

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY  
 Provider CCN: 140065  
 Period: From 11/01/2010 To 10/31/2011  
 Worksheet 5  
 Parts I-III  
 Date/Time Prepared: 3/28/2012 10:41 am

**PART I - COST REPORT STATUS**

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

Contractor use only  
 5.  Cost Report Status  
 (1) As Submitted  
 (2) Settled without Audit  
 (3) Settled with Audit  
 (4) Reopened  
 (5) Amended  
 6. Date Received:  
 7. Contractor No.  
 8.  Initial Report for this Provider CCN  
 9.  Final Report for this Provider CCN  
 10. NPR Date:  
 11. Contractor's Vendor Code: 4  
 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 3/28/2012 Time: 10:41 am

**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 ADVENTIST LAGRANGE MEMORIAL HOSPITAL for the cost reporting period beginning 11/01/2010 and ending 10/31/2011 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 identified in this cost report were provided in compliance with such laws and regulations.

**Encryption Information**

ECR: Date: 3/28/2012 Time: 10:41 am  
 Em4iaRrgraHzjgZGB9ONz1T0rywFF0  
 MCHlEORFVufusbuBSNgz3zy2Gsd2AE  
 tMUK1.Wc180eZYpw  
 PI: Date: 3/28/2012 Time: 10:41 am  
 Yljdftq5pAVALJ9bayNZduZoAGG0d0  
 yHlmc0.UBeqAYHPOR8UBuu1KrnEN03  
 P4D1:RFewb0zz:64

(Signed) Keith Burkhardt  
 Officer or Administrator of Provider(s)  
 Title VP/CFO  
 Date 3-29-12

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	127,853	36,280	2,532,335	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC (RHC) I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	127,853	36,280	2,532,335	0 200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet S Parts I-III Date/Time Prepared: 3/28/2012 10:41 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input type="checkbox"/> Electronically filed cost report	Date: 3/28/2012	Time: 10:41 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 ADVENTIST LAGRANGE MEMORIAL HOSPITAL for the cost reporting period beginning 11/01/2010 and ending 10/31/2011 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 identified in this cost report were provided in compliance with such laws and regulations.

(Signed) Keith Richards  
 Officer or Administrator of Provider(s)  
VP/CFD  
 Title  
3-29-12  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	127,853	36,280	2,532,335	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC (RHC) I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	127,853	36,280	2,532,335	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet S-2  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

		1.00	2.00	3.00	4.00					
<b>Hospital and Hospital Health Care Complex Address:</b>										
1.00	Street: 5101 S. WILLOW SPRINGS ROAD	PO Box:								1.00
2.00	City: LAGRANGE	State: IL		Zip Code: 60525-		County: COOK				2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
<b>Hospital and Hospital-Based Component Identification:</b>										
3.00	Hospital	ADVENTIST LAGRANGE MEMORIAL HOSPITAL	140065	16974	1	06/30/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA						N	N	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1									17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
17.20	Hospital-Based (OPT) 1						N	N	N	17.20
17.30	Hospital-Based (OOT) 1						N	N	N	17.30
17.40	Hospital-Based (OSP) 1						N	N	N	17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					11/01/2010	10/31/2011		20.00	
21.00	Type of Control (see instructions)					1			21.00	
<b>Inpatient PPS Information</b>										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					2	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	2,741	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00	
							1.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								1	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0	35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet S-2 Part I Date/Time Prepared: 3/28/2012 10:39 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.		0			37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	0.00	61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00			62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	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)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	<b>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</b> Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet S-2  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1 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)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
				1.00	2.00	3.00		
70.00	<b>Inpatient Psychiatric Facility PPS</b> Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						0	76.00
				1.00				
80.00	<b>Long Term Care Hospital PPS</b> Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					N		80.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet S-2 Part I Date/Time Prepared: 3/28/2012 10:39 am
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			1.00		
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00	
86.00	Did this facility establish a new other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N	86.00	
		V	XIX		
		1.00	2.00		
<b>Title V or XIX Inpatient Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.	15,000,000		119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? 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? Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet S-2 Part I Date/Time Prepared: 3/28/2012 10:39 am			
		1.00	2.00				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
<b>All Providers</b>							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	108013			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 90		141.00	
142.00	Street: 900 HOPE WAY	PO Box:		Zip Code: 32714		142.00	
143.00	City: ALTAMONTE SPRINGS	State: FL				143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?		Y			144.00	
145.00	If costs for renal services are claimed on worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y			145.00	
		1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A	Part B				
		1.00	2.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N			155.00	
156.00	Subprovider - IPF	N	N			156.00	
157.00	Subprovider - IRF	N	N			157.00	
158.00	SUBPROVIDER	N	N			158.00	
159.00	SNF	N	N			159.00	
160.00	HOME HEALTH AGENCY	N	N			160.00	
161.00	CMHC		N			161.00	
161.10	CORF		N			161.10	
161.20	OPT		N			161.20	
161.30	CMHC		N			161.30	
161.40	OPT		N			161.40	
				1.00			
<b>Multicampus</b>							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N			165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet S-2  
Part II  
Date/Time Prepared:  
3/28/2012 10:39 am

		Y/N	Date	
		1.00	2.00	
<b>General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.</b>				
<b>COMPLETED BY ALL HOSPITALS</b>				
<b>Provider Organization and Operation</b>				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "v" for voluntary or "i" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
<b>Financial Data and Reports</b>				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
<b>Bad Debts</b>				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
<b>Bed Complement</b>				
15.00	did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		<b>Part A</b>		
		Description	Y/N	Date
		0	1.00	2.00
<b>PS&amp;R Data</b>				
16.00	was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/01/2012	16.00
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet S-2  
Part II  
Date/Time Prepared:  
3/28/2012 10:39 am

	Description	Part A		
		Y/N	Date	
	0	1.00	2.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>				
<b>Capital Related Cost</b>				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
<b>Interest Expense</b>				
28.00	were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
<b>Purchased Services</b>				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
<b>Provider-Based Physicians</b>				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
				Y/N
				Date
				1.00
				2.00
<b>Home Office Costs</b>				
36.00	were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	03/01/2012	16.00
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for other? Describe the other adjustments:			20.00
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.			21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet S-3  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	
	Line Number				
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	173	63,145	0.00	1.00
2.00 HMO					2.00
3.00 HMO IPF					3.00
4.00 HMO IRF					4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					5.00
6.00 Hospital Adults & Peds. Swing Bed NF					6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		173	63,145	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,855	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		200	73,000	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				25.10
25.20 CMHC - OPT	99.20				25.20
25.30 CMHC - CMHC	99.30				25.30
25.40 CMHC - OPT	99.40				25.40
26.00 RURAL HEALTH CLINIC (RHC)	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		200			27.00
28.00 Observation Bed Days					28.00
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	24,781	1,842	36,891	1.00	
2.00 HMO		1,512	0		2.00	
3.00 HMO IPF		0	0		3.00	
4.00 HMO IRF		0	0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	24,781	1,842	36,891	7.00	
8.00 INTENSIVE CARE UNIT	0	2,319	268	3,650	8.00	
9.00 CORONARY CARE UNIT					9.00	
10.00 BURN INTENSIVE CARE UNIT					10.00	
11.00 SURGICAL INTENSIVE CARE UNIT					11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00	
13.00 NURSERY	0		600	1,391	13.00	
14.00 Total (see instructions)	0	27,100	2,710	41,932	14.00	
15.00 CAH visits	0	0	0	0	15.00	
16.00 SUBPROVIDER - IPF	0	0	0	0	16.00	
17.00 SUBPROVIDER - IRF	0	0	0	0	17.00	
18.00 SUBPROVIDER	0	0	0	0	18.00	
19.00 SKILLED NURSING FACILITY					19.00	
20.00 NURSING FACILITY					20.00	
21.00 OTHER LONG TERM CARE					21.00	
22.00 HOME HEALTH AGENCY	0	0	0	0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE					24.00	
25.00 CMHC - CMHC					25.00	
25.10 CMHC - CORF	0	0	0	0	25.10	
25.20 CMHC - OPT	0	0	0	0	25.20	
25.30 CMHC - CMHC	0	0	0	0	25.30	
25.40 CMHC - OPT	0	0	0	0	25.40	
26.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	26.25	
27.00 Total (sum of lines 14-26)					27.00	
28.00 Observation Bed Days	0		264	3,505	28.00	
28.02 SUBPROVIDER - IRF				0	28.02	
28.03 SUBPROVIDER				0	28.03	
29.00 Ambulance Trips		0		0	29.00	
30.00 Employee discount days (see instruction)				0	30.00	
31.00 Employee discount days - IRF				0	31.00	
32.00 Labor & delivery days (see instructions)			31	63	32.00	
33.00 LTCH non-covered days		0			33.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	5,053	1.00
2.00 HMO					296	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	19.09	809.78	0.00	0	5,053	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
25.20 CMHC - OPT	0.00	0.00	0.00			25.20
25.30 CMHC - CMHC	0.00	0.00	0.00			25.30
25.40 CMHC - OPT	0.00	0.00	0.00			25.40
26.00 RURAL HEALTH CLINIC (RHC)	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	19.09	809.78	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Cost Center Description	Discharges		
	Title XIX	Total All Patients	
	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	827	8,690	1.00
2.00 HMO			2.00
3.00 HMO IPF			3.00
4.00 HMO IRF			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF			5.00
6.00 Hospital Adults & Peds. Swing Bed NF			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)			7.00
8.00 INTENSIVE CARE UNIT			8.00
9.00 CORONARY CARE UNIT			9.00
10.00 BURN INTENSIVE CARE UNIT			10.00
11.00 SURGICAL INTENSIVE CARE UNIT			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)			12.00
13.00 NURSERY			13.00
14.00 Total (see instructions)	827	8,690	14.00
15.00 CAH visits			15.00
16.00 SUBPROVIDER - IPF			16.00
17.00 SUBPROVIDER - IRF	0	0	17.00
18.00 SUBPROVIDER	0	0	18.00
19.00 SKILLED NURSING FACILITY			19.00
20.00 NURSING FACILITY			20.00
21.00 OTHER LONG TERM CARE			21.00
22.00 HOME HEALTH AGENCY			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)			23.00
24.00 HOSPICE			24.00
25.00 CMHC - CMHC			25.00
25.10 CMHC - CORF			25.10
25.20 CMHC - OPT			25.20
25.30 CMHC - CMHC			25.30
25.40 CMHC - OPT			25.40
26.00 RURAL HEALTH CLINIC (RHC)			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER			26.25
27.00 Total (sum of lines 14-26)			27.00
28.00 Observation Bed Days			28.00
28.02 SUBPROVIDER - IRF			28.02
28.03 SUBPROVIDER			28.03
29.00 Ambulance Trips			29.00
30.00 Employee discount days (see instruction)			30.00
31.00 Employee discount days - IRF			31.00
32.00 Labor & delivery days (see instructions)			32.00
33.00 LTCH non-covered days			33.00

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	59,598,291	329,200	59,927,491	1,865,620.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A		0	0	0	0.00
4.01	Physicians - Part A - direct teaching		1,165,556	0	1,165,556	15,883.00
5.00	Physician-Part B		0	0	0	0.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	1,040,935	0	1,040,935	43,912.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		946,562	0	946,562	14,269.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		1,125,584	500	1,126,084	46,980.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		37,536	0	37,536	349.00
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		266,915	0	266,915	2,773.00
14.00	Home office salaries & wage-related costs		6,053,045	0	6,053,045	91,248.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	wage-related costs (core) wkst S-3, Part IV line 24		11,834,014	0	11,834,014	
18.00	wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	
19.00	Excluded areas		236,735	0	236,735	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		245,142	0	245,142	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		218,931	0	218,931	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	10,104	383,071	393,175	14,036.00
27.00	Administrative & General	5.00	7,654,062	-1,395,006	6,259,056	56,431.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	1,544,845	279,747	1,824,592	69,995.00
31.00	Laundry & Linen Service	8.00	63,109	0	63,109	4,247.00
32.00	Housekeeping	9.00	1,531,787	0	1,531,787	108,613.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	1,084,274	-864,154	220,120	19,984.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	864,154	864,154	57,786.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	894,023	338,193	1,232,216	26,954.00
39.00	Central Services and Supply	14.00	710,796	213,371	924,167	41,567.00
40.00	Pharmacy	15.00	2,720,373	20,563	2,740,936	62,261.00
41.00	Medical Records & Medical Records Library	16.00	1,347,626	297,173	1,644,799	71,069.00
42.00	Social Service	17.00	821,534	0	821,534	24,264.00
43.00	Other General Service	18.00	0	0	0	0.00

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	32.12	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	73.38	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	23.71	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	66.34	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	23.97	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	107.55	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	96.25	13.00
14.00	Home office salaries & wage-related costs	66.34	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	28.01	26.00
27.00	Administrative & General	110.92	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	26.07	30.00
31.00	Laundry & Linen Service	14.86	31.00
32.00	Housekeeping	14.10	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	11.01	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.95	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	45.72	38.00
39.00	Central Services and Supply	22.23	39.00
40.00	Pharmacy	44.02	40.00
41.00	Medical Records & Medical Records Library	23.14	41.00
42.00	Social Service	33.86	42.00
43.00	Other General Service	0.00	43.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	56,445,238	329,200	56,774,438	1,791,556.00	1.00
2.00	Excluded area salaries (see instructions)	1,125,584	500	1,126,084	46,980.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	55,319,654	328,700	55,648,354	1,744,576.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,357,496	0	6,357,496	94,370.00	4.00
5.00	Subtotal wage-related costs (see inst.)	12,079,156	0	12,079,156	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	73,756,306	328,700	74,085,006	1,838,946.00	6.00
7.00	Total overhead cost (see instructions)	18,382,533	137,112	18,519,645	557,207.00	7.00

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet S-3  
Part III  
Date/Time Prepared:  
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Average Hourly Wage (col. 4 ÷ col. 5)
6.00

**PART III - HOSPITAL WAGE INDEX SUMMARY**

1.00	Net salaries (see instructions)	31.69	1.00
2.00	Excluded area salaries (see instructions)	23.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	67.37	4.00
5.00	Subtotal wage-related costs (see inst.)	21.71	5.00
6.00	Total (sum of lines 3 thru 5)	40.29	6.00
7.00	Total overhead cost (see instructions)	33.24	7.00

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
		1,763,224	1.00
1.00	401K Employer Contributions	0	2.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	3.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	4.00
4.00	Prior Year Pension Service Cost		
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
		0	5.00
5.00	401K/TSA Plan Administration fees	0	6.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	7.00
7.00	Employee Managed Care Program Administration Fees		
<b>HEALTH AND INSURANCE COST</b>			
		4,660,345	8.00
8.00	Health Insurance (Purchased or Self Funded)	1,055,292	9.00
9.00	Prescription Drug Plan	123,005	10.00
10.00	Dental, Hearing and Vision Plan	37,101	11.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	12.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	13.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	14.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	632,011	15.00
15.00	'Workers' Compensation Insurance	0	16.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		
<b>TAXES</b>			
		4,032,093	17.00
17.00	FICA-Employers Portion Only	0	18.00
18.00	Medicare Taxes - Employers Portion Only	164,278	19.00
19.00	Unemployment Insurance	0	20.00
20.00	State or Federal Unemployment Taxes		
<b>OTHER</b>			
		0	21.00
21.00	Executive Deferred Compensation	0	22.00
22.00	Day Care Cost and Allowances	67,474	23.00
23.00	Tuition Reimbursement	12,534,823	24.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

Cost Center Description		Contract Labor 1.00	Benefit Cost 2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
		40,373	0	1.00
1.00	Total facility's contract labor and benefit cost	40,373	0	2.00
2.00	Hospital			3.00
3.00	Subprovider - IPF	0	0	4.00
4.00	Subprovider - IRF	0	0	5.00
5.00	Subprovider - (Other)	0	0	6.00
6.00	Swing Beds - SNF	0	0	7.00
7.00	Swing Beds - NF			8.00
8.00	Hospital-Based SNF			9.00
9.00	Hospital-Based NF			10.00
10.00	Hospital-Based OLTC	0	0	11.00
11.00	Hospital-Based HHA			12.00
12.00	Separately Certified ASC			13.00
13.00	Hospital-Based Hospice	0	0	14.00
14.00	Hospital-Based Health Clinic RHC	0	0	15.00
15.00	Hospital-Based Health Clinic FQHC			16.00
16.00	Hospital-Based-CMHC	0	0	16.10
16.10	Hospital-Based-CMHC 10	0	0	16.20
16.20	Hospital-Based-CMHC 20	0	0	16.30
16.30	Hospital-Based-CMHC 30	0	0	16.40
16.40	Hospital-Based-CMHC 40			17.00
17.00	Renal Dialysis	0	0	18.00
18.00				

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	worksheet S-10 Date/Time Prepared: 3/28/2012 10:39 am
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.236991	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		4,942,843	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		1,981,854	5.00
6.00	Medicaid charges		39,507,737	6.00
7.00	Medicaid cost (line 1 times line 6)		9,362,978	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,438,281	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		377,597	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		1,289,001	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		305,482	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
<b>Uncompensated care (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,438,281	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	9,884,811	3,366,322	13,251,133
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,342,611	797,788	3,140,399
22.00	Partial payment by patients approved for charity care	16,045	1,458	17,503
23.00	Cost of charity care (line 21 minus line 22)	2,326,566	796,330	3,122,896
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,360,802	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		435,674	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		2,925,128	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		693,229	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		3,816,125	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,254,406	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period: From 11/01/2010 To 10/31/2011

Worksheet A

Date/Time Prepared: 3/28/2012 10:39 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	10,771,780	10,771,780	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,801,211	2,801,211	2.00
4.00 EMPLOYEE BENEFITS	10,104	2,754,580	2,764,684	6,114,437	8,879,121	4.00
5.00 ADMINISTRATIVE & GENERAL	7,654,062	28,520,361	36,174,423	-5,863,601	30,310,822	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	1,544,845	4,344,295	5,889,140	852,364	6,741,504	7.00
8.00 LAUNDRY & LINEN SERVICE	63,109	19,016	82,125	0	82,125	8.00
9.00 HOUSEKEEPING	1,531,787	721,733	2,253,520	0	2,253,520	9.00
10.00 DIETARY	1,084,274	1,037,936	2,122,210	-1,691,377	430,833	10.00
11.00 CAFETERIA	0	0	0	1,691,377	1,691,377	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	894,023	156,491	1,050,514	452,186	1,502,700	13.00
14.00 CENTRAL SERVICES & SUPPLY	710,796	245,708	956,504	749,952	1,706,456	14.00
15.00 PHARMACY	2,720,373	6,338,369	9,058,742	-6,274,182	2,784,560	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,347,626	300,766	1,648,392	561,618	2,210,010	16.00
17.00 SOCIAL SERVICE	821,534	840,186	1,661,720	0	1,661,720	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,040,935	79,051	1,119,986	0	1,119,986	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,251,284	787,769	2,039,053	0	2,039,053	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	11,703,197	1,492,140	13,195,337	633,484	13,828,821	30.00
31.00 INTENSIVE CARE UNIT	2,852,588	569,462	3,422,050	0	3,422,050	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	183,940	183,940	316,783	500,723	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	4,357,440	1,874,363	6,231,803	-16,272	6,215,531	50.00
50.01 ENDOSCOPY	0	0	0	0	0	50.01
50.02 DAY SURGERY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	478,831	60,540	539,371	69,218	608,589	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,784,582	214,680	1,999,262	-950,267	1,048,995	52.00
54.00 RADIOLOGY-DIAGNOSTIC	3,384,172	1,117,241	4,501,413	-732,642	3,768,771	54.00
54.01 NUCLEAR MEDICINE	275,741	328,359	604,100	66,530	670,630	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 PET SCAN	0	0	0	0	0	54.05
55.00 RADIOLOGY-THERAPEUTIC	588,588	290,539	879,127	104,368	983,495	55.00
57.00 CT SCAN	528,074	84,498	612,572	418,066	1,030,638	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	340,173	41,215	381,388	142,383	523,771	58.00
59.00 CARDIAC CATHETERIZATION	574,888	93,972	668,860	0	668,860	59.00
60.00 LABORATORY	2,295,086	3,492,467	5,787,553	202,927	5,990,480	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	973,374	255,987	1,229,361	0	1,229,361	65.00
66.00 PHYSICAL THERAPY	2,681,105	615,043	3,296,148	0	3,296,148	66.00
66.01 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 OCCUPATIONAL THERAPY	454,814	38,317	493,131	-100	493,031	67.00
68.00 SPEECH PATHOLOGY	101,235	14,428	115,663	0	115,663	68.00
69.00 ELECTROCARDIOLOGY	624,765	420,191	1,044,956	0	1,044,956	69.00
69.01 VASCULAR LAB	0	0	0	0	0	69.01
69.02 CARDIAC REHAB	378,487	38,522	417,009	0	417,009	69.02
70.00 ELECTROENCEPHALOGRAPHY	38,820	446,545	485,365	0	485,365	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,394,351	6,394,351	-2,139,622	4,254,729	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	6,207,630	6,207,630	2,163,633	8,371,263	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	6,297,751	6,297,751	73.00
76.00 HEMODIALYSIS	0	436,126	436,126	0	436,126	76.00
76.01 LITHOTRIPSY	0	114,450	114,450	0	114,450	76.01
76.02 WOUND CARE	526,161	713,375	1,239,536	0	1,239,536	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 PAIN MGMT CLINIC	2,672,368	1,171,707	3,844,075	0	3,844,075	90.01
91.00 EMERGENCY	183,466	55,423	238,889	0	238,889	91.00
91.01 OP DEPARTMENT	0	0	0	0	0	91.01
91.02 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet A  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OPT	0	0	0	0	0	99.20
99.30 CMHC	0	0	0	0	0	99.30
99.40 OPT	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE		20,232,655	20,232,655	-16,791,603	3,441,052	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	58,472,707	93,144,427	151,617,134	-49,598	151,567,536	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	264,384	357,242	621,626	0	621,626	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	750	1,383,335	1,384,085	0	1,384,085	192.00
192.01 CFPC CLINIC	607,999	343,246	951,245	0	951,245	192.01
194.00 OFFICE BUILDINGS	0	595,316	595,316	0	595,316	194.00
194.01 MARKETING	66,397	567,401	633,798	0	633,798	194.01
194.02 FOUNDATION	186,054	56,080	242,134	49,598	291,732	194.02
200.00 TOTAL (SUM OF LINES 118-199)	59,598,291	96,447,047	156,045,338	0	156,045,338	200.00

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-256,322	10,515,458	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,157,502	3,958,713	2.00
4.00	EMPLOYEE BENEFITS	197,779	9,076,900	4.00
5.00	ADMINISTRATIVE & GENERAL	-5,116,101	25,194,721	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-60,735	6,680,769	7.00
8.00	LAUNDRY & LINEN SERVICE	0	82,125	8.00
9.00	HOUSEKEEPING	0	2,253,520	9.00
10.00	DIETARY	-268,188	162,645	10.00
11.00	CAFETERIA	0	1,691,377	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-17,467	1,485,233	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,706,456	14.00
15.00	PHARMACY	0	2,784,560	15.00
16.00	MEDICAL RECORDS & LIBRARY	14,592	2,224,602	16.00
17.00	SOCIAL SERVICE	0	1,661,720	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	1,119,986	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,123,813	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	84,760	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	13,828,821	30.00
31.00	INTENSIVE CARE UNIT	109,670	3,531,720	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	261,100	761,823	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-357,480	5,858,051	50.00
50.01	ENDOSCOPY	0	0	50.01
50.02	DAY SURGERY	0	0	50.02
51.00	RECOVERY ROOM	0	608,589	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,048,995	52.00
54.00	RADIOLOGY-DIAGNOSTIC	-13,208	3,755,563	54.00
54.01	NUCLEAR MEDICINE	0	670,630	54.01
54.02	ULTRASOUND	0	0	54.02
54.03	GRANT SQUARE IMAGING	0	0	54.03
54.04	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	PET SCAN	0	0	54.05
55.00	RADIOLOGY-THERAPEUTIC	-121,587	861,908	55.00
57.00	CT SCAN	0	1,030,638	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	523,771	58.00
59.00	CARDIAC CATHETERIZATION	0	668,860	59.00
60.00	LABORATORY	-90	5,990,390	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	-19,676	1,209,685	65.00
66.00	PHYSICAL THERAPY	-99,672	3,196,476	66.00
66.01	FAIRVIEW REHAB CTR	0	0	66.01
66.02	WESTCHESTER REHAB CTR	0	0	66.02
66.03	LAGRANGE REHAB CTR	0	493,031	66.03
67.00	OCCUPATIONAL THERAPY	0	115,663	67.00
68.00	SPEECH PATHOLOGY	0	966,746	68.00
69.00	ELECTROCARDIOLOGY	-78,210	0	69.00
69.01	VASCULAR LAB	0	0	69.01
69.02	CARDIAC REHAB	-69,922	347,087	69.02
70.00	ELECTROENCEPHALOGRAPHY	0	485,365	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,254,729	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	8,371,263	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	6,297,751	73.00
76.00	HEMODIALYSIS	0	436,126	76.00
76.01	LITHOTRIPSY	0	114,450	76.01
76.02	WOUND CARE	-8,513	1,231,023	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC (RHC)	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.01	PAIN MGMT CLINIC	0	0	90.01
91.00	EMERGENCY	470,360	4,314,435	91.00
91.01	OP DEPARTMENT	-6,158	232,731	91.01
91.02	MEDICAL ONCOLOGY	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
99.20	OPT	0	0	99.20

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
99.30	CMHC	0	0	99.30
99.40	OPT	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	-3,441,052	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-7,638,618	143,928,918	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	621,626	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,384,085	192.00
192.01	CFPC CLINIC	0	951,245	192.01
194.00	OFFICE BUILDINGS	0	595,316	194.00
194.01	MARKETING	0	633,798	194.01
194.02	FOUNDATION	0	291,732	194.02
200.00	TOTAL (SUM OF LINES 118-199)	-7,638,618	148,406,720	200.00

	Cost Center 2.00	Increases		other 5.00	
		Line # 3.00	Salary 4.00		
<b>A - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	864,154	827,223	1.00
	TOTALS		864,154	827,223	
<b>B - PROPERTY TAX RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	38,052	1.00
	TOTALS		0	38,052	
<b>C - MEDICAL SUPPLIES RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,296	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	23,296	
<b>D - DRUGS CHARGED TO PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,297,751	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	6,297,751	
<b>E - IMPLANTABLES CHARGED TO PATIENTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	2,164,213	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	2,164,213	
<b>F - RECRUITMENT BONUS</b>					
1.00	EMPLOYEE BENEFITS	4.00	9,350	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	3,500	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	5,500	0	3.00
4.00	PHYSICAL THERAPY	66.00	2,750	0	4.00
5.00	OCCUPATIONAL THERAPY	67.00	3,000	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	2,500	0	6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	500	0	7.00
	TOTALS		27,100	0	
<b>G - NURSING ADMIN RECLASS</b>					
1.00	NURSING ADMINISTRATION	13.00	208,663	89,099	1.00
	TOTALS		208,663	89,099	
<b>H - RADIOLOGY ADMIN &amp; TRANSPORT RECLASS</b>					
1.00	RADIOLOGY-THERAPEUTIC	55.00	53,012	51,356	1.00
2.00	NUCLEAR MEDICINE	54.01	33,792	32,738	2.00
3.00	CT SCAN	57.00	212,347	205,719	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	72,320	70,063	4.00
	TOTALS		371,471	359,876	
<b>I - NURSERY RECLASS</b>					
1.00	ADULTS & PEDIATRICS	30.00	531,503	101,981	1.00
2.00	NURSERY	43.00	404,877	0	2.00
	TOTALS		936,380	101,981	
<b>J - SHARED SERVICES</b>					
1.00	EMPLOYEE BENEFITS	4.00	373,721	5,740,716	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	2,817,161	4,250,151	2.00
3.00	OPERATION OF PLANT	7.00	279,747	572,617	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	213,371	536,908	4.00
5.00	NURSING ADMINISTRATION	13.00	129,530	24,894	5.00
6.00	PHARMACY	15.00	20,563	2,046	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	297,173	264,445	7.00
8.00	RECOVERY ROOM	51.00	63,427	5,791	8.00
9.00	LABORATORY	60.00	110,911	92,016	9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	302,100	0	10.00
	TOTALS		4,607,704	11,489,584	
<b>K - INTEREST EXPENSE RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,143,986	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	388,946	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	3,227,727	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	4,760,659	
<b>L - DEPRECIATION RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,589,742	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,412,265	2.00
	TOTALS		0	12,002,007	

Health Financial Systems  
RECLASSIFICATIONS

ADVENTIST LAGRANGE MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet A-6  
Date/Time Prepared:  
3/28/2012 10:39 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
1.00	M - RECLASS INTEREST TO FOUNDATION				1.00	
	FOUNDATION	194.02	0	49,598		
	TOTALS		0	49,598		
500.00	Grand Total: Increases		7,015,472	38,203,339	500.00	

		Decreases				wkst. A-7 Ref.	
Cost Center		Line #	Salary	Other			
6.00		7.00	8.00	9.00	10.00		
1.00	<b>A - CAFETERIA RECLASS</b>					0	1.00
	DIETARY	10.00	864,154	827,223			
	TOTALS		864,154	827,223			
1.00	<b>B - PROPERTY TAX RECLASS</b>					13	1.00
	INTEREST EXPENSE	113.00	0	38,052			
	TOTALS		0	38,052			
1.00	<b>C - MEDICAL SUPPLIES RECLASS</b>					0	1.00
	ADMINISTRATIVE & GENERAL	5.00	0	6,977		0	2.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	327		0	3.00
3.00	OPERATING ROOM	50.00	0	15,312		0	4.00
4.00	OCCUPATIONAL THERAPY	67.00	0	100		0	5.00
5.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	580		0	
	TOTALS		0	23,296			
1.00	<b>D - DRUGS CHARGED TO PATIENTS</b>					0	1.00
	PHARMACY	15.00	0	6,296,791		0	2.00
2.00	OPERATING ROOM	50.00	0	960		0	
	TOTALS		0	6,297,751			
1.00	<b>E - IMPLANTABLES CHARGED TO PATIENTS</b>					0	1.00
	RADIOLOGY-DIAGNOSTIC	54.00	0	1,295		0	2.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,162,918		0	
	TOTALS		0	2,164,213			
1.00	<b>F - RECRUITMENT BONUS</b>					0	1.00
	EMPLOYEE BENEFITS	4.00	0	9,350		0	2.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,500		0	3.00
3.00	INTENSIVE CARE UNIT	31.00	0	5,500		0	4.00
4.00	PHYSICAL THERAPY	66.00	0	2,750		0	5.00
5.00	OCCUPATIONAL THERAPY	67.00	0	3,000		0	6.00
6.00	ELECTROCARDIOLOGY	69.00	0	2,500		0	7.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	500		0	
	TOTALS		0	27,100			
1.00	<b>G - NURSING ADMIN RECLASS</b>					0	1.00
	ADMINISTRATIVE & GENERAL	5.00	208,663	89,099			
	TOTALS		208,663	89,099			
1.00	<b>H - RADIOLOGY ADMIN &amp; TRANSPORT RECLASS</b>					0	1.00
	RADIOLOGY-DIAGNOSTIC	54.00	371,471	359,876		0	2.00
2.00		0.00	0	0		0	3.00
3.00		0.00	0	0		0	4.00
4.00		0.00	0	0		0	
	TOTALS		371,471	359,876			
1.00	<b>I - NURSERY RECLASS</b>					0	1.00
	DELIVERY ROOM & LABOR ROOM	52.00	936,380	13,887		0	2.00
2.00	NURSERY	43.00	0	88,094		0	
	TOTALS		936,380	101,981			
1.00	<b>J - SHARED SERVICES</b>					0	1.00
	ADMINISTRATIVE & GENERAL	5.00	4,305,604	11,489,584		0	2.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	302,100		0	3.00
3.00		0.00	0	0		0	4.00
4.00		0.00	0	0		0	5.00
5.00		0.00	0	0		0	6.00
6.00		0.00	0	0		0	7.00
7.00		0.00	0	0		0	8.00
8.00		0.00	0	0		0	9.00
9.00		0.00	0	0		0	10.00
10.00		0.00	0	0		0	
	TOTALS		4,305,604	11,791,684			
1.00	<b>K - INTEREST EXPENSE RECLASS</b>					11	1.00
		0.00	0	0		11	2.00
2.00		0.00	0	0		0	3.00
3.00		0.00	0	0		0	4.00
4.00	INTEREST EXPENSE	113.00	0	4,760,659		0	
	TOTALS		0	4,760,659			
1.00	<b>L - DEPRECIATION RECLASS</b>					9	1.00
	ADMINISTRATIVE & GENERAL	5.00	0	58,713		9	2.00
2.00	INTEREST EXPENSE	113.00	0	11,943,294		9	
	TOTALS		0	12,002,007			
1.00	<b>M - RECLASS INTEREST TO FOUNDATION</b>					0	1.00
	INTEREST EXPENSE	113.00	0	49,598		0	500.00
	TOTALS		0	49,598			
500.00	Grand Total: Decreases		6,686,272	38,532,539			

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	9,779,429	0	0	0	1.00
2.00	Land Improvements	6,283,497	0	0	0	2.00
3.00	Buildings and Fixtures	200,253,107	4,232,000	0	4,232,000	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	29,163,465	171,989	0	171,989	5.00
6.00	Movable Equipment	39,168,214	4,883,891	0	4,883,891	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	284,647,712	9,287,880	0	9,287,880	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	284,647,712	9,287,880	0	9,287,880	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)
		9.00	10.00	11.00	12.00	13.00
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance
		1.00	2.00	3.00	4.00	5.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	249,883,488	0	249,883,488	0.851241	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	43,668,563	0	43,668,563	0.148759	2.00
3.00	Total (sum of lines 1-2)	293,552,051	0	293,552,051	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet A-7  
Parts I-III  
Date/Time Prepared:  
3/28/2012 10:39 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	9,779,429	0		1.00	
2.00	Land Improvements	6,283,497	0		2.00	
3.00	Buildings and Fixtures	204,485,107	0		3.00	
4.00	Building Improvements	0	0		4.00	
5.00	Fixed Equipment	29,335,454	0		5.00	
6.00	Movable Equipment	43,668,563	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	293,552,050	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	293,552,050	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	0		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,776,184	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,713,684	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,489,868	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	720,689	0	18,585	0	10,515,458	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	245,029	0	0	0	3,958,713	2.00
3.00	Total (sum of lines 1-2)	965,718	0	18,585	0	14,474,171	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-423,297	NEW CAP REL COSTS-BLDG & FIXT		1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-143,917	NEW CAP REL COSTS-MVBLE EQUIP		2.00 2.00
3.00 Investment income - other (chapter 2)	B	-1,194,321	ADMINISTRATIVE & GENERAL		5.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-25,104	OPERATION OF PLANT		7.00 7.00
8.00 Television and radio service (chapter 21)	A	-35,571	OPERATION OF PLANT		7.00 8.00
9.00 Parking lot (chapter 21)		0			0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-153,055			0.00 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,228,212			0.00 12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests	B	-261,308	DIETARY		10.00 14.00
15.00 Rental of quarters to employee and others		0			0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00 16.00
17.00 Sale of drugs to other than patients		0			0.00 17.00
18.00 Sale of medical records and abstracts	A	-2,603	MEDICAL RECORDS & LIBRARY		16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00 19.00
20.00 Vending machines		0			0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT		1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00 28.00
29.00 Physicians' assistant		0			0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00 32.00
33.00 NON ALLOWABLE COLLECTION FEES - EKG	A	-76,865	ELECTROCARDIOLOGY		69.00 33.00
33.01 NON ALLOW BAD DEBT EXPENSE	A	-3,360,802	ADMINISTRATIVE & GENERAL		5.00 33.01
33.04 GOOD WILL	A	-438,516	INTEREST EXPENSE		113.00 33.04
35.00 ADVERTISING EXPENSE - ADMIN & GENERA	A	-29,455	ADMINISTRATIVE & GENERAL		5.00 35.00
36.00 ADVERTISING EXPENSE - ELECTROCARDIOL	A	-132	ELECTROCARDIOLOGY		69.00 36.00
37.00 ADVERTISING EXPENSE - WOUND CARE	A	-8,513	WOUND CARE		76.02 37.00
38.00 OTHER OPERATING REVENUE	B	-375,709	ADMINISTRATIVE & GENERAL		5.00 38.00
39.00 OTHER OPERATING REVENUE	B	-60	OPERATION OF PLANT		7.00 39.00
40.00 OTHER OPERATING REVENUE	B	-17,467	NURSING ADMINISTRATION		13.00 40.00
41.00 OTHER OPERATING REVENUE	B	-13,208	RADIOLOGY-DIAGNOSTIC		54.00 41.00
42.00 OTHER OPERATING REVENUE	B	-121,587	RADIOLOGY-THERAPEUTIC		55.00 42.00
43.00 OTHER OPERATING REVENUE	B	-90	LABORATORY		60.00 43.00
44.00 OTHER OPERATING REVENUE	B	-19,676	RESPIRATORY THERAPY		65.00 44.00
44.01 OTHER OPERATING REVENUE	B	-99,672	PHYSICAL THERAPY		66.00 44.01
44.02 OTHER OPERATING REVENUE	B	-1,213	ELECTROCARDIOLOGY		69.00 44.02
44.03 OTHER OPERATING REVENUE	B	-69,922	CARDIAC REHAB		69.02 44.03
44.04 OTHER OPERATING REVENUE	B	-34,590	EMERGENCY		91.00 44.04
44.05 DIETARY REVENUE	B	-6,880	DIETARY		10.00 44.05
44.06 NON ALLOWABLE PROPERTY TAXES	A	-19,467	NEW CAP REL COSTS-BLDG & FIXT		1.00 44.06

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
44.07 LOBBYING EXPENSE	A	-25,599	ADMINISTRATIVE & GENERAL	5.00 44.07
44.08 NON ALLOWABLE BANK FEES	A	-31,683	INTEREST EXPENSE	113.00 44.08
44.09 NON ALLOWABLE INCOME TAX	A	-2,010	INTEREST EXPENSE	113.00 44.09
45.00 NON ALLOWABLE SUBSIDIES	A	-249,583	OPERATING ROOM	50.00 45.00
45.01 LOSS ON SALE OF ASSET	A	-72,157	ADMINISTRATIVE & GENERAL	5.00 45.01
45.02 SPECIAL EVENTS - EMPLOYEE BENEFITS	A	-5,837	EMPLOYEE BENEFITS	4.00 45.02
45.03 SPECIAL EVENTS - ADMIN & GENERAL	A	-1,307	ADMINISTRATIVE & GENERAL	5.00 45.03
45.04 NON ALLOW HONORARIUMS	A	-3,950	I&R SERVICES-OTHER PRGM	22.00 45.04
			COSTS APPRVD	
45.05 NON ALLOW SUBSIDIES	A	261,100	NURSERY	43.00 45.05
45.06 NON ALLOW CALL PAY	A	148,670	INTENSIVE CARE UNIT	31.00 45.06
45.07 NON ALLOW CALL PAY	A	504,950	EMERGENCY	91.00 45.07
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-7,638,618		50.00



Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet A-8

Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		wkst. A-7 Ref.	
45.06	NON ALLOW CALL PAY	5.00	45.06
45.07	NON ALLOW CALL PAY	0	45.07
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)	0	50.00

	Line No.	Cost Center	Expense Items		
			1.00	2.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED</b>					
<b>HOME OFFICE COSTS:</b>					
1.00		5.00	ADMINISTRATIVE & GENERAL	SHARED SERVICE ALLOCATION	1.00
2.00		1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	2.00
3.00		2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3.00
4.00		4.00	EMPLOYEE BENEFITS	HOME OFFICE	4.00
4.01		5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	4.01
4.02		16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	4.02
4.03		22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	HOME OFFICE	4.03
4.04		113.00	INTEREST EXPENSE	HOME OFFICE	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.				5.00

\* The amounts on lines 1-4 (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 has not been posted to worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

**B. INTERRELATIONSHIP TO 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	0.00	6.00
7.00	B	0.00	7.00
8.00		0.00	8.00
9.00		0.00	9.00
10.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:		100.00

(1) use the following symbols to indicate 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.

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	wks. A-7 Ref.		
				4.00	5.00	6.00
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED</b>						
<b>HOME OFFICE COSTS:</b>						
1.00	15,795,189	16,096,575	-301,386		0	1.00
2.00	186,442	0	186,442		9	2.00
3.00	1,301,419	0	1,301,419		9	3.00
4.00	261,821	58,205	203,616		0	4.00
4.01	7,952,674	7,708,039	244,635		0	4.01
4.02	72,096	54,901	17,195		0	4.02
4.03	101,542	12,832	88,710		0	4.03
4.04	4,760,659	7,729,502	-2,968,843		0	4.04
5.00	30,431,842	31,660,054	-1,228,212			5.00
TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.						

\* The amounts on lines 1-4 (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 has not been posted to worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office		
Name	Percentage of Ownership	Type of Business
4.00	5.00	6.00

**B. INTERRELATIONSHIP TO 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HINSDALE HEALTH SYSTEM	0.00	HLTHCARE MANAGEMENT	6.00
7.00	ADVENTIST HEALTH SYSTEM	0.00	HLTHCARE MANAGEMENT	7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

(1) Use the following symbols to indicate 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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet A-8-2

Date/Time Prepared:  
3/28/2012 10:39 am

	1.00	2.00	3.00	4.00	
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
1.00	22.00	FAMILY PRACTICE	1,376,257	0	1.00
2.00	50.00	OPERATING ROOM	116,897	106,497	2.00
3.00	91.01	CLINIC	29,167	0	3.00
4.00	31.00	ICU	39,000	39,000	4.00
5.00	0.00		0	0	5.00
6.00	0.00		0	0	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00		TOTAL (lines 1.00 through 199.00)	1,561,321	145,497	200.00

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
	1,376,257	165,600	17,065	1,358,637	67,932	1.00
1.00					450	2.00
2.00	10,400	208,000	90	9,000	1,150	3.00
3.00	29,167	165,600	289	23,009	0	4.00
4.00	0	165,600	0	0	0	5.00
5.00	0	0	0	0	0	6.00
6.00	0	0	0	0	0	7.00
7.00	0	0	0	0	0	8.00
8.00	0	0	0	0	0	9.00
9.00	0	0	0	0	0	10.00
10.00	0	0	0	0	0	200.00
200.00	1,415,824		17,444	1,390,646	69,532	

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet A-8-2

Date/Time Prepared:  
3/28/2012 10:39 am

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	394,486	394,486	1,753,123	1.00
2.00	0	0	0	0	9,000	2.00
3.00	0	0	0	0	23,009	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	394,486	394,486	1,785,132	200.00

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	0	0	1.00
2.00	1,400	107,897	2.00
3.00	6,158	6,158	3.00
4.00	0	39,000	4.00
5.00	0	0	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	7,558	153,055	200.00

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	10,515,458	10,515,458			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,958,713		3,958,713		2.00
4.00	EMPLOYEE BENEFITS	9,076,900	64,586	24,314	9,165,800	4.00
5.00	ADMINISTRATIVE & GENERAL	25,194,721	1,636,406	616,051	963,632	28,410,810
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	6,680,769	2,128,646	801,360	280,911	9,891,686
8.00	LAUNDRY & LINEN SERVICE	82,125	52,883	19,909	9,716	164,633
9.00	HOUSEKEEPING	2,253,520	38,217	14,388	235,831	2,541,956
10.00	DIETARY	162,645	174,115	65,548	33,889	436,197
11.00	CAFETERIA	1,691,377	199,828	75,229	133,043	2,099,477
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	1,485,233	0	0	189,710	1,674,943
14.00	CENTRAL SERVICES & SUPPLY	1,706,456	44,967	16,929	142,283	1,910,635
15.00	PHARMACY	2,784,560	166,297	62,605	421,989	3,435,451
16.00	MEDICAL RECORDS & LIBRARY	2,224,602	171,396	64,525	253,230	2,713,753
17.00	SOCIAL SERVICE	1,661,720	291,778	109,845	126,482	2,189,825
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,119,986	0	0	160,260	1,280,246
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,123,813	0	0	192,645	2,316,458
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	13,828,821	1,822,953	686,280	1,884,185	18,222,239
31.00	INTENSIVE CARE UNIT	3,531,720	194,317	73,154	440,026	4,239,217
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	761,823	31,686	11,929	62,334	867,772
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	5,858,051	926,081	348,638	670,863	7,803,633
50.01	ENDOSCOPY	0	0	0	0	0
50.02	DAY SURGERY	0	0	0	0	0
51.00	RECOVERY ROOM	608,589	39,601	14,909	83,485	746,584
52.00	DELIVERY ROOM & LABOR ROOM	1,048,995	107,368	40,420	130,587	1,327,370
54.00	RADIOLOGY-DIAGNOSTIC	3,755,563	600,165	225,942	463,829	5,045,499
54.01	NUCLEAR MEDICINE	670,630	35,887	13,510	47,655	767,682
54.02	ULTRASOUND	0	0	0	0	0
54.03	GRANT SQUARE IMAGING	0	0	0	0	0
54.04	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05	PET SCAN	0	0	0	0	0
55.00	RADIOLOGY-THERAPEUTIC	861,908	384,603	144,790	98,779	1,490,080
57.00	CT SCAN	1,030,638	48,075	18,099	113,994	1,210,806
58.00	MAGNETIC RESONANCE IMAGING (MRI)	523,771	0	0	63,507	587,278
59.00	CARDIAC CATHETERIZATION	668,860	0	0	88,509	757,369
60.00	LABORATORY	5,990,390	386,472	145,494	370,422	6,892,778
60.01	BLOOD LABORATORY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	1,209,685	95,544	35,969	149,859	1,491,057
66.00	PHYSICAL THERAPY	3,196,476	360,614	135,759	413,201	4,106,050
66.01	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03	LAGRANGE REHAB CTR	0	0	0	0	0
67.00	OCCUPATIONAL THERAPY	493,031	8,765	3,300	70,484	575,580
68.00	SPEECH PATHOLOGY	115,663	7,964	2,998	15,586	142,211
69.00	ELECTROCARDIOLOGY	966,746	86,608	32,605	96,572	1,182,531
69.01	VASCULAR LAB	0	0	0	0	0
69.02	CARDIAC REHAB	347,087	0	0	58,271	405,358
70.00	ELECTROENCEPHALOGRAPHY	485,365	15,151	5,704	5,977	512,197
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,254,729	0	0	0	4,254,729
72.00	IMPL. DEV. CHARGED TO PATIENT	8,371,263	0	0	0	8,371,263
73.00	DRUGS CHARGED TO PATIENTS	6,297,751	0	0	0	6,297,751
76.00	HEMODIALYSIS	436,126	0	0	0	436,126
76.01	LITHOTRIPSY	114,450	0	0	0	114,450
76.02	WOUND CARE	1,231,023	0	0	81,007	1,312,030
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.01	PAIN MGMT CLINIC	0	0	0	0	0
91.00	EMERGENCY	4,314,435	319,774	120,384	411,432	5,166,025
91.01	OP DEPARTMENT	232,731	74,711	28,126	28,246	363,814

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
91.02 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OPT	0	0	0	0	0	99.20
99.30 CMHC	0	0	0	0	0	99.30
99.40 OPT	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	143,928,918	10,515,458	3,958,713	8,992,431	143,755,549	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	621,626	0	0	40,704	662,330	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,384,085	0	0	192	1,384,277	192.00
192.01 CFPC CLINIC	951,245	0	0	93,606	1,044,851	192.01
194.00 OFFICE BUILDINGS	595,316	0	0	0	595,316	194.00
194.01 MARKETING	633,798	0	0	10,222	644,020	194.01
194.02 FOUNDATION	291,732	0	0	28,645	320,377	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	148,406,720	10,515,458	3,958,713	9,165,800	148,406,720	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B  
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Cost Center Description		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	28,410,810	0				5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	2,342,005	0	12,233,691			7.00
8.00	LAUNDRY & LINEN SERVICE	38,979	0	96,765	300,377		8.00
9.00	HOUSEKEEPING	601,846	0	69,930	0	3,213,732	9.00
10.00	DIETARY	103,276	0	318,595	0	84,850	10.00
11.00	CAFETERIA	497,083	0	365,645	0	97,380	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	396,568	0	82,281	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	452,371	0	304,290	0	21,913	14.00
15.00	PHARMACY	813,395	0	313,619	0	81,040	15.00
16.00	MEDICAL RECORDS & LIBRARY	642,522	0	533,895	0	83,524	16.00
17.00	SOCIAL SERVICE	518,474	0	0	0	142,189	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	303,117	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	548,456	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	4,314,368	0	3,335,635	264,266	888,360	30.00
31.00	INTENSIVE CARE UNIT	1,003,698	0	355,560	26,147	94,694	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	205,458	0	57,979	9,964	15,441	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,847,627	0	1,831,246	0	487,705	50.00
50.01	ENDOSCOPY	0	0	0	0	0	50.01
50.02	DAY SURGERY	0	0	0	0	0	50.02
51.00	RECOVERY ROOM	176,765	0	72,463	0	19,299	51.00
52.00	DELIVERY ROOM & LABOR ROOM	314,275	0	196,462	0	52,323	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,194,598	0	1,098,179	0	292,472	54.00
54.01	NUCLEAR MEDICINE	181,760	0	65,665	0	17,488	54.01
54.02	ULTRASOUND	0	0	0	0	0	54.02
54.03	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	PET SCAN	0	0	0	0	0	54.05
55.00	RADIOLOGY-THERAPEUTIC	352,799	0	703,744	0	187,424	55.00
57.00	CT SCAN	286,676	0	87,968	0	23,428	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	139,047	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	179,318	0	0	0	0	59.00
60.00	LABORATORY	1,631,969	0	707,165	0	188,335	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	353,030	0	174,825	0	46,560	65.00
66.00	PHYSICAL THERAPY	972,169	0	659,849	0	175,734	66.00
66.01	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	OCCUPATIONAL THERAPY	136,277	0	16,039	0	4,271	67.00
68.00	SPEECH PATHOLOGY	33,671	0	14,572	0	3,881	68.00
69.00	ELECTROCARDIOLOGY	279,982	0	23,325	0	6,212	69.00
69.01	VASCULAR LAB	0	0	0	0	0	69.01
69.02	CARDIAC REHAB	95,975	0	135,151	0	35,994	69.02
70.00	ELECTROENCEPHALOGRAPHY	121,270	0	27,723	0	7,383	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,007,371	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,982,022	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,491,087	0	0	0	0	73.00
76.00	HEMODIALYSIS	103,259	0	0	0	0	76.00
76.01	LITHOTRIPSY	27,098	0	0	0	0	76.01
76.02	WOUND CARE	310,643	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	EMERGENCY	1,223,134	0	585,121	0	155,832	91.00
91.01	OP DEPARTMENT	86,138	0	0	0	0	91.01
91.02	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OPT	0	0	0	0	0	99.20

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
99.30	CMHC	0	0	0	0	0	99.30
99.40	OPT	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	27,309,576	0	12,233,691	300,377	3,213,732	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	156,817	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	327,748	0	0	0	0	192.00
192.01	CFPC CLINIC	247,384	0	0	0	0	192.01
194.00	OFFICE BUILDINGS	140,950	0	0	0	0	194.00
194.01	MARKETING	152,481	0	0	0	0	194.01
194.02	FOUNDATION	75,854	0	0	0	0	194.02
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	28,410,810	0	12,233,691	300,377	3,213,732	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
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To 10/31/2011

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	942,918					10.00
11.00 CAFETERIA	0	3,059,585				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	77,301		2,148,812		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	57,976		0	2,525,176	14.00
15.00 PHARMACY	0	171,947		0	7,098	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	103,183		0	0	16.00
17.00 SOCIAL SERVICE	0	51,537		0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00 NURSING SCHOOL	0	0		0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	65,301		0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	78,497		0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0		0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	829,562	767,743	0	1,890,485	96,911	30.00
31.00 INTENSIVE CARE UNIT	82,077	179,296	0	187,045	23,547	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	31,279	25,399	0	71,282	2,804	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	273,355	0	0	87,786	50.00
50.01 ENDOSCOPY	0	0	0	0	0	50.01
50.02 DAY SURGERY	0	34,017	0	0	4,579	50.02
51.00 RECOVERY ROOM	0	53,210	0	0	6,526	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	188,996	0	0	10,457	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	19,418	0	0	244	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 PET SCAN	0	40,249	0	0	1,507	54.05
55.00 RADIOLOGY-THERAPEUTIC	0	46,449	0	0	3,535	55.00
57.00 CT SCAN	0	25,877	0	0	839	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	36,064	0	0	4,329	58.00
59.00 CARDIAC CATHETERIZATION	0	150,935	0	0	17,279	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	61,063	0	0	7,157	60.01
65.00 RESPIRATORY THERAPY	0	168,366	0	0	2,225	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 LAGRANGE REHAB CTR	0	28,720	0	0	118	66.03
67.00 OCCUPATIONAL THERAPY	0	6,351	0	0	24	67.00
68.00 SPEECH PATHOLOGY	0	39,350	0	0	2,989	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 VASCULAR LAB	0	23,744	0	0	369	69.01
69.02 CARDIAC REHAB	0	2,435	0	0	326	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,080,694	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,112,774	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 HEMODIALYSIS	0	0	0	0	0	76.00
76.01 LITHOTRIPSY	0	33,008	0	0	8,110	76.01
76.02 WOUND CARE	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 EMERGENCY	0	167,646	0	0	36,899	91.00
91.01 OP DEPARTMENT	0	11,509	0	0	4,217	91.01
91.02 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
99.20	OPT	0	0	0	0	0	99.20
99.30	CMHC	0	0	0	0	0	99.30
99.40	OPT	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	942,918	2,988,942	0	2,148,812	2,523,343	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,586	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	78	0	0	0	192.00
192.01	CFPC CLINIC	0	38,142	0	0	1,780	192.01
194.00	OFFICE BUILDINGS	0	0	0	0	53	194.00
194.01	MARKETING	0	4,165	0	0	0	194.01
194.02	FOUNDATION	0	11,672	0	0	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	942,918	3,059,585	0	2,148,812	2,525,176	202.00

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	4,813,221					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	3,856,601				16.00
17.00 SOCIAL SERVICE	26,044	0	3,461,964			17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	14	338,709	3,045,772	0	0	30.00
31.00 INTENSIVE CARE UNIT	66	55,628	301,349	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	9,088	114,843	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	64,659	375,252	0	0	0	50.00
50.01 ENDOSCOPY	0	0	0	0	0	50.01
50.02 DAY SURGERY	0	35,682	0	0	0	50.02
51.00 RECOVERY ROOM	34	12,060	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,635	426,915	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	514	52,979	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 PET SCAN	83	83,110	0	0	0	54.05
55.00 RADIOLOGY-THERAPEUTIC	2,786	331,381	0	0	0	55.00
57.00 CT SCAN	486	113,246	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	74,663	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	81	544,983	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	106,824	0	0	0	60.01
65.00 RESPIRATORY THERAPY	838	83,656	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 LAGRANGE REHAB CTR	0	12,676	0	0	0	66.03
67.00 OCCUPATIONAL THERAPY	0	4,856	0	0	0	67.00
68.00 SPEECH PATHOLOGY	948	109,574	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 VASCULAR LAB	0	9,335	0	0	0	69.01
69.02 CARDIAC REHAB	0	21,182	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	120,529	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	236,474	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	367,357	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	4,686,115	11,671	0	0	0	73.00
76.00 HEMODIALYSIS	0	2,676	0	0	0	76.00
76.01 LITHOTRIPSY	0	8,018	0	0	0	76.01
76.02 WOUND CARE	172	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 PAIN MGMT CLINIC	1,893	298,264	0	0	0	90.01
91.00 EMERGENCY	0	9,813	0	0	0	91.00
91.01 OP DEPARTMENT	0	0	0	0	0	91.01
91.02 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
99.20	OPT	0	0	0	0	0	99.20
99.30	CMHC	0	0	0	0	0	99.30
99.40	OPT	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,787,368	3,856,601	3,461,964	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	CFPC CLINIC	25,853	0	0	0	0	192.01
194.00	OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	MARKETING	0	0	0	0	0	194.01
194.02	FOUNDATION	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,813,221	3,856,601	3,461,964	0	0	202.00

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,648,664					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,943,411				22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	1,384,393	2,471,600	0	37,850,057	-3,855,993	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	6,548,324	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	1,411,309	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	129,187	230,642	0	13,131,092	-359,829	50.00
50.01 ENDOSCOPY	0	0	0	0	0	50.01
50.02 DAY SURGERY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	1,089,389	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	1,962,260	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	37,373	66,724	0	8,363,848	-104,097	54.00
54.01 NUCLEAR MEDICINE	0	0	0	1,105,750	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 PET SCAN	0	0	0	0	0	54.05
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	2,858,996	0	55.00
57.00 CT SCAN	0	0	0	1,993,029	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	866,773	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	1,051,743	0	59.00
60.00 LABORATORY	0	0	0	10,133,525	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	2,240,516	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	6,168,887	0	66.00
66.01 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 LAGRANGE REHAB CTR	0	0	0	773,681	0	66.03
67.00 OCCUPATIONAL THERAPY	0	0	0	205,566	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	1,756,989	-112,078	68.00
69.00 ELECTROCARDIOLOGY	40,239	71,839	0	0	0	69.00
69.01 VASCULAR LAB	0	0	0	705,926	0	69.01
69.02 CARDIAC REHAB	0	0	0	692,516	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	6,463,323	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,702,533	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,842,310	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	551,056	0	73.00
76.00 HEMODIALYSIS	0	0	0	144,224	0	76.00
76.01 LITHOTRIPSY	0	0	0	1,671,981	0	76.01
76.02 WOUND CARE	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 PAIN MGMT CLINIC	57,472	102,606	0	160,078	-160,078	90.01
91.00 EMERGENCY	0	0	0	7,634,814	0	91.00
91.01 OP DEPARTMENT	0	0	0	475,491	0	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
91.02 MEDICAL ONCOLOGY	0	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0	0	0	0	0	99.10
99.20 OPT	0	0	0	0	0	0	99.20
99.30 CMHC	0	0	0	0	0	0	99.30
99.40 OPT	0	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,648,664	2,943,411	0	142,555,986	-4,592,075		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	835,733		0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	1,712,103		0	192.00
192.01 CFPC CLINIC	0	0	0	1,358,010		0	192.01
194.00 OFFICE BUILDINGS	0	0	0	736,319		0	194.00
194.01 MARKETING	0	0	0	800,666		0	194.01
194.02 FOUNDATION	0	0	0	407,903		0	194.02
200.00 Cross Foot Adjustments	0	0	0	0		0	200.00
201.00 Negative Cost Centers	0	0	0	0		0	201.00
202.00 TOTAL (sum lines 118-201)	1,648,664	2,943,411	0	148,406,720	-4,592,075		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	33,994,064	30.00
31.00	INTENSIVE CARE UNIT	6,548,324	31.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	1,411,309	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	12,771,263	50.00
50.01	ENDOSCOPY	0	50.01
50.02	DAY SURGERY	0	50.02
51.00	RECOVERY ROOM	1,089,389	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,962,260	52.00
54.00	RADIOLOGY-DIAGNOSTIC	8,259,751	54.00
54.01	NUCLEAR MEDICINE	1,105,750	54.01
54.02	ULTRASOUND	0	54.02
54.03	GRANT SQUARE IMAGING	0	54.03
54.04	WINDSOR MEDICAL RADIOLOGY	0	54.04
54.05	PET SCAN	0	54.05
55.00	RADIOLOGY-THERAPEUTIC	2,858,996	55.00
57.00	CT SCAN	1,993,029	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	866,773	58.00
59.00	CARDIAC CATHETERIZATION	1,051,743	59.00
60.00	LABORATORY	10,133,525	60.00
60.01	BLOOD LABORATORY	0	60.01
65.00	RESPIRATORY THERAPY	2,240,516	65.00
66.00	PHYSICAL THERAPY	6,168,887	66.00
66.01	FAIRVIEW REHAB CTR	0	66.01
66.02	WESTCHESTER REHAB CTR	0	66.02
66.03	LAGRANGE REHAB CTR	0	66.03
67.00	OCCUPATIONAL THERAPY	773,681	67.00
68.00	SPEECH PATHOLOGY	205,566	68.00
69.00	ELECTROCARDIOLOGY	1,644,911	69.00
69.01	VASCULAR LAB	0	69.01
69.02	CARDIAC REHAB	705,926	69.02
70.00	ELECTROENCEPHALOGRAPHY	692,516	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,463,323	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,702,533	72.00
73.00	DRUGS CHARGED TO PATIENTS	12,842,310	73.00
76.00	HEMODIALYSIS	551,056	76.00
76.01	LITHOTRIPSY	144,224	76.01
76.02	WOUND CARE	1,671,981	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	RURAL HEALTH CLINIC (RHC)	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.01	PAIN MGMT CLINIC	0	90.01
91.00	EMERGENCY	7,634,814	91.00
91.01	OP DEPARTMENT	475,491	91.01
91.02	MEDICAL ONCOLOGY	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	CORF	0	99.10
99.20	OPT	0	99.20
99.30	CMHC	0	99.30

Cost Center Description		Total	
		26.00	
99.40	OPT	0	99.40
101.00	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET CELL ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	137,963,911	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	835,733	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,712,103	192.00
192.01	CFPC CLINIC	1,358,010	192.01
194.00	OFFICE BUILDINGS	736,319	194.00
194.01	MARKETING	800,666	194.01
194.02	FOUNDATION	407,903	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	143,814,645	202.00

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	64,586	24,314	88,900	88,900
5.00	ADMINISTRATIVE & GENERAL	0	1,636,406	616,051	2,252,457	9,345
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	2,128,646	801,360	2,930,006	2,724
8.00	LAUNDRY & LINEN SERVICE	0	52,883	19,909	72,792	94
9.00	HOUSEKEEPING	0	38,217	14,388	52,605	2,287
10.00	DIETARY	0	174,115	65,548	239,663	329
11.00	CAFETERIA	0	199,828	75,229	275,057	1,290
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	0	0	0	1,840
14.00	CENTRAL SERVICES & SUPPLY	0	44,967	16,929	61,896	1,380
15.00	PHARMACY	0	166,297	62,605	228,902	4,092
16.00	MEDICAL RECORDS & LIBRARY	0	171,396	64,525	235,921	2,456
17.00	SOCIAL SERVICE	0	291,778	109,845	401,623	1,227
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	1,554
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,868
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	1,822,953	686,280	2,509,233	18,285
31.00	INTENSIVE CARE UNIT	0	194,317	73,154	267,471	4,267
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	31,686	11,929	43,615	604
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	926,081	348,638	1,274,719	6,506
50.01	ENDOSCOPY	0	0	0	0	0
50.02	DAY SURGERY	0	0	0	0	0
51.00	RECOVERY ROOM	0	39,601	14,909	54,510	810
52.00	DELIVERY ROOM & LABOR ROOM	0	107,368	40,420	147,788	1,266
54.00	RADIOLOGY-DIAGNOSTIC	0	600,165	225,942	826,107	4,498
54.01	NUCLEAR MEDICINE	0	35,887	13,510	49,397	462
54.02	ULTRASOUND	0	0	0	0	0
54.03	GRANT SQUARE IMAGING	0	0	0	0	0
54.04	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05	PET SCAN	0	0	0	0	0
55.00	RADIOLOGY-THERAPEUTIC	0	384,603	144,790	529,393	958
57.00	CT SCAN	0	48,075	18,099	66,174	1,105
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	616
59.00	CARDIAC CATHETERIZATION	0	0	0	0	858
60.00	LABORATORY	0	386,472	145,494	531,966	3,592
60.01	BLOOD LABORATORY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	95,544	35,969	131,513	1,453
66.00	PHYSICAL THERAPY	0	360,614	135,759	496,373	4,007
66.01	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03	LAGRANGE REHAB CTR	0	0	0	0	0
67.00	OCCUPATIONAL THERAPY	0	8,765	3,300	12,065	684
68.00	SPEECH PATHOLOGY	0	7,964	2,998	10,962	151
69.00	ELECTROCARDIOLOGY	0	86,608	32,605	119,213	937
69.01	VASCULAR LAB	0	0	0	0	0
69.02	CARDIAC REHAB	0	0	0	0	565
70.00	ELECTROENCEPHALOGRAPHY	0	15,151	5,704	20,855	58
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	HEMODIALYSIS	0	0	0	0	0
76.01	LITHOTRIPSY	0	0	0	0	786
76.02	WOUND CARE	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.01	PAIN MGMT CLINIC	0	0	0	0	0
91.00	EMERGENCY	0	319,774	120,384	440,158	3,990
91.01	OP DEPARTMENT	0	74,711	28,126	102,837	274
91.02	MEDICAL ONCOLOGY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OPT	0	0	0	0	0	99.20
99.30 CMHC	0	0	0	0	0	99.30
99.40 OPT	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	10,515,458	3,958,713	14,474,171	87,218	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 CFPC CLINIC	0	0	0	0	0	192.01
194.00 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 FOUNDATION	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	10,515,458	3,958,713	14,474,171	88,900	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	2,261,802	0				5.00
6.00	MAINTENANCE & REPAIRS	186,448	0	3,119,178			6.00
7.00	OPERATION OF PLANT	3,103	0	24,672	100,661		7.00
8.00	LAUNDRY & LINEN SERVICE	47,913	0	17,830	0	120,635	8.00
9.00	HOUSEKEEPING	8,222	0	81,231	0	3,185	9.00
10.00	DIETARY	39,573	0	93,227	0	3,655	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	31,571	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	36,014	0	20,979	0	823	13.00
14.00	CENTRAL SERVICES & SUPPLY	64,755	0	77,584	0	3,042	14.00
15.00	PHARMACY	51,152	0	79,962	0	3,135	15.00
16.00	MEDICAL RECORDS & LIBRARY	41,276	0	136,125	0	5,337	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	24,131	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	43,663	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	343,469	0	850,474	88,560	33,347	30.00
31.00	INTENSIVE CARE UNIT	79,905	0	90,656	8,762	3,555	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	16,357	0	14,783	3,339	580	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	147,091	0	466,906	0	18,307	50.00
50.01	ENDOSCOPY	0	0	0	0	0	50.01
50.02	DAY SURGERY	0	0	0	0	0	50.02
51.00	RECOVERY ROOM	14,072	0	18,476	0	724	51.00
52.00	DELIVERY ROOM & LABOR ROOM	25,020	0	50,091	0	1,964	52.00
54.00	RADIOLOGY-DIAGNOSTIC	95,103	0	279,999	0	10,979	54.00
54.01	NUCLEAR MEDICINE	14,470	0	16,742	0	656	54.01
54.02	ULTRASOUND	0	0	0	0	0	54.02
54.03	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	PET SCAN	0	0	0	0	0	54.05
55.00	RADIOLOGY-THERAPEUTIC	28,087	0	179,431	0	7,035	55.00
57.00	CT SCAN	22,822	0	22,429	0	879	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	11,070	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	14,276	0	0	0	0	59.00
60.00	LABORATORY	129,922	0	180,303	0	7,070	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	28,105	0	44,575	0	1,748	65.00
66.00	PHYSICAL THERAPY	77,395	0	168,239	0	6,597	66.00
66.01	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	OCCUPATIONAL THERAPY	10,849	0	4,089	0	160	67.00
68.00	SPEECH PATHOLOGY	2,681	0	3,715	0	146	68.00
69.00	ELECTROCARDIOLOGY	22,290	0	5,947	0	233	69.00
69.01	VASCULAR LAB	0	0	0	0	0	69.01
69.02	CARDIAC REHAB	7,641	0	34,459	0	1,351	69.02
70.00	ELECTROENCEPHALOGRAPHY	9,654	0	7,068	0	277	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,197	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	157,790	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	118,706	0	0	0	0	73.00
76.00	HEMODIALYSIS	8,221	0	0	0	0	76.00
76.01	LITHOTRIPSY	2,157	0	0	0	0	76.01
76.02	WOUND CARE	24,730	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	EMERGENCY	97,374	0	149,186	0	5,850	91.00
91.01	OP DEPARTMENT	6,858	0	0	0	0	91.01
91.02	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OPT	0	0	0	0	0	99.20

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
99.30	CMHC	0	0	0	0	0	99.30
99.40	OPT	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,174,133	0	3,119,178	100,661	120,635	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,484	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	26,092	0	0	0	0	192.00
192.01	CFPC CLINIC	19,694	0	0	0	0	192.01
194.00	OFFICE BUILDINGS	11,221	0	0	0	0	194.00
194.01	MARKETING	12,139	0	0	0	0	194.01
194.02	FOUNDATION	6,039	0	0	0	0	194.02
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,261,802	0	3,119,178	100,661	120,635	202.00

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 140065 Period: From 11/01/2010 To 10/31/2011 Worksheet B Part II Date/Time Prepared: 3/28/2012 10:39 am

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00	332,630					10.00
11.00		412,802				11.00
12.00			0			12.00
13.00				43,840		13.00
14.00					128,914	14.00
15.00					362	15.00
16.00						16.00
17.00						17.00
19.00						19.00
20.00						20.00
21.00			8,810			21.00
22.00			10,591			22.00
23.00						23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	292,642	103,583		38,570	4,947	30.00
31.00	28,954	24,191		3,816	1,202	31.00
41.00						41.00
42.00						42.00
43.00	11,034	3,427		1,454	143	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00		36,881			4,481	50.00
50.01						50.01
50.02						50.02
51.00		4,590			234	51.00
52.00		7,179			333	52.00
54.00		25,500			534	54.00
54.01		2,620			12	54.01
54.02						54.02
54.03						54.03
54.04						54.04
54.05						54.05
55.00		5,431			77	55.00
57.00		6,267			180	57.00
58.00		3,491			43	58.00
58.00		4,866			221	58.00
59.00		20,364			882	59.00
60.00						60.00
60.01		8,239			365	60.01
65.00		22,716			114	65.00
66.00						66.00
66.01						66.01
66.02						66.02
66.03						66.03
67.00		3,875			6	67.00
68.00		857			1	68.00
68.00		5,309			153	68.00
69.00						69.00
69.01						69.01
69.02		3,204			19	69.02
70.00		329			17	70.00
71.00					55,169	71.00
72.00					56,812	72.00
73.00						73.00
73.00						73.00
76.00						76.00
76.01						76.01
76.02		4,453			414	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00						88.00
89.00						89.00
90.01						90.01
91.00		22,619			1,884	91.00
91.01		1,553			215	91.01
91.02						91.02
92.00						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10						99.10

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
99.20	OPT	0	0	0	0	0	99.20
99.30	CMHC	0	0	0	0	0	99.30
99.40	OPT	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	43,840	128,820	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	332,630	403,270	0	43,840	128,820	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,238	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	11	0	0	0	192.00
192.01	CFPC CLINIC	0	5,146	0	0	0	91 192.01
194.00	OFFICE BUILDINGS	0	0	0	0	0	3 194.00
194.01	MARKETING	0	562	0	0	0	0 194.01
194.02	FOUNDATION	0	1,575	0	0	0	0 194.02
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	43,840	128,914	0 201.00
202.00	TOTAL (sum lines 118-201)	332,630	412,802	0	43,840	128,914	202.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10	
ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet B Part II Date/Time Prepared: 3/28/2012 10:39 am		
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY	401,936				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	386,548			16.00
17.00	SOCIAL SERVICE	2,175	0	594,716		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	1	33,944	523,221		30.00
31.00	INTENSIVE CARE UNIT	5	5,575	51,767		31.00
41.00	SUBPROVIDER - IRF	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0		42.00
43.00	NURSERY	0	911	19,728		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	5,399	37,606	0		50.00
50.01	ENDOSCOPY	0	0	0		50.01
50.02	DAY SURGERY	0	0	0		50.02
51.00	RECOVERY ROOM	0	3,576	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	3	1,209	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	220	42,784	0		54.00
54.01	NUCLEAR MEDICINE	43	5,309	0		54.01
54.02	ULTRASOUND	0	0	0		54.02
54.03	GRANT SQUARE IMAGING	0	0	0		54.03
54.04	WINDSOR MEDICAL RADIOLOGY	0	0	0		54.04
54.05	PET SCAN	0	0	0		54.05
55.00	RADIOLOGY-THERAPEUTIC	7	8,329	0		55.00
57.00	CT SCAN	233	33,210	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	41	11,349	0		58.00
59.00	CARDIAC CATHETERIZATION	0	7,482	0		59.00
60.00	LABORATORY	7	54,670	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
65.00	RESPIRATORY THERAPY	0	10,705	0		65.00
66.00	PHYSICAL THERAPY	70	8,384	0		66.00
66.01	FAIRVIEW REHAB CTR	0	0	0		66.01
66.02	WESTCHESTER REHAB CTR	0	0	0		66.02
66.03	LAGRANGE REHAB CTR	0	0	0		66.03
67.00	OCCUPATIONAL THERAPY	0	1,270	0		67.00
68.00	SPEECH PATHOLOGY	0	487	0		68.00
69.00	ELECTROCARDIOLOGY	79	10,981	0		69.00
69.01	VASCULAR LAB	0	0	0		69.01
69.02	CARDIAC REHAB	0	936	0		69.02
70.00	ELECTROENCEPHALOGRAPHY	0	2,123	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,079	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	23,698	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	391,322	36,815	0		73.00
76.00	HEMODIALYSIS	0	1,170	0		76.00
76.01	LITHOTRIPSY	0	268	0		76.01
76.02	WOUND CARE	14	804	0		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC (RHC)	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.01	PAIN MGMT CLINIC	0	0	0		90.01
91.00	EMERGENCY	158	29,891	0		91.00
91.01	OP DEPARTMENT	0	983	0		91.01
91.02	MEDICAL ONCOLOGY	0	0	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet B  
Part II  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
99.20	OPT	0	0	0			99.20
99.30	CMHC	0	0	0			99.30
99.40	OPT	0	0	0			99.40
101.00	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET CELL ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE	0	0	0			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	399,777	386,548	594,716	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	CFPC CLINIC	2,159	0	0			192.01
194.00	OFFICE BUILDINGS	0	0	0			194.00
194.01	MARKETING	0	0	0			194.01
194.02	FOUNDATION	0	0	0			194.02
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	401,936	386,548	594,716	0	0	202.00

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	34,495					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		56,122				22.00
23.00 PARAMED ED PRGM-(SPECIFY)				0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS				4,840,276		0 30.00
31.00 INTENSIVE CARE UNIT				570,126		0 31.00
41.00 SUBPROVIDER - IRF				0		0 41.00
42.00 SUBPROVIDER				0		0 42.00
43.00 NURSERY				115,975		0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM				1,997,896		0 50.00
50.01 ENDOSCOPY				0		0 50.01
50.02 DAY SURGERY				0		0 50.02
51.00 RECOVERY ROOM				96,992		0 51.00
52.00 DELIVERY ROOM & LABOR ROOM				234,853		0 52.00
54.00 RADIOLOGY-DIAGNOSTIC				1,285,724		0 54.00
54.01 NUCLEAR MEDICINE				89,711		0 54.01
54.02 ULTRASOUND				0		0 54.02
54.03 GRANT SQUARE IMAGING				0		0 54.03
54.04 WINDSOR MEDICAL RADIOLOGY				0		0 54.04
54.05 PET SCAN				0		0 54.05
55.00 RADIOLOGY-THERAPEUTIC				758,748		0 55.00
57.00 CT SCAN				153,299		0 57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)				26,610		0 58.00
59.00 CARDIAC CATHETERIZATION				27,703		0 59.00
60.00 LABORATORY				928,776		0 60.00
60.01 BLOOD LABORATORY				0		0 60.01
65.00 RESPIRATORY THERAPY				226,703		0 65.00
66.00 PHYSICAL THERAPY				783,895		0 66.00
66.01 FAIRVIEW REHAB CTR				0		0 66.01
66.02 WESTCHESTER REHAB CTR				0		0 66.02
66.03 LAGRANGE REHAB CTR				0		0 66.03
67.00 OCCUPATIONAL THERAPY				32,998		0 67.00
68.00 SPEECH PATHOLOGY				19,000		0 68.00
69.00 ELECTROCARDIOLOGY				165,142		0 69.00
69.01 VASCULAR LAB				0		0 69.01
69.02 CARDIAC REHAB				48,175		0 69.02
70.00 ELECTROENCEPHALOGRAPHY				40,381		0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				147,445		0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENT				238,300		0 72.00
73.00 DRUGS CHARGED TO PATIENTS				546,843		0 73.00
76.00 HEMODIALYSIS				9,391		0 76.00
76.01 LITHOTRIPSY				2,425		0 76.01
76.02 WOUND CARE				31,201		0 76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)				0		0 88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER				0		0 89.00
90.01 PAIN MGMT CLINIC				0		0 90.00
91.00 EMERGENCY				751,110		0 91.00
91.01 OP DEPARTMENT				112,720		0 91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
91.02 MEDICAL ONCOLOGY					0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF					0	0	99.10
99.20 OPT					0	0	99.20
99.30 CMHC					0	0	99.30
99.40 OPT					0	0	99.40
101.00 HOME HEALTH AGENCY					0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION					0	0	109.00
110.00 INTESTINAL ACQUISITION					0	0	110.00
111.00 ISLET CELL ACQUISITION					0	0	111.00
113.00 INTEREST EXPENSE					0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	14,282,418	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					15,117	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES					26,105	0	192.00
192.01 CFPC CLINIC					27,998	0	192.01
194.00 OFFICE BUILDINGS					11,224	0	194.00
194.01 MARKETING					12,800	0	194.01
194.02 FOUNDATION					7,892	0	194.02
200.00 Cross Foot Adjustments	34,495	56,122	0	0	90,617	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	34,495	56,122	0	0	14,474,171	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	4,840,276	30.00
31.00	INTENSIVE CARE UNIT	570,126	31.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	115,975	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	1,997,896	50.00
50.01	ENDOSCOPY	0	50.01
50.02	DAY SURGERY	0	50.02
51.00	RECOVERY ROOM	96,992	51.00
52.00	DELIVERY ROOM & LABOR ROOM	234,853	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,285,724	54.00
54.01	NUCLEAR MEDICINE	89,711	54.01
54.02	ULTRASOUND	0	54.02
54.03	GRANT SQUARE IMAGING	0	54.03
54.04	WINDSOR MEDICAL RADIOLOGY	0	54.04
54.05	PET SCAN	0	54.05
55.00	RADIOLOGY-THERAPEUTIC	758,748	55.00
57.00	CT SCAN	153,299	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	26,610	58.00
59.00	CARDIAC CATHETERIZATION	27,703	59.00
60.00	LABORATORY	928,776	60.00
60.01	BLOOD LABORATORY	0	60.01
65.00	RESPIRATORY THERAPY	226,703	65.00
66.00	PHYSICAL THERAPY	783,895	66.00
66.01	FAIRVIEW REHAB CTR	0	66.01
66.02	WESTCHESTER REHAB CTR	0	66.02
66.03	LAGRANGE REHAB CTR	0	66.03
67.00	OCCUPATIONAL THERAPY	32,998	67.00
68.00	SPEECH PATHOLOGY	19,000	68.00
69.00	ELECTROCARDIOLOGY	165,142	69.00
69.01	VASCULAR LAB	0	69.01
69.02	CARDIAC REHAB	48,175	69.02
70.00	ELECTROENCEPHALOGRAPHY	40,381	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	147,445	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	238,300	72.00
73.00	DRUGS CHARGED TO PATIENTS	546,843	73.00
76.00	HEMODIALYSIS	9,391	76.00
76.01	LITHOTRIPSY	2,425	76.01
76.02	WOUND CARE	31,201	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	RURAL HEALTH CLINIC (RHC)	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.01	PAIN MGMT CLINIC	0	90.01
91.00	EMERGENCY	751,110	91.00
91.01	OP DEPARTMENT	112,720	91.01
91.02	MEDICAL ONCOLOGY	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	CORF	0	99.10
99.20	OPT	0	99.20
99.30	CMHC	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		Total	
		26.00	
99.40	OPT	0	99.40
101.00	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET CELL ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	14,282,418	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,117	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	26,105	192.00
192.01	CFPC CLINIC	27,998	192.01
194.00	OFFICE BUILDINGS	11,224	194.00
194.01	MARKETING	12,800	194.01
194.02	FOUNDATION	7,892	194.02
200.00	Cross Foot Adjustments	90,617	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	14,474,171	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period: From 11/01/2010 To 10/31/2011

worksheet B-1

Date/Time Prepared: 3/28/2012 10:39 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00	4.00	5A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	433,083					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		433,083				2.00
4.00 EMPLOYEE BENEFITS	2,660	2,660	59,534,316			4.00
5.00 ADMINISTRATIVE & GENERAL	67,396	67,396	6,259,056	-28,410,810	119,995,910	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	87,669	87,669	1,824,592	0	9,891,686	7.00
8.00 LAUNDRY & LINEN SERVICE	2,178	2,178	63,109	0	164,633	8.00
9.00 HOUSEKEEPING	1,574	1,574	1,531,787	0	2,541,956	9.00
10.00 DIETARY	7,171	7,171	220,120	0	436,197	10.00
11.00 CAFETERIA	8,230	8,230	864,154	0	2,099,477	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	0	1,232,216	0	1,674,943	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,852	1,852	924,167	0	1,910,635	14.00
15.00 PHARMACY	6,849	6,849	2,740,936	0	3,435,451	15.00
16.00 MEDICAL RECORDS & LIBRARY	7,059	7,059	1,644,799	0	2,713,753	16.00
17.00 SOCIAL SERVICE	12,017	12,017	821,534	0	2,189,825	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,040,935	0	1,280,246	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,251,284	0	2,316,458	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	75,079	75,079	12,238,200	0	18,222,239	30.00
31.00 INTENSIVE CARE UNIT	8,003	8,003	2,858,088	0	4,239,217	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,305	1,305	404,877	0	867,772	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	38,141	38,141	4,357,440	0	7,803,633	50.00
50.01 ENDOSCOPY	0	0	0	0	0	50.01
50.02 DAY SURGERY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	1,631	1,631	542,258	0	746,584	51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,422	4,422	848,202	0	1,327,370	52.00
54.00 RADIOLOGY-DIAGNOSTIC	24,718	24,718	3,012,701	0	5,045,499	54.00
54.01 NUCLEAR MEDICINE	1,478	1,478	309,533	0	767,682	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 PET SCAN	0	0	0	0	0	54.05
55.00 RADIOLOGY-THERAPEUTIC	15,840	15,840	641,600	0	1,490,080	55.00
57.00 CT SCAN	1,980	1,980	740,421	0	1,210,806	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	412,493	0	587,278	58.00
59.00 CARDIAC CATHETERIZATION	0	0	574,888	0	757,369	59.00
60.00 LABORATORY	15,917	15,917	2,405,997	0	6,892,778	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	3,935	3,935	973,374	0	1,491,057	65.00
66.00 PHYSICAL THERAPY	14,852	14,852	2,683,855	0	4,106,050	66.00
66.01 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 OCCUPATIONAL THERAPY	361	361	457,814	0	575,580	67.00
68.00 SPEECH PATHOLOGY	328	328	101,235	0	142,211	68.00
69.00 ELECTROCARDIOLOGY	3,567	3,567	627,265	0	1,182,531	69.00
69.01 VASCULAR LAB	0	0	0	0	0	69.01
69.02 CARDIAC REHAB	0	0	378,487	0	405,358	69.02
70.00 ELECTROENCEPHALOGRAPHY	624	624	38,820	0	512,197	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,254,729	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	8,371,263	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	6,297,751	73.00
76.00 HEMODIALYSIS	0	0	0	0	436,126	76.00
76.01 LITHOTRIPSY	0	0	0	0	114,450	76.01
76.02 WOUND CARE	0	0	526,161	0	1,312,030	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 EMERGENCY	13,170	13,170	2,672,368	0	5,166,025	91.00
91.01 OP DEPARTMENT	3,077	3,077	183,466	0	363,814	91.01
91.02 MEDICAL ONCOLOGY	0	0	0	0	0	91.02

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B-1

Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					5A	5.00	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0	0	0	0	0	99.10
99.20 OPT	0	0	0	0	0	0	99.20
99.30 CMHC	0	0	0	0	0	0	99.30
99.40 OPT	0	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	433,083	433,083	58,408,232	-28,410,810		115,344,739	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	264,384	0	0	662,330	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	1,250	0	0	1,384,277	192.00
192.01 CFPC CLINIC	0	0	607,999	0	0	1,044,851	192.01
194.00 OFFICE BUILDINGS	0	0	0	0	0	595,316	194.00
194.01 MARKETING	0	0	66,397	0	0	644,020	194.01
194.02 FOUNDATION	0	0	186,054	0	0	320,377	194.02
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per wkst. B, Part I)	10,515,458	3,958,713	9,165,800			28,410,810	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	24.280468	9.140772	0.153958			0.236765	203.00
204.00 Cost to be allocated (per wkst. B, Part II)			88,900			2,261,802	204.00
205.00 Unit cost multiplier (wkst. B, Part II)			0.001493			0.018849	205.00

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	0	275,358				6.00
7.00 OPERATION OF PLANT	0	2,178	41,932			7.00
8.00 LAUNDRY & LINEN SERVICE	0	1,574		271,606		8.00
9.00 HOUSEKEEPING	0	7,171		7,171	41,932	9.00
10.00 DIETARY	0	8,230		8,230		10.00
11.00 CAFETERIA	0	0		0		11.00
12.00 MAINTENANCE OF PERSONNEL	0	0		0		12.00
13.00 NURSING ADMINISTRATION	0	1,852		1,852		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	6,849		6,849		14.00
15.00 PHARMACY	0	7,059		7,059		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	12,017		12,017		16.00
17.00 SOCIAL SERVICE	0	0		0		17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
20.00 NURSING SCHOOL	0	0		0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0		0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	75,079	36,891	75,079	36,891	30.00
31.00 INTENSIVE CARE UNIT	0	8,003	3,650	8,003	3,650	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	1,305	1,391	1,305	1,391	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	41,218	0	41,218	0	50.00
50.01 ENDOSCOPY	0	0	0	0	0	50.01
50.02 DAY SURGERY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	1,631	0	1,631	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	4,422	0	4,422	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	24,718	0	24,718	0	54.00
54.01 NUCLEAR MEDICINE	0	1,478	0	1,478	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 PET SCAN	0	0	0	0	0	54.05
55.00 RADIOLOGY-THERAPEUTIC	0	15,840	0	15,840	0	55.00
57.00 CT SCAN	0	1,980	0	1,980	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	15,917	0	15,917	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	3,935	0	3,935	0	65.00
66.00 PHYSICAL THERAPY	0	14,852	0	14,852	0	66.00
66.01 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 OCCUPATIONAL THERAPY	0	361	0	361	0	67.00
68.00 SPEECH PATHOLOGY	0	328	0	328	0	68.00
69.00 ELECTROCARDIOLOGY	0	525	0	525	0	69.00
69.01 VASCULAR LAB	0	0	0	0	0	69.01
69.02 CARDIAC REHAB	0	3,042	0	3,042	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	624	0	624	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 HEMODIALYSIS	0	0	0	0	0	76.00
76.01 LITHOTRIPSY	0	0	0	0	0	76.01
76.02 WOUND CARE	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 EMERGENCY	0	13,170	0	13,170	0	91.00
91.01 OP DEPARTMENT	0	0	0	0	0	91.01
91.02 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B-1

Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET) 6.00	OPERATION OF PLANT (SQUARE FEET) 7.00	LAUNDRY & LINEN SERVICE (PATIENT DAYS) 8.00	HOUSEKEEPING (SQUARE FEET) 9.00	DIETARY (PATIENT DAYS) 10.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OPT	0	0	0	0	0	99.20
99.30	CMHC	0	0	0	0	0	99.30
99.40	OPT	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	275,358	41,932	271,606	41,932	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	CFPC CLINIC	0	0	0	0	0	192.01
194.00	OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	MARKETING	0	0	0	0	0	194.01
194.02	FOUNDATION	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	0	12,233,691	300,377	3,213,732	942,918	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.000000	44.428312	7.163431	11.832331	22.486836	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	0	3,119,178	100,661	120,635	332,630	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	11.327719	2.400577	0.444154	7.932605	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	48,771,498					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	NURSING ADMINISTRATION	1,232,216	0	41,932			13.00
14.00	CENTRAL SERVICES & SUPPLY	924,167	0	0	14,076,242		14.00
15.00	PHARMACY	2,740,936	0	0	39,567	6,308,831	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,644,799	0	0	0	0	16.00
17.00	SOCIAL SERVICE	821,534	0	0	0	34,136	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,040,935	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,251,284	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	12,238,200	0	36,891	540,218	19	30.00
31.00	INTENSIVE CARE UNIT	2,858,088	0	3,650	131,257	86	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	404,877	0	1,391	15,628	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	4,357,440	0	0	489,348	84,750	50.00
50.01	ENDOSCOPY	0	0	0	0	0	50.01
50.02	DAY SURGERY	0	0	0	0	0	50.02
51.00	RECOVERY ROOM	542,258	0	0	25,524	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	848,202	0	0	36,378	44	52.00
54.00	RADIOLOGY-DIAGNOSTIC	3,012,701	0	0	58,291	3,454	54.00
54.01	NUCLEAR MEDICINE	309,533	0	0	1,360	674	54.01
54.02	ULTRASOUND	0	0	0	0	0	54.02
54.03	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	PET SCAN	0	0	0	0	0	54.05
55.00	RADIOLOGY-THERAPEUTIC	641,600	0	0	8,402	109	55.00
57.00	CT SCAN	740,421	0	0	19,707	3,652	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	412,493	0	0	4,676	637	58.00
59.00	CARDIAC CATHETERIZATION	574,888	0	0	24,130	0	59.00
60.00	LABORATORY	2,405,997	0	0	96,322	106	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	973,374	0	0	39,893	0	65.00
66.00	PHYSICAL THERAPY	2,683,855	0	0	12,403	1,098	66.00
66.01	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	OCCUPATIONAL THERAPY	457,814	0	0	660	0	67.00
68.00	SPEECH PATHOLOGY	101,235	0	0	132	0	68.00
69.00	ELECTROCARDIOLOGY	627,265	0	0	16,660	1,243	69.00
69.01	VASCULAR LAB	0	0	0	0	0	69.01
69.02	CARDIAC REHAB	378,487	0	0	2,058	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	38,820	0	0	1,820	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,024,173	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,203,020	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,142,231	73.00
76.00	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	WOUND CARE	526,161	0	0	45,207	225	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	EMERGENCY	2,672,368	0	0	205,687	2,481	91.00
91.01	OP DEPARTMENT	183,466	0	0	23,505	0	91.01
91.02	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B-1

Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OPT	0	0	0	0	0	99.20
99.30	CMHC	0	0	0	0	0	99.30
99.40	OPT	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	47,645,414	0	41,932	14,066,026	6,274,945	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	264,384	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,250	0	0	0	0	192.00
192.01	CFPC CLINIC	607,999	0	0	9,920	33,886	192.01
194.00	OFFICE BUILDINGS	0	0	0	296	0	194.00
194.01	MARKETING	66,397	0	0	0	0	194.01
194.02	FOUNDATION	186,054	0	0	0	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	3,059,585	0	2,148,812	2,525,176	4,813,221	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.062733	0.000000	51.245159	0.179393	0.762934	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	412,802	0	43,840	128,914	401,936	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.008464	0.000000	1.045502	0.009158	0.063710	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	594,593,617					16.00
17.00 SOCIAL SERVICE	0	41,932				17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 NURSING SCHOOL	0	0		0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	52,221,542	36,891			0	30.00
31.00 INTENSIVE CARE UNIT	8,576,557	3,650			0	31.00
41.00 SUBPROVIDER - IRF	0	0			0	41.00
42.00 SUBPROVIDER	0	0			0	42.00
43.00 NURSERY	1,401,222	1,391			0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	57,855,630	0		0	0	50.00
50.01 ENDOSCOPY	0	0		0	0	50.01
50.02 DAY SURGERY	0	0		0	0	50.02
51.00 RECOVERY ROOM	5,501,464	0		0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,859,351	0		0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	65,820,929	0		0	0	54.00
54.01 NUCLEAR MEDICINE	8,168,222	0		0	0	54.01
54.02 ULTRASOUND	0	0		0	0	54.02
54.03 GRANT SQUARE IMAGING	0	0		0	0	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0		0	0	54.04
54.05 PET SCAN	0	0		0	0	54.05
55.00 RADIOLOGY-THERAPEUTIC	12,813,690	0		0	0	55.00
57.00 CT SCAN	51,091,701	0		0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	17,460,134	0		0	0	58.00
59.00 CARDIAC CATHETERIZATION	11,511,419	0		0	0	59.00
60.00 LABORATORY	84,014,389	0		0	0	60.00
60.01 BLOOD LABORATORY	0	0		0	0	60.01
65.00 RESPIRATORY THERAPY	16,469,883	0		0	0	65.00
66.00 PHYSICAL THERAPY	12,897,979	0		0	0	66.00
66.01 FAIRVIEW REHAB CTR	0	0		0	0	66.01
66.02 WESTCHESTER REHAB CTR	0	0		0	0	66.02
66.03 LAGRANGE REHAB CTR	0	0		0	0	66.03
67.00 OCCUPATIONAL THERAPY	1,954,328	0		0	0	67.00
68.00 SPEECH PATHOLOGY	748,735	0		0	0	68.00
69.00 ELECTROCARDIOLOGY	16,893,966	0		0	0	69.00
69.01 VASCULAR LAB	0	0		0	0	69.01
69.02 CARDIAC REHAB	1,439,267	0		0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	3,265,772	0		0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,582,873	0		0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	36,459,092	0		0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	56,638,447	0		0	0	73.00
76.00 HEMODIALYSIS	1,799,350	0		0	0	76.00
76.01 LITHOTRIPSY	412,577	0		0	0	76.01
76.02 WOUND CARE	1,236,192	0		0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)	0	0		0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89.00
90.01 PAIN MGMT CLINIC	0	0		0	0	90.01
91.00 EMERGENCY	45,985,883	0		0	0	91.00
91.01 OP DEPARTMENT	1,513,023	0		0	0	91.01
91.02 MEDICAL ONCOLOGY	0	0		0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0		99.10
99.20	OPT	0	0	0	0		99.20
99.30	CMHC	0	0	0	0		99.30
99.40	OPT	0	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0	0		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	594,593,617	41,932	0	0		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	CFPC CLINIC	0	0	0	0		192.01
194.00	OFFICE BUILDINGS	0	0	0	0		194.00
194.01	MARKETING	0	0	0	0		194.01
194.02	FOUNDATION	0	0	0	0		194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	3,856,601	3,461,964	0	0		202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.006486	82.561385	0.000000	0.000000		203.00
204.00	Cost to be allocated (per wkst. B, Part II)	386,548	594,716	0	0		204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000650	14.182867	0.000000	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

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Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.00 ADMINISTRATIVE & GENERAL				5.00
6.00 MAINTENANCE & REPAIRS				6.00
7.00 OPERATION OF PLANT				7.00
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
12.00 MAINTENANCE OF PERSONNEL				12.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
15.00 PHARMACY				15.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
17.00 SOCIAL SERVICE				17.00
19.00 NONPHYSICIAN ANESTHETISTS				19.00
20.00 NURSING SCHOOL				20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	39,702			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		39,702		22.00
23.00 PARAMED ED PRGM-(SPECIFY)			0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	33,338	33,338	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	42.00
43.00 NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	3,111	3,111	0	50.00
50.01 ENDOSCOPY	0	0	0	50.01
50.02 DAY SURGERY	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	900	900	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	54.02
54.03 GRANT SQUARE IMAGING	0	0	0	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0	54.04
54.05 PET SCAN	0	0	0	54.05
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
66.01 FAIRVIEW REHAB CTR	0	0	0	66.01
66.02 WESTCHESTER REHAB CTR	0	0	0	66.02
66.03 LAGRANGE REHAB CTR	0	0	0	66.03
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	969	969	0	69.00
69.01 VASCULAR LAB	0	0	0	69.01
69.02 CARDIAC REHAB	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 HEMODIALYSIS	0	0	0	76.00
76.01 LITHOTRIPSY	0	0	0	76.01
76.02 WOUND CARE	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.01 PAIN MGMT CLINIC	1,384	1,384	0	90.01
91.00 EMERGENCY	0	0	0	91.00
91.01 OP DEPARTMENT	0	0	0	91.01
91.02 MEDICAL ONCOLOGY	0	0	0	91.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet B-1

Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	21.00	22.00		
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			23.00	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10 CORF	0	0	0	99.10
99.20 OPT	0	0	0	99.20
99.30 CMHC	0	0	0	99.30
99.40 OPT	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00 PANCREAS ACQUISITION	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	39,702	39,702	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01 CFPC CLINIC	0	0	0	192.01
194.00 OFFICE BUILDINGS	0	0	0	194.00
194.01 MARKETING	0	0	0	194.01
194.02 FOUNDATION	0	0	0	194.02
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per wkst. B, Part I)	1,648,664	2,943,411	0	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	41.525968	74.137600	0.000000	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	34,495	56,122	0	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.868848	1.413581	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet C  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		33,994,064	0	33,994,064	30.00
31.00	INTENSIVE CARE UNIT		6,548,324	0	6,548,324	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		1,411,309	0	1,411,309	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		12,771,263	1,400	12,772,663	50.00
50.01	ENDOSCOPY		0	0	0	50.01
50.02	DAY SURGERY		0	0	0	50.02
51.00	RECOVERY ROOM		1,089,389	0	1,089,389	51.00
52.00	DELIVERY ROOM & LABOR ROOM		1,962,260	0	1,962,260	52.00
54.00	RADIOLOGY-DIAGNOSTIC		8,259,751	0	8,259,751	54.00
54.01	NUCLEAR MEDICINE		1,105,750	0	1,105,750	54.01
54.02	ULTRASOUND		0	0	0	54.02
54.03	GRANT SQUARE IMAGING		0	0	0	54.03
54.04	WINDSOR MEDICAL RADIOLOGY		0	0	0	54.04
54.05	PET SCAN		0	0	0	54.05
55.00	RADIOLOGY-THERAPEUTIC		2,858,996	0	2,858,996	55.00
57.00	CT SCAN		1,993,029	0	1,993,029	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		866,773	0	866,773	58.00
59.00	CARDIAC CATHETERIZATION		1,051,743	0	1,051,743	59.00
60.00	LABORATORY		10,133,525	0	10,133,525	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	2,240,516	0	2,240,516	65.00
66.00	PHYSICAL THERAPY	0	6,168,887	0	6,168,887	66.00
66.01	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	OCCUPATIONAL THERAPY	0	773,681	0	773,681	67.00
68.00	SPEECH PATHOLOGY	0	205,566	0	205,566	68.00
69.00	ELECTROCARDIOLOGY		1,644,911	0	1,644,911	69.00
69.01	VASCULAR LAB		0	0	0	69.01
69.02	CARDIAC REHAB		705,926	0	705,926	69.02
70.00	ELECTROENCEPHALOGRAPHY		692,516	0	692,516	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,463,323	0	6,463,323	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		11,702,533	0	11,702,533	72.00
73.00	DRUGS CHARGED TO PATIENTS		12,842,310	0	12,842,310	73.00
76.00	HEMODIALYSIS		551,056	0	551,056	76.00
76.01	LITHOTRIPSY		144,224	0	144,224	76.01
76.02	WOUND CARE		1,671,981	0	1,671,981	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC (RHC)		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.01	PAIN MGMT CLINIC		0	0	0	90.01
91.00	EMERGENCY		7,634,814	0	7,634,814	91.00
91.01	OP DEPARTMENT		475,491	6,158	481,649	91.01
91.02	MEDICAL ONCOLOGY		0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,949,528	0	2,949,528	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF		0	0	0	99.10
99.20	OPT		0	0	0	99.20
99.30	CMHC		0	0	0	99.30
99.40	OPT		0	0	0	99.40
101.00	HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET CELL ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	140,913,439	7,558	140,920,997	200.00
201.00	Less Observation Beds		2,949,528	0	2,949,528	201.00
202.00	Total (see instructions)	0	137,963,911	7,558	137,971,469	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet C  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	46,454,790		46,454,790			30.00
31.00 INTENSIVE CARE UNIT	8,576,557		8,576,557			31.00
41.00 SUBPROVIDER - IRF	0		0			41.00
42.00 SUBPROVIDER	0		0			42.00
43.00 NURSERY	1,401,222		1,401,222			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	28,746,270	29,109,360	57,855,630	0.220744	0.000000	50.00
50.01 ENDOSCOPY	0	0	0	0.000000	0.000000	50.01
50.02 DAY SURGERY	0	0	0	0.000000	0.000000	50.02
51.00 RECOVERY ROOM	2,447,776	3,053,688	5,501,464	0.198018	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,496,181	363,170	1,859,351	1.055347	0.000000	52.00
54.00 RADIOLOGY-DIAGNOSTIC	23,293,161	42,527,768	65,820,929	0.125488	0.000000	54.00
54.01 NUCLEAR MEDICINE	3,959,599	4,208,623	8,168,222	0.135372	0.000000	54.01
54.02 ULTRASOUND	0	0	0	0.000000	0.000000	54.02
54.03 GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000	54.04
54.05 PET SCAN	0	0	0	0.000000	0.000000	54.05
55.00 RADIOLOGY-THERAPEUTIC	233,391	12,580,299	12,813,690	0.223120	0.000000	55.00
57.00 CT SCAN	18,554,307	32,537,394	51,091,701	0.039009	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	5,812,499	11,647,635	17,460,134	0.049643	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	8,350,894	3,160,525	11,511,419	0.091365	0.000000	59.00
60.00 LABORATORY	51,719,289	32,295,100	84,014,389	0.120617	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00 RESPIRATORY THERAPY	15,230,561	1,239,322	16,469,883	0.136037	0.000000	65.00
66.00 PHYSICAL THERAPY	4,401,146	8,496,833	12,897,979	0.478283	0.000000	66.00
66.01 FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000	66.01
66.02 WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000	66.02
66.03 LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000	66.03
67.00 OCCUPATIONAL THERAPY	1,877,483	76,845	1,954,328	0.395881	0.000000	67.00
68.00 SPEECH PATHOLOGY	677,850	70,885	748,735	0.274551	0.000000	68.00
69.00 ELECTROCARDIOLOGY	9,607,623	7,286,343	16,893,966	0.097367	0.000000	69.00
69.01 VASCULAR LAB	0	0	0	0.000000	0.000000	69.01
69.02 CARDIAC REHAB	52,072	1,387,195	1,439,267	0.490476	0.000000	69.02
70.00 ELECTROENCEPHALOGRAPHY	484,843	2,780,929	3,265,772	0.212053	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,449,223	6,133,650	18,582,873	0.347811	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	24,827,189	11,631,903	36,459,092	0.320977	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	44,828,035	11,810,412	56,638,447	0.226742	0.000000	73.00
76.00 HEMODIALYSIS	1,762,122	37,228	1,799,350	0.306253	0.000000	76.00
76.01 LITHOTRIPSY	11,303	401,274	412,577	0.349569	0.000000	76.01
76.02 WOUND CARE	54,400	1,181,792	1,236,192	1.352525	0.000000	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0			88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.01 PAIN MGMT CLINIC	0	0	0	0.000000	0.000000	90.01
91.00 EMERGENCY	17,024,712	28,961,171	45,985,883	0.166025	0.000000	91.00
91.01 OP DEPARTMENT	19,225	1,493,798	1,513,023	0.314266	0.000000	91.01
91.02 MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,397,602	4,369,150	5,766,752	0.511471	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0			99.10
99.20 OPT	0	0	0			99.20
99.30 CMHC	0	0	0			99.30
99.40 OPT	0	0	0			99.40
101.00 HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET CELL ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	335,751,325	258,842,292	594,593,617			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	335,751,325	258,842,292	594,593,617			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet C Part I Date/Time Prepared: 3/28/2012 10:39 am
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.220768			50.00
50.01	ENDOSCOPY	0.000000			50.01
50.02	DAY SURGERY	0.000000			50.02
51.00	RECOVERY ROOM	0.198018			51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.055347			52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.125488			54.00
54.01	NUCLEAR MEDICINE	0.135372			54.01
54.02	ULTRASOUND	0.000000			54.02
54.03	GRANT SQUARE IMAGING	0.000000			54.03
54.04	WINDSOR MEDICAL RADIOLOGY	0.000000			54.04
54.05	PET SCAN	0.000000			54.05
55.00	RADIOLOGY-THERAPEUTIC	0.223120			55.00
57.00	CT SCAN	0.039009			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.049643			58.00
59.00	CARDIAC CATHETERIZATION	0.091365			59.00
60.00	LABORATORY	0.120617			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
65.00	RESPIRATORY THERAPY	0.136037			65.00
66.00	PHYSICAL THERAPY	0.478283			66.00
66.01	FAIRVIEW REHAB CTR	0.000000			66.01
66.02	WESTCHESTER REHAB CTR	0.000000			66.02
66.03	LAGRANGE REHAB CTR	0.000000			66.03
67.00	OCCUPATIONAL THERAPY	0.395881			67.00
68.00	SPEECH PATHOLOGY	0.274551			68.00
69.00	ELECTROCARDIOLOGY	0.097367			69.00
69.01	VASCULAR LAB	0.000000			69.01
69.02	CARDIAC REHAB	0.490476			69.02
70.00	ELECTROENCEPHALOGRAPHY	0.212053			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.347811			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.320977			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.226742			73.00
76.00	HEMODIALYSIS	0.306253			76.00
76.01	LITHOTRIPSY	0.349569			76.01
76.02	WOUND CARE	1.352525			76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC (RHC)				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.01	PAIN MGMT CLINIC	0.000000			90.01
91.00	EMERGENCY	0.166025			91.00
91.01	OP DEPARTMENT	0.318336			91.01
91.02	MEDICAL ONCOLOGY	0.000000			91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.511471			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF				99.10
99.20	OPT				99.20
99.30	CMHC				99.30
99.40	OPT				99.40
101.00	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET CELL ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet C  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		33,994,064	0	0	30.00
31.00	INTENSIVE CARE UNIT		6,548,324	0	0	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		1,411,309	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		12,771,263	0	0	50.00
50.01	ENDOSCOPY		0	0	0	50.01
50.02	DAY SURGERY		0	0	0	50.02
51.00	RECOVERY ROOM		1,089,389	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		1,962,260	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC		8,259,751	0	0	54.00
54.01	NUCLEAR MEDICINE		1,105,750	0	0	54.01
54.02	ULTRASOUND		0	0	0	54.02
54.03	GRANT SQUARE IMAGING		0	0	0	54.03
54.04	WINDSOR MEDICAL RADIOLOGY		0	0	0	54.04
54.05	PET SCAN		0	0	0	54.05
55.00	RADIOLOGY-THERAPEUTIC		2,858,996	0	0	55.00
57.00	CT SCAN		1,993,029	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		866,773	0	0	58.00
59.00	CARDIAC CATHETERIZATION		1,051,743	0	0	59.00
60.00	LABORATORY		10,133,525	0	0	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	2,240,516	0	0	65.00
66.00	PHYSICAL THERAPY	0	6,168,887	0	0	66.00
66.01	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	OCCUPATIONAL THERAPY	0	773,681	0	0	67.00
68.00	SPEECH PATHOLOGY	0	205,566	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,644,911	0	0	69.00
69.01	VASCULAR LAB	0	0	0	0	69.01
69.02	CARDIAC REHAB	0	705,926	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	0	692,516	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,463,323	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	11,702,533	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	12,842,310	0	0	73.00
76.00	HEMODIALYSIS	0	551,056	0	0	76.00
76.01	LITHOTRIPSY	0	144,224	0	0	76.01
76.02	WOUND CARE	0	1,671,981	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC (RHC)	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.01	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	EMERGENCY	0	7,634,814	0	0	91.00
91.01	OP DEPARTMENT	0	475,491	0	0	91.01
91.02	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,949,528	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	99.10
99.20	OPT	0	0	0	0	99.20
99.30	CMHC	0	0	0	0	99.30
99.40	OPT	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	113.00
200.00	Subtotal (see instructions)	0	140,913,439	0	0	200.00
201.00	Less Observation Beds	0	2,949,528	0	0	201.00
202.00	Total (see instructions)	0	137,963,911	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet C  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	Title XIX			Hospital	Cost	
	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	46,454,790		46,454,790		30.00
31.00	INTENSIVE CARE UNIT	8,576,557		8,576,557		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	1,401,222		1,401,222		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	28,746,270	29,109,360	57,855,630	0.220744	50.00
50.01	ENDOSCOPY	0	0	0	0.000000	50.01
50.02	DAY SURGERY	0	0	0	0.000000	50.02
51.00	RECOVERY ROOM	2,447,776	3,053,688	5,501,464	0.198018	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,496,181	363,170	1,859,351	1.055347	52.00
54.00	RADIOLOGY-DIAGNOSTIC	23,293,161	42,527,768	65,820,929	0.125488	54.00
54.01	RADIOLOGY-DIAGNOSTIC	3,959,599	4,208,623	8,168,222	0.135372	54.01
54.02	NUCLEAR MEDICINE	0	0	0	0.000000	54.02
54.03	ULTRASOUND	0	0	0	0.000000	54.03
54.04	GRANT SQUARE IMAGING	0	0	0	0.000000	54.04
54.05	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	54.05
55.00	PET SCAN	0	0	0	0.000000	55.00
55.01	RADIOLOGY-THERAPEUTIC	233,391	12,580,299	12,813,690	0.223120	55.01
57.00	CT SCAN	18,554,307	32,537,394	51,091,701	0.039009	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,812,499	11,647,635	17,460,134	0.049643	58.00
59.00	CARDIAC CATHETERIZATION	8,350,894	3,160,525	11,511,419	0.091365	59.00
60.00	LABORATORY	51,719,289	32,295,100	84,014,389	0.120617	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	15,230,561	1,239,322	16,469,883	0.136037	65.00
66.00	PHYSICAL THERAPY	4,401,146	8,496,833	12,897,979	0.478283	66.00
66.01	FAIRVIEW REHAB CTR	0	0	0	0.000000	66.01
66.02	WESTCHESTER REHAB CTR	0	0	0	0.000000	66.02
66.03	LAGRANGE REHAB CTR	0	0	0	0.000000	66.03
67.00	OCCUPATIONAL THERAPY	1,877,483	76,845	1,954,328	0.395881	67.00
68.00	SPEECH PATHOLOGY	677,850	70,885	748,735	0.274551	68.00
69.00	ELECTROCARDIOLOGY	9,607,623	7,286,343	16,893,966	0.097367	69.00
69.01	VASCULAR LAB	0	0	0	0.000000	69.01
69.02	CARDIAC REHAB	52,072	1,387,195	1,439,267	0.490476	69.02
70.00	ELECTROENCEPHALOGRAPHY	484,843	2,780,929	3,265,772	0.212053	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,449,223	6,133,650	18,582,873	0.347811	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	24,827,189	11,631,903	36,459,092	0.320977	72.00
73.00	DRUGS CHARGED TO PATIENTS	44,828,035	11,810,412	56,638,447	0.226742	73.00
76.00	HEMODIALYSIS	1,762,122	37,228	1,799,350	0.306253	76.00
76.01	LITHOTRIPSY	11,303	401,274	412,577	0.349569	76.01
76.02	WOUND CARE	54,400	1,181,792	1,236,192	1.352525	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC (RHC)	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.01	PAIN MGMT CLINIC	0	0	0	0.000000	90.01
91.00	EMERGENCY	17,024,712	28,961,171	45,985,883	0.166025	91.00
91.01	OP DEPARTMENT	19,225	1,493,798	1,513,023	0.314266	91.01
91.02	MEDICAL ONCOLOGY	0	0	0	0.000000	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,397,602	4,369,150	5,766,752	0.511471	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
99.20	OPT	0	0	0		99.20
99.30	CMHC	0	0	0		99.30
99.40	OPT	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET CELL ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0		113.00
200.00	Subtotal (see instructions)	335,751,325	258,842,292	594,593,617		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	335,751,325	258,842,292	594,593,617		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet C  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.000000			50.00
50.01	ENDOSCOPY	0.000000			50.02
50.02	DAY SURGERY	0.000000			51.00
51.00	RECOVERY ROOM	0.000000			52.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			54.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.01
54.01	NUCLEAR MEDICINE	0.000000			54.02
54.02	ULTRASOUND	0.000000			54.03
54.03	GRANT SQUARE IMAGING	0.000000			54.04
54.04	WINDSOR MEDICAL RADIOLOGY	0.000000			54.05
54.05	PET SCAN	0.000000			55.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			57.00
57.00	CT SCAN	0.000000			58.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			59.00
59.00	CARDIAC CATHETERIZATION	0.000000			60.00
60.00	LABORATORY	0.000000			60.01
60.01	BLOOD LABORATORY	0.000000			65.00
65.00	RESPIRATORY THERAPY	0.000000			66.00
66.00	PHYSICAL THERAPY	0.000000			66.01
66.01	FAIRVIEW REHAB CTR	0.000000			66.02
66.02	WESTCHESTER REHAB CTR	0.000000			66.03
66.03	LAGRANGE REHAB CTR	0.000000			67.00
67.00	OCCUPATIONAL THERAPY	0.000000			68.00
68.00	SPEECH PATHOLOGY	0.000000			69.00
69.00	ELECTROCARDIOLOGY	0.000000			69.01
69.01	VASCULAR LAB	0.000000			69.02
69.02	CARDIAC REHAB	0.000000			70.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			71.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			72.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000			73.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			76.00
76.00	HEMODIALYSIS	0.000000			76.01
76.01	LITHOTRIPSY	0.000000			76.02
76.02	WOUND CARE	0.000000			
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC (RHC)	0.000000			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.01	PAIN MGMT CLINIC	0.000000			90.01
91.00	EMERGENCY	0.000000			91.00
91.01	OP DEPARTMENT	0.000000			91.01
91.02	MEDICAL ONCOLOGY	0.000000			91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF				99.10
99.20	OPT				99.20
99.30	CMHC				99.30
99.40	OPT				99.40
101.00	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET CELL ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet D  
Part I  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	4,840,276	0	4,840,276	40,396	119.82	30.00
31.00	INTENSIVE CARE UNIT	570,126		570,126	3,650	156.20	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	115,975		115,975	1,391	83.38	43.00
200.00	Total (lines 30-199)	5,526,377		5,526,377	45,437		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	24,781	2,969,259		30.00
31.00	INTENSIVE CARE UNIT	2,319	362,228		31.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	27,100	3,331,487		200.00

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,997,896	57,855,630	0.034532	20,730,747	715,874	50.00
50.01 ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02 DAY SURGERY	0	0	0.000000	0	0	50.02
51.00 RECOVERY ROOM	96,992	5,501,464	0.017630	1,288,832	22,722	51.00
52.00 DELIVERY ROOM & LABOR ROOM	234,853	1,859,351	0.126309	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,285,724	65,820,929	0.019534	9,946,547	194,296	54.00
54.01 NUCLEAR MEDICINE	89,711	8,168,222	0.010983	2,717,897	29,851	54.01
54.02 ULTRASOUND	0	0	0.000000	0	0	54.02
54.03 GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05 PET SCAN	0	0	0.000000	0	0	54.05
55.00 RADIOLOGY-THERAPEUTIC	758,748	12,813,690	0.059214	131,945	7,813	55.00
57.00 CT SCAN	153,299	51,091,701	0.003000	11,541,802	34,625	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	26,610	17,460,134	0.001524	3,534,641	5,387	58.00
59.00 CARDIAC CATHETERIZATION	27,703	11,511,419	0.002407	8,350,894	20,101	59.00
60.00 LABORATORY	928,776	84,014,389	0.011055	35,174,895	388,858	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00 RESPIRATORY THERAPY	226,703	16,469,883	0.013765	10,039,323	138,191	65.00
66.00 PHYSICAL THERAPY	783,895	12,897,979	0.060777	3,393,447	206,244	66.00
66.01 FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02 WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03 LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00 OCCUPATIONAL THERAPY	32,998	1,954,328	0.016885	1,455,764	24,581	67.00
68.00 SPEECH PATHOLOGY	19,000	748,735	0.025376	548,380	13,916	68.00
69.00 ELECTROCARDIOLOGY	165,142	16,893,966	0.009775	2,258,585	22,078	69.00
69.01 VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02 CARDIAC REHAB	48,175	1,439,267	0.033472	28,091	940	69.02
70.00 ELECTROENCEPHALOGRAPHY	40,381	3,265,772	0.012365	340,642	4,212	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	147,445	18,582,873	0.007934	5,365,086	42,567	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	238,300	36,459,092	0.006536	15,408,531	100,710	72.00
73.00 DRUGS CHARGED TO PATIENTS	546,843	56,638,447	0.009655	30,421,965	293,724	73.00
76.00 HEMODIALYSIS	9,391	1,799,350	0.005219	682,965	3,564	76.00
76.01 LITHOTRIPSY	2,425	412,577	0.005878	0	0	76.01
76.02 WOUND CARE	31,201	1,236,192	0.025240	54,400	1,373	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.01 PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00 EMERGENCY	751,110	45,985,883	0.016333	10,010,106	163,495	91.00
91.01 OP DEPARTMENT	112,720	1,513,023	0.074500	0	0	91.01
91.02 MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	419,971	5,766,752	0.072826	854,006	62,194	92.00
200.00 Total (Lines 50-199)	9,176,012	538,161,048		174,279,491	2,497,316	200.00

Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
200.00 Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet D  
Part III  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	Title XVIII Hospital PPS					
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	40,396	0.00	24,781	0	0	30.00
31.00 INTENSIVE CARE UNIT	3,650	0.00	2,319	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	1,391	0.00	0	0	0	43.00
200.00 Total (lines 30-199)	45,437		27,100	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet D  
Part III  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		PPS
		12.00	13.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period: From 11/01/2010 To 10/31/2011

Worksheet D Part IV Date/Time Prepared: 3/28/2012 10:39 am

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
50.01 ENDOSCOPY	0	0	0	0	0	0	0	50.01
50.02 DAY SURGERY	0	0	0	0	0	0	0	51.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	52.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	54.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.01
54.01 NUCLEAR MEDICINE	0	0	0	0	0	0	0	54.02
54.02 ULTRASOUND	0	0	0	0	0	0	0	54.03
54.03 GRANT SQUARE IMAGING	0	0	0	0	0	0	0	54.04
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	0	0	54.05
54.05 PET SCAN	0	0	0	0	0	0	0	55.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	57.00
57.00 CT SCAN	0	0	0	0	0	0	0	58.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	59.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	60.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.01
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	65.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	66.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.01
66.01 FAIRVIEW REHAB CTR	0	0	0	0	0	0	0	66.02
66.02 WESTCHESTER REHAB CTR	0	0	0	0	0	0	0	66.03
66.03 LAGRANGE REHAB CTR	0	0	0	0	0	0	0	67.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	68.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	69.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.01
69.01 VASCULAR LAB	0	0	0	0	0	0	0	69.02
69.02 CARDIAC REHAB	0	0	0	0	0	0	0	70.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	71.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	73.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	76.00
76.00 HEMODIALYSIS	0	0	0	0	0	0	0	76.01
76.01 LITHOTRIPSY	0	0	0	0	0	0	0	76.02
76.02 WOUND CARE	0	0	0	0	0	0	0	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.01 PAIN MGMT CLINIC	0	0	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
91.01 OP DEPARTMENT	0	0	0	0	0	0	0	91.01
91.02 MEDICAL ONCOLOGY	0	0	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period: From 11/01/2010 To 10/31/2011

worksheet D Part IV Date/Time Prepared: 3/28/2012 10:39 am

Cost Center Description	Title XVIII			Hospital		PPS	
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
	6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	57,855,630	0.000000	0.000000	20,730,747		50.00
50.01 ENDOSCOPY	0	0	0.000000	0.000000	0		50.01
50.02 DAY SURGERY	0	0	0.000000	0.000000	0		50.02
51.00 RECOVERY ROOM	0	5,501,464	0.000000	0.000000	1,288,832		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,859,351	0.000000	0.000000	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	65,820,929	0.000000	0.000000	9,946,547		54.00
54.01 NUCLEAR MEDICINE	0	8,168,222	0.000000	0.000000	2,717,897		54.01
54.02 ULTRASOUND	0	0	0.000000	0.000000	0		54.02
54.03 GRANT SQUARE IMAGING	0	0	0.000000	0.000000	0		54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0.000000	0		54.04
54.05 PET SCAN	0	0	0.000000	0.000000	0		54.05
55.00 RADIOLOGY-THERAPEUTIC	0	12,813,690	0.000000	0.000000	131,945		55.00
57.00 CT SCAN	0	51,091,701	0.000000	0.000000	11,541,802		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	17,460,134	0.000000	0.000000	3,534,641		58.00
59.00 CARDIAC CATHETERIZATION	0	11,511,419	0.000000	0.000000	8,350,894		59.00
60.00 LABORATORY	0	84,014,389	0.000000	0.000000	35,174,895		60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0		60.01
65.00 RESPIRATORY THERAPY	0	16,469,883	0.000000	0.000000	10,039,323		65.00
66.00 PHYSICAL THERAPY	0	12,897,979	0.000000	0.000000	3,393,447		66.00
66.01 FAIRVIEW REHAB CTR	0	0	0.000000	0.000000	0		66.01
66.02 WESTCHESTER REHAB CTR	0	0	0.000000	0.000000	0		66.02
66.03 LAGRANGE REHAB CTR	0	0	0.000000	0.000000	0		66.03
67.00 OCCUPATIONAL THERAPY	0	1,954,328	0.000000	0.000000	1,455,764		67.00
68.00 SPEECH PATHOLOGY	0	748,735	0.000000	0.000000	548,380		68.00
69.00 ELECTROCARDIOLOGY	0	16,893,966	0.000000	0.000000	2,258,585		69.00
69.01 VASCULAR LAB	0	0	0.000000	0.000000	0		69.01
69.02 CARDIAC REHAB	0	1,439,267	0.000000	0.000000	28,091		69.02
70.00 ELECTROENCEPHALOGRAPHY	0	3,265,772	0.000000	0.000000	340,642		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,582,873	0.000000	0.000000	5,365,086		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	36,459,092	0.000000	0.000000	15,408,531		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	56,638,447	0.000000	0.000000	30,421,965		73.00
76.00 HEMODIALYSIS	0	1,799,350	0.000000	0.000000	682,965		76.00
76.01 LITHOTRIPSY	0	412,577	0.000000	0.000000	0		76.01
76.02 WOUND CARE	0	1,236,192	0.000000	0.000000	54,400		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0		89.00
90.01 PAIN MGMT CLINIC	0	0	0.000000	0.000000	0		90.01
91.00 EMERGENCY	0	45,985,883	0.000000	0.000000	10,010,106		91.00
91.01 OP DEPARTMENT	0	1,513,023	0.000000	0.000000	0		91.01
91.02 MEDICAL ONCOLOGY	0	0	0.000000	0.000000	0		91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,766,752	0.000000	0.000000	854,006		92.00
200.00 Total (lines 50-199)	0	538,161,048			174,279,491		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet D  
Part IV  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	15,924,333	0	0	0	50.00
50.01 ENDOSCOPY	0	0	0	0	0	50.01
50.02 DAY SURGERY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	740,199	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	8,776	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	8,308,290	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	1,911,785	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 PET SCAN	0	0	0	0	0	54.05
55.00 RADIOLOGY-THERAPEUTIC	0	5,184,677	0	0	0	55.00
57.00 CT SCAN	0	11,665,610	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	3,309,243	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	2,884,638	0	0	0	59.00
60.00 LABORATORY	0	2,788,478	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	314,317	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	8,776	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	1,193,751	0	0	0	69.00
69.01 VASCULAR LAB	0	0	0	0	0	69.01
69.02 CARDIAC REHAB	0	554,130	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	945,160	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,652,439	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	4,005,280	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,747,329	0	0	0	73.00
76.00 HEMODIALYSIS	0	21,931	0	0	0	76.00
76.01 LITHOTRIPSY	0	0	0	0	0	76.01
76.02 WOUND CARE	0	560,000	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 EMERGENCY	0	6,186,827	0	0	0	91.00
91.01 OP DEPARTMENT	0	300,520	0	0	0	91.01
91.02 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,511,613	0	0	0	92.00
200.00 Total (lines 50-199)	0	76,728,102	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0			50.00
50.01	ENDOSCOPY	0	0			50.01
50.02	DAY SURGERY	0	0			50.02
51.00	RECOVERY ROOM	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0			52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	NUCLEAR MEDICINE	0	0			54.01
54.02	ULTRASOUND	0	0			54.02
54.03	GRANT SQUARE IMAGING	0	0			54.03
54.04	WINDSOR MEDICAL RADIOLOGY	0	0			54.04
54.05	PET SCAN	0	0			54.05
55.00	RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	CT SCAN	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
60.01	BLOOD LABORATORY	0	0			60.01
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
66.01	FAIRVIEW REHAB CTR	0	0			66.01
66.02	WESTCHESTER REHAB CTR	0	0			66.02
66.03	LAGRANGE REHAB CTR	0	0			66.03
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
69.01	VASCULAR LAB	0	0			69.01
69.02	CARDIAC REHAB	0	0			69.02
70.00	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00	HEMODIALYSIS	0	0			76.00
76.01	LITHOTRIPSY	0	0			76.01
76.02	WOUND CARE	0	0			76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC (RHC)	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.01	PAIN MGMT CLINIC	0	0			90.01
91.00	EMERGENCY	0	0			91.00
91.01	OP DEPARTMENT	0	0			91.01
91.02	MEDICAL ONCOLOGY	0	0			91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Hospital	PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.220744	15,924,333	0	0		50.00
50.01 ENDOSCOPY	0.000000	0	0	0		50.01
50.02 DAY SURGERY	0.000000	0	0	0		50.02
51.00 RECOVERY ROOM	0.198018	740,199	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1.055347	8,776	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.125488	8,308,290	0	0		54.00
54.01 NUCLEAR MEDICINE	0.135372	1,911,785	0	0		54.01
54.02 ULTRASOUND	0.000000	0	0	0		54.02
54.03 GRANT SQUARE IMAGING	0.000000	0	0	0		54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0		54.04
54.05 PET SCAN	0.000000	0	0	0		54.05
55.00 RADIOLOGY-THERAPEUTIC	0.223120	5,184,677	0	0		55.00
57.00 CT SCAN	0.039009	11,665,610	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.049643	3,309,243	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.091365	2,884,638	0	0		59.00
60.00 LABORATORY	0.120617	2,788,478	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0.136037	314,317	0	0		65.00
66.00 PHYSICAL THERAPY	0.478283	0	0	0		66.00
66.01 FAIRVIEW REHAB CTR	0.000000	0	0	0		66.01
66.02 WESTCHESTER REHAB CTR	0.000000	0	0	0		66.02
66.03 LAGRANGE REHAB CTR	0.000000	0	0	0		66.03
67.00 OCCUPATIONAL THERAPY	0.395881	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.274551	8,776	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.097367	1,193,751	0	0		69.00
69.01 VASCULAR LAB	0.000000	0	0	0		69.01
69.02 CARDIAC REHAB	0.490476	554,130	0	0		69.02
70.00 ELECTROENCEPHALOGRAPHY	0.212053	945,160	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.347811	2,652,439	33,149	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.320977	4,005,280	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.226742	5,747,329	0	15,038		73.00
76.00 HEMODIALYSIS	0.306253	21,931	0	0		76.00
76.01 LITHOTRIPSY	0.349569	0	0	0		76.01
76.02 WOUND CARE	1.352525	560,000	0	0		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (RHC)	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.01 PAIN MGMT CLINIC	0.000000	0	0	0		90.01
91.00 EMERGENCY	0.166025	6,186,827	0	0		91.00
91.01 OP DEPARTMENT	0.314266	300,520	0	0		91.01
91.02 MEDICAL ONCOLOGY	0.000000	0	0	0		91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.511471	1,511,613	0	0		92.00
200.00 Subtotal (see instructions)		76,728,102	33,149	15,038		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		76,728,102	33,149	15,038		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet D  
Part V  
Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	Title XVIII			Hospital	PPS
	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	3,515,201	0	0		50.00
50.01 ENDOSCOPY	0	0	0		50.01
50.02 DAY SURGERY	0	0	0		50.02
51.00 RECOVERY ROOM	146,573	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	9,262	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,042,591	0	0		54.00
54.01 NUCLEAR MEDICINE	258,802	0	0		54.01
54.02 ULTRASOUND	0	0	0		54.02
54.03 GRANT SQUARE IMAGING	0	0	0		54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0	0	0		54.04
54.05 PET SCAN	0	0	0		54.05
55.00 RADIOLOGY-THERAPEUTIC	1,156,805	0	0		55.00
57.00 CT SCAN	455,064	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	164,281	0	0		58.00
59.00 CARDIAC CATHETERIZATION	263,555	0	0		59.00
60.00 LABORATORY	336,338	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	42,759	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
66.01 FAIRVIEW REHAB CTR	0	0	0		66.01
66.02 WESTCHESTER REHAB CTR	0	0	0		66.02
66.03 LAGRANGE REHAB CTR	0	0	0		66.03
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	2,409	0	0		68.00
69.00 ELECTROCARDIOLOGY	116,232	0	0		69.00
69.01 VASCULAR LAB	0	0	0		69.01
69.02 CARDIAC REHAB	271,787	0	0		69.02
70.00 ELECTROENCEPHALOGRAPHY	200,424	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	922,547	11,530	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,285,603	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,303,161	0	3,410		73.00
76.00 HEMODIALYSIS	6,716	0	0		76.00
76.01 LITHOTRIPSY	0	0	0		76.01
76.02 WOUND CARE	757,414	0	0		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.01 PAIN MGMT CLINIC	0	0	0		90.01
91.00 EMERGENCY	1,027,168	0	0		91.00
91.01 OP DEPARTMENT	94,443	0	0		91.01
91.02 MEDICAL ONCOLOGY	0	0	0		91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	773,146	0	0		92.00
200.00 Subtotal (see instructions)	14,152,281	11,530	3,410		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	14,152,281	11,530	3,410		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet D-1

Date/Time Prepared:  
3/28/2012 10:39 am

Title XVIII		Hospital	PPS	
Cost Center Description			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,396	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,396	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		40,396	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		24,781	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		33,994,064	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		33,994,064	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		46,454,790	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		46,454,790	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.731767	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,149.98	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		33,994,064	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		841.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,853,707	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		20,853,707	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140065		Period: From 11/01/2010 To 10/31/2011		Worksheet D-1 Date/Time Prepared: 3/28/2012 10:39 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	6,548,324	3,650	1,794.06	2,319	4,160,425	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					32,221,569	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					57,235,701	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					3,331,487	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					2,497,316	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,828,803	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,406,898	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					3,505	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					841.52	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,949,528	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet D-1

Date/Time Prepared:  
3/28/2012 10:39 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	4,840,276	33,994,064	0.142386	2,949,528	419,971	90.00
91.00 Nursing school cost	0	33,994,064	0.000000	2,949,528	0	91.00
92.00 Allied health cost	0	33,994,064	0.000000	2,949,528	0	92.00
93.00 All other Medical Education	0	33,994,064	0.000000	2,949,528	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet D-3
			Date/Time Prepared: 3/28/2012 10:39 am

Cost Center Description	Ratio of Cost To Charges	Hospital		PPS
		Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
	1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS		31,705,924		30.00
31.00 INTENSIVE CARE UNIT		5,240,138		31.00
41.00 SUBPROVIDER - IRF		0		41.00
42.00 SUBPROVIDER		0		42.00
43.00 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0.220768	20,730,747	4,576,686	50.00
50.01 ENDOSCOPY	0.000000	0	0	50.01
50.02 DAY SURGERY	0.000000	0	0	50.02
51.00 RECOVERY ROOM	0.198018	1,288,832	255,212	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1.055347	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.125488	9,946,547	1,248,172	54.00
54.01 NUCLEAR MEDICINE	0.135372	2,717,897	367,927	54.01
54.02 ULTRASOUND	0.000000	0	0	54.02
54.03 GRANT SQUARE IMAGING	0.000000	0	0	54.03
54.04 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	54.04
54.05 PET SCAN	0.000000	0	0	54.05
55.00 RADIOLOGY-THERAPEUTIC	0.223120	131,945	29,440	55.00
57.00 CT SCAN	0.039009	11,541,802	450,234	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.049643	3,534,641	175,470	58.00
59.00 CARDIAC CATHETERIZATION	0.091365	8,350,894	762,979	59.00
60.00 LABORATORY	0.120617	35,174,895	4,242,690	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	60.01
65.00 RESPIRATORY THERAPY	0.136037	10,039,323	1,365,719	65.00
66.00 PHYSICAL THERAPY	0.478283	3,393,447	1,623,028	66.00
66.01 FAIRVIEW REHAB CTR	0.000000	0	0	66.01
66.02 WESTCHESTER REHAB CTR	0.000000	0	0	66.02
66.03 LAGRANGE REHAB CTR	0.000000	0	0	66.03
67.00 OCCUPATIONAL THERAPY	0.395881	1,455,764	576,309	67.00
68.00 SPEECH PATHOLOGY	0.274551	548,380	150,558	68.00
69.00 ELECTROCARDIOLOGY	0.097367	2,258,585	219,912	69.00
69.01 VASCULAR LAB	0.000000	0	0	69.01
69.02 CARDIAC REHAB	0.490476	28,091	13,778	69.02
70.00 ELECTROENCEPHALOGRAPHY	0.212053	340,642	72,234	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.347811	5,365,086	1,866,036	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.320977	15,408,531	4,945,784	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.226742	30,421,965	6,897,937	73.00
76.00 HEMODIALYSIS	0.306253	682,965	209,160	76.00
76.01 LITHOTRIPSY	0.349569	0	0	76.01
76.02 WOUND CARE	1.352525	54,400	73,577	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC (RHC)	0.000000		0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.01 PAIN MGMT CLINIC	0.000000	0	0	90.01
91.00 EMERGENCY	0.166025	10,010,106	1,661,928	91.00
91.01 OP DEPARTMENT	0.318336	0	0	91.01
91.02 MEDICAL ONCOLOGY	0.000000	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.511471	854,006	436,799	92.00
200.00 Total (sum of lines 50-94 and 96-98)		174,279,491	32,221,569	200.00
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00 Net Charges (line 200 minus line 201)		174,279,491		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet E Part A Date/Time Prepared: 3/28/2012 10:39 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		40,012,815	1.00
2.00	Outlier payments for discharges. (see instructions)		745,956	2.00
3.00	Managed Care Simulated Payments		2,363,444	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		190.40	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		19.00	5.00
6.00	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)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.35	7.00
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.		0.00	7.01
8.00	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.		0.00	8.00
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.		0.00	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)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		18.65	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.09	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		18.65	12.00
13.00	Total allowable FTE count for the prior year.		18.64	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		18.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		18.43	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		18.43	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.096796	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.097388	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.096796	21.00
22.00	IME payment adjustment (see instructions)		2,181,233	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C ).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.44	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)		2,181,233	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		42,940,004	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		42,940,004	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet E Part A Date/Time Prepared: 3/28/2012 10:39 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		3,602,749	50.00
51.00	Exception payment for inpatient program capital (worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).		1,459,050	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		48,001,803	59.00
60.00	Primary payer payments		15,152	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,986,651	61.00
62.00	Deductibles billed to program beneficiaries		3,872,697	62.00
63.00	Coinsurance billed to program beneficiaries		210,612	63.00
64.00	Allowable bad debts (see instructions)		416,048	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		291,234	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		311,911	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		44,194,576	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Outlier payments reconciliation		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		68	70.00
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		44,194,644	71.00
72.00	Interim payments		44,066,791	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		127,853	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet E Part B Date/Time Prepared: 3/28/2012 10:39 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		14,940	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,152,281	2.00
3.00	PPS payments		12,566,610	3.00
4.00	Outlier payment (see instructions)		34,476	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,940	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		48,187	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		48,187	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		48,187	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,247	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		14,940	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		12,601,086	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,624	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)		2,943,069	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		9,666,333	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		361,234	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		10,027,567	30.00
31.00	Primary payer payments		481	31.00
32.00	Subtotal (line 30 minus line 31)		10,027,086	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		206,343	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		144,440	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		138,528	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		10,171,526	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		10,171,526	40.00
41.00	Interim payments		10,135,246	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		36,280	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet E  
Part B  
Date/Time Prepared:  
3/28/2012 10:39 am

Title XVIII

Hospital

PPS

Overrides

1.00

**WORKSHEET OVERRIDE VALUES**

112.00 | override of Ancillary service charges (line 12)

0 | 112.00

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		43,996,362		10,152,517	1.00	2.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
<b>Program to Provider</b>							
3.01	ADJUSTMENTS TO PROVIDER	05/19/2011	44,620	09/01/2011	4,017	3.01	3.02
3.02		09/01/2011	25,809		0	3.02	3.03
3.03			0		0	3.03	3.04
3.04			0		0	3.04	3.05
3.05			0		0	3.05	
<b>Provider to Program</b>				05/19/2011	21,288	3.50	
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	3.51
3.51			0		0	3.51	3.52
3.52			0		0	3.52	3.53
3.53			0		0	3.53	3.54
3.54			0		0	3.54	3.99
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		70,429		-17,271		
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		44,066,791		10,135,246	4.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>							5.00
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						
<b>Program to Provider</b>							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	5.02
5.02			0		0	5.02	5.03
5.03			0		0	5.03	
<b>Provider to Program</b>							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	5.51
5.51			0		0	5.51	5.52
5.52			0		0	5.52	5.99
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		6.00
6.00	Determined net settlement amount (balance due) based on the cost report. (1)		127,853		36,280	6.00	6.01
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	6.02
6.02	SETTLEMENT TO PROGRAM		44,194,644		10,171,526	6.02	7.00
7.00	Total Medicare program liability (see instructions)						
			0				8.00
8.00 Name of Contractor				Contractor Number	Date (Mo/Day/Yr)		
				1.00	2.00		

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet E-1  
Part II  
Date/Time Prepared:  
3/28/2012 10:39 am

		Title XVIII	Hospital	PPS	
				1.00	
<b>DATA COLLECTION NEEDED FOR THE HIT CALCULATION</b>					
1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14			8,690	1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12			27,100	2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2			1,512	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			40,541	4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200			594,593,617	5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20			13,251,133	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology worksheet S-2, Part I line 168			0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,532,335	8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>					
30.00	Initial/interim HIT payment(s)			0	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			2,532,335	32.00
				overrides	
				1.00	
<b>CONTRACTOR OVERRIDES</b>					
108.00	override of HIT payment				108.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet E-4 Date/Time Prepared: 3/28/2012 10:39 am
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	Title XVIII	Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		19.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		0.35
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00
4.00	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))		0.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)		18.65
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		19.09
7.00	Enter the lesser of line 5 or line 6		18.65

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	19.09	0.00	19.09	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	18.65	0.00	18.65	9.00
10.00	weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	18.65	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	18.64	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	18.43	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	18.43	0.00		17.00
18.00	Per resident amount	140,998.62	0.00		18.00
19.00	Approved amount for resident costs	2,598,605	0	2,598,605	19.00

				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c )(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.44	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,598,605	25.00

	Inpatient Part	Managed care	
	A		
	1.00	2.00	3.00

COMPUTATION OF PROGRAM PATIENT LOAD			
26.00	Inpatient Days	27,100	1,512
27.00	Total Inpatient Days	40,541	40,541
28.00	Ratio of inpatient days to total inpatient days	0.668459	0.037296
29.00	Program direct GME amount	1,737,061	96,918
30.00	Reduction for nursing/allied health		13,695
31.00	Net Program direct GME amount		1,820,284

		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)			57,235,701 37.00
38.00	Organ acquisition costs (worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)		15,152	40.00
41.00	Total part A reasonable cost (sum of lines 37 through 39 minus line 40)		57,220,549	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)			14,167,221 42.00
43.00	Primary payer payments (see instructions)			481 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		14,166,740	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		71,387,289	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.801551	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.198449	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)			1,820,284 48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)			1,459,050 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			361,234 50.00

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>					
1.00	Cash on hand in banks	41,619,046	0	0	0 1.00
2.00	Temporary investments	15,235,253	0	0	0 2.00
3.00	Notes receivable	0	0	0	0 3.00
4.00	Accounts receivable	11,193,368	0	0	0 4.00
5.00	Other receivable	3,482,287	0	0	0 5.00
6.00	Allowances for uncollectible notes and accounts receivable	-3,998,703	0	0	0 6.00
7.00	Inventory	3,783,881	0	0	0 7.00
8.00	Prepaid expenses	194,672	0	0	0 8.00
9.00	Other current assets	-14,679,835	0	0	0 9.00
10.00	Due from other funds	0	0	0	0 10.00
11.00	Total current assets (sum of lines 1-10)	56,829,969	0	0	0 11.00
<b>FIXED ASSETS</b>					
12.00	Land	9,779,429	0	0	0 12.00
13.00	Land improvements	6,283,497	0	0	0 13.00
14.00	Accumulated depreciation	-6,098,572	0	0	0 14.00
15.00	Buildings	204,485,107	0	0	0 15.00
16.00	Accumulated depreciation	-82,942,403	0	0	0 16.00
17.00	Leasehold improvements	0	0	0	0 17.00
18.00	Accumulated depreciation	0	0	0	0 18.00
19.00	Fixed equipment	29,335,455	0	0	0 19.00
20.00	Accumulated depreciation	-21,205,993	0	0	0 20.00
21.00	Automobiles and trucks	0	0	0	0 21.00
22.00	Accumulated depreciation	0	0	0	0 22.00
23.00	Major movable equipment	43,668,563	0	0	0 23.00
24.00	Accumulated depreciation	-34,342,129	0	0	0 24.00
25.00	Minor equipment depreciable	0	0	0	0 25.00
26.00	Accumulated depreciation	0	0	0	0 26.00
27.00	HIT designated Assets	0	0	0	0 27.00
28.00	Accumulated depreciation	0	0	0	0 28.00
29.00	Minor equipment-nondepreciable	0	0	0	0 29.00
30.00	Total fixed assets (sum of lines 12-29)	148,962,954	0	0	0 30.00
<b>OTHER ASSETS</b>					
31.00	Investments	1,764,705	0	0	0 31.00
32.00	Deposits on leases	0	0	0	0 32.00
33.00	Due from owners/officers	0	0	0	0 33.00
34.00	Other assets	9,178,705	0	0	0 34.00
35.00	Total other assets (sum of lines 31-34)	10,943,410	0	0	0 35.00
36.00	Total assets (sum of lines 11, 30, and 35)	216,736,333	0	0	0 36.00
<b>CURRENT LIABILITIES</b>					
37.00	Accounts payable	7,626,494	0	0	0 37.00
38.00	Salaries, wages, and fees payable	6,246,625	0	0	0 38.00
39.00	Payroll taxes payable	0	0	0	0 39.00
40.00	Notes and loans payable (short term)	12,810,733	0	0	0 40.00
41.00	Deferred income	0	0	0	0 41.00
42.00	Accelerated payments	0	0	0	0 42.00
43.00	Due to other funds	0	0	0	0 43.00
44.00	Other current liabilities	4,360,203	0	0	0 44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,044,055	0	0	0 45.00
<b>LONG TERM LIABILITIES</b>					
46.00	Mortgage payable	140,803,581	0	0	0 46.00
47.00	Notes payable	0	0	0	0 47.00
48.00	Unsecured loans	0	0	0	0 48.00
49.00	Other long term liabilities	3,729,640	0	0	0 49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	144,533,221	0	0	0 50.00
51.00	Total liabilities (sum of lines 45 and 50)	175,577,276	0	0	0 51.00
<b>CAPITAL ACCOUNTS</b>					
52.00	General fund balance	41,159,057	0	0	0 52.00
53.00	Specific purpose fund	0	0	0	0 53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0 54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0 55.00
56.00	Governing body created - endowment fund balance	0	0	0	0 56.00
57.00	Plant fund balance - invested in plant	0	0	0	0 57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0 58.00
59.00	Total fund balances (sum of lines 52 thru 58)	41,159,057	0	0	0 59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	216,736,333	0	0	0 60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

Worksheet G-1

Date/Time Prepared:  
3/28/2012 10:39 am

	General Fund		Special Purpose Fund		
	1.00	2.00	3.00	4.00	
1.00 Fund balances at beginning of period		39,790,975			1.00
2.00 Net income (loss) (from wkst. G-3, line 29)		2,374,433			2.00
3.00 Total (sum of line 1 and line 2)		42,165,408			3.00
4.00 Additions (credit adjustments) (specify)	0		0		4.00
5.00	0		0		5.00
6.00	0		0		6.00
7.00	0		0		7.00
8.00	0		0		8.00
9.00	0		0		9.00
10.00 Total additions (sum of line 4-9)		0		0	10.00
11.00 Subtotal (line 3 plus line 10)		42,165,408		0	11.00
12.00 Deductions (debit adjustments) (specify)	1,006,350		0		12.00
13.00	0		0		13.00
14.00	0		0		14.00
15.00	0		0		15.00
16.00	0		0		16.00
17.00	0		0		17.00
18.00 Total deductions (sum of lines 12-17)		1,006,350		0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		41,159,058		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet G-1

Date/Time Prepared:  
3/28/2012 10:39 am

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

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>				
<b>General Inpatient Routine Services</b>				
1.00 Hospital	48,840,697		48,840,697	1.00
2.00 SUBPROVIDER - IPF	0		0	2.00
3.00 SUBPROVIDER - IRF	0		0	3.00
4.00 SUBPROVIDER	0		0	4.00
5.00 Swing bed - SNF	0		0	5.00
6.00 Swing bed - NF				6.00
7.00 SKILLED NURSING FACILITY				7.00
8.00 NURSING FACILITY				8.00
9.00 OTHER LONG TERM CARE				9.00
10.00 Total general inpatient care services (sum of lines 1-9)	48,840,697		48,840,697	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>				
11.00 INTENSIVE CARE UNIT	8,636,103		8,636,103	11.00
12.00 CORONARY CARE UNIT				12.00
13.00 BURN INTENSIVE CARE UNIT				13.00
14.00 SURGICAL INTENSIVE CARE UNIT				14.00
15.00 OTHER SPECIAL CARE (SPECIFY)				15.00
16.00 Total intensive care type inpatient hospital services (sum of lines 11-15)	8,636,103		8,636,103	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	57,476,800		57,476,800	17.00
18.00 Ancillary services	259,845,449	230,485,053	490,330,502	18.00
19.00 Outpatient services	17,491,880	29,304,163	46,796,043	19.00
20.00 RURAL HEALTH CLINIC (RHC)	0	0	0	20.00
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULANCE SERVICES				23.00
24.00 CMHC	0	0	0	24.00
24.10 CORF	0	0	0	24.10
24.20 OPT	0	0	0	24.20
24.30 CMHC	0	0	0	24.30
24.40 OPT	0	0	0	24.40
25.00 AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00 HOSPICE	0	652,041	652,041	26.00
27.00 EKG PROFESSIONAL FEES	0	4,420,226	4,420,226	27.00
27.01 CFPC CHARGES				27.01
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	334,814,129	264,861,483	599,675,612	28.00
<b>PART II - OPERATING EXPENSES</b>				
29.00 Operating expenses (per wkst. A, column 3, line 200)	0	156,045,338		29.00
30.00 ADD (SPECIFY)	0			30.00
31.00	0			31.00
32.00	0			32.00
33.00	0			33.00
34.00	0			34.00
35.00	0		0	35.00
36.00 Total additions (sum of lines 30-35)	0		0	36.00
37.00 DEDUCT (SPECIFY)	0			37.00
38.00	0			38.00
39.00	0			39.00
40.00	0			40.00
41.00	0			41.00
42.00 Total deductions (sum of lines 37-41)		156,045,338		42.00
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		156,045,338		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140065

Period:  
From 11/01/2010  
To 10/31/2011

worksheet G-3

Date/Time Prepared:  
3/28/2012 10:39 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	599,675,612	1.00
2.00	Less contractual allowances and discounts on patients' accounts	444,947,153	2.00
3.00	Net patient revenues (line 1 minus line 2)	154,728,459	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	156,045,338	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,316,879	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,129,291	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	261,308	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	2,603	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	193,078	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	PHYS PRIVATE OFFICE	1,402	24.00
24.01	MOB/POB	1,350,436	24.01
24.02	ALL OTHER	753,194	24.02
25.00	Total other income (sum of lines 6-24)	3,691,312	25.00
26.00	Total (line 5 plus line 25)	2,374,433	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,374,433	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140065	Period: From 11/01/2010 To 10/31/2011	Worksheet L Parts I-III Date/Time Prepared: 3/28/2012 10:39 am
	Title XVIII	Hospital	PPS

			1.00	
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,251,510	1.00
2.00	Capital DRG outlier payments		145,419	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		111.07	3.00
4.00	Number of interns & residents (see instructions)		18.43	4.00
5.00	Indirect medical education percentage (see instructions)		4.79	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		155,747	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		1.04	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)		6.53	8.00
9.00	Sum of lines 7 and 8		7.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.54	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		50,073	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,602,749	12.00
			1.00	
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
			1.00	
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	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)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00