

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/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 3/ 8/2011 TIME 8: 33

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/ 1/2009 AND ENDING 6/30/2010 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	5	
1	HOSPITAL	0	-9,096	16,551	0	
3	SWING BED - SNF	0	-141,363	0	0	
100	TOTAL	0	-150,459	16,551	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.

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	43,903.00			1,361	80
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						1,479	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	43,903.00			2,840	80
12 TOTAL	25	9,125	43,903.00			2,840	80
13 RPCH VISITS							
16 NURSING FACILITY	74	27,010					
17 OTHER LONG TERM CARE	86	31,390					
25 TOTAL	185						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	----- O/P VISITS / NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,028				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			1,568				
4 ADULTS & PED-SB NF			59				
5 TOTAL ADULTS AND PEDS			3,655				
12 TOTAL			3,655				
13 RPCH VISITS							
16 NURSING FACILITY			17,332				
17 OTHER LONG TERM CARE			16,101				
25 TOTAL							
26 OBSERVATION BED DAYS			103	19	84		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					401	34	801
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		221.64			401	34	801
13 RPCH VISITS							
16 NURSING FACILITY		34.74					
17 OTHER LONG TERM CARE		17.41					52
25 TOTAL		273.79					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1330
II PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010 II PREPARED 3/ 8/2011
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		297,898	297,898	358,470	656,368
3.01	0301 WELLNESS CENTER B&F		56,184	56,184	121,928	178,112
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		904,664	904,664	-388,807	515,857
4.01	0401 WELLNESS CENTER MME				22,634	22,634
5	0500 EMPLOYEE BENEFITS	235,789	1,667,098	1,902,887	69,592	1,972,479
6.01	0610 PHYSICIAN BILLING OFFICE	109,949	31,309	141,258		141,258
6.02	0611 HOSPITAL BUSINESS OFFICE	229,014	295,973	524,987		524,987
6.03	0660 ADMIN & GENERAL ALL	898,197	1,178,401	2,076,598	29,094	2,105,692
7	0700 MAINTENANCE & REPAIRS	258,820	206,470	465,290		465,290
8.01	0801 WELLNESS CENTER PLANT OP		82,531	82,531		82,531
8.02	0802 OPERATION OF PLANT ALL		427,281	427,281		427,281
9	0900 LAUNDRY & LINEN SERVICE	111,733	26,315	138,048		138,048
10	1000 HOUSEKEEPING	220,705	77,404	298,109		298,109
11	1100 DIETARY	498,788	444,084	942,872	-157,349	785,523
12	1200 CAFETERIA				157,349	157,349
14	1400 NURSING ADMINISTRATION				158,530	158,530
15	1500 CENTRAL SERVICES & SUPPLY	195,606	262,900	458,506		458,506
16	1600 PHARMACY	198,428	18,816	217,244		217,244
17	1700 MEDICAL RECORDS & LIBRARY	80,852	288,832	369,684		369,684
18	1800 SOCIAL SERVICE	42,111	15,704	57,815		57,815
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICALS	1,370,982	350,162	1,721,144	-218,762	1,502,382
35	3500 NURSING FACILITY	1,041,507	190,004	1,231,511	32,017	1,263,528
36	3600 OTHER LONG TERM CARE	322,257	159,073	481,330	31,570	512,900
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	558,349	675,969	1,234,318	21,423	1,255,741
40	4000 ANESTHESIOLOGY	7,851	143,796	151,647	-11,625	140,022
41	4100 RADIOLOGY-DIAGNOSTIC	419,349	552,166	971,515	38,520	1,010,035
44	4400 LABORATORY	283,377	598,690	882,067		882,067
49	4900 RESPIRATORY THERAPY	299,420	57,442	356,862	8,712	365,574
50	5000 PHYSICAL THERAPY	508,978	56,768	565,746	248	565,994
53	5300 ELECTROCARDIOLOGY	15,735	3,125	18,860		18,860
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		177,342	177,342		177,342
56	5600 DRUGS CHARGED TO PATIENTS		264,468	264,468		264,468
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	27,095	1,046,939	1,074,034	72,595	1,146,629
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		301,783	301,783	-301,783	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	7,934,892	10,859,591	18,794,483	44,356	18,838,839
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	353,387	63,903	417,290		417,290
98.01	9801 SATELLITE OFFICES	202,623	35,350	237,973		237,973
100	7950 ARC (HOPEDALE HALL)					
100.01	7951 OUTSIDE PROPERTY					
100.02	7952 RETAIL PHARMACY	244,810	1,475,452	1,720,262	33,000	1,753,262
100.03	7953 DURABLE MEDICAL EQUIPMENT					
100.04	7954 TRIPLEXES					
100.06	7956 UNUSED SPACE					
100.07	7957 WELLNESS CENTER	329,963	114,371	444,334	-77,356	366,978
101	TOTAL	9,065,675	12,548,667	21,614,342	-0-	21,614,342

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 3/ 8/2011
I 14-1330	I FROM 7/ 1/2009	I WORKSHEET A
I	I TO 6/30/2010	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-18,393	637,975
3.01	0301 WELLNESS CENTER B&F	-8,755	169,357
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-19,850	496,007
4.01	0401 WELLNESS CENTER MME		22,634
5	0500 EMPLOYEE BENEFITS	-221,104	1,751,375
6.01	0610 PHYSICIAN BILLING OFFICE		141,258
6.02	0611 HOSPITAL BUSINESS OFFICE	-53,400	471,587
6.03	0660 ADMIN & GENERAL ALL	-500,487	1,605,205
7	0700 MAINTENANCE & REPAIRS		465,290
8.01	0801 WELLNESS CENTER PLANT OP		82,531
8.02	0802 OPERATION OF PLANT ALL		427,281
9	0900 LAUNDRY & LINEN SERVICE		138,048
10	1000 HOUSEKEEPING		298,109
11	1100 DIETARY	-205	785,318
12	1200 CAFETERIA	-93,196	64,153
14	1400 NURSING ADMINISTRATION		158,530
15	1500 CENTRAL SERVICES & SUPPLY		458,506
16	1600 PHARMACY		217,244
17	1700 MEDICAL RECORDS & LIBRARY	-5,328	364,356
18	1800 SOCIAL SERVICE		57,815
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICALS	-3,749	1,498,633
35	3500 NURSING FACILITY	-10,923	1,252,605
36	3600 OTHER LONG TERM CARE	-27,099	485,801
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-23,750	1,231,991
40	4000 ANESTHESIOLOGY	-140,022	
41	4100 RADIOLOGY-DIAGNOSTIC	-11,680	998,355
44	4400 LABORATORY		882,067
49	4900 RESPIRATORY THERAPY	-949	364,625
50	5000 PHYSICAL THERAPY	-4,147	561,847
53	5300 ELECTROCARDIOLOGY		18,860
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		177,342
56	5600 DRUGS CHARGED TO PATIENTS		264,468
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-249,953	896,676
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,392,990	17,445,849
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		417,290
98.01	9801 SATELLITE OFFICES		237,973
100	7950 ARC (HOPEDALE HALL)		
100.01	7951 OUTSIDE PROPERTY		
100.02	7952 RETAIL PHARMACY	-33,000	1,720,262
100.03	7953 DURABLE MEDICAL EQUIPMENT		
100.04	7954 TRIPLEXES		
100.06	7956 UNUSED SPACE		
100.07	7957 WELLNESS CENTER		366,978
101	TOTAL	-1,425,990	20,188,352

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 3/8/2011
 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 BUSINESS OFFICE	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 PHAMACY	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/ 1/2009
TO 6/30/2010

PREPARED 3/ 8/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA COST	A	CAFETERIA	12	83,243	74,106
2 RECLASS FOR EMP BENEFITS B-1 PURPOSE	B	HOSPITAL BUSINESS OFFICE	6.02		12,052
3		ADMIN & GENERAL ALL	6.03		63,684
4		ANESTHESIOLOGY	40		7,851
5 INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		60,660
6		NEW CAP REL COSTS-MVBLE EQUIP	4		57,692
7		WELLNESS CENTER B&F	3.01		28,873
8		ADMIN & GENERAL ALL	6.03		29,094
9		NURSING FACILITY	35		31,804
10		OTHER LONG TERM CARE	36		29,850
11		RADIOLOGY-DIAGNOSTIC	41		38,520
12		RESPIRATORY THERAPY	49		1,136
13		OPERATING ROOM	37		8,246
14		ADULTS & PEDIATRICS	25		12,363
15		RESPIRATORY THERAPY	49		1,993
16		ANESTHESIOLOGY	40		1,552
17 ER NURSING RECLASS	D	EMERGENCY	61	72,595	
18 BUILDING DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		370,770
19 WELLNESS B&F AND MME	F	WELLNESS CENTER B&F	3.01		93,055
20		WELLNESS CENTER MME	4.01		22,634
21 RECLASS AMORTIZATION EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		20,095
22		RETAIL PHARMACY	100.02		33,000
23 NURSING ADMIN	H	NURSING ADMINISTRATION	14	158,530	
24 ANESTHESIA RECLASS	I	OPERATING ROOM	37		13,177
25 WELLNESS CENTER RECLASS	J	EMPLOYEE BENEFITS	5	51,679	17,913
26		NURSING FACILITY	35	158	55
27		OTHER LONG TERM CARE	36	1,277	443
28		RESPIRATORY THERAPY	49	4,146	1,437
29		PHYSICAL THERAPY	50	184	64
36 TOTAL RECLASSIFICATIONS				371,812	1,032,119

(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/ 1/2009
TO 6/30/2010

PREPARED 3/ 8/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 CAFETERIA COST	A	DIETARY	11		83,243	74,106	
2 RECLASS FOR EMP BENEFITS B-1 PURPOSE	B	HOSPITAL BUSINESS OFFICE	6.02		12,052		
3		ADMIN & GENERAL ALL	6.03		63,684		
4		ANESTHESIOLOGY	40		7,851		
5 INTEREST EXPENSE	C	INTEREST EXPENSE	88			301,783	11
6							11
7							11
8							
9							
10							
11							
12							
13							
14							
15							
16							
17 ER NURSING RECLASS	D	ADULTS & PEDIATRICS	25		72,595		
18 BUILDING DEPRECIATION	E	NEW CAP REL COSTS-MVBLE EQUIP	4			370,770	9
19 WELLNESS B&F AND MME	F	NEW CAP REL COSTS-BLDG & FIXT	3			93,055	9
20		NEW CAP REL COSTS-MVBLE EQUIP	4			22,634	9
21 RECLASS AMORTIZATION EXPENSE	G	NEW CAP REL COSTS-MVBLE EQUIP	4			53,095	9
22							
23 NURSING ADMIN	H	ADULTS & PEDIATRICS	25		158,530		
24 ANESTHESIA RECLASS	I	ANESTHESIOLOGY	40			13,177	
25 WELLNESS CENTER RECLASS	J	WELLNESS CENTER	100.07		57,444	19,912	
26							
27							
28							
29							
36 TOTAL RECLASSIFICATIONS					455,399	948,532	

(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 7/1/2009
TO 6/30/2010

PREPARED 3/8/2011
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	157,349	DIETARY	11	157,349	
TOTAL RECLASSIFICATIONS FOR CODE A			157,349				157,349

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 BUSINESS OFFICE	6.02	12,052	HOSPITAL BUSINESS OFFICE	6.02	12,052	
2.00	ADMIN & GENERAL ALL	6.03	63,684	ADMIN & GENERAL ALL	6.03	63,684	
3.00	ANESTHESIOLOGY	40	7,851	ANESTHESIOLOGY	40	7,851	
TOTAL RECLASSIFICATIONS FOR CODE B			83,587				83,587

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	60,660	INTEREST EXPENSE	88	301,783	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	57,692			0	
3.00	WELLNESS CENTER B&F	3.01	28,873			0	
4.00	ADMIN & GENERAL ALL	6.03	29,094			0	
5.00	NURSING FACILITY	35	31,804			0	
6.00	OTHER LONG TERM CARE	36	29,850			0	
7.00	RADIOLOGY-DIAGNOSTIC	41	38,520			0	
8.00	RESPIRATORY THERAPY	49	1,136			0	
9.00	OPERATING ROOM	37	8,246			0	
10.00	ADULTS & PEDIATRICS	25	12,363			0	
11.00	RESPIRATORY THERAPY	49	1,993			0	
12.00	ANESTHESIOLOGY	40	1,552			0	
TOTAL RECLASSIFICATIONS FOR CODE C			301,783				301,783

RECLASS CODE: D
EXPLANATION: ER NURSING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	72,595	ADULTS & PEDIATRICS	25	72,595	
TOTAL RECLASSIFICATIONS FOR CODE D			72,595				72,595

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	370,770	NEW CAP REL COSTS-MVBLE EQUIP	4	370,770	
TOTAL RECLASSIFICATIONS FOR CODE E			370,770				370,770

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	22,634	NEW CAP REL COSTS-MVBLE EQUIP	4	22,634	
TOTAL RECLASSIFICATIONS FOR CODE F			115,689				115,689

RECLASS CODE: G
EXPLANATION: RECLASS AMORTIZATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	20,095	NEW CAP REL COSTS-MVBLE EQUIP	4	53,095	
2.00	RETAIL PHARMACY	100.02	33,000			0	
TOTAL RECLASSIFICATIONS FOR CODE G			53,095				53,095

RECLASS CODE: H
EXPLANATION: NURSING ADMIN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	158,530	ADULTS & PEDIATRICS	25	158,530	
TOTAL RECLASSIFICATIONS FOR CODE H			158,530				158,530

RECLASSIFICATIONS

PROVIDER NO:
141330

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 3/8/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : ANESTHESIA RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	13,177	ANESTHESIOLOGY	40	13,177
TOTAL RECLASSIFICATIONS FOR CODE I		13,177			13,177

RECLASS CODE: J
EXPLANATION : WELLNESS CENTER RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	69,592	WELLNESS CENTER	100.07	77,356
2.00	NURSING FACILITY	213			0
3.00	OTHER LONG TERM CARE	1,720			0
4.00	RESPIRATORY THERAPY	5,583			0
5.00	PHYSICAL THERAPY	248			0
TOTAL RECLASSIFICATIONS FOR CODE J		77,356			77,356

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	56,238		56,238		663,463	
2 LAND IMPROVEMENTS	407,284					407,284	
3 BUILDINGS & FIXTURE	16,407,143	1,548,930		1,548,930	298,670	17,657,403	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	13,184,192	319,810		319,810	942,976	12,561,026	
7 SUBTOTAL	30,605,844	1,924,978		1,924,978	1,241,646	31,289,176	
8 RECONCILING ITEMS							
9 TOTAL	30,605,844	1,924,978		1,924,978	1,241,646	31,289,176	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
3	NEW CAP REL COSTS-BL	18,728,150		18,728,150	.598550			
3 01	WELLNESS CENTER B&F							
4	NEW CAP REL COSTS-MV	12,561,026		12,561,026	.401450			
4 01	WELLNESS CENTER MME							
5	TOTAL	31,289,176		31,289,176	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	595,708		42,267				637,975
3 01	WELLNESS CENTER B&F	149,239		20,118				169,357
4	NEW CAP REL COSTS-MV	455,808		40,199				496,007
4 01	WELLNESS CENTER MME	22,634						22,634
5	TOTAL	1,223,389		102,584				1,325,973

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	297,898						297,898
3 01	WELLNESS CENTER B&F	56,184						56,184
4	NEW CAP REL COSTS-MV	904,664						904,664
4 01	WELLNESS CENTER MME							
5	TOTAL	1,258,746						1,258,746

* 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

DESCRPTION (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	
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	-18,393	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-17,493	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	B	-8,822	ADMIN & GENERAL ALL	6.03	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-2,384	ADMIN & GENERAL ALL	6.03	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-12,052	HOSPITAL BUSINESS OFFICE	6.02	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-271,203			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-93,196	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	-5,328	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
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					
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E	4	
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
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					
37.01 ALCOHOLIC BEVERAGES	A	-1,507	ADMIN & GENERAL ALL	6.03	
37.02 INTEREST INCOME OFFSET	B	-8,755	WELLNESS CENTER B&F	3.01	11
37.03 INTEREST INCOME OFFSET	B	-9,643	NURSING FACILITY	35	
37.04 INTEREST INCOME OFFSET	B	-9,051	OTHER LONG TERM CARE	36	
37.05 INTEREST INCOME OFFSET	B	-11,680	RADIOLOGY-DIAGNOSTIC	41	
37.06 INTEREST INCOME OFFSET	B	-949	RESPIRATORY THERAPY	49	
37.07 INTEREST INCOME OFFSET	B	-2,500	OPERATING ROOM	37	
37.08 INTEREST INCOME OFFSET	B	-3,749	ADULTS & PEDIATRICS	25	
38 ANESTHON-CALL TIME	A	-131,700	ANESTHESIOLOGY	40	
39 TELEPHONE EMP BENEFIT EXPENSE	A	-2,357	NEW CAP REL COSTS-MVBLE E	4	9
40 INTEREST INCOME OFFSET	B	-471	ANESTHESIOLOGY	40	
41 EMPLOYEE CHILD CARE REV	B	-219,562	EMPLOYEE BENEFITS	5	
42 ADVERTISING/MARKETING EXPENSE	A	-75,115	ADMIN & GENERAL ALL	6.03	
42.01 MARKETING NURSING HOME	A	-713	NURSING FACILITY	35	
42.02 MARKETING OLTC	A	-15,605	OTHER LONG TERM CARE	36	
42.03 GOODWILL AMORT	A	-33,000	RETAIL PHARMACY	100.02	
42.04 NON-ALLO ADVERTISING SALARIES	A	-63,684	ADMIN & GENERAL ALL	6.03	
43 MARKETING PT	A	-4,097	PHYSICAL THERAPY	50	
43.02 MARKETING DAYCARE	A	-84	ADMIN & GENERAL ALL	6.03	
44 PHYSICIAN GUARANTEE	A	-55,340	ADMIN & GENERAL ALL	6.03	
45 DIETITIAN	B	-205	DIETARY	11	
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER INCOME OLTC	B	-1,824	OTHER LONG TERM CARE	36	
48 CHARITABLE CONTRIBUTIONS	A	-21,554	ADMIN & GENERAL ALL	6.03	
49 OTHER ADJUSTMENTS (SPECIFY)					
49.01 PATIENT TELEVISION EXPENSE	A	-445	ADMIN & GENERAL ALL	6.03	
49.02 PATIENT TELEVISION	A	-833	HOSPITAL BUSINESS OFFICE	6.02	
49.03 PATIENT TELEVISION	A	-567	NURSING FACILITY	35	
49.04 PATIENT TELEVISION	A	-619	OTHER LONG TERM CARE	36	
49.05 CAPITAL CAMPAIGN EXPENSE	A	-89,205	ADMIN & GENERAL ALL	6.03	
49.06 PHYSICAL THERAPY CEU	B	-50	PHYSICAL THERAPY	50	
49.07 MEDICAL ASSESSMENT	A	-40,515	HOSPITAL BUSINESS OFFICE	6.02	
49.08 MEDICAL ASSESSMENT	A	-182,347	ADMIN & GENERAL ALL	6.03	
49.09 CRNA NURSING SALARY OFFSET	A	-7,851	ANESTHESIOLOGY	40	
49.10 CRNA NURSING EMP BENEFITS OFFSET	A	-1,542	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,425,990			

(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	141,414	141,414	
2	4	NEW CAP REL COSTS-MVBLE E	MME	5,039	5,039	
3	5	EMPLOYEE BENEFITS	EMP BENEFITS	57,039	57,039	9
4	6	1 PHYSICIAN BILLING OFFICE	PHYS BILLING	141,257	141,257	
4.01	6	3 ADMIN & GENERAL ALL	A&G ALL	15,334	15,334	
4.02	7	MAINTENANCE & REPAIRS	MAINT AND REPAIRS	1,781	1,781	
4.03	8	2 OPERATION OF PLANT ALL	PLANT OP ALL	25,688	25,688	
4.04	98	PHYSICIANS' PRIVATE OFFIC	PHYS OFFICES	437,311	437,311	
4.06	98	1 SATELLITE OFFICES	SATELLITE OFFICES	236,600	236,600	
5		TOTALS		1,061,463	1,061,463	

* 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 XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS	
			NAME	PERCENTAGE OF OWNERSHIP		
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 7/1/2009 TO 6/30/2010
 PREPARED 3/8/2011
 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 ROSSI ER PHY	168,509	10,532	157,977				
2 37	PROF. SERVICES-SURGERY	21,250	21,250					
3 44	PROFESSIONAL SERVICES-LAB	79		79				
4 61	EMERGENCY	870,303	239,421	630,882				
5								
6 50	PHYSICAL THERAPY DIRECTOR	7,688		7,688				
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	1,067,829	271,203	796,626				

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 3/8/2011
 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	5	GROSS	SALARIES	ENTERED
6.01	PHYSICIAN BILLING OFFICE	-6	ACCUM.	COST	NOT ENTERED
6.02	HOSPITAL BUSINESS OFFICE	-7	ACCUM.	COST	NOT 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	DIRECT	NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUIS.	ENTERED
16	PHARMACY	18	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	GROSS	REVNUe	ENTERED
18	SOCIAL SERVICE	20	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-1330

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 3/ 8/2011
WORKSHEET B
PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & ER B&F	WELLNESS CENT	NEW CAP REL C OSTS-MVBLE E ER MME	WELLNESS CENT	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	637,975	637,975	169,357				
004 01 NEW CAP REL COSTS-MVBLE E WELLNESS CENTER MME	496,007			496,007			
005 01 EMPLOYEE BENEFITS	22,634				22,634		
006 01 PHYSICIAN BILLING OFFICE	1,751,375	39,581	36,505	2,220	5,158	1,834,839	
006 02 HOSPITAL BUSINESS OFFICE	141,258	4,172				23,066	168,496
006 03 ADMIN & GENERAL ALL	471,587	13,279		5,237		41,519	531,622
007 01 MAINTENANCE & REPAIRS	1,605,205	43,600	6,226	82,330		173,816	1,911,177
008 01 WELLNESS CENTER PLANT OP	465,290	5,722		1,254		54,297	526,563
008 02 OPERATION OF PLANT ALL	82,531	3,593					86,124
009 01 LAUNDRY & LINEN SERVICE	427,281			41,275			468,556
010 01 HOUSEKEEPING	138,048	11,167		2,304		23,440	174,959
011 01 DIETARY	298,109	2,500		800		49,145	350,554
012 01 CAFETERIA	785,318	13,378		3,512		87,175	889,383
014 01 NURSING ADMINISTRATION	64,153	18,548				17,463	100,164
015 01 CENTRAL SERVICES & SUPPLY	158,530	2,391				33,257	194,178
016 01 PHARMACY	458,506	12,860				41,035	512,401
017 01 MEDICAL RECORDS & LIBRARY	217,244	2,445				41,627	261,316
018 01 SOCIAL SERVICE	364,356	16,017	720			16,962	398,055
025 01 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	57,815					8,834	66,649
035 01 NURSING FACILITY	1,498,633	37,027		68,326		206,445	1,810,431
036 01 OTHER LONG TERM CARE	1,252,605	105,772	111	4,473	16	218,490	1,581,467
037 01 ANCILLARY SRVC COST CNTRS OPERATING ROOM	485,801	210,192	903	7,565	127	67,605	772,193
040 01 ANESTHESIOLOGY	1,231,991	26,061		87,443		114,289	1,459,784
041 01 RADIOLOGY-DIAGNOSTIC	998,355	22,382		135,010		87,973	1,243,720
044 01 LABORATORY	882,067	8,242		13,800		59,448	963,557
049 01 RESPIRATORY THERAPY	364,625	3,191	11,394	8,809	1,132	62,814	451,965
050 01 PHYSICAL THERAPY	561,847	1,679	33,940	8,964	4,527	106,776	717,733
053 01 ELECTROCARDIOLOGY	18,860	6,743		6,836		3,301	35,740
055 01 MEDICAL SUPPLIES CHARGED	177,342						177,342
056 01 DRUGS CHARGED TO PATIENTS	264,468			3,684			268,152
061 01 OUTPAT SERVICE COST CNTRS EMERGENCY	896,676	6,365		1,997		53,593	958,631
062 01 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 01 SUBTOTALS	17,445,849	616,907	89,799	485,839	10,960	1,592,370	17,080,912
096 01 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFICE	417,290			2,037		79,384	498,711
100 01 SATELLITE OFFICES	237,973			2,426		42,507	282,906
100 01 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY							
100 02 RETAIL PHARMACY	1,720,262			326		51,357	1,771,945
100 03 DURABLE MEDICAL EQUIPMENT							
100 04 TRIPLEXES							
100 06 UNUSED SPACE		21,068					21,068
100 07 WELLNESS CENTER	366,978		79,558	5,379	11,674	69,221	532,810
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	20,188,352	637,975	169,357	496,007	22,634	1,834,839	20,188,352

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-1330

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 3/ 8/2011
WORKSHEET B
PART I

COST CENTER DESCRIPTION	PHYSICIAN BILLING OFFICE	SUBTOTAL	HOSPITAL BUSINESS OFFICE	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 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	168,496						
006 02 HOSPITAL BUSINESS OFFICE		531,622	531,622				
006 03 ADMIN & GENERAL ALL		1,911,177	62,025	1,973,202	1,973,202		
007 MAINTENANCE & REPAIRS		526,563	17,089	543,652	58,893	602,545	
008 01 WELLNESS CENTER PLANT OP		86,124	2,795	88,919	9,632		98,551
008 02 OPERATION OF PLANT ALL		468,556	15,207	483,763	52,405	267,779	
009 LAUNDRY & LINEN SERVICE		174,959	5,678	180,637	19,568	10,064	
010 HOUSEKEEPING		350,554	11,377	361,931	39,207	1,210	
011 DIETARY		889,383	28,864	918,247	99,472	20,624	
012 CAFETERIA		100,164	3,251	103,415	11,203	2,200	
014 NURSING ADMINISTRATION		194,178	6,302	200,480	21,718		
015 CENTRAL SERVICES & SUPPLY		512,401	16,629	529,030	57,309	2,750	
016 PHARMACY		261,316	8,481	269,797	29,227	4,015	
017 MEDICAL RECORDS & LIBRARY		398,055	12,918	410,973	44,520	4,290	435
018 SOCIAL SERVICE		66,649	2,163	68,812	7,454		
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,810,431	58,756	1,869,187	202,475	29,753	
035 NURSING FACILITY		1,581,467	51,325	1,632,792	176,877	48,507	
036 OTHER LONG TERM CARE		772,193	25,061	797,254	86,365	60,881	
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,459,784	47,376	1,507,160	163,268	36,023	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		1,243,720	40,364	1,284,084	139,102	16,664	
044 LABORATORY		963,557	31,271	994,828	107,768	6,930	
049 RESPIRATORY THERAPY		451,965	14,668	466,633	50,549	2,805	5,115
050 PHYSICAL THERAPY		717,733	23,293	741,026	80,274	605	20,425
053 ELECTROCARDIOLOGY		35,740	1,160	36,900	3,997	1,320	
055 MEDICAL SUPPLIES CHARGED		177,342	5,755	183,097	19,835		
056 DRUGS CHARGED TO PATIENTS		268,152	8,703	276,855	29,991		
061 OUTPAT SERVICE COST CNTRS EMERGENCY		958,631	31,111	989,742	107,217	990	
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS		16,912,416	531,622	16,912,416	1,618,326	517,410	25,975
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFICE	27,042	525,753		525,753	56,954	10,944	
100 01 SATELLITE OFFICES	15,340	298,246		298,246	32,308	4,345	
100 01 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY						8,909	
100 02 RETAIL PHARMACY	96,081	1,868,026		1,868,026	202,360	1,320	
100 03 DURABLE MEDICAL EQUIPMENT							
100 04 TRIPLEXES							
100 06 UNUSED SPACE	1,142	22,210		22,210	2,406		
100 07 WELLNESS CENTER	28,891	561,701		561,701	60,848	59,617	72,576
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	168,496	20,188,352	531,622	20,188,352	1,973,202	602,545	98,551

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-1330

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 3/ 8/2011
WORKSHEET B
PART I

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 BUSINESS OFFICE							
006 03 ADMIN & GENERAL ALL							
007 MAINTENANCE & REPAIRS							
008 01 WELLNESS CENTER PLANT OP							
008 02 OPERATION OF PLANT ALL	803,947						
009 LAUNDRY & LINEN SERVICE	35,609	245,878					
010 HOUSEKEEPING	7,971	9,921	420,240				
011 DIETARY	42,657	70		1,081,070			
012 CAFETERIA	59,141				175,959		
014 NURSING ADMINISTRATION	7,623				2,521	232,342	
015 CENTRAL SERVICES & SUPPLY	41,006		939		6,264		637,298
016 PHARMACY	7,797				2,637		5,263
017 MEDICAL RECORDS & LIBRARY	51,073		1,618		3,734		191
018 SOCIAL SERVICE					962		26
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	118,066	51,100	82,948	100,163	24,393	221,599	67,482
035 NURSING FACILITY		131,773	132,140	501,835	33,430		13,640
036 OTHER LONG TERM CARE		1,863	130,522	479,072	16,753		856
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	83,098	20,311			12,779		278,913
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	71,369	4,102	15,988		11,999		21,692
044 LABORATORY	26,280		11,974		8,843		191,300
049 RESPIRATORY THERAPY	10,175	100			5,831		20,510
050 PHYSICAL THERAPY	5,354	7,448			10,046		4,016
053 ELECTROCARDIOLOGY	21,502						476
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS EMERGENCY	20,297	7,933			5,552	10,743	12,322
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	609,018	234,621	376,129	1,081,070	145,744	232,342	616,687
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE		2,116	39,742		12,663		4,507
098 01 SATELLITE OFFICES	117,077	5,197					4,254
100 01 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY		100	4,369				
100 02 RETAIL PHARMACY	7,156				4,590		5,578
100 03 DURABLE MEDICAL EQUIPMENT							
100 04 TRIPLEXES	70,696	13					
100 06 UNUSED SPACE							
100 07 WELLNESS CENTER		3,831			12,962		6,272
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	803,947	245,878	420,240	1,081,070	175,959	232,342	637,298

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 EMPLOYEE BENEFITS						
006 01 PHYSICIAN BILLING OFFICE						
006 02 HOSPITAL BUSINESS OFFICE						
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	318,736					
017 MEDICAL RECORDS & LIBRARY		516,834				
018 SOCIAL SERVICE			77,254			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		77,126	77,254	2,921,546		2,921,546
035 NURSING FACILITY				2,670,994		2,670,994
036 OTHER LONG TERM CARE				1,573,566		1,573,566
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		110,015		2,211,567		2,211,567
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC		141,337		1,706,337		1,706,337
044 LABORATORY		67,915		1,415,838		1,415,838
049 RESPIRATORY THERAPY		32,723		594,441		594,441
050 PHYSICAL THERAPY		23,933		893,127		893,127
053 ELECTROCARDIOLOGY		2,214		66,409		66,409
055 MEDICAL SUPPLIES CHARGED		5,129		208,061		208,061
056 DRUGS CHARGED TO PATIENTS	318,736	31,409		656,991		656,991
061 EMERGENCY		25,033		1,179,829		1,179,829
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	318,736	516,834	77,254	16,098,706		16,098,706
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP						
098 PHYSICIANS' PRIVATE OFFICE				652,679		652,679
098 01 SATELLITE OFFICES				461,427		461,427
100 ARC (HOPEDALE HALL)						
100 01 OUTSIDE PROPERTY				13,378		13,378
100 02 RETAIL PHARMACY				2,089,030		2,089,030
100 03 DURABLE MEDICAL EQUIPMENT						
100 04 TRIPLEXES				70,709		70,709
100 06 UNUSED SPACE				24,616		24,616
100 07 WELLNESS CENTER				777,807		777,807
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	318,736	516,834	77,254	20,188,352		20,188,352

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 3/8/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & ER B&F	WELLNESS CENT ER MME	NEW CAP REL C OSTS-MVBLE E ER MME	WELLNESS CENT ER MME	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		39,581	36,505	2,220	5,158	83,464	83,464
006 01 PHYSICIAN BILLING OFFICE		4,172				4,172	1,049
006 02 HOSPITAL BUSINESS OFFICE		13,279		5,237		18,516	1,889
006 03 ADMIN & GENERAL ALL		43,600	6,226	82,330		132,156	7,907
007 MAINTENANCE & REPAIRS		5,722		1,254		6,976	2,470
008 01 WELLNESS CENTER PLANT OP		3,593				3,593	
008 02 OPERATION OF PLANT ALL				41,275		41,275	
009 LAUNDRY & LINEN SERVICE		11,167		2,304		13,471	1,066
010 HOUSEKEEPING		2,500		800		3,300	2,236
011 DIETARY		13,378		3,512		16,890	3,966
012 CAFETERIA		18,548				18,548	794
014 NURSING ADMINISTRATION		2,391				2,391	1,513
015 CENTRAL SERVICES & SUPPLY		12,860				12,860	1,867
016 PHARMACY		2,445				2,445	1,894
017 MEDICAL RECORDS & LIBRARY		16,017	720			16,737	772
018 SOCIAL SERVICE							402
025 INPAT ROUTINE SRVC CNTRS							
035 ADULTS & PEDIATRICS		37,027		68,326		105,353	9,391
035 NURSING FACILITY		105,772	111	4,473	16	110,372	9,936
036 OTHER LONG TERM CARE		210,192	903	7,565	127	218,787	3,075
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		26,061		87,443		113,504	5,199
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		22,382		135,010		157,392	4,002
044 LABORATORY		8,242		13,800		22,042	2,704
049 RESPIRATORY THERAPY		3,191	11,394	8,809	1,132	24,526	2,857
050 PHYSICAL THERAPY		1,679	33,940	8,964	4,527	49,110	4,857
053 ELECTROCARDIOLOGY		6,743		6,836		13,579	150
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				3,684		3,684	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		6,365		1,997		8,362	2,438
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS		616,907	89,799	485,839	10,960	1,203,505	72,434
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFICE				2,037		2,037	3,611
100 01 SATELLITE OFFICES				2,426		2,426	1,934
100 01 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY							
100 02 RETAIL PHARMACY				326		326	2,336
100 03 DURABLE MEDICAL EQUIPMENT							
100 04 TRIPLEXES							
100 06 UNUSED SPACE		21,068				21,068	
100 07 WELLNESS CENTER			79,558	5,379	11,674	96,611	3,149
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		637,975	169,357	496,007	22,634	1,325,973	83,464

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 3/8/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHYSICIAN BILLING OFFICE	HOSPITAL BUSINESS OFFICE	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	5,221						
006 02 HOSPITAL BUSINESS OFFICE		20,405					
006 03 ADMIN & GENERAL ALL		2,375	142,438				
007 MAINTENANCE & REPAIRS		656	4,251	14,353			
008 01 WELLNESS CENTER PLANT OP		107	695		4,395		
008 02 OPERATION OF PLANT ALL		584	3,783	6,380		52,022	
009 LAUNDRY & LINEN SERVICE		218	1,413	240		2,304	18,712
010 HOUSEKEEPING		437	2,830	29		516	755
011 DIETARY		1,108	7,181	491		2,760	5
012 CAFETERIA		125	809	52		3,827	
014 NURSING ADMINISTRATION		242	1,568			493	
015 CENTRAL SERVICES & SUPPLY		638	4,137	66		2,653	
016 PHARMACY		326	2,110	96		505	
017 MEDICAL RECORDS & LIBRARY		496	3,214	102	19	3,305	
018 SOCIAL SERVICE		83	538				
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,256	14,610	709		7,641	3,889
035 NURSING FACILITY		1,971	12,768	1,155			10,026
036 OTHER LONG TERM CARE		962	6,235	1,450			142
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,819	11,786	858		5,377	1,546
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		1,550	10,042	397		4,618	312
044 LABORATORY		1,201	7,780	165		1,701	
049 RESPIRATORY THERAPY		563	3,649	67	228	658	8
050 PHYSICAL THERAPY		894	5,795	14	911	346	567
053 ELECTROCARDIOLOGY		45	289	31		1,391	
055 MEDICAL SUPPLIES CHARGED		221	1,432				
056 DRUGS CHARGED TO PATIENTS		334	2,165				
061 OUTPAT SERVICE COST CNTRS EMERGENCY		1,194	7,740	24		1,313	604
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS		20,405	116,820	12,326	1,158	39,408	17,854
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE	838		4,111	261			161
098 01 SATELLITE OFFICES	475		2,332	103		7,576	396
100 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY				212			8
100 02 RETAIL PHARMACY	2,978		14,608	31		463	
100 03 DURABLE MEDICAL EQUIPMENT							
100 04 TRIPLEXES						4,575	1
100 06 UNUSED SPACE	35		174				
100 07 WELLNESS CENTER	895		4,393	1,420	3,237		292
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,221	20,405	142,438	14,353	4,395	52,022	18,712

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 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 BUSINESS OFFICE							
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	10,103						
011 DIETARY		32,401					
012 CAFETERIA			24,155				
014 NURSING ADMINISTRATION			346	6,553			
015 CENTRAL SERVICES & SUPPLY	23		860		23,104		
016 PHARMACY			362		191	7,929	
017 MEDICAL RECORDS & LIBRARY	39		513		7		25,204
018 SOCIAL SERVICE			132		1		
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,994	3,002	3,349	6,250	2,446		3,759
035 NURSING FACILITY	3,177	15,041	4,590		494		
036 OTHER LONG TERM CARE	3,138	14,358	2,300		31		
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM			1,754		10,113		5,361
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	384		1,647		786		6,904
044 LABORATORY	288		1,214		6,935		3,310
049 RESPIRATORY THERAPY			800		744		1,595
050 PHYSICAL THERAPY			1,379		146		1,166
053 ELECTROCARDIOLOGY					17		108
055 MEDICAL SUPPLIES CHARGED							250
056 DRUGS CHARGED TO PATIENTS						7,929	1,531
061 OUTPAT SERVICE COST CNTRS EMERGENCY			762	303	447		1,220
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	9,043	32,401	20,008	6,553	22,358	7,929	25,204
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE	955		1,738		163		
098 01 SATELLITE OFFICES					154		
100 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY	105						
100 02 RETAIL PHARMACY			630		202		
100 03 DURABLE MEDICAL EQUIPMENT							
100 04 TRIPLEXES							
100 06 UNUSED SPACE							
100 07 WELLNESS CENTER			1,779		227		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,103	32,401	24,155	6,553	23,104	7,929	25,204

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 BUSINESS OFFICE				
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	1,156			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,156	165,805		165,805
035 NURSING FACILITY		169,530		169,530
036 OTHER LONG TERM CARE		250,478		250,478
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		157,317		157,317
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC		188,034		188,034
044 LABORATORY		47,340		47,340
049 RESPIRATORY THERAPY		35,695		35,695
050 PHYSICAL THERAPY		65,185		65,185
053 ELECTROCARDIOLOGY		15,610		15,610
055 MEDICAL SUPPLIES CHARGED		1,903		1,903
056 DRUGS CHARGED TO PATIENTS		15,643		15,643
061 OUTPAT SERVICE COST CNTRS EMERGENCY		24,407		24,407
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)				
095 SUBTOTALS	1,156	1,136,947		1,136,947
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP				
098 PHYSICIANS' PRIVATE OFFICE		13,875		13,875
098 01 SATELLITE OFFICES		15,396		15,396
100 ARC (HOPEDALE HALL)				
100 01 OUTSIDE PROPERTY		325		325
100 02 RETAIL PHARMACY		21,574		21,574
100 03 DURABLE MEDICAL EQUIPMENT				
100 04 TRIPLEXES		4,576		4,576
100 06 UNUSED SPACE		21,277		21,277
100 07 WELLNESS CENTER		112,003		112,003
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	1,156	1,325,973		1,325,973

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 3/ 8/2011

14-1330

FROM 7/ 1/2009

WORKSHEET B-1

TO 6/30/2010

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	187,324					
004 01 WELLNESS CENTER B&F		35,064				
004 01 NEW CAP REL COSTS-MVB			458,165			
005 01 WELLNESS CENTER MME				22,634		
006 01 EMPLOYEE BENEFITS	11,622	7,558	2,051	5,158	8,746,299	
006 01 PHYSICIAN BILLING OFF	1,225				109,949	-168,496
006 02 HOSPITAL BUSINESS OFF	3,899		4,837		197,912	-531,622
006 03 ADMIN & GENERAL ALL	12,802	1,289	76,049		828,542	-1,911,177
007 MAINTENANCE & REPAIRS	1,680		1,158		258,820	-526,563
008 01 WELLNESS CENTER PLANT	1,055					-86,124
008 02 OPERATION OF PLANT AL			38,126			-468,556
009 LAUNDRY & LINEN SERVI	3,279		2,128		111,733	-174,959
010 HOUSEKEEPING	734		739		234,265	-350,554
011 DIETARY	3,928		3,244		415,545	-889,383
012 CAFETERIA	5,446				83,243	-100,164
014 NURSING ADMINISTRATION	702				158,530	-194,178
015 CENTRAL SERVICES & SU	3,776				195,606	-512,401
016 PHARMACY	718				198,428	-261,316
017 MEDICAL RECORDS & LIB	4,703	149			80,852	-398,055
018 SOCIAL SERVICE					42,111	-66,649
025 INPAT ROUTINE SRVC CN						
035 ADULTS & PEDIATRICS	10,872		63,113		984,079	-1,810,431
036 NURSING FACILITY	31,057	23	4,132	16	1,041,507	-1,581,467
037 OTHER LONG TERM CARE	61,717	187	6,988	127	322,257	-772,193
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	7,652		80,772		544,789	-1,459,784
044 ANESTHESIOLOGY						
049 RADIOLOGY-DIAGNOSTIC	6,572		124,709		419,349	-1,243,720
050 LABORATORY	2,420		12,747		283,377	-963,557
053 RESPIRATORY THERAPY	937	2,359	8,137	1,132	299,420	-451,965
055 PHYSICAL THERAPY	493	7,027	8,280	4,527	508,978	-717,733
056 ELECTROCARDIOLOGY	1,980		6,314		15,735	-35,740
061 MEDICAL SUPPLIES CHAR						-177,342
062 DRUGS CHARGED TO PATI			3,403			-268,152
095 OUTPAT SERVICE COST C						
096 EMERGENCY	1,869		1,845		255,468	-958,631
098 OBSERVATION BEDS (NON						
099 SPEC PURPOSE COST CEN						
100 SUBTOTALS	181,138	18,592	448,772	10,960	7,590,495	-17,080,912
101 NONREIMBURS COST CENT						
102 GIFT, FLOWER, COFFEE						
103 PHYSICIANS' PRIVATE O			1,882		378,407	
104 01 SATELLITE OFFICES			2,241		202,624	
105 01 ARC (HOPEDALE HALL)						
106 01 OUTSIDE PROPERTY						
107 02 RETAIL PHARMACY			301		244,810	
108 03 DURABLE MEDICAL EQUIP						
109 04 TRI PLEXES						
110 06 UNUSED SPACE	6,186					
111 07 WELLNESS CENTER		16,472	4,969	11,674	329,963	
112 CROSS FOOT ADJUSTMENT						
113 NEGATIVE COST CENTER						
114 COST TO BE ALLOCATED	637,975	169,357	496,007	22,634	1,834,839	
115 (WRKSHT B, PART I)						
116 UNIT COST MULTIPLIER	3.405730		1.082595		.209785	
117 (WRKSHT B, PT I)		4.829940		1.000000		
118 COST TO BE ALLOCATED						
119 (WRKSHT B, PART II)						
120 UNIT COST MULTIPLIER						
121 (WRKSHT B, PT II)						
122 COST TO BE ALLOCATED					83,464	
123 (WRKSHT B, PART III)						
124 UNIT COST MULTIPLIER					.009543	
125 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	PHYSICIAN BILLING OFFICE		HOSPITAL BUSINESS OFFICE		ADMIN & GENERAL MAINTENANCE & 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	3,107,440						
006 02 HOSPITAL BUSINESS OFF		-531,622	16,380,794				
006 03 ADMIN & GENERAL ALL			1,911,177	-1,973,202	18,215,150		
007 MAINTENANCE & REPAIRS			526,563		543,652	10,956	
008 01 WELLNESS CENTER PLANT			86,124		88,919		33,775
008 02 OPERATION OF PLANT AL			468,556		483,763	4,869	
009 LAUNDRY & LINEN SERVI			174,959		180,637	183	
010 HOUSEKEEPING			350,554		361,931	22	
011 DIETARY			889,383		918,247	375	
012 CAFETERIA			100,164		103,415	40	
014 NURSING ADMINISTRATION			194,178		200,480		
015 CENTRAL SERVICES & SU			512,401		529,030	50	
016 PHARMACY			261,316		269,797	73	
017 MEDICAL RECORDS & LIB			398,055		410,973	78	149
018 SOCIAL SERVICE			66,649		68,812		
INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS			1,810,431		1,869,187	541	
035 NURSING FACILITY			1,581,467		1,632,792	882	
036 OTHER LONG TERM CARE			772,193		797,254	1,107	
ANCILLARY SRVC COST C							
037 OPERATING ROOM			1,459,784		1,507,160	655	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC			1,243,720		1,284,084	303	
044 LABORATORY			963,557		994,828	126	
049 RESPIRATORY THERAPY			451,965		466,633	51	1,753
050 PHYSICAL THERAPY			717,733		741,026	11	7,000
053 ELECTROCARDIOLOGY			35,740		36,900	24	
055 MEDICAL SUPPLIES CHAR			177,342		183,097		
056 DRUGS CHARGED TO PATI			268,152		276,855		
OUTPAT SERVICE COST C							
EMERGENCY			958,631		989,742	18	
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS		-531,622	16,380,794	-1,973,202	14,939,214	9,408	8,902
NONREIMBURS COST CENT							
GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O	498,711	-525,753			525,753	199	
098 01 SATELLITE OFFICES	282,906	-298,246			298,246	79	
100 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY						162	
100 02 RETAIL PHARMACY	1,771,945	-1,868,026			1,868,026	24	
100 03 DURABLE MEDICAL EQUIP							
100 04 TRIPLEXES							
100 06 UNUSED SPACE	21,068	-22,210			22,210		
100 07 WELLNESS CENTER	532,810	-561,701			561,701	1,084	24,873
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	168,496		531,622		1,973,202	602,545	98,551
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER						54.996805	
(WRKSHT B, PT I)	.054223		.032454		.108328		2.917868
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	5,221		20,405		142,438	14,353	4,395
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER						1.310058	
(WRKSHT B, PT III)	.001680		.001246		.007820		.130126

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 3/ 8/2011

14-1330

FROM 7/ 1/2009

WORKSHEET B-1

TO 6/30/2010

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 BUSINESS OFF							
006 03 ADMIN & GENERAL ALL							
007 MAINTENANCE & REPAIRS							
008 01 WELLNESS CENTER PLANT							
008 02 OPERATION OF PLANT ALL	74,031						
009 LAUNDRY & LINEN SERVICE	3,279	377,115					
010 HOUSEKEEPING	734	15,216	12,985				
011 DIETARY	3,928	108		111,180			
012 CAFETERIA	5,446				18,286		
014 NURSING ADMINISTRATION	702				262	70,179	
015 CENTRAL SERVICES & SUPPLY	3,776		29		651		1,333,617
016 PHARMACY	718				274		11,014
017 MEDICAL RECORDS & LIBRARY	4,703		50		388		399
018 SOCIAL SERVICE					100		55
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	10,872	78,375	2,563	10,301	2,535	66,934	141,214
035 NURSING FACILITY		202,101	4,083	51,610	3,474		28,543
036 OTHER LONG TERM CARE		2,858	4,033	49,269	1,741		1,792
ANCILLARY SERVICE CENTER							
037 OPERATING ROOM	7,652	31,152			1,328		583,655
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	6,572	6,292	494		1,247		45,393
044 LABORATORY	2,420		370		919		400,317
049 RESPIRATORY THERAPY	937	154			606		42,919
050 PHYSICAL THERAPY	493	11,424			1,044		8,404
053 ELECTROCARDIOLOGY	1,980						997
055 MEDICAL SUPPLIES CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT							
OUTPATIENT SERVICE COST CENTER							
061 EMERGENCY	1,869	12,168			577	3,245	25,785
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	56,081	359,848	11,622	111,180	15,146	70,179	1,290,487
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICES		3,246	1,228		1,316		9,431
098 01 SATELLITE OFFICES	10,781	7,971					8,902
100 ARC (HOPEDALE HALL)							
100 01 OUTSIDE PROPERTY		154	135				
100 02 RETAIL PHARMACY	659				477		11,673
100 03 DURABLE MEDICAL EQUIPMENT							
100 04 TRIPLEXES	6,510	20					
100 06 UNUSED SPACE							
100 07 WELLNESS CENTER		5,876			1,347		13,124
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	803,947	245,878	420,240	1,081,070	175,959	232,342	637,298
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	10.859599	.651997	32.363496	9.723601	9.622607	3.310705	.477872
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	52,022	18,712	10,103	32,401	24,155	6,553	23,104
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.702706	.049619	.778052	.291428	1.320956	.093376	.017324

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 3/8/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	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 BUSINESS OFF			
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		33,405,272	
018 SOCIAL SERVICE			100
INPAT ROUTINE SRVC CN			
ADULTS & PEDIATRICS		4,984,894	100
035 NURSING FACILITY			
036 OTHER LONG TERM CARE			
ANCILLARY SRVC COST C			
037 OPERATING ROOM		7,110,583	
040 ANESTHESIOLOGY			
041 RADIOLOGY-DIAGNOSTIC		9,135,834	
044 LABORATORY		4,389,527	
049 RESPIRATORY THERAPY		2,114,961	
050 PHYSICAL THERAPY		1,546,832	
053 ELECTROCARDIOLOGY		143,125	
055 MEDICAL SUPPLIES CHAR		331,533	
056 DRUGS CHARGED TO PATI	100	2,030,028	
OUTPAT SERVICE COST C			
EMERGENCY		1,617,955	
062 OBSERVATION BEDS (NON			
SPEC PURPOSE COST CEN			
095 SUBTOTALS	100	33,405,272	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	318,736	516,834	77,254
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		.015472	
(WRKSHT B, PT I)	3,187.360000		772.540000
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	7,929	25,204	1,156
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		.000754	
(WRKSHT B, PT III)	79.290000		11.560000

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
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,110,584	.311025	.311025
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	9,135,833	.186774	.186774
44	LABORATORY	4,389,527	.322549	.322549
49	RESPIRATORY THERAPY	2,114,961	.281065	.281065
50	PHYSICAL THERAPY	1,546,832	.577391	.577391
53	ELECTROCARDIOLOGY	143,125	.463993	.463993
55	MEDICAL SUPPLIES CHARGED	331,532	.627574	.627574
56	DRUGS CHARGED TO PATIENTS	2,030,028	.323636	.323636
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1,617,955	.729210	.729210
62	OBSERVATION BEDS (NON-DIS)	78,453	1.034479	1.034479
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	28,498,830		
102	LESS OBSERVATION BEDS	78,453		
103	TOTAL	28,420,377		

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						
40	OPERATING ROOM	2,211,567	157,317	2,054,250			2,211,567
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC	1,706,337	188,034	1,518,303			1,706,337
49	LABORATORY	1,415,838	47,340	1,368,498			1,415,838
50	RESPIRATORY THERAPY	594,441	35,695	558,746			594,441
53	PHYSICAL THERAPY	893,127	65,185	827,942			893,127
55	ELECTROCARDIOLOGY	66,409	15,610	50,799			66,409
56	MEDICAL SUPPLIES CHARGED	208,061	1,903	206,158			208,061
56	DRUGS CHARGED TO PATIENTS	656,991	15,643	641,348			656,991
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,179,829	24,407	1,155,422			1,179,829
62	OBSERVATION BEDS (NON-DIS)	81,158		81,158			81,158
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	9,013,758	551,134	8,462,624			9,013,758
102	LESS OBSERVATION BEDS	81,158		81,158			81,158
103	TOTAL	8,932,600	551,134	8,381,466			8,932,600

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
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,110,584	.311025	.311025
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	9,135,833	.186774	.186774
44	LABORATORY	4,389,527	.322549	.322549
49	RESPIRATORY THERAPY	2,114,961	.281065	.281065
50	PHYSICAL THERAPY	1,546,832	.577391	.577391
53	ELECTROCARDIOLOGY	143,125	.463993	.463993
55	MEDICAL SUPPLIES CHARGED	331,532	.627574	.627574
56	DRUGS CHARGED TO PATIENTS	2,030,028	.323636	.323636
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1,617,955	.729210	.729210
62	OBSERVATION BEDS (NON-DIS)	78,453	1.034479	1.034479
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	28,498,830		
102	LESS OBSERVATION BEDS	78,453		
103	TOTAL	28,420,377		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	2,211,567	7,110,584			
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	1,706,337	9,135,833			
44	LABORATORY	1,415,838	4,389,527			
49	RESPIRATORY THERAPY	594,441	2,114,961			
50	PHYSICAL THERAPY	893,127	1,546,832			
53	ELECTROCARDIOLOGY	66,409	143,125			
55	MEDICAL SUPPLIES CHARGED	208,061	331,532			
56	DRUGS CHARGED TO PATIENTS	656,991	2,030,028			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,179,829	1,617,955			
62	OBSERVATION BEDS (NON-DIS)	81,158	78,453			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	9,013,758	28,498,830			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	2,211,567	21,250	2,232,817	7,110,584			
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	1,706,337		1,706,337	9,135,833			
44	LABORATORY	1,415,838		1,415,838	4,389,527			
49	RESPIRATORY THERAPY	594,441		594,441	2,114,961			
50	PHYSICAL THERAPY	893,127		893,127	1,546,832			
53	ELECTROCARDIOLOGY	66,409		66,409	143,125			
55	MEDICAL SUPPLIES CHARGED	208,061		208,061	331,532			
56	DRUGS CHARGED TO PATIENTS	656,991		656,991	2,030,028			
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	1,179,829	249,953	1,429,782	1,617,955			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	81,158		81,158	78,453			
101	TOTAL	9,013,758	271,203	9,284,961	28,498,830			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

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		2,038,212	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.311025	874,076	271,859
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.186774	816,828	152,562
44	LABORATORY	.322549	444,019	143,218
49	RESPIRATORY THERAPY	.281065	729,033	204,906
50	PHYSICAL THERAPY	.577391	67,407	38,920
53	ELECTROCARDIOLOGY	.463993	1,232	572
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.627574	108,780	68,267
56	DRUGS CHARGED TO PATIENTS	.323636	660,076	213,624
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.729210	8,357	6,094
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.034479		
101	TOTAL		3,709,808	1,100,022
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,709,808	

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	.311025		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.186774	108,730	20,308
44	LABORATORY	.322549	189,677	61,180
49	RESPIRATORY THERAPY	.281065	245,444	68,986
50	PHYSICAL THERAPY	.577391	210,631	121,616
53	ELECTROCARDIOLOGY	.463993		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.627574		
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.323636	353,144	114,290
61	EMERGENCY	.729210		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.034479		
101	TOTAL		1,107,626	386,380
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,107,626	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		3,218,176
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)		3,218,176

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)		3,250,358
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)		

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES		51,116
18.01	CAH ACTUAL BILLED COINSURANCE		1,692,794
	LINE 17.01 (SEE INSTRUCTIONS)		
19	SUBTOTAL (SEE INSTRUCTIONS)		1,506,448
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		1,506,448
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL		1,506,448
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		158,135
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		158,135
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		158,135
28	SUBTOTAL		1,664,583
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		1,664,583
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		1,648,032
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		16,551
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		36,918

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		1,749,797		1,738,959
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	2/5/2010	115,021	6/11/2010	132,836
ADJUSTMENTS TO PROVIDER .02	6/11/2010	29,372	6/30/2010	75,773
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			2/5/2010	299,536
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		144,393		-90,927
4 TOTAL INTERIM PAYMENTS		1,894,190		1,648,032
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)		9,096		16,551
7 TOTAL MEDICARE PROGRAM LIABILITY		1,885,094		1,664,583

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		1,235,615		
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	2/5/2010	77,568		
ADJUSTMENTS TO PROVIDER .02	6/11/2010	366,366		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		443,934		NONE
4 TOTAL INTERIM PAYMENTS		1,679,549		
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)		141,363		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,538,186		

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
14-1330	FROM 7/ 1/2009	3/ 8/2011
COMPONENT NO:	TO 6/30/2010	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)	1,177,033	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	390,244	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,479	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,567,277	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,567,277	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,567,277	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	29,091	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,538,186	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,538,186	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,679,549	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	-141,363	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	17,116	
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1330	FROM 7/ 1/2009	3/ 8/2011
COMPONENT NO:	TO 6/30/2010	WORKSHEET E-3
14-1330		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,172,422
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,172,422
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,194,146

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 LIABLE 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	2,194,146
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	320,960
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,873,186
23	COINSURANCE	
24	SUBTOTAL	1,873,186
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	11,908
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	11,908
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	11,908
26	SUBTOTAL	1,885,094
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	1,885,094
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,894,190
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-9,096
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	24,288

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,563,423			
2	TEMPORARY INVESTMENTS	1,210,851			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	5,175,446			
5	OTHER RECEIVABLES	324,322			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,661,139			
7	INVENTORY	778,366			
8	PREPAID EXPENSES	190,191			
9	OTHER CURRENT ASSETS	601,112			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,182,572			
FIXED ASSETS					
12	LAND	663,463			
12.01	LAND IMPROVEMENTS	407,284			
13.01	LESS ACCUMULATED DEPRECIATION	-311,145			
14	BUILDINGS	17,657,403			
14.01	LESS ACCUMULATED DEPRECIATION	-8,761,487			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	12,561,026			
18.01	LESS ACCUMULATED DEPRECIATION	-11,119,094			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	11,097,450			
OTHER ASSETS					
22	INVESTMENTS	330,267			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	470,293			
26	TOTAL OTHER ASSETS	800,560			
27	TOTAL ASSETS	20,080,582			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,842,324			
29 SALARIES, WAGES & FEES PAYABLE	558,560			
30 PAYROLL TAXES PAYABLE	221,218			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	582,019			
32 DEFERRED INCOME	364,053			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	283,310			
36 TOTAL CURRENT LIABILITIES	3,851,484			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	4,775,560			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	255,470			
42 TOTAL LONG-TERM LIABILITIES	5,031,030			
43 TOTAL LIABILITIES	8,882,514			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	11,198,068			
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	11,198,068			
52 TOTAL LIABILITIES AND FUND BALANCES	20,080,582			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		11,009,960		
2 NET INCOME (LOSS)		-364,109		
3 TOTAL		10,645,851		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 TEMP RESTRICTED CONTRIBUT	509,499			
7 TRANSFERS TO RELATED PART	123,076			
8				
9				
10 TOTAL ADDITIONS		632,575		
11 SUBTOTAL		11,278,426		
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		11,278,426		

	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 TRANSFERS TO RELATED PART				
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	3,601,431		3,601,431
4 00 SWING BED - SNF	1,383,463		1,383,463
5 00 SWING BED - NF			
7 00 NURSING FACILITY	2,712,540		2,712,540
8 00 OTHER LONG TERM CARE	1,260,250		1,260,250
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	8,957,684		8,957,684
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	8,957,684		8,957,684
17 00 ANCILLARY SERVICES	7,932,879	18,869,543	26,802,422
18 00 OUTPATIENT SERVICES		1,650,588	1,650,588
24 00 DIETARY REVENUE		10,751	10,751
24 01 RETAIL PHARMACY		1,868,765	1,868,765
24 04 ER PROFESSIONAL FEES		552,465	552,465
25 00 TOTAL PATIENT REVENUES	16,890,563	22,952,112	39,842,675

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		21,614,342	
ADD (SPECIFY)			
27 00 BAD DEBTS	935,772		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		935,772	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		22,550,114	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1330
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 3/8/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	39,842,675
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	18,956,670
3	NET PATIENT REVENUES	20,886,005
4	LESS: TOTAL OPERATING EXPENSES	22,550,114
5	NET INCOME FROM SERVICE TO PATIENTS	-1,664,109
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	46,297
7	INCOME FROM INVESTMENTS	150,975
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	1,078,306
24.01	UNREALIZED GAIN ON INVESTMENT	24,422
25	TOTAL OTHER INCOME	1,300,000
26	TOTAL	-364,109
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-364,109