This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 141330	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/20/2014 1:22 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/20/2014 Time: 1:22 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HOPEDALE MEDICAL COMPLEX (141330) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	131,784	-34,839	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	50,092	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
8.00	NURSING FACILITY	0				0	8.00
200.00	Total	0	181,876	-34,839	0	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents , please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I | Date/Time Prepared: 11/20/2014 11:35 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: SECOND STREET	PO Box:			1.00
2.00	City: HOPEDALE	State: IL	Zip Code: 61747-	County: TAZEWELL	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	HOPEDALE MEDICAL COMPLEX	141330	37900	1	10/01/2003	N	O	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	HOPEDALE SWING BED	14Z330	37900		10/01/2003	N	O	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2013	06/30/2014	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	N	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00

		Urban/Rural S 1.00	Date of Geogr 2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2014 11:35 am

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)			39.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2014 11:35 am

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2014 11:35 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	N	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	Y		106.00

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		V	XIX	
		1.00	2.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	N	107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	128,465	0	0	118.01

		V	XIX	
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

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	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

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

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II | Date/Time Prepared: 11/20/2014 11:35 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	09/03/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 11/20/2014 11:35 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAN	LINHART	41.00
42.00	Enter the employer/company name of the cost report preparer.	MCGLADREY, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-888-4404	DAN.LINHART@MCGLADREY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 11/20/2014 11:35 am

		Part B Date			
		4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	09/03/2014			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2014 11:35 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	25	9,125	28,434.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		25	9,125	28,434.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)		25	9,125	28,434.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY	45.00	74	27,010		0	20.00
21.00	OTHER LONG TERM CARE	46.00	86	31,390			21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		185				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I | Date/Time Prepared: 11/20/2014 11:35 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	805	11	1,221			1.00
2.00	HMO and other (see instructions)	111	0				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	1,412	0	1,496			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	40			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	2,217	11	2,757			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	2,217	11	2,757	0.00	220.65	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY		0	15,981	0.00	34.61	20.00
21.00	OTHER LONG TERM CARE			17,794	0.00	11.05	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	266.31	27.00
28.00	Observation Bed Days		0	205			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I | Date/Time Prepared: 11/20/2014 11:35 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	238	4	460	1.00
2.00	HMO and other (see instructions)			30	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	238	4	460	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				40	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141330	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 11/20/2014 11:35 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.434334	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	191,732	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	42,681	5.00
6.00	Medicaid charges	1,136,852	6.00
7.00	Medicaid cost (line 1 times line 6)	493,773	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	259,360	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	259,360	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,484,663	1	1,484,664	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	644,840	0	644,840	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	644,840	0	644,840	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	0	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	236,820	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	-236,820	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	-102,859	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	541,981	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	801,341	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		319,879	319,879	436,224	756,103	1.00
1.01	00101	WELLNESS CENTER B&F		63,545	63,545	107,918	171,463	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		876,701	876,701	-342,293	534,408	2.00
2.01	00201	WELLNESS CENTER MME		0	0	20,670	20,670	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	167,058	1,989,507	2,156,565	22,806	2,179,371	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	113,667	27,434	141,101	0	141,101	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	335,291	133,202	468,493	0	468,493	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	1,073,160	1,879,428	2,952,588	16	2,952,604	5.03
6.00	00600	MAINTENANCE & REPAIRS	447,698	319,441	767,139	0	767,139	6.00
7.01	00701	WELLNESS CENTER PLANT OP	0	74,530	74,530	0	74,530	7.01
7.02	00702	OPERATION OF PLANT ALL	0	397,108	397,108	3,606	400,714	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	159,537	26,679	186,216	0	186,216	8.00
9.00	00900	HOUSEKEEPING	130,932	53,337	184,269	13,533	197,802	9.00
10.00	01000	DIETARY	564,807	424,422	989,229	-184,546	804,683	10.00
11.00	01100	CAFETERIA	0	0	0	184,546	184,546	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	131,801	131,801	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	203,870	145,866	349,736	1,516	351,252	14.00
15.00	01500	PHARMACY	145,085	12,099	157,184	0	157,184	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	81,426	238,277	319,703	0	319,703	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	8,324	8,324	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,315,313	337,824	1,653,137	-211,122	1,442,015	30.00
45.00	04500	NURSING FACILITY	1,134,294	255,262	1,389,556	24,522	1,414,078	45.00
46.00	04600	OTHER LONG TERM CARE	276,099	105,736	381,835	19,070	400,905	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	413,903	458,029	871,932	-265,149	606,783	50.00
53.00	05300	ANESTHESIOLOGY	0	363,401	363,401	-14,708	348,693	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	418,470	327,026	745,496	1,182	746,678	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	87,600	87,600	0	87,600	58.00
60.00	06000	LABORATORY	324,301	609,225	933,526	0	933,526	60.00
65.00	06500	RESPIRATORY THERAPY	296,250	45,267	341,517	2,525	344,042	65.00
66.00	06600	PHYSICAL THERAPY	488,811	59,143	547,954	-4,172	543,782	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	314,309	314,309	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	327,455	327,455	0	327,455	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	305,799	305,799	0	305,799	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	25,775	1,148,839	1,174,614	46,794	1,221,408	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		278,263	278,263	-278,263	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,115,747	11,690,324	19,806,071	39,109	19,845,180	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	350,353	57,392	407,745	0	407,745	192.00
192.01	19201	SATELLITE OFFICES	230,021	49,004	279,025	0	279,025	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0	194.01
194.02	07952	RETAIL PHAMACY	318,624	1,204,265	1,522,889	0	1,522,889	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	0	194.04
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	336,799	104,319	441,118	-39,109	402,009	194.07
200.00		TOTAL (SUM OF LINES 118-199)	9,351,544	13,105,304	22,456,848	0	22,456,848	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-544	755,559		1.00
1.01	00101	WELLNESS CENTER B&F	-35,600	135,863		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	35,482	569,890		2.00
2.01	00201	WELLNESS CENTER MME	0	20,670		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-116,443	2,062,928		4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	141,101		5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	-2,168	466,325		5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-606,923	2,345,681		5.03
6.00	00600	MAINTENANCE & REPAIRS	-3,573	763,566		6.00
7.01	00701	WELLNESS CENTER PLANT OP	0	74,530		7.01
7.02	00702	OPERATION OF PLANT ALL	-5,147	395,567		7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	186,216		8.00
9.00	00900	HOUSEKEEPING	0	197,802		9.00
10.00	01000	DIETARY	0	804,683		10.00
11.00	01100	CAFETERIA	-94,728	89,818		11.00
13.00	01300	NURSING ADMINISTRATION	0	131,801		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	351,252		14.00
15.00	01500	PHARMACY	0	157,184		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,886	317,817		16.00
17.00	01700	SOCIAL SERVICE	0	8,324		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,442,015		30.00
45.00	04500	NURSING FACILITY	-35,209	1,378,869		45.00
46.00	04600	OTHER LONG TERM CARE	-46,281	354,624		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-659	606,124		50.00
53.00	05300	ANESTHESIOLOGY	-264,149	84,544		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,103	742,575		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	87,600		58.00
60.00	06000	LABORATORY	0	933,526		60.00
65.00	06500	RESPIRATORY THERAPY	-2,538	341,504		65.00
66.00	06600	PHYSICAL THERAPY	-4,301	539,481		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	314,309		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	327,455		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	305,799		73.00
76.00	03020	RENEWED HOPE	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-280,729	940,679		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,469,499	18,375,681		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	407,745		192.00
192.01	19201	SATELLITE OFFICES	0	279,025		192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0		194.00
194.01	07951	OUTSIDE PROPERTY	0	0		194.01
194.02	07952	RETAIL PHAMACY	0	1,522,889		194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0		194.03
194.04	07954	TRIPLEXES	0	0		194.04
194.06	07955	UNUSED SPACE	0	0		194.06
194.07	07956	WELLNESS CENTER	0	402,009		194.07
200.00		TOTAL (SUM OF LINES 118-199)	-1,469,499	20,987,349		200.00

RECLASSIFICATIONS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/20/2014 11:35 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	105,368	79,178		1.00
	TOTALS		105,368	79,178		
	B - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	197,215		1.00
2.00	WELLNESS CENTER B&F	1.01	0	24,941		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	363		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	16		4.00
5.00	OPERATION OF PLANT ALL	7.02	0	3,606		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,516		6.00
7.00	NURSING FACILITY	45.00	0	24,459		7.00
8.00	OTHER LONG TERM CARE	46.00	0	22,200		8.00
9.00	OPERATING ROOM	50.00	0	462		9.00
10.00	ANESTHESIOLOGY	53.00	0	525		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,182		11.00
12.00	RESPIRATORY THERAPY	65.00	0	1,778		12.00
	TOTALS		0	278,263		
	C - ER NURSING RECLASS					
1.00	EMERGENCY	91.00	52,751	0		1.00
	TOTALS		52,751	0		
	D - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	321,986		1.00
	TOTALS		0	321,986		
	E - WELLNESS CENTER DEP					
1.00	WELLNESS CENTER B&F	1.01	0	82,977		1.00
2.00	WELLNESS CENTER MME	2.01	0	20,670		2.00
	TOTALS		0	103,647		
	F - NURSING ADMIN					
1.00	NURSING ADMINISTRATION	13.00	131,801	0		1.00
	TOTALS		131,801	0		
	G - WELLNESS CENTER RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,145	6,661		1.00
2.00	NURSING FACILITY	45.00	45	18		2.00
3.00	OTHER LONG TERM CARE	46.00	425	176		3.00
4.00	RESPIRATORY THERAPY	65.00	1,339	552		4.00
5.00	PHYSICAL THERAPY	66.00	152	63		5.00
	TOTALS		18,106	7,470		
	H - SOCIAL SERVICE RECLASS					
1.00	SOCIAL SERVICE	17.00	8,324	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		8,324	0		
	I - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	314,309		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	TOTALS		0	314,309		
	J - WELLNESS HOUSEKEEPING RECLASS					
1.00	HOUSEKEEPING	9.00	13,533	0		1.00
	TOTALS		13,533	0		
500.00	Grand Total: Increases		329,883	1,104,853		500.00

RECLASSIFICATIONS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/20/2014 11:35 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA RECLASS						
1.00	DIETARY	10.00	105,368	79,178	0		1.00
	TOTALS		105,368	79,178			
	B - INTEREST EXPENSE RECLASS						
1.00	INTEREST EXPENSE	113.00	0	278,263	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
	TOTALS		0	278,263			
	C - ER NURSING RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	52,751	0	0		1.00
	TOTALS		52,751	0			
	D - BUILDING DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	321,986	9		1.00
	TOTALS		0	321,986			
	E - WELLNESS CENTER DEP						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	82,977	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	20,670	9		2.00
	TOTALS		0	103,647			
	F - NURSING ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	131,801	0	0		1.00
	TOTALS		131,801	0			
	G - WELLNESS CENTER RECLASS						
1.00	WELLNESS CENTER	194.07	18,106	7,470	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		18,106	7,470			
	H - SOCIAL SERVICE RECLASS						
1.00	OTHER LONG TERM CARE	46.00	3,731	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	4,593	0	0		2.00
	TOTALS		8,324	0			
	I - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	21,977	0		1.00
2.00	OPERATING ROOM	50.00	0	265,611	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	15,233	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	1,144	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	4,387	0		5.00
6.00	EMERGENCY	91.00	0	5,957	0		6.00
	TOTALS		0	314,309			
	J - WELLNESS HOUSEKEEPING RECLASS						
1.00	WELLNESS CENTER	194.07	13,533	0	0		1.00
	TOTALS		13,533	0			
500.00	Grand Total: Decreases		329,883	1,104,853			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part I | Date/Time Prepared: 11/20/2014 11:35 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	790,265	0	0	0	0	1.00
2.00	Land Improvements	529,421	70,643	0	70,643	0	2.00
3.00	Buildings and Fixtures	19,025,181	493,176	0	493,176	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	12,748,087	615,565	0	615,565	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	33,092,954	1,179,384	0	1,179,384	0	8.00
9.00	Reconciling Items	2,377,894	2,534,296	0	2,534,296	0	9.00
10.00	Total (line 8 minus line 9)	30,715,060	-1,354,912	0	-1,354,912	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	790,265	0	1.00
2.00	Land Improvements	600,064	0	2.00
3.00	Buildings and Fixtures	19,518,357	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	13,363,652	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	34,272,338	0	8.00
9.00	Reconciling Items	4,912,190	0	9.00
10.00	Total (line 8 minus line 9)	29,360,148	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part II | Date/Time Prepared: 11/20/2014 11:35 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	319,879	0	0	0	0	1.00
1.01	WELLNESS CENTER B&F	63,545	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	876,701	0	0	0	0	2.00
2.01	WELLNESS CENTER MME	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	1,260,125	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	319,879		1.00
1.01	WELLNESS CENTER B&F	0	63,545		1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	876,701		2.00
2.01	WELLNESS CENTER MME	0	0		2.01
3.00	Total (sum of lines 1-2)	0	1,260,125		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part III Date/Time Prepared: 11/20/2014 11:35 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	20,908,686	0	20,908,686	0.610075	0	1.00
1.01	WELLNESS CENTER B&F	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	13,363,652	0	13,363,652	0.389925	0	2.00
2.01	WELLNESS CENTER MME	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	34,272,338	0	34,272,338	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	558,888	0	1.00
1.01	WELLNESS CENTER B&F	0	0	0	146,522	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	534,045	36,000	2.00
2.01	WELLNESS CENTER MME	0	0	0	20,670	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	1,260,125	36,000	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	196,671	0	0	0	755,559	1.00
1.01	WELLNESS CENTER B&F	-10,659	0	0	0	135,863	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	-155	0	0	0	569,890	2.00
2.01	WELLNESS CENTER MME	0	0	0	0	20,670	2.01
3.00	Total (sum of lines 1-2)	185,857	0	0	0	1,481,982	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/20/2014 11:35 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - WELLNESS CENTER B&F (chapter 2)		0	WELLNESS CENTER B&F	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - WELLNESS CENTER MME (chapter 2)		0	WELLNESS CENTER MME	2.01	0	2.01
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-266,902			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-13,827			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - WELLNESS CENTER B&F		0	WELLNESS CENTER B&F	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - WELLNESS CENTER MME		0	WELLNESS CENTER MME	2.01	0	27.01
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/20/2014 11:35 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	INVST INCOME-NEW BLDGS AND FIXTURES	B	-544	CAP REL COSTS-BLDG & FIXT	1.00	11	33.00
33.01	INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-518	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.01
33.02	INVESTMENT INCOME-OTHER	B	-23	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.02
33.03	TRADE, QUANTITY AND TIME DISCOUNTS	B	-5,485	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.03
33.04	CAFETERIA--EMPLOYEES AND GUESTS	B	-94,728	CAFETERIA	11.00	0	33.04
33.05	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,886	MEDICAL RECORDS & LIBRARY	16.00	0	33.05
33.06	INTEREST INCOME OFFSET	B	-35,600	WELLNESS CENTER B&F	1.01	11	33.06
33.07	ADVERTSING	A	-20	RADIOLOGY-DIAGNOSTIC	54.00	0	33.07
33.08	INTEREST INCOME OFFSET	B	-5,147	OPERATION OF PLANT ALL	7.02	0	33.08
33.09	INTEREST INCOME OFFSET	B	-34,912	NURSING FACILITY	45.00	0	33.09
33.10	INTEREST INCOME OFFSET	B	-31,688	OTHER LONG TERM CARE	46.00	0	33.10
33.11	INTEREST INCOME OFFSET	B	-659	OPERATING ROOM	50.00	0	33.11
33.12	INTEREST INCOME OFFSET	B	-749	ANESTHESIOLOGY	53.00	0	33.12
33.13			0		0.00	0	33.13
34.00	INTEREST INCOME OFFSET	B	-1,687	RADIOLOGY-DIAGNOSTIC	54.00	0	34.00
34.01	INTEREST INCOME OFFSET	B	-2,538	RESPIRATORY THERAPY	65.00	0	34.01
34.02	EMPLOYEE CHILD CARE REV	B	-115,970	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.02
34.04	MISC INCOME	B	-20,648	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	34.04
34.07	OTHER INCOME OLTC	B	-11,147	OTHER LONG TERM CARE	46.00	0	34.07
34.09	TELEPHONE SERVICES	A	-2,168	HOSPITAL ADMIN & GENERAL	5.02	0	34.09
34.10	TELEPHONE EMP BENEFIT EXPENSE	A	-473	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.10
34.11	ALCOHOLIC BEVERAGES	A	-424	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	34.11
34.12	NON-ALLO ADVERTISING SALARIES	A	-8,915	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	34.12
34.13	ADVERTISING/MARKETING EXPENSE	A	-49,171	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	34.13
34.14	MISC REVENUE - RAD.	B	-2,176	RADIOLOGY-DIAGNOSTIC	54.00	0	34.14
34.15	OTHER INCOME - MAINTENANCE	B	-3,573	MAINTENANCE & REPAIRS	6.00	0	34.15
36.00	MARKETING OLTC	A	-3,446	OTHER LONG TERM CARE	46.00	0	36.00
38.02	MARKETING RAD	A	-220	RADIOLOGY-DIAGNOSTIC	54.00	0	38.02
38.03			0		0.00	0	38.03
38.04	MARKETING PT	A	-4,301	PHYSICAL THERAPY	66.00	0	38.04
41.03	CHARITABLE CONTRIBUTIONS	A	-15,733	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	41.03
41.04	ANESTH ON-CALL TIME	A	-263,400	ANESTHESIOLOGY	53.00	0	41.04
41.06	PATIENT TELEVISION EXPENSE	A	-3,482	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	41.06
43.00			0		0.00	0	43.00
44.02	MEDICAID ASSESSMENT	A	-495,535	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	44.02
44.03			0		0.00	0	44.03
44.04	IHA LOBBYING DUES	A	-7,507	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	44.04
44.05			0		0.00	0	44.05
44.06	LEASE ADJUSTMENTS - CSK-3	A	36,000	CAP REL COSTS-MVBLE EQUIP	2.00	10	44.06
44.07			0		0.00	0	44.07
44.08	ADVERTISING	A	-297	NURSING FACILITY	45.00	0	44.08

ADJUSTMENTS TO EXPENSES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/20/2014 11:35 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,469,499				50.00

(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 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-1 | Date/Time Prepared: 11/20/2014 11:35 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	91.00	EMERGENCY	ER PHYSICIAN	130,259	130,259	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MME	4,659	4,659	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP BENEFITS	58,609	58,609	3.00
3.01	0.00			0	0	3.01
4.00	5.01	PHYSICAIN OFFICE BILLING	PHYS BILLING	142,271	142,271	4.00
4.01	5.03	OTHER ADMINISTRATIVE AND GEN	A&G ALL	14,654	14,654	4.01
4.02	6.00	MAINTENANCE & REPAIRS	MAINT AND REPAIRS	2,748	2,748	4.02
4.03	7.02	OPERATION OF PLANT ALL	PLANT OP ALL	19,074	19,074	4.03
4.04	192.00	PHYSICIANS' PRIVATE OFFICES	PHYS OFFICES	409,138	409,138	4.04
4.06	91.00	EMERGENCY	RENTAL DUPLEX	4,773	18,600	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			786,185	800,012	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.Positive amounts increase cost and negative amounts decrease cost.For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

				Related Organization(s) and/or Home Office		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	G		0.00	ROSSI PHYSICIANS	0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-1 | Date/Time Prepared: 11/20/2014 11:35 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	0	0		1.00
2.00	0	9		2.00
3.00	0	0		3.00
3.01	0	0		3.01
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.06	-13,827	0		4.06
5.00	-13,827			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.Positive amounts increase cost and negative amounts decrease cost.For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	PHYSCIANS		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2014 11:35 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	91.00	EMERGENCY	130,259	8,141	122,118	0	0	1.00
2.00	91.00	EMERGENCY	983,476	258,761	724,715	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,113,735	266,902	846,833		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	91.00	EMERGENCY	0	0	0	8,141		1.00
2.00	91.00	EMERGENCY	0	0	0	258,761		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	266,902		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	WELLNESS CENTER B&F	MVBLE EQUIP	WELLNESS CENTER MME	
			0	1.00	1.01	2.00	2.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	755,559	755,559				1.00
1.01	00101	WELLNESS CENTER B&F	135,863	0	135,863			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	569,890			569,890		2.00
2.01	00201	WELLNESS CENTER MME	20,670			0	20,670	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,062,928	46,504	26,429	2,478	4,985	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	141,101	4,902	0	0	0	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	466,325	15,602	0	23,335	0	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	2,345,681	57,296	4,995	102,388	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	763,566	6,722	0	1,046	0	6.00
7.01	00701	WELLNESS CENTER PLANT OP	74,530	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT ALL	395,567	4,221	0	93,240	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	186,216	13,121	0	2,235	0	8.00
9.00	00900	HOUSEKEEPING	197,802	2,937	0	0	0	9.00
10.00	01000	DIETARY	804,683	15,718	0	7,341	0	10.00
11.00	01100	CAFETERIA	89,818	21,792	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	131,801	2,809	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	351,252	15,109	0	18,469	0	14.00
15.00	01500	PHARMACY	157,184	2,873	0	12,723	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	317,817	18,819	577	2,894	0	16.00
17.00	01700	SOCIAL SERVICE	8,324	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,442,015	43,503	0	27,808	0	30.00
45.00	04500	NURSING FACILITY	1,378,869	124,272	283	4,181	27	45.00
46.00	04600	OTHER LONG TERM CARE	354,624	254,878	852	11,266	137	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	606,124	29,819	0	77,299	0	50.00
53.00	05300	ANESTHESIOLOGY	84,544	800	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	742,575	26,297	0	120,724	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	87,600	0	0	0	0	58.00
60.00	06000	LABORATORY	933,526	9,683	0	20,606	0	60.00
65.00	06500	RESPIRATORY THERAPY	341,504	3,749	8,211	11,207	395	65.00
66.00	06600	PHYSICAL THERAPY	539,481	1,973	27,150	7,414	137	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	314,309	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	327,455	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	305,799	0	0	0	0	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	940,679	7,479	0	593	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,375,681	730,878	68,497	547,247	5,681	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	407,745	0	0	1,519	0	192.00
192.01	19201	SATELLITE OFFICES	279,025	0	0	2,162	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0	194.01
194.02	07952	RETAIL PHAMACY	1,522,889	0	0	187	0	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	0	194.04
194.06	07955	UNUSED SPACE	0	24,681	0	0	0	194.06
194.07	07956	WELLNESS CENTER	402,009	0	67,366	18,775	14,989	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,987,349	755,559	135,863	569,890	20,670	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	PHYSICAIN OFFICE BILLING	HOSPITAL ADMIN & GENERAL	Subtotal	
			4.00	4A	5.01	5.02	5A.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,143,324					4.00
5.01	00590	PHYSICAIN OFFICE BILLING	26,680	172,683	172,683			5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	78,190	583,452	0	583,452		5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	249,797	2,760,157	0	0	2,760,157	5.03
6.00	00600	MAINTENANCE & REPAIRS	105,083	876,417	0	0	876,417	6.00
7.01	00701	WELLNESS CENTER PLANT OP	0	74,530	0	0	74,530	7.01
7.02	00702	OPERATION OF PLANT ALL	0	493,028	0	0	493,028	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	37,446	239,018	0	0	239,018	8.00
9.00	00900	HOUSEKEEPING	33,909	234,648	0	0	234,648	9.00
10.00	01000	DIETARY	107,839	935,581	0	0	935,581	10.00
11.00	01100	CAFETERIA	24,732	136,342	0	0	136,342	11.00
13.00	01300	NURSING ADMINISTRATION	30,936	165,546	0	0	165,546	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	47,852	432,682	0	0	432,682	14.00
15.00	01500	PHARMACY	34,054	206,834	0	0	206,834	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,112	359,219	0	0	359,219	16.00
17.00	01700	SOCIAL SERVICE	1,954	10,278	0	0	10,278	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	264,332	1,777,658	0	70,034	1,847,692	30.00
45.00	04500	NURSING FACILITY	266,251	1,773,883	0	0	1,773,883	45.00
46.00	04600	OTHER LONG TERM CARE	64,029	685,786	0	0	685,786	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	97,150	810,392	0	126,342	936,734	50.00
53.00	05300	ANESTHESIOLOGY	0	85,344	0	27,698	113,042	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	98,222	987,818	0	135,527	1,123,345	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	87,600	0	13,000	100,600	58.00
60.00	06000	LABORATORY	76,119	1,039,934	0	64,514	1,104,448	60.00
65.00	06500	RESPIRATORY THERAPY	69,849	434,915	0	19,873	454,788	65.00
66.00	06600	PHYSICAL THERAPY	114,768	690,923	0	25,429	716,352	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	314,309	0	20,125	334,434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	327,455	0	14,952	342,407	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	305,799	0	38,956	344,755	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	12,382	961,133	0	27,002	988,135	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,860,686	17,963,364	0	583,452	17,790,681	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	82,234	491,498	28,067	0	519,565	192.00
192.01	19201	SATELLITE OFFICES	53,990	335,177	19,140	0	354,317	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0	194.01
194.02	07952	RETAIL PHAMACY	74,787	1,597,863	91,246	0	1,689,109	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	0	194.04
194.06	07955	UNUSED SPACE	0	24,681	1,409	0	26,090	194.06
194.07	07956	WELLNESS CENTER	71,627	574,766	32,821	0	607,587	194.07
200.00		Cross Foot Adjustments		0			0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,143,324	20,987,349	172,683	583,452	20,987,349	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	WELLNESS CENTER PLANT OP	OPERATION OF PLANT ALL	LAUNDRY & LINEN SERVICE	
			5.03	6.00	7.01	7.02	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICAIN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	2,760,157					5.03
6.00	00600	MAINTENANCE & REPAIRS	132,717	1,009,134				6.00
7.01	00701	WELLNESS CENTER PLANT OP	11,286	91,120	176,936			7.01
7.02	00702	OPERATION OF PLANT ALL	74,660	346,073	0	913,761		7.02
8.00	00800	LAUNDRY & LINEN SERVICE	36,195	14,819	0	44,971	335,003	8.00
9.00	00900	HOUSEKEEPING	35,533	0	0	10,067	0	9.00
10.00	01000	DIETARY	141,676	33,779	0	53,872	277	10.00
11.00	01100	CAFETERIA	20,646	11,505	0	74,691	0	11.00
13.00	01300	NURSING ADMINISTRATION	25,069	0	0	9,628	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	65,521	9,940	0	51,787	0	14.00
15.00	01500	PHARMACY	31,321	5,154	0	9,847	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,397	10,493	978	64,501	0	16.00
17.00	01700	SOCIAL SERVICE	1,556	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	279,792	185,830	0	149,104	54,055	30.00
45.00	04500	NURSING FACILITY	268,621	0	479	0	209,091	45.00
46.00	04600	OTHER LONG TERM CARE	103,849	110,449	1,444	0	1,255	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	141,851	38,289	0	102,203	25,906	50.00
53.00	05300	ANESTHESIOLOGY	17,118	0	0	2,743	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	170,109	59,274	0	90,134	6,442	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	15,234	0	0	0	0	58.00
60.00	06000	LABORATORY	167,248	17,488	0	33,190	0	60.00
65.00	06500	RESPIRATORY THERAPY	68,869	11,965	13,910	12,851	434	65.00
66.00	06600	PHYSICAL THERAPY	108,478	2,485	45,997	6,761	8,275	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,644	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,851	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,207	0	0	0	0	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	149,634	2,117	0	25,633	9,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,276,082	950,780	62,808	741,983	315,130	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	78,678	20,525	0	0	8,042	192.00
192.01	19201	SATELLITE OFFICES	53,655	12,518	0	147,859	5,682	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	21,445	0	0	0	194.01
194.02	07952	RETAIL PHAMACY	255,783	3,866	0	9,038	0	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	14,881	0	194.04
194.06	07955	UNUSED SPACE	3,951	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	92,008	0	114,128	0	6,149	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,760,157	1,009,134	176,936	913,761	335,003	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICAIN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT ALL						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	280,248					9.00
10.00	01000	DIETARY	0	1,165,185				10.00
11.00	01100	CAFETERIA	0	0	243,184			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,600	201,843		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	11,129	0	571,059	14.00
15.00	01500	PHARMACY	0	0	3,423	0	1,731	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	935	0	3,630	0	143	16.00
17.00	01700	SOCIAL SERVICE	0	0	282	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	62,361	83,414	39,343	84,035	37,596	30.00
45.00	04500	NURSING FACILITY	73,689	568,626	51,286	109,552	12,963	45.00
46.00	04600	OTHER LONG TERM CARE	59,735	513,145	16,196	0	2,958	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	21,250	0	56,167	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,880	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,147	0	15,870	0	9,479	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	9,726	0	12,359	0	142,688	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	9,602	0	14,774	65.00
66.00	06600	PHYSICAL THERAPY	0	0	12,833	0	1,311	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	127,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	132,595	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	3,868	8,256	7,758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	215,593	1,165,185	202,671	201,843	550,391	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,052	0	15,470	0	4,838	192.00
192.01	19201	SATELLITE OFFICES	0	0	0	0	4,669	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	5,609	0	0	0	0	194.01
194.02	07952	RETAIL PHAMACY	0	0	8,521	0	4,476	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	0	194.04
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	24,994	0	16,522	0	6,685	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	280,248	1,165,185	243,184	201,843	571,059	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICAIN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT ALL						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	258,310					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	494,296				16.00
17.00	01700	SOCIAL SERVICE	0	0	12,116			17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	59,334	12,116	2,894,672	0	30.00
45.00	04500	NURSING FACILITY	0	0	0	3,068,190	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	1,494,817	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	107,038	0	1,429,438	0	50.00
53.00	05300	ANESTHESIOLOGY	0	23,466	0	159,249	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	114,811	0	1,598,611	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	11,013	0	126,847	0	58.00
60.00	06000	LABORATORY	0	54,657	0	1,541,804	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	16,836	0	604,029	0	65.00
66.00	06600	PHYSICAL THERAPY	0	21,544	0	924,036	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,050	0	529,476	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,667	0	539,520	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	258,310	33,004	0	688,276	0	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	22,876	0	1,217,672	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	258,310	494,296	12,116	16,816,637	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	681,170	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	0	578,700	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	27,054	0	194.01
194.02	07952	RETAIL PHAMACY	0	0	0	1,970,793	0	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	14,881	0	194.04
194.06	07955	UNUSED SPACE	0	0	0	30,041	0	194.06
194.07	07956	WELLNESS CENTER	0	0	0	868,073	0	194.07
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	258,310	494,296	12,116	20,987,349	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I | Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	WELLNESS CENTER B&F			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201	WELLNESS CENTER MME			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00590	PHYSICAIN OFFICE BILLING			5.01
5.02	00591	HOSPITAL ADMIN & GENERAL			5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL			5.03
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.01	00701	WELLNESS CENTER PLANT OP			7.01
7.02	00702	OPERATION OF PLANT ALL			7.02
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	2,894,672		30.00
45.00	04500	NURSING FACILITY	3,068,190		45.00
46.00	04600	OTHER LONG TERM CARE	1,494,817		46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	1,429,438		50.00
53.00	05300	ANESTHESIOLOGY	159,249		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,598,611		54.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	126,847		58.00
60.00	06000	LABORATORY	1,541,804		60.00
65.00	06500	RESPIRATORY THERAPY	604,029		65.00
66.00	06600	PHYSICAL THERAPY	924,036		66.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	529,476		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	539,520		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	688,276		73.00
76.00	03020	RENEWED HOPE	0		76.00
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	1,217,672		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,816,637		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	681,170		192.00
192.01	19201	SATELLITE OFFICES	578,700		192.01
194.00	07950	ARC (HOPEDALE HALL)	0		194.00
194.01	07951	OUTSIDE PROPERTY	27,054		194.01
194.02	07952	RETAIL PHAMACY	1,970,793		194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0		194.03
194.04	07954	TRIPLEXES	14,881		194.04
194.06	07955	UNUSED SPACE	30,041		194.06
194.07	07956	WELLNESS CENTER	868,073		194.07
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	20,987,349		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	WELLNESS CENTER B&F	MVBLE EQUIP	WELLNESS CENTER MME	
			0	1.00	1.01	2.00	2.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	46,504	26,429	2,478	4,985	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	4,902	0	0	0	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	15,602	0	23,335	0	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	57,296	4,995	102,388	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	6,722	0	1,046	0	6.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT ALL	0	4,221	0	93,240	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	13,121	0	2,235	0	8.00
9.00	00900	HOUSEKEEPING	0	2,937	0	0	0	9.00
10.00	01000	DIETARY	0	15,718	0	7,341	0	10.00
11.00	01100	CAFETERIA	0	21,792	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,809	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,109	0	18,469	0	14.00
15.00	01500	PHARMACY	0	2,873	0	12,723	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,819	577	2,894	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	43,503	0	27,808	0	30.00
45.00	04500	NURSING FACILITY	0	124,272	283	4,181	27	45.00
46.00	04600	OTHER LONG TERM CARE	0	254,878	852	11,266	137	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	29,819	0	77,299	0	50.00
53.00	05300	ANESTHESIOLOGY	0	800	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	26,297	0	120,724	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	9,683	0	20,606	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,749	8,211	11,207	395	65.00
66.00	06600	PHYSICAL THERAPY	0	1,973	27,150	7,414	137	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	7,479	0	593	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	730,878	68,497	547,247	5,681	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,519	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	0	2,162	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0	194.01
194.02	07952	RETAIL PHAMACY	0	0	0	187	0	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	0	194.04
194.06	07955	UNUSED SPACE	0	24,681	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	67,366	18,775	14,989	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	755,559	135,863	569,890	20,670	202.00

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		Cost Center Description	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PHYSICAIN OFFICE BILLING	HOSPITAL ADMIN & GENERAL	OTHER ADMINISTRATIV E AND GENERAL	
			2A	4.00	5.01	5.02	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	80,396	80,396				4.00
5.01	00590	PHYSICAIN OFFICE BILLING	4,902	1,001	5,903			5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	38,937	2,933	0	41,870		5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	164,679	9,370	0	0	174,049	5.03
6.00	00600	MAINTENANCE & REPAIRS	7,768	3,942	0	0	8,369	6.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	0	0	712	7.01
7.02	00702	OPERATION OF PLANT ALL	97,461	0	0	0	4,708	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	15,356	1,405	0	0	2,282	8.00
9.00	00900	HOUSEKEEPING	2,937	1,272	0	0	2,241	9.00
10.00	01000	DIETARY	23,059	4,045	0	0	8,934	10.00
11.00	01100	CAFETERIA	21,792	928	0	0	1,302	11.00
13.00	01300	NURSING ADMINISTRATION	2,809	1,160	0	0	1,581	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,578	1,795	0	0	4,132	14.00
15.00	01500	PHARMACY	15,596	1,277	0	0	1,975	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,290	717	0	0	3,430	16.00
17.00	01700	SOCIAL SERVICE	0	73	0	0	98	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	71,311	9,915	0	5,027	17,640	30.00
45.00	04500	NURSING FACILITY	128,763	9,987	0	0	16,939	45.00
46.00	04600	OTHER LONG TERM CARE	267,133	2,402	0	0	6,549	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	107,118	3,644	0	9,068	8,945	50.00
53.00	05300	ANESTHESIOLOGY	800	0	0	1,988	1,079	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	147,021	3,684	0	9,721	10,727	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	933	961	58.00
60.00	06000	LABORATORY	30,289	2,855	0	4,631	10,546	60.00
65.00	06500	RESPIRATORY THERAPY	23,562	2,620	0	1,426	4,343	65.00
66.00	06600	PHYSICAL THERAPY	36,674	4,305	0	1,825	6,840	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,444	3,194	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,073	3,270	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,796	3,292	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	8,072	464	0	1,938	9,436	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,352,303	69,794	0	41,870	143,525	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,519	3,085	959	0	4,961	192.00
192.01	19201	SATELLITE OFFICES	2,162	2,025	654	0	3,383	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0	194.01
194.02	07952	RETAIL PHAMACY	187	2,805	3,120	0	16,129	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	0	194.04
194.06	07955	UNUSED SPACE	24,681	0	48	0	249	194.06
194.07	07956	WELLNESS CENTER	101,130	2,687	1,122	0	5,802	194.07
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,481,982	80,396	5,903	41,870	174,049	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	MAINTENANCE & REPAIRS	WELLNESS CENTER PLANT OP	OPERATION OF PLANT ALL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	7.01	7.02	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICAIN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS	20,079					6.00
7.01	00701	WELLNESS CENTER PLANT OP	1,813	2,525				7.01
7.02	00702	OPERATION OF PLANT ALL	6,885	0	109,054			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	295	0	5,367	24,705		8.00
9.00	00900	HOUSEKEEPING	0	0	1,201	0	7,651	9.00
10.00	01000	DIETARY	672	0	6,429	20	0	10.00
11.00	01100	CAFETERIA	229	0	8,914	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,149	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	198	0	6,181	0	0	14.00
15.00	01500	PHARMACY	103	0	1,175	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	209	14	7,698	0	26	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,698	0	17,797	3,986	1,703	30.00
45.00	04500	NURSING FACILITY	0	7	0	15,421	2,010	45.00
46.00	04600	OTHER LONG TERM CARE	2,198	21	0	93	1,631	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	762	0	12,197	1,910	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	327	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,179	0	10,757	475	250	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	348	0	3,961	0	266	60.00
65.00	06500	RESPIRATORY THERAPY	238	199	1,534	32	0	65.00
66.00	06600	PHYSICAL THERAPY	49	656	807	610	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	42	0	3,059	693	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,918	897	88,553	23,240	5,886	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	408	0	0	593	930	192.00
192.01	19201	SATELLITE OFFICES	249	0	17,646	419	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	427	0	0	0	153	194.01
194.02	07952	RETAIL PHAMACY	77	0	1,079	0	0	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	1,776	0	0	194.04
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	1,628	0	453	682	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,079	2,525	109,054	24,705	7,651	202.00

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		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICAIN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT ALL						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	43,159					10.00
11.00	01100	CAFETERIA	0	33,165				11.00
13.00	01300	NURSING ADMINISTRATION	0	218	6,917			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,518	0	47,402		14.00
15.00	01500	PHARMACY	0	467	0	144	20,737	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	495	0	12	0	16.00
17.00	01700	SOCIAL SERVICE	0	38	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,090	5,365	2,880	3,121	0	30.00
45.00	04500	NURSING FACILITY	21,062	6,996	3,754	1,076	0	45.00
46.00	04600	OTHER LONG TERM CARE	19,007	2,209	0	246	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,898	0	4,662	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	239	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,164	0	787	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	1,685	0	11,842	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,310	0	1,226	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,750	0	109	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,571	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,006	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	20,737	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	527	283	644	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	43,159	27,640	6,917	45,685	20,737	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,110	0	402	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	0	388	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0	194.01
194.02	07952	RETAIL PHAMACY	0	1,162	0	372	0	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	0	194.04
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	2,253	0	555	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	43,159	33,165	6,917	47,402	20,737	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICAIN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT ALL						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,891					16.00
17.00	01700	SOCIAL SERVICE	0	209				17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,187	209	149,929	0	149,929	30.00
45.00	04500	NURSING FACILITY	0	0	206,015	0	206,015	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	301,489	0	301,489	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,553	0	158,757	0	158,757	50.00
53.00	05300	ANESTHESIOLOGY	1,656	0	6,089	0	6,089	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,113	0	194,878	0	194,878	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	777	0	2,671	0	2,671	58.00
60.00	06000	LABORATORY	3,857	0	70,280	0	70,280	60.00
65.00	06500	RESPIRATORY THERAPY	1,188	0	37,678	0	37,678	65.00
66.00	06600	PHYSICAL THERAPY	1,520	0	55,145	0	55,145	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,203	0	16,412	0	16,412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	894	0	16,243	0	16,243	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,329	0	29,154	0	29,154	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,614	0	26,772	0	26,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,891	209	1,271,512	0	1,271,512	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	14,967	0	14,967	192.00
192.01	19201	SATELLITE OFFICES	0	0	26,926	0	26,926	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	580	0	580	194.01
194.02	07952	RETAIL PHAMACY	0	0	24,931	0	24,931	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	1,776	0	1,776	194.04
194.06	07955	UNUSED SPACE	0	0	24,978	0	24,978	194.06
194.07	07956	WELLNESS CENTER	0	0	116,312	0	116,312	194.07
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	34,891	209	1,481,982	0	1,481,982	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	WELLNESS CENTER B&F (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	WELLNESS CENTER MME (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	
			1.00	1.01	2.00	2.01	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	188,823					1.00
1.01	00101	WELLNESS CENTER B&F	0	35,064				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			590,713			2.00
2.01	00201	WELLNESS CENTER MME			0	22,527		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,622	6,821	2,569	5,433	9,131,483	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	1,225	0	0	0	113,667	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	3,899	0	24,188	0	333,123	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	14,319	1,289	106,129	0	1,064,245	5.03
6.00	00600	MAINTENANCE & REPAIRS	1,680	0	1,084	0	447,698	6.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT ALL	1,055	0	96,647	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,279	0	2,317	0	159,537	8.00
9.00	00900	HOUSEKEEPING	734	0	0	0	144,465	9.00
10.00	01000	DIETARY	3,928	0	7,609	0	459,439	10.00
11.00	01100	CAFETERIA	5,446	0	0	0	105,368	11.00
13.00	01300	NURSING ADMINISTRATION	702	0	0	0	131,801	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,776	0	19,144	0	203,870	14.00
15.00	01500	PHARMACY	718	0	13,188	0	145,085	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,703	149	3,000	0	81,426	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	8,324	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,872	0	28,824	0	1,126,168	30.00
45.00	04500	NURSING FACILITY	31,057	73	4,334	29	1,134,339	45.00
46.00	04600	OTHER LONG TERM CARE	63,697	220	11,678	149	272,793	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,452	0	80,123	0	413,903	50.00
53.00	05300	ANESTHESIOLOGY	200	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,572	0	125,133	0	418,470	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	2,420	0	21,359	0	324,301	60.00
65.00	06500	RESPIRATORY THERAPY	937	2,119	11,617	431	297,589	65.00
66.00	06600	PHYSICAL THERAPY	493	7,007	7,685	149	488,963	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,869	0	615	0	52,751	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	182,655	17,678	567,243	6,191	7,927,325	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,574	0	350,353	192.00
192.01	19201	SATELLITE OFFICES	0	0	2,241	0	230,021	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0	194.01
194.02	07952	RETAIL PHAMACY	0	0	194	0	318,624	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	0	194.04
194.06	07955	UNUSED SPACE	6,168	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	17,386	19,461	16,336	305,160	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	755,559	135,863	569,890	20,670	2,143,324	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.001414	3.874715	0.964749	0.917566	0.234718	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					80,396	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.008804	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	Reconciliation	PHYSICAIN OFFICE BILLING (ACCUM. COST)	HOSPITAL ADMIN & GENERAL (GROSS REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5A.01	5.01	5.02	5A.03	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICAIN OFFICE BILLING	-172,683	3,023,985				5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	-583,452	0	34,130,357			5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-2,760,157	0	0	-2,760,157	18,227,192	5.03
6.00	00600	MAINTENANCE & REPAIRS	-876,417	0	0	0	876,417	6.00
7.01	00701	WELLNESS CENTER PLANT OP	-74,530	0	0	0	74,530	7.01
7.02	00702	OPERATION OF PLANT ALL	-493,028	0	0	0	493,028	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	-239,018	0	0	0	239,018	8.00
9.00	00900	HOUSEKEEPING	-234,648	0	0	0	234,648	9.00
10.00	01000	DIETARY	-935,581	0	0	0	935,581	10.00
11.00	01100	CAFETERIA	-136,342	0	0	0	136,342	11.00
13.00	01300	NURSING ADMINISTRATION	-165,546	0	0	0	165,546	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-432,682	0	0	0	432,682	14.00
15.00	01500	PHARMACY	-206,834	0	0	0	206,834	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-359,219	0	0	0	359,219	16.00
17.00	01700	SOCIAL SERVICE	-10,278	0	0	0	10,278	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	-1,777,658	0	4,096,771	0	1,847,692	30.00
45.00	04500	NURSING FACILITY	-1,773,883	0	0	0	1,773,883	45.00
46.00	04600	OTHER LONG TERM CARE	-685,786	0	0	0	685,786	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	-810,392	0	7,390,586	0	936,734	50.00
53.00	05300	ANESTHESIOLOGY	-85,344	0	1,620,249	0	113,042	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-987,818	0	7,928,261	0	1,123,345	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	-87,600	0	760,430	0	100,600	58.00
60.00	06000	LABORATORY	-1,039,934	0	3,773,855	0	1,104,448	60.00
65.00	06500	RESPIRATORY THERAPY	-434,915	0	1,162,488	0	454,788	65.00
66.00	06600	PHYSICAL THERAPY	-690,923	0	1,487,519	0	716,352	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-314,309	0	1,177,241	0	334,434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-327,455	0	874,630	0	342,407	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-305,799	0	2,278,824	0	344,755	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	-961,133	0	1,579,503	0	988,135	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-17,963,364	0	34,130,357	-2,760,157	15,030,524	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	491,498	0	0	519,565	192.00
192.01	19201	SATELLITE OFFICES	0	335,177	0	0	354,317	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0	194.01
194.02	07952	RETAIL PHAMACY	0	1,597,863	0	0	1,689,109	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	0	194.04
194.06	07955	UNUSED SPACE	0	24,681	0	0	26,090	194.06
194.07	07956	WELLNESS CENTER	0	574,766	0	0	607,587	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		172,683	583,452		2,760,157	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.057104	0.017095		0.151431	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		5,903	41,870		174,049	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.001952	0.001227		0.009549	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	MAINTENANCE & REPAIRS (MAINT TIME)	WELLNESS CENTER PLANT OP (SQUARE FEET)	OPERATION OF PLANT ALL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			6.00	7.01	7.02	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICAIN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS	10,964					6.00
7.01	00701	WELLNESS CENTER PLANT OP	990	26,954				7.01
7.02	00702	OPERATION OF PLANT ALL	3,760	0	66,626			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	161	0	3,279	332,812		8.00
9.00	00900	HOUSEKEEPING	0	0	734	0	12,592	9.00
10.00	01000	DIETARY	367	0	3,928	275	0	10.00
11.00	01100	CAFETERIA	125	0	5,446	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	702	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	108	0	3,776	0	0	14.00
15.00	01500	PHARMACY	56	0	718	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	114	149	4,703	0	42	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,019	0	10,872	53,701	2,802	30.00
45.00	04500	NURSING FACILITY	0	73	0	207,723	3,311	45.00
46.00	04600	OTHER LONG TERM CARE	1,200	220	0	1,247	2,684	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	416	0	7,452	25,737	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	200	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	644	0	6,572	6,400	411	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	190	0	2,420	0	437	60.00
65.00	06500	RESPIRATORY THERAPY	130	2,119	937	431	0	65.00
66.00	06600	PHYSICAL THERAPY	27	7,007	493	8,221	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	23	0	1,869	9,334	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,330	9,568	54,101	313,069	9,687	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	223	0	0	7,989	1,530	192.00
192.01	19201	SATELLITE OFFICES	136	0	10,781	5,645	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	233	0	0	0	252	194.01
194.02	07952	RETAIL PHAMACY	42	0	659	0	0	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	1,085	0	0	194.04
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	17,386	0	6,109	1,123	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,009,134	176,936	913,761	335,003	280,248	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	92.040679	6.564369	13.714781	1.006583	22.256036	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,079	2,525	109,054	24,705	7,651	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.831357	0.093678	1.636808	0.074231	0.607608	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRS G HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICAIN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT ALL						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	111,372					10.00
11.00	01100	CAFETERIA	0	16,411				11.00
13.00	01300	NURSING ADMINISTRATION	0	108	132,638			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	751	0	1,410,277		14.00
15.00	01500	PHARMACY	0	231	0	4,275	100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	245	0	352	0	16.00
17.00	01700	SOCIAL SERVICE	0	19	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,973	2,655	55,222	92,846	0	30.00
45.00	04500	NURSING FACILITY	54,351	3,461	71,991	32,014	0	45.00
46.00	04600	OTHER LONG TERM CARE	49,048	1,093	0	7,305	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,434	0	138,708	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,113	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,071	0	23,409	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	834	0	352,378	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	648	0	36,485	0	65.00
66.00	06600	PHYSICAL THERAPY	0	866	0	3,238	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	314,497	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	327,455	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	261	5,425	19,160	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	111,372	13,677	132,638	1,359,235	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,044	0	11,947	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	0	11,530	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0	194.01
194.02	07952	RETAIL PHAMACY	0	575	0	11,055	0	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	0	194.04
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	1,115	0	16,510	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,165,185	243,184	201,843	571,059	258,310	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.462100	14.818354	1.521758	0.404927	2,583.100000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	43,159	33,165	6,917	47,402	20,737	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.387521	2.020901	0.052149	0.033612	207.370000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/20/2014 11:35 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REV)	SOCIAL SERVICE (ASSIGNED TIME)		
			16.00	17.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	WELLNESS CENTER B&F				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	WELLNESS CENTER MME				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	PHYSICAIN OFFICE BILLING				5.01
5.02	00591	HOSPITAL ADMIN & GENERAL				5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL				5.03
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.01	00701	WELLNESS CENTER PLANT OP				7.01
7.02	00702	OPERATION OF PLANT ALL				7.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,130,357			16.00
17.00	01700	SOCIAL SERVICE	0	100		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	4,096,771	100		30.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	7,390,586	0		50.00
53.00	05300	ANESTHESIOLOGY	1,620,249	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,928,261	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	760,430	0		58.00
60.00	06000	LABORATORY	3,773,855	0		60.00
65.00	06500	RESPIRATORY THERAPY	1,162,488	0		65.00
66.00	06600	PHYSICAL THERAPY	1,487,519	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,177,241	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	874,630	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,278,824	0		73.00
76.00	03020	RENEWED HOPE	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	1,579,503	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,130,357	100		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
192.01	19201	SATELLITE OFFICES	0	0		192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0		194.00
194.01	07951	OUTSIDE PROPERTY	0	0		194.01
194.02	07952	RETAIL PHAMACY	0	0		194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0		194.03
194.04	07954	TRIPLEXES	0	0		194.04
194.06	07955	UNUSED SPACE	0	0		194.06
194.07	07956	WELLNESS CENTER	0	0		194.07
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	494,296	12,116		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.014483	121.160000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,891	209		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001022	2.090000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,894,672		2,894,672	0	0	30.00
45.00	04500	NURSING FACILITY	3,068,190		3,068,190	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	1,494,817		1,494,817	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,429,438		1,429,438	0	0	50.00
53.00	05300	ANESTHESIOLOGY	159,249		159,249	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,598,611		1,598,611	0	0	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	126,847		126,847	0	0	58.00
60.00	06000	LABORATORY	1,541,804		1,541,804	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	604,029	0	604,029	0	0	65.00
66.00	06600	PHYSICAL THERAPY	924,036	0	924,036	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	529,476		529,476	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	539,520		539,520	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	688,276		688,276	0	0	73.00
76.00	03020	RENEWED HOPE	0		0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,217,672		1,217,672	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	202,712		202,712		0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	17,019,349	0	17,019,349	0	0	200.00
201.00		Less Observation Beds	202,712		202,712		0	201.00
202.00		Total (see instructions)	16,816,637	0	16,816,637	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,859,693		3,859,693			30.00
45.00	04500	NURSING FACILITY	3,243,410		3,243,410			45.00
46.00	04600	OTHER LONG TERM CARE	1,344,465		1,344,465			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,674,123	4,716,463	7,390,586	0.193413	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	810,049	810,200	1,620,249	0.098287	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,570,096	6,358,165	7,928,261	0.201635	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	36,655	723,775	760,430	0.166810	0.000000	58.00
60.00	06000	LABORATORY	664,181	3,109,674	3,773,855	0.408549	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	750,839	411,649	1,162,488	0.519600	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	306,881	1,180,638	1,487,519	0.621193	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	658,515	518,726	1,177,241	0.449760	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	738,411	136,219	874,630	0.616855	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,559,580	719,244	2,278,824	0.302031	0.000000	73.00
76.00	03020	RENEWED HOPE	0	0	0	0.000000	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	46,291	1,533,212	1,579,503	0.770921	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,569	230,509	237,078	0.855043	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	18,269,758	20,448,474	38,718,232			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	18,269,758	20,448,474	38,718,232			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020	RENEWED HOPE	0.000000		76.00
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/20/2014 11:35 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,894,672		2,894,672	0	2,894,672	30.00
45.00	04500	NURSING FACILITY	3,068,190		3,068,190	0	3,068,190	45.00
46.00	04600	OTHER LONG TERM CARE	1,494,817		1,494,817	0	1,494,817	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,429,438		1,429,438	0	1,429,438	50.00
53.00	05300	ANESTHESIOLOGY	159,249		159,249	0	159,249	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,598,611		1,598,611	0	1,598,611	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	126,847		126,847	0	126,847	58.00
60.00	06000	LABORATORY	1,541,804		1,541,804	0	1,541,804	60.00
65.00	06500	RESPIRATORY THERAPY	604,029	0	604,029	0	604,029	65.00
66.00	06600	PHYSICAL THERAPY	924,036	0	924,036	0	924,036	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	529,476		529,476	0	529,476	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	539,520		539,520	0	539,520	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	688,276		688,276	0	688,276	73.00
76.00	03020	RENEWED HOPE	0		0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,217,672		1,217,672	0	1,217,672	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	202,712		202,712		202,712	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	17,019,349	0	17,019,349	0	17,019,349	200.00
201.00		Less Observation Beds	202,712		202,712		202,712	201.00
202.00		Total (see instructions)	16,816,637	0	16,816,637	0	16,816,637	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/20/2014 11:35 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,859,693		3,859,693			30.00
45.00	04500	NURSING FACILITY	3,243,410		3,243,410			45.00
46.00	04600	OTHER LONG TERM CARE	1,344,465		1,344,465			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,674,123	4,716,463	7,390,586	0.193413	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	810,049	810,200	1,620,249	0.098287	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,570,096	6,358,165	7,928,261	0.201635	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	36,655	723,775	760,430	0.166810	0.000000	58.00
60.00	06000	LABORATORY	664,181	3,109,674	3,773,855	0.408549	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	750,839	411,649	1,162,488	0.519600	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	306,881	1,180,638	1,487,519	0.621193	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	658,515	518,726	1,177,241	0.449760	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	738,411	136,219	874,630	0.616855	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,559,580	719,244	2,278,824	0.302031	0.000000	73.00
76.00	03020	RENEWED HOPE	0	0	0	0.000000	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	46,291	1,533,212	1,579,503	0.770921	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,569	230,509	237,078	0.855043	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	18,269,758	20,448,474	38,718,232			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	18,269,758	20,448,474	38,718,232			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/20/2014 11:35 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020	RENEWED HOPE	0.000000		76.00
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part II Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	158,757	7,390,586	0.021481	1,614,663	34,685	50.00
53.00	05300	ANESTHESIOLOGY	6,089	1,620,249	0.003758	506,282	1,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	194,878	7,928,261	0.024580	1,119,293	27,512	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	2,671	760,430	0.003512	8,529	30	58.00
60.00	06000	LABORATORY	70,280	3,773,855	0.018623	339,518	6,323	60.00
65.00	06500	RESPIRATORY THERAPY	37,678	1,162,488	0.032412	243,289	7,885	65.00
66.00	06600	PHYSICAL THERAPY	55,145	1,487,519	0.037072	53,737	1,992	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,412	1,177,241	0.013941	342,178	4,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,243	874,630	0.018571	585,346	10,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,154	2,278,824	0.012793	697,925	8,929	73.00
76.00	03020	RENEWED HOPE	0	0	0.000000	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	26,772	1,579,503	0.016950	5,729	97	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	21,554	237,078	0.090915	181	16	92.00
200.00		Total (lines 50-199)	635,633	30,270,664		5,516,670	105,012	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	RENEWED HOPE	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	7,390,586	0.000000	0.000000	1,614,663	50.00
53.00	05300	ANESTHESIOLOGY	0	1,620,249	0.000000	0.000000	506,282	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,928,261	0.000000	0.000000	1,119,293	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	760,430	0.000000	0.000000	8,529	58.00
60.00	06000	LABORATORY	0	3,773,855	0.000000	0.000000	339,518	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,162,488	0.000000	0.000000	243,289	65.00
66.00	06600	PHYSICAL THERAPY	0	1,487,519	0.000000	0.000000	53,737	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,177,241	0.000000	0.000000	342,178	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	874,630	0.000000	0.000000	585,346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,278,824	0.000000	0.000000	697,925	73.00
76.00	03020	RENEWED HOPE	0	0	0.000000	0.000000	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	1,579,503	0.000000	0.000000	5,729	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	237,078	0.000000	0.000000	181	92.00
200.00		Total (lines 50-199)	0	30,270,664			5,516,670	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV | Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03020	RENEWED HOPE	0	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.193413	0	2,191,324	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.098287	0	361,970	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201635	0	3,488,701	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.166810	0	313,307	0	0	58.00
60.00	06000	LABORATORY	0.408549	0	1,638,769	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.519600	0	237,915	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.621193	0	575,768	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.449760	0	199,756	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.616855	0	82,483	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302031	0	352,460	0	0	73.00
76.00	03020	RENEWED HOPE	0.000000	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.770921	0	735,934	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.855043	0	142,295	0	0	92.00
200.00		Subtotal (see instructions)		0	10,320,682	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	10,320,682	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	423,831	0		50.00
53.00	05300	ANESTHESIOLOGY	35,577	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	703,444	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	52,263	0		58.00
60.00	06000	LABORATORY	669,517	0		60.00
65.00	06500	RESPIRATORY THERAPY	123,621	0		65.00
66.00	06600	PHYSICAL THERAPY	357,663	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	89,842	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,880	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,454	0		73.00
76.00	03020	RENEWED HOPE	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	567,347	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	121,668	0		92.00
200.00		Subtotal (see instructions)	3,302,107	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	3,302,107	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141330 | Component CCN: 14Z330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V | Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.193413	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.098287	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201635	0	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.166810	0	0	0	0	58.00
60.00	06000	LABORATORY	0.408549	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.519600	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.621193	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.449760	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.616855	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302031	0	0	0	0	73.00
76.00	03020	RENEWED HOPE	0.000000	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.770921	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.855043	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141330 | Component CCN: 14Z330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V | Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03020	RENEWED HOPE	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,962	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,426	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	1,221	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	748	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	748	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	20	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	20	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	805	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	706	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	706	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	132.03	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	132.03	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,894,672	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	2,641	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	2,641	25.00
26.00	Total swing-bed cost (see instructions)	1,484,587	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	1,410,085	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,410,085	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	988.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	796,016	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	796,016	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,618,013	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,414,029	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	698,121	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	698,121	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	1,396,242	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	205	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	988.84	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	202,712	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	149,929	1,410,085	0.106326	202,712	21,554	90.00
91.00	Nursing School cost	0	1,410,085	0.000000	202,712	0	91.00
92.00	Allied health cost	0	1,410,085	0.000000	202,712	0	92.00
93.00	All other Medical Education	0	1,410,085	0.000000	202,712	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		998,485		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.193413	1,614,663	312,297	50.00
53.00	05300	ANESTHESIOLOGY	0.098287	506,282	49,761	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201635	1,119,293	225,689	54.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.166810	8,529	1,423	58.00
60.00	06000	LABORATORY	0.408549	339,518	138,710	60.00
65.00	06500	RESPIRATORY THERAPY	0.519600	243,289	126,413	65.00
66.00	06600	PHYSICAL THERAPY	0.621193	53,737	33,381	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.449760	342,178	153,898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.616855	585,346	361,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302031	697,925	210,795	73.00
76.00	03020	RENEWED HOPE	0.000000	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.770921	5,729	4,417	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.855043	181	155	92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,516,670	1,618,013	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		5,516,670		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 141330 | Component CCN: 14Z330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.193413	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.098287	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201635	112,713	22,727	54.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.166810	0	0	58.00
60.00	06000	LABORATORY	0.408549	176,099	71,945	60.00
65.00	06500	RESPIRATORY THERAPY	0.519600	394,284	204,870	65.00
66.00	06600	PHYSICAL THERAPY	0.621193	221,860	137,818	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.449760	94,587	42,541	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.616855	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302031	451,972	136,510	73.00
76.00	03020	RENEWED HOPE	0.000000	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.770921	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.855043	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,451,515	616,411	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,451,515		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 141330	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/20/2014 11:35 am
	Title XVIII	Hospital	Cost

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	3,302,107	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	3,302,107	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	3,335,128	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	31,131	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	1,747,717	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	1,556,280	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	1,556,280	30.00
31.00	Primary payer payments	452	31.00
32.00	Subtotal (line 30 minus line 31)	1,555,828	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	237,298	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	208,822	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	114,799	36.00
37.00	Subtotal (see instructions)	1,764,650	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,764,650	40.00
40.01	Sequestration adjustment (see instructions)	35,293	40.01
41.00	Interim payments	1,764,196	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-34,839	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E-1 Part I Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Hospital | Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,869,732		1,984,588	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	01/16/2014	32,435	01/16/2014	6,347	3.01
3.02		06/18/2014	157,163		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0	06/18/2014	226,739	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		189,598		-220,392	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,059,330		1,764,196	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		131,784		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		34,839	6.02
7.00	Total Medicare program liability (see instructions)		2,191,114		1,729,357	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141330 | Component CCN: 14Z330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E-1 Part I | Date/Time Prepared: 11/20/2014 11:35 am

Title XVIII | Swing Beds - SNF | Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,878,294		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	06/18/2014	62,713		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	01/16/2014	48,971		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		13,742		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,892,036		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		50,092		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,942,128		0	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 141330 Component CCN: 14Z330	Period: From 07/01/2013 To 06/30/2014	Worksheet E-2 Date/Time Prepared: 11/20/2014 11:35 am
	Title XVIII	Swing Beds - SNF	Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	1,410,204	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 6 and 7, line 202 for Part B) (For CAH, see instructions)	622,575	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	1,412	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	2,032,779	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	2,032,779	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	2,032,779	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	51,016	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	1,981,763	0	15.00
16.00		0	0	16.00
16.50	RURAL DEMONSTRATION PROJECT	0		16.50
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	1,981,763	0	19.00
19.01	Sequestration adjustment (see instructions)	39,635	0	19.01
20.00	Interim payments	1,892,036	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program line 19 minus lines 19.01, 20 and 21	50,092	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 141330	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part V Date/Time Prepared: 11/20/2014 11:35 am
	Title XVIII	Hospital	Cost

		1.00	
	PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT		
1.00	Inpatient services	2,414,029	1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)	0	2.00
3.00	Organ acquisition	0	3.00
4.00	Subtotal (sum of lines 1 thru 3)	2,414,029	4.00
5.00	Primary payer payments	0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)	2,438,169	6.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
7.00	Routine service charges	0	7.00
8.00	Ancillary service charges	0	8.00
9.00	Organ acquisition charges, net of revenue	0	9.00
10.00	Total reasonable charges	0	10.00
	Customary charges		
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)	0.000000	13.00
14.00	Total customary charges (see instructions)	0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)	0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)	0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)	0	17.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)	2,438,169	19.00
20.00	Deductibles (exclude professional component)	230,336	20.00
21.00	Excess reasonable cost (from line 16)	0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)	2,207,833	22.00
23.00	Coinsurance	0	23.00
24.00	Subtotal (line 22 minus line 23)	2,207,833	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	31,816	25.00
26.00	Adjusted reimbursable bad debts (see instructions)	27,998	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	10,109	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)	2,235,831	28.00
29.00		0	29.00
29.99	Recovery of Accelerated Depreciation	0	29.99
30.00	Subtotal (line 28, plus or minus lines 29)	2,235,831	30.00
30.01	Sequestration adjustment (see instructions)	44,717	30.01
31.00	Interim payments	2,059,330	31.00
32.00	Tentative settlement (for contractor use only)	0	32.00
33.00	Balance due provider/program line 30 minus lines 30.01, 31, and 32	131,784	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	34.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G | Date/Time Prepared: 11/20/2014 11:35 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	6,030,313	0	0	0	1.00
2.00	Temporary investments	2,386,640	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	2,324,256	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	832,183	0	0	0	7.00
8.00	Prepaid expenses	124,725	0	0	0	8.00
9.00	Other current assets	465,547	0	0	0	9.00
10.00	Due from other funds	420,089	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	12,583,753	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	13,703,048	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	13,703,048	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	4,762,929	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	616,112	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,379,041	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	31,665,842	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	662,800	0	0	0	37.00
38.00	Salaries, wages, and fees payable	958,537	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	553,333	0	0	0	40.00
41.00	Deferred income	425,343	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	1,416,730	0	0	0	43.00
44.00	Other current liabilities	361,550	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,378,293	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	10,037,304	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	269,366	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	10,306,670	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	14,684,963	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	16,980,879				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	16,980,879	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	31,665,842	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-1 | Date/Time Prepared: 11/20/2014 11:35 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		15,940,592		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,040,287				2.00
3.00	Total (sum of line 1 and line 2)		16,980,879		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		16,980,879		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		16,980,879		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/20/2014 11:35 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	4,166,232		4,166,232	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	3,243,410		3,243,410	8.00
9.00	OTHER LONG TERM CARE	1,344,465		1,344,465	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	8,754,107		8,754,107	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	8,754,107		8,754,107	17.00
18.00	Ancillary services	9,708,731	18,654,627	28,363,358	18.00
19.00	Outpatient services	48,407	2,244,687	2,293,094	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	RETAIL PHARMACY	0	1,701,183	1,701,183	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	18,511,245	22,600,497	41,111,742	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		22,456,848		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	GAIN ON ASSET	750			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		750		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		22,456,098		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 141330 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-3 | Date/Time Prepared: 11/20/2014 11:35 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	41,111,742	1.00
2.00	Less contractual allowances and discounts on patients' accounts	19,020,823	2.00
3.00	Net patient revenues (line 1 minus line 2)	22,090,919	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	22,456,098	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-365,179	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	360	6.00
7.00	Income from investments	118,807	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OP REV	1,090,167	24.00
24.01	UNREALIZED GAIN	120,540	24.01
24.02	PROVISION FOR UNCOLLECTIBLE ACCTS	3,301	24.02
24.03	NET ASSETS RELEASED	143,872	24.03
24.04		0	24.04
24.05		0	24.05
25.00	Total other income (sum of lines 6-24)	1,477,047	25.00
26.00	Total (line 5 plus line 25)	1,111,868	26.00
27.00	FAIR VALUE OF INTEREST	61,985	27.00
27.02	NET LOSS ON REAL ESTATE	9,596	27.02
27.03		0	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	71,581	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,040,287	29.00