

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		
						00 - # 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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: SECOND STREET P.O. BOX:
 1.01 CITY: HOPEDALE STATE: IL ZIP CODE: 61747- COUNTY: TAZEWELL

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	14-1330	2.01	10/1/2003	V XVII XI X
04.00	SWING BED - SNF	14-2330		10/1/2003	N O O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM 7/1/2008 TO 6/30/2009

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN OR (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDER'S ACTUAL MSA OR CBSA. 2 Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MPPA §147? (SEE INSTRUCT) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED SLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER, ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GIVE FTE CAP (COLUMN 1) OR I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR GME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 10/1/2003
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICAL CARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 0 0.0000 0.0000
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN (1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIMAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVI | XIX
 1 2 3
 N N N

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX INFANTS OCCUPYING TITLE XVII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). Y
 40.01 NAME: FI / CONTRACTOR NAME FI / CONTRACTOR #
 40.02 STREET: P. O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
 46 IF YOU ARE PARTICIPATING IN THE NHQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 28,325
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS DATE Y OR N LIMIT Y OR N FEES
 IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 0 1 2 3 4
 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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 MULTI CAMPUS 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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO:
14-1330

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

PREPARED 11/25/2009
WORKSHEET S-3
PART I

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 X 5
1 ADULTS & PEDI ATRI CS	25	9,125	59,811.00			1,448	158
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						2,001	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	59,811.00			3,449	158
12 TOTAL	25	9,125	59,811.00			3,449	158
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							

COMPONENT	TITLE X ADM TTD 5.01	I/P DAYS / OBSERVATION BEDS NOT ADM TTD 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADM TTD 6.01	OBSERVATION BEDS NOT ADM TTD 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDI ATRI CS			2,274				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			2,103				
4 ADULTS & PED-SB NF			177				
5 TOTAL ADULTS AND PEDS			4,554				
12 TOTAL			4,554				
13 RPCH VISITS							
16 NURSING FACILITY			16,166				
17 OTHER LONG TERM CARE			16,267				
25 TOTAL							
26 OBSERVATION BED DAYS			103	5	98		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS - IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EQUIV EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDI ATRI CS					466	43	953
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		205.26			466	43	953
13 RPCH VISITS							
16 NURSING FACILITY		32.09					
17 OTHER LONG TERM CARE		12.80					56
25 TOTAL		250.15					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS - IRF							

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- IFICATION	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- M/BLE 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 ADMN & GENERAL	189,173	237,103	426,276		426,276
6.03	0660 ADMN & 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 & PEDIATRICS	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-DIAGNOSTIC 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:	PERIOD:	PREPARED 11/25/2009
14-1330	FROM 7/1/2008	WORKSHEET A
	TO 6/30/2009	

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- M/BLE 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 ADMN & GENERAL	- 12,366	413,910
6.03	0660 ADMN & 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 & PEDIATRICS	- 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-DIAGNOSTIC 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 & FI XT	0300	
3.01	WELLNESS CENTER B&F	0301	NEW CAP REL COSTS- BLDG & FI XT
4	NEW CAP REL COSTS- M/BLE EQUIP	0400	
4.01	WELLNESS CENTER MME	0401	NEW CAP REL COSTS- M/BLE 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		
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-DISTRICT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS- BLDG & FI XT
	NONREIMBURSABLE 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 & FI XT

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 ADMN & GENERAL	6.02		11,669
3		ADMN & 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- M/BLE EQUIP	4		54,645
7		WELLNESS CENTER B&F	3.01		34,341
8		ADMN & 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 ADMN	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 1	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 CAFETERIA COST	A	DIETARY	11	59,037	64,183	
2 RECLASS FOR EMP BENEFITS B-1 PURPOSE	B	HOSPITAL ADMN & GENERAL	6.02	11,669		
3		ADMN & 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-MBLE 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-MBLE EQUIP	4		31,083	11
19 NURSING ADMN	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			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	123,220
TOTAL RECLASSIFICATIONS FOR CODE A			123,220

DECREASE			
COST CENTER	LINE	AMOUNT	
DIETARY	11	123,220	
		123,220	

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

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

DECREASE			
COST CENTER	LINE	AMOUNT	
HOSPITAL ADMN & GENERAL	6.02	11,669	
ADMN & GENERAL ALL	6.03	51,651	
ANESTHESIOLOGY	40	4,743	
		68,063	

RECLASS CODE: C
EXPLANATION: INTEREST EXPENSE

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

DECREASE			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	321,790	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		321,790	

RECLASS CODE: D
EXPLANATION: ER NURSING RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	233,270
TOTAL RECLASSIFICATIONS FOR CODE D			233,270

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	233,270	
		233,270	

RECLASS CODE: E
EXPLANATION: BUILDING DEPRECIATION

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

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS- MMBLE EQUIP	4	372,326	
		372,326	

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

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	WELLNESS CENTER B&F	3.01	93,055
2.00	WELLNESS CENTER MME	4.01	31,083
TOTAL RECLASSIFICATIONS FOR CODE F			124,138

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS- BLDG & FIXT	3	93,055	
NEW CAP REL COSTS- MMBLE EQUIP	4	31,083	
		124,138	

RECLASS CODE: H
EXPLANATION: NURSING ADMN

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	116,632
TOTAL RECLASSIFICATIONS FOR CODE H			116,632

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	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	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT							
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	DISPOSALS 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 IMPROVEMENT							
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	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR 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- MW	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						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		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- MW	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						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		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- MW	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

PROVIDER NO:
14-1330

PERIOD: PREPARED 11/25/2009
FROM 7/1/2008 WORKSHEET A-8
TO 6/30/2009

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 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- MMBLE E	4	11
5 INVESTMENT INCOME- OTHER	B	-14,716	ADM N & GENERAL ALL	6.03	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-1,497	ADM N & GENERAL ALL	6.03	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVDR SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-11,669	HOSPITAL ADM N & 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 (TUITION, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-2,377	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTERST 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 PHYSICIAN 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- MMBLE 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 OTHER INCOME	B	-3,762	ADM N & GENERAL ALL	6.03	
37.01 ALCOHOLIC BEVERAGES	A	-783	ADM N & 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 ANESTHESIA- CALL TIME	A	-131,700	ANESTHESIOLOGY	40	
39 TELEPHONE EMP BENEFIT EXPENSE	A	-2,322	NEW CAP REL COSTS- MMBLE 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	ADM N & GENERAL ALL	6.03	
42.01 MARKETING NURSING HOME	A	-715	NURSING FACILITY	35	
42.02 MARKETING CLTC	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	ADM N & 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	ADM N & GENERAL ALL	6.03	
45					
46 NONALLOWABLE BOND ISSUANCE COSTS	A	-839	INTEREST EXPENSE	88	
47 OTHER INCOME CLTC	B	-868	OTHER LONG TERM CARE	36	
48 CHARITABLE CONTRIBUTIONS	A	-10,782	ADM N & GENERAL ALL	6.03	
49					
49.01 PATIENT TELEVISION EXPENSE	A	-372	ADM N & GENERAL ALL	6.03	
49.02 PATIENT TELEVISION	A	-697	HOSPITAL ADM N & 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	ADM N & GENERAL ALL	6.03	
49.08 PAYROLL PENALTY	A	-1,668	ADM N & 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-MBLE 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 OFFICE	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, REQUESTS 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 XVI.

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. CORPORATIONS, 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) SPECIFIC 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								
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14								
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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								
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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 MVE	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	PHYSICIAN BILLING OFFICE	-6	ACCUM COST	ENTERED
6.02	HOSPITAL ADMN & GENERAL	-7	ACCUM COST	ENTERED
6.03	ADMN & 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 NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	ENTERED
16	PHARMACY	18	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	GROSS REVNUJ	ENTERED
18	SOCIAL SERVICE	20	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C COSTS- BLDG &	WELLNESS CENTER ER B&F	NEW CAP REL C COSTS- MMBLE E	WELLNESS CENTER ER MME	EMPLOYEE BENEFITS	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- MMBLE E WELLNESS CENTER MME	696,601			696,601	31,083		
005 01 EMPLOYEE BENEFITS	1,757,267	11,661		1,932		1,770,860	
006 01 PHYSICIAN BILLING OFFICE	155,172	4,025				24,658	183,855
006 02 HOSPITAL ADMIN & GENERAL	413,910	12,811		1,348		36,188	464,257
006 03 ADMIN & GENERAL ALL	1,855,126	42,063	6,284	120,922		150,295	2,174,690
007 01 MAINTENANCE & REPAIRS	498,586	5,520		1,416		53,705	559,227
008 01 WELLNESS CENTER PLANT OP	85,798	3,466					89,264
008 02 OPERATION OF PLANT ALL	435,249			44,423			479,672
009 01 LAUNDRY & LINEN SERVICE	151,956	10,774		1,540		26,543	190,813
010 01 HOUSEKEEPING	290,996	2,412		775		42,351	336,534
011 01 DIETARY	760,398	12,906		3,401		74,275	850,980
012 01 CAFETERIA	30,534	17,894				12,036	60,464
014 01 NURSING ADMINISTRATION	116,632	2,307				23,778	142,717
015 01 CENTRAL SERVICES & SUPPLY	393,733	12,407				37,836	443,976
016 01 PHARMACY	210,553	2,359				38,750	251,662
017 01 MEDICAL RECORDS & LIBRARY	405,184	15,452	726			18,520	439,882
018 01 SOCIAL SERVICE	62,698					9,923	72,621
025 01 INPATIENT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,479,432	35,721		66,833		218,443	1,800,429
035 01 NURSING FACILITY	1,239,505	122,366		6,366		220,613	1,588,850
036 01 OTHER LONG TERM CARE	477,131	233,395		4,511		63,222	778,259
037 01 ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,422,305	24,484		56,522		114,769	1,618,080
040 01 ANESTHESIOLOGY	27,813	657		25,539			54,009
041 01 RADIOLOGY- DIAGNOSTIC	953,534	19,546		315,559		83,727	1,372,366
044 01 LABORATORY	895,584	7,951		10,897		53,980	968,412
049 01 RESPIRATORY THERAPY	353,076	3,079	8,546	10,277	1,554	58,568	435,100
050 01 PHYSICAL THERAPY	567,213	1,620	34,124	7,073	6,216	101,234	717,480
053 01 ELECTROCARDIOLOGY	48,605	6,506		6,620		8,694	70,425
055 01 MEDICAL SUPPLIES CHARGED							
056 01 DRUGS CHARGED TO PATIENTS	335,013			3,568			338,581
061 01 OUTPATIENT SERVICE COST CNTRS EMERGENCY	816,422	4,094		1,934		56,256	878,706
062 01 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 01 SUBTOTALS	17,753,516	615,476	49,680	691,456	7,770	1,528,364	17,361,311
096 01 NONREIMBURSABLE COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFICE	423,572			2,149		74,328	500,049
098 01 SATELLITE OFFICES	235,443			2,350		40,604	278,397
100 01 ARC (HOPEDALE HALL)							
100 01 CUTSIDE 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 NEW CAP REL COSTS- BLDG & WELLNESS CENTER B&F							
004 01 NEW CAP REL COSTS- MVBLE E WELLNESS CENTER MVE							
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 INPATIENT ROUTINE SERVICE CENTERS							
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 ANCI LLARY SRVC COST CNTRS							
040 OPERATING ROOM		1,618,080	44,947	1,663,027	202,332	31,208	
041 ANESTHESIOLOGY		54,009	1,500	55,509	6,754		
044 RADIOLOGY- DIAGNOSTIC		1,372,366	38,122	1,410,488	171,607	3,137	
049 LABORATORY		968,412	26,901	995,313	121,095	10,017	
050 RESPIRATORY THERAPY		435,100	12,086	447,186	54,407	1,376	5,341
053 PHYSICAL THERAPY		717,480	19,930	737,410	89,717		21,328
055 ELECTROCARDIOLOGY		70,425	1,956	72,381	8,806	660	
056 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS		338,581	9,405	347,986	42,338		
062 OUTPAT SERVICE COST CENTERS							
062 EMERGENCY		878,706	24,409	903,115	109,877		
095 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							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFICE	28,335	528,384		528,384	64,286	37,648	
100 01 SATELLITE OFFICES	15,775	294,172		294,172	35,790	4,238	
100 01 ARC (HOPEDALE HALL)							
100 01 CUTSIDE 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 DESCR I P T I O N	OPERATI ON OF	LAUNDRY & LI N	HOUSEKEEPI NG	DI ETARY	CAFETERI A	NURSI NG ADM N	CENTRAL SERVI
	PLANT ALL	EN SERVI CE				I STRATI ON	CES & SUPPLY
	8. 02	9	10	11	12	14	15
003 GENERAL SERVI CE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG &							
004 01 WELLNESS CENTER B&F							
004 01 NEW CAP REL COSTS- MVBLE E							
004 01 WELLNESS CENTER MVE							
005 EMPLOYEE BENEFITS							
006 01 PHYSI CI AN B I L L I N G O F F I C E							
006 02 HOSPI TAL ADM N & GENERAL							
006 03 ADM N & GENERAL ALL							
007 MAI NTE NANCE & REPAI RS							
008 01 WELLNESS CENTER PLANT OP							
008 02 OPERATI ON OF PLANT ALL	796,643						
009 LAUNDRY & LI NEN SERVI CE	35,889	266,760					
010 HOUSEKEEPI NG	8,034	11,549	407,547				
011 DI ETARY	42,993	65		1,040,985			
012 CAFETERI A	59,607				129,312		
014 NURSI NG ADM NI STRATI ON	7,683				1,569	173,779	
015 CENTRAL SERVI CES & SUPPLY	41,329		698		4,461		561,671
016 PHARMACY	7,859				2,306		6,009
017 MEDI CAL RECORDS & LI BRARY	51,475		2,239		3,265		53
018 SOCI AL SERVI CE					872		200
025 I N P A T R O U T I N E S R V C C N T R S							
025 ADULTS & PEDI ATRI CS	118,995	57,411	82,073	119,924	18,963	161,527	53,180
035 NURSI NG FACI LI TY		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 ANCI LLARY S R V C C O S T C N T R S							
040 OPERATI NG ROOM	81,563	22,775			9,010		267,474
041 ANESTHESI OLOGY	2,189				24		7,806
044 RADI OLOGY- DI AGNOSTI C	65,113	4,830	18,374		7,877		17,455
049 LABORATORY	26,487	44	7,210		5,048		138,856
050 RESPI RATORY THERAPY	10,256	1,044	1,541		4,905		16,836
053 PHYSI CAL THERAPY	5,396	3,846			7,306		2,628
055 ELECTROCARDI OLOGY	21,671						196
056 MEDI CAL SUPPLI ES CHARGED							
061 DRUGS CHARGED TO PATI ENTS							
062 OUTPAT SERVI CE COST CNTRS							
061 EMERGENCY	13,638	9,700			4,866	12,252	7,745
062 OBSERVATI ON BEDS (NON- DI S							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	600,177	254,038	360,391	1,040,985	106,045	173,779	529,693
096 NONREI MBURS COST CENTERS							
098 GI FT, FLOWER, COFFEE SHOP							
098 01 PHYSI CI ANS' PRI VATE O F F I C		3,889	39,888		9,280		4,154
100 01 SATELLI TE O F F I C E S	118,000	3,605					3,230
100 01 ARC (HOPEDALE HALL)							
100 01 CUTSI DE PROPERTY				7,268			
100 02 RETAI L PHAMACY	7,213				3,614		5,322
100 03 DURABLE MEDI CAL EQUI PMENT					697		14,558
100 04 TRI PLEXES	71,253	32					
100 06 UNUSED SPACE							
100 07 WELLNESS CENTER		5,196			9,676		4,714
101 CROSS FOOT ADJUSTMENT							
102 NEGATI VE COST CENTER							
103 TOTAL	796,643	266,760	407,547	1,040,985	129,312	173,779	561,671

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICE SUBTOTAL	I & R COST POST STEP-DOWN ADJ 26	TOTAL
003 GENERAL SERVICE COST CNTR	16	17	18	25	26	27
003 01 NEW CAP REL COSTS- BLDG & WELLNESS CENTER B&F						
004 01 NEW CAP REL COSTS- MVBLE E WELLNESS CENTER MVE						
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	308,112					
017 MEDICAL RECORDS & LIBRARY		582,480				
018 SOCIAL SERVICE			84,791			
025 INPATIENT ROUTINE SERVICE CENTERS						
035 ADULTS & PEDIATRICS		93,725	84,791	2,908,987		2,908,987
036 NURSING FACILITY				2,642,610		2,642,610
037 OTHER LONG TERM CARE				1,603,736		1,603,736
040 ANCILLARY SERVICE CENTERS						
041 OPERATING ROOM		135,764		2,413,153		2,413,153
044 ANESTHESIOLOGY		6,087		78,369		78,369
049 RADIOLOGY-DIAGNOSTIC		141,998		1,840,879		1,840,879
050 LABORATORY		72,205		1,376,275		1,376,275
053 RESPIRATORY THERAPY		32,046		574,938		574,938
055 PHYSICAL THERAPY		26,647		894,278		894,278
056 ELECTROCARDIOLOGY		5,779		109,493		109,493
061 MEDICAL SUPPLIES CHARGED						
062 DRUGS CHARGED TO PATIENTS	308,112	42,770		741,206		741,206
095 OUTPAT SERVICE COST CENTERS						
096 EMERGENCY		25,459		1,086,652		1,086,652
098 OBSERVATION BEDS (NON-DISSPEC PURPOSE COST CENTERS)						
100 SUBTOTALS	308,112	582,480	84,791	16,270,576		16,270,576
101 NONREIMBURSABLE COST CENTERS						
102 GIFT, FLOWER, COFFEE SHOP				687,529		687,529
103 PHYSICIANS' PRIVATE OFFICE				459,035		459,035
100 01 SATELLITE OFFICES						
100 01 ARC (HOPEDALE HALL)				16,185		16,185
100 01 CUTSIDE PROPERTY						
100 02 RETAIL PHARMACY				2,041,552		2,041,552
100 03 DURABLE MEDICAL EQUIPMENT				149,525		149,525
100 04 TRIPLEXES				71,285		71,285
100 06 UNUSED SPACE				2,312		2,312
100 07 WELLNESS CENTER				907,985		907,985
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	308,112	582,480	84,791	20,605,984		20,605,984

COST CENTER DESCRIPTION	DIRECT ASSIGNED NEW CAPITAL RELATED COSTS	NEW CAPITAL COSTS- BLDG & WELLNESS CENTER B&F	NEW CAPITAL COSTS- MULTIPLE WELLNESS CENTER	SUBTOTAL	EMPLOYEE BENEFITS
	0	3	4	4a	5
003 GENERAL SERVICE COST CENTER					
003 01 NEW CAPITAL COSTS- BLDG & WELLNESS CENTER B&F					
004 01 NEW CAPITAL COSTS- MULTIPLE 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	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 INPATIENT ROUTINE SERVICE CENTERS					
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 SERVICE COST CENTERS					
040 OPERATING ROOM	2,141	24,484	56,522	83,147	881
041 ANESTHESIOLOGY		657	25,539	26,196	
044 RADIOLOGY- DIAGNOSTIC	18,702	19,546	315,559	353,807	643
049 LABORATORY		7,951	10,897	18,848	414
050 RESPIRATORY THERAPY		3,079	8,546	10,277	450
053 PHYSICAL THERAPY		1,620	34,124	7,073	777
055 ELECTROCARDIOLOGY		6,506	6,620	6,216	67
056 MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS			3,568	3,568	
061 OUTPATIENT SERVICE COST CENTERS					
061 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
096 NONREIMBURSABLE 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 CUTSIDE 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
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 ADM N & GENERAL	ADM N & 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 MVE							
005 EMPLOYEE BENEFITS							
006 01 PHYSICIAN BILLING OFFICE	4,214						
006 02 HOSPITAL ADM N & GENERAL		14,437					
006 03 ADM N & 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		672	7,566	1,548			964
037 ANCILLARY SRVC COST CNTRS 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 01 PHYSICIANS PRIVATE OFFICE	650		4,998	775			251
098 01 SATELLITE OFFICES	362		2,783	87		8,075	233
100 01 ARC (HOPEDALE HALL)				184			
100 01 CUTSIDE PROPERTY							
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 &							
004 01 WELLNESS CENTER B&F							
004 01 NEW CAP REL COSTS- MMBLE E							
004 01 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					2	25,506
018 SOCIAL SERVICE						8	
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		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			1,582		10,043		5,949
040 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
OUTPAT SERVICE COST CNTRS							
061 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
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE	819		1,629		156		
098 01 SATELLITE OFFICES					121		
100 ARC (HOPEDALE HALL)							
100 01 CUTSIDE 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 &				
004 WELLNESS CENTER B&F				
004 01 NEW CAP REL COSTS- MVBLE E				
005 WELLNESS CENTER MVE				
006 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			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	1,006	160,913		160,913
035 NURSING FACILITY		176,957		176,957
036 OTHER LONG TERM CARE		266,984		266,984
ANCILLARY SRVC COST CNTRS				
037 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
OUTPAT SERVICE COST CNTRS				
061 EMERGENCY		19,920		19,920
062 OBSERVATION BEDS (NON-DIS				
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	1,006	1,327,260		1,327,260
NONREIMBURS COST CENTERS				
096 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 CUTSIDE 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 & (SQUARE FEET)	C WELLNESS CENTER B&F (SQUARE FEET)	NEW CAP REL COSTS- M/MBLE E (DOLLAR) VALUE	C WELLNESS CENTER MME (DOLLAR) VALUE	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	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- MMB 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 OPERATIONS 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 INPATIENT 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
037 01 OTHER LONG TERM CARE	71,036		4,303		310,104	-778,259
040 01 ANCILLARY SRVC COST C						
041 01 OPERATING ROOM	7,452		53,910		562,941	-1,618,080
044 01 ANESTHESIOLOGY	200		24,359			-54,009
049 01 RADIOLOGY- DIAGNOSTIC	5,949		300,974		410,682	-1,372,366
050 01 LABORATORY	2,420		10,393		264,773	-968,412
053 01 RESPIRATORY THERAPY	937	1,753	9,802	1,554	287,275	-435,100
055 01 PHYSICAL THERAPY	493	7,000	6,746	6,216	496,554	-717,480
056 01 ELECTROCARDIOLOGY	1,980		6,314		42,642	-70,425
061 01 MEDICAL SUPPLIES CHAR						
062 01 DRUGS CHARGED TO PATI			3,403			-338,581
066 01 OUTPAT SERVICE COST C						
067 01 EMERGENCY	1,246		1,845		275,937	-878,706
095 01 OBSERVATION BEDS (NON						
096 01 SPEC PURPOSE COST CEN						
097 01 SUBTOTALS	187,324	10,191	659,501	7,770	7,496,620	-17,361,311
098 01 NONREIMBURS COST CENT						
099 01 GIFT, FLOWER, COFFEE						
100 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						
100 07 WELLNESS CENTER		24,873	315	23,312	333,801	
101 01 CROSS FOOT ADJUSTMENT						
102 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		
105 01 COST TO BE ALLOCATED						
106 01 (WRKSHT B, PART II)						
106 01 UNIT COST MULTIPLIER						
107 01 (WRKSHT B, PT II)						
107 01 COST TO BE ALLOCATED					13,593	
108 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 & WELLNESS CENTER ALL REPAIRS 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- MMB							
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 OPERATING ROOM			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							
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							
SUBTOTALS		-464,257	16,713,199	-2,235,097	14,942,359	9,853	8,902
NONREIMBURS COST CENT							
GIT, 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- MMB							
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 SERVICE	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 & SUP	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		.717328		8.505266		2.606828	
(WRKSHT B, PT I)	10.945154		29.073120		7.924501		.379426
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		.046300		.238404		.072019	
(WRKSHT B, PT III)	.748987		.597089		1.391408		.014248

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(COSTED REQUIS.)	(GROSS) REVNUJE	(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- MMB			
004 01 WELLNESS CENTER MME			
005 EMPLOYEE BENEFITS			
006 01 PHYSICIAN BILLING OFF			
006 02 HOSPITAL ADMN & GENE			
006 03 ADMN & GENERAL ALL			
007 MAINTENANCE & REPAIRS			
008 01 WELLNESS CENTER PLANT			
008 02 OPERATI ON 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 ON			
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			
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 III)			
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
14-1330

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

PREPARED 11/25/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I CCL 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,908,987		2,908,987		
35	NURSING FACILITY	2,642,610		2,642,610		
36	OTHER LONG TERM CARE	1,603,736		1,603,736		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,413,153		2,413,153		
40	ANESTHESIOLOGY	78,369		78,369		
41	RADIOLOGY-DIAGNOSTIC	1,840,879		1,840,879		
44	LABORATORY	1,376,275		1,376,275		
49	RESPIRATORY THERAPY	574,938		574,938		
50	PHYSICAL THERAPY	894,278		894,278		
53	ELECTROCARDIOLOGY	109,493		109,493		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	741,206		741,206		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,086,652		1,086,652		
62	OBSERVATION BEDS (NON-DIS)	66,416		66,416		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	16,336,992		16,336,992		
102	LESS OBSERVATION BEDS	66,416		66,416		
103	TOTAL	16,270,576		16,270,576		

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

14-1330

PERIOD:

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

PREPARED 11/25/2009

WORKSHEET C
PART I

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	WKST B, PT I CCL 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DIALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,908,987		2,908,987		
35	NURSING FACILITY	2,642,610		2,642,610		
36	OTHER LONG TERM CARE	1,603,736		1,603,736		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,413,153		2,413,153		
40	ANESTHESIOLOGY	78,369		78,369		
41	RADIOLOGY-DIAGNOSTIC	1,840,879		1,840,879		
44	LABORATORY	1,376,275		1,376,275		
49	RESPIRATORY THERAPY	574,938		574,938		
50	PHYSICAL THERAPY	894,278		894,278		
53	ELECTROCARDIOLOGY	109,493		109,493		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	741,206		741,206		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,086,652		1,086,652		
62	OBSERVATION BEDS (NON-DIS)	66,416		66,416		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	16,336,992		16,336,992		
102	LESS OBSERVATION BEDS	66,416		66,416		
103	TOTAL	16,270,576		16,270,576		

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)	66,416		66,416			66,416
	OTHER REIMBURS COST CNTRS						
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
37	ANCILLARY SRVC COST CNTRS			
	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)	66,416		66,416			66,416
	OTHER REIMBURS COST CNTRS						
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
37	ANCILLARY SRVC COST CNTRS	8,250,611	.292482	.292482
40	OPERATING ROOM	369,908	.211861	.211861
41	ANESTHESIOLOGY	8,630,043	.213311	.213311
44	RADIOLOGY-DIAGNOSTIC	4,388,033	.313643	.313643
49	LABORATORY	1,947,492	.295220	.295220
50	RESPIRATORY THERAPY	1,619,389	.552232	.552232
53	PHYSICAL THERAPY	351,194	.311774	.311774
55	ELECTROCARDIOLOGY			
56	MEDICAL SUPPLIES CHARGED	2,599,197	.285167	.285167
	DRUGS CHARGED TO PATIENTS			
61	OUTPAT SERVICE COST CNTRS	1,515,885	.716843	.716843
62	EMERGENCY	106,179	.625510	.625510
	OBSERVATION BEDS (NON-DIS)			
	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	Cost / Charge Ratio (C, Pt I, col. 9)	Cost / Charge Ratio (C, Pt I, col. 9)	Cost / Charge Ratio (C, Pt II, col. 9)	Out patient Ambulatory Surgical Ctr	Out patient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.292482		.292482		
40 ANESTHESIOLOGY	.211861		.211861		
41 RADIOLOGY-DIAGNOSTIC	.213311		.213311		
44 LABORATORY	.313643		.313643		
49 RESPIRATORY THERAPY	.295220		.295220		
50 PHYSICAL THERAPY	.552232		.552232		
53 ELECTROCARDIOLOGY	.311774		.311774		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.285167		.285167		
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.716843		.716843		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.625510		.625510		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

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 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 B

HOSPITAL

Cost Center Description	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	569,768		
40 ANESTHESIOLOGY	13,982		
41 RADIOLOGY-DIAGNOSTIC	738,573		
44 LABORATORY	517,932		
49 RESPIRATORY THERAPY	83,945		
50 PHYSICAL THERAPY	292,747		
53 ELECTROCARDIOLOGY	16,057		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS	55,511		
61 EMERGENCY	418,436		
62 OBSERVATION BEDS (NON-DISTINCT PART)	65,974		
101 SUBTOTAL	2,772,925		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	2,772,925		

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

COMPUTATION OF INPATIENT OPERATING COST

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

TITLE XVII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,657
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	2,377
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,377
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1,052
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,051
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	88
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	89
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,448
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1,000
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,001
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICARE RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	112.25
20	MEDICARE RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	115.62
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,908,987
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	9,878
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	10,290
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,376,245
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,532,742

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,113,988
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,113,988
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.372568
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	1,730.75
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,532,742

TITLE XVII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	644.83
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	933,714
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	933,714

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1,405,854
 2,339,568

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	644,830
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	645,475
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	1,290,305
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVII PART A HOSPITAL OTHER

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

66	SKILLED NURSING FACILITY/ OTHER NURSING FACILITY/ IC/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 DEDUCTED 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 HEALTH				
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-DIAGNOSTIC PART)	.625510		
	OTHER REIMBURSE 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-DIAGNOSTIC PART) OTHER REIMBURSE 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	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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, (CLS 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 CO INSURANCE	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 TERM NATI ON 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	SEQUESTERATION 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-Z330		

TITLE XVII 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-SNF (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. 15-111, 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 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	2,362,964
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 TERM NATI ON 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. 15-111, 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- UNRESTRICTED				
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 ADJUSTMENT)				
6	TEMP RESTRICTED CONTRIBUTION	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 ADJUSTMENT)				
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 ADJUSTMENT)				
6	TEMP RESTRICTED CONTRIBUTION				
7	TEMP RESTRICTED INTEREST				
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTMENT)				
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 SWNG BED - SNF	1,581,819		1,581,819
5 00 SWNG 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