

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).  
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY  
 Provider CCN: 140065  
 Period: From 11/01/2012 To 10/31/2013  
 Worksheet 5  
 Parts I-III  
 Date/Time Prepared: 3/26/2014 1:21 pm

**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: 3/26/2014 Time: 1:21 pm

**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 11/01/2012 and ending 10/31/2013 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.

**Encryption Information**

ECR: Date: 3/26/2014 Time: 1:21 pm  
 Aruc1dGIqzpydtAdbtmxXGdf.WCu0  
 jwAFA0j6WEGKFET14yG2XBkEc5xVUX  
 HRSZ1YpLU20BDALG  
 PI: Date: 3/26/2014 Time: 1:21 pm  
 0Du4VJj9kt7V.suqtWmHQb1.xomV0  
 9eqw80BVNNruBIkGsS3EK3iMeA0ggk  
 pG4N0ayTRI05VLf5

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	52,995	26,508	-50,126	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
200.00 Total	0	52,995	26,508	-50,126	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140065	Period: From 11/01/2012 To 10/31/2013	Worksheet S Parts I-III Date/Time Prepared: 3/26/2014 1:21 pm
--	----------------------	---	--

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 3/26/2014 Time: 1:21 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 11/01/2012 and ending 10/31/2013 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.

**Encryption Information**

ECR: Date: 3/26/2014 Time: 1:21 pm  
AruclDGIqyzpydtADbtmXGdf.WCu0  
jwAFA0j6WEGKFETl4yG2XBkEc5xVUX  
HRsZLYplU20BDALG  
PI: Date: 3/26/2014 Time: 1:21 pm  
0Du4VJj9kt7V.suqtWmHQb1.xomV0  
9eqw80BvNNruBIkGss3EK3iMeA0ggk  
pG4N0ayTRI05VLF5

(Signed)

\_\_\_\_\_  
officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

	Title v	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	52,995	26,508	-50,126	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
200.00 Total	0	52,995	26,508	-50,126	0	200.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140065	Period: From 11/01/2012 To 10/31/2013	Worksheet 5 Parts I-III Date/Time Prepared: 3/26/2014 1:21 pm
--	----------------------	---------------------------------------	---

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 3/26/2014 Time: 1:21 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 11/01/2012 and ending 10/31/2013 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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	52,995	26,508	-50,126	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
200.00 Total	0	52,995	26,508	-50,126	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 11/01/2012 To 10/31/2013	Worksheet S-2 Part I Date/Time Prepared: 3/26/2014 1:16 pm
---	--	----------------------	---	---

1.00	2.00		3.00		4.00						
<b>Hospital and Hospital Health Care Complex Address:</b>											
1.00	Street: 5101 S. WILLOW SPRINGS ROAD		PO Box:							1.00	
2.00	City: LAGRANGE		State: IL		Zip Code: 60525-		County: COOK			2.00	
	Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
<b>Hospital and Hospital-Based Component Identification:</b>											
3.00	Hospital		ADVENTIST LAGRANGE MEMORIAL HOSPITAL	140065	16974	1	06/30/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										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)					11/01/2012	10/31/2013		20.00		
21.00	Type of Control (see instructions)					1					21.00
<b>Inpatient PPS Information</b>											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(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	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.		1,899	37	0	0	296	230		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			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 11/01/2012 To 10/31/2013	Worksheet S-2 Part I Date/Time Prepared: 3/26/2014 1:16 pm		
		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 this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for 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
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet S-2  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
		1.00					
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<b>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</b>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	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	
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	1.82	17.81	0.092715	67.00	
						1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>								
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 report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00	
<b>Inpatient Rehabilitation Facility PPS</b>								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00	
						1.00		
<b>Long Term Care Hospital PPS</b>								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00	
<b>TEFRA Providers</b>								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00	
						V	XIX	
						1.00	2.00	
<b>Title V and XIX Services</b>								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00
<b>Rural Providers</b>								
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?				N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065	Period: From 11/01/2012 To 10/31/2013	Worksheet S-2 Part I Date/Time Prepared: 3/26/2014 1:16 pm		
		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. 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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,836,099		
			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
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	108013		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065	Period: From 11/01/2012 To 10/31/2013	Worksheet S-2 Part I Date/Time Prepared: 3/26/2014 1:16 pm
---	--	----------------------	---	---

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	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

		1.00	
<b>Multicampus</b>			
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
--	--	------	--

		Beginning	Ending	
		1.00	2.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>				
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			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)		0.50	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012	09/30/2013	170.00

		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
<b>Financial Data and Reports</b>				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
<b>Bad Debts</b>				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
<b>Bed Complement</b>				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
Description		Y/N	Date	Y/N
0		1.00	2.00	3.00
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/14/2014	Y
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
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
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
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

	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
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	MIKE.THOMPSON3@AHSS.ORG		43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	03/14/2014		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	
<b>Cost Report Preparer Contact Information</b>				
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

1.00

**Cost Report Preparer Contact Information**

1.00	First Name	HARLIN	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEMS, INC	4.00
5.00	Phone Number	(407)357-2338	5.00
6.00	E-mail Address	MIKE.THOMPSON3@AHSS.ORG	6.00
7.00	Department	CORPORATE REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00

**Officer or Administrator of Provider Contact Information**

13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet S-2  
Part IX  
Date/Time Prepared:  
3/26/2014 1:16 pm

		Title V 1.00	Title XIX 2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					1.00	5.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	160	58,400	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		160	58,400	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,855	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)		187	68,255	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
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		187				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)		5	1,825			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,434	1,327	32,083			1.00
2.00 HMO and other (see instructions)	1,951	563				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,434	1,327	32,083			7.00
8.00 INTENSIVE CARE UNIT	2,097	78	3,521			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		494	1,176			13.00
14.00 Total (see instructions)	22,531	1,899	36,780	19.63	794.84	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
24.10 HOSPICE (non-distinct part)	1	0	209			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC						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	794.84	27.00
28.00 Observation Bed Days		187	3,994			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)		21	64			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			252			32.01
33.00 LTCH non-covered days	0					33.00

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,407	577	8,087	1.00
2.00 HMO and other (see instructions)				383			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		4,407	577	8,087	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
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	60,940,510	407,018	61,347,528	1,964,068.00	31.23
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		417,461	0	417,461	4,160.00	100.35
4.01	Physicians - Part A - Teaching		283,742	0	283,742	3,468.00	81.82
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		151,426	0	151,426	4,238.00	35.73
7.00	Interns & residents (in an approved program)	21.00	1,100,501	0	1,100,501	44,664.00	24.64
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		1,060,579	0	1,060,579	15,988.00	66.34
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,277,918	0	1,277,918	48,106.00	26.56
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		0	0	0	0.00	0.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		391,217	0	391,217	4,041.00	96.81
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		106,119	0	106,119	1,360.00	78.03
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		11,792,237	0	11,792,237		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		276,287	0	276,287		
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		83,287	0	83,287		
22.01	Physician Part A - Teaching		56,609	0	56,609		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		219,007	0	219,007		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	585,965	111,099	697,064	22,952.00	30.37
27.00	Administrative & General	5.00	7,673,958	-809,876	6,864,082	190,566.00	36.02
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	1,744,924	133,809	1,878,733	68,749.00	27.33
31.00	Laundry & Linen Service	8.00	59,628	0	59,628	4,014.00	14.86
32.00	Housekeeping	9.00	1,489,572	0	1,489,572	108,161.00	13.77
33.00	Housekeeping under contract (see instructions)		255,150	0	255,150	4,000.00	63.79
34.00	Dietary	10.00	1,091,749	-862,564	229,185	21,156.00	10.83
35.00	Dietary under contract (see instructions)		610,087	0	610,087	8,640.00	70.61
36.00	Cafeteria	11.00	0	862,564	862,564	55,709.00	15.48
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,480,168	393,606	1,873,774	38,469.00	48.71
39.00	Central Services and Supply	14.00	669,033	128,286	797,319	38,620.00	20.65
40.00	Pharmacy	15.00	2,517,112	21,698	2,538,810	56,960.00	44.57
41.00	Medical Records & Medical Records Library	16.00	1,360,594	294,003	1,654,597	66,015.00	25.06

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
42.00	Social Service	17.00	1,044,874	0	1,044,874	30,073.00	34.74	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet S-3  
Part III  
Date/Time Prepared:  
3/26/2014 1:16 pm

	Worksheet A	Amount	Reclassificati	Adjusted	Paid Hours	Average Hourly	
	Line Number						
	1.00	2.00	3.00	4.00	5.00	6.00	
			(from worksheet A-6)	(col.2 ± col. 3)	Salaries in col. 4	col. 5)	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	59,209,499	407,018	59,616,517	1,908,350.00	31.24	1.00
2.00	Excluded area salaries (see instructions)	1,277,918	0	1,277,918	48,106.00	26.56	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,931,581	407,018	58,338,599	1,860,244.00	31.36	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,444,262	0	6,444,262	95,289.00	67.63	4.00
5.00	Subtotal wage-related costs (see inst.)	11,875,524	0	11,875,524	0.00	20.36	5.00
6.00	Total (sum of lines 3 thru 5)	76,251,367	407,018	76,658,385	1,955,533.00	39.20	6.00
7.00	Total overhead cost (see instructions)	20,582,814	272,625	20,855,439	714,084.00	29.21	7.00

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401k Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,710,032	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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	4,801,498	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	263,449	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	632,312	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	4,364,139	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	156,919	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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	200,699	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,129,048	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet S-3  
Part V  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost			1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			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			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

		1.00			
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.234614	1.00		
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid	4,098,564	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	1,773,691	5.00		
6.00	Medicaid charges	37,762,658	6.00		
7.00	Medicaid cost (line 1 times line 6)	8,859,648	7.00		
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	2,987,393	8.00		
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP	0	9.00		
10.00	Stand-alone SCHIP charges	0	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00		
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	492,302	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	1,785,840	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)	418,983	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00		
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00		
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	2,987,393	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	9,560,640	5,013,428	14,574,068	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,243,060	1,176,220	3,419,280	21.00
22.00	Partial payment by patients approved for charity care	44,617	0	44,617	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,198,443	1,176,220	3,374,663	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)	4,788,393		26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)	488,918		27.00	
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)	4,299,475		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,008,717		29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	4,383,380		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,370,773		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140065		Period: From 11/01/2012 To 10/31/2013		Worksheet A Date/Time Prepared: 3/26/2014 1:16 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)			
	1.00	2.00	3.00	4.00	5.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	11,031,041	11,031,041	1.00		
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	3,423,130	3,423,130	2.00		
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	585,965	7,304,907	7,890,872	1,605,840	4.00		
5.00 00500	ADMINISTRATIVE & GENERAL	7,673,958	28,861,159	36,535,117	1,536,197	5.00		
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00		
7.00 00700	OPERATION OF PLANT	1,744,924	4,151,013	5,895,937	560,893	7.00		
8.00 00800	LAUNDRY & LINEN SERVICE	59,628	349,815	409,443	0	8.00		
9.00 00900	HOUSEKEEPING	1,489,572	731,110	2,220,682	0	9.00		
10.00 01000	DIETARY	1,091,749	1,219,224	2,310,973	-1,825,843	10.00		
11.00 01100	CAFETERIA	0	0	0	1,825,843	11.00		
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00		
13.00 01300	NURSING ADMINISTRATION	1,480,168	294,083	1,774,251	504,748	13.00		
14.00 01400	CENTRAL SERVICES & SUPPLY	669,033	231,600	900,633	189,012	14.00		
15.00 01500	PHARMACY	2,517,112	5,702,916	8,220,028	-5,768,960	15.00		
16.00 01600	MEDICAL RECORDS & LIBRARY	1,360,594	352,733	1,713,327	477,164	16.00		
17.00 01700	SOCIAL SERVICE	1,044,874	474,939	1,519,813	0	17.00		
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00		
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00		
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,100,501	80,732	1,181,233	0	21.00		
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,440,998	754,922	2,195,920	0	22.00		
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	ADULTS & PEDIATRICS	12,644,926	1,710,416	14,355,342	-907,128	13,448,214	30.00	
31.00 03100	INTENSIVE CARE UNIT	2,867,463	609,046	3,476,509	-196,664	3,279,845	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	191,069	191,069	272,908	463,977	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000	OPERATING ROOM	4,638,981	2,243,393	6,882,374	-14,814	6,867,560	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	604,668	76,863	681,531	1,065	682,596	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	224,373	22,994	247,367	830,884	1,078,251	52.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,822,648	1,085,496	3,908,144	-660,156	3,247,988	54.00	
54.01 05401	NUCLEAR MEDICINE	268,096	337,477	605,573	51,358	656,931	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 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	798,414	426,405	1,224,819	97,419	1,322,238	55.00	
57.00 05700	CT SCAN	532,931	91,917	624,848	386,077	1,010,925	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	330,130	37,229	367,359	125,302	492,661	58.00	
59.00 05900	CARDIAC CATHETERIZATION	522,220	76,950	599,170	-10,185	588,985	59.00	
60.00 06000	LABORATORY	2,260,106	2,987,408	5,247,514	242,354	5,489,868	60.00	
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00 06500	RESPIRATORY THERAPY	1,003,432	337,152	1,340,584	0	1,340,584	65.00	
66.00 06600	PHYSICAL THERAPY	2,848,405	619,608	3,468,013	-27,815	3,440,198	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	413,176	31,173	444,349	0	444,349	67.00	
68.00 06800	SPEECH PATHOLOGY	117,639	10,262	127,901	0	127,901	68.00	
69.00 06900	ELECTROCARDIOLOGY	743,030	765,345	1,508,375	-83	1,508,292	69.00	
69.01 06901	VASCULAR LAB	0	0	0	0	0	69.01	
69.02 06902	CARDIAC REHAB	435,798	41,328	477,126	0	477,126	69.02	
70.00 07000	ELECTROENCEPHALOGRAPHY	36,950	348,983	385,933	0	385,933	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,854,710	4,854,710	-204,285	4,650,425	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	7,375,460	7,375,460	229,871	7,605,331	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,793,500	5,793,500	73.00	
76.00 03020	HEMODIALYSIS	0	273,691	273,691	0	273,691	76.00	
76.01 03021	LITHOTRIPSY	1,086	5,899	6,985	0	6,985	76.01	
76.02 03950	WOUND CARE	587,420	1,001,904	1,589,324	0	1,589,324	76.02	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	2,506,830	1,146,861	3,653,691	0	3,653,691	91.00	
91.01 09101	OP DEPARTMENT	194,794	44,781	239,575	0	239,575	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	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10 09910	CORF	0	0	0	0	0	99.10	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet A

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
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		19,060,247	19,060,247	-19,373,001	-312,754	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	59,662,592	96,323,220	155,985,812	195,672	156,181,484	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	248,997	412,654	661,651	0	661,651	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	119,022	2,762,800	2,881,822	0	2,881,822	192.00
192.01	19201	CFPC CLINIC	546,078	424,306	970,384	0	970,384	192.01
194.00	07950	OFFICE BUILDINGS	0	667,171	667,171	-312,202	354,969	194.00
194.01	07951	MARKETING	50,960	256,728	307,688	0	307,688	194.01
194.02	07952	FOUNDATION	190,338	94,952	285,290	116,530	401,820	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	122,523	1,450	123,973	0	123,973	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	60,940,510	100,943,281	161,883,791	0	161,883,791	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet A

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-206,566	10,824,475	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	449,204	3,872,334	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	183,472	9,680,184	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-12,686,730	25,384,584	5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700 OPERATION OF PLANT	-77,322	6,379,508	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	409,443	8.00
9.00	00900 HOUSEKEEPING	0	2,220,682	9.00
10.00	01000 DIETARY	-387,506	97,624	10.00
11.00	01100 CAFETERIA	0	1,825,843	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	2,278,999	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	1,089,645	14.00
15.00	01500 PHARMACY	545	2,451,613	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-6,545	2,183,946	16.00
17.00	01700 SOCIAL SERVICE	-43,925	1,475,888	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	1,181,233	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-444,693	1,751,227	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-209,799	13,238,415	30.00
31.00	03100 INTENSIVE CARE UNIT	-226,870	3,052,975	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	463,977	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	-539,000	6,328,560	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	682,596	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,078,251	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-14,059	3,233,929	54.00
54.01	05401 NUCLEAR MEDICINE	0	656,931	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	-125,208	1,197,030	55.00
57.00	05700 CT SCAN	0	1,010,925	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	492,661	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	588,985	59.00
60.00	06000 LABORATORY	-11,487	5,478,381	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	-15,381	1,325,203	65.00
66.00	06600 PHYSICAL THERAPY	-136,396	3,303,802	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	444,349	67.00
68.00	06800 SPEECH PATHOLOGY	0	127,901	68.00
69.00	06900 ELECTROCARDIOLOGY	-304,732	1,203,560	69.00
69.01	06901 VASCULAR LAB	0	0	69.01
69.02	06902 CARDIAC REHAB	-62,623	414,503	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	385,933	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-807	4,649,618	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,605,331	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-24,996	5,768,504	73.00
76.00	03020 HEMODIALYSIS	0	273,691	76.00
76.01	03021 LITHOTRIPSY	0	6,985	76.01
76.02	03950 WOUND CARE	-398	1,588,926	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	-577,725	3,075,966	91.00
91.01	09101 OP DEPARTMENT	-19,480	220,095	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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 11/01/2012  
To 10/31/2013

Worksheet A

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
<b>SPECIAL PURPOSE COST CENTERS</b>					
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	312,754	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,176,273	141,005,211	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	661,651	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,881,822	192.00
192.01	19201	CFPC CLINIC	0	970,384	192.01
194.00	07950	OFFICE BUILDINGS	0	354,969	194.00
194.01	07951	MARKETING	0	307,688	194.01
194.02	07952	FOUNDATION	0	401,820	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	123,973	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-15,176,273	146,707,518	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet Non-CMS W

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
50.01	ENDOSCOPY	05001		50.01
50.02	DAY SURGERY	05002		50.02
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	NUCLEAR MEDICINE	05401		54.01
54.02	ULTRASOUND	05402		54.02
54.03	GRANT SQUARE IMAGING	05405		54.03
54.04	WINDSOR MEDICAL RADIOLOGY	05406		54.04
54.05	PET SCAN	05407		54.05
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
66.01	FAIRVIEW REHAB CTR	06601		66.01
66.02	WESTCHESTER REHAB CTR	06602		66.02
66.03	LAGRANGE REHAB CTR	06603		66.03
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	VASCULAR LAB	06901		69.01
69.02	CARDIAC REHAB	06902		69.02
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	HEMODIALYSIS	03020		76.00
76.01	LITHOTRIPSY	03021		76.01
76.02	WOUND CARE	03950		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.01	PAIN MGMT CLINIC	09001		90.01
91.00	EMERGENCY	09100		91.00
91.01	OP DEPARTMENT	09101		91.01
91.02	MEDICAL ONCOLOGY	09102		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	09910		99.10

COST CENTERS USED IN COST REPORT

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet Non-CMS W

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
101.00	HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET CELL ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	CFPC CLINIC	19201		192.01
194.00	OFFICE BUILDINGS	07950		194.00
194.01	MARKETING	07951		194.01
194.02	FOUNDATION	07952		194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS	07953		194.03
194.04	HHA TRANSITIONAL CARE	07954		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	862,564	963,279	1.00
	TOTALS		862,564	963,279	
<b>B - PROPERTY TAX RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	500,602	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	500,602	
<b>C - MEDICAL SUPPLY RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	15,436	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	15,436	
<b>D - DRUG RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,793,500	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	5,793,500	
<b>E - IMPLANTABLE DEVICE RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	229,871	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	229,871	
<b>F - RECRUITMENT BONUS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,849	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	200	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	400	0	3.00
4.00	OPERATING ROOM	50.00	1,000	0	4.00
	TOTALS		9,449	0	
<b>G - NURSING ADMIN RECLASS</b>					
1.00	NURSING ADMINISTRATION	13.00	258,318	95,061	1.00
	TOTALS		258,318	95,061	
<b>H - RADIOLOGY RECLASS</b>					
1.00	NUCLEAR MEDICINE	54.01	34,037	17,321	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	64,564	32,855	2.00
3.00	CT SCAN	57.00	255,870	130,207	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	83,043	42,259	4.00
	TOTALS		437,514	222,642	
<b>I - NURSERY RECLASS</b>					
1.00	NURSERY	43.00	375,568	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	648,421	182,463	2.00
	TOTALS		1,023,989	182,463	
<b>J - SHARED SERVICES</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	103,250	1,502,590	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	3,218,708	4,018,469	2.00
3.00	OPERATION OF PLANT	7.00	133,809	427,084	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	128,286	61,309	4.00
5.00	NURSING ADMINISTRATION	13.00	135,288	16,081	5.00
6.00	PHARMACY	15.00	21,698	2,344	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	294,003	183,161	7.00
8.00	RECOVERY ROOM	51.00	78	987	8.00
9.00	LABORATORY	60.00	132,915	109,439	9.00
	TOTALS		4,168,035	6,321,464	
<b>K - SHARED SERVICE PDO RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	397,569	0	1.00
	TOTALS		397,569	0	
<b>L - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	8,721,303	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,798,514	2.00
	TOTALS		0	11,519,817	
<b>M - FOUNDATION INTEREST EXP</b>					
1.00	FOUNDATION	194.02	0	116,530	1.00
	TOTALS		0	116,530	
<b>N - ROUTINE</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	84,707	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	26,414	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	118,408	3.00

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet A-6

Date/Time Prepared:  
3/26/2014 1:16 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00	ADULTS & PEDIATRICS	30.00	0	29,147		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	3,648		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	58,364		6.00
	TOTALS		0	320,688		
<b>O - HOME OFFICE INTEREST RECLASS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,809,136		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	624,616		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	5,186,501		3.00
	TOTALS		0	7,620,253		
500.00	Grand Total: Increases		7,157,438	33,901,606		500.00

		Decreases				Wkst. A-7 Ref.	
Cost Center		Line #	Salary	Other			
6.00		7.00	8.00	9.00	10.00		
<b>A - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	862,564	963,279	0		1.00
TOTALS			862,564	963,279			
<b>B - PROPERTY TAX RECLASS</b>							
1.00	INTEREST EXPENSE	113.00	0	160,948	13		1.00
2.00	PHYSICAL THERAPY	66.00	0	27,452	0		2.00
3.00	OFFICE BUILDINGS	194.00	0	312,202	0		3.00
TOTALS			0	500,602			
<b>C - MEDICAL SUPPLY RECLASS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	56	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	583	0		2.00
3.00	OPERATING ROOM	50.00	0	4,166	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	10,185	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	363	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	83	0		6.00
TOTALS			0	15,436			
<b>D - DRUG RECLASS</b>							
1.00	PHARMACY	15.00	0	5,793,002	0		1.00
2.00	OPERATING ROOM	50.00	0	498	0		2.00
TOTALS			0	5,793,500			
<b>E - IMPLANTABLE DEVICE RECLASS</b>							
1.00	OPERATING ROOM	50.00	0	10,150	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	219,721	0		2.00
TOTALS			0	229,871			
<b>F - RECRUITMENT BONUS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,849	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	200	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	400	0		3.00
4.00	OPERATING ROOM	50.00	0	1,000	0		4.00
TOTALS			0	9,449			
<b>G - NURSING ADMIN RECLASS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	258,318	95,061	0		1.00
TOTALS			258,318	95,061			
<b>H - RADIOLOGY RECLASS</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	437,514	222,642	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			437,514	222,642			
<b>I - NURSERY RECLASS</b>							
1.00	NURSERY	43.00	0	102,660	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,023,989	79,803	0		2.00
TOTALS			1,023,989	182,463			
<b>J - SHARED SERVICES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	4,168,035	6,321,464	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
TOTALS			4,168,035	6,321,464			
<b>K - SHARED SERVICE PDO RECLASS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	397,569	0		1.00
TOTALS			0	397,569			
<b>L - DEPRECIATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	44,547	9		1.00
2.00	INTEREST EXPENSE	113.00	0	11,475,270	9		2.00
TOTALS			0	11,519,817			
<b>M - FOUNDATION INTEREST EXP</b>							
1.00	INTEREST EXPENSE	113.00	0	116,530	0		1.00
TOTALS			0	116,530			
<b>N - ROUTINE</b>							
1.00	INTENSIVE CARE UNIT	31.00	0	84,707	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	26,414	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	118,408	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	29,147	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	3,648	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	58,364	0		6.00
TOTALS			0	320,688			

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet A-6

Date/Time Prepared:  
3/26/2014 1:16 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
<b>0 - HOME OFFICE INTEREST RECLASS</b>								
1.00	INTEREST EXPENSE	113.00	0	7,620,253		11		1.00
2.00		0.00	0	0		11		2.00
3.00		0.00	0	0		0		3.00
	<b>TOTALS</b>		0	7,620,253				
500.00	Grand Total: Decreases		6,750,420	34,308,624				500.00

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
<b>A - CAFETERIA RECLASS</b>							
1.00	CAFETERIA	11.00	862,564	DIETARY	10.00	862,564	1.00
	TOTALS		862,564	TOTALS		862,564	
<b>B - PROPERTY TAX RECLASS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0	1.00
2.00		0.00	0	PHYSICAL THERAPY	66.00	0	2.00
3.00		0.00	0	OFFICE BUILDINGS	194.00	0	3.00
	TOTALS		0	TOTALS		0	
<b>C - MEDICAL SUPPLY RECLASS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	2.00
3.00		0.00	0	OPERATING ROOM	50.00	0	3.00
4.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	4.00
5.00		0.00	0	PHYSICAL THERAPY	66.00	0	5.00
6.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	6.00
	TOTALS		0	TOTALS		0	
<b>D - DRUG RECLASS</b>							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0	1.00
2.00		0.00	0	OPERATING ROOM	50.00	0	2.00
	TOTALS		0	TOTALS		0	
<b>E - IMPLANTABLE DEVICE RECLASS</b>							
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	OPERATING ROOM	50.00	0	1.00
2.00		0.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2.00
	TOTALS		0	TOTALS		0	
<b>F - RECRUITMENT BONUS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,849	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	200	ADMINISTRATIVE & GENERAL	5.00	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	400	ADULTS & PEDIATRICS	30.00	0	3.00
4.00	OPERATING ROOM	50.00	1,000	OPERATING ROOM	50.00	0	4.00
	TOTALS		9,449	TOTALS		0	
<b>G - NURSING ADMIN RECLASS</b>							
1.00	NURSING ADMINISTRATION	13.00	258,318	ADMINISTRATIVE & GENERAL	5.00	258,318	1.00
	TOTALS		258,318	TOTALS		258,318	
<b>H - RADIOLOGY RECLASS</b>							
1.00	NUCLEAR MEDICINE	54.01	34,037	RADIOLOGY-DIAGNOSTIC	54.00	437,514	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	64,564		0.00	0	2.00
3.00	CT SCAN	57.00	255,870		0.00	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	83,043		0.00	0	4.00
	TOTALS		437,514	TOTALS		437,514	
<b>I - NURSERY RECLASS</b>							
1.00	NURSERY	43.00	375,568	NURSERY	43.00	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	648,421	ADULTS & PEDIATRICS	30.00	1,023,989	2.00
	TOTALS		1,023,989	TOTALS		1,023,989	
<b>J - SHARED SERVICES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	103,250	ADMINISTRATIVE & GENERAL	5.00	4,168,035	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	3,218,708		0.00	0	2.00
3.00	OPERATION OF PLANT	7.00	133,809		0.00	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	128,286		0.00	0	4.00
5.00	NURSING ADMINISTRATION	13.00	135,288		0.00	0	5.00
6.00	PHARMACY	15.00	21,698		0.00	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	294,003		0.00	0	7.00
8.00	RECOVERY ROOM	51.00	78		0.00	0	8.00
9.00	LABORATORY	60.00	132,915		0.00	0	9.00
	TOTALS		4,168,035	TOTALS		4,168,035	
<b>K - SHARED SERVICE PDO RECLASS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	397,569	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		397,569	TOTALS		0	
<b>L - DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	INTEREST EXPENSE	113.00	0	2.00
	TOTALS		0	TOTALS		0	
<b>M - FOUNDATION INTEREST EXP</b>							
1.00	FOUNDATION	194.02	0	INTEREST EXPENSE	113.00	0	1.00
	TOTALS		0	TOTALS		0	

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet A-6  
Non-CMS worksheet  
Date/Time Prepared:  
3/26/2014 1:16 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>N - ROUTINE</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	INTENSIVE CARE UNIT	31.00	0 1.00
2.00	ADULTS & PEDIATRICS	30.00	0	INTENSIVE CARE UNIT	31.00	0 2.00
3.00	ADULTS & PEDIATRICS	30.00	0	INTENSIVE CARE UNIT	31.00	0 3.00
4.00	ADULTS & PEDIATRICS	30.00	0	INTENSIVE CARE UNIT	31.00	0 4.00
5.00	INTENSIVE CARE UNIT	31.00	0	ADULTS & PEDIATRICS	30.00	0 5.00
6.00	INTENSIVE CARE UNIT	31.00	0	ADULTS & PEDIATRICS	30.00	0 6.00
TOTALS			0	TOTALS		0
<b>O - HOME OFFICE INTEREST RECLASS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0 2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0		0.00	0 3.00
TOTALS			0	TOTALS		0
500.00	Grand Total: Increases		7,157,438	Grand Total: Decreases		6,750,420 500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet A-7  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	9,779,429	0	0	0	1.00
2.00	Land Improvements	6,283,497	0	0	0	2.00
3.00	Buildings and Fixtures	204,987,087	2,270,300	0	2,270,300	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	29,849,904	65,300	0	65,300	5.00
6.00	Movable Equipment	47,043,548	4,501,545	0	4,501,545	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	297,943,465	6,837,145	0	6,837,145	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	297,943,465	6,837,145	0	6,837,145	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	9,779,429	0			1.00
2.00	Land Improvements	6,283,497	0			2.00
3.00	Buildings and Fixtures	207,257,387	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	29,915,204	0			5.00
6.00	Movable Equipment	51,545,093	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	304,780,610	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	304,780,610	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet A-7  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet A-7  
Part III  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	253,235,517	0	253,235,517	0.830878	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	51,545,093	0	51,545,093	0.169122	0	2.00
3.00	Total (sum of lines 1-2)	304,780,610	0	304,780,610	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	8,833,212	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,352,746	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,185,958	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,504,934	0	486,329	0	10,824,475	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	519,588	0	0	0	3,872,334	2.00
3.00	Total (sum of lines 1-2)	2,024,522	0	486,329	0	14,696,809	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

worksheet A-8

Date/Time Prepared:  
3/26/2014 1:16 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted				Ref.	11	
				Cost Center		Line #	Wkst. A-7			
				1.00	2.00	3.00	4.00			5.00
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-304,202	NEW CAP REL COSTS-BLDG & FIXT		1.00			11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-105,028	NEW CAP REL COSTS-MVBLE EQUIP		2.00			11	2.00
3.00	Investment income - other (chapter 2)	B	-872,098	ADMINISTRATIVE & GENERAL		5.00			0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00			0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00			0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00			0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-25,104	OPERATION OF PLANT		7.00			0	7.00
8.00	Television and radio service (chapter 21)	A	-33,426	OPERATION OF PLANT		7.00			0	8.00
9.00	Parking lot (chapter 21)		0			0.00			0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,176,760						0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0			0.00			0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,990,893						0	12.00
13.00	Laundry and linen service		0			0.00			0	13.00
14.00	Cafeteria-employees and guests	B	-374,292	DIETARY		10.00			0	14.00
15.00	Rental of quarters to employee and others		0			0.00			0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00			0	16.00
17.00	Sale of drugs to other than patients		0			0.00			0	17.00
18.00	Sale of medical records and abstracts	A	-26,716	MEDICAL RECORDS & LIBRARY		16.00			0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00			0	19.00
20.00	Vending machines		0			0.00			0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00			0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00			0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00				23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00				24.00
25.00	utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00				25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT		1.00			0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00			0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00				28.00
29.00	Physicians' assistant		0			0.00			0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00				30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00				30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00				31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00			0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
33.00 NON ALLOWABLE COLLECTION FEES - EKG	A	-90,144	ELECTROCARDIOLOGY	69.00		0	33.00
33.01 NON ALLOW BAD DEBT EXPENSE	A	-4,788,393	ADMINISTRATIVE & GENERAL	5.00		0	33.01
33.04 GOOD WILL	A	-412,500	INTEREST EXPENSE	113.00		0	33.04
35.00 ADVERTISING EXPENSE - ADMIN & GENERA	A	-8,583	ADMINISTRATIVE & GENERAL	5.00		0	35.00
36.00 ADVERTISING EXPENSE - ELECTROCARDIOL	A	-2,208	ELECTROCARDIOLOGY	69.00		0	36.00
37.00 ADVERTISING EXPENSE - WOUND CARE	A	-372	WOUND CARE	76.02		0	37.00
38.00 OTHER OPERATING REVENUE	B	-1,128	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	38.00
38.01 OTHER OPERATING REVENUE	B	-548,496	ADMINISTRATIVE & GENERAL	5.00		0	38.01
38.02 OTHER OPERATING REVENUE	B	-18,792	OPERATION OF PLANT	7.00		0	38.02
40.00 OTHER OPERATING REVENUE	B	-19,436	ADULTS & PEDIATRICS	30.00		0	40.00
41.00 OTHER OPERATING REVENUE	B	-2,000	INTENSIVE CARE UNIT	31.00		0	41.00
42.00 OTHER OPERATING REVENUE	B	-14,059	RADIOLOGY-DIAGNOSTIC	54.00		0	42.00
43.00 OTHER OPERATING REVENUE	B	-125,208	RADIOLOGY-THERAPEUTIC	55.00		0	43.00
43.01 OTHER OPERATING REVENUE	B	-11,345	LABORATORY	60.00		0	43.01
43.02 OTHER OPERATING REVENUE	B	-26	WOUND CARE	76.02		0	43.02
44.00 OTHER OPERATING REVENUE	B	-6,929	RESPIRATORY THERAPY	65.00		0	44.00
44.01 OTHER OPERATING REVENUE	B	-136,396	PHYSICAL THERAPY	66.00		0	44.01
44.02 OTHER OPERATING REVENUE	B	-2,717	ELECTROCARDIOLOGY	69.00		0	44.02
44.03 OTHER OPERATING REVENUE	B	-62,623	CARDIAC REHAB	69.02		0	44.03
44.04 OTHER OPERATING REVENUE	B	-7,973	EMERGENCY	91.00		0	44.04
44.06 NON ALLOWABLE PROPERTY TAXES	A	-14,273	NEW CAP REL COSTS-BLDG & FIXT	1.00		13	44.06
44.07 LOBBYING EXPENSE	A	-36,232	ADMINISTRATIVE & GENERAL	5.00		0	44.07
44.08 NON ALLOWABLE BANK FEES	A	-1,223	INTEREST EXPENSE	113.00		0	44.08
44.09 NON ALLOWABLE INCOME TAX	A	-927	INTEREST EXPENSE	113.00		0	44.09
45.00 NON ALLOWABLE SUBSIDIES	A	-539,000	OPERATING ROOM	50.00		0	45.00
45.02 SPECIAL EVENTS - EMPLOYEE BENEFITS	A	-27,309	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	45.02
45.03 SPECIAL EVENTS - ADMIN & GENERAL	A	-12,540	ADMINISTRATIVE & GENERAL	5.00		0	45.03
45.04 SPECIAL EVENUTS - DIETARY	A	-13,214	DIETARY	10.00		0	45.04
45.05 PHYSICIAN MALPRACTICE	A	-1,571,037	ADMINISTRATIVE & GENERAL	5.00		0	45.05
45.06 PHYSICIAN MALPRACTICE	A	-317,641	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0	45.06
45.07 STATE ASSESSMENT	A	-5,162,104	ADMINISTRATIVE & GENERAL	5.00		0	45.07
45.08 HOSPICE	A	-142	LABORATORY	60.00		0	45.08
45.09 HOSPICE	A	-8,452	RESPIRATORY THERAPY	65.00		0	45.09
45.10 HOSPICE	A	-807	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		0	45.10
45.11 HOSPICE	A	-24,996	DRUGS CHARGED TO PATIENTS	73.00		0	45.11
45.12 HOSPICE	A	-325	EMERGENCY	91.00		0	45.12
45.13 HOSPICE	A	-190,363	ADULTS & PEDIATRICS	30.00		0	45.13
45.14 NON ALLOWABLE HONORARIUMS	A	-20,356	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0	45.14
45.15 PHYSICIAN CALL TIME	A	-43,925	SOCIAL SERVICE	17.00		0	45.15
45.16 PHYSICIAN CALL TIME	A	-5,346	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0	45.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-15,176,273					50.00

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

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet A-8-1

Date/Time Prepared:  
3/26/2014 1:16 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED</b>					
<b>HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	SHARED SERVICE ALLOCATION	10,489,500	10,530,006 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	111,909	0 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	554,232	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	259,812	47,903 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	8,192,579	7,839,320 4.01
4.02	15.00	PHARMACY	HOME OFFICE	545	0 4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	20,171	0 4.03
4.04	22.00	I&R SERVICES-OTHER PRGM COST	HOME OFFICE	80,641	28,671 4.04
4.05	113.00	INTEREST EXPENSE	HOME OFFICE	7,620,253	6,892,849 4.05
5.00	0			27,329,642	25,338,749 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	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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	HINSDALE HEALTH SYSTEM	100.00	6.00
7.00	B	0.00	ADVENTIST HEALTH SYSTEM	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		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 11/01/2012  
To 10/31/2013

Worksheet A-8-1

Date/Time Prepared:  
3/26/2014 1:16 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-40,506	0		1.00
2.00	111,909	9		2.00
3.00	554,232	9		3.00
4.00	211,909	0		4.00
4.01	353,259	0		4.01
4.02	545	0		4.02
4.03	20,171	0		4.03
4.04	51,970	0		4.04
4.05	727,404	0		4.05
5.00	1,990,893			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	Type of Business
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	HLTHCARE MANAGEMENT	6.00
7.00	HLTHCARE MANAGEMENT	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		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 11/01/2012  
To 10/31/2013

Worksheet A-8-2

Date/Time Prepared:  
3/26/2014 1:16 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	DR. A	55,944	0	55,944	138,700	840	1.00
2.00	22.00	DR. B	66,557	0	66,557	138,700	960	2.00
3.00	22.00	DR. C	285	0	285	138,700	1	3.00
4.00	22.00	DR. D	1,298	0	1,298	138,700	1	4.00
5.00	22.00	DR. E	66,926	0	66,926	138,700	876	5.00
6.00	22.00	DR. F	34,253	0	34,253	138,700	480	6.00
7.00	22.00	DR. G	4,871	0	4,871	138,700	60	7.00
8.00	22.00	DR. H	6,242	0	6,242	138,700	1	8.00
9.00	22.00	DR. I	6,085	0	6,085	138,700	32	9.00
10.00	22.00	DR. J	18,152	0	18,152	138,700	32	10.00
11.00	22.00	DR. K	23,130	0	23,130	138,700	188	11.00
12.00	22.00	DR. L	228,333	0	228,333	138,700	2,080	12.00
13.00	22.00	DR. M	6,600	0	6,600	138,700	85	13.00
14.00	22.00	DR. N	4,200	0	4,200	138,700	56	14.00
15.00	22.00	DR. O	31,520	0	31,520	138,700	400	15.00
16.00	22.00	DR. P	8,130	0	8,130	138,700	103	16.00
17.00	22.00	DR. Q	51,569	0	51,569	138,700	716	17.00
18.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	209,663	209,663	0	0	0	18.00
19.00	91.00	AGGREGATE-EMERGENCY	4,667	4,667	0	0	0	19.00
20.00	91.01	AGGREGATE-OP DEPARTMENT	19,480	19,480	0	0	0	20.00
21.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	224,870	224,870	0	0	0	21.00
22.00	91.00	AGGREGATE-EMERGENCY	564,760	564,760	0	0	0	22.00
200.00			1,637,535	1,023,440	614,095		6,911	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	22.00	DR. A	56,013	2,801	0	0	0	1.00
2.00	22.00	DR. B	64,015	3,201	0	0	0	2.00
3.00	22.00	DR. C	67	3	0	0	0	3.00
4.00	22.00	DR. D	67	3	0	0	0	4.00
5.00	22.00	DR. E	58,414	2,921	0	0	0	5.00
6.00	22.00	DR. F	32,008	1,600	0	0	0	6.00
7.00	22.00	DR. G	4,001	200	0	0	0	7.00
8.00	22.00	DR. H	67	3	0	0	0	8.00
9.00	22.00	DR. I	2,134	107	0	0	0	9.00
10.00	22.00	DR. J	2,134	107	0	0	0	10.00
11.00	22.00	DR. K	12,536	627	0	0	0	11.00
12.00	22.00	DR. L	138,700	6,935	0	0	0	12.00
13.00	22.00	DR. M	5,668	283	0	0	0	13.00
14.00	22.00	DR. N	3,734	187	0	0	0	14.00
15.00	22.00	DR. O	26,673	1,334	0	0	0	15.00
16.00	22.00	DR. P	6,868	343	0	0	0	16.00
17.00	22.00	DR. Q	47,745	2,387	0	0	0	17.00
18.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	19.00
20.00	91.01	AGGREGATE-OP DEPARTMENT	0	0	0	0	0	20.00
21.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	21.00
22.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	22.00
200.00			460,844	23,042	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	22.00	DR. A	0	56,013	0	0	1.00
2.00	22.00	DR. B	0	64,015	2,542	2,542	2.00
3.00	22.00	DR. C	0	67	218	218	3.00
4.00	22.00	DR. D	0	67	1,231	1,231	4.00
5.00	22.00	DR. E	0	58,414	8,512	8,512	5.00
6.00	22.00	DR. F	0	32,008	2,245	2,245	6.00
7.00	22.00	DR. G	0	4,001	870	870	7.00
8.00	22.00	DR. H	0	67	6,175	6,175	8.00
9.00	22.00	DR. I	0	2,134	3,951	3,951	9.00
10.00	22.00	DR. J	0	2,134	16,018	16,018	10.00
11.00	22.00	DR. K	0	12,536	10,594	10,594	11.00
12.00	22.00	DR. L	0	138,700	89,633	89,633	12.00
13.00	22.00	DR. M	0	5,668	932	932	13.00
14.00	22.00	DR. N	0	3,734	466	466	14.00
15.00	22.00	DR. O	0	26,673	4,847	4,847	15.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet A-8-2

Date/Time Prepared:  
3/26/2014 1:16 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
16.00	22.00	DR. P	0	6,868	1,262	1,262		16.00
17.00	22.00	DR. Q	0	47,745	3,824	3,824		17.00
18.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	209,663		18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	0	4,667		19.00
20.00	91.01	AGGREGATE-OP DEPARTMENT	0	0	0	19,480		20.00
21.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	224,870		21.00
22.00	91.00	AGGREGATE-EMERGENCY	0	0	0	564,760		22.00
200.00			0	460,844	153,320	1,176,760		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	10,824,475	10,824,475				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	3,872,334		3,872,334			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	9,680,184	66,484	23,784	9,770,452		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	25,384,584	1,684,495	602,609	1,105,762	28,777,450	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	6,379,508	2,191,198	783,879	302,653	9,657,238	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	409,443	54,437	19,474	9,606	492,960	8.00
9.00 00900 HOUSEKEEPING	2,220,682	39,341	14,074	239,961	2,514,058	9.00
10.00 01000 DIETARY	97,624	179,232	64,118	36,920	377,894	10.00
11.00 01100 CAFETERIA	1,825,843	205,701	73,587	138,954	2,244,085	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,278,999	0	0	301,854	2,580,853	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,089,645	46,289	16,559	128,443	1,280,936	14.00
15.00 01500 PHARMACY	2,451,613	171,184	61,239	408,987	3,093,023	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,183,946	176,433	63,117	266,546	2,690,042	16.00
17.00 01700 SOCIAL SERVICE	1,475,888	300,353	107,448	168,323	2,052,012	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	1,181,233	0	0	177,284	1,358,517	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,751,227	0	0	232,136	1,983,363	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	13,238,415	1,876,524	671,305	1,872,153	17,658,397	30.00
31.00 03100 INTENSIVE CARE UNIT	3,052,975	200,027	71,557	461,931	3,786,490	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	463,977	32,617	11,668	60,502	568,764	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	6,328,560	953,296	341,031	747,473	8,370,360	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	682,596	40,765	14,583	97,421	835,365	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,078,251	110,523	39,539	140,602	1,368,915	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,233,929	617,802	221,012	384,231	4,456,974	54.00
54.01 05401 NUCLEAR MEDICINE	656,931	36,941	13,215	48,672	755,759	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 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	1,197,030	395,905	141,631	139,021	1,873,587	55.00
57.00 05700 CT SCAN	1,010,925	49,488	17,704	127,071	1,205,188	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	492,661	0	0	66,560	559,221	58.00
59.00 05900 CARDIAC CATHETERIZATION	588,985	0	0	84,127	673,112	59.00
60.00 06000 LABORATORY	5,478,381	397,829	142,319	385,501	6,404,030	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	1,325,203	98,351	35,184	161,647	1,620,385	65.00
66.00 06600 PHYSICAL THERAPY	3,303,802	371,211	132,796	458,861	4,266,670	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	444,349	9,023	3,228	66,560	523,160	67.00
68.00 06800 SPEECH PATHOLOGY	127,901	8,198	2,933	18,951	157,983	68.00
69.00 06900 ELECTROCARDIOLOGY	1,203,560	13,122	4,694	119,698	1,341,074	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	414,503	76,032	27,199	70,204	587,938	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	385,933	15,596	5,579	5,952	413,060	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,649,618	0	0	0	4,649,618	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	7,605,331	0	0	0	7,605,331	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,768,504	0	0	0	5,768,504	73.00
76.00 03020 HEMODIALYSIS	273,691	0	0	0	273,691	76.00
76.01 03021 LITHOTRIPSY	6,985	0	0	175	7,160	76.01
76.02 03950 WOUND CARE	1,588,926	0	0	94,630	1,683,556	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	3,075,966	329,171	117,757	403,835	3,926,729	91.00
91.01 09101 OP DEPARTMENT	220,095	76,907	27,512	31,380	355,894	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1.00	2.00	4.00	4A	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	141,005,211	10,824,475	3,872,334	9,564,587	140,799,346 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	661,651	0	0	40,112	701,763	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,881,822	0	0	19,174	2,900,996	192.00
192.01 19201 CFPC CLINIC	970,384	0	0	87,970	1,058,354	192.01
194.00 07950 OFFICE BUILDINGS	354,969	0	0	0	354,969	194.00
194.01 07951 MARKETING	307,688	0	0	8,209	315,897	194.01
194.02 07952 FOUNDATION	401,820	0	0	30,662	432,482	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	123,973	0	0	19,738	143,711	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	146,707,518	10,824,475	3,872,334	9,770,452	146,707,518 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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 DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL	28,777,450					5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	2,356,569	0	12,013,807			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	120,293	0	95,026	708,279		8.00
9.00	00900 HOUSEKEEPING	613,483	0	68,673	0	3,196,214	9.00
10.00	01000 DIETARY	92,214	0	312,869	0	84,387	10.00
11.00	01100 CAFETERIA	547,604	0	359,073	0	96,849	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	629,782	0	0	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	312,575	0	80,802	0	21,794	14.00
15.00	01500 PHARMACY	754,763	0	298,820	0	80,598	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	656,427	0	307,983	0	83,069	16.00
17.00	01700 SOCIAL SERVICE	500,734	0	524,299	0	141,414	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	331,507	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	483,982	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	4,309,056	0	3,275,679	617,828	883,519	30.00
31.00	03100 INTENSIVE CARE UNIT	923,983	0	349,169	67,805	94,178	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	138,790	0	56,937	22,646	15,357	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,042,544	0	1,664,083	0	448,837	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	203,847	0	71,160	0	19,193	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	334,044	0	192,931	0	52,037	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,087,595	0	1,078,441	0	290,877	54.00
54.01	05401 NUCLEAR MEDICINE	184,421	0	64,485	0	17,393	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	457,195	0	691,096	0	186,402	55.00
57.00	05700 CT SCAN	294,091	0	86,387	0	23,300	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	136,462	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	164,253	0	0	0	0	59.00
60.00	06000 LABORATORY	1,562,718	0	694,455	0	187,309	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	395,408	0	171,683	0	46,306	65.00
66.00	06600 PHYSICAL THERAPY	1,041,157	0	647,989	0	174,776	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	127,662	0	15,750	0	4,248	67.00
68.00	06800 SPEECH PATHOLOGY	38,551	0	14,311	0	3,860	68.00
69.00	06900 ELECTROCARDIOLOGY	327,250	0	22,906	0	6,178	69.00
69.01	06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	143,469	0	132,722	0	35,798	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	100,795	0	27,225	0	7,343	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,134,604	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,855,860	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,407,636	0	0	0	0	73.00
76.00	03020 HEMODIALYSIS	66,786	0	0	0	0	76.00
76.01	03021 LITHOTRIPSY	1,747	0	0	0	0	76.01
76.02	03950 WOUND CARE	410,823	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	958,204	0	574,604	0	154,982	91.00
91.01	09101 OP DEPARTMENT	86,846	0	134,249	0	36,210	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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 11/01/2012  
To 10/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	27,335,730	0	12,013,807	708,279	3,196,214 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	171,245	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	707,904	0	0	0	192.00
192.01	19201	CFPC CLINIC	258,261	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	86,620	0	0	0	194.00
194.01	07951	MARKETING	77,086	0	0	0	194.01
194.02	07952	FOUNDATION	105,535	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	35,069	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	194.04
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)	28,777,450	0	12,013,807	708,279	3,196,214 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	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 DEPARTMENT						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	867,364					10.00
11.00	01100 CAFETERIA	0	3,247,611				11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300 NURSING ADMINISTRATION	0	123,517	0	3,334,152		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	52,558	0	0	1,748,665	14.00
15.00	01500 PHARMACY	0	167,356	0	0	4,281	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	109,069	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	68,877	0	0	0	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	72,544	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	94,989	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	756,597	766,065	0	2,908,363	79,457	30.00
31.00	03100 INTENSIVE CARE UNIT	83,034	189,020	0	319,183	23,909	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	27,733	24,757	0	106,606	1,670	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	305,863	0	0	65,776	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	39,864	0	0	4,023	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	57,534	0	0	587	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	157,226	0	0	3,461	54.00
54.01	05401 NUCLEAR MEDICINE	0	19,916	0	0	210	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	56,887	0	0	1,018	55.00
57.00	05700 CT SCAN	0	51,997	0	0	2,393	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	27,236	0	0	639	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	34,424	0	0	4,171	59.00
60.00	06000 LABORATORY	0	157,746	0	0	8,962	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	66,145	0	0	7,222	65.00
66.00	06600 PHYSICAL THERAPY	0	187,764	0	0	1,353	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	27,236	0	0	108	67.00
68.00	06800 SPEECH PATHOLOGY	0	7,755	0	0	63	68.00
69.00	06900 ELECTROCARDIOLOGY	0	48,980	0	0	1,669	69.00
69.01	06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0	28,727	0	0	306	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,436	0	0	70	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	570,873	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	919,791	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03021 LITHOTRIPSY	0	72	0	0	0	76.01
76.02	03950 WOUND CARE	0	38,722	0	0	8,611	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	165,248	0	0	33,213	91.00
91.01	09101 OP DEPARTMENT	0	12,841	0	0	3,394	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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 11/01/2012  
To 10/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
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)	867,364	3,163,371	0	3,334,152	1,747,230	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,414	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,846	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	35,997	0	0	1,308	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	127	194.00
194.01	07951	MARKETING	0	3,359	0	0	0	194.01
194.02	07952	FOUNDATION	0	12,547	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	8,077	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	867,364	3,247,611	0	3,334,152	1,748,665	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	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 DEPARTMENT						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	4,398,841					15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	3,846,590				16.00
17.00	01700 SOCIAL SERVICE	0	0	3,287,336			17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	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	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	3,498	303,938	2,867,526	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	387	54,578	314,701	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	7,601	105,109	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	61,257	485,562	0	0	0	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	39,802	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	18,976	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,251	270,202	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	384	46,249	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	236	87,728	0	0	0	55.00
57.00	05700 CT SCAN	3,922	347,672	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	414	112,838	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	82	89,176	0	0	0	59.00
60.00	06000 LABORATORY	48	523,404	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	421	110,602	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	95	84,529	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	0	11,465	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,716	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,525	108,286	0	0	0	69.00
69.01	06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0	7,913	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	17,427	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	171,421	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	192,787	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,233,778	336,185	0	0	0	73.00
76.00	03020 HEMODIALYSIS	0	7,555	0	0	0	76.00
76.01	03021 LITHOTRIPSY	0	484	0	0	0	76.01
76.02	03950 WOUND CARE	501	72,388	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	3,709	323,750	0	0	0	91.00
91.01	09101 OP DEPARTMENT	11	8,356	0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 11/01/2012  
To 10/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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					0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,311,519	3,846,590	3,287,336	0	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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	87,322	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
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0 194.04
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	4,398,841	3,846,590	3,287,336	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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 DEPARTMENT							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	1,762,568						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,562,334					22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	1,151,989	1,674,705	0	37,256,617	-2,826,694		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	6,206,437	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	1,075,970	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	138,289	201,038	0	13,783,609	-339,327		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	1,213,254	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,025,024	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	7,346,027	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	1,088,817	0		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 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	3,354,149	0		55.00
57.00 05700 CT SCAN	0	0	0	2,014,950	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	836,810	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	965,218	0		59.00
60.00 06000 LABORATORY	0	0	0	9,538,672	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,418,172	0		65.00
66.00 06600 PHYSICAL THERAPY	27,546	40,044	0	6,471,923	-67,590		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	709,629	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	228,239	0		68.00
69.00 06900 ELECTROCARDIOLOGY	55,350	80,465	0	1,993,683	-135,815		69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0		69.01
69.02 06902 CARDIAC REHAB	14,032	20,399	0	971,304	-34,431		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	568,356	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,526,516	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,573,769	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	11,746,103	0		73.00
76.00 03020 HEMODIALYSIS	0	0	0	348,032	0		76.00
76.01 03021 LITHOTRIPSY	0	0	0	9,463	0		76.01
76.02 03950 WOUND CARE	55,091	80,089	0	2,349,781	-135,180		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	125,811	182,898	0	6,449,148	-308,709		91.00
91.01 09101 OP DEPARTMENT	31,000	45,066	0	713,867	-76,066		91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0		91.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					24.00	25.00	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0	0	0	0	0	0	0 99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	0 110.00
111.00 11100 ISLET CELL ACQUISITION	0	0	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,599,108	2,324,704	0	0	138,783,539	-3,923,812	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	889,422	0	0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	163,460	237,630	0	0	4,017,836	-401,090	192.00
192.01 19201 CFPC CLINIC	0	0	0	0	1,441,242	0	0 192.01
194.00 07950 OFFICE BUILDINGS	0	0	0	0	441,716	0	0 194.00
194.01 07951 MARKETING	0	0	0	0	396,342	0	0 194.01
194.02 07952 FOUNDATION	0	0	0	0	550,564	0	0 194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	186,857	0	0 194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	0	0 194.04
200.00 Cross Foot Adjustments	0	0	0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	1,762,568	2,562,334	0	0	146,707,518	-4,324,902	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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 DEPARTMENT		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	34,429,923	30.00
31.00	03100 INTENSIVE CARE UNIT	6,206,437	31.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,075,970	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	13,444,282	50.00
50.01	05001 ENDOSCOPY	0	50.01
50.02	05002 DAY SURGERY	0	50.02
51.00	05100 RECOVERY ROOM	1,213,254	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,025,024	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,346,027	54.00
54.01	05401 NUCLEAR MEDICINE	1,088,817	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	3,354,149	55.00
57.00	05700 CT SCAN	2,014,950	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	836,810	58.00
59.00	05900 CARDIAC CATHETERIZATION	965,218	59.00
60.00	06000 LABORATORY	9,538,672	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,418,172	65.00
66.00	06600 PHYSICAL THERAPY	6,404,333	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	709,629	67.00
68.00	06800 SPEECH PATHOLOGY	228,239	68.00
69.00	06900 ELECTROCARDIOLOGY	1,857,868	69.00
69.01	06901 VASCULAR LAB	0	69.01
69.02	06902 CARDIAC REHAB	936,873	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	568,356	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,526,516	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,573,769	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,746,103	73.00
76.00	03020 HEMODIALYSIS	348,032	76.00
76.01	03021 LITHOTRIPSY	9,463	76.01
76.02	03950 WOUND CARE	2,214,601	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	90.01
91.00	09100 EMERGENCY	6,140,439	91.00
91.01	09101 OP DEPARTMENT	637,801	91.01
91.02	09102 MEDICAL ONCOLOGY	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Total	
		26.00	
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)	134,859,727
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	889,422
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,616,746
192.01	19201	CFPC CLINIC	1,441,242
194.00	07950	OFFICE BUILDINGS	441,716
194.01	07951	MARKETING	396,342
194.02	07952	FOUNDATION	550,564
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	186,857
194.04	07954	HHA TRANSITIONAL CARE	0
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	142,382,616

Provider CCN: 140065

Period:  
 From 11/01/2012  
 To 10/31/2013

Worksheet Non-CMS W  
 Date/Time Prepared:  
 3/26/2014 1:16 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS	SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	5.00
6.00	MAINTENANCE & REPAIRS	6	SQUARE	FEET	6.00
7.00	OPERATION OF PLANT	7	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	P	PATIENT	DAYS	8.00
9.00	HOUSEKEEPING	9	SQUARE	FEET	9.00
10.00	DIETARY	P	PATIENT	DAYS	10.00
11.00	CAFETERIA	S	GROSS	SALARIES	11.00
12.00	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	12.00
13.00	NURSING ADMINISTRATION	P	PATIENT	DAYS	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUIS.	14.00
15.00	PHARMACY	14	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	16.00
17.00	SOCIAL SERVICE	P	PATIENT	DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	17	ASSIGNED	TIME	19.00
20.00	NURSING SCHOOL	18	ASSIGNED	TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED	TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	20	ASSIGNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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 DEPARTMENT	0	66,484	23,784	90,268	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,684,495	602,609	2,287,104	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	2,191,198	783,879	2,975,077	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	54,437	19,474	73,911	8.00
9.00 00900	HOUSEKEEPING	0	39,341	14,074	53,415	9.00
10.00 01000	DIETARY	0	179,232	64,118	243,350	10.00
11.00 01100	CAFETERIA	0	205,701	73,587	279,288	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	46,289	16,559	62,848	14.00
15.00 01500	PHARMACY	0	171,184	61,239	232,423	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	176,433	63,117	239,550	16.00
17.00 01700	SOCIAL SERVICE	0	300,353	107,448	407,801	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,876,524	671,305	2,547,829	30.00
31.00 03100	INTENSIVE CARE UNIT	0	200,027	71,557	271,584	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	0	32,617	11,668	44,285	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	953,296	341,031	1,294,327	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	40,765	14,583	55,348	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	110,523	39,539	150,062	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	617,802	221,012	838,814	54.00
54.01 05401	NUCLEAR MEDICINE	0	36,941	13,215	50,156	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	395,905	141,631	537,536	55.00
57.00 05700	CT SCAN	0	49,488	17,704	67,192	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	397,829	142,319	540,148	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	98,351	35,184	133,535	65.00
66.00 06600	PHYSICAL THERAPY	0	371,211	132,796	504,007	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	9,023	3,228	12,251	67.00
68.00 06800	SPEECH PATHOLOGY	0	8,198	2,933	11,131	68.00
69.00 06900	ELECTROCARDIOLOGY	0	13,122	4,694	17,816	69.00
69.01 06901	VASCULAR LAB	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	0	76,032	27,199	103,231	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	15,596	5,579	21,175	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	LITHOTRIPSY	0	0	0	0	76.01
76.02 03950	WOUND CARE	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	329,171	117,757	446,928	91.00
91.01 09101	OP DEPARTMENT	0	76,907	27,512	104,419	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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	0	10,824,475	3,872,334	14,696,809	88,366	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	371	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	177	192.00
192.01 19201 CFPC CLINIC	0	0	0	0	813	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	283	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	182	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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	10,824,475	3,872,334	14,696,809	90,268	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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 DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL	2,297,318					5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	188,123	0	3,165,996			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	9,603	0	25,042	108,645		8.00
9.00	00900 HOUSEKEEPING	48,974	0	18,097	0	122,702	9.00
10.00	01000 DIETARY	7,361	0	82,450	0	3,240	10.00
11.00	01100 CAFETERIA	43,715	0	94,626	0	3,718	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	50,275	0	0	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	24,953	0	21,294	0	837	14.00
15.00	01500 PHARMACY	60,252	0	78,748	0	3,094	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	52,402	0	81,163	0	3,189	16.00
17.00	01700 SOCIAL SERVICE	39,973	0	138,168	0	5,429	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	26,464	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	38,636	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	344,024	0	863,239	94,770	33,916	30.00
31.00	03100 INTENSIVE CARE UNIT	73,761	0	92,016	10,401	3,615	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	11,080	0	15,005	3,474	590	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	163,055	0	438,535	0	17,231	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	16,273	0	18,753	0	737	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	26,666	0	50,843	0	1,998	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	86,822	0	284,201	0	11,167	54.00
54.01	05401 NUCLEAR MEDICINE	14,722	0	16,994	0	668	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	36,497	0	182,124	0	7,156	55.00
57.00	05700 CT SCAN	23,477	0	22,766	0	894	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	10,894	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	13,112	0	0	0	0	59.00
60.00	06000 LABORATORY	124,751	0	183,010	0	7,191	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	31,565	0	45,244	0	1,778	65.00
66.00	06600 PHYSICAL THERAPY	83,115	0	170,765	0	6,710	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	10,191	0	4,151	0	163	67.00
68.00	06800 SPEECH PATHOLOGY	3,078	0	3,771	0	148	68.00
69.00	06900 ELECTROCARDIOLOGY	26,124	0	6,036	0	237	69.00
69.01	06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	11,453	0	34,976	0	1,374	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	8,046	0	7,175	0	282	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	90,575	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	148,152	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	112,370	0	0	0	0	73.00
76.00	03020 HEMODIALYSIS	5,332	0	0	0	0	76.00
76.01	03021 LITHOTRIPSY	139	0	0	0	0	76.01
76.02	03950 WOUND CARE	32,796	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	76,493	0	151,425	0	5,950	91.00
91.01	09101 OP DEPARTMENT	6,933	0	35,379	0	1,390	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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 11/01/2012  
To 10/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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					0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,182,227	0	3,165,996	108,645	122,702 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,670	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	56,511	0	0	0	0 192.00
192.01	19201	CFPC CLINIC	20,617	0	0	0	0 192.01
194.00	07950	OFFICE BUILDINGS	6,915	0	0	0	0 194.00
194.01	07951	MARKETING	6,154	0	0	0	0 194.01
194.02	07952	FOUNDATION	8,425	0	0	0	0 194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	2,799	0	0	0	0 194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0 194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	2,297,318	0	3,165,996	108,645	122,702 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

	Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	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 DEPARTMENT						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	336,742					10.00
11.00	01100 CAFETERIA	0	422,630				11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300 NURSING ADMINISTRATION	0	16,073	0	69,136		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	6,839	0	0	117,957	14.00
15.00	01500 PHARMACY	0	21,778	0	0	289	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	14,193	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	8,963	0	0	0	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	9,440	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	12,361	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	293,738	99,707	0	60,307	5,360	30.00
31.00	03100 INTENSIVE CARE UNIT	32,237	24,597	0	6,618	1,613	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	10,767	3,222	0	2,211	113	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	39,802	0	0	4,437	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	5,188	0	0	271	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,487	0	0	40	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,460	0	0	233	54.00
54.01	05401 NUCLEAR MEDICINE	0	2,592	0	0	14	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	7,403	0	0	69	55.00
57.00	05700 CT SCAN	0	6,766	0	0	161	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,544	0	0	43	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,480	0	0	281	59.00
60.00	06000 LABORATORY	0	20,527	0	0	605	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	8,607	0	0	487	65.00
66.00	06600 PHYSICAL THERAPY	0	24,434	0	0	91	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	3,544	0	0	7	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,009	0	0	4	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,374	0	0	113	69.00
69.01	06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0	3,738	0	0	21	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	317	0	0	5	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	38,507	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	62,046	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03021 LITHOTRIPSY	0	9	0	0	0	76.01
76.02	03950 WOUND CARE	0	5,039	0	0	581	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	21,504	0	0	2,240	91.00
91.01	09101 OP DEPARTMENT	0	1,671	0	0	229	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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 11/01/2012  
To 10/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	336,742	411,668	0	69,136	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,136	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,021	0	0	192.00
192.01	19201	CFPC CLINIC	0	4,684	0	0	88 192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	9 194.00
194.01	07951	MARKETING	0	437	0	0	0 194.01
194.02	07952	FOUNDATION	0	1,633	0	0	0 194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	1,051	0	0	0 194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0 194.04
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)	336,742	422,630	0	69,136	117,957 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	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 DEPARTMENT						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	400,362					15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	392,959				16.00
17.00	01700 SOCIAL SERVICE	0	0	601,889			17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	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	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	318	31,066	525,024			30.00
31.00	03100 INTENSIVE CARE UNIT	35	5,578	57,620			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	0	777	19,245			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	5,575	49,630	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	4,068	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,940	0			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	114	27,618	0			54.00
54.01	05401 NUCLEAR MEDICINE	35	4,727	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	21	8,967	0			55.00
57.00	05700 CT SCAN	357	35,536	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	38	11,533	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	7	9,115	0			59.00
60.00	06000 LABORATORY	4	53,292	0			60.00
60.01	06001 BLOOD LABORATORY	0	0	0			60.01
65.00	06500 RESPIRATORY THERAPY	38	11,305	0			65.00
66.00	06600 PHYSICAL THERAPY	9	8,640	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	1,172	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	584	0			68.00
69.00	06900 ELECTROCARDIOLOGY	139	11,068	0			69.00
69.01	06901 VASCULAR LAB	0	0	0			69.01
69.02	06902 CARDIAC REHAB	0	809	0			69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,781	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,521	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	19,705	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	385,339	34,362	0			73.00
76.00	03020 HEMODIALYSIS	0	772	0			76.00
76.01	03021 LITHOTRIPSY	0	49	0			76.01
76.02	03950 WOUND CARE	46	7,399	0			76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	338	33,091	0			91.00
91.01	09101 OP DEPARTMENT	1	854	0			91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0			91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0			99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0			101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	392,414	392,959	601,889	0	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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	7,948	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
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0		194.04
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	400,362	392,959	601,889	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM			
	21.00	22.00	23.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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 DEPARTMENT						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	37,542					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		53,141				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)			0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS				4,916,609	0	30.00
31.00 03100 INTENSIVE CARE UNIT				583,942	0	31.00
41.00 04100 SUBPROVIDER - IRF				0	0	41.00
42.00 04200 SUBPROVIDER				0	0	42.00
43.00 04300 NURSERY				111,328	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM				2,019,496	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				101,538	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				240,335	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				1,272,978	0	54.00
54.01 05401 NUCLEAR MEDICINE				90,358	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				781,057	0	55.00
57.00 05700 CT SCAN				158,323	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				26,667	0	58.00
59.00 05900 CARDIAC CATHETERIZATION				27,772	0	59.00
60.00 06000 LABORATORY				933,089	0	60.00
60.01 06001 BLOOD LABORATORY				0	0	60.01
65.00 06500 RESPIRATORY THERAPY				234,052	0	65.00
66.00 06600 PHYSICAL THERAPY				802,009	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				32,094	0	67.00
68.00 06800 SPEECH PATHOLOGY				19,900	0	68.00
69.00 06900 ELECTROCARDIOLOGY				69,013	0	69.00
69.01 06901 VASCULAR LAB				0	0	69.01
69.02 06902 CARDIAC REHAB				156,250	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY				38,836	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				146,603	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT				229,903	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				532,071	0	73.00
76.00 03020 HEMODIALYSIS				6,104	0	76.00
76.01 03021 LITHOTRIPSY				199	0	76.01
76.02 03950 WOUND CARE				46,735	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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				741,699	0	91.00
91.01 09101 OP DEPARTMENT				151,166	0	91.01
91.02 09102 MEDICAL ONCOLOGY				0	0	91.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					24.00	25.00	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF					0		0 99.10
101.00 10100 HOME HEALTH AGENCY					0		0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		14,470,126		0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					16,177		0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					57,709		0 192.00
192.01 19201 CFPC CLINIC					34,150		0 192.01
194.00 07950 OFFICE BUILDINGS					6,924		0 194.00
194.01 07951 MARKETING					6,667		0 194.01
194.02 07952 FOUNDATION					10,341		0 194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS					4,032		0 194.03
194.04 07954 HHA TRANSITIONAL CARE					0		0 194.04
200.00 Cross Foot Adjustments	37,542	53,141		0	90,683		0 200.00
201.00 Negative Cost Centers	0	0		0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	37,542	53,141		0	14,696,809		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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 DEPARTMENT		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	4,916,609	30.00
31.00	03100 INTENSIVE CARE UNIT	583,942	31.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	111,328	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	2,019,496	50.00
50.01	05001 ENDOSCOPY	0	50.01
50.02	05002 DAY SURGERY	0	50.02
51.00	05100 RECOVERY ROOM	101,538	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	240,335	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,272,978	54.00
54.01	05401 NUCLEAR MEDICINE	90,358	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	781,057	55.00
57.00	05700 CT SCAN	158,323	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	26,667	58.00
59.00	05900 CARDIAC CATHETERIZATION	27,772	59.00
60.00	06000 LABORATORY	933,089	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	234,052	65.00
66.00	06600 PHYSICAL THERAPY	802,009	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	32,094	67.00
68.00	06800 SPEECH PATHOLOGY	19,900	68.00
69.00	06900 ELECTROCARDIOLOGY	69,013	69.00
69.01	06901 VASCULAR LAB	0	69.01
69.02	06902 CARDIAC REHAB	156,250	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	38,836	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	146,603	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	229,903	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	532,071	73.00
76.00	03020 HEMODIALYSIS	6,104	76.00
76.01	03021 LITHOTRIPSY	199	76.01
76.02	03950 WOUND CARE	46,735	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	90.01
91.00	09100 EMERGENCY	741,699	91.00
91.01	09101 OP DEPARTMENT	151,166	91.01
91.02	09102 MEDICAL ONCOLOGY	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description			Total	
			26.00	
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET CELL ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,470,126	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,177	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,709	192.00
192.01	19201	CFPC CLINIC	34,150	192.01
194.00	07950	OFFICE BUILDINGS	6,924	194.00
194.01	07951	MARKETING	6,667	194.01
194.02	07952	FOUNDATION	10,341	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	4,032	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	194.04
200.00		Cross Foot Adjustments	90,683	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	14,696,809	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B-1

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00	4.00	5A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 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 DEPARTMENT	2,660	2,660	60,650,464		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	67,396	67,396	6,864,082	-28,777,450	117,930,068
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	87,669	87,669	1,878,733	0	9,657,238
8.00 00800	LAUNDRY & LINEN SERVICE	2,178	2,178	59,628	0	492,960
9.00 00900	HOUSEKEEPING	1,574	1,574	1,489,572	0	2,514,058
10.00 01000	DIETARY	7,171	7,171	229,185	0	377,894
11.00 01100	CAFETERIA	8,230	8,230	862,564	0	2,244,085
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	1,873,774	0	2,580,853
14.00 01400	CENTRAL SERVICES & SUPPLY	1,852	1,852	797,319	0	1,280,936
15.00 01500	PHARMACY	6,849	6,849	2,538,810	0	3,093,023
16.00 01600	MEDICAL RECORDS & LIBRARY	7,059	7,059	1,654,597	0	2,690,042
17.00 01700	SOCIAL SERVICE	12,017	12,017	1,044,874	0	2,052,012
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,100,501	0	1,358,517
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,440,998	0	1,983,363
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	75,079	75,079	11,621,337	0	17,658,397
31.00 03100	INTENSIVE CARE UNIT	8,003	8,003	2,867,463	0	3,786,490
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	1,305	1,305	375,568	0	568,764
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	38,141	38,141	4,639,981	0	8,370,360
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	1,631	1,631	604,746	0	835,365
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,422	4,422	872,794	0	1,368,915
54.00 05400	RADIOLOGY-DIAGNOSTIC	24,718	24,718	2,385,134	0	4,456,974
54.01 05401	NUCLEAR MEDICINE	1,478	1,478	302,133	0	755,759
54.02 05402	ULTRASOUND	0	0	0	0	54.02
54.03 05403	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	15,840	15,840	862,978	0	1,873,587
57.00 05700	CT SCAN	1,980	1,980	788,801	0	1,205,188
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	413,173	0	559,221
59.00 05900	CARDIAC CATHETERIZATION	0	0	522,220	0	673,112
60.00 06000	LABORATORY	15,917	15,917	2,393,021	0	6,404,030
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	3,935	3,935	1,003,432	0	1,620,385
66.00 06600	PHYSICAL THERAPY	14,852	14,852	2,848,405	0	4,266,670
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	361	361	413,176	0	523,160
68.00 06800	SPEECH PATHOLOGY	328	328	117,639	0	157,983
69.00 06900	ELECTROCARDIOLOGY	525	525	743,030	0	1,341,074
69.01 06901	VASCULAR LAB	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	3,042	3,042	435,798	0	587,938
70.00 07000	ELECTROENCEPHALOGRAPHY	624	624	36,950	0	413,060
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,649,618
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	7,605,331
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,768,504
76.00 03020	HEMODIALYSIS	0	0	0	0	273,691
76.01 03021	LITHOTRIPSY	0	0	1,086	0	7,160
76.02 03950	WOUND CARE	0	0	587,420	0	1,683,556
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	13,170	13,170	2,506,830	0	3,926,729
91.01 09101	OP DEPARTMENT	3,077	3,077	194,794	0	355,894
91.02 09102	MEDICAL ONCOLOGY	0	0	0	0	91.02

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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	59,372,546	-28,777,450		112,021,896	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	248,997	0		701,763	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	119,022	0		2,900,996	192.00
192.01 19201 CFPC CLINIC	0	0	546,078	0		1,058,354	192.01
194.00 07950 OFFICE BUILDINGS	0	0	0	0		354,969	194.00
194.01 07951 MARKETING	0	0	50,960	0		315,897	194.01
194.02 07952 FOUNDATION	0	0	190,338	0		432,482	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	122,523	0		143,711	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0		0	194.04
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)	10,824,475	3,872,334	9,770,452			28,777,450	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	24.993997	8.941321	0.161094			0.244021	203.00
204.00 Cost to be allocated (per wkst. B, Part II)			90,268			2,297,318	204.00
205.00 Unit cost multiplier (wkst. B, Part II)			0.001488			0.019480	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B-1

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	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 DEPARTMENT						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	36,780			8.00
9.00	00900	HOUSEKEEPING	0	1,574	0	271,606		9.00
10.00	01000	DIETARY	0	7,171	0	7,171	36,780	10.00
11.00	01100	CAFETERIA	0	8,230	0	8,230	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,852	0	1,852	0	14.00
15.00	01500	PHARMACY	0	6,849	0	6,849	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,059	0	7,059	0	16.00
17.00	01700	SOCIAL SERVICE	0	12,017	0	12,017	0	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	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	75,079	32,083	75,079	32,083	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,003	3,521	8,003	3,521	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	1,305	1,176	1,305	1,176	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	38,141	0	38,141	0	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	1,631	0	1,631	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,422	0	4,422	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,718	0	24,718	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,478	0	1,478	0	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	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	15,840	0	15,840	0	55.00
57.00	05700	CT SCAN	0	1,980	0	1,980	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	15,917	0	15,917	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,935	0	3,935	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,852	0	14,852	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	361	0	361	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	328	0	328	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	525	0	525	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	3,042	0	3,042	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	624	0	624	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03021	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	0	13,170	0	13,170	0	91.00
91.01	09101	OP DEPARTMENT	0	3,077	0	3,077	0	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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B-1

Date/Time Prepared:  
3/26/2014 1:16 pm

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	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
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	36,780	271,606	36,780	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
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
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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	12,013,807	708,279	3,196,214	867,364	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.000000	43.629773	19.257178	11.767833	23.582490	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	0	3,165,996	108,645	122,702	336,742	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.000000	11.497745	2.953915	0.451765	9.155574	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B-1

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION  (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY  (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	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	49,266,700					11.00
12.00	01200	0	0				12.00
13.00	01300	1,873,774	0	36,780			13.00
14.00	01400	797,319	0	0	14,021,869		14.00
15.00	01500	2,538,810	0	0	34,324	5,744,158	15.00
16.00	01600	1,654,597	0	0	0	0	16.00
17.00	01700	1,044,874	0	0	0	0	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	1,100,501	0	0	0	0	21.00
22.00	02200	1,440,998	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	11,621,337	0	32,083	637,134	4,568	30.00
31.00	03100	2,867,463	0	3,521	191,716	505	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	375,568	0	1,176	13,395	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,639,981	0	0	527,428	79,992	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	604,746	0	0	32,259	0	51.00
52.00	05200	872,794	0	0	4,707	0	52.00
54.00	05400	2,385,134	0	0	27,749	1,634	54.00
54.01	05401	302,133	0	0	1,686	501	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	862,978	0	0	8,165	308	55.00
57.00	05700	788,801	0	0	19,186	5,121	57.00
58.00	05800	413,173	0	0	5,124	540	58.00
59.00	05900	522,220	0	0	33,444	107	59.00
60.00	06000	2,393,021	0	0	71,863	63	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,003,432	0	0	57,909	550	65.00
66.00	06600	2,848,405	0	0	10,851	124	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	413,176	0	0	863	0	67.00
68.00	06800	117,639	0	0	506	0	68.00
69.00	06900	743,030	0	0	13,385	1,991	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	435,798	0	0	2,451	0	69.02
70.00	07000	36,950	0	0	564	0	70.00
71.00	07100	0	0	0	4,577,605	0	71.00
72.00	07200	0	0	0	7,375,460	0	72.00
73.00	07300	0	0	0	0	5,528,615	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	1,086	0	0	0	0	76.01
76.02	03950	587,420	0	0	69,051	654	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	2,506,830	0	0	266,323	4,843	91.00
91.01	09101	194,794	0	0	27,212	14	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 11/01/2012  
To 10/31/2013

Worksheet B-1

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	47,988,782	0	36,780	14,010,360	5,630,130	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	248,997	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	119,022	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	546,078	0	0	10,489	114,028	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	1,020	0	194.00
194.01	07951 MARKETING	50,960	0	0	0	0	194.01
194.02	07952 FOUNDATION	190,338	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	122,523	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	3,247,611	0	3,334,152	1,748,665	4,398,841	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.065919	0.000000	90.651223	0.124710	0.765794	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	422,630	0	69,136	117,957	400,362	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.008578	0.000000	1.879717	0.008412	0.069699	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B-1

Date/Time Prepared:  
3/26/2014 1:16 pm

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	
<b>GENERAL SERVICE COST CENTERS</b>							
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 DEPARTMENT					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	574,815,868				16.00
17.00	01700	SOCIAL SERVICE	0	36,780			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		40,824	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	45,418,179	32,083		26,682	30.00
31.00	03100	INTENSIVE CARE UNIT	8,155,646	3,521		0	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	1,135,849	1,176		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	72,558,516	0	0	3,203	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	5,947,714	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,835,684	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,376,902	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	6,911,159	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	13,109,356	0	0	0	55.00
57.00	05700	CT SCAN	51,953,366	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,861,627	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,325,764	0	0	0	59.00
60.00	06000	LABORATORY	78,224,823	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	16,527,487	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,631,399	0	0	638	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	1,713,288	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	854,113	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,181,444	0	0	1,282	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	1,182,521	0	0	325	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2,604,080	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,615,778	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,808,550	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,236,790	0	0	0	73.00
76.00	03020	HEMODIALYSIS	1,128,990	0	0	0	76.00
76.01	03021	LITHOTRIPSY	72,350	0	0	0	76.01
76.02	03950	WOUND CARE	10,817,089	0	0	1,276	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	48,378,681	0	0	2,914	91.00
91.01	09101	OP DEPARTMENT	1,248,723	0	0	718	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B-1

Date/Time Prepared:  
3/26/2014 1:16 pm

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)	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	16.00	17.00	19.00	20.00	21.00	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
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)	574,815,868	36,780	0	0	37,038	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
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	3,786	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
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	3,846,590	3,287,336	0	0	1,762,568	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.006692	89.378358	0.000000	0.000000	43.174799	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	392,959	601,889	0	0	37,542	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.000684	16.364573	0.000000	0.000000	0.919606	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet B-1

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00		
<b>GENERAL SERVICE COST CENTERS</b>			
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 DEPARTMENT			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	40,824		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 03000 ADULTS & PEDIATRICS	26,682	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	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
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	3,203	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	638	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	1,282	0	69.00
69.01 06901 VASCULAR LAB	0	0	69.01
69.02 06902 CARDIAC REHAB	325	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 LITHOTRIPSY	0	0	76.01
76.02 03950 WOUND CARE	1,276	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>			
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	2,914	0	91.00
91.01 09101 OP DEPARTMENT	718	0	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10 09910 CORF	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
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)	37,038	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,786	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
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	194.04
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per wkst. B, Part I)	2,562,334	0	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	62.765383	0.000000	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	53,141	0	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	1.301710	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS	
			Total Costs	RCE Disallowance	Total Costs			
							Costs	Costs
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	34,429,923		34,429,923	0	34,429,923	30.00
31.00	03100	INTENSIVE CARE UNIT	6,206,437		6,206,437	0	6,206,437	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	1,075,970		1,075,970	0	1,075,970	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	13,444,282		13,444,282	0	13,444,282	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	1,213,254		1,213,254	0	1,213,254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,025,024		2,025,024	0	2,025,024	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,346,027		7,346,027	0	7,346,027	54.00
54.01	05401	NUCLEAR MEDICINE	1,088,817		1,088,817	0	1,088,817	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	3,354,149		3,354,149	0	3,354,149	55.00
57.00	05700	CT SCAN	2,014,950		2,014,950	0	2,014,950	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	836,810		836,810	0	836,810	58.00
59.00	05900	CARDIAC CATHETERIZATION	965,218		965,218	0	965,218	59.00
60.00	06000	LABORATORY	9,538,672		9,538,672	0	9,538,672	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,418,172	0	2,418,172	0	2,418,172	65.00
66.00	06600	PHYSICAL THERAPY	6,404,333	0	6,404,333	0	6,404,333	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	709,629	0	709,629	0	709,629	67.00
68.00	06800	SPEECH PATHOLOGY	228,239	0	228,239	0	228,239	68.00
69.00	06900	ELECTROCARDIOLOGY	1,857,868		1,857,868	0	1,857,868	69.00
69.01	06901	VASCULAR LAB	0		0	0	0	69.01
69.02	06902	CARDIAC REHAB	936,873		936,873	0	936,873	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	568,356		568,356	0	568,356	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,526,516		6,526,516	0	6,526,516	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,573,769		10,573,769	0	10,573,769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,746,103		11,746,103	0	11,746,103	73.00
76.00	03020	HEMODIALYSIS	348,032		348,032	0	348,032	76.00
76.01	03021	LITHOTRIPSY	9,463		9,463	0	9,463	76.01
76.02	03950	WOUND CARE	2,214,601		2,214,601	0	2,214,601	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	6,140,439		6,140,439	0	6,140,439	91.00
91.01	09101	OP DEPARTMENT	637,801		637,801	0	637,801	91.01
91.02	09102	MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,811,674		3,811,674	0	3,811,674	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
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	0		0	0	0	113.00
200.00		Subtotal (see instructions)	138,671,401	0	138,671,401	0	138,671,401	200.00
201.00		Less Observation Beds	3,811,674		3,811,674		3,811,674	201.00
202.00		Total (see instructions)	134,859,727	0	134,859,727	0	134,859,727	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	38,147,862		38,147,862			30.00
31.00	03100	INTENSIVE CARE UNIT	8,155,646		8,155,646			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,135,849		1,135,849			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	34,559,698	37,998,818	72,558,516	0.185289	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	2,789,316	3,158,398	5,947,714	0.203987	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,347,537	488,147	2,835,684	0.714122	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,949,277	29,427,625	40,376,902	0.181936	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	2,968,209	3,942,950	6,911,159	0.157545	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.02
54.03	05403	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	551,513	12,557,843	13,109,356	0.255859	0.000000	55.00
57.00	05700	CT SCAN	17,705,271	34,248,095	51,953,366	0.038784	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,269,359	11,592,268	16,861,627	0.049628	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,938,364	5,387,400	13,325,764	0.072432	0.000000	59.00
60.00	06000	LABORATORY	44,501,302	33,723,521	78,224,823	0.121939	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	15,183,563	1,343,924	16,527,487	0.146312	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,669,269	7,962,130	12,631,399	0.507017	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	1,598,469	114,819	1,713,288	0.414191	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	816,443	37,670	854,113	0.267223	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,822,168	7,359,276	16,181,444	0.114815	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	0.000000	69.01
69.02	06902	CARDIAC REHAB	79,563	1,102,958	1,182,521	0.792268	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	300,382	2,303,698	2,604,080	0.218256	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,842,374	11,773,404	25,615,778	0.254785	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,765,573	9,042,977	28,808,550	0.367036	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,678,044	11,558,746	50,236,790	0.233815	0.000000	73.00
76.00	03020	HEMODIALYSIS	1,113,790	15,200	1,128,990	0.308268	0.000000	76.00
76.01	03021	LITHOTRIPSY	0	72,350	72,350	0.130795	0.000000	76.01
76.02	03950	WOUND CARE	184,570	10,632,519	10,817,089	0.204732	0.000000	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	17,060,196	31,318,485	48,378,681	0.126924	0.000000	91.00
91.01	09101	OP DEPARTMENT	9,635	1,239,088	1,248,723	0.510763	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)	1,091,630	6,178,687	7,270,317	0.524279	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
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)	300,234,872	274,580,996	574,815,868			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	300,234,872	274,580,996	574,815,868			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.185289			50.00
50.01	05001 ENDOSCOPY	0.000000			50.01
50.02	05002 DAY SURGERY	0.000000			50.02
51.00	05100 RECOVERY ROOM	0.203987			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.714122			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.181936			54.00
54.01	05401 NUCLEAR MEDICINE	0.157545			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	0.255859			55.00
57.00	05700 CT SCAN	0.038784			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049628			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.072432			59.00
60.00	06000 LABORATORY	0.121939			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.146312			65.00
66.00	06600 PHYSICAL THERAPY	0.507017			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	0.414191			67.00
68.00	06800 SPEECH PATHOLOGY	0.267223			68.00
69.00	06900 ELECTROCARDIOLOGY	0.114815			69.00
69.01	06901 VASCULAR LAB	0.000000			69.01
69.02	06902 CARDIAC REHAB	0.792268			69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.218256			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254785			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.367036			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.233815			73.00
76.00	03020 HEMODIALYSIS	0.308268			76.00
76.01	03021 LITHOTRIPSY	0.130795			76.01
76.02	03950 WOUND CARE	0.204732			76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.01	09001 PAIN MGMT CLINIC	0.000000			90.01
91.00	09100 EMERGENCY	0.126924			91.00
91.01	09101 OP DEPARTMENT	0.510763			91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000			91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.524279			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF				99.10
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
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 11/01/2012  
To 10/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Cost
			Total Costs	RCE Disallowance	Total Costs		
							4.00
1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	34,429,923		34,429,923	0	34,429,923	30.00	
31.00 03100 INTENSIVE CARE UNIT	6,206,437		6,206,437	0	6,206,437	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	1,075,970		1,075,970	0	1,075,970	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	13,444,282		13,444,282	0	13,444,282	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	1,213,254		1,213,254	0	1,213,254	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,025,024		2,025,024	0	2,025,024	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,346,027		7,346,027	0	7,346,027	54.00	
54.01 05401 NUCLEAR MEDICINE	1,088,817		1,088,817	0	1,088,817	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	3,354,149		3,354,149	0	3,354,149	55.00	
57.00 05700 CT SCAN	2,014,950		2,014,950	0	2,014,950	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	836,810		836,810	0	836,810	58.00	
59.00 05900 CARDIAC CATHETERIZATION	965,218		965,218	0	965,218	59.00	
60.00 06000 LABORATORY	9,538,672		9,538,672	0	9,538,672	60.00	
60.01 06001 BLOOD LABORATORY	0		0	0	0	60.01	
65.00 06500 RESPIRATORY THERAPY	2,418,172	0	2,418,172	0	2,418,172	65.00	
66.00 06600 PHYSICAL THERAPY	6,404,333	0	6,404,333	0	6,404,333	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	709,629	0	709,629	0	709,629	67.00	
68.00 06800 SPEECH PATHOLOGY	228,239	0	228,239	0	228,239	68.00	
69.00 06900 ELECTROCARDIOLOGY	1,857,868		1,857,868	0	1,857,868	69.00	
69.01 06901 VASCULAR LAB	0		0	0	0	69.01	
69.02 06902 CARDIAC REHAB	936,873		936,873	0	936,873	69.02	
70.00 07000 ELECTROENCEPHALOGRAPHY	568,356		568,356	0	568,356	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,526,516		6,526,516	0	6,526,516	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	10,573,769		10,573,769	0	10,573,769	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	11,746,103		11,746,103	0	11,746,103	73.00	
76.00 03020 HEMODIALYSIS	348,032		348,032	0	348,032	76.00	
76.01 03021 LITHOTRIPSY	9,463		9,463	0	9,463	76.01	
76.02 03950 WOUND CARE	2,214,601		2,214,601	0	2,214,601	76.02	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	6,140,439		6,140,439	0	6,140,439	91.00	
91.01 09101 OP DEPARTMENT	637,801		637,801	0	637,801	91.01	
91.02 09102 MEDICAL ONCOLOGY	0		0	0	0	91.02	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,811,674		3,811,674	0	3,811,674	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0		0	0	0	99.10	
101.00 10100 HOME HEALTH AGENCY	0		0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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	0		0	0	0	113.00	
200.00 Subtotal (see instructions)	138,671,401	0	138,671,401	0	138,671,401	200.00	
201.00 Less Observation Beds	3,811,674		3,811,674	0	3,811,674	201.00	
202.00 Total (see instructions)	134,859,727	0	134,859,727	0	134,859,727	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	38,147,862		38,147,862			30.00
31.00 03100 INTENSIVE CARE UNIT	8,155,646		8,155,646			31.00
41.00 04100 SUBPROVIDER - IRF	0		0			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	1,135,849		1,135,849			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	34,559,698	37,998,818	72,558,516	0.185289	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	2,789,316	3,158,398	5,947,714	0.203987	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,347,537	488,147	2,835,684	0.714122	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,949,277	29,427,625	40,376,902	0.181936	0.000000	54.00
54.01 05401 NUCLEAR MEDICINE	2,968,209	3,942,950	6,911,159	0.157545	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	551,513	12,557,843	13,109,356	0.255859	0.000000	55.00
57.00 05700 CT SCAN	17,705,271	34,248,095	51,953,366	0.038784	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	5,269,359	11,592,268	16,861,627	0.049628	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	7,938,364	5,387,400	13,325,764	0.072432	0.000000	59.00
60.00 06000 LABORATORY	44,501,302	33,723,521	78,224,823	0.121939	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00 06500 RESPIRATORY THERAPY	15,183,563	1,343,924	16,527,487	0.146312	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	4,669,269	7,962,130	12,631,399	0.507017	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	1,598,469	114,819	1,713,288	0.414191	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	816,443	37,670	854,113	0.267223	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	8,822,168	7,359,276	16,181,444	0.114815	0.000000	69.00
69.01 06901 VASCULAR LAB	0	0	0	0.000000	0.000000	69.01
69.02 06902 CARDIAC REHAB	79,563	1,102,958	1,182,521	0.792268	0.000000	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	300,382	2,303,698	2,604,080	0.218256	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,842,374	11,773,404	25,615,778	0.254785	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	19,765,573	9,042,977	28,808,550	0.367036	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	38,678,044	11,558,746	50,236,790	0.233815	0.000000	73.00
76.00 03020 HEMODIALYSIS	1,113,790	15,200	1,128,990	0.308268	0.000000	76.00
76.01 03021 LITHOTRIPSY	0	72,350	72,350	0.130795	0.000000	76.01
76.02 03950 WOUND CARE	184,570	10,632,519	10,817,089	0.204732	0.000000	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	17,060,196	31,318,485	48,378,681	0.126924	0.000000	91.00
91.01 09101 OP DEPARTMENT	9,635	1,239,088	1,248,723	0.510763	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)	1,091,630	6,178,687	7,270,317	0.524279	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0			99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	300,234,872	274,580,996	574,815,868			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	300,234,872	274,580,996	574,815,868			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
<b>ANCILLARY SERVICE COST CENTERS</b>					
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	LITHOTRIPSY	0.000000		76.01
76.02	03950	WOUND CARE	0.000000		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
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 11/01/2012 To 10/31/2013	Worksheet D Part I Date/Time Prepared: 3/26/2014 1:16 pm
--	----------------------	---	---

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	4,916,609	0	4,916,609	36,077	136.28	30.00
31.00 INTENSIVE CARE UNIT	583,942		583,942	3,521	165.85	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	111,328		111,328	1,176	94.67	43.00
200.00 Total (lines 30-199)	5,611,879		5,611,879	40,774		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	20,434	2,784,746	30.00
31.00 INTENSIVE CARE UNIT	2,097	347,787	31.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
200.00 Total (lines 30-199)	22,531	3,132,533	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet D  
Part II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,019,496	72,558,516	0.027833	17,785,192	495,015	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	101,538	5,947,714	0.017072	1,388,187	23,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	240,335	2,835,684	0.084754	456,728	38,710	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,272,978	40,376,902	0.031527	7,607,126	239,830	54.00
54.01	05401	NUCLEAR MEDICINE	90,358	6,911,159	0.013074	1,905,801	24,916	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	781,057	13,109,356	0.059580	332,103	19,787	55.00
57.00	05700	CT SCAN	158,323	51,953,366	0.003047	10,124,483	30,849	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,667	16,861,627	0.001582	2,713,418	4,293	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,772	13,325,764	0.002084	6,928,258	14,438	59.00
60.00	06000	LABORATORY	933,089	78,224,823	0.011928	28,018,905	334,209	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	234,052	16,527,487	0.014161	9,527,358	134,917	65.00
66.00	06600	PHYSICAL THERAPY	802,009	12,631,399	0.063493	3,398,657	215,791	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	32,094	1,713,288	0.018732	1,157,929	21,690	67.00
68.00	06800	SPEECH PATHOLOGY	19,900	854,113	0.023299	564,740	13,158	68.00
69.00	06900	ELECTROCARDIOLOGY	69,013	16,181,444	0.004265	1,793,990	7,651	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	156,250	1,182,521	0.132133	40,572	5,361	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	38,836	2,604,080	0.014914	190,321	2,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	146,603	25,615,778	0.005723	5,160,983	29,536	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	229,903	28,808,550	0.007980	12,751,523	101,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	532,071	50,236,790	0.010591	23,448,013	248,338	73.00
76.00	03020	HEMODIALYSIS	6,104	1,128,990	0.005407	0	0	76.00
76.01	03021	LITHOTRIPSY	199	72,350	0.002751	0	0	76.01
76.02	03950	WOUND CARE	46,735	10,817,089	0.004320	12,803	55	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	741,699	48,378,681	0.015331	10,110,795	155,009	91.00
91.01	09101	OP DEPARTMENT	151,166	1,248,723	0.121056	224	27	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	544,307	7,270,317	0.074867	775,818	58,083	92.00
200.00		Total (lines 50-199)	9,402,554	527,376,511		146,193,927	2,219,957	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet D  
Part III  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description			Title XVIII			Hospital	PPS	
			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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
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
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)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	36,077	0.00	20,434	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,521	0.00	2,097	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	1,176	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	40,774		22,531	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				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)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost		
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	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	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	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	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	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	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03020 HEMODIALYSIS	0	0	0	0	0	76.00
76.01 03021 LITHOTRIPSY	0	0	0	0	0	76.01
76.02 03950 WOUND CARE	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	0	0	0	0	0	91.00
91.01 09101 OP DEPARTMENT	0	0	0	0	0	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
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Title XVIII				Hospital		PPS	
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges			
	6.00	7.00	8.00	9.00	10.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	72,558,516	0.000000	0.000000	17,785,192	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	5,947,714	0.000000	0.000000	1,388,187	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,835,684	0.000000	0.000000	456,728	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,376,902	0.000000	0.000000	7,607,126	54.00
54.01	05401	NUCLEAR MEDICINE	0	6,911,159	0.000000	0.000000	1,905,801	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	13,109,356	0.000000	0.000000	332,103	55.00
57.00	05700	CT SCAN	0	51,953,366	0.000000	0.000000	10,124,483	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,861,627	0.000000	0.000000	2,713,418	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,325,764	0.000000	0.000000	6,928,258	59.00
60.00	06000	LABORATORY	0	78,224,823	0.000000	0.000000	28,018,905	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	16,527,487	0.000000	0.000000	9,527,358	65.00
66.00	06600	PHYSICAL THERAPY	0	12,631,399	0.000000	0.000000	3,398,657	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	1,713,288	0.000000	0.000000	1,157,929	67.00
68.00	06800	SPEECH PATHOLOGY	0	854,113	0.000000	0.000000	564,740	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,181,444	0.000000	0.000000	1,793,990	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0	1,182,521	0.000000	0.000000	40,572	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,604,080	0.000000	0.000000	190,321	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,615,778	0.000000	0.000000	5,160,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	28,808,550	0.000000	0.000000	12,751,523	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	50,236,790	0.000000	0.000000	23,448,013	73.00
76.00	03020	HEMODIALYSIS	0	1,128,990	0.000000	0.000000	0	76.00
76.01	03021	LITHOTRIPSY	0	72,350	0.000000	0.000000	0	76.01
76.02	03950	WOUND CARE	0	10,817,089	0.000000	0.000000	12,803	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	48,378,681	0.000000	0.000000	10,110,795	91.00
91.01	09101	OP DEPARTMENT	0	1,248,723	0.000000	0.000000	224	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	7,270,317	0.000000	0.000000	775,818	92.00
200.00		Total (lines 50-199)	0	527,376,511			146,193,927	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

worksheet D  
Part IV  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1		
		11.00	12.00	12.01	13.00	13.01		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	18,117,021	0	0	0	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	905,012	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	45,573	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,880,813	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,937,470	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	0	6,105,794	0	0	0	55.00
57.00	05700	CT SCAN	0	13,095,745	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,662,091	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,089,822	0	0	0	59.00
60.00	06000	LABORATORY	0	2,208,140	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	512,891	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	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	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	461	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,230,030	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	622,023	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	776,609	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,145,754	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,550,563	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,420,724	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	2,241	0	0	0	76.00
76.01	03021	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	1,648,825	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	0	8,635,914	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,513,459	0	0	0	92.00
200.00		Total (lines 50-199)	0	90,106,975	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Title XVIII				Hospital	PPS	
	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost			
	21.00	22.00	23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>							
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	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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 MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet D  
Part V  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Total
			PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.185289	18,117,021	0	0	0	50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002 DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.203987	905,012	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.714122	45,573	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.181936	8,880,813	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0.157545	1,937,470	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407 PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.255859	6,105,794	0	0	0	55.00
57.00	05700 CT SCAN	0.038784	13,095,745	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049628	3,662,091	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.072432	5,089,822	0	0	0	59.00
60.00	06000 LABORATORY	0.121939	2,208,140	0	3,596	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.146312	512,891	0	235	0	65.00
66.00	06600 PHYSICAL THERAPY	0.507017	0	0	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0.414191	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.267223	461	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.114815	1,230,030	0	0	0	69.00
69.01	06901 VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0.792268	622,023	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.218256	776,609	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254785	3,145,754	0	83,011	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.367036	6,550,563	0	14,183	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.233815	4,420,724	0	0	78,556	73.00
76.00	03020 HEMODIALYSIS	0.308268	2,241	0	0	0	76.00
76.01	03021 LITHOTRIPSY	0.130795	0	0	0	0	76.01
76.02	03950 WOUND CARE	0.204732	1,648,825	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.01	09001 PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.126924	8,635,914	0	0	0	91.00
91.01	09101 OP DEPARTMENT	0.510763	0	0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.524279	2,513,459	0	0	0	92.00
200.00	Subtotal (see instructions)		90,106,975	0	101,025	78,556	200.00
201.00	Less PBP Clinic Lab. Services-Program Only charges				0	0	201.00
202.00	Net Charges (Line 200 +/- line 201)		90,106,975	0	101,025	78,556	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet D  
Part V  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Title XVIII			Hospital		PPS	
	Costs				PPS		
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
5.00	5.01	6.00	7.00				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,356,885	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	184,611	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,545	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,615,740	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	305,239	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	1,562,222	0	0	0	55.00
57.00	05700	CT SCAN	507,905	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	181,742	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	368,666	0	0	0	59.00
60.00	06000	LABORATORY	269,258	0	438	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	75,042	0	34	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	123	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	141,226	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	492,809	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	169,500	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	801,491	0	21,150	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,404,292	0	5,206	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,033,632	0	0	18,368	73.00
76.00	03020	HEMODIALYSIS	691	0	0	0	76.00
76.01	03021	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	337,567	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	1,096,105	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)	1,317,754	0	0	0	92.00
200.00		Subtotal (see instructions)	16,255,045	0	26,828	18,368	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00		Net Charges (line 200 +/- line 201)	16,255,045	0	26,828	18,368	202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet D-1

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			36,077 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			36,077 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)			32,083 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)			20,434 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			34,429,923 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)			34,429,923 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 31)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 31)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			34,429,923 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			954.35 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			19,501,188 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)			19,501,188 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet D-1

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>						
43.00 INTENSIVE CARE UNIT	6,206,437	3,521	1,762.69	2,097	3,696,361	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					27,317,527	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					50,515,076	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,132,533	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,219,957	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,352,490	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,162,586	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
87.00 Total observation bed days (see instructions)					3,994	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					954.35	88.00
89.00 observation bed cost (line 87 x line 88) (see instructions)					3,811,674	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet D-1

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	4,916,609	34,429,923	0.142800	3,811,674	544,307	90.00
91.00 Nursing School cost	0	34,429,923	0.000000	3,811,674	0	91.00
92.00 Allied health cost	0	34,429,923	0.000000	3,811,674	0	92.00
93.00 All other Medical Education	0	34,429,923	0.000000	3,811,674	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

worksheet D-3

Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)			
				1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		23,345,948			30.00
31.00	03100	INTENSIVE CARE UNIT		4,854,555			31.00
41.00	04100	SUBPROVIDER - IRF		0			41.00
42.00	04200	SUBPROVIDER		0			42.00
43.00	04300	NURSERY					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.185289	17,785,192	3,295,400		50.00
50.01	05001	ENDOSCOPY	0.000000	0	0		50.01
50.02	05002	DAY SURGERY	0.000000	0	0		50.02
51.00	05100	RECOVERY ROOM	0.203987	1,388,187	283,172		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.714122	456,728	326,160		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.181936	7,607,126	1,384,010		54.00
54.01	05401	NUCLEAR MEDICINE	0.157545	1,905,801	300,249		54.01
54.02	05402	ULTRASOUND	0.000000	0	0		54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0		54.04
54.05	05407	PET SCAN	0.000000	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.255859	332,103	84,972		55.00
57.00	05700	CT SCAN	0.038784	10,124,483	392,668		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049628	2,713,418	134,662		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.072432	6,928,258	501,828		59.00
60.00	06000	LABORATORY	0.121939	28,018,905	3,416,597		60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0.146312	9,527,358	1,393,967		65.00
66.00	06600	PHYSICAL THERAPY	0.507017	3,398,657	1,723,177		66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0		66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0		66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0		66.03
67.00	06700	OCCUPATIONAL THERAPY	0.414191	1,157,929	479,604		67.00
68.00	06800	SPEECH PATHOLOGY	0.267223	564,740	150,912		68.00
69.00	06900	ELECTROCARDIOLOGY	0.114815	1,793,990	205,977		69.00
69.01	06901	VASCULAR LAB	0.000000	0	0		69.01
69.02	06902	CARDIAC REHAB	0.792268	40,572	32,144		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218256	190,321	41,539		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254785	5,160,983	1,314,941		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.367036	12,751,523	4,680,268		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.233815	23,448,013	5,482,497		73.00
76.00	03020	HEMODIALYSIS	0.308268	0	0		76.00
76.01	03021	LITHOTRIPSY	0.130795	0	0		76.01
76.02	03950	WOUND CARE	0.204732	12,803	2,621		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0		89.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0		90.01
91.00	09100	EMERGENCY	0.126924	10,110,795	1,283,303		91.00
91.01	09101	OP DEPARTMENT	0.510763	224	114		91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.524279	775,818	406,745		92.00
200.00		Total (sum of lines 50-94 and 96-98)		146,193,927	27,317,527		200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0		201.00
202.00		Net Charges (line 200 minus line 201)		146,193,927			202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet E  
Part A  
Date/Time Prepared:  
3/26/2014 1:16 pm

		Title XVIII	Hospital	PPS
		0	before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		35,977,891	1.00
2.00	Outlier payments for discharges. (see instructions)		758,406	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		3,094,106	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		179.79	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		19.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.35	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and vol. 64 Federal Register, May 12, 1998, page 26340 and vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		18.65	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.63	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.		18.65	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).		0.103732	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.104237	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.103732	21.00
22.00	IME payment adjustment (see instructions)		2,151,148	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.98	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)		2,151,148	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		6.68	31.00
32.00	Sum of lines 30 and 31		6.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0 41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet E  
Part A  
Date/Time Prepared:  
3/26/2014 1:16 pm

		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	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)		38,887,445		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		38,887,445		49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		3,186,374		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).		1,395,425		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		1,736		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)		43,470,980		59.00
60.00	Primary payer payments		5,233		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,465,747		61.00
62.00	Deductibles billed to program beneficiaries		3,641,779		62.00
63.00	Coinsurance billed to program beneficiaries		107,249		63.00
64.00	Allowable bad debts (see instructions)		456,920		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		296,998		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		380,778		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		40,013,717		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)		-12,044		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		88,559		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-154,573		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	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)		39,935,659		71.00
71.01	Sequestration adjustment (see instructions)		467,247		71.01
72.00	Interim payments		39,415,417		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		52,995		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		927,278		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet E  
Part A  
Date/Time Prepared:  
3/26/2014 1:16 pm

		Title XVIII	Hospital		
			before 1/1	on/after 1/1	PPS
		0	1.00	1.01	
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 DSH PAYMENT PERCENTAGE		Provider CCN: 140065	Period: From 11/01/2012 To 10/31/2013	Worksheet DSH Date/Time Prepared: 3/26/2014 1:16 pm
---------------------------------------	--	----------------------	---	---

	Original values	Adjusted values	Title XVIII		Hospital		PPS
			HFS Look Up	Override Value	Revised Value		
	1.00	2.00	3.00	4.00	5.00		

CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	6.68	0.00			6.68	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	6.68	0.00			6.68	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (worksheet E, Part A, Line 4)	179.79	0.00			179.79	5.00
6.00	Disproportionate Share Payment Percentage (transfer to worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.21	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (worksheet S-2, line 75, column 1 = "y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (worksheet S-2, line 24, column 1)	1,899	0			1,899	15.00
16.00	In-State Medicaid eligible unpaid paid days (worksheet S-2, line 24, column 2)	37	0			37	16.00
17.00	Out-of-State Medicaid paid days (worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (worksheet S-2, line 24, column 5)	296	0			296	19.00
20.00	Other Medicaid days (worksheet S-2, line 24, column 6)	230	0			230	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,462	0			2,462	21.00
22.00	Total patient days (worksheet S-3, Part I, Column 8, Line 14)	36,780	0			36,780	22.00
23.00	Plus total labor room days (worksheet S-3, Part I, Column 8, Line 32)	64	0			64	23.00
24.00	Plus total employee discount days (worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	36,844	0			36,844	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	6.68	0.00			6.68	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet DSH

Date/Time Prepared:  
3/26/2014 1:16 pm

		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	7.91		0.00	True	29.00
30.00	Line 28 or 29 as applicable		7.91		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

worksheet DSH

Date/Time Prepared:  
3/26/2014 1:16 pm

Title XVIII

Hospital

PPS

		Revised	
		Percentage	
		6.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	7.91	29.00
30.00	Line 28 or 29 as applicable	7.91	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

		Title XVIII			Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00	35,977,891	3,162,288	32,815,603	0	1.00
2.00	Outlier payments for discharges (see instructions)	2.00	758,406	238,388	520,018	0	2.00
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	3,094,106	272,048	2,822,058	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.103732	0.103732	0.103732	0.103732	5.00
6.00	IME payment adjustment (see instructions)	22.00	2,151,148	189,081	1,962,067	0	6.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,151,148	189,081	1,962,067	0	9.00
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,887,445	3,589,757	35,297,688	0	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	38,887,445	3,589,757	35,297,688	0	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	3,186,374	300,777	2,885,597	0	16.00
17.00	Special add-on payments for new technologies	54.00	1,736	868	868	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			3,891,402	38,184,153	0	19.00
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,862,342	252,706	2,609,636	0	20.00
21.00	Capital DRG outlier payments	2.00	119,374	30,002	89,372	0	21.00
22.00	Indirect medical education percentage (see instructions)	5.00	0.0554	0.0554	0.0554	0.0554	22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	158,574	14,000	144,574	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0161	0.0161	0.0161	0.0161	24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	46,084	4,069	42,015	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	3,186,374	300,777	2,885,597	0	26.00
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	
27.00	Low volume adjustment factor				0.000000	0.000000	27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y				100.00

		Total (Col 2 through 4)	Title XVIII	Hospital	PPS
		5.00			
1.00	DRG amounts other than outlier payments	35,977,891			1.00
2.00	Outlier payments for discharges (see instructions)	758,406			2.00
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	3,094,106			4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	Amount from worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	2,151,148			6.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
7.00	Amount from worksheet E Part A, line 27 (see instructions)				7.00
8.00	IME adjustment (see instructions)	0			8.00
9.00	Total IME payment (sum of lines 6 and 8)	2,151,148			9.00
<b>Disproportionate Share Adjustment</b>					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	0			11.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	38,887,445			13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))	0			14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	38,887,445			15.00
16.00	Payment for inpatient program capital (from worksheet L, Parts I, as applicable)	3,186,374			16.00
17.00	Special add-on payments for new technologies	1,736			17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	42,075,555			19.00
		5.00			
20.00	Capital DRG other than outlier	2,862,342			20.00
21.00	Capital DRG outlier payments	119,374			21.00
22.00	Indirect medical education percentage (see instructions)				22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	158,574			23.00
24.00	Allowable disproportionate share percentage (see instructions)				24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	46,084			25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	3,186,374			26.00
		5.00			
27.00	Low volume adjustment factor				27.00
28.00	Low volume adjustment (transfer amount to w/s E Part A line)	0			28.00
29.00	Low volume adjustment (transfer amount to w/s E Part A line)	0			29.00
100.00	Transfer low volume adjustments to w/s E Part A.				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 11/01/2012 To 10/31/2013	worksheet E Part B Date/Time Prepared: 3/26/2014 1:16 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		45,196	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,255,045	0 2.00
3.00	PPS payments		15,128,663	0 3.00
4.00	Outlier payment (see instructions)		31,930	0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	0.000 5.00
6.00	Line 2 times line 5		0	0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	0.00 7.00
8.00	Transitional corridor payment (see instructions)		0	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)		45,196	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		179,581	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)		179,581	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		179,581	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		134,385	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)		45,196	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)		15,160,593	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		18,985	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,405,088	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)		11,781,716	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		450,216	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)		12,231,932	30.00
31.00	Primary payer payments		3,888	31.00
32.00	Subtotal (line 30 minus line 31)		12,228,044	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		295,262	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		191,920	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		254,323	36.00
37.00	Subtotal (see instructions)		12,419,964	37.00
38.00	MSP-LCC reconciliation amount from PS&R		121	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		95	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,419,938	40.00
40.01	Sequestration adjustment (see instructions)		145,313	40.01
41.00	Interim payments		12,248,117	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		26,508	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet E-1  
Part I  
Date/Time Prepared:  
3/26/2014 1:16 pm

		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		39,395,624		12,148,078	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
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER	10/23/2013	19,793	10/23/2013	100,039	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
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)		19,793		100,039	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)		39,415,417		12,248,117	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		52,995		26,508	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		39,468,412		12,274,625	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140065	Period: From 11/01/2012 To 10/31/2013	Worksheet E-1 Part II Date/Time Prepared: 3/26/2014 1:16 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14			8,087 1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12			22,531 2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2			1,951 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			35,604 4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200			574,815,868 5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20			14,574,068 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)			1,194,976 8.00
9.00	Sequestration adjustment amount (see instructions)			23,900 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,171,076 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,221,202 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-50,126 32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	override of HIT payment			0 108.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140065	Period: From 11/01/2012 To 10/31/2013	Worksheet E-4 Date/Time Prepared: 3/26/2014 1:16 pm
--	----------------------	---	---

	Title XVIII	Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		19.00	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 42 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 lines 4.01 and 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)	18.65	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	145,558.80	0.00		18.00
19.00	Approved amount for resident costs	2,714,672	0	2,714,672	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	0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)		0.98	0.98	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)		0.00	0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)		0.00	0.00	23.00
24.00	Multiply line 22 time line 23		0	0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)		2,714,672	2,714,672	25.00

		Inpatient Part A	Managed care		
		1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	22,531	1,951		26.00
27.00	Total Inpatient Days (see instructions)	35,604	35,604		27.00
28.00	Ratio of inpatient days to total inpatient days	0.632822	0.054797		28.00
29.00	Program direct GME amount	1,717,904	148,756		29.00
30.00	Reduction for direct GME payments for Medicare managed care		21,019		30.00
31.00	Net Program direct GME amount			1,845,641	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140065	Period: From 11/01/2012 To 10/31/2013	Worksheet E-4 Date/Time Prepared: 3/26/2014 1:16 pm
	Title XVIII	Hospital	PPS

		1.00	
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>			
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>			
<b>Part A Reasonable Cost</b>			
37.00	Reasonable cost (see instructions)	50,515,076	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)	5,233	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	50,509,843	41.00
<b>Part B Reasonable Cost</b>			
42.00	Reasonable cost (see instructions)	16,300,241	42.00
43.00	Primary payer payments (see instructions)	3,888	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	16,296,353	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	66,806,196	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.756065	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.243935	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>			
48.00	Total program GME payment (line 31)	1,845,641	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,395,425	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	450,216	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 11/01/2012  
To 10/31/2013

worksheet G

Date/Time Prepared:  
3/26/2014 1:16 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	41,656,845	0	0	0	1.00
2.00	Temporary investments	13,126,688	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	8,938,900	0	0	0	4.00
5.00	Other receivable	8,133,877	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,518,059	0	0	0	6.00
7.00	Inventory	4,426,609	0	0	0	7.00
8.00	Prepaid expenses	1,743,427	0	0	0	8.00
9.00	Other current assets	2,004,258	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)	75,512,545	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	9,779,429	0	0	0	12.00
13.00	Land improvements	6,283,497	0	0	0	13.00
14.00	Accumulated depreciation	-6,151,408	0	0	0	14.00
15.00	Buildings	207,257,387	0	0	0	15.00
16.00	Accumulated depreciation	-97,796,125	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	29,915,204	0	0	0	19.00
20.00	Accumulated depreciation	-23,667,436	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	51,545,093	0	0	0	23.00
24.00	Accumulated depreciation	-39,693,422	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)	137,472,219	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	550,204	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	5,016,745	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,566,949	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	218,551,713	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,975,579	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,494,485	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,487,822	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	17,712,657	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	39,670,543	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	138,115,074	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	1,421,838	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	139,536,912	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	179,207,455	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	39,344,258				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)	39,344,258	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	218,551,713	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet G-1

Date/Time Prepared:  
3/26/2014 1:16 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		42,719,574		0		1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		-294,061				2.00
3.00	Total (sum of line 1 and line 2)		42,425,513		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		42,425,513		0		11.00
12.00	Deductions (debit adjustments) (specify)	3,081,255		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)		3,081,255		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		39,344,258		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
3/26/2014 1:16 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	40,761,760		40,761,760	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)	40,761,760		40,761,760	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	8,478,868		8,478,868	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)	8,478,868		8,478,868	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	49,240,628		49,240,628	17.00
18.00	Ancillary services	232,382,088	244,525,527	476,907,615	18.00
19.00	Outpatient services	17,435,051	31,637,656	49,072,707	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 PROF FEES	0	615,637	615,637	27.00
27.01	CFPC CHARGES	0	4,740,309	4,740,309	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	299,057,767	281,519,129	580,576,896	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per wkst. A, column 3, line 200)		161,883,791		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)		161,883,791		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140065

Period:  
From 11/01/2012  
To 10/31/2013

worksheet G-3

Date/Time Prepared:  
3/26/2014 1:16 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	580,576,896	1.00
2.00	Less contractual allowances and discounts on patients' accounts	425,420,016	2.00
3.00	Net patient revenues (line 1 minus line 2)	155,156,880	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	161,883,791	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,726,911	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	895,522	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	374,292	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	26,716	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	196,089	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 PRIV OFFICE	161,019	24.00
24.01	MOB	1,564,099	24.01
24.02	MEDICARE EHR	1,869,302	24.02
24.03	MEDICAID EHR	257,853	24.03
24.04	PHYS MEDICAID EHR	127,500	24.04
24.05	ALL OTHER	960,458	24.05
25.00	Total other income (sum of lines 6-24)	6,432,850	25.00
26.00	Total (line 5 plus line 25)	-294,061	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)	-294,061	29.00

Title XVIII		Hospital	PPS
			1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>			
<b>CAPITAL FEDERAL AMOUNT</b>			
1.00	Capital DRG other than outlier	2,862,342	1.00
2.00	Capital DRG outlier payments	119,374	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	97.55	3.00
4.00	Number of interns & residents (see instructions)	18.65	4.00
5.00	Indirect medical education percentage (see instructions)	5.54	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	158,574	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)	1.21	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	6.68	8.00
9.00	Sum of lines 7 and 8	7.89	9.00
10.00	Allowable disproportionate share percentage (see instructions)	1.61	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	46,084	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	3,186,374	12.00
			1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>			
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
			1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>			
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00