING CARE-CONTINUOUS HOME CARE						6
7	PHYSICAL THERAPY	12,766	1,150	13,916			7
8	OCCUPATIONAL THERAPY	3,727	336	4,063			8
9	SPEECH/LANGUAGE PATHOLOGY	1,952	176	2,128			9
10	MEDICAL SOCIAL SERVICES	776,480	69,948	846,428			10
11	SPIRITUAL COUNSELING	285,279	25,699	310,978			11
12	DIETARY COUNSELING	14,922	1,344	16,266			12
13	COUNSELING - OTHER						13
14	HOME HEALTH AIDE AND HOMEMAKER	323,102	29,106	352,208			14
15	HH AIDE & HOMEMAKER - CONT. HOME	109,854	9,896	119,750			15
16	OTHER	162,161	14,608	176,769			16
17	DRUGS, BIOLOGICAL AND INFUSION TH						17
18	ANALGESICS						18
19	SEDATIVES / HYPNOTICS						19
20	OTHER - SPECIFY						20
21	DURABLE MED. EQUIPMENT/OXYGEN						21
22	PATIENT TRANSPORTATION	21,097	1,900	22,997			22
23	IMAGING SERVICES	3,539	319	3,858			23
24	LABS AND DIAGNOSTICS	1,113	100	1,213			24
25	MEDICAL SUPPLIES						25
26	OUTPATIENT SERVICES (including E/						26
27	RADIATION THERAPY						27
28	CHEMOTHERAPY						28
29	OTHER						29
30	BEREAVEMENT PROGRAM COSTS						30
31	VOLUNTEER PROGRAM COSTS						31
32	FUNDRAISING						32
33	OTHER PROGRAM COSTS	832,661	75,009	907,670			33
34	TOTALS (sum of lines 1-33) (2)	10,235,262		10,235,262			34
35	UNIT COST MULTIPLIER (see instruc		0.090083				35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 15-1552

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUN-CATIONS NUMBER OF PHONES	DATA PROCESSING TIME SPENT	MATERIALS MGMT COSTED REQUISTION	
		1	2	4	5.01	5.02	5.03	
1	ADMINISTRATIVE AND GENERAL			3,627,407				1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOME MAKER							14
15	HH AIDE & HOME MAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)			3,627,407				34
35	TOTAL COST TO BE ALLOCATED			626,874				35
36	UNIT COST MULTIPLIER			0.172816				36
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 15-1552

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	RECONCILIATION	OTHER A&G	CAREW MED PARK ADMIN
		INPATIENT REVENUE	GROSS REVENUE	FTES		ACCUM COST	DIRECT EXPENSES
		5.04	5.05	5.06	4A.07	5.07	5.08
1	ADMINISTRATIVE AND GENERAL					626,874	1
2	INPATIENT - GENERAL CARE					2,268,732	2
3	INPATIENT - RESPITE CARE						3
4	PHYSICIAN SERVICES					188,784	4
5	NURSING CARE					2,612,450	5
6	NURSING CARE-CONTINUOUS HOME CARE						6
7	PHYSICAL THERAPY					9,461	7
8	OCCUPATIONAL THERAPY					2,762	8
9	SPEECH/LANGUAGE PATHOLOGY					1,447	9
10	MEDICAL SOCIAL SERVICES					575,479	10
11	SPIRITUAL COUNSELING					211,431	11
12	DIETARY COUNSELING					11,059	12
13	COUNSELING - OTHER						13
14	HOME HEALTH AIDE AND HOME MAKER					239,463	14
15	HH AIDE & HOME MAKER - CONT. HOME					81,417	15
16	OTHER					120,184	16
17	DRUGS, BIOLOGICAL AND INFUSION TH						17
18	ANALGESICS						18
19	SEDATIVES / HYPNOTICS						19
20	OTHER - SPECIFY						20
21	DURABLE MED. EQUIPMENT/OXYGEN						21
22	PATIENT TRANSPORTATION					15,636	22
23	IMAGING SERVICES					2,623	23
24	LABS AND DIAGNOSTICS					825	24
25	MEDICAL SUPPLIES						25
26	OUTPATIENT SERVICES (including E/						26
27	RADIATION THERAPY						27
28	CHEMOTHERAPY						28
29	OTHER						29
30	BEREAVEMENT PROGRAM COSTS						30
31	VOLUNTEER PROGRAM COSTS						31
32	FUNDRAISING						32
33	OTHER PROGRAM COSTS					617,117	33
34	TOTALS (sum of lines 1-33)					7,585,744	34
35	TOTAL COST TO BE ALLOCATED					2,649,518	35
36	UNIT COST MULTIPLIER					0.349276	36
36	UNIT COST MULTIPLIER						36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 15-1552

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	FACILITY ENGINEERIN SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		6	7	7.01	8	9	10	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)							34
35	TOTAL COST TO BE ALLOCATED							35
36	UNIT COST MULTIPLIER							36
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 15-1552

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	KITCHEN-NO CONNECT W/CAFE MEALS SERVED	CAFETERIA NUMBER OF PERSONNEL	PREADMITS AND ER MEALS PREADMITS	CAFETERIA MEALS FTES	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSING FTE	
		10.01	10.02	10.03	11	12	13	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)							34
35	TOTAL COST TO BE ALLOCATED							35
36	UNIT COST MULTIPLIER							36
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 15-1552

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	OUTPATIENT PHARMACY PERCENTAGE 1 15.01	IV SOLUTIONS PERCENTAGE 2 15.02	MED SURG SUPPLY PERCENTAGE 3 15.03	MEDICAL RECORDS & LIBRARY TIME SPENT 16	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOME MAKER							14
15	HH AIDE & HOME MAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)							34
35	TOTAL COST TO BE ALLOCATED							35
36	UNIT COST MULTIPLIER							36
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 15-1552

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	SOCIAL SERVICE TIME SPENT	REHAB ADMIN PERCENTAGE 4	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
		17	17.01	19	20	21	22	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOME MAKER							14
15	HH AIDE & HOME MAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)							34
35	TOTAL COST TO BE ALLOCATED							35
36	UNIT COST MULTIPLIER							36
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 15-1552

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY				
		ASSIGNED TIME	PERCENTAGE 7	COSTED REQUIS.				
1	ADMINISTRATIVE AND GENERAL	23	23.01	23.02				1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOME MAKER							14
15	HH AIDE & HOME MAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)							34
35	TOTAL COST TO BE ALLOCATED							35
36	UNIT COST MULTIPLIER							36
36	UNIT COST MULTIPLIER							36



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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 15-1552

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HOSPICE CHARGES (Provider Records)	HOSPICE SHARED ANCILLARY COSTS (cols. 1 x 2)	
		0	1	2	3	
	ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.460795			1
1.01	TRANSITIONAL THERAPY	66.01	1.053417			1.01
1.02	PV REHAB OUTREACH	66.02				1.02
2	OCCUPATIONAL THERAPY	67	0.444770			2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.292108			3
3.01	NEURO REHAB	68.01	0.494221			3.01
4	DRUGS, BIOLOGICAL AND INFUSION THERAPY	73	0.395505			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96				5
6	LABS AND DIAGNOSTICS	60	0.160558			6
6.01	ANATOMICAL PATHOLOGY	60.01	0.215821			6.01
7	MEDICAL SUPPLIES	71	0.340366			7
7.01	COST OF SOLUTIONS	71.01	0.058592			7.01
8	OUTPATIENT SERVICES (including E/R Dept.)	93				8
9	RADIATION THERAPY	55	0.193374			9
10	OTHER ANCILLARY (SPECIFY)	76				10
10.97	CARDIAC REHABILITATION	76.97				10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
10.99	LITHOTRIPSY	76.99				10.99
11	TOTALS (sum of lines 1-10)					11



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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 15-1552

WORKSHEET K-6

COMPUTATION OF PER DIEM COSTS		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST (see instructions)				9,327,592	1
2	TOTAL UNDUPLICATED DAYS (Worksheet S-9, column 6, line 5)				38,420	2
3	AVERAGE COST PER DIEM (line 1 divided by line 2)				242.78	3
4	UNDUPLICATED MEDICARE DAYS (Worksheet S-9, column 1, line 5)	34,642				4
5	AGGREGATE MEDICARE COST (line 3 times line 4)	8,410,385				5
6	UNDUPLICATED MEDICAID DAYS (Worksheet S-9, column 2, line 5)		1,244			6
7	AGGREGATE MEDICAID COST (line 3 times line 6)		302,018			7
8	UNDUPLICATED SNF DAYS (Worksheet S-9, column 3, line 5)					8
9	AGGREGATE SNF COST (line 3 times line 8)					9
10	UNDUPLICATED NF DAYS (Worksheet S-9, column 4, line 5)					10
11	AGGREGATE NF COST (line 3 times line 10)					11
12	OTHER UNDUPLICATED DAYS (Worksheet S-9, column 5, line 5)			2,534		12
13	AGGREGATE COST FOR OTHER DAYS (line 3 times line 12)			615,205		13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.



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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 15-0021

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] SUB (OTHER) [] COST METHOD
 BOXES: [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	4,867,996	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	465,844	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	362.37	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	11.51	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	0.90	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	43,812	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0458	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.2114	8
9	SUM OF LINES 7 AND 8	0.2572	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0535	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	260,438	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	5,638,090	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (see instructions)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (see instructions)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (line 1 plus line 2)		3
4	CAPITAL COST PAYMENT FACTOR (see instructions)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (line 5 plus line 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (from Part I, line 12 as applicable)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 8 less line 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT (from prior year Worksheet L, Part III, line 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is negative, enter the amount on this line)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (see instructions)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (see instructions)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (see instructions)		17



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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 15-0021

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] SUB (OTHER) [] COST METHOD
 BOXES: [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER		1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS		2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)		3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (see instructions)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (see instructions)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (line 1 plus line 2)		3
4	CAPITAL COST PAYMENT FACTOR (see instructions)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (line 5 plus line 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (from Part I, line 12 as applicable)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 8 less line 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT (from prior year Worksheet L, Part III, line 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is negative, enter the amount on this line)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (see instructions)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (see instructions)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (see instructions)		17



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
15.01	OUTPATIENT PHARMACY						15.01
15.02	IV SOLUTIONS						15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	REHAB ADMIN						17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY						23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
31.01	PEDIATRIC ICU						31.01
31.02	NEONATAL ICU						31.02
32	CORONARY CARE UNIT						32
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
50.01	CAREW MEDICAL PARK SURG						50.01
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP						54.05
54.06	RADIOLOGY - CMP						54.06
54.07	RADIOLOGY - WP						54.07
54.08	RADIOLOGY - PULM CLINIC						54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
60	LABORATORY						60
60.01	ANATOMICAL PATHOLOGY						60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
65.01	WOUND CARE						65.01
65.02	DIALYSIS						65.02
65.03	ENDOSCOPY						65.03



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
66	PHYSICAL THERAPY	0	2A	24	25	26	66
66.01	TRANSITIONAL THERAPY						66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
68.01	NEURO REHAB						68.01
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
70.01	NUTRITION SUPPORT						70.01
70.02	MRI						70.02
70.03	CARDIAC CATH LAB						70.03
70.04	CARDIAC REHAB SERVICES						70.04
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	ANTICOAG CLINIC						90.01
91	EMERGENCY						91
91.01	PARTIAL HOSPITALIZATION						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
95	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY						101
116	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (sum of lines 1-117)						118
190	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194	NON ALLOWABLE						194
194.01	TELEVISION						194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC						194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR						194.05
194.06	STUCKY RESEARCH CTR						194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION						194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES						194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH						194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM						194.21
194.22	EBT						194.22
194.23	MEDICAL OFFICE BUILDINGS						194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER						194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)						202