

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 11/01/2011 To 10/31/2012	Worksheet S Parts I-III Date/Time Prepared: 3/26/2013 9:37 am
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PART I - COST REPORT STATUS

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

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: 3/26/2013 Time: 9:37 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 certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST LAGRANGE MEMORIAL HOSPITAL (140065) for the cost reporting period beginning 11/01/2011 and ending 10/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-29,237	79,194	-29,840	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 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	-29,237	79,194	-29,840	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 11/01/2011 To 10/31/2012 Worksheet S-2 Part I Date/Time Prepared: 3/26/2013 9:36 am

		1.00	2.00	3.00	4.00						
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 5101 S. WILLOW SPRINGS ROAD	PO Box:		Zip Code: 60525-		County: COOK			1.00		
2.00	City: LAGRANGE	State: IL							2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
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									7.00	
8.00	Swing Beds - NF									8.00	
9.00	Hospital-Based SNF									9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA									12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice									14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
17.10	Hospital-Based (CORF) I									17.10	
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)					11/01/2011	10/31/2012		20.00		
21.00	Type of Control (see instructions)					1			21.00		
Inpatient PPS Information											
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	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,162	0	0	0	0	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00		
						Urban/Rural	S	Date of Geogr			
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					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 11/01/2011 To 10/31/2012	Worksheet S-2 Part I Date/Time Prepared: 3/26/2013 9:36 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
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete 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
Teaching Hospitals						
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		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y				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	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	1.78	16.06	0.099776		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet S-2
Part I
Date/Time Prepared:
3/26/2013 9:36 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, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	1.78	16.86	0.095494	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			1.31	18.32	0.066735	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	If line 63 is yes, then, for each primary care residency program in which you are training residents, 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 that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	FAMILY PRACTICE	1350	1.31	18.32	0.066735	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet S-2 Part I Date/Time Prepared: 3/26/2013 9:36 am		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have 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	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have 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				
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N				
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N				
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.					
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		
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		
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		
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		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		
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		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					
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)					
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				
		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		3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				
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				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet S-2 Part I Date/Time Prepared: 3/26/2013 9:36 am
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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	15,000,000	0		118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		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: 09001	141.00
142.00	Street: 900 HOPE WAY	PO Box:			142.00
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714	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, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
				1.00	
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	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065			Period: From 11/01/2011 To 10/31/2012		Worksheet S-2 Part I Date/Time Prepared: 3/26/2013 9:36 am	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under 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)							168.00
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)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet S-2 Part II Date/Time Prepared: 3/26/2013 9:36 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/07/2013	Y	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		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		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140065		Period: From 11/01/2011 To 10/31/2012		Worksheet S-2 Part II Date/Time Prepared: 3/26/2013 9:36 am	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N				21.00	
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					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	
Interest Expense							
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	
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					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	
Provider-Based Physicians							
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
Home Office Costs							
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	
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HARLIN		THOMPSON		41.00	
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYTEM SUNBELT				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MI KE. THOMPSON3@AHSS.ORG		43.00	

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	03/07/2013	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
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	161	58,926	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		161	58,926	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,882	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		188	68,808	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	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	101.00				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	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		188				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	22,889	1,493	34,661			1.00
2.00 HMO	1,589	774				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	22,889	1,493	34,661			7.00
8.00 INTENSIVE CARE UNIT	2,248	197	3,395			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		669	1,367			13.00
14.00 Total (see instructions)	25,137	2,359	39,423	19.63	808.74	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	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	0.00	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	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				19.63	808.74	27.00
28.00 Observation Bed Days		179	3,324			28.00
29.00 Ambulance Trips	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)		29	53			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	4,732	716	8,490	1.00
2.00 HMO			324			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,732	716	8,490	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	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	0.00					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					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
3/26/2013 9:36 am

	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	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	60,794,993	366,129	61,161,122	2,002,947.00	30.54
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		782,807	0	782,807	9,184.00	85.24
4.01	Physicians - Part A - Teaching		444,385	0	444,385	6,351.00	69.97
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	1,083,737	0	1,083,737	44,640.00	24.28
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		807,017	0	807,017	12,166.00	66.33
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,096,201	0	1,096,201	46,395.00	23.63
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		3,084	0	3,084	82.00	37.61
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		261,971	0	261,971	3,056.00	85.72
14.00	Home office salaries & wage-related costs		6,053,045	0	6,053,045	91,248.00	66.34
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		96,037	0	96,037	1,308.00	73.42
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		11,430,446	0	11,430,446		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		219,305	0	219,305		
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 - Administrative		156,608	0	156,608		
22.01	Physician Part A - Teaching		88,903	0	88,903		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		267,262	0	267,262		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	425,981	209,446	635,427	23,134.00	27.47
27.00	Administrative & General	5.00	7,518,993	-1,241,649	6,277,344	46,588.00	134.74
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,566,261	282,766	1,849,027	69,300.00	26.68
31.00	Laundry & Linen Service	8.00	56,120	0	56,120	4,017.00	13.97
32.00	Housekeeping	9.00	1,567,142	0	1,567,142	109,275.00	14.34
33.00	Housekeeping under contract (see instructions)		255,150	0	255,150	4,000.00	63.79
34.00	Dietary	10.00	1,118,261	-880,187	238,074	21,511.00	11.07
35.00	Dietary under contract (see instructions)		610,087	0	610,087	8,640.00	70.61
36.00	Cafeteria	11.00	0	880,187	880,187	57,585.00	15.29
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,081,920	407,367	1,489,287	30,989.00	48.06
39.00	Central Services and Supply	14.00	798,552	163,874	962,426	43,655.00	22.05
40.00	Pharmacy	15.00	2,723,399	20,285	2,743,684	62,198.00	44.11
41.00	Medical Records & Medical Records Library	16.00	1,390,960	295,105	1,686,065	71,944.00	23.44

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
3/26/2013 9:36 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	968,628	0	968,628	26,591.00	36.43	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
3/26/2013 9:36 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	59,325,091	366,129	59,691,220	1,952,430.00	30.57	1.00
2.00	Excluded area salaries (see instructions)	1,096,201	0	1,096,201	46,395.00	23.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,228,890	366,129	58,595,019	1,906,035.00	30.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,318,100	0	6,318,100	94,386.00	66.94	4.00
5.00	Subtotal wage-related costs (see inst.)	11,587,054	0	11,587,054	0.00	19.77	5.00
6.00	Total (sum of lines 3 thru 5)	76,134,044	366,129	76,500,173	2,000,421.00	38.24	6.00
7.00	Total overhead cost (see instructions)	20,081,454	137,194	20,218,648	579,427.00	34.89	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 3/26/2013 9:36 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,023,793	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,080,485	8.00
9.00	Prescription Drug Plan	972,388	9.00
10.00	Dental, Hearing and Vision Plan	123,613	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	36,586	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	662,226	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,054,123	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	135,325	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	73,985	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,162,524	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet S-3 Part V Date/Time Prepared: 3/26/2013 9:36 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00

PART V - Contract Labor and Benefit Cost					
Hospital and Hospital-Based Component Identification:					
1.00	Total facility's contract labor and benefit cost		3,084	0	1.00
2.00	Hospital		3,084	0	2.00
3.00	Subprovider - IPF			0	3.00
4.00	Subprovider - IRF		0	0	4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	Hospital-Based SNF				8.00
9.00	Hospital-Based NF				9.00
10.00	Hospital-Based OLTC				10.00
11.00	Hospital-Based HHA		0	0	11.00
12.00	Separately Certified ASC				12.00
13.00	Hospital-Based Hospice				13.00
14.00	Hospital-Based Health Clinic RHC		0	0	14.00
15.00	Hospital-Based Health Clinic FQHC		0	0	15.00
16.00	Hospital-Based-CMHC				16.00
16.10	Hospital-Based-CMHC 10		0	0	16.10
17.00	Renal Dialysis				17.00
18.00	Other		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet S-10 Date/Time Prepared: 3/26/2013 9:36 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.238458		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		4,679,883		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		1,703,714		5.00	
6.00	Medicaid charges		40,002,620		6.00	
7.00	Medicaid cost (line 1 times line 6)		9,538,945		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)		3,155,348		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
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	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		391,785		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		1,442,256		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		343,917		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,155,348		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		9,051,871	4,071,370	13,123,241	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,158,491	970,851	3,129,342	21.00
22.00	Partial payment by patients approved for charity care		8,753	0	8,753	22.00
23.00	Cost of charity care (line 21 minus line 22)		2,149,738	970,851	3,120,589	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,283,021			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		448,150			27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		3,834,871			28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		914,456			29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,035,045			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,190,393			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	10,481,830	10,481,830	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	3,034,627	3,034,627	2.00
4.00 00400 EMPLOYEE BENEFITS	425,981	3,256,253	3,682,234	5,688,536	9,370,770	4.00
5.00 00500 ADMIN STRATIVE & GENERAL	7,518,993	31,156,900	38,675,893	-4,651,216	34,024,677	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	1,566,261	4,138,553	5,704,814	856,728	6,561,542	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	56,120	11,894	68,014	0	68,014	8.00
9.00 00900 HOUSEKEEPING	1,567,142	727,259	2,294,401	0	2,294,401	9.00
10.00 01000 DIETARY	1,118,261	1,046,812	2,165,073	-1,704,137	460,936	10.00
11.00 01100 CAFETERIA	0	0	0	1,704,137	1,704,137	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,081,920	182,399	1,264,319	560,682	1,825,001	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	798,552	297,549	1,096,101	640,667	1,736,768	14.00
15.00 01500 PHARMACY	2,723,399	5,867,391	8,590,790	-5,794,032	2,796,758	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,390,960	404,011	1,794,971	498,617	2,293,588	16.00
17.00 01700 SOCIAL SERVICE	968,628	521,637	1,490,265	0	1,490,265	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,083,737	78,075	1,161,812	0	1,161,812	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,335,911	797,528	2,133,439	0	2,133,439	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,529,839	1,485,909	13,015,748	580,207	13,595,955	30.00
31.00 03100 INTENSIVE CARE UNIT	2,754,230	562,114	3,316,344	0	3,316,344	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	186,864	186,864	295,076	481,940	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,061,761	1,922,898	6,984,659	-7,393	6,977,266	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	499,234	69,194	568,428	89,449	657,877	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,755,306	172,311	1,927,617	-875,283	1,052,334	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,760,109	870,158	3,630,267	-630,745	2,999,522	54.00
54.01 05401 NUCLEAR MEDICINE	257,640	291,294	548,934	50,551	599,485	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	713,825	274,735	988,560	89,699	1,078,259	55.00
57.00 05700 CT SCAN	542,814	84,170	626,984	372,252	999,236	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	336,770	38,847	375,617	118,243	493,860	58.00
59.00 05900 CARDIAC CATHETERIZATION	578,009	88,212	666,221	0	666,221	59.00
60.00 06000 LABORATORY	2,338,347	3,302,399	5,640,746	241,065	5,881,811	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	1,017,225	302,622	1,319,847	0	1,319,847	65.00
66.00 06600 PHYSICAL THERAPY	2,772,934	625,660	3,398,594	0	3,398,594	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	397,850	35,709	433,559	0	433,559	67.00
68.00 06800 SPEECH PATHOLOGY	105,965	8,517	114,482	0	114,482	68.00
69.00 06900 ELECTROCARDIOLOGY	804,432	745,393	1,549,825	0	1,549,825	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	390,328	42,572	432,900	0	432,900	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	39,606	423,566	463,172	0	463,172	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,750,125	6,750,125	-1,666,554	5,083,571	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	5,123,820	5,123,820	1,673,064	6,796,884	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	5,817,456	5,817,456	73.00
76.00 03020 HEMODIALYSIS	0	378,842	378,842	0	378,842	76.00
76.01 03021 LI THOTRIPSY	0	37,600	37,600	0	37,600	76.01
76.02 03950 WOUND CARE	572,867	938,792	1,511,659	0	1,511,659	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08802 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	2,652,044	1,104,912	3,756,956	0	3,756,956	91.00
91.01 09101 OP DEPARTMENT	181,792	64,877	246,669	0	246,669	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 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 11/01/2011
To 10/31/2012

Worksheet A
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET CELL ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		19,265,644	-17,587,919	1,677,725	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	59,698,792	93,684,017	153,382,809	-124,393	153,258,416
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	278,596	416,030	694,626	0	694,626
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,323	1,385,435	1,402,758	0	1,402,758
192.01	19201	CFPC CLINIC	553,652	303,766	857,418	0	857,418
194.00	07950	OFFICE BUILDINGS	0	640,173	640,173	0	640,173
194.01	07951	MARKETING	53,476	138,800	192,276	0	192,276
194.02	07952	FOUNDATION	193,154	65,791	258,945	124,393	383,338
200.00		TOTAL (SUM OF LINES 118-199)	60,794,993	96,634,012	157,429,005	0	157,429,005

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-225,024	10,256,806	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	728,516	3,763,143	2.00
4.00	00400	EMPLOYEE BENEFITS	203,126	9,573,896	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,004,930	28,019,747	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-90,968	6,470,574	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	68,014	8.00
9.00	00900	HOUSEKEEPING	-25	2,294,376	9.00
10.00	01000	DIETARY	-242,568	218,368	10.00
11.00	01100	CAFETERIA	0	1,704,137	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-5,667	1,819,334	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,736,768	14.00
15.00	01500	PHARMACY	0	2,796,758	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,769	2,346,357	16.00
17.00	01700	SOCIAL SERVICE	-27,500	1,462,765	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,161,812	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	33,737	2,167,176	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-15,032	13,580,923	30.00
31.00	03100	INTENSIVE CARE UNIT	-185,360	3,130,984	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-166,500	315,440	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-369,680	6,607,586	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	657,877	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,052,334	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-37,830	2,961,692	54.00
54.01	05401	NUCLEAR MEDICINE	0	599,485	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-123,744	954,515	55.00
57.00	05700	CT SCAN	0	999,236	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	493,860	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	666,221	59.00
60.00	06000	LABORATORY	0	5,881,811	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-18,848	1,300,999	65.00
66.00	06600	PHYSICAL THERAPY	-141,138	3,257,456	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	433,559	67.00
68.00	06800	SPEECH PATHOLOGY	0	114,482	68.00
69.00	06900	ELECTROCARDIOLOGY	-577,938	971,887	69.00
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	-42,442	390,458	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	463,172	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,083,571	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,796,884	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,817,456	73.00
76.00	03020	HEMODIALYSIS	0	378,842	76.00
76.01	03021	LITHOTRIPSY	0	37,600	76.01
76.02	03950	WOUND CARE	-900	1,510,759	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08802	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	-554,918	3,202,038	91.00
91.01	09101	OP DEPARTMENT	-18,861	227,808	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET CELL ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-1,677,725	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,509,450	143,748,966	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	694,626	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,402,758	192.00
192.01	19201	CFPC CLINIC	0	857,418	192.01
194.00	07950	OFFICE BUILDINGS	0	640,173	194.00
194.01	07951	MARKETING	0	192,276	194.01
194.02	07952	FOUNDATION	0	383,338	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-9,509,450	147,919,555	200.00

RECLASSIFICATIONS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A-6
Date/Time Prepared:
3/26/2013 9:36 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	880,187	823,950	1.00
	TOTALS		880,187	823,950	
B - PROPERTY TAX RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	41,852	1.00
	TOTALS		0	41,852	
C - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,960	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	4,960	
D - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,817,456	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	5,817,456	
E - IMPLANTABLE DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,673,064	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	1,673,064	
F - RECRUITMENT BONUS RECLASS					
1.00	EMPLOYEE BENEFITS	4.00	7,000	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	2,250	0	2.00
	TOTALS		9,250	0	
G - NURSING ADMIN RECLASS					
1.00	NURSING ADMINISTRATION	13.00	261,457	113,472	1.00
	TOTALS		261,457	113,472	
H - RADIOLOGY SALARY RECLASS					
1.00	NUCLEAR MEDICINE	54.01	34,126	16,425	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	60,554	29,145	2.00
3.00	CT SCAN	57.00	251,301	120,951	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	79,824	38,419	4.00
	TOTALS		425,805	204,940	
I - NURSERY SALARY RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	495,023	85,184	1.00
2.00	NURSERY	43.00	395,875	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,615	3.00
	TOTALS		890,898	100,799	
J - SHARED SERVICES FROM HINSDALE					
1.00	EMPLOYEE BENEFITS	4.00	202,446	5,486,090	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	3,181,157	9,177,411	2.00
3.00	OPERATION OF PLANT	7.00	282,766	573,962	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	163,874	476,894	4.00
5.00	NURSING ADMINISTRATION	13.00	145,910	39,843	5.00
6.00	PHARMACY	15.00	20,285	2,155	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	295,105	203,512	7.00
8.00	RECOVERY ROOM	51.00	83,035	6,414	8.00
9.00	LABORATORY	60.00	143,650	97,415	9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	356,878	0	10.00
	TOTALS		4,875,106	16,063,696	
K - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,417,236	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	481,848	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	3,998,694	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	5,897,778	
L - DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,022,742	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,552,779	2.00
	TOTALS		0	11,575,521	
M - FOUNDATION INTEREST EXP					
1.00	FOUNDATION	194.02	0	124,393	1.00
	TOTALS		0	124,393	
500.00	Grand Total: Increases		7,342,703	42,441,881	500.00

RECLASSIFICATIONS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A-6
Date/Time Prepared:
3/26/2013 9:36 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA RECLASS							
1.00	DIETARY	10.00	880,187	823,950	0		1.00
	TOTALS		880,187	823,950			
B - PROPERTY TAX RECLASS							
1.00	INTEREST EXPENSE	113.00	0	41,852	13		1.00
	TOTALS		0	41,852			
C - MED SUPPLY RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	101	0		1.00
2.00	OPERATING ROOM	50.00	0	4,859	0		2.00
	TOTALS		0	4,960			
D - DRUG RECLASS							
1.00	PHARMACY	15.00	0	5,816,472	0		1.00
2.00	OPERATING ROOM	50.00	0	984	0		2.00
	TOTALS		0	5,817,456			
E - IMPLANTABLE DEVICE RECLASS							
1.00	OPERATING ROOM	50.00	0	1,550	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,671,514	0		2.00
	TOTALS		0	1,673,064			
F - RECRUITMENT BONUS RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	7,000	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	2,250	0		2.00
	TOTALS		0	9,250			
G - NURSING ADMIN RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	261,457	113,472	0		1.00
	TOTALS		261,457	113,472			
H - RADIOLOGY SALARY RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	425,805	204,940	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		425,805	204,940			
I - NURSERY SALARY RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	890,898	0	0		1.00
2.00	NURSERY	43.00	0	100,799	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		890,898	100,799			
J - SHARED SERVICES FROM HINSDALE							
1.00	ADMINISTRATIVE & GENERAL	5.00	4,518,227	16,063,697	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	0	356,878	0		10.00
	TOTALS		4,518,227	16,420,575			
K - INTEREST EXPENSE							
1.00		0.00	0	0	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
4.00	INTEREST EXPENSE	113.00	0	5,897,778	0		4.00
	TOTALS		0	5,897,778			
L - DEPRECIATION RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	51,625	9		1.00
2.00	INTEREST EXPENSE	113.00	0	11,523,896	9		2.00
	TOTALS		0	11,575,521			
M - FOUNDATION INTEREST EXP							
1.00	INTEREST EXPENSE	113.00	0	124,393	0		1.00
	TOTALS		0	124,393			
500.00	Grand Total: Decreases		6,976,574	42,808,010			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/26/2013 9:36 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
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	204,485,107	501,980	0	501,980	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	29,335,455	514,449	0	514,449	5.00
6.00	Movable Equipment	43,668,563	3,374,985	0	3,374,985	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	293,552,051	4,391,414	0	4,391,414	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	293,552,051	4,391,414	0	4,391,414	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	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
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	250,899,917	0	250,899,917	0.842106	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	47,043,548	0	47,043,548	0.157894	2.00
3.00	Total (sum of lines 1-2)	297,943,465	0	297,943,465	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/26/2013 9:36 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,779,429	0		1.00		
2.00	Land Improvements	6,283,497	0		2.00		
3.00	Buildings and Fixtures	204,987,087	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	29,849,904	0		5.00		
6.00	Movable Equipment	47,043,548	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	297,943,465	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	297,943,465	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	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		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,116,104	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,384,859	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,500,963	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/26/2013 9:36 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		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,112,628	0	28,074	0	10,256,806	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	378,284	0	0	0	3,763,143	2.00
3.00	Total (sum of lines 1-2)	1,490,912	0	28,074	0	14,019,949	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A-8

Date/Time Prepared:
3/26/2013 9:36 am

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	-304,608	NEW CAP REL COSTS-BLDG & FIXT		1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-103,564	NEW CAP REL COSTS-MVBLE EQUIP		2.00 2.00
3.00 Investment income - other (chapter 2)	B	-859,445	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	-37,577	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	-1,490,647			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	-54,543			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests	B	-242,568	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	-7,831	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		ORESPIRATORY THERAPY		65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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			NEW CAP REL COSTS-BLDG & FIXT		1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00 27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS		19.00 28.00
29.00 Physicians' assistant					0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest					0.00 32.00
33.00 NON ALLOWABLE COLLECTION FEES - EKG	A	-116,234	ELECTROCARDIOLOGY		69.00 33.00
33.01 NON ALLOW BAD DEBT EXPENSE	A	-4,283,021	ADMINISTRATIVE & GENERAL		5.00 33.01
33.02 RESIDENT FICA REFUND CORRECTION	A	84,255	ADMINISTRATIVE & GENERAL		5.00 33.02
33.04 GOOD WILL	A	-390,821	INTEREST EXPENSE		113.00 33.04
35.00 ADVERTISING EXPENSE - ADMIN & GENERA	A	-28,325	ADMINISTRATIVE & GENERAL		5.00 35.00
36.00 ADVERTISING EXPENSE - ELECTROCARDIOL	A	-5,259	ELECTROCARDIOLOGY		69.00 36.00
37.00 ADVERTISING EXPENSE - WOUND CARE	A	-900	WOUND CARE		76.02 37.00
38.00 OTHER OPERATING REVENUE	B	-1,212	EMPLOYEE BENEFITS		4.00 38.00
38.01 OTHER OPERATING REVENUE	B	-648,354	ADMINISTRATIVE & GENERAL		5.00 38.01
38.02 OTHER OPERATING REVENUE	B	-28,287	OPERATION OF PLANT		7.00 38.02
38.03 OTHER OPERATING REVENUE	B	-25	HOUSEKEEPING		9.00 38.03
38.05 OHTER OPERATING REVENUE	B	-5,667	NURSING ADMINISTRATION		13.00 38.05
40.00 OTHER OPERATING REVENUE	B	-15,032	ADULTS & PEDIATRICS		30.00 40.00
41.00 OTHER OPERATING REVENUE	B	-65	OPERATING ROOM		50.00 41.00
42.00 OTHER OPERATING REVENUE	B	-37,830	RADIOLOGY-DIAGNOSTIC		54.00 42.00
43.00 OTHER OPERATING REVENUE	B	-123,744	RADIOLOGY-THERAPEUTIC		55.00 43.00
44.00 OTHER OPERATING REVENUE	B	-18,848	RESPIRATORY THERAPY		65.00 44.00
44.01 OTHER OPERATING REVENUE	B	-141,138	PHYSICAL THERAPY		66.00 44.01
44.02 OTHER OPERATING REVENUE	B	-6,851	ELECTROCARDIOLOGY		69.00 44.02
44.03 OTHER OPERATING REVENUE	B	-42,442	CARDIAC REHAB		69.02 44.03

Provider CCN: 140065
 Period: From 11/01/2011 To 10/31/2012
 Worksheet A-8
 Date/Time Prepared: 3/26/2013 9:36 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
44.04 OTHER OPERATING REVENUE	B	-29,685	EMERGENCY	91.00	44.04
44.06 NON ALLOWABLE PROPERTY TAXES	A	-13,778	NEW CAP REL COSTS-BLDG & FIXT	1.00	44.06
44.07 LOBBYING EXPENSE	A	-25,918	ADMINISTRATIVE & GENERAL	5.00	44.07
44.08 NON ALLOWABLE BANK FEES	A	-18,634	INTEREST EXPENSE	113.00	44.08
44.09 NON ALLOWABLE INCOME TAX	A	-9,864	INTEREST EXPENSE	113.00	44.09
45.00 NON ALLOWABLE SUBSIDIES	A	-260,832	OPERATING ROOM	50.00	45.00
45.01 LOSS ON SALE OF ASSET	A	-187,623	ADMINISTRATIVE & GENERAL	5.00	45.01
45.02 SPECIAL EVENTS - EMPLOYEE BENEFITS	A	-6,002	EMPLOYEE BENEFITS	4.00	45.02
45.03 SPECIAL EVENTS - ADMIN & GENERAL	A	-10,169	ADMINISTRATIVE & GENERAL	5.00	45.03
45.04 NON ALLOW HONORARIUMS	A	-11,258	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	45.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,509,450			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A-8

Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description	Wkst. A-7 Ref.	
	5.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00 Investment income - other (chapter 2)	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00 Television and radio service (chapter 21)	0	8.00
9.00 Parking lot (chapter 21)	0	9.00
10.00 Provider-based physician adjustment	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00 Related organization transactions (chapter 10)	0	12.00
13.00 Laundry and linen service	0	13.00
14.00 Cafeteria-employees and guests	0	14.00
15.00 Rental of quarters to employee and others	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	0	16.00
17.00 Sale of drugs to other than patients	0	17.00
18.00 Sale of medical records and abstracts	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	0	19.00
20.00 Vending machines	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00 Non-physician Anesthetist		28.00
29.00 Physicians' assistant	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00 NON ALLOWABLE COLLECTION FEES - EKG	0	33.00
33.01 NON ALLOW BAD DEBT EXPENSE	0	33.01
33.02 RESIDENT FICA REFUND CORRECTION	0	33.02
33.04 GOOD WILL	0	33.04
35.00 ADVERTISING EXPENSE - ADMIN & GENERA	0	35.00
36.00 ADVERTISING EXPENSE - ELECTROCARDIOL	0	36.00
37.00 ADVERTISING EXPENSE - WOUND CARE	0	37.00
38.00 OTHER OPERATING REVENUE	0	38.00
38.01 OTHER OPERATING REVENUE	0	38.01
38.02 OTHER OPERATING REVENUE	0	38.02
38.03 OTHER OPERATING REVENUE	0	38.03
38.05 OHTER OPERATING REVENUE	0	38.05
40.00 OTHER OPERATING REVENUE	0	40.00
41.00 OTHER OPERATING REVENUE	0	41.00
42.00 OTHER OPERATING REVENUE	0	42.00
43.00 OTHER OPERATING REVENUE	0	43.00
44.00 OTHER OPERATING REVENUE	0	44.00
44.01 OTHER OPERATING REVENUE	0	44.01
44.02 OTHER OPERATING REVENUE	0	44.02
44.03 OTHER OPERATING REVENUE	0	44.03
44.04 OTHER OPERATING REVENUE	0	44.04
44.06 NON ALLOWABLE PROPERTY TAXES	13	44.06
44.07 LOBBYING EXPENSE	0	44.07
44.08 NON ALLOWABLE BANK FEES	0	44.08
44.09 NON ALLOWABLE INCOME TAX	0	44.09
45.00 NON ALLOWABLE SUBSIDIES	0	45.00
45.01 LOSS ON SALE OF ASSET	0	45.01
45.02 SPECIAL EVENTS - EMPLOYEE BENEFITS	0	45.02

3/26/2013 9:36 am C:\MCRI F32\2012\A140065_2012.mcrx

Provider CCN: 140065

Period:
 From 11/01/2011
 To 10/31/2012

Worksheet A-8

Date/Time Prepared:
 3/26/2013 9:36 am

Cost Center Description		Wkst.	A-7	Ref.	
		5.00			
45.03	SPECIAL EVENTS - ADMIN & GENERAL			0	45.03
45.04	NON ALLOW HONORARIUMS			0	45.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)				50.00

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

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A-8-1

Date/Time Prepared:
3/26/2013 9:36 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
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.

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

Provider CCN: 140065

Period: From 11/01/2011 To 10/31/2012

Worksheet A-8-1

Date/Time Prepared: 3/26/2013 9:36 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	20,581,923	20,846,417	-264,494	0	1.00
2.00	93,362	0	93,362	9	2.00
3.00	832,080	0	832,080	9	3.00
4.00	260,821	50,481	210,340	0	4.00
4.01	7,788,153	7,569,989	218,164	0	4.01
4.02	60,600	0	60,600	0	4.02
4.03	86,640	32,829	53,811	0	4.03
4.04	5,897,778	7,156,184	-1,258,406	0	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	35,601,357	35,655,900	-54,543	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.

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 11/01/2011
To 10/31/2012

Worksheet A-8-2

Date/Time Prepared:
3/26/2013 9:36 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	17.00	AGGREGATE-SOCIAL SERVICE	27,500	27,500	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	149,360	149,360	2.00
3.00	43.00	AGGREGATE-NURSERY	166,500	166,500	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	108,783	108,783	4.00
5.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	449,594	449,594	5.00
6.00	91.00	AGGREGATE-EMERGENCY	525,233	525,233	6.00
7.00	91.01	AGGREGATE-OP DEPARTMENT	18,861	18,861	7.00
8.00	22.00	DR. A	117,508	0	8.00
9.00	22.00	DR. B	127,926	0	9.00
10.00	22.00	DR. C	7,394	0	10.00
11.00	22.00	DR. D	73,542	0	11.00
12.00	22.00	DR. E	118,015	0	12.00
13.00	22.00	AGGREGATE-I & R SERVICES-OTHER PRGM CO	96,037	0	13.00
14.00	22.00	AGGREGATE-I & R SERVICES-OTHER PRGM CO	100,000	0	14.00
15.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	36,000	36,000	15.00
200.00			2,122,253	1,481,831	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A-8-2

Date/Time Prepared:
3/26/2013 9:36 am

	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	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	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	117,508	138,700	1,780	118,695	5,935	8.00
9.00	127,926	138,700	1,864	124,297	6,215	9.00
10.00	7,394	138,700	91	6,068	303	10.00
11.00	73,542	138,700	1,040	69,350	3,468	11.00
12.00	118,015	138,700	1,576	105,092	5,255	12.00
13.00	96,037	138,700	1,308	87,221	4,361	13.00
14.00	100,000	196,400	2,080	196,400	9,820	14.00
15.00	0	0	0	0	0	15.00
200.00	640,422		9,739	707,123	35,357	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A-8-2

Date/Time Prepared:
3/26/2013 9:36 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	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	36,371	36,371	155,066	8.00
9.00	0	0	36,371	36,371	160,668	9.00
10.00	0	0	36,371	36,371	42,439	10.00
11.00	0	0	36,371	36,371	105,721	11.00
12.00	0	0	36,371	36,371	141,463	12.00
13.00	0	0	0	0	87,221	13.00
14.00	0	0	0	0	196,400	14.00
15.00	0	0	0	0	0	15.00
200.00	0	0	181,855	181,855	888,978	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet A-8-2

Date/Time Prepared:
3/26/2013 9:36 am

	RCE		Adjustment	
	Disallowance			
	17.00		18.00	
1.00		0	27,500	1.00
2.00		0	149,360	2.00
3.00		0	166,500	3.00
4.00		0	108,783	4.00
5.00		0	449,594	5.00
6.00		0	525,233	6.00
7.00		0	18,861	7.00
8.00		0	0	8.00
9.00		0	0	9.00
10.00		0	0	10.00
11.00		0	0	11.00
12.00		0	0	12.00
13.00	8,816		8,816	13.00
14.00		0	0	14.00
15.00		0	36,000	15.00
200.00	8,816		1,490,647	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 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	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	10,256,806	10,256,806				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	3,763,143		3,763,143			2.00
4.00 00400 EMPLOYEE BENEFITS	9,573,896	62,997	23,113	9,660,006		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	28,019,747	1,596,155	585,617	1,001,877	31,203,396	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	6,470,574	2,076,289	761,771	295,108	9,603,742	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	68,014	51,582	18,925	8,957	147,478	8.00
9.00 00900 HOUSEKEEPING	2,294,376	37,277	13,677	250,119	2,595,449	9.00
10.00 01000 DIETARY	218,368	169,832	62,310	37,997	488,507	10.00
11.00 01100 CAFETERIA	1,704,137	194,913	71,512	140,480	2,111,042	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,819,334	0	0	237,693	2,057,027	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,736,768	43,861	16,092	153,605	1,950,326	14.00
15.00 01500 PHARMACY	2,796,758	162,206	59,512	437,897	3,456,373	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,346,357	167,180	61,337	269,099	2,843,973	16.00
17.00 01700 SOCIAL SERVICE	1,462,765	284,601	104,418	154,595	2,006,379	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,161,812	0	0	172,967	1,334,779	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,167,176	0	0	213,214	2,380,390	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,580,923	1,778,114	652,376	1,919,178	17,930,591	30.00
31.00 03100 INTENSIVE CARE UNIT	3,130,984	189,537	69,540	439,581	3,829,642	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	315,440	30,907	11,339	63,182	420,868	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	6,607,586	903,302	331,415	807,867	8,650,170	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	657,877	38,627	14,172	92,931	803,607	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,052,334	104,727	38,424	137,961	1,333,446	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,961,692	585,402	214,780	372,560	4,134,434	54.00
54.01 05401 NUCLEAR MEDICINE	599,485	35,004	12,843	46,566	693,898	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	954,515	375,142	137,637	123,592	1,590,886	55.00
57.00 05700 CT SCAN	999,236	46,893	17,205	126,742	1,190,076	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	493,860	0	0	66,489	560,349	58.00
59.00 05900 CARDIAC CATHETERIZATION	666,221	0	0	92,251	758,472	59.00
60.00 06000 LABORATORY	5,881,811	376,966	138,306	396,132	6,793,215	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	1,300,999	93,194	34,192	162,351	1,590,736	65.00
66.00 06600 PHYSICAL THERAPY	3,257,456	351,743	129,052	442,566	4,180,817	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	433,559	8,550	3,137	63,498	508,744	67.00
68.00 06800 SPEECH PATHOLOGY	114,482	7,768	2,850	16,912	142,012	68.00
69.00 06900 ELECTROCARDIOLOGY	971,887	12,434	4,562	128,748	1,117,631	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	390,458	72,044	26,433	62,297	551,232	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	463,172	14,778	5,422	6,321	489,693	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,083,571	0	0	0	5,083,571	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	6,796,884	0	0	0	6,796,884	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,817,456	0	0	0	5,817,456	73.00
76.00 03020 HEMODIALYSIS	378,842	0	0	0	378,842	76.00
76.01 03021 LI THOTRI PSY	37,600	0	0	0	37,600	76.01
76.02 03950 WOUND CARE	1,510,759	0	0	91,431	1,602,190	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08802 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	3,202,038	311,908	114,437	423,272	4,051,655	91.00
91.01 09101 OP DEPARTMENT	227,808	72,873	26,737	29,014	356,432	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 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 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	143,748,966	10,256,806	3,763,143	9,485,050	143,574,010	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	694,626	0	0	44,464	739,090	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,402,758	0	0	2,765	1,405,523	192.00
192.01 19201 CFPC CLINIC	857,418	0	0	88,364	945,782	192.01
194.00 07950 OFFICE BUILDINGS	640,173	0	0	0	640,173	194.00
194.01 07951 MARKETING	192,276	0	0	8,535	200,811	194.01
194.02 07952 FOUNDATION	383,338	0	0	30,828	414,166	194.02
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	147,919,555	10,256,806	3,763,143	9,660,006	147,919,555	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	31,203,396					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,567,503	0	12,171,245			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39,427	0	96,271	283,176		8.00
9.00	00900	HOUSEKEEPING	693,878	0	69,573	0	3,358,900	9.00
10.00	01000	DIETARY	130,599	0	316,969	0	88,682	10.00
11.00	01100	CAFETERIA	564,374	0	363,779	0	101,779	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	549,934	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	521,408	0	81,861	0	22,903	14.00
15.00	01500	PHARMACY	924,041	0	302,736	0	84,700	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	760,319	0	312,019	0	87,297	16.00
17.00	01700	SOCIAL SERVICE	536,393	0	531,170	0	148,612	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	356,845	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	636,383	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,793,667	0	3,318,606	248,971	928,488	30.00
31.00	03100	INTENSIVE CARE UNIT	1,023,832	0	353,745	24,386	98,972	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	112,517	0	57,683	9,819	16,139	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,312,571	0	1,685,891	0	471,683	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	214,840	0	72,093	0	20,170	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	356,489	0	195,459	0	54,686	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,105,316	0	1,092,573	0	305,683	54.00
54.01	05401	NUCLEAR MEDICINE	185,509	0	65,330	0	18,278	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	425,314	0	700,152	0	195,890	55.00
57.00	05700	CT SCAN	318,160	0	87,519	0	24,486	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	149,806	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	202,773	0	0	0	0	59.00
60.00	06000	LABORATORY	1,816,125	0	703,556	0	196,843	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	425,274	0	173,933	0	48,663	65.00
66.00	06600	PHYSICAL THERAPY	1,117,716	0	656,481	0	183,672	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	136,010	0	15,957	0	4,464	67.00
68.00	06800	SPEECH PATHOLOGY	37,966	0	14,498	0	4,056	68.00
69.00	06900	ELECTROCARDIOLOGY	298,792	0	23,206	0	6,493	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	147,369	0	134,461	0	37,620	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	130,916	0	27,582	0	7,717	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,359,062	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,817,106	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,555,262	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	101,281	0	0	0	0	76.00
76.01	03021	LI THOTRI PSY	10,052	0	0	0	0	76.01
76.02	03950	WOUND CARE	428,336	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08802	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,083,186	0	582,134	0	162,871	91.00
91.01	09101	OP DEPARTMENT	95,290	0	136,008	0	38,053	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET CELL ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,041,641	0	12,171,245	283,176	3,358,900
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	197,591	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	375,758	0	0	0	192.00
192.01	19201	CFPC CLINIC	252,849	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	171,146	0	0	0	194.00
194.01	07951	MARKETING	53,686	0	0	0	194.01
194.02	07952	FOUNDATION	110,725	0	0	0	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)	31,203,396	0	12,171,245	283,176	3,358,900

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,024,757					10.00
11.00	01100		3,140,974				11.00
12.00	01200			0			12.00
13.00	01300		94,200	0	2,701,161		13.00
14.00	01400		60,875	0	0	2,637,373	14.00
15.00	01500		173,544	0	0	8,862	15.00
16.00	01600		106,647	0	0	0	16.00
17.00	01700		61,268	0	0	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		68,549	0	0	0	21.00
22.00	02200		84,499	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	900,974	760,614	0	2,374,881	106,774	30.00
31.00	03100	88,249	174,211	0	232,617	26,119	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	35,534	25,040	0	93,663	2,559	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	320,167	0	0	96,490	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	36,830	0	0	5,665	51.00
52.00	05200	0	54,676	0	0	6,857	52.00
54.00	05400	0	147,649	0	0	4,019	54.00
54.01	05401	0	18,455	0	0	250	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	48,981	0	0	2,086	55.00
57.00	05700	0	50,229	0	0	3,500	57.00
58.00	05800	0	26,350	0	0	1,134	58.00
59.00	05900	0	36,560	0	0	4,867	59.00
60.00	06000	0	156,991	0	0	14,891	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	64,342	0	0	9,477	65.00
66.00	06600	0	175,394	0	0	2,629	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	25,165	0	0	103	67.00
68.00	06800	0	6,702	0	0	0	68.00
69.00	06900	0	51,024	0	0	3,047	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	24,689	0	0	341	69.02
70.00	07000	0	2,505	0	0	90	70.00
71.00	07100	0	0	0	0	1,268,794	71.00
72.00	07200	0	0	0	0	1,002,962	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	0	0	0	0	0	76.01
76.02	03950	0	36,235	0	0	10,898	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08802	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	167,747	0	0	45,863	91.00
91.01	09101	0	11,499	0	0	5,483	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,024,757	3,071,637	0	2,701,161	2,633,760	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,622	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,096	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	35,020	0	0	3,467	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	146	194.00
194.01	07951	MARKETING	0	3,382	0	0	0	194.01
194.02	07952	FOUNDATION	0	12,217	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)	1,024,757	3,140,974	0	2,701,161	2,637,373	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	4,950,256					15.00
16.00	01600	0	4,110,255				16.00
17.00	01700	13,466	0	3,297,288			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	952	334,346	2,899,001	0	0	30.00
31.00	03100	73	56,190	283,953	0	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	10,057	114,334	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	57,907	518,792	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	39,867	0	0	0	51.00
52.00	05200	0	20,686	0	0	0	52.00
54.00	05400	649	288,038	0	0	0	54.00
54.01	05401	537	49,702	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	53	88,194	0	0	0	55.00
57.00	05700	4,382	366,005	0	0	0	57.00
58.00	05800	458	116,259	0	0	0	58.00
59.00	05900	0	108,955	0	0	0	59.00
60.00	06000	34	561,295	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	111,760	0	0	0	65.00
66.00	06600	361	92,954	0	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	12,050	0	0	0	67.00
68.00	06800	0	5,533	0	0	0	68.00
69.00	06900	1,364	113,626	0	0	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	9,481	0	0	0	69.02
70.00	07000	0	21,275	0	0	0	70.00
71.00	07100	0	172,578	0	0	0	71.00
72.00	07200	0	197,188	0	0	0	72.00
73.00	07300	4,823,397	392,402	0	0	0	73.00
76.00	03020	0	12,601	0	0	0	76.00
76.01	03021	0	1,354	0	0	0	76.01
76.02	03950	371	66,619	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08802	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	2,365	339,338	0	0	0	91.00
91.01	09101	0	3,110	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,906,369	4,110,255	3,297,288	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	43,887	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	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)	4,950,256	4,110,255	3,297,288	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL							20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,760,173						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,101,272					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,329,084	2,341,731	0	38,268,680	-3,670,815		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	6,191,989	0		31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	0	898,213	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	150,119	264,496	0	14,528,286	-414,615		50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0		50.01
50.02 05002 DAY SURGERY	0	0	0	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0	0	1,193,072	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,022,299	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	7,078,361	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	1,031,959	0		54.01
54.02 05402 ULTRASOUND	0	0	0	0	0		54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0		54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0		54.04
54.05 05407 PET SCAN	0	0	0	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	3,051,556	0		55.00
57.00 05700 CT SCAN	0	0	0	2,044,357	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	854,356	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	1,111,627	0		59.00
60.00 06000 LABORATORY	0	0	0	10,242,950	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,424,185	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	6,410,024	0		66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0		66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0		66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0		66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	702,493	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	210,767	0		68.00
69.00 06900 ELECTROCARDIOLOGY	47,267	83,281	0	1,745,731	-130,548		69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0		69.01
69.02 06902 CARDIAC REHAB	0	0	0	905,193	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	679,778	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,884,005	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,814,140	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	12,588,517	0		73.00
76.00 03020 HEMODIALYSIS	0	0	0	492,724	0		76.00
76.01 03021 LIOTHOTRIpsy	0	0	0	49,006	0		76.01
76.02 03950 WOUND CARE	51,321	90,423	0	2,286,393	-141,744		76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 08802 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0		90.01
91.00 09100 EMERGENCY	139,169	245,203	0	6,819,531	-384,372		91.00
91.01 09101 OP DEPARTMENT	43,213	76,138	0	765,226	-119,351		91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED 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		
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,760,173	3,101,272	0	142,295,418	-4,861,445	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	954,303	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,782,377	0	192.00
192.01	19201	CFPC CLINIC	0	0	0	1,281,005	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	811,465	0	194.00
194.01	07951	MARKETING	0	0	0	257,879	0	194.01
194.02	07952	FOUNDATION	0	0	0	537,108	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)	1,760,173	3,101,272	0	147,919,555	-4,861,445	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	34,597,865	30.00
31.00	03100 INTENSIVE CARE UNIT	6,191,989	31.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	898,213	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	14,113,671	50.00
50.01	05001 ENDOSCOPY	0	50.01
50.02	05002 DAY SURGERY	0	50.02
51.00	05100 RECOVERY ROOM	1,193,072	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,022,299	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,078,361	54.00
54.01	05401 NUCLEAR MEDICINE	1,031,959	54.01
54.02	05402 ULTRASOUND	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	54.04
54.05	05407 PET SCAN	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	3,051,556	55.00
57.00	05700 CT SCAN	2,044,357	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	854,356	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,111,627	59.00
60.00	06000 LABORATORY	10,242,950	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,424,185	65.00
66.00	06600 PHYSICAL THERAPY	6,410,024	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	702,493	67.00
68.00	06800 SPEECH PATHOLOGY	210,767	68.00
69.00	06900 ELECTROCARDIOLOGY	1,615,183	69.00
69.01	06901 VASCULAR LAB	0	69.01
69.02	06902 CARDIAC REHAB	905,193	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	679,778	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,884,005	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,814,140	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,588,517	73.00
76.00	03020 HEMODIALYSIS	492,724	76.00
76.01	03021 LI THOTRI PSY	49,006	76.01
76.02	03950 WOUND CARE	2,144,649	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00	08802 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	90.01
91.00	09100 EMERGENCY	6,435,159	91.00
91.01	09101 OP DEPARTMENT	645,875	91.01
91.02	09102 MEDICAL ONCOLOGY	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part I
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET CELL ACQUISITION	0
113.00	11300	INTEREST EXPENSE	
118.00		SUBTOTALS (SUM OF LINES 1-117)	137,433,973
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	954,303
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,782,377
192.01	19201	CFPC CLINIC	1,281,005
194.00	07950	OFFICE BUILDINGS	811,465
194.01	07951	MARKETING	257,879
194.02	07952	FOUNDATION	537,108
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	143,058,110

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part II
Date/Time Prepared:
3/26/2013 9:36 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			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	62,997	23,113	86,110	86,110
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,596,155	585,617	2,181,772	8,933
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	2,076,289	761,771	2,838,060	2,631
8.00 00800	LAUNDRY & LINEN SERVICE	0	51,582	18,925	70,507	80
9.00 00900	HOUSEKEEPING	0	37,277	13,677	50,954	2,230
10.00 01000	DIETARY	0	169,832	62,310	232,142	339
11.00 01100	CAFETERIA	0	194,913	71,512	266,425	1,253
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	2,119
14.00 01400	CENTRAL SERVICES & SUPPLY	0	43,861	16,092	59,953	1,370
15.00 01500	PHARMACY	0	162,206	59,512	221,718	3,904
16.00 01600	MEDICAL RECORDS & LIBRARY	0	167,180	61,337	228,517	2,399
17.00 01700	SOCIAL SERVICE	0	284,601	104,418	389,019	1,378
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,542
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,901
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,778,114	652,376	2,430,490	17,092
31.00 03100	INTENSIVE CARE UNIT	0	189,537	69,540	259,077	3,919
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	30,907	11,339	42,246	563
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	903,302	331,415	1,234,717	7,203
50.01 05001	ENDOSCOPY	0	0	0	0	0
50.02 05002	DAY SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	0	38,627	14,172	52,799	829
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	104,727	38,424	143,151	1,230
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	585,402	214,780	800,182	3,322
54.01 05401	NUCLEAR MEDICINE	0	35,004	12,843	47,847	415
54.02 05402	ULTRASOUND	0	0	0	0	0
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	0
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05 05407	PET SCAN	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	375,142	137,637	512,779	1,102
57.00 05700	CT SCAN	0	46,893	17,205	64,098	1,130
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	593
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	823
60.00 06000	LABORATORY	0	376,966	138,306	515,272	3,532
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	93,194	34,192	127,386	1,448
66.00 06600	PHYSICAL THERAPY	0	351,743	129,052	480,795	3,946
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	8,550	3,137	11,687	566
68.00 06800	SPEECH PATHOLOGY	0	7,768	2,850	10,618	151
69.00 06900	ELECTROCARDIOLOGY	0	12,434	4,562	16,996	1,148
69.01 06901	VASCULAR LAB	0	0	0	0	0
69.02 06902	CARDIAC REHAB	0	72,044	26,433	98,477	555
70.00 07000	ELECTROENCEPHALOGRAPHY	0	14,778	5,422	20,200	56
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03020	HEMODIALYSIS	0	0	0	0	0
76.01 03021	LITHOTRIPSY	0	0	0	0	0
76.02 03950	WOUND CARE	0	0	0	0	815
OUTPATIENT SERVICE COST CENTERS						
88.00 08802	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	0	311,908	114,437	426,345	3,774
91.01 09101	OP DEPARTMENT	0	72,873	26,737	99,610	259
91.02 09102	MEDICAL ONCOLOGY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part II
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	10,256,806	3,763,143	14,019,949	84,550	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	396	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	25	192.00
192.01 19201 CFPC CLINIC	0	0	0	0	788	192.01
194.00 07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	76	194.01
194.02 07952 FOUNDATION	0	0	0	0	275	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	10,256,806	3,763,143	14,019,949	86,110	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet B Part II Date/Time Prepared: 3/26/2013 9:36 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	2,190,705			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	180,262	0	3,020,953	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	2,768	0	23,895	97,250	8.00	
9.00	00900	HOUSEKEEPING	48,717	0	17,268	0	119,169	9.00
10.00	01000	DIETARY	9,169	0	78,673	0	3,146	10.00
11.00	01100	CAFETERIA	39,624	0	90,291	0	3,611	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	38,610	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	36,608	0	20,318	0	813	14.00
15.00	01500	PHARMACY	64,876	0	75,140	0	3,005	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	53,381	0	77,444	0	3,097	16.00
17.00	01700	SOCIAL SERVICE	37,660	0	131,839	0	5,273	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	25,054	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	44,680	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	336,496	0	823,692	85,503	32,941	30.00
31.00	03100	INTENSIVE CARE UNIT	71,882	0	87,801	8,375	3,511	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,900	0	14,317	3,372	573	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	162,364	0	418,445	0	16,735	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	15,084	0	17,894	0	716	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,029	0	48,514	0	1,940	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,603	0	271,181	0	10,845	54.00
54.01	05401	NUCLEAR MEDICINE	13,024	0	16,215	0	648	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	29,861	0	173,781	0	6,950	55.00
57.00	05700	CT SCAN	22,338	0	21,723	0	869	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,518	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,237	0	0	0	0	59.00
60.00	06000	LABORATORY	127,509	0	174,625	0	6,984	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	29,858	0	43,171	0	1,727	65.00
66.00	06600	PHYSICAL THERAPY	78,474	0	162,941	0	6,516	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	9,549	0	3,961	0	158	67.00
68.00	06800	SPEECH PATHOLOGY	2,666	0	3,598	0	144	68.00
69.00	06900	ELECTROCARDIOLOGY	20,978	0	5,760	0	230	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	10,347	0	33,374	0	1,335	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	9,192	0	6,846	0	274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,419	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	127,578	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,194	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	7,111	0	0	0	0	76.00
76.01	03021	LI THOTRI PSY	706	0	0	0	0	76.01
76.02	03950	WOUND CARE	30,073	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08802	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	76,050	0	144,488	0	5,778	91.00
91.01	09101	OP DEPARTMENT	6,690	0	33,758	0	1,350	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part II
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET CELL ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,109,139	0	3,020,953	97,250	119,169
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,873	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,382	0	0	0	0
192.01	19201	CFPC CLINIC	17,752	0	0	0	0
194.00	07950	OFFICE BUILDINGS	12,016	0	0	0	0
194.01	07951	MARKETING	3,769	0	0	0	0
194.02	07952	FOUNDATION	7,774	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,190,705	0	3,020,953	97,250	119,169

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part II
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	323,469					10.00
11.00	01100		401,204				11.00
12.00	01200			0			12.00
13.00	01300		12,032		52,761		13.00
14.00	01400		7,775			126,837	14.00
15.00	01500		22,166			426	15.00
16.00	01600		13,622				16.00
17.00	01700		7,826				17.00
19.00	01900						19.00
20.00	02000						20.00
21.00	02100		8,756				21.00
22.00	02200		10,793				22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	284,397	97,167		46,388	5,135	30.00
31.00	03100	27,856	22,251		4,544	1,256	31.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300	11,216	3,198		1,829	123	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		40,894			4,640	50.00
50.01	05001						50.01
50.02	05002						50.02
51.00	05100		4,704			272	51.00
52.00	05200		6,984			330	52.00
54.00	05400		18,859			193	54.00
54.01	05401		2,357			12	54.01
54.02	05402						54.02
54.03	05405						54.03
54.04	05406						54.04
54.05	05407						54.05
55.00	05500		6,256			100	55.00
57.00	05700		6,416			168	57.00
58.00	05800		3,366			55	58.00
59.00	05900		4,670			234	59.00
60.00	06000		20,052			716	60.00
60.01	06001						60.01
65.00	06500		8,218			456	65.00
66.00	06600		22,403			126	66.00
66.01	06601						66.01
66.02	06602						66.02
66.03	06603						66.03
67.00	06700		3,214			5	67.00
68.00	06800		856				68.00
69.00	06900		6,517			147	69.00
69.01	06901						69.01
69.02	06902		3,153			16	69.02
70.00	07000		320			4	70.00
71.00	07100					61,019	71.00
72.00	07200					48,236	72.00
73.00	07300						73.00
76.00	03020						76.00
76.01	03021						76.01
76.02	03950		4,628			524	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08802						88.00
89.00	08900						89.00
90.01	09001						90.01
91.00	09100		21,426			2,206	91.00
91.01	09101		1,469			264	91.01
91.02	09102						91.02
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910						99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part II
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	323,469	392,348	0	52,761	126,663	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,251	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	140	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	4,473	0	0	167	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	7	194.00
194.01	07951	MARKETING	0	432	0	0	0	194.01
194.02	07952	FOUNDATION	0	1,560	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)	323,469	401,204	0	52,761	126,837	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part II
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	391,235	378,460				16.00
17.00	01700	1,064	0	574,059			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	75	30,800	504,717			30.00
31.00	03100	6	5,176	49,436			31.00
41.00	04100	0	0	0			41.00
42.00	04200	0	0	0			42.00
43.00	04300	0	926	19,906			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,577	47,791	0			50.00
50.01	05001	0	0	0			50.01
50.02	05002	0	0	0			50.02
51.00	05100	0	3,673	0			51.00
52.00	05200	0	1,906	0			52.00
54.00	05400	51	26,534	0			54.00
54.01	05401	42	4,579	0			54.01
54.02	05402	0	0	0			54.02
54.03	05405	0	0	0			54.03
54.04	05406	0	0	0			54.04
54.05	05407	0	0	0			54.05
55.00	05500	4	8,124	0			55.00
57.00	05700	346	33,716	0			57.00
58.00	05800	36	10,710	0			58.00
59.00	05900	0	10,037	0			59.00
60.00	06000	3	51,530	0			60.00
60.01	06001	0	0	0			60.01
65.00	06500	0	10,295	0			65.00
66.00	06600	29	8,563	0			66.00
66.01	06601	0	0	0			66.01
66.02	06602	0	0	0			66.02
66.03	06603	0	0	0			66.03
67.00	06700	0	1,110	0			67.00
68.00	06800	0	510	0			68.00
69.00	06900	108	10,467	0			69.00
69.01	06901	0	0	0			69.01
69.02	06902	0	873	0			69.02
70.00	07000	0	1,960	0			70.00
71.00	07100	0	15,898	0			71.00
72.00	07200	0	18,165	0			72.00
73.00	07300	381,209	36,148	0			73.00
76.00	03020	0	1,161	0			76.00
76.01	03021	0	125	0			76.01
76.02	03950	29	6,137	0			76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08802	0	0	0			88.00
89.00	08900	0	0	0			89.00
90.01	09001	0	0	0			90.01
91.00	09100	187	31,260	0			91.00
91.01	09101	0	286	0			91.01
91.02	09102	0	0	0			91.02
92.00	09200	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0			99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part II
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET CELL ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	387,766	378,460	574,059	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	CFPC CLINIC	3,469	0	0			192.01
194.00	07950	OFFICE BUILDINGS	0	0	0			194.00
194.01	07951	MARKETING	0	0	0			194.01
194.02	07952	FOUNDATION	0	0	0			194.02
200.00		Cross Foot Adjustments				0		0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118-201)	391,235	378,460	574,059	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part II
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	35,352					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		57,374				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS					4,694,893	0 30.00
31.00 03100 INTENSIVE CARE UNIT					545,090	0 31.00
41.00 04100 SUBPROVIDER - I RF					0	0 41.00
42.00 04200 SUBPROVIDER					0	0 42.00
43.00 04300 NURSERY					106,169	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM					1,937,366	0 50.00
50.01 05001 ENDOSCOPY					0	0 50.01
50.02 05002 DAY SURGERY					0	0 50.02
51.00 05100 RECOVERY ROOM					95,971	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM					229,084	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					1,208,770	0 54.00
54.01 05401 NUCLEAR MEDICINE					85,139	0 54.01
54.02 05402 ULTRASOUND					0	0 54.02
54.03 05405 GRANT SQUARE IMAGING					0	0 54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY					0	0 54.04
54.05 05407 PET SCAN					0	0 54.05
55.00 05500 RADIOLOGY-THERAPEUTIC					738,957	0 55.00
57.00 05700 CT SCAN					150,804	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					25,278	0 58.00
59.00 05900 CARDIAC CATHETERIZATION					30,001	0 59.00
60.00 06000 LABORATORY					900,223	0 60.00
60.01 06001 BLOOD LABORATORY					0	0 60.01
65.00 06500 RESPIRATORY THERAPY					222,559	0 65.00
66.00 06600 PHYSICAL THERAPY					763,793	0 66.00
66.01 06601 FAIRVIEW REHAB CTR					0	0 66.01
66.02 06602 WESTCHESTER REHAB CTR					0	0 66.02
66.03 06603 LAGRANGE REHAB CTR					0	0 66.03
67.00 06700 OCCUPATIONAL THERAPY					30,250	0 67.00
68.00 06800 SPEECH PATHOLOGY					18,543	0 68.00
69.00 06900 ELECTROCARDIOLOGY					62,351	0 69.00
69.01 06901 VASCULAR LAB					0	0 69.01
69.02 06902 CARDIAC REHAB					148,130	0 69.02
70.00 07000 ELECTROENCEPHALOGRAPHY					38,852	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					172,336	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT					193,979	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					526,551	0 73.00
76.00 03020 HEMODIALYSIS					8,272	0 76.00
76.01 03021 LI THOTRI PSY					831	0 76.01
76.02 03950 WOUND CARE					42,206	0 76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08802 RURAL HEALTH CLINIC					0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0	0 89.00
90.01 09001 PAIN MGMT CLINIC					0	0 90.01
91.00 09100 EMERGENCY					711,514	0 91.00
91.01 09101 OP DEPARTMENT					143,686	0 91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B
Part II
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED 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		
91.02	09102	MEDICAL ONCOLOGY				0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF				0	0	99.10
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET CELL ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	13,831,598	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				16,520	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				26,547	0	192.00
192.01	19201	CFPC CLINIC				26,649	0	192.01
194.00	07950	OFFICE BUILDINGS				12,023	0	194.00
194.01	07951	MARKETING				4,277	0	194.01
194.02	07952	FOUNDATION				9,609	0	194.02
200.00		Cross Foot Adjustments	35,352	57,374	0	92,726	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	35,352	57,374	0	14,019,949	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet B Part II Date/Time Prepared: 3/26/2013 9:36 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	4,694,893	30.00
31.00	03100 INTENSIVE CARE UNIT	545,090	31.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	106,169	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,937,366	50.00
50.01	05001 ENDOSCOPY	0	50.01
50.02	05002 DAY SURGERY	0	50.02
51.00	05100 RECOVERY ROOM	95,971	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	229,084	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,208,770	54.00
54.01	05401 NUCLEAR MEDICINE	85,139	54.01
54.02	05402 ULTRASOUND	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	54.04
54.05	05407 PET SCAN	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	738,957	55.00
57.00	05700 CT SCAN	150,804	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	25,278	58.00
59.00	05900 CARDIAC CATHETERIZATION	30,001	59.00
60.00	06000 LABORATORY	900,223	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	222,559	65.00
66.00	06600 PHYSICAL THERAPY	763,793	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	30,250	67.00
68.00	06800 SPEECH PATHOLOGY	18,543	68.00
69.00	06900 ELECTROCARDIOLOGY	62,351	69.00
69.01	06901 VASCULAR LAB	0	69.01
69.02	06902 CARDIAC REHAB	148,130	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	38,852	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	172,336	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	193,979	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	526,551	73.00
76.00	03020 HEMODIALYSIS	8,272	76.00
76.01	03021 LI THOTRI PSY	831	76.01
76.02	03950 WOUND CARE	42,206	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00	08802 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	90.01
91.00	09100 EMERGENCY	711,514	91.00
91.01	09101 OP DEPARTMENT	143,686	91.01
91.02	09102 MEDICAL ONCOLOGY	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet B Part II Date/Time Prepared: 3/26/2013 9:36 am
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Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET CELL ACQUISITION	0
113.00	11300	INTEREST EXPENSE	
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,831,598
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,520
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,547
192.01	19201	CFPC CLINIC	26,649
194.00	07950	OFFICE BUILDINGS	12,023
194.01	07951	MARKETING	4,277
194.02	07952	FOUNDATION	9,609
200.00		Cross Foot Adjustments	92,726
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	14,019,949

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B-1

Date/Time Prepared:
3/26/2013 9:36 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				
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	433,083						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		433,083					2.00
4.00 00400 EMPLOYEE BENEFITS	2,660	2,660	60,525,695				4.00
5.00 00500 ADMINISTRATIVE & GENERAL	67,396	67,396	6,277,344	-31,203,396	116,716,159		5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0		6.00
7.00 00700 OPERATION OF PLANT	87,669	87,669	1,849,027	0	9,603,742		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	2,178	2,178	56,120	0	147,478		8.00
9.00 00900 HOUSEKEEPING	1,574	1,574	1,567,142	0	2,595,449		9.00
10.00 01000 DIETARY	7,171	7,171	238,074	0	488,507		10.00
11.00 01100 CAFETERIA	8,230	8,230	880,187	0	2,111,042		11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00 01300 NURSING ADMINISTRATION	0	0	1,489,287	0	2,057,027		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,852	1,852	962,426	0	1,950,326		14.00
15.00 01500 PHARMACY	6,849	6,849	2,743,684	0	3,456,373		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,059	7,059	1,686,065	0	2,843,973		16.00
17.00 01700 SOCIAL SERVICE	12,017	12,017	968,628	0	2,006,379		17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,083,737	0	1,334,779		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,335,911	0	2,380,390		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	75,079	75,079	12,024,862	0	17,930,591		30.00
31.00 03100 INTENSIVE CARE UNIT	8,003	8,003	2,754,230	0	3,829,642		31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	1,305	1,305	395,875	0	420,868		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	38,141	38,141	5,061,761	0	8,650,170		50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0		50.01
50.02 05002 DAY SURGERY	0	0	0	0	0		50.02
51.00 05100 RECOVERY ROOM	1,631	1,631	582,269	0	803,607		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,422	4,422	864,408	0	1,333,446		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	24,718	24,718	2,334,304	0	4,134,434		54.00
54.01 05401 NUCLEAR MEDICINE	1,478	1,478	291,766	0	693,898		54.01
54.02 05402 ULTRASOUND	0	0	0	0	0		54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0		54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0		54.04
54.05 05407 PET SCAN	0	0	0	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	15,840	15,840	774,379	0	1,590,886		55.00
57.00 05700 CT SCAN	1,980	1,980	794,115	0	1,190,076		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	416,594	0	560,349		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	578,009	0	758,472		59.00
60.00 06000 LABORATORY	15,917	15,917	2,481,997	0	6,793,215		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	3,935	3,935	1,017,225	0	1,590,736		65.00
66.00 06600 PHYSICAL THERAPY	14,852	14,852	2,772,934	0	4,180,817		66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0		66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0		66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0		66.03
67.00 06700 OCCUPATIONAL THERAPY	361	361	397,850	0	508,744		67.00
68.00 06800 SPEECH PATHOLOGY	328	328	105,965	0	142,012		68.00
69.00 06900 ELECTROCARDIOLOGY	525	525	806,682	0	1,117,631		69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0		69.01
69.02 06902 CARDIAC REHAB	3,042	3,042	390,328	0	551,232		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	624	624	39,606	0	489,693		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,083,571		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,796,884		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	5,817,456		73.00
76.00 03020 HEMODIALYSIS	0	0	0	0	378,842		76.00
76.01 03021 LI THOTRI PSY	0	0	0	0	37,600		76.01
76.02 03950 WOUND CARE	0	0	572,867	0	1,602,190		76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 08802 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0		90.01
91.00 09100 EMERGENCY	13,170	13,170	2,652,044	0	4,051,655		91.00
91.01 09101 OP DEPARTMENT	3,077	3,077	181,792	0	356,432		91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0		91.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B-1

Date/Time Prepared:
3/26/2013 9:36 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 09200 OBSERVATION BEDS (NON-DISTINCT PART)					5A	5.00	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET CELL ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	433,083	433,083	59,429,494	-31,203,396		112,370,614	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	278,596	0	0	739,090	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	17,323	0	0	1,405,523	192.00
192.01 19201 CFPC CLINIC	0	0	553,652	0	0	945,782	192.01
194.00 07950 OFFICE BUILDINGS	0	0	0	0	0	640,173	194.00
194.01 07951 MARKETING	0	0	53,476	0	0	200,811	194.01
194.02 07952 FOUNDATION	0	0	193,154	0	0	414,166	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)	10,256,806	3,763,143	9,660,006			31,203,396	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.683234	8.689196	0.159602			0.267344	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			86,110			2,190,705	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001423			0.018770	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B-1
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQ. FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	275,358			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,178	39,423		8.00
9.00	00900	HOUSEKEEPING	0	1,574	0	271,606	9.00
10.00	01000	DIETARY	0	7,171	0	7,171	39,423
11.00	01100	CAFETERIA	0	8,230	0	8,230	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,852	0	1,852	0
15.00	01500	PHARMACY	0	6,849	0	6,849	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,059	0	7,059	0
17.00	01700	SOCIAL SERVICE	0	12,017	0	12,017	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM - (SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	75,079	34,661	75,079	34,661
31.00	03100	INTENSIVE CARE UNIT	0	8,003	3,395	8,003	3,395
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	1,305	1,367	1,305	1,367
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	38,141	0	38,141	0
50.01	05001	ENDOSCOPY	0	0	0	0	0
50.02	05002	DAY SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	1,631	0	1,631	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,422	0	4,422	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,718	0	24,718	0
54.01	05401	NUCLEAR MEDICINE	0	1,478	0	1,478	0
54.02	05402	ULTRASOUND	0	0	0	0	0
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05	05407	PET SCAN	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,840	0	15,840	0
57.00	05700	CT SCAN	0	1,980	0	1,980	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	15,917	0	15,917	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	3,935	0	3,935	0
66.00	06600	PHYSICAL THERAPY	0	14,852	0	14,852	0
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	361	0	361	0
68.00	06800	SPEECH PATHOLOGY	0	328	0	328	0
69.00	06900	ELECTROCARDIOLOGY	0	525	0	525	0
69.01	06901	VASCULAR LAB	0	0	0	0	0
69.02	06902	CARDIAC REHAB	0	3,042	0	3,042	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	624	0	624	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	HEMODIALYSIS	0	0	0	0	0
76.01	03021	LI THOTRIPSY	0	0	0	0	0
76.02	03950	WOUND CARE	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08802	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	13,170	0	13,170	0
91.01	09101	OP DEPARTMENT	0	3,077	0	3,077	0
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B-1

Date/Time Prepared:
3/26/2013 9:36 am

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	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	275,358	39,423	271,606	39,423	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	0	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 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	12,171,245	283,176	3,358,900	1,024,757	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	44.201530	7.183015	12.366811	25.993887	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	3,020,953	97,250	119,169	323,469	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	10.971001	2.466834	0.438757	8.205083	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B-1

Date/Time Prepared:
3/26/2013 9:36 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	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	49,657,801					11.00
12.00	01200		0				12.00
13.00	01300	1,489,287	0	39,423			13.00
14.00	01400	962,426	0	0	13,473,537		14.00
15.00	01500	2,743,684	0	0	45,275	5,743,087	15.00
16.00	01600	1,686,065	0	0	0	0	16.00
17.00	01700	968,628	0	0	0	15,623	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	1,083,737	0	0	0	0	21.00
22.00	02200	1,335,911	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	12,024,862	0	34,661	545,473	1,104	30.00
31.00	03100	2,754,230	0	3,395	133,435	85	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	395,875	0	1,367	13,074	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,061,761	0	0	492,935	67,181	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	582,269	0	0	28,939	0	51.00
52.00	05200	864,408	0	0	35,030	0	52.00
54.00	05400	2,334,304	0	0	20,534	753	54.00
54.01	05401	291,766	0	0	1,275	623	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	774,379	0	0	10,659	61	55.00
57.00	05700	794,115	0	0	17,881	5,084	57.00
58.00	05800	416,594	0	0	5,795	531	58.00
59.00	05900	578,009	0	0	24,864	0	59.00
60.00	06000	2,481,997	0	0	76,074	40	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,017,225	0	0	48,414	0	65.00
66.00	06600	2,772,934	0	0	13,429	419	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	397,850	0	0	528	0	67.00
68.00	06800	105,965	0	0	0	0	68.00
69.00	06900	806,682	0	0	15,567	1,582	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	390,328	0	0	1,740	0	69.02
70.00	07000	39,606	0	0	462	0	70.00
71.00	07100	0	0	0	6,481,891	0	71.00
72.00	07200	0	0	0	5,123,820	0	72.00
73.00	07300	0	0	0	0	5,595,911	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	0	0	0	0	0	76.01
76.02	03950	572,867	0	0	55,677	430	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08802	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	2,652,044	0	0	234,298	2,744	91.00
91.01	09101	181,792	0	0	28,009	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B-1

Date/Time Prepared:
3/26/2013 9:36 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	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	48,561,600	0	39,423	13,455,078	5,692,171	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	278,596	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	17,323	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	553,652	0	0	17,713	50,916	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	746	0	194.00
194.01	07951 MARKETING	53,476	0	0	0	0	194.01
194.02	07952 FOUNDATION	193,154	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)	3,140,974	0	2,701,161	2,637,373	4,950,256	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.063252	0.000000	68.517388	0.195745	0.861950	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	401,204	0	52,761	126,837	391,235	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008079	0.000000	1.338330	0.009414	0.068123	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B-1

Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	576,345,162					16.00
17.00 01700 SOCIAL SERVICE	0	39,423				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			42,117	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	46,879,670	34,661		0	31,802	30.00
31.00 03100 INTENSIVE CARE UNIT	7,878,514	3,395		0	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	1,410,067	1,367		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	72,741,412	0	0	0	3,592	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	5,589,869	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,900,454	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	40,386,718	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	6,968,899	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	12,365,899	0	0	0	0	55.00
57.00 05700 CT SCAN	51,318,656	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	16,301,049	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	15,276,919	0	0	0	0	59.00
60.00 06000 LABORATORY	78,734,259	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	15,670,235	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	13,033,409	0	0	0	0	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	1,689,626	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	775,813	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	15,931,877	0	0	0	1,131	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	1,329,397	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	2,983,006	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,197,758	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	27,648,370	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	55,019,956	0	0	0	0	73.00
76.00 03020 HEMODIALYSIS	1,766,820	0	0	0	0	76.00
76.01 03021 LIOTHOTRIpsy	189,897	0	0	0	0	76.01
76.02 03950 WOUND CARE	9,340,859	0	0	0	1,228	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08802 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	47,579,698	0	0	0	3,330	91.00
91.01 09101 OP DEPARTMENT	436,056	0	0	0	1,034	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B-1

Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET CELL ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	576,345,162	39,423	0	42,117	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	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)	4,110,255	3,297,288	0	1,760,173	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.007132	83.638688	0.000000	41.792459	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	378,460	574,059	0	35,352	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000657	14.561525	0.000000	0.839376	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B-1
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00		
GENERAL SERVICE COST CENTERS			
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS			4.00
5.00 00500 ADMINISTRATIVE & GENERAL			5.00
6.00 00600 MAINTENANCE & REPAIRS			6.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DIETARY			10.00
11.00 01100 CAFETERIA			11.00
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
13.00 01300 NURSING ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17.00 01700 SOCIAL SERVICE			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING SCHOOL			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	42,117		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	31,802	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	42.00
43.00 04300 NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	3,592	0	50.00
50.01 05001 ENDOSCOPY	0	0	50.01
50.02 05002 DAY SURGERY	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	54.01
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05 05407 PET SCAN	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,131	0	69.00
69.01 06901 VASCULAR LAB	0	0	69.01
69.02 06902 CARDIAC REHAB	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03020 HEMODIALYSIS	0	0	76.00
76.01 03021 LIOTHOTRIpsy	0	0	76.01
76.02 03950 WOUND CARE	1,228	0	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00 08802 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	90.01
91.00 09100 EMERGENCY	3,330	0	91.00
91.01 09101 OP DEPARTMENT	1,034	0	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	91.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet B-1

Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS			
99.10 09910 CORF	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00 10900 PANCREAS ACQUISITION	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	110.00
111.00 11100 ISLET CELL ACQUISITION	0	0	111.00
113.00 11300 INTEREST EXPENSE			113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	42,117	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 19201 CFPC CLINIC	0	0	192.01
194.00 07950 OFFICE BUILDINGS	0	0	194.00
194.01 07951 MARKETING	0	0	194.01
194.02 07952 FOUNDATION	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)	3,101,272	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	73.634684	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	57,374	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.362253	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet C
Part I
Date/Time Prepared:
3/26/2013 9:36 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	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		34,597,865	0	34,597,865	30.00	
31.00	03100 INTENSIVE CARE UNIT		6,191,989	0	6,191,989	31.00	
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		898,213	0	898,213	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		14,113,671	0	14,113,671	50.00	
50.01	05001 ENDOSCOPY		0	0	0	50.01	
50.02	05002 DAY SURGERY		0	0	0	50.02	
51.00	05100 RECOVERY ROOM		1,193,072	0	1,193,072	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,022,299	0	2,022,299	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,078,361	0	7,078,361	54.00	
54.01	05401 NUCLEAR MEDICINE		1,031,959	0	1,031,959	54.01	
54.02	05402 ULTRASOUND		0	0	0	54.02	
54.03	05405 GRANT SQUARE IMAGING		0	0	0	54.03	
54.04	05406 WINDSOR MEDICAL RADIOLOGY		0	0	0	54.04	
54.05	05407 PET SCAN		0	0	0	54.05	
55.00	05500 RADIOLOGY-THERAPEUTIC		3,051,556	0	3,051,556	55.00	
57.00	05700 CT SCAN		2,044,357	0	2,044,357	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		854,356	0	854,356	58.00	
59.00	05900 CARDIAC CATHETERIZATION		1,111,627	0	1,111,627	59.00	
60.00	06000 LABORATORY		10,242,950	0	10,242,950	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0	2,424,185	0	2,424,185	65.00	
66.00	06600 PHYSICAL THERAPY	0	6,410,024	0	6,410,024	66.00	
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	66.01	
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	66.02	
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	66.03	
67.00	06700 OCCUPATIONAL THERAPY	0	702,493	0	702,493	67.00	
68.00	06800 SPEECH PATHOLOGY	0	210,767	0	210,767	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,615,183	0	1,615,183	69.00	
69.01	06901 VASCULAR LAB		0	0	0	69.01	
69.02	06902 CARDIAC REHAB		905,193	0	905,193	69.02	
70.00	07000 ELECTROENCEPHALOGRAPHY		679,778	0	679,778	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,884,005	0	7,884,005	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		9,814,140	0	9,814,140	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		12,588,517	0	12,588,517	73.00	
76.00	03020 HEMODIALYSIS		492,724	0	492,724	76.00	
76.01	03021 LI THOTRI PSY		49,006	0	49,006	76.01	
76.02	03950 WOUND CARE		2,144,649	0	2,144,649	76.02	
OUTPATIENT SERVICE COST CENTERS							
88.00	08802 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.01	09001 PAIN MGMT CLINIC		0	0	0	90.01	
91.00	09100 EMERGENCY		6,435,159	0	6,435,159	91.00	
91.01	09101 OP DEPARTMENT		645,875	0	645,875	91.01	
91.02	09102 MEDICAL ONCOLOGY		0	0	0	91.02	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,027,599	0	3,027,599	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET CELL ACQUISITION		0	0	0	111.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)		140,461,572	0	140,461,572	200.00	
201.00	Less Observation Beds		3,027,599	0	3,027,599	201.00	
202.00	Total (see instructions)		137,433,973	0	137,433,973	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet C
Part I
Date/Time Prepared:
3/26/2013 9:36 am

		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,989,622		40,989,622		30.00
31.00	03100	INTENSIVE CARE UNIT	7,878,514		7,878,514		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,410,067		1,410,067		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,016,393	38,725,019	72,741,412	0.194025	50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	2,428,058	3,161,811	5,589,869	0.213435	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,591,424	309,030	2,900,454	0.697235	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,060,035	29,326,683	40,386,718	0.175265	54.00
54.01	05401	NUCLEAR MEDICINE	3,231,016	3,737,883	6,968,899	0.148081	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	381,826	11,984,073	12,365,899	0.246772	55.00
57.00	05700	CT SCAN	17,799,979	33,518,677	51,318,656	0.039837	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,647,461	11,653,588	16,301,049	0.052411	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,376,631	5,900,288	15,276,919	0.072765	59.00
60.00	06000	LABORATORY	46,336,161	32,398,098	78,734,259	0.130095	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	14,552,005	1,118,230	15,670,235	0.154700	65.00
66.00	06600	PHYSICAL THERAPY	4,432,360	8,601,049	13,033,409	0.491815	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,603,846	85,780	1,689,626	0.415768	67.00
68.00	06800	SPEECH PATHOLOGY	716,649	59,164	775,813	0.271672	68.00
69.00	06900	ELECTROCARDIOLOGY	8,731,698	7,200,179	15,931,877	0.101381	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	81,215	1,248,182	1,329,397	0.680905	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	343,914	2,639,092	2,983,006	0.227884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,987,319	11,210,439	24,197,758	0.325816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,258,537	8,389,833	27,648,370	0.354963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,604,298	13,415,658	55,019,956	0.228799	73.00
76.00	03020	HEMODIALYSIS	1,703,080	63,740	1,766,820	0.278876	76.00
76.01	03021	LI THOTRI PSY	13,561	176,336	189,897	0.258066	76.01
76.02	03950	WOUND CARE	55,573	9,285,286	9,340,859	0.229599	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08802	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	17,001,576	30,578,122	47,579,698	0.135250	91.00
91.01	09101	OP DEPARTMENT	13,525	422,531	436,056	1.481174	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,061,545	4,828,503	5,890,048	0.514019	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET CELL ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	306,307,888	270,037,274	576,345,162		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	306,307,888	270,037,274	576,345,162		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet C Part I Date/Time Prepared: 3/26/2013 9:36 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.194025		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
50.02	05002 DAY SURGERY	0.000000		50.02
51.00	05100 RECOVERY ROOM	0.213435		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.697235		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.175265		54.00
54.01	05401 NUCLEAR MEDICINE	0.148081		54.01
54.02	05402 ULTRASOUND	0.000000		54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000		54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000		54.04
54.05	05407 PET SCAN	0.000000		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.246772		55.00
57.00	05700 CT SCAN	0.039837		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052411		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.072765		59.00
60.00	06000 LABORATORY	0.130095		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.154700		65.00
66.00	06600 PHYSICAL THERAPY	0.491815		66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000		66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000		66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000		66.03
67.00	06700 OCCUPATIONAL THERAPY	0.415768		67.00
68.00	06800 SPEECH PATHOLOGY	0.271672		68.00
69.00	06900 ELECTROCARDIOLOGY	0.101381		69.00
69.01	06901 VASCULAR LAB	0.000000		69.01
69.02	06902 CARDIAC REHAB	0.680905		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.227884		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.325816		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.354963		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.228799		73.00
76.00	03020 HEMODIALYSIS	0.278876		76.00
76.01	03021 LI THOTRI PSY	0.258066		76.01
76.02	03950 WOUND CARE	0.229599		76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08802 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.01	09001 PAIN MGMT CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.135250		91.00
91.01	09101 OP DEPARTMENT	1.481174		91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.514019		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET CELL ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet C
Part I
Date/Time Prepared:
3/26/2013 9:36 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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	34,597,865		34,597,865	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	6,191,989		6,191,989	0	0	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	898,213		898,213	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	14,113,671		14,113,671	0	0	50.00
50.01	05001 ENDOSCOPY	0		0	0	0	50.01
50.02	05002 DAY SURGERY	0		0	0	0	50.02
51.00	05100 RECOVERY ROOM	1,193,072		1,193,072	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,022,299		2,022,299	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,078,361		7,078,361	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	1,031,959		1,031,959	0	0	54.01
54.02	05402 ULTRASOUND	0		0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407 PET SCAN	0		0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	3,051,556		3,051,556	0	0	55.00
57.00	05700 CT SCAN	2,044,357		2,044,357	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	854,356		854,356	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,111,627		1,111,627	0	0	59.00
60.00	06000 LABORATORY	10,242,950		10,242,950	0	0	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,424,185	0	2,424,185	0	0	65.00
66.00	06600 PHYSICAL THERAPY	6,410,024	0	6,410,024	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	702,493	0	702,493	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	210,767	0	210,767	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,615,183		1,615,183	0	0	69.00
69.01	06901 VASCULAR LAB	0		0	0	0	69.01
69.02	06902 CARDIAC REHAB	905,193		905,193	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	679,778		679,778	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,884,005		7,884,005	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,814,140		9,814,140	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,588,517		12,588,517	0	0	73.00
76.00	03020 HEMODIALYSIS	492,724		492,724	0	0	76.00
76.01	03021 LI THOTRI PSY	49,006		49,006	0	0	76.01
76.02	03950 WOUND CARE	2,144,649		2,144,649	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08802 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.01	09001 PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100 EMERGENCY	6,435,159		6,435,159	0	0	91.00
91.01	09101 OP DEPARTMENT	645,875		645,875	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,027,599		3,027,599	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0		0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100 ISLET CELL ACQUISITION	0		0		0	111.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	140,461,572	0	140,461,572	0	0	200.00
201.00	Less Observation Beds	3,027,599		3,027,599			201.00
202.00	Total (see instructions)	137,433,973	0	137,433,973	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet C Part I Date/Time Prepared: 3/26/2013 9:36 am
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	40,989,622		40,989,622			30.00
31.00 03100 INTENSIVE CARE UNIT	7,878,514		7,878,514			31.00
41.00 04100 SUBPROVIDER - IRF	0		0			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	1,410,067		1,410,067			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	34,016,393	38,725,019	72,741,412	0.194025	0.000000	50.00
50.01 05001 ENDOSCOPY	0	0	0	0.000000	0.000000	50.01
50.02 05002 DAY SURGERY	0	0	0	0.000000	0.000000	50.02
51.00 05100 RECOVERY ROOM	2,428,058	3,161,811	5,589,869	0.213435	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,591,424	309,030	2,900,454	0.697235	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,060,035	29,326,683	40,386,718	0.175265	0.000000	54.00
54.01 05401 NUCLEAR MEDICINE	3,231,016	3,737,883	6,968,899	0.148081	0.000000	54.01
54.02 05402 ULTRASOUND	0	0	0	0.000000	0.000000	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000	54.04
54.05 05407 PET SCAN	0	0	0	0.000000	0.000000	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	381,826	11,984,073	12,365,899	0.246772	0.000000	55.00
57.00 05700 CT SCAN	17,799,979	33,518,677	51,318,656	0.039837	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,647,461	11,653,588	16,301,049	0.052411	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	9,376,631	5,900,288	15,276,919	0.072765	0.000000	59.00
60.00 06000 LABORATORY	46,336,161	32,398,098	78,734,259	0.130095	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00 06500 RESPIRATORY THERAPY	14,552,005	1,118,230	15,670,235	0.154700	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	4,432,360	8,601,049	13,033,409	0.491815	0.000000	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000	66.03
67.00 06700 OCCUPATIONAL THERAPY	1,603,846	85,780	1,689,626	0.415768	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	716,649	59,164	775,813	0.271672	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	8,731,698	7,200,179	15,931,877	0.101381	0.000000	69.00
69.01 06901 VASCULAR LAB	0	0	0	0.000000	0.000000	69.01
69.02 06902 CARDIAC REHAB	81,215	1,248,182	1,329,397	0.680905	0.000000	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	343,914	2,639,092	2,983,006	0.227884	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,987,319	11,210,439	24,197,758	0.325816	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	19,258,537	8,389,833	27,648,370	0.354963	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	41,604,298	13,415,658	55,019,956	0.228799	0.000000	73.00
76.00 03020 HEMODIALYSIS	1,703,080	63,740	1,766,820	0.278876	0.000000	76.00
76.01 03021 LI THOTRIPSY	13,561	176,336	189,897	0.258066	0.000000	76.01
76.02 03950 WOUND CARE	55,573	9,285,286	9,340,859	0.229599	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08802 RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0.000000	0.000000	90.01
91.00 09100 EMERGENCY	17,001,576	30,578,122	47,579,698	0.135250	0.000000	91.00
91.01 09101 OP DEPARTMENT	13,525	422,531	436,056	1.481174	0.000000	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,061,545	4,828,503	5,890,048	0.514019	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0			99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET CELL ACQUISITION	0	0	0			111.00
113.00 11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	306,307,888	270,037,274	576,345,162		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	306,307,888	270,037,274	576,345,162		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet C Part I Date/Time Prepared: 3/26/2013 9:36 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
50.02	05002 DAY SURGERY	0.000000		50.02
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 NUCLEAR MEDICINE	0.000000		54.01
54.02	05402 ULTRASOUND	0.000000		54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000		54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000		54.04
54.05	05407 PET SCAN	0.000000		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000		66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000		66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000		66.03
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 VASCULAR LAB	0.000000		69.01
69.02	06902 CARDIAC REHAB	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 HEMODIALYSIS	0.000000		76.00
76.01	03021 LI THOTRI PSY	0.000000		76.01
76.02	03950 WOUND CARE	0.000000		76.02
	OUTPATIENT SERVICE COST CENTERS			
88.00	08802 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.01	09001 PAIN MGMT CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 OP DEPARTMENT	0.000000		91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET CELL ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140065		Period: From 11/01/2011 To 10/31/2012		Worksheet D Part I Date/Time Prepared: 3/26/2013 9:36 am	
Cost Center Description		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)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	4,694,893	0	4,694,893	37,985	123.60	30.00
31.00	03100 INTENSIVE CARE UNIT	545,090		545,090	3,395	160.56	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300 NURSERY	106,169		106,169	1,367	77.67	43.00
200.00	Total (lines 30-199)	5,346,152		5,346,152	42,747		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet D Part I Date/Time Prepared: 3/26/2013 9:36 am
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	22,889	2,829,080	30.00
31.00	03100 INTENSIVE CARE UNIT	2,248	360,939	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
200.00	Total (lines 30-199)	25,137	3,190,019	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140065		Period: From 11/01/2011 To 10/31/2012		Worksheet D Part II Date/Time Prepared: 3/26/2013 9:36 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,937,366	72,741,412	0.026634	18,375,468	489,412	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	95,971	5,589,869	0.017169	1,156,076	19,849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	229,084	2,900,454	0.078982	2,131	168	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,208,770	40,386,718	0.029930	7,506,661	224,674	54.00
54.01	05401	NUCLEAR MEDICINE	85,139	6,968,899	0.012217	2,177,409	26,601	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	738,957	12,365,899	0.059758	173,479	10,367	55.00
57.00	05700	CT SCAN	150,804	51,318,656	0.002939	10,420,979	30,627	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	25,278	16,301,049	0.001551	2,674,736	4,149	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,001	15,276,919	0.001964	7,161,873	14,066	59.00
60.00	06000	LABORATORY	900,223	78,734,259	0.011434	29,690,941	339,486	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	222,559	15,670,235	0.014203	12,533,888	178,019	65.00
66.00	06600	PHYSICAL THERAPY	763,793	13,033,409	0.058603	3,383,787	198,300	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	30,250	1,689,626	0.017903	1,215,589	21,763	67.00
68.00	06800	SPEECH PATHOLOGY	18,543	775,813	0.023901	558,785	13,356	68.00
69.00	06900	ELECTROCARDIOLOGY	62,351	15,931,877	0.003914	2,485,526	9,728	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	148,130	1,329,397	0.111426	44,346	4,941	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	38,852	2,983,006	0.013024	230,636	3,004	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	172,336	24,197,758	0.007122	4,933,190	35,134	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	193,979	27,648,370	0.007016	12,875,050	90,331	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	526,551	55,019,956	0.009570	28,135,248	269,254	73.00
76.00	03020	HEMODIALYSIS	8,272	1,766,820	0.004682	821,900	3,848	76.00
76.01	03021	LI THOTRI PSY	831	189,897	0.004376	0	0	76.01
76.02	03950	WOUND CARE	42,206	9,340,859	0.004518	53,495	242	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08802	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	711,514	47,579,698	0.014954	9,514,907	142,286	91.00
91.01	09101	OP DEPARTMENT	143,686	436,056	0.329513	12,707	4,187	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	410,842	5,890,048	0.069752	702,466	48,998	92.00
200.00		Total (lines 50-199)	8,896,288	526,066,959		156,841,273	2,182,790	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140065		Period: From 11/01/2011 To 10/31/2012		Worksheet D Part III Date/Time Prepared: 3/26/2013 9:36 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	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 11/01/2011 To 10/31/2012	Worksheet D Part III Date/Time Prepared: 3/26/2013 9:36 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	Title XVIII Hospital PPS	
					6.00	7.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	37,985	0.00	22,889	0		30.00
31.00 03100 INTENSIVE CARE UNIT	3,395	0.00	2,248	0		31.00
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0		42.00
43.00 04300 NURSERY	1,367	0.00	0	0		43.00
200.00 Total (lines 30-199)	42,747		25,137	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet D
Part IV
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03021	LI THOTRI PSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08802	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet D Part IV Date/Time Prepared: 3/26/2013 9:36 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	72,741,412	0.000000	0.000000	18,375,468	50.00
50.01	05001 ENDOSCOPY	0	0	0.000000	0.000000	0	50.01
50.02	05002 DAY SURGERY	0	0	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	5,589,869	0.000000	0.000000	1,156,076	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,900,454	0.000000	0.000000	2,131	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	40,386,718	0.000000	0.000000	7,506,661	54.00
54.01	05401 NUCLEAR MEDICINE	0	6,968,899	0.000000	0.000000	2,177,409	54.01
54.02	05402 ULTRASOUND	0	0	0.000000	0.000000	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0.000000	0.000000	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0.000000	0	54.04
54.05	05407 PET SCAN	0	0	0.000000	0.000000	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,365,899	0.000000	0.000000	173,479	55.00
57.00	05700 CT SCAN	0	51,318,656	0.000000	0.000000	10,420,979	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	16,301,049	0.000000	0.000000	2,674,736	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,276,919	0.000000	0.000000	7,161,873	59.00
60.00	06000 LABORATORY	0	78,734,259	0.000000	0.000000	29,690,941	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	15,670,235	0.000000	0.000000	12,533,888	65.00
66.00	06600 PHYSICAL THERAPY	0	13,033,409	0.000000	0.000000	3,383,787	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0.000000	0.000000	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0.000000	0.000000	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0.000000	0.000000	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	1,689,626	0.000000	0.000000	1,215,589	67.00
68.00	06800 SPEECH PATHOLOGY	0	775,813	0.000000	0.000000	558,785	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,931,877	0.000000	0.000000	2,485,526	69.00
69.01	06901 VASCULAR LAB	0	0	0.000000	0.000000	0	69.01
69.02	06902 CARDIAC REHAB	0	1,329,397	0.000000	0.000000	44,346	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,983,006	0.000000	0.000000	230,636	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	24,197,758	0.000000	0.000000	4,933,190	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	27,648,370	0.000000	0.000000	12,875,050	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	55,019,956	0.000000	0.000000	28,135,248	73.00
76.00	03020 HEMODIALYSIS	0	1,766,820	0.000000	0.000000	821,900	76.00
76.01	03021 LI THOTRI PSY	0	189,897	0.000000	0.000000	0	76.01
76.02	03950 WOUND CARE	0	9,340,859	0.000000	0.000000	53,495	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08802 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	47,579,698	0.000000	0.000000	9,514,907	91.00
91.01	09101 OP DEPARTMENT	0	436,056	0.000000	0.000000	12,707	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,890,048	0.000000	0.000000	702,466	92.00
200.00	Total (lines 50-199)	0	526,066,959			156,841,273	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet D Part IV Date/Time Prepared: 3/26/2013 9:36 am
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	13,944,422	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	779,710	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,290	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	8,626,989	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	1,836,387	0	54.01
54.02 05402 ULTRASOUND	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	5,372,792	0	55.00
57.00 05700 CT SCAN	0	12,764,285	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,568,773	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,249,469	0	59.00
60.00 06000 LABORATORY	0	2,399,094	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	549,639	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	6,881	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,252,403	0	69.00
69.01 06901 VASCULAR LAB	0	0	0	69.01
69.02 06902 CARDIAC REHAB	0	686,194	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	689,228	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,973,723	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	4,855,854	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,213,712	0	73.00
76.00 03020 HEMODIALYSIS	0	0	0	76.00
76.01 03021 LITHOTRIPSY	0	0	0	76.01
76.02 03950 WOUND CARE	0	5,820,083	0	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00 08802 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	6,497,565	0	91.00
91.01 09101 OP DEPARTMENT	0	162,555	0	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,917,888	0	92.00
200.00 Total (lines 50-199)	0	85,171,936	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet D Part V Date/Time Prepared: 3/26/2013 9:36 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.194025	13,944,422	0	0	2,705,566
50.01 05001 ENDOSCOPY	0.000000	0	0	0	0
50.02 05002 DAY SURGERY	0.000000	0	0	0	0
51.00 05100 RECOVERY ROOM	0.213435	779,710	0	0	166,417
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.697235	4,290	0	0	2,991
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.175265	8,626,989	0	0	1,512,009
54.01 05401 NUCLEAR MEDICINE	0.148081	1,836,387	0	0	271,934
54.02 05402 ULTRASOUND	0.000000	0	0	0	0
54.03 05405 GRANT SQUARE IMAGING	0.000000	0	0	0	0
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0
54.05 05407 PET SCAN	0.000000	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.246772	5,372,792	0	0	1,325,855
57.00 05700 CT SCAN	0.039837	12,764,285	0	0	508,491
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052411	3,568,773	0	0	187,043
59.00 05900 CARDIAC CATHETERIZATION	0.072765	4,249,469	0	0	309,213
60.00 06000 LABORATORY	0.130095	2,399,094	0	0	312,110
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.154700	549,639	0	0	85,029
66.00 06600 PHYSICAL THERAPY	0.491815	0	0	0	0
66.01 06601 FAIRVIEW REHAB CTR	0.000000	0	0	0	0
66.02 06602 WESTCHESTER REHAB CTR	0.000000	0	0	0	0
66.03 06603 LAGRANGE REHAB CTR	0.000000	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.415768	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.271672	6,881	0	0	1,869
69.00 06900 ELECTROCARDIOLOGY	0.101381	1,252,403	0	0	126,970
69.01 06901 VASCULAR LAB	0.000000	0	0	0	0
69.02 06902 CARDIAC REHAB	0.680905	686,194	0	0	467,233
70.00 07000 ELECTROENCEPHALOGRAPHY	0.227884	689,228	0	0	157,064
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.325816	2,973,723	41,246	0	968,887
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.354963	4,855,854	0	0	1,723,649
73.00 07300 DRUGS CHARGED TO PATIENTS	0.228799	6,213,712	0	26,071	1,421,691
76.00 03020 HEMODIALYSIS	0.278876	0	0	0	0
76.01 03021 LI THOTRI PSY	0.258066	0	0	0	0
76.02 03950 WOUND CARE	0.229599	5,820,083	0	0	1,336,285
OUTPATIENT SERVICE COST CENTERS					
88.00 08802 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.01 09001 PAIN MGMT CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.135250	6,497,565	0	0	878,796
91.01 09101 OP DEPARTMENT	1.481174	162,555	0	0	240,772
91.02 09102 MEDICAL ONCOLOGY	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.514019	1,917,888	0	0	985,831
200.00 Subtotal (see instructions)		85,171,936	41,246	26,071	15,695,705
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 +/- line 201)		85,171,936	41,246	26,071	15,695,705

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet D Part V Date/Time Prepared: 3/26/2013 9:36 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
50.02 05002 DAY SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05405 GRANT SQUARE IMAGING	0	0		54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0		54.04
54.05 05407 PET SCAN	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0		66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0		66.02
66.03 06603 LAGRANGE REHAB CTR	0	0		66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 VASCULAR LAB	0	0		69.01
69.02 06902 CARDIAC REHAB	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,439	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,965		73.00
76.00 03020 HEMODIALYSIS	0	0		76.00
76.01 03021 LI THOTRI PSY	0	0		76.01
76.02 03950 WOUND CARE	0	0		76.02
OUTPATIENT SERVICE COST CENTERS				
88.00 08802 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.01 09001 PAIN MGMT CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 OP DEPARTMENT	0	0		91.01
91.02 09102 MEDICAL ONCOLOGY	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	13,439	5,965		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	13,439	5,965		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet D-1 Date/Time Prepared: 3/26/2013 9:36 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,985	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,985	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		34,661	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)		22,889	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
SWING BED ADJUSTMENT				
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)		34,597,865	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)		34,597,865	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		40,989,622	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		40,989,622	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.844064	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)		1,182.59	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)		34,597,865	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		910.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,847,988	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)		20,847,988	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet D-1 Date/Time Prepared: 3/26/2013 9:36 am
Title XVIII			Hospital		PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	6,191,989	3,395	1,823.86	2,248	4,100,037
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,551,749
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					54,499,774
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,190,019
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,182,790
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,372,809
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					49,126,965
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					3,324
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					910.83
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,027,599

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140065		Period: From 11/01/2011 To 10/31/2012		Worksheet D-1 Date/Time Prepared: 3/26/2013 9:36 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,694,893	34,597,865	0.135699	3,027,599	410,842	90.00
91.00	Nursing School cost	0	34,597,865	0.000000	3,027,599	0	91.00
92.00	Allied health cost	0	34,597,865	0.000000	3,027,599	0	92.00
93.00	All other Medical Education	0	34,597,865	0.000000	3,027,599	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet D-3 Date/Time Prepared: 3/26/2013 9:36 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		26,637,941	30.00
31.00	03100	INTENSIVE CARE UNIT		5,216,793	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.194025	18,375,468	50.00
50.01	05001	ENDOSCOPY	0.000000	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.213435	1,156,076	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.697235	2,131	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.175265	7,506,661	54.00
54.01	05401	NUCLEAR MEDICINE	0.148081	2,177,409	54.01
54.02	05402	ULTRASOUND	0.000000	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	54.04
54.05	05407	PET SCAN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.246772	173,479	55.00
57.00	05700	CT SCAN	0.039837	10,420,979	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052411	2,674,736	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.072765	7,161,873	59.00
60.00	06000	LABORATORY	0.130095	29,690,941	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.154700	12,533,888	65.00
66.00	06600	PHYSICAL THERAPY	0.491815	3,383,787	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.415768	1,215,589	67.00
68.00	06800	SPEECH PATHOLOGY	0.271672	558,785	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101381	2,485,526	69.00
69.01	06901	VASCULAR LAB	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0.680905	44,346	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227884	230,636	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.325816	4,933,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.354963	12,875,050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228799	28,135,248	73.00
76.00	03020	HEMODIALYSIS	0.278876	821,900	76.00
76.01	03021	LI THOTRI PSY	0.258066	0	76.01
76.02	03950	WOUND CARE	0.229599	53,495	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08802	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.135250	9,514,907	91.00
91.01	09101	OP DEPARTMENT	1.481174	12,707	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.514019	702,466	92.00
200.00		Total (sum of lines 50-94 and 96-98)		156,841,273	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)		156,841,273	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet E Part A Date/Time Prepared: 3/26/2013 9:36 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		37,815,896	1.00
2.00	Outlier payments for discharges. (see instructions)		592,747	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		2,501,242	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		178.92	4.00
Indirect Medical Education Adjustment				
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		19.63	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.		18.65	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.		18.64	14.00
15.00	Sum of lines 12 through 14 divided by 3.		18.65	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		18.65	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.104237	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.097952	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.097952	21.00
22.00	IME payment adjustment (see instructions)		2,099,354	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
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)		0.98	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)		2,099,354	29.00
Disproportionate Share Adjustment				
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
Additional payment for high percentage of ESRD beneficiary discharges				
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 and 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 and 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)		40,507,997	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet E Part A Date/Time Prepared: 3/26/2013 9:36 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		40,507,997	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,384,400	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).		1,449,732	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 (from Wkst D, Part III, column 9, lines 30-35).		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)		45,342,129	59.00
60.00	Primary payer payments		14,136	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,327,993	61.00
62.00	Deductibles billed to program beneficiaries		3,697,948	62.00
63.00	Coinsurance billed to program beneficiaries		157,464	63.00
64.00	Allowable bad debts (see instructions)		403,536	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		282,475	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		354,740	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,755,056	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 (Sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		103	70.00
70.93	HVBP incentive payment (see instructions)		11	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-15,098	70.94
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)		41,740,072	71.00
72.00	Interim payments		41,769,309	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)		-29,237	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		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 11/01/2011 To 10/31/2012	Worksheet E Part B Date/Time Prepared: 3/26/2013 9:36 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,404	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,695,705	2.00
3.00	PPS payments		14,063,780	3.00
4.00	Outlier payment (see instructions)		36,960	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)		19,404	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		67,317	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)		67,317	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		67,317	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		47,913	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)		19,404	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)		14,100,740	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		8,249	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,234,775	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)		10,877,120	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		418,113	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)		11,295,233	30.00
31.00	Primary payer payments		1,071	31.00
32.00	Subtotal (line 30 minus line 31)		11,294,162	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		236,678	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		165,675	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		211,834	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		11,459,837	37.00
38.00	MSP-LCC reconciliation amount from PS&R		6	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		11,459,831	40.00
41.00	Interim payments		11,380,637	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)		79,194	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
3/26/2013 9:36 am

		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		41,657,130		11,357,111	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	04/26/2012	48,865	04/26/2012	8,268	3.01	
3.02		09/09/2012	63,314	06/09/2012	15,258	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		112,179		23,526	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		41,769,309		11,380,637	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		79,194	6.01	
6.02	SETTLEMENT TO PROGRAM		29,237		0	6.02	
7.00	Total Medicare program liability (see instructions)		41,740,072		11,459,831	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet E-1
Part II
Date/Time Prepared:
3/26/2013 9:36 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			8,490 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			25,137 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,589 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			38,056 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			576,345,162 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			13,123,241 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)			1,869,324 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,899,164 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-29,840 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet E-4 Date/Time Prepared: 3/26/2013 9:36 am	
		Title XVII	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	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.35	3.00
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	3.01
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	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
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	4.02
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	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.63	6.00
7.00	Enter the lesser of line 5 or line 6			18.65	7.00
		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.	19.63	0.00	19.63	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)	18.65	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.64	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	18.65	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	18.65	0.00		17.00
18.00	Per resident amount	143,818.59	0.00		18.00
19.00	Approved amount for resident costs	2,682,217	0	2,682,217	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	Direct GME FTE unweighted resident count over cap (see instructions)			0.98	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)			2,682,217	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	25,137	1,589		26.00
27.00	Total Inpatient Days (see instructions)	38,056	38,056		27.00
28.00	Ratio of inpatient days to total inpatient days	0.660527	0.041754		28.00
29.00	Program direct GME amount	1,771,677	111,993		29.00
30.00	Reduction for direct GME payments for Medicare managed care		15,825		30.00
31.00	Net Program direct GME amount			1,867,845	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet E-4 Date/Time Prepared: 3/26/2013 9:36 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
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
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		54,499,774	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)		14,136	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		54,485,638	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		15,715,109	42.00
43.00	Primary payer payments (see instructions)		1,071	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		15,714,038	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		70,199,676	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.776152	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.223848	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,867,845	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		1,449,732	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		418,113	50.00

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

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet G

Date/Time Prepared:
3/26/2013 9:36 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	42,269,148	0	0	0	1.00
2.00	Temporary investments	12,364,126	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	10,022,093	0	0	0	4.00
5.00	Other receivable	6,388,069	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,138,581	0	0	0	6.00
7.00	Inventory	4,022,832	0	0	0	7.00
8.00	Prepaid expenses	301,033	0	0	0	8.00
9.00	Other current assets	1,529,871	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)	72,758,591	0	0	0	11.00
FIXED ASSETS						
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	-6,124,990	0	0	0	14.00
15.00	Buildings	204,987,087	0	0	0	15.00
16.00	Accumulated depreciation	-90,337,525	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	29,849,904	0	0	0	19.00
20.00	Accumulated depreciation	-22,619,709	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	47,043,548	0	0	0	23.00
24.00	Accumulated depreciation	-36,894,908	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)	141,966,333	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	617,309	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	6,629,979	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,247,288	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	221,972,212	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,810,587	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,677,647	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,699,793	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	16,645,898	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	35,833,925	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	142,134,290	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	1,284,423	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	143,418,713	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	179,252,638	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	42,719,574				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	42,719,574	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	221,972,212	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet G-1

Date/Time Prepared:
3/26/2013 9:36 am

	General Fund		Special Purpose Fund		Endowment Fund	
	1.00	2.00	3.00	4.00	5.00	
1.00 Fund balances at beginning of period		41,159,058			0	1.00
2.00 Net income (loss) (From Wkst. G-3, line 29)		660,980				2.00
3.00 Total (sum of line 1 and line 2)		41,820,038			0	3.00
4.00 Additions (credit adjustments) (specify)	899,536		0		0	4.00
5.00	0		0		0	5.00
6.00	0		0		0	6.00
7.00	0		0		0	7.00
8.00	0		0		0	8.00
9.00	0		0		0	9.00
10.00 Total additions (sum of line 4-9)		899,536			0	10.00
11.00 Subtotal (line 3 plus line 10)		42,719,574			0	11.00
12.00 Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	0		0		0	13.00
14.00	0		0		0	14.00
15.00	0		0		0	15.00
16.00	0		0		0	16.00
17.00	0		0		0	17.00
18.00 Total deductions (sum of lines 12-17)		0			0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		42,719,574			0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet G-1

Date/Time Prepared:
3/26/2013 9:36 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
3/26/2013 9:36 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	42,358,698		42,358,698	1.00
2.00	SUBPROVIDER - IPF				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	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	42,358,698		42,358,698	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,234,447		8,234,447	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)	8,234,447		8,234,447	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	50,593,145		50,593,145	17.00
18.00	Ancillary services	237,913,355	240,180,303	478,093,658	18.00
19.00	Outpatient services	17,010,540	30,658,405	47,668,945	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	EKG PROFESSIONAL FEES	0	623,855	623,855	27.00
27.01	CFPC CHARGES	0	4,581,069	4,581,069	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	305,517,040	276,043,632	581,560,672	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		157,429,005		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		157,429,005		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140065

Period:
From 11/01/2011
To 10/31/2012

Worksheet G-3

Date/Time Prepared:
3/26/2013 9:36 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	581,560,672	1.00
2.00	Less contractual allowances and discounts on patients' accounts	429,977,387	2.00
3.00	Net patient revenues (line 1 minus line 2)	151,583,285	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	157,429,005	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,845,720	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	927,917	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	242,568	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	7,831	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	203,626	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	19,303	24.00
24.01	MOB	1,443,953	24.01
24.02	MEDICARE EHR	2,442,681	24.02
24.03	MEDICAID EHR	119,641	24.03
24.04	ALL OTHER	1,099,180	24.04
25.00	Total other income (sum of lines 6-24)	6,506,700	25.00
26.00	Total (line 5 plus line 25)	660,980	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)	660,980	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140065	Period: From 11/01/2011 To 10/31/2012	Worksheet L Parts I-III Date/Time Prepared: 3/26/2013 9:36 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,053,787	1.00
2.00	Capital DRG outlier payments		116,542	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		103.98	3.00
4.00	Number of interns & residents (see instructions)		18.65	4.00
5.00	Indirect medical education percentage (see instructions)		5.19	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		158,492	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.90	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		8.01	8.00
9.00	Sum of lines 7 and 8		8.91	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.82	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		55,579	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,384,400	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
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
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
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