

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 REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1330		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/25/2009 TIME 7:36

PART I - 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 BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 HOPEDALE MEDICAL COMPLEX 14-1330
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	310,868	-289,470	0
3	SWING BED - SNF	0	194,235	0	0
100	TOTAL	0	505,103	-289,470	0

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/30/2009

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1330
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/25/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		299,913	299,913	336,726	636,639
3.01	0301 WELLNESS CENTER B&F		56,184	56,184	127,396	183,580
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,067,815	1,067,815	-348,764	719,051
4.01	0401 WELLNESS CENTER MME				31,083	31,083
5	0500 EMPLOYEE BENEFITS	272,062	1,811,499	2,083,561		2,083,561
6.01	0610 PHYSICIAN BILLING OFFICE	120,946	34,226	155,172		155,172
6.02	0611 HOSPITAL ADMIN & GENERAL	189,173	237,103	426,276		426,276
6.03	0660 ADMIN & GENERAL ALL	788,846	1,257,970	2,046,816	39,953	2,086,769
7	0700 MAINTENANCE & REPAIRS	263,424	235,162	498,586		498,586
8.01	0801 WELLNESS CENTER PLANT OP		85,798	85,798		85,798
8.02	0802 OPERATION OF PLANT ALL		435,249	435,249		435,249
9	0900 LAUNDRY & LINEN SERVICE	130,194	21,762	151,956		151,956
10	1000 HOUSEKEEPING	207,733	83,263	290,996		290,996
11	1100 DIETARY	423,355	460,263	883,618	-123,220	760,398
12	1200 CAFETERIA				123,220	123,220
14	1400 NURSING ADMINISTRATION				116,632	116,632
15	1500 CENTRAL SERVICES & SUPPLY	185,585	208,148	393,733		393,733
16	1600 PHARMACY	190,066	20,487	210,553		210,553
17	1700 MEDICAL RECORDS & LIBRARY	90,841	319,625	410,466		410,466
18	1800 SOCIAL SERVICE	48,670	14,028	62,698		62,698
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICALS	1,421,365	398,722	1,820,087	-335,262	1,484,825
35	3500 NURSING FACILITY	1,082,104	134,132	1,216,236	38,720	1,254,956
36	3600 OTHER LONG TERM CARE	310,104	145,686	455,790	38,720	494,510
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	562,941	894,602	1,457,543	4,769	1,462,312
40	4000 ANESTHESIOLOGY	4,743	159,513	164,256		164,256
41	4100 RADIOLOGY-DIAGNOSTIC	410,682	519,420	930,102	37,164	967,266
44	4400 LABORATORY	264,773	630,811	895,584		895,584
49	4900 RESPIRATORY THERAPY	287,275	65,162	352,437	1,383	353,820
50	5000 PHYSICAL THERAPY	496,554	74,660	571,214		571,214
53	5300 ELECTROCARDIOLOGY	42,642	9,953	52,595		52,595
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS		335,013	335,013		335,013
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	42,667	741,111	783,778	233,270	1,017,048
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		322,629	322,629	-321,790	839
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	7,836,745	11,079,909	18,916,654	-0-	18,916,654
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	364,577	58,995	423,572		423,572
98.01	9801 SATELLITE OFFICES	199,164	36,279	235,443		235,443
100	7950 ARC (HOPEDALE HALL)					
100.01	7951 OUTSIDE PROPERTY					
100.02	7952 RETAIL PHARMACY	249,076	1,441,708	1,690,784		1,690,784
100.03	7953 DURABLE MEDICAL EQUIPMENT	42,824	61,732	104,556		104,556
100.04	7954 TRIPLEXES					
100.06	7956 UNUSED SPACE					
100.07	7957 WELLNESS CENTER	333,801	97,312	431,113		431,113
101	TOTAL	9,026,187	12,775,935	21,802,122	-0-	21,802,122

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1330
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/25/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-21,163	615,476
3.01	0301 WELLNESS CENTER B&F	-12,649	170,931
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-22,450	696,601
4.01	0401 WELLNESS CENTER MME		31,083
5	0500 EMPLOYEE BENEFITS	-326,294	1,757,267
6.01	0610 PHYSICIAN BILLING OFFICE		155,172
6.02	0611 HOSPITAL ADMIN & GENERAL	-12,366	413,910
6.03	0660 ADMIN & GENERAL ALL	-231,643	1,855,126
7	0700 MAINTENANCE & REPAIRS		498,586
8.01	0801 WELLNESS CENTER PLANT OP		85,798
8.02	0802 OPERATION OF PLANT ALL		435,249
9	0900 LAUNDRY & LINEN SERVICE		151,956
10	1000 HOUSEKEEPING		290,996
11	1100 DIETARY		760,398
12	1200 CAFETERIA	-92,686	30,534
14	1400 NURSING ADMINISTRATION		116,632
15	1500 CENTRAL SERVICES & SUPPLY		393,733
16	1600 PHARMACY		210,553
17	1700 MEDICAL RECORDS & LIBRARY	-5,282	405,184
18	1800 SOCIAL SERVICE		62,698
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICALS	-5,393	1,479,432
35	3500 NURSING FACILITY	-15,451	1,239,505
36	3600 OTHER LONG TERM CARE	-17,379	477,131
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-40,007	1,422,305
40	4000 ANESTHESIOLOGY	-136,443	27,813
41	4100 RADIOLOGY-DIAGNOSTIC	-13,732	953,534
44	4400 LABORATORY		895,584
49	4900 RESPIRATORY THERAPY	-744	353,076
50	5000 PHYSICAL THERAPY	-4,001	567,213
53	5300 ELECTROCARDIOLOGY	-3,990	48,605
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		335,013
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-200,626	816,422
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-839	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,163,138	17,753,516
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		423,572
98.01	9801 SATELLITE OFFICES		235,443
100	7950 ARC (HOPEDALE HALL)		
100.01	7951 OUTSIDE PROPERTY		
100.02	7952 RETAIL PHARMACY	-33,000	1,657,784
100.03	7953 DURABLE MEDICAL EQUIPMENT		104,556
100.04	7954 TRIPLEXES		
100.06	7956 UNUSED SPACE		
100.07	7957 WELLNESS CENTER		431,113
101	TOTAL	-1,196,138	20,605,984

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	WELLNESS CENTER B&F	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	WELLNESS CENTER MME	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	PHYSICIAN BILLING OFFICE	0610	NONPATIENT TELEPHONES
6.02	HOSPITAL ADMIN & GENERAL	0611	NONPATIENT TELEPHONES
6.03	ADMIN & GENERAL ALL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8.01	WELLNESS CENTER PLANT OP	0801	OPERATION OF PLANT
8.02	OPERATION OF PLANT ALL	0802	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	SATELLITE OFFICES	9801	PHYSICIANS' PRIVATE OFFICES
100	ARC (HOPEDALE HALL)	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OUTSIDE PROPERTY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	RETAIL PHARMACY	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	DURABLE MEDICAL EQUIPMENT	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	TRIPLEXES	7954	OTHER NONREIMBURSABLE COST CENTERS
100.06	UNUSED SPACE	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	WELLNESS CENTER	7957	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141330

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	INCREASE			
		COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA COST	A	CAFETERIA	12	59,037	64,183
2 RECLASS FOR EMP BENEFITS B-1 PURPOSE	B	HOSPITAL ADMIN & GENERAL	6.02		11,669
3		ADMIN & GENERAL ALL	6.03		51,651
4		ANESTHESIOLOGY	40		4,743
5 INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		57,455
6		NEW CAP REL COSTS-MVBLE EQUIP	4		54,645
7		WELLNESS CENTER B&F	3.01		34,341
8		ADMIN & GENERAL ALL	6.03		39,953
9		NURSING FACILITY	35		38,720
10		OTHER LONG TERM CARE	36		38,720
11		RADIOLOGY-DIAGNOSTIC	41		37,164
12		RESPIRATORY THERAPY	49		1,383
13		OPERATING ROOM	37		4,769
14		ADULTS & PEDIATRICS	25		14,640
15 ER NURSING RECLASS	D	EMERGENCY	61	233,270	
16 BUILDING DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		372,326
17 WELLNESS B&F AND MME	F	WELLNESS CENTER B&F	3.01		93,055
18		WELLNESS CENTER MME	4.01		31,083
19 NURSING ADMIN	H	NURSING ADMINISTRATION	14	116,632	
36 TOTAL RECLASSIFICATIONS				408,939	950,500

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
141330

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 CAFETERIA COST	A	DIETARY	11		59,037	64,183	
2 RECLASS FOR EMP BENEFITS B-1 PURPOSE	B	HOSPITAL ADMIN & GENERAL	6.02		11,669		
3		ADMIN & GENERAL ALL	6.03		51,651		
4		ANESTHESIOLOGY	40		4,743		
5 INTEREST EXPENSE	C	INTEREST EXPENSE	88			321,790	9
6							9
7							9
8							
9							
10							
11							
12							
13							
14							
15 ER NURSING RECLASS	D	ADULTS & PEDIATRICS	25		233,270		
16 BUILDING DEPRECIATION	E	NEW CAP REL COSTS-MVBLE EQUIP	4			372,326	12
17 WELLNESS B&F AND MME	F	NEW CAP REL COSTS-BLDG & FIXT	3			93,055	11
18		NEW CAP REL COSTS-MVBLE EQUIP	4			31,083	11
19 NURSING ADMIN	H	ADULTS & PEDIATRICS	25		116,632		
36 TOTAL RECLASSIFICATIONS					477,002	882,437	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
141330

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: CAFETERIA COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	123,220	DIETARY	11	123,220	
TOTAL RECLASSIFICATIONS FOR CODE A			123,220				123,220

RECLASS CODE: B
EXPLANATION: RECLASS FOR EMP BENEFITS B-1 PURPOSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOSPITAL ADMIN & GENERAL	6.02	11,669	HOSPITAL ADMIN & GENERAL	6.02	11,669	
2.00	ADMIN & GENERAL ALL	6.03	51,651	ADMIN & GENERAL ALL	6.03	51,651	
3.00	ANESTHESIOLOGY	40	4,743	ANESTHESIOLOGY	40	4,743	
TOTAL RECLASSIFICATIONS FOR CODE B			68,063				68,063

RECLASS CODE: C
EXPLANATION: INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	57,455	INTEREST EXPENSE	88	321,790	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	54,645			0	
3.00	WELLNESS CENTER B&F	3.01	34,341			0	
4.00	ADMIN & GENERAL ALL	6.03	39,953			0	
5.00	NURSING FACILITY	35	38,720			0	
6.00	OTHER LONG TERM CARE	36	38,720			0	
7.00	RADIOLOGY-DIAGNOSTIC	41	37,164			0	
8.00	RESPIRATORY THERAPY	49	1,383			0	
9.00	OPERATING ROOM	37	4,769			0	
10.00	ADULTS & PEDIATRICS	25	14,640			0	
TOTAL RECLASSIFICATIONS FOR CODE C			321,790				321,790

RECLASS CODE: D
EXPLANATION: ER NURSING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	233,270	ADULTS & PEDIATRICS	25	233,270	
TOTAL RECLASSIFICATIONS FOR CODE D			233,270				233,270

RECLASS CODE: E
EXPLANATION: BUILDING DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	372,326	NEW CAP REL COSTS-MVBLE EQUIP	4	372,326	
TOTAL RECLASSIFICATIONS FOR CODE E			372,326				372,326

RECLASS CODE: F
EXPLANATION: WELLNESS B&F AND MME

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WELLNESS CENTER B&F	3.01	93,055	NEW CAP REL COSTS-BLDG & FIXT	3	93,055	
2.00	WELLNESS CENTER MME	4.01	31,083	NEW CAP REL COSTS-MVBLE EQUIP	4	31,083	
TOTAL RECLASSIFICATIONS FOR CODE F			124,138				124,138

RECLASS CODE: H
EXPLANATION: NURSING ADMIN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	116,632	ADULTS & PEDIATRICS	25	116,632	
TOTAL RECLASSIFICATIONS FOR CODE H			116,632				116,632

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	607,225					607,225	
2 LAND IMPROVEMENTS	407,284					407,284	
3 BUILDINGS & FIXTURE	16,099,856	307,287		307,287		16,407,143	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	12,879,160	305,032		305,032		13,184,192	
7 SUBTOTAL	29,993,525	612,319		612,319		30,605,844	
8 RECONCILING ITEMS							
9 TOTAL	29,993,525	612,319		612,319		30,605,844	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	16,814,427		16,814,427	.560507				
3 01	WELLNESS CENTER B&F								
4	NEW CAP REL COSTS-MV	13,184,192		13,184,192	.439493				
4 01	WELLNESS CENTER MME								
5	TOTAL	29,998,619		29,998,619	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	357,368		-114,218	372,326			615,476
3 01	WELLNESS CENTER B&F	90,525		80,406				170,931
4	NEW CAP REL COSTS-MV	1,120,138		-51,211	-372,326			696,601
4 01	WELLNESS CENTER MME			31,083				31,083
5	TOTAL	1,568,031		-53,940				1,514,091

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	299,913						299,913
3 01	WELLNESS CENTER B&F	56,184						56,184
4	NEW CAP REL COSTS-MV	1,067,815						1,067,815
4 01	WELLNESS CENTER MME							
5	TOTAL	1,423,912						1,423,912

* All lines numbers except line 5 are to be consistent with Worksheet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-21,163	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-20,128	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	B	-14,716	ADMIN & GENERAL ALL	6.03	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-1,497	ADMIN & GENERAL ALL	6.03	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-11,669	HOSPITAL ADMIN & GENERAL	6.02	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-238,876			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-90,309	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,282	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-2,377	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER INCOME	B	-3,762	ADMIN & GENERAL ALL	6.03	
37.01 ALCOHOLIC BEVERAGES	A	-783	ADMIN & GENERAL ALL	6.03	
37.02 INTEREST INCOME OFFSET	B	-12,649	WELLNESS CENTER B&F	3.01	11
37.03 INTEREST INCOME OFFSET	B	-14,262	NURSING FACILITY	35	
37.04 INTEREST INCOME OFFSET	B	-14,262	OTHER LONG TERM CARE	36	
37.05 INTEREST INCOME OFFSET	B	-13,689	RADIOLOGY-DIAGNOSTIC	41	
37.06 INTEREST INCOME OFFSET	B	-509	RESPIRATORY THERAPY	49	
37.07 INTEREST INCOME OFFSET	B	-1,757	OPERATING ROOM	37	
37.08 INTEREST INCOME OFFSET	B	-5,393	ADULTS & PEDIATRICS	25	
37.09 PT CEU INCOME	B	-371	PHYSICAL THERAPY	50	
38 ANESTHON-CALL TIME	A	-131,700	ANESTHESIOLOGY	40	
39 TELEPHONE EMP BENEFIT EXPENSE	A	-2,322	NEW CAP REL COSTS-MVBLE E	4	9
40 MARKETING SLEEP LAB	A	-3,990	ELECTROCARDIOLOGY	53	
41 EMPLOYEE CHILD CARE REV	B	-325,350	EMPLOYEE BENEFITS	5	
42 ADVERTISING/MARKETING EXPENSE	A	-92,300	ADMIN & GENERAL ALL	6.03	
42.01 MARKETING NURSING HOME	A	-715	NURSING FACILITY	35	
42.02 MARKETING OLTC	A	-1,731	OTHER LONG TERM CARE	36	
42.03 GOODWILL AMORT	A	-33,000	RETAIL PHARMACY	100.02	
42.04 NON-ALLO ADVERTISING SALARIES	A	-51,651	ADMIN & GENERAL ALL	6.03	
43 MARKETING PT	A	-3,259	PHYSICAL THERAPY	50	
43.01 MARKETING RADIOLOGY/VASCULAR LAB	A	-43	RADIOLOGY-DIAGNOSTIC	41	
43.02 MARKETING RT	A	-235	RESPIRATORY THERAPY	49	
44 PHYSICIAN GUARANTEE	A	-53,808	ADMIN & GENERAL ALL	6.03	
45					
46 NONALLOWABLE BOND ISSUANCE COSTS	A	-839	INTEREST EXPENSE	88	
47 OTHER INCOME OLTC	B	-868	OTHER LONG TERM CARE	36	
48 CHARITABLE CONTRIBUTIONS	A	-10,782	ADMIN & GENERAL ALL	6.03	
49					
49.01 PATIENT TELEVISION EXPENSE	A	-372	ADMIN & GENERAL ALL	6.03	
49.02 PATIENT TELEVISION	A	-697	HOSPITAL ADMIN & GENERAL	6.02	
49.03 PATIENT TELEVISION	A	-474	NURSING FACILITY	35	
49.04 PATIENT TELEVISION	A	-518	OTHER LONG TERM CARE	36	
49.05					
49.06 PHYSICAL THERAPY CEU	B	-371	PHYSICAL THERAPY	50	
49.07 EMPLOYEE FUND VENDING	B	-304	ADMIN & GENERAL ALL	6.03	
49.08 PAYROLL PENALTY	A	-1,668	ADMIN & GENERAL ALL	6.03	
49.09 CRNA NURSING SALARY OFFSET	A	-4,743	ANESTHESIOLOGY	40	
49.10 CRNA NURSING EMP BENEFITS OFFSET	A	-944	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,196,138			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

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

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	61	EMERGENCY	ER PHYSICIAN	461,837	461,837	
2	4	NEW CAP REL COSTS--MVBLE E	MME	6,137	6,137	9
3	5	EMPLOYEE BENEFITS	EMP BENEFITS	55,849	55,849	
4	6	1 PHYSICIAN BILLING OFFICE	PHYS BILLING	155,172	155,172	
4.01	6	3 ADMIN & GENERAL ALL	A&G ALL	15,556	15,556	
4.02	7	MAINTENANCE & REPAIRS	MAINT AND REPAIRS	2,736	2,736	
4.03	8	2 OPERATION OF PLANT ALL	PLANT OP ALL	26,349	26,349	
4.04	98	PHYSICIANS' PRIVATE OFFIC	PHYS OFFICES	423,573	423,573	
4.05						
4.06	98	1 SATELLITE OFFICES	SATELLITE OFFICES	233,258	233,258	
5		TOTALS		1,380,467	1,380,467	

* 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 ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF 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 & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVII I.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G	HOPEDALE MEDICAL COMPLEX	0.00	ROSSI PHYSICIANS	0.00	PHYSICIANS
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

- (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 A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.
FAMILY RELATION

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	LOCUM TENENS- ER	250,259	63,175	187,084				
2 37	PROF. SERVICES-SURGERY	38,250	38,250					
3 44	PROFESSIONAL SERVICES-LAB	421		421				
4 61	EMERGENCY	461,837	137,451	324,386				
5								
6 50	PHYSICAL THERAPY DIRECTOR	12,750		12,750				
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	763,517	238,876	524,641				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 61	LOCUM TENENS- ER							63,175
2 37	PROF. SERVICES-SURGERY							38,250
3 44	PROFESSIONAL SERVICES-LAB							
4 61	EMERGENCY							137,451
5								
6 50	PHYSICAL THERAPY DIRECTOR							
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							238,876

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	WELLNESS CENTER B&F	2	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
4.01	WELLNESS CENTER MME	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	PHYSICIAN BILLING OFFICE	-6	ACCUM.	COST	ENTERED
6.02	HOSPITAL ADMIN & GENERAL	-7	ACCUM.	COST	ENTERED
6.03	ADMIN & GENERAL ALL	-8	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	9	MAINT	TIME	ENTERED
8.01	WELLNESS CENTER PLANT OP	10	SQUARE	FEET	ENTERED
8.02	OPERATION OF PLANT ALL	11	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF	SERVICE	ENTERED
11	DIETARY	14	MEALS	SERVED	ENTERED
12	CAFETERIA	15	FTE'S		ENTERED
14	NURSING ADMINISTRATION	16	DI RECT	NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUI S.	ENTERED
16	PHARMACY	18	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	GROSS	REVNU E	ENTERED
18	SOCIAL SERVICE	20	ASSI GNE D	TI ME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	WELLNESS CENT ER B&F	NEW CAP REL C OSTS-MVBLE E	WELLNESS CENT ER MME	EMPLOYEE BENE FITS	SUBTOTAL
	0	3	3.01	4	4.01	5	6a.00
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & WELLNESS CENTER B&F	615,476	615,476	170,931				
004 01 NEW CAP REL COSTS-MVBLE E WELLNESS CENTER MME	696,601			696,601			
005 01 EMPLOYEE BENEFITS	31,083				31,083		
006 01 PHYSICIAN BILLING OFFICE	1,757,267	11,661		1,932		1,770,860	
006 02 HOSPITAL ADMIN & GENERAL	155,172	4,025				24,658	183,855
006 03 ADMIN & GENERAL ALL	413,910	12,811		1,348		36,188	464,257
007 01 MAINTENANCE & REPAIRS	1,855,126	42,063	6,284	120,922		150,295	2,174,690
008 01 WELLNESS CENTER PLANT OP	498,586	5,520		1,416		53,705	559,227
008 02 OPERATION OF PLANT ALL	85,798	3,466					89,264
009 01 LAUNDRY & LINEN SERVICE	435,249			44,423			479,672
010 01 HOUSEKEEPING	151,956	10,774		1,540		26,543	190,813
011 01 DIETARY	290,996	2,412		775		42,351	336,534
012 01 CAFETERIA	760,398	12,906		3,401		74,275	850,980
014 01 NURSING ADMINISTRATION	30,534	17,894				12,036	60,464
015 01 CENTRAL SERVICES & SUPPLY	116,632	2,307				23,778	142,717
016 01 PHARMACY	393,733	12,407				37,836	443,976
017 01 MEDICAL RECORDS & LIBRARY	210,553	2,359				38,750	251,662
018 01 SOCIAL SERVICE	405,184	15,452	726			18,520	439,882
025 01 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	62,698					9,923	72,621
035 01 NURSING FACILITY	1,479,432	35,721		66,833		218,443	1,800,429
036 01 OTHER LONG TERM CARE	1,239,505	122,366		6,366		220,613	1,588,850
037 01 ANCILLARY SRVC COST CNTRS OPERATING ROOM	477,131	233,395		4,511		63,222	778,259
040 01 ANESTHESIOLOGY	1,422,305	24,484		56,522		114,769	1,618,080
041 01 RADIOLOGY-DIAGNOSTIC	27,813	657		25,539			54,009
044 01 LABORATORY	953,534	19,546		315,559		83,727	1,372,366
049 01 RESPIRATORY THERAPY	895,584	7,951		10,897		53,980	968,412
050 01 PHYSICAL THERAPY	353,076	3,079	8,546	10,277	1,554	58,568	435,100
053 01 ELECTROCARDIOLOGY	567,213	1,620	34,124	7,073	6,216	101,234	717,480
055 01 MEDICAL SUPPLIES CHARGED	48,605	6,506		6,620		8,694	70,425
056 01 DRUGS CHARGED TO PATIENTS							
061 01 OUTPAT SERVICE COST CNTRS EMERGENCY	335,013			3,568			338,581
062 01 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CNTRS)	816,422	4,094		1,934		56,256	878,706
095 01 SUBTOTALS	17,753,516	615,476	49,680	691,456	7,770	1,528,364	17,361,311
096 01 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFICE	423,572			2,149		74,328	500,049
100 01 SATELLITE OFFICES	235,443			2,350		40,604	278,397
100 01 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY							
100 02 RETAIL PHARMACY	1,657,784			316		50,780	1,708,880
100 03 DURABLE MEDICAL EQUIPMENT	104,556					8,731	113,287
100 04 TRIPLEXES							
100 06 UNUSED SPACE							
100 07 WELLNESS CENTER	431,113		121,251	330	23,313	68,053	644,060
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	20,605,984	615,476	170,931	696,601	31,083	1,770,860	20,605,984

COST CENTER DESCRIPTION	PHYSICIAN BILLING OFFICE	SUBTOTAL	HOSPITAL ADMIN & GENERAL	SUBTOTAL	ADMIN & GENERAL ALL	MAINTENANCE & REPAIRS	WELLNESS CENTER PLANT OP
	6.01	6a.01	6.02	6a.02	6.03	7	8.01
003 GENERAL SERVICE COST CNTR							
003 01 WELLNESS CENTER B&F							
004 NEW CAP REL COSTS-MVBLE E							
004 01 WELLNESS CENTER MME							
005 EMPLOYEE BENEFITS							
006 01 PHYSICIAN BILLING OFFICE	183,855						
006 02 HOSPITAL ADMIN & GENERAL		464,257	464,257				
006 03 ADMIN & GENERAL ALL		2,174,690	60,407	2,235,097	2,235,097		
007 MAINTENANCE & REPAIRS		559,227	15,534	574,761	69,928	644,689	
008 01 WELLNESS CENTER PLANT OP		89,264	2,480	91,744	11,162		102,906
008 02 OPERATION OF PLANT ALL		479,672	13,324	492,996	59,980	243,667	
009 LAUNDRY & LINEN SERVICE		190,813	5,300	196,113	23,860	10,898	
010 HOUSEKEEPING		336,534	9,348	345,882	42,082		
011 DIETARY		850,980	23,639	874,619	106,411	16,897	
012 CAFETERIA		60,464	1,680	62,144	7,561		
014 NURSING ADMINISTRATION		142,717	3,964	146,681	17,846		
015 CENTRAL SERVICES & SUPPLY		443,976	12,333	456,309	55,517	3,357	
016 PHARMACY		251,662	6,991	258,653	31,469	1,816	
017 MEDICAL RECORDS & LIBRARY		439,882	12,219	452,101	55,005	17,888	454
018 SOCIAL SERVICE		72,621	2,017	74,638	9,081		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,800,429	50,012	1,850,441	225,136	42,821	
035 NURSING FACILITY		1,588,850	44,135	1,632,985	198,677	83,331	
036 OTHER LONG TERM CARE		778,259	21,618	799,877	97,317	75,240	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,618,080	44,947	1,663,027	202,332	31,208	
040 ANESTHESIOLOGY		54,009	1,500	55,509	6,754		
041 RADIOLOGY-DIAGNOSTIC		1,372,366	38,122	1,410,488	171,607	3,137	
044 LABORATORY		968,412	26,901	995,313	121,095	10,017	
049 RESPIRATORY THERAPY		435,100	12,086	447,186	54,407	1,376	5,341
050 PHYSICAL THERAPY		717,480	19,930	737,410	89,717		21,328
053 ELECTROCARDIOLOGY		70,425	1,956	72,381	8,806	660	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		338,581	9,405	347,986	42,338		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		878,706	24,409	903,115	109,877		
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS		17,177,456	464,257	17,177,456	1,817,965	542,313	27,123
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE	28,335	528,384		528,384	64,286	37,648	
098 01 SATELLITE OFFICES	15,775	294,172		294,172	35,790	4,238	
100 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY						8,917	
100 02 RETAIL PHARMACY	96,831	1,805,711		1,805,711	219,692		
100 03 DURABLE MEDICAL EQUIPMENT	6,419	119,706		119,706	14,564		
100 04 TRIPLEXES							
100 06 UNUSED SPACE						2,312	
100 07 WELLNESS CENTER	36,495	680,555		680,555	82,800	49,261	75,783
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	183,855	20,605,984	464,257	20,605,984	2,235,097	644,689	102,906

COST CENTER DESCRIPTION	OPERATION OF PLANT ALL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8.02	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & WELLNESS CENTER B&F							
004 01 NEW CAP REL COSTS-MVBLE E WELLNESS CENTER MME							
005 EMPLOYEE BENEFITS							
006 01 PHYSICIAN BILLING OFFICE							
006 02 HOSPITAL ADMIN & GENERAL							
006 03 ADMIN & GENERAL ALL							
007 MAINTENANCE & REPAIRS							
008 01 WELLNESS CENTER PLANT OP							
008 02 OPERATION OF PLANT ALL	796,643						
009 LAUNDRY & LINEN SERVICE	35,889	266,760					
010 HOUSEKEEPING	8,034	11,549	407,547				
011 DIETARY	42,993	65		1,040,985			
012 CAFETERIA	59,607				129,312		
014 NURSING ADMINISTRATION	7,683				1,569	173,779	
015 CENTRAL SERVICES & SUPPLY	41,329		698		4,461		561,671
016 PHARMACY	7,859				2,306		6,009
017 MEDICAL RECORDS & LIBRARY	51,475		2,239		3,265		53
018 SOCIAL SERVICE					872		200
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	118,995	57,411	82,073	119,924	18,963	161,527	53,180
035 NURSING FACILITY		127,839	120,973	444,400	25,430		8,975
036 OTHER LONG TERM CARE		14,935	127,283	476,661	10,143		2,280
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	81,563	22,775			9,010		267,474
041 ANESTHESIOLOGY	2,189				24		7,806
044 RADIOLOGY-DIAGNOSTIC	65,113	4,830	18,374		7,877		17,455
049 LABORATORY	26,487	44	7,210		5,048		138,856
050 RESPIRATORY THERAPY	10,256	1,044	1,541		4,905		16,836
053 PHYSICAL THERAPY	5,396	3,846			7,306		2,628
055 ELECTROCARDIOLOGY	21,671						196
056 MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	13,638	9,700			4,866	12,252	7,745
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)	600,177	254,038	360,391	1,040,985	106,045	173,779	529,693
096 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFICES	118,000	3,889	39,888		9,280		4,154
100 01 SATELLITE OFFICES		3,605					3,230
100 01 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY			7,268				
100 02 RETAIL PHARMACY	7,213				3,614		5,322
100 03 DURABLE MEDICAL EQUIPMENT					697		14,558
100 04 TRIPLEXES	71,253	32					
100 06 UNUSED SPACE							
100 07 WELLNESS CENTER		5,196			9,676		4,714
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	796,643	266,760	407,547	1,040,985	129,312	173,779	561,671

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS-BLDG & WELLNESS CENTER B&F						
004 01 NEW CAP REL COSTS-MVBLE E WELLNESS CENTER MME						
005 01 EMPLOYEE BENEFITS						
006 01 PHYSICIAN BILLING OFFICE						
006 02 HOSPITAL ADMIN & GENERAL						
006 03 ADMIN & GENERAL ALL						
007 01 MAINTENANCE & REPAIRS						
008 01 WELLNESS CENTER PLANT OP						
008 02 OPERATION OF PLANT ALL						
009 01 LAUNDRY & LINEN SERVICE						
010 01 HOUSEKEEPING						
011 01 DIETARY						
012 01 CAFETERIA						
014 01 NURSING ADMINISTRATION						
015 01 CENTRAL SERVICES & SUPPLY						
016 01 PHARMACY	308,112					
017 01 MEDICAL RECORDS & LIBRARY		582,480				
018 01 SOCIAL SERVICE			84,791			
025 01 INPAT ROUTINE SRVC CNTRS						
035 01 ADULTS & PEDIATRICS		93,725	84,791	2,908,987		2,908,987
036 01 NURSING FACILITY				2,642,610		2,642,610
037 01 OTHER LONG TERM CARE				1,603,736		1,603,736
040 01 ANCILLARY SRVC COST CNTRS						
041 01 OPERATING ROOM		135,764		2,413,153		2,413,153
044 01 ANESTHESIOLOGY		6,087		78,369		78,369
049 01 RADIOLOGY-DIAGNOSTIC		141,998		1,840,879		1,840,879
050 01 LABORATORY		72,205		1,376,275		1,376,275
053 01 RESPIRATORY THERAPY		32,046		574,938		574,938
055 01 PHYSICAL THERAPY		26,647		894,278		894,278
056 01 ELECTROCARDIOLOGY		5,779		109,493		109,493
061 01 MEDICAL SUPPLIES CHARGED						
062 01 DRUGS CHARGED TO PATIENTS	308,112	42,770		741,206		741,206
095 01 OUTPAT SERVICE COST CNTRS						
096 01 EMERGENCY		25,459		1,086,652		1,086,652
098 01 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)						
100 01 SUBTOTALS	308,112	582,480	84,791	16,270,576		16,270,576
101 01 NONREIMBURS COST CENTERS						
102 01 GIFT, FLOWER, COFFEE SHOP				687,529		687,529
103 01 PHYSICIANS' PRIVATE OFFICE				459,035		459,035
104 01 SATELLITE OFFICES						
105 01 ARC (HOPEDALE HALL)				16,185		16,185
106 01 OUTSIDE PROPERTY				2,041,552		2,041,552
107 01 RETAIL PHARMACY				149,525		149,525
108 01 DURABLE MEDICAL EQUIPMENT				71,285		71,285
109 01 TRIPLEXES				2,312		2,312
110 01 UNUSED SPACE				907,985		907,985
111 01 WELLNESS CENTER						
112 01 CROSS FOOT ADJUSTMENT						
113 01 NEGATIVE COST CENTER						
114 01 TOTAL	308,112	582,480	84,791	20,605,984		20,605,984

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & ER B&F	WELLNESS CENT	NEW CAP REL C OSTS-MVBLE E ER MME	WELLNESS CENT	SUBTOTAL	EMPLOYEE BENEFITS
	0	3	3.01	4	4.01	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & WELLNESS CENTER B&F							
004 01 NEW CAP REL COSTS-MVBLE E WELLNESS CENTER MME							
005 EMPLOYEE BENEFITS		11,661		1,932		13,593	13,593
006 01 PHYSICIAN BILLING OFFICE		4,025				4,025	189
006 02 HOSPITAL ADMIN & GENERAL		12,811		1,348		14,159	278
006 03 ADMIN & GENERAL ALL	1,479	42,063	6,284	120,922		170,748	1,154
007 MAINTENANCE & REPAIRS		5,520		1,416		6,936	412
008 01 WELLNESS CENTER PLANT OP		3,466				3,466	
008 02 OPERATION OF PLANT ALL				44,423		44,423	
009 LAUNDRY & LINEN SERVICE		10,774		1,540		12,314	204
010 HOUSEKEEPING		2,412		775		3,187	325
011 DIETARY		12,906		3,401		16,307	570
012 CAFETERIA		17,894				17,894	92
014 NURSING ADMINISTRATION		2,307				2,307	183
015 CENTRAL SERVICES & SUPPLY		12,407				12,407	290
016 PHARMACY		2,359				2,359	297
017 MEDICAL RECORDS & LIBRARY		15,452	726			16,178	142
018 SOCIAL SERVICE							76
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,938	35,721		66,833		107,492	1,677
035 NURSING FACILITY		122,366		6,366		128,732	1,693
036 OTHER LONG TERM CARE		233,395		4,511		237,906	485
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	2,141	24,484		56,522		83,147	881
041 ANESTHESIOLOGY		657		25,539		26,196	
041 RADIOLOGY-DIAGNOSTIC	18,702	19,546		315,559		353,807	643
044 LABORATORY		7,951		10,897		18,848	414
049 RESPIRATORY THERAPY		3,079	8,546	10,277	1,554	23,456	450
050 PHYSICAL THERAPY		1,620	34,124	7,073	6,216	49,033	777
053 ELECTROCARDIOLOGY		6,506		6,620		13,126	67
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				3,568		3,568	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		4,094		1,934		6,028	432
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	27,260	615,476	49,680	691,456	7,770	1,391,642	11,731
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFICE				2,149		2,149	571
100 01 SATELLITE OFFICES				2,350		2,350	312
100 01 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY							
100 02 RETAIL PHARMACY				316		316	390
100 03 DURABLE MEDICAL EQUIPMENT							67
100 04 TRIPLEXES							
100 06 UNUSED SPACE							
100 07 WELLNESS CENTER			121,251	330	23,313	144,894	522
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	27,260	615,476	170,931	696,601	31,083	1,541,351	13,593

COST CENTER DESCRIPTION	PHYSICIAN BILLING OFFICE	HOSPITAL ADMIN & GENERAL	ADMIN & GENERAL ALL	MAINTENANCE & REPAIRS	WELLNESS CENTER PLANT OP	OPERATION OF PLANT ALL	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	7	8.01	8.02	9
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & WELLNESS CENTER B&F							
004 01 NEW CAP REL COSTS-MVBLE E WELLNESS CENTER MME							
005 EMPLOYEE BENEFITS							
006 01 PHYSICIAN BILLING OFFICE	4,214						
006 02 HOSPITAL ADMIN & GENERAL		14,437					
006 03 ADMIN & GENERAL ALL		1,875	173,777				
007 MAINTENANCE & REPAIRS		483	5,437	13,268			
008 01 WELLNESS CENTER PLANT OP		77	868		4,411		
008 02 OPERATION OF PLANT ALL		414	4,663	5,015		54,515	
009 LAUNDRY & LINEN SERVICE		165	1,855	224		2,456	17,218
010 HOUSEKEEPING		291	3,272			550	745
011 DIETARY		735	8,273	348		2,942	4
012 CAFETERIA		52	588			4,079	
014 NURSING ADMINISTRATION		123	1,387			526	
015 CENTRAL SERVICES & SUPPLY		384	4,316	69		2,828	
016 PHARMACY		217	2,447	37		538	
017 MEDICAL RECORDS & LIBRARY		380	4,276	368		19	3,522
018 SOCIAL SERVICE		63	706				
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,556	17,509	881		8,142	3,706
035 NURSING FACILITY		1,373	15,446	1,715			8,252
036 OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS		672	7,566	1,548			964
037 OPERATING ROOM		1,398	15,731	642		5,581	1,470
040 ANESTHESIOLOGY		47	525			150	
041 RADIOLOGY-DIAGNOSTIC		1,186	13,342	65		4,456	312
044 LABORATORY		837	9,415	206		1,813	3
049 RESPIRATORY THERAPY		376	4,230	28	229	702	67
050 PHYSICAL THERAPY		620	6,975		914	369	248
053 ELECTROCARDIOLOGY		61	685	14		1,483	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		293	3,292				
061 OUTPAT SERVICE COST CNTRS EMERGENCY		759	8,543			933	626
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS		14,437	141,347	11,160	1,162	41,070	16,397
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE	650		4,998	775			251
098 01 SATELLITE OFFICES	362		2,783	87		8,075	233
100 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY				184			
100 02 RETAIL PHARMACY	2,218		17,080			494	
100 03 DURABLE MEDICAL EQUIPMENT	147		1,132				
100 04 TRIPLEXES						4,876	2
100 06 UNUSED SPACE				48			
100 07 WELLNESS CENTER	837		6,437	1,014	3,249		335
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,214	14,437	173,777	13,268	4,411	54,515	17,218

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & WELLNESS CENTER B&F							
004 01 NEW CAP REL COSTS-MVBLE E WELLNESS CENTER MME							
005 EMPLOYEE BENEFITS							
006 01 PHYSICIAN BILLING OFFICE							
006 02 HOSPITAL ADMIN & GENERAL							
006 03 ADMIN & GENERAL ALL							
007 MAINTENANCE & REPAIRS							
008 01 WELLNESS CENTER PLANT OP							
008 02 OPERATION OF PLANT ALL							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	8,370						
011 DIETARY		29,179					
012 CAFETERIA			22,705				
014 NURSING ADMINISTRATION			275	4,801			
015 CENTRAL SERVICES & SUPPLY	14		783		21,091		
016 PHARMACY			405		226	6,526	
017 MEDICAL RECORDS & LIBRARY	46		573		2		25,506
018 SOCIAL SERVICE			153		8		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,686	3,361	3,330	4,463	1,997		4,107
035 NURSING FACILITY	2,484	12,457	4,468		337		
036 OTHER LONG TERM CARE	2,615	13,361	1,781		86		
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM			1,582		10,043		5,949
041 ANESTHESIOLOGY			4		293		267
041 RADIOLOGY-DIAGNOSTIC	377		1,383		655		6,204
044 LABORATORY	148		886		5,214		3,164
049 RESPIRATORY THERAPY	32		861		632		1,404
050 PHYSICAL THERAPY			1,283		99		1,168
053 ELECTROCARDIOLOGY					7		253
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						6,526	1,874
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			854	338	291		1,116
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	7,402	29,179	18,621	4,801	19,890	6,526	25,506
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFICE	819		1,629		156		
100 01 SATELLITE OFFICES					121		
100 01 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY	149						
100 02 RETAIL PHARMACY			634		200		
100 03 DURABLE MEDICAL EQUIPMENT			122		547		
100 04 TRIPLEXES							
100 06 UNUSED SPACE							
100 07 WELLNESS CENTER			1,699		177		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	8,370	29,179	22,705	4,801	21,091	6,526	25,506

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	25	26	27
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS-BLDG & WELLNESS CENTER B&F				
004 01 NEW CAP REL COSTS-MVBLE E WELLNESS CENTER MME				
005 01 EMPLOYEE BENEFITS				
006 01 PHYSICIAN BILLING OFFICE				
006 02 HOSPITAL ADMIN & GENERAL				
006 03 ADMIN & GENERAL ALL				
007 MAINTENANCE & REPAIRS				
008 01 WELLNESS CENTER PLANT OP				
008 02 OPERATION OF PLANT ALL				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE	1,006			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,006	160,913		160,913
035 NURSING FACILITY		176,957		176,957
036 OTHER LONG TERM CARE		266,984		266,984
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		126,424		126,424
040 ANESTHESIOLOGY		27,482		27,482
041 RADIOLOGY-DIAGNOSTIC		382,430		382,430
044 LABORATORY		40,948		40,948
049 RESPIRATORY THERAPY		32,467		32,467
050 PHYSICAL THERAPY		61,486		61,486
053 ELECTROCARDIOLOGY		15,696		15,696
055 MEDICAL SUPPLIES CHARGED				
056 DRUGS CHARGED TO PATIENTS		15,553		15,553
061 OUTPAT SERVICE COST CNTRS EMERGENCY		19,920		19,920
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)				
095 SUBTOTALS	1,006	1,327,260		1,327,260
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP				
098 PHYSICIANS' PRIVATE OFFICE		11,998		11,998
098 01 SATELLITE OFFICES		14,323		14,323
100 ARC (HOPEDALE HALL)				
100 01 OUTSIDE PROPERTY		333		333
100 02 RETAIL PHARMACY		21,332		21,332
100 03 DURABLE MEDICAL EQUIPMENT		2,015		2,015
100 04 TRIPLEXES		4,878		4,878
100 06 UNUSED SPACE		48		48
100 07 WELLNESS CENTER		159,164		159,164
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	1,006	1,541,351		1,541,351

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	WELLNESS CENTER B&F	NEW CAP REL COSTS-MVBLE E OSTS	WELLNESS CENTER MME	EMPLOYEE BENEFITS	RECONCILIATION
	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	(DOLLAR VALUE)	(GROSS SALARIES)	
	3	3.01	4	4.01	5	6a.01
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD WELLNESS CENTER B&F	187,324					
004 01 NEW CAP REL COSTS-MVB WELLNESS CENTER MME		35,064	664,408	31,082		
005 01 EMPLOYEE BENEFITS	3,549		1,843		8,686,062	
006 01 PHYSICIAN BILLING OFF	1,225				120,946	-183,855
006 02 HOSPITAL ADMIN & GENE	3,899		1,286		177,504	-464,257
006 03 ADMIN & GENERAL ALL	12,802	1,289	115,334		737,195	-2,174,690
007 01 MAINTENANCE & REPAIRS	1,680		1,351		263,424	-559,227
008 01 WELLNESS CENTER PLANT	1,055					-89,264
008 02 OPERATION OF PLANT AL			42,370			-479,672
009 01 LAUNDRY & LINEN SERVI	3,279		1,469		130,194	-190,813
010 01 HOUSEKEEPING	734		739		207,733	-336,534
011 01 DIETARY	3,928		3,244		364,318	-850,980
012 01 CAFETERIA	5,446				59,037	-60,464
014 01 NURSING ADMINISTRATION	702				116,632	-142,717
015 01 CENTRAL SERVICES & SU	3,776				185,585	-443,976
016 01 PHARMACY	718				190,066	-251,662
017 01 MEDICAL RECORDS & LIB	4,703	149			90,841	-439,882
018 01 SOCIAL SERVICE					48,670	-72,621
025 01 INPAT ROUTINE SRVC CN						
035 01 ADULTS & PEDIATRICS	10,872		63,744		1,071,463	-1,800,429
036 01 NURSING FACILITY	37,243		6,072		1,082,104	-1,588,850
036 01 OTHER LONG TERM CARE	71,036		4,303		310,104	-778,259
037 01 ANCILLARY SRVC COST C						
040 01 OPERATING ROOM	7,452		53,910		562,941	-1,618,080
041 01 ANESTHESIOLOGY	200		24,359			-54,009
044 01 RADIOLOGY-DIAGNOSTIC	5,949		300,974		410,682	-1,372,366
049 01 LABORATORY	2,420		10,393		264,773	-968,412
050 01 RESPIRATORY THERAPY	937	1,753	9,802	1,554	287,275	-435,100
053 01 PHYSICAL THERAPY	493	7,000	6,746	6,216	496,554	-717,480
055 01 ELECTROCARDIOLOGY	1,980		6,314		42,642	-70,425
056 01 MEDICAL SUPPLIES CHAR						
061 01 DRUGS CHARGED TO PATI			3,403			-338,581
062 01 OUTPAT SERVICE COST C						
062 01 EMERGENCY	1,246		1,845		275,937	-878,706
095 01 OBSERVATION BEDS (NON						
095 01 SPEC PURPOSE COST CEN						
095 01 SUBTOTALS	187,324	10,191	659,501	7,770	7,496,620	-17,361,311
096 01 NONREIMBURS COST CENT						
098 01 GIFT, FLOWER, COFFEE						
098 01 PHYSICIANS' PRIVATE O			2,050		364,577	
100 01 SATELLITE OFFICES			2,241		199,164	
100 01 ARC (HOPEDALE HALL)						
100 01 OUTSIDE PROPERTY						
100 02 RETAIL PHARMACY			301		249,076	
100 03 DURABLE MEDICAL EQUIP					42,824	
100 04 TRIPLEXES						
100 06 UNUSED SPACE						
101 07 WELLNESS CENTER		24,873	315	23,312	333,801	
102 01 CROSS FOOT ADJUSTMENT						
103 01 NEGATIVE COST CENTER						
103 01 COST TO BE ALLOCATED	615,476	170,931	696,601	31,083	1,770,860	
104 01 (WRKSHT B, PART I)						
104 01 UNIT COST MULTIPLIER	3.285623		1.048454		.203874	
105 01 (WRKSHT B, PT I)		4.874829		1.000032		
106 01 COST TO BE ALLOCATED						
106 01 (WRKSHT B, PART II)						
107 01 UNIT COST MULTIPLIER					13,593	
107 01 (WRKSHT B, PART III)						
108 01 UNIT COST MULTIPLIER					.001565	
108 01 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	PHYSICIAN BILLING OFFICE		HOSPITAL ADMIN & GENERAL		ADMIN & GENERAL MAINTENANCE & REPAIRS		WELLNESS CENTER PLANT OP	
	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(MAINT TIME)	(SQUARE FEET)	
GENERAL SERVICE COST	6.01	6a.02	6.02	6a.03	6.03	7	8.01	
003 NEW CAP REL COSTS-BLD								
003 01 WELLNESS CENTER B&F								
004 NEW CAP REL COSTS-MVB								
004 01 WELLNESS CENTER MME								
005 EMPLOYEE BENEFITS								
006 01 PHYSICIAN BILLING OFF	3,244,673							
006 02 HOSPITAL ADMIN & GENE		-464,257	16,713,199					
006 03 ADMIN & GENERAL ALL			2,174,690	-2,235,097	18,370,887			
007 MAINTENANCE & REPAIRS			559,227		574,761	11,713		
008 01 WELLNESS CENTER PLANT			89,264		91,744		33,775	
008 02 OPERATION OF PLANT AL			479,672		492,996	4,427		
009 LAUNDRY & LINEN SERVI			190,813		196,113	198		
010 HOUSEKEEPING			336,534		345,882			
011 DIETARY			850,980		874,619	307		
012 CAFETERIA			60,464		62,144			
014 NURSING ADMINISTRATION			142,717		146,681			
015 CENTRAL SERVICES & SU			443,976		456,309	61		
016 PHARMACY			251,662		258,653	33		
017 MEDICAL RECORDS & LIB			439,882		452,101	325	149	
018 SOCIAL SERVICE			72,621		74,638			
INPAT ROUTINE SRVC CN								
ADULTS & PEDIATRICS			1,800,429		1,850,441	778		
035 NURSING FACILITY			1,588,850		1,632,985	1,514		
036 OTHER LONG TERM CARE			778,259		799,877	1,367		
ANCILLARY SRVC COST C								
037 OPERATING ROOM			1,618,080		1,663,027	567		
040 ANESTHESIOLOGY			54,009		55,509			
041 RADIOLOGY-DIAGNOSTIC			1,372,366		1,410,488	57		
044 LABORATORY			968,412		995,313	182		
049 RESPIRATORY THERAPY			435,100		447,186	25	1,753	
050 PHYSICAL THERAPY			717,480		737,410		7,000	
053 ELECTROCARDIOLOGY			70,425		72,381	12		
055 MEDICAL SUPPLIES CHAR								
056 DRUGS CHARGED TO PATI			338,581		347,986			
OUTPAT SERVICE COST C								
EMERGENCY			878,706		903,115			
062 OBSERVATION BEDS (NON								
SPEC PURPOSE COST CEN								
095 SUBTOTALS		-464,257	16,713,199	-2,235,097	14,942,359	9,853	8,902	
NONREIMBURS COST CENT								
GIFT, FLOWER, COFFEE								
098 PHYSICIANS' PRIVATE O	500,049	-528,384			528,384	684		
098 01 SATELLITE OFFICES	278,397	-294,172			294,172	77		
100 ARC (HOPEDALE HALL)								
100 01 OUTSIDE PROPERTY						162		
100 02 RETAIL PHARMACY	1,708,880	-1,805,711			1,805,711			
100 03 DURABLE MEDICAL EQUIP	113,287	-119,706			119,706			
100 04 TRIPLEXES								
100 06 UNUSED SPACE						42		
100 07 WELLNESS CENTER	644,060	-680,555			680,555	895	24,873	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	183,855		464,257		2,235,097	644,689	102,906	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER	.056664		.027778		.121665	55.040468	3.046810	
(WRKSHT B, PT I)								
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	4,214		14,437		173,777	13,268	4,411	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER	.001299		.000864		.009459	1.132758	.130600	
(WRKSHT B, PT III)								

COST CENTER DESCRIPTION	OPERATION OF PLANT ALL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(DIRECT NRSNG HRS)	(COSTED REQUIS.)
GENERAL SERVICE COST	8.02	9	10	11	12	14	15
003 NEW CAP REL COSTS-BLD							
003 01 WELLNESS CENTER B&F							
004 NEW CAP REL COSTS-MVB							
004 01 WELLNESS CENTER MME							
005 EMPLOYEE BENEFITS							
006 01 PHYSICIAN BILLING OFF							
006 02 HOSPITAL ADMIN & GENE							
006 03 ADMIN & GENERAL ALL							
007 MAINTENANCE & REPAIRS							
008 01 WELLNESS CENTER PLANT							
008 02 OPERATION OF PLANT ALL	72,785						
009 LAUNDRY & LINEN SERVI	3,279	371,880					
010 HOUSEKEEPING	734	16,100	14,018				
011 DIETARY	3,928	90		122,393			
012 CAFETERIA	5,446				16,318		
014 NURSING ADMINISTRATION	702				198	66,663	
015 CENTRAL SERVICES & SU	3,776		24		563		1,480,318
016 PHARMACY	718				291		15,836
017 MEDICAL RECORDS & LIB	4,703		77		412		140
018 SOCIAL SERVICE					110		528
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	10,872	80,034	2,823	14,100	2,393	61,963	140,159
035 NURSING FACILITY		178,215	4,161	52,250	3,209		23,654
036 OTHER LONG TERM CARE		20,820	4,378	56,043	1,280		6,010
ANCILLARY SRVC COST C							
037 OPERATING ROOM	7,452	31,750			1,137		704,943
040 ANESTHESIOLOGY	200				3		20,573
041 RADIOLOGY-DIAGNOSTIC	5,949	6,734	632		994		46,003
044 LABORATORY	2,420	61	248		637		365,964
049 RESPIRATORY THERAPY	937	1,456	53		619		44,372
050 PHYSICAL THERAPY	493	5,361			922		6,926
053 ELECTROCARDIOLOGY	1,980						517
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
OUTPAT SERVICE COST C							
061 EMERGENCY	1,246	13,523			614	4,700	20,412
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	54,835	354,144	12,396	122,393	13,382	66,663	1,396,037
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O		5,421	1,372		1,171		10,949
098 01 SATELLITE OFFICES	10,781	5,026					8,513
100 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY			250				
100 02 RETAIL PHARMACY	659				456		14,026
100 03 DURABLE MEDICAL EQUIP					88		38,368
100 04 TRIPLEXES	6,510	45					
100 06 UNUSED SPACE							
100 07 WELLNESS CENTER		7,244			1,221		12,425
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	796,643	266,760	407,547	1,040,985	129,312	173,779	561,671
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	10.945154	.717328	29.073120	8.505266	7.924501	2.606828	.379426
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	54,515	17,218	8,370	29,179	22,705	4,801	21,091
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.748987	.046300	.597089	.238404	1.391408	.072019	.014248
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS) REVNUE	SOCIAL SERVICE (ASSIGNED) TIME
GENERAL SERVICE COST	16	17	18
003 NEW CAP REL COSTS-BLD			
003 01 WELLNESS CENTER B&F			
004 NEW CAP REL COSTS-MVB			
004 01 WELLNESS CENTER MME			
005 EMPLOYEE BENEFITS			
006 01 PHYSICIAN BILLING OFF			
006 02 HOSPITAL ADMIN & GENE			
006 03 ADMIN & GENERAL ALL			
007 MAINTENANCE & REPAIRS			
008 01 WELLNESS CENTER PLANT			
008 02 OPERATION OF PLANT AL			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
016 PHARMACY	100		
017 MEDICAL RECORDS & LIB		35,398,836	
018 SOCIAL SERVICE			100
INPAT ROUTINE SRVC CN			
ADULTS & PEDIATRICS		5,695,807	100
035 NURSING FACILITY			
036 OTHER LONG TERM CARE			
ANCILLARY SRVC COST C			
037 OPERATING ROOM		8,250,611	
040 ANESTHESIOLOGY		369,908	
041 RADIOLOGY-DIAGNOSTIC		8,630,043	
044 LABORATORY		4,388,033	
049 RESPIRATORY THERAPY		1,947,492	
050 PHYSICAL THERAPY		1,619,389	
053 ELECTROCARDIOLOGY		351,194	
055 MEDICAL SUPPLIES CHAR			
056 DRUGS CHARGED TO PATI	100	2,599,197	
OUTPAT SERVICE COST C			
EMERGENCY		1,547,162	
062 OBSERVATION BEDS (NON			
SPEC PURPOSE COST CEN			
095 SUBTOTALS	100	35,398,836	100
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O			
098 01 SATELLITE OFFICES			
100 ARC (HOPEDALE HALL)			
100 01 OUTSIDE PROPERTY			
100 02 RETAIL PHARMACY			
100 03 DURABLE MEDICAL EQUIP			
100 04 TRIPLEXES			
100 06 UNUSED SPACE			
100 07 WELLNESS CENTER			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	308,112	582,480	84,791
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		.016455	
(WRKSHT B, PT I)	3,081.120000		847.910000
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	6,526	25,506	1,006
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		.000721	
(WRKSHT B, PT III)	65.260000		10.060000

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	5,589,628		5,589,628			
35	NURSING FACILITY	2,517,408		2,517,408			
36	OTHER LONG TERM CARE	1,179,798		1,179,798			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,603,557	4,647,054	8,250,611	.292482	.292482	
40	ANESTHESIOLOGY	175,892	194,016	369,908	.211861	.211861	
41	RADIOLOGY-DIAGNOSTIC	1,593,886	7,036,157	8,630,043	.213311	.213311	
44	LABORATORY	1,010,674	3,377,359	4,388,033	.313643	.313643	
49	RESPIRATORY THERAPY	1,348,198	599,294	1,947,492	.295220	.295220	
50	PHYSICAL THERAPY	401,843	1,217,546	1,619,389	.552232	.552232	
53	ELECTROCARDIOLOGY	4,552	346,642	351,194	.311774	.311774	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	2,090,441	508,756	2,599,197	.285167	.285167	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	130,745	1,385,140	1,515,885	.716843	.716843	
62	OBSERVATION BEDS (NON-DIS)		106,179	106,179	.625510	.625510	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	19,646,622	19,418,143	39,064,765			
102	LESS OBSERVATION BEDS						
103	TOTAL	19,646,622	19,418,143	39,064,765			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,413,153	126,424	2,286,729			2,413,153
40	ANESTHESIOLOGY	78,369	27,482	50,887			78,369
41	RADIOLOGY-DIAGNOSTIC	1,840,879	382,430	1,458,449			1,840,879
44	LABORATORY	1,376,275	40,948	1,335,327			1,376,275
49	RESPIRATORY THERAPY	574,938	32,467	542,471			574,938
50	PHYSICAL THERAPY	894,278	61,486	832,792			894,278
53	ELECTROCARDIOLOGY	109,493	15,696	93,797			109,493
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	741,206	15,553	725,653			741,206
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,086,652	19,920	1,066,732			1,086,652
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	66,416		66,416			66,416
101	SUBTOTAL	9,181,659	722,406	8,459,253			9,181,659
102	LESS OBSERVATION BEDS	66,416		66,416			66,416
103	TOTAL	9,115,243	722,406	8,392,837			9,115,243

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	8,250,611	.292482	.292482
40	ANESTHESIOLOGY	369,908	.211861	.211861
41	RADIOLOGY-DIAGNOSTIC	8,630,043	.213311	.213311
44	LABORATORY	4,388,033	.313643	.313643
49	RESPIRATORY THERAPY	1,947,492	.295220	.295220
50	PHYSICAL THERAPY	1,619,389	.552232	.552232
53	ELECTROCARDIOLOGY	351,194	.311774	.311774
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	2,599,197	.285167	.285167
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1,515,885	.716843	.716843
62	OBSERVATION BEDS (NON-DIS)	106,179	.625510	.625510
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	29,777,931		
102	LESS OBSERVATION BEDS	106,179		
103	TOTAL	29,671,752		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,413,153	126,424	2,286,729			2,413,153
40	ANESTHESIOLOGY	78,369	27,482	50,887			78,369
41	RADIOLOGY-DIAGNOSTIC	1,840,879	382,430	1,458,449			1,840,879
44	LABORATORY	1,376,275	40,948	1,335,327			1,376,275
49	RESPIRATORY THERAPY	574,938	32,467	542,471			574,938
50	PHYSICAL THERAPY	894,278	61,486	832,792			894,278
53	ELECTROCARDIOLOGY	109,493	15,696	93,797			109,493
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	741,206	15,553	725,653			741,206
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,086,652	19,920	1,066,732			1,086,652
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	66,416		66,416			66,416
101	SUBTOTAL	9,181,659	722,406	8,459,253			9,181,659
102	LESS OBSERVATION BEDS	66,416		66,416			66,416
103	TOTAL	9,115,243	722,406	8,392,837			9,115,243

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	8,250,611	.292482	.292482
40	ANESTHESIOLOGY	369,908	.211861	.211861
41	RADIOLOGY-DIAGNOSTIC	8,630,043	.213311	.213311
44	LABORATORY	4,388,033	.313643	.313643
49	RESPIRATORY THERAPY	1,947,492	.295220	.295220
50	PHYSICAL THERAPY	1,619,389	.552232	.552232
53	ELECTROCARDIOLOGY	351,194	.311774	.311774
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	2,599,197	.285167	.285167
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1,515,885	.716843	.716843
62	OBSERVATION BEDS (NON-DIS)	106,179	.625510	.625510
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	29,777,931		
102	LESS OBSERVATION BEDS	106,179		
103	TOTAL	29,671,752		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,948,045			
40 ANESTHESIOLOGY		65,996			
41 RADIOLOGY-DIAGNOSTIC		3,462,425			
44 LABORATORY		1,651,342			
49 RESPIRATORY THERAPY		284,348			
50 PHYSICAL THERAPY		530,116			
53 ELECTROCARDIOLOGY		51,501			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		194,663			
61 OUTPAT SERVICE COST CNTRS					
62 EMERGENCY		583,720			
62 OBSERVATION BEDS (NON-DISTINCT PART)		105,473			
101 SUBTOTAL		8,877,629			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		8,877,629			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII PART A HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	103
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	644.82
85	OBSERVATION BED COST	66,416

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,098,621	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.292482	2,061,371	602,914
40	ANESTHESIOLOGY	.211861	87,926	18,628
41	RADIOLOGY-DIAGNOSTIC	.213311	808,462	172,454
44	LABORATORY	.313643	396,140	124,247
49	RESPIRATORY THERAPY	.295220	699,555	206,523
50	PHYSICAL THERAPY	.552232	86,981	48,034
53	ELECTROCARDIOLOGY	.311774	2,555	797
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.285167	770,363	219,682
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.716843	17,542	12,575
62	OBSERVATION BEDS (NON-DISTINCT PART)	.625510		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,930,895	1,405,854
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,930,895	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.292482		
40	ANESTHESIOLOGY	.211861		
41	RADIOLOGY-DIAGNOSTIC	.213311	118,439	25,264
44	LABORATORY	.313643	219,671	68,898
49	RESPIRATORY THERAPY	.295220	310,454	91,652
50	PHYSICAL THERAPY	.552232	250,435	138,298
53	ELECTROCARDIOLOGY	.311774		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.285167	566,138	161,444
61	EMERGENCY	.716843		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.625510		
101	TOTAL		1,465,137	485,556
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,465,137	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,772,925
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,772,925

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,800,654
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	46,381
18.01	CAH ACTUAL BILLED COINSURANCE	1,446,026
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,308,247
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,308,247
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,308,247

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	104,452
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	104,452
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	103,329
28	SUBTOTAL	1,412,699
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,412,699
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,702,169
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-289,470
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,744,994		1,687,137
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	2/27/2009	23,908	2/27/2009	76,545
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	2/3/2009	42,311	2/3/2009	61,513
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-18,403		15,032
4 TOTAL INTERIM PAYMENTS		1,726,591		1,702,169
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		310,868		289,470
7 TOTAL MEDICARE PROGRAM LIABILITY		2,037,459		1,412,699

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,557,714		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	2/27/2009	21,144		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	2/3/2009	23,787		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-2,643		NONE
4 TOTAL INTERIM PAYMENTS		1,555,071		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		194,235		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,749,306		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:
 SIGNATURE OF AUTHORIZED PERSON: _____
 DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-1330	FROM 7/ 1/2008	
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-2
14-2330		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,303,208	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	490,412	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	2,001	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,793,620	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,793,620	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,793,620	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	44,314	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,749,306	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,749,306	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,555,071	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	194,235	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-1330	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART II
14-1330		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,339,568
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,339,568
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	2,362,964

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,362,964
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	359,428
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,003,536
23	COINSURANCE	
24	SUBTOTAL	2,003,536
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	33,923
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	33,923
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	24,685
26	SUBTOTAL	2,037,459
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,037,459
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,726,591
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	310,868
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,366,314			
2	TEMPORARY INVESTMENTS	1,053,874			
3	NOTES RECEIVABLE	87,458			
4	ACCOUNTS RECEIVABLE	6,214,503			
5	OTHER RECEIVABLES	203,872			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,991,670			
7	INVENTORY	1,029,534			
8	PREPAID EXPENSES	244,617			
9	OTHER CURRENT ASSETS	347,385			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,555,887			
FIXED ASSETS					
12	LAND	607,225			
12.01	LAND IMPROVEMENTS	407,284			
13	LESS ACCUMULATED DEPRECIATION	-288,745			
13.01	BUILDINGS	16,407,143			
14	LESS ACCUMULATED DEPRECIATION	-8,569,489			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	13,184,192			
18	LESS ACCUMULATED DEPRECIATION	-11,621,717			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	10,125,893			
OTHER ASSETS					
21	INVESTMENTS				
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	262,500			
25	TOTAL OTHER ASSETS	262,500			
26	TOTAL ASSETS	18,944,280			
27					

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	534,210			
29 SALARIES, WAGES & FEES PAYABLE	591,722			
30 PAYROLL TAXES PAYABLE	207,789			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	4,436,081			
32 DEFERRED INCOME	338,833			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,318,409			
36 TOTAL CURRENT LIABILITIES	7,427,044			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	507,276			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	507,276			
43 TOTAL LIABILITIES	7,934,320			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	11,009,960			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	11,009,960			
52 TOTAL LIABILITIES AND FUND BALANCES	18,944,280			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		9,340,697		
2 NET INCOME (LOSS)		1,654,085		
3 TOTAL		10,994,782		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 TEMP RESTRICTED CONTRIBUT	13,550			
7 TEMP RESTRICTED INTEREST	1,628			
8				
9				
10 TOTAL ADDITIONS		15,178		
11 SUBTOTAL		11,009,960		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		11,009,960		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 TEMP RESTRICTED CONTRIBUT				
7 TEMP RESTRICTED INTEREST				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	4,113,988		4,113,988
4 00 SWING BED - SNF	1,581,819		1,581,819
5 00 SWING BED - NF			
7 00 NURSING FACILITY	2,517,408		2,517,408
8 00 OTHER LONG TERM CARE	1,179,798		1,179,798
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,393,013		9,393,013
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	9,393,013		9,393,013
17 00 ANCILLARY SERVICES	10,359,790	17,820,642	28,180,432
18 00 OUTPATIENT SERVICES		1,522,596	1,522,596
24 00 DIETARY REVENUE		5,325	5,325
24 01 RETAIL PHARMACY		1,890,449	1,890,449
24 02 DURABLE MEDICAL EQUIPMENT		171,370	171,370
24 04 ER PROFESSIONAL FEES		250,259	250,259
25 00 TOTAL PATIENT REVENUES	19,752,803	21,660,641	41,413,444

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		21,802,122	
ADD (SPECIFY)			
27 00 BAD DEBTS	677,088		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		677,088	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		22,479,210	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	41,413,444
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	18,845,773
3	NET PATIENT REVENUES	22,567,671
4	LESS: TOTAL OPERATING EXPENSES	22,479,210
5	NET INCOME FROM SERVICE TO PATIENTS	88,461
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	27,401
7	INCOME FROM INVESTMENTS	118,529
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	1,487,759
24.01		
25	TOTAL OTHER INCOME	1,633,689
26	TOTAL	1,722,150
	OTHER EXPENSES	
27	INTEREST RATE SWAP	39,842
28	LOSS ON INVESTMENTS	28,223
29		
30	TOTAL OTHER EXPENSES	68,065
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,654,085