

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 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-1330	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/25/2019 6:01 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/25/2019	Time: 6:01 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 CHIEF FINANCIAL 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 (14-1330) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 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.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	130,313	122,352	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	69,051	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	199,364	122,352	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: 14-1330		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 6:01 pm	
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	
		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
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF		HOPEDALE SWING BED	14Z330	37900		10/01/2003	N	O
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	
							2.00	3.00	
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 §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		
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)					N	N		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period 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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
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		
				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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-1330		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 6:01 pm		
				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	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	25.00	
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						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	
							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 is in effect in the cost reporting period.						0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the 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)(i), (ii), or (iii)? 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)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N	40.00	
							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 Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) 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 Wkst. D, Parts III & IV and D-2, Pt. 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, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
						NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
						1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)						N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

	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)						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)						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)						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).						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)						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)						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. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
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. Enter in column 4, the 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 Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 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 nonprovider 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

	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 nonprovider 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	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	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 is 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. (see 42 CFR 412.424(d)(1)(iii)(c)) 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, indicate which program year began during this cost reporting period. (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 is 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, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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				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			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00			
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			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00			
			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/IID 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		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	Y	98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	Y	98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	Y	98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	N	98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	N	98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	Y	98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	Y	98.06		
Rural Providers								
105.00	Does this hospital qualify as a 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		
107.00	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 is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			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.			Y		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		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1330	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 6:01 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		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 column 1 is 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 hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §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:	190,755	0	0	118.01
		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
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-1330		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 6:01 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	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
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00
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, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
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	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	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 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
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
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0
								171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1330	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 6:01 pm	
			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 Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program 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
			Y/N	Date	Y/N
			1.00	2.00	3.00
			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)	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	10/18/2019	Y	10/18/2019
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/25/2019 6:01 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
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
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
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.	DAVE	MCCLUNG		41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	641-494-2144	DAVID.MCCLUNG@RSMUS.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/25/2019 6:01 pm

		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: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

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	22,890.00	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	22,890.00	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	22,890.00	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	59	21,130		0	20.00
21.00 OTHER LONG TERM CARE	46.00	72	26,280			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	89.00				0	26.25
27.00 Total (sum of lines 14-26)		156				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
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

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)	715	4	956			1.00
2.00	HMO and other (see instructions)	97	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	918	0	982			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	11			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,633	4	1,949			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)	1,633	4	1,949	0.00	220.25	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	17,320	0.00	32.30	20.00
21.00	OTHER LONG TERM CARE			20,723	0.00	11.64	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			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	264.19	27.00
28.00	Observation Bed Days		0	191			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
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	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	219	1	286	1.00
2.00 HMO and other (see instructions)			23	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		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	219	1	286	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				57	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	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-1330	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/25/2019 6:01 pm
			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)		0.445312	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		117,566	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 and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		5,617	5.00
6.00	Medicaid charges		797,498	6.00
7.00	Medicaid cost (line 1 times line 6)		355,135	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)		231,952	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (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
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (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		9,607	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		231,952	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	114,765	198,756	313,521
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	51,106	198,756	249,862
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	51,106	198,756	249,862
			1.00	
24.00	Does the amount on 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, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		1,087,416	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		144,841	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		222,833	27.01
28.00	Non-Medicare bad debt expense (see instructions)		864,583	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		463,001	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		712,863	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		944,815	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (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		305,326	305,326	676,098	981,424 1.00
1.01	00101	WELLNESS CENTER B&F		75,596	75,596	112,979	188,575 1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION		0	0	743,941	743,941 1.02
1.03	00103	WHITE FENCE ESTATES		37,550	37,550	0	37,550 1.03
1.04	00104	MACKINOW CLINIC		30,097	30,097	0	30,097 1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,583,156	2,583,156	-1,162,794	1,420,362 2.00
2.01	00201	WELLNESS CENTER MME		0	0	57,403	57,403 2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	197,658	2,275,553	2,473,211	-41,452	2,431,759 4.00
5.01	00590	PHYSICAIN OFFICE BILLING	201,024	49,895	250,919	0	250,919 5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	369,547	213,886	583,433	0	583,433 5.02
5.03	00592	OTHER A AND G	1,066,737	2,469,033	3,535,770	0	3,535,770 5.03
6.00	00600	MAINTENANCE & REPAIRS	450,166	367,562	817,728	0	817,728 6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0 7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	86,270	86,270	0	86,270 7.01
7.02	00702	OPERATION OF PLANT	0	324,797	324,797	1,103	325,900 7.02
7.03	00703	WHITE FENCE ESTATES	0	6,034	6,034	0	6,034 7.03
7.04	00704	MACKINOW CLINIC	0	3,384	3,384	0	3,384 7.04
8.00	00800	LAUNDRY & LINEN SERVICE	193,491	13,023	206,514	0	206,514 8.00
9.00	00900	HOUSEKEEPING	171,656	49,380	221,036	0	221,036 9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	2,814	2,814 9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	5,004	5,004 9.02
10.00	01000	DIETARY	669,407	391,559	1,060,966	-121,940	939,026 10.00
11.00	01100	CAFETERIA	0	0	0	121,940	121,940 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	194,061	126,013	320,074	0	320,074 14.00
15.00	01500	PHARMACY	219,202	25,757	244,959	-350	244,609 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	88,054	441,204	529,258	0	529,258 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	28,242	28,242 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	120,540	120,540 19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,150,538	197,478	1,348,016	-110,595	1,237,421 30.00
45.00	04500	NURSING FACILITY	1,224,380	342,348	1,566,728	72,362	1,639,090 45.00
46.00	04600	OTHER LONG TERM CARE	374,294	153,475	527,769	15,913	543,682 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,046,379	1,125,939	2,172,318	-718,888	1,453,430 50.00
53.00	05300	ANESTHESIOLOGY	676,131	373,832	1,049,963	-142,019	907,944 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	351,003	347,829	698,832	20,637	719,469 54.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	238,273	238,273	-20,740	217,533 58.00
60.00	06000	LABORATORY	362,363	724,138	1,086,501	0	1,086,501 60.00
65.00	06500	RESPIRATORY THERAPY	383,231	40,545	423,776	-2,695	421,081 65.00
65.01	06501	SLEEP LAB	0	12,615	12,615	0	12,615 65.01
65.02	03160	PULMONARY REHAB	1,047	19	1,066	0	1,066 65.02
66.00	06600	PHYSICAL THERAPY	598,384	50,745	649,129	-2,673	646,456 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	818,888	818,888 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	185,117	185,117	0	185,117 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	179,056	179,056	0	179,056 73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0 76.00
76.01	03020	OP SERVICES	0	0	0	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	236,496	3,952	240,448	17,736	258,184 90.00
91.00	09100	EMERGENCY	35,180	1,609,794	1,644,974	64,059	1,709,033 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		553,805	553,805	-553,805	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,260,429	16,014,035	26,274,464	1,708	26,276,172 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,627	17,832	28,459	0	28,459 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	328,749	115,229	443,978	3	443,981 192.00
192.01	19201	SATELLITE OFFICES	407,859	192,916	600,775	-2,937	597,838 192.01
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 PHARMACY	342,572	1,239,600	1,582,172	0	1,582,172 194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0 194.03
194.04	07954	TRIPLEXES	0	0	0	0	0 194.04
194.05	07957	WHITE FENCE ESTATES	0	7,649	7,649	4,527	12,176 194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0 194.06
194.07	07956	WELLNESS CENTER	317,690	98,902	416,592	-3,301	413,291 194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0 194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	11,667,926	17,686,163	29,354,089	0	29,354,089 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-14,486	966,938	1.00
1.01	00101	WELLNESS CENTER B&F	-2,277	186,298	1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION	-53,866	690,075	1.02
1.03	00103	WHITE FENCE ESTATES	0	37,550	1.03
1.04	00104	MACKINOW CLINIC	0	30,097	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-77,451	1,342,911	2.00
2.01	00201	WELLNESS CENTER MME	0	57,403	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-323,115	2,108,644	4.00
5.01	00590	PHYSICIAN OFFICE BILLING	0	250,919	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	-2,985	580,448	5.02
5.03	00592	OTHER A AND G	-295,882	3,239,888	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	817,728	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	86,270	7.01
7.02	00702	OPERATION OF PLANT	-178	325,722	7.02
7.03	00703	WHITE FENCE ESTATES	0	6,034	7.03
7.04	00704	MACKINOW CLINIC	0	3,384	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	206,514	8.00
9.00	00900	HOUSEKEEPING	0	221,036	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	2,814	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	5,004	9.02
10.00	01000	DIETARY	-482	938,544	10.00
11.00	01100	CAFETERIA	-96,633	25,307	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	320,074	14.00
15.00	01500	PHARMACY	0	244,609	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,434	527,824	16.00
17.00	01700	SOCIAL SERVICE	0	28,242	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	120,540	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	1,237,421	30.00
45.00	04500	NURSING FACILITY	-12,638	1,626,452	45.00
46.00	04600	OTHER LONG TERM CARE	-16,306	527,376	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-360,207	1,093,223	50.00
53.00	05300	ANESTHESIOLOGY	-756,903	151,041	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,634	715,835	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	217,533	58.00
60.00	06000	LABORATORY	0	1,086,501	60.00
65.00	06500	RESPIRATORY THERAPY	-100	420,981	65.00
65.01	06501	SLEEP LAB	0	12,615	65.01
65.02	03160	PULMONARY REHAB	0	1,066	65.02
66.00	06600	PHYSICAL THERAPY	-541	645,915	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	818,888	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	185,117	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	179,056	73.00
76.00	03950	RENEWED HOPE	0	0	76.00
76.01	03020	OP SERVICES	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-236,496	21,688	90.00
91.00	09100	EMERGENCY	-402,292	1,306,741	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 through 117)	-2,657,906	23,618,266	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,459	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	443,981	192.00
192.01	19201	SATELLITE OFFICES	0	597,838	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 PHARMACY	0	1,582,172	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	194.03
194.04	07954	TRIPLEXES	0	0	194.04
194.05	07957	WHITE FENCE ESTATES	0	12,176	194.05
194.06	07955	UNUSED SPACE	0	0	194.06
194.07	07956	WELLNESS CENTER	0	413,291	194.07
194.09	07959	MEDICAL MASSAGE	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-2,657,906	26,696,183	200.00

RECLASSIFICATIONS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/25/2019 6:01 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	76,937	45,003		1.00
	TOTALS		76,937	45,003		
	B - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	89,633		1.00
2.00	WELLNESS CENTER B&F	1.01	0	14,091		2.00
3.00	2015 BUILDING RENOVATION & ADDITION	1.02	0	333,311		3.00
4.00	OPERATION OF PLANT	7.02	0	1,103		4.00
5.00	NURSING FACILITY	45.00	0	78,201		5.00
6.00	OTHER LONG TERM CARE	46.00	0	15,913		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,931		7.00
8.00	RESPIRATORY THERAPY	65.00	0	619		8.00
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3		9.00
	TOTALS		0	553,805		
	C - ER NURSING RECLASS					
1.00	EMERGENCY	91.00	70,507	0		1.00
	TOTALS		70,507	0		
	D - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	997,095		1.00
	TOTALS		0	997,095		
	E - WELLNESS CENTER DEP					
1.00	WELLNESS CENTER B&F	1.01	0	98,888		1.00
2.00	SATELLITE OFFICES	192.01	0	2,067		2.00
3.00	WHITE FENCE ESTATES	194.05	0	7,341		3.00
4.00	WELLNESS CENTER MME	2.01	0	57,403		4.00
	TOTALS		0	165,699		
	F - WELLNESS CENTER RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,367	931		1.00
2.00	PHYSICAL THERAPY	66.00	2	1		2.00
	TOTALS		2,369	932		
	G - SOCIAL SERVICE RECLASS					
1.00	SOCIAL SERVICE	17.00	28,242	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		28,242	0		
	H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	818,888		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
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	TOTALS		0	818,888		
	I - BUILDING RENOVATION DEPRE					
1.00	2015 BUILDING RENOVATION & ADDITION	1.02	0	410,630		1.00
	TOTALS		0	410,630		
	J - ALLOWABLE BENEFIT RECLASS					
1.00	CLINIC	90.00	0	17,736		1.00
2.00	OPERATING ROOM	50.00	0	27,014		2.00
	TOTALS		0	44,750		
	K - CRNA RECLASS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	120,540	0		1.00
	TOTALS		120,540	0		
	L - HOUSEKEEPING RECLASS					
1.00	WHITE FENCE ESTATES - HOUSEKEEPING	9.01	0	2,814		1.00
2.00	MACKINOW CLINIC - HOUSEKEEPING	9.02	0	5,004		2.00
	TOTALS		0	7,818		
500.00	Grand Total: Increases		298,595	3,044,620		500.00

RECLASSIFICATIONS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/25/2019 6:01 pm

	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	76,937	45,003	0		1.00
	TOTALS		76,937	45,003			
	B - INTEREST EXPENSE RECLASS						
1.00	INTEREST EXPENSE	113.00	0	553,805	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
	TOTALS		0	553,805			
	C - ER NURSING RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	70,507	0	0		1.00
	TOTALS		70,507	0			
	D - BUILDING DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	997,095	9		1.00
	TOTALS		0	997,095			
	E - WELLNESS CENTER DEP						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	165,699	9		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	9		4.00
	TOTALS		0	165,699			
	F - WELLNESS CENTER RECLASS						
1.00	WELLNESS CENTER	194.07	2,369	932	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,369	932			
	G - SOCIAL SERVICE RECLASS						
1.00	NURSING FACILITY	45.00	4,077	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	24,165	0	0		2.00
	TOTALS		28,242	0			
	H - MEDICAL SUPPLIES						
1.00	PHARMACY	15.00	0	350	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	15,923	0		2.00
3.00	NURSING FACILITY	45.00	0	1,762	0		3.00
4.00	OPERATING ROOM	50.00	0	745,902	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	21,479	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	294	0		6.00
7.00	MRI	58.00	0	20,740	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	3,314	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	2,676	0		9.00
10.00	EMERGENCY	91.00	0	6,448	0		10.00
	TOTALS		0	818,888			
	I - BUILDING RENOVATION DEPRE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	410,630	9		1.00
	TOTALS		0	410,630			
	J - ALLOWABLE BENEFIT RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44,750	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	44,750			
	K - CRNA RECLASS						
1.00	ANESTHESIOLOGY	53.00	120,540	0	0		1.00
	TOTALS		120,540	0			
	L - HOUSEKEEPING RECLASS						
1.00	WHITE FENCE ESTATES	194.05	0	2,814	0		1.00
2.00	SATELLITE OFFICES	192.01	0	5,004	0		2.00
	TOTALS		0	7,818			
500.00	Grand Total: Decreases		298,595	3,044,620			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,372,265	0	0	0	0	1.00	
2.00	Land Improvements	2,034,243	540,333	0	540,333	0	2.00	
3.00	Buildings and Fixtures	33,763,464	5,322,169	0	5,322,169	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	14,990,267	878,854	0	878,854	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	52,160,239	6,741,356	0	6,741,356	0	8.00	
9.00	Reconciling Items	-4,540,760	4,050,808	0	4,050,808	0	9.00	
10.00	Total (line 8 minus line 9)	56,700,999	2,690,548	0	2,690,548	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,372,265	0				1.00	
2.00	Land Improvements	2,574,576	0				2.00	
3.00	Buildings and Fixtures	39,085,633	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	15,869,121	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	58,901,595	0				8.00	
9.00	Reconciling Items	-489,952	0				9.00	
10.00	Total (line 8 minus line 9)	59,391,547	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	305,326	0	0	0	0	1.00
1.01	WELLNESS CENTER B&F	75,596	0	0	0	0	1.01
1.02	2015 BUILDING RENOVATION & ADDITION	0	0	0	0	0	1.02
1.03	WHITE FENCE ESTATES	37,550	0	0	0	0	1.03
1.04	MACKINOW CLINIC	30,097	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	2,583,156	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)	3,031,725	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	305,326				1.00
1.01	WELLNESS CENTER B&F	0	75,596				1.01
1.02	2015 BUILDING RENOVATION & ADDITION	0	0				1.02
1.03	WHITE FENCE ESTATES	0	37,550				1.03
1.04	MACKINOW CLINIC	0	30,097				1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,583,156				2.00
2.01	WELLNESS CENTER MME	0	0				2.01
3.00	Total (sum of lines 1-2)	0	3,031,725				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	43,032,474	0	43,032,474	0.730582	0	1.00
1.01	WELLNESS CENTER B&F	0	0	0	0.000000	0	1.01
1.02	2015 BUILDING RENOVATION & ADDITION	0	0	0	0.000000	0	1.02
1.03	WHITE FENCE ESTATES	0	0	0	0.000000	0	1.03
1.04	MACKINOW CLINIC	0	0	0	0.000000	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	15,869,121	0	15,869,121	0.269418	0	2.00
2.01	WELLNESS CENTER MME	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	58,901,595	0	58,901,595	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	891,791	0	1.00
1.01	WELLNESS CENTER B&F	0	0	0	174,484	0	1.01
1.02	2015 BUILDING RENOVATION & ADDITION	0	0	0	410,630	0	1.02
1.03	WHITE FENCE ESTATES	0	0	0	37,550	0	1.03
1.04	MACKINOW CLINIC	0	0	0	30,097	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,342,911	0	2.00
2.01	WELLNESS CENTER MME	0	0	0	57,403	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	2,944,866	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	75,147	0	0	0	966,938	1.00
1.01	WELLNESS CENTER B&F	11,814	0	0	0	186,298	1.01
1.02	2015 BUILDING RENOVATION & ADDITION	279,445	0	0	0	690,075	1.02
1.03	WHITE FENCE ESTATES	0	0	0	0	37,550	1.03
1.04	MACKINOW CLINIC	0	0	0	0	30,097	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,342,911	2.00
2.01	WELLNESS CENTER MME	0	0	0	0	57,403	2.01
3.00	Total (sum of lines 1-2)	366,406	0	0	0	3,311,272	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	-14,486	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)						
1.01	Investment income - WELLNESS CENTER B&F (chapter 2)			0WELLNESS CENTER B&F	1.01	0	1.01
1.02	Investment income - 2015 BUILDING RENOVATION & ADDITION (chapter 2)			02015 BUILDING RENOVATION & ADDITION	1.02	0	1.02
1.03	Investment income - WHITE FENCE ESTATES (chapter 2)			0WHITE FENCE ESTATES	1.03	0	1.03
1.04	Investment income - MACKINOW CLINIC (chapter 2)			0MACKINOW CLINIC	1.04	0	1.04
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - WELLNESS CENTER MME (chapter 2)			0WELLNESS 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	-1,000,276			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,281			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 and allied health education (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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - WELLNESS CENTER B&F			0WELLNESS CENTER B&F	1.01	0	26.01
26.02	Depreciation - 2015 BUILDING RENOVATION & ADDITION			02015 BUILDING RENOVATION & ADDITION	1.02	0	26.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
26.03	Depreciation - WHITE FENCE ESTATES			0 WHITE FENCE ESTATES		1.03	0	26.03
26.04	Depreciation - MACKINOW CLINIC			0 MACKINOW CLINIC		1.04	0	26.04
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 NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 *** 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	A	-76,503	CAP REL COSTS-MVBLE EQUIP		2.00	9	32.00
33.00	INVST INCOME-NEW BLDGS AND FIXTURES	B	-53,866	2015 BUILDING RENOVATION & ADDITION		1.02	11	33.00
33.01	INTEREST INCOME OFFSET	B	-2,277	WELLNESS CENTER B&F		1.01	11	33.01
33.02	INTEREST INCOME OFFSET	B	-178	OPERATION OF PLANT		7.02	0	33.02
33.03	INTEREST INCOME OFFSET	B		0 CENTRAL SERVICES & SUPPLY		14.00	0	33.03
33.04	INTEREST INCOME OFFSET	B	-12,638	NURSING FACILITY		45.00	0	33.04
33.05	INTEREST INCOME OFFSET	B	-2,572	OTHER LONG TERM CARE		46.00	0	33.05
33.07	INTEREST INCOME OFFSET	B	-3,383	RADIOLOGY-DIAGNOSTIC		54.00	0	33.07
33.08	INTEREST INCOME OFFSET	B	-100	RESPIRATORY THERAPY		65.00	0	33.08
33.09	TRADE, QUANTITY AND TIME DISCOUNTS	B	-6,871	OTHER A AND G		5.03	0	33.09
33.10	CAFETERIA--EMPLOYEES AND GUESTS	B	-96,633	CAFETERIA		11.00	0	33.10
33.11	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,434	MEDICAL RECORDS & LIBRARY		16.00	0	33.11
33.12	EMPLOYEE CHILD CARE REV	B	-173,852	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.12
33.13	MISC INCOME	B	-21,050	OTHER A AND G		5.03	0	33.13
33.14	OTHER INCOME OLTC	B	-13,734	OTHER LONG TERM CARE		46.00	0	33.14
33.15	INSURANCE PROCEEDS - A&G	B	-39,489	OTHER A AND G		5.03	0	33.15
33.16	PROGRAM INCOME -DIETITIAN	B	-482	DIETARY		10.00	0	33.16
33.17	CRNA SALARY COST	A	-555,591	ANESTHESIOLOGY		53.00	0	33.17
33.18	CRNA BENEFIT COST	A	-71,685	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.18
33.20	BUYER'S GROUP REBATE	B	-36,708	OTHER A AND G		5.03	0	33.20
33.26	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.26
33.27	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.27
33.29	TELEPHONE SERVICES	A	-2,985	HOSPITAL ADMIN & GENERAL		5.02	0	33.29
33.30	TELEPHONE EMP BENEFIT EXPENSE	A	-588	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.30
33.31	TELEPHONE DEPRECIATION	A	-948	CAP REL COSTS-MVBLE EQUIP		2.00	9	33.31
33.32	ALCOHOLIC BEVERAGES	A	-720	OTHER A AND G		5.03	0	33.32
33.33	NON-ALLO ADVERTISING SALARIES	A	-12,995	OTHER A AND G		5.03	0	33.33
33.34	ADVERTISING/MARKETING EXPENSE	A	-74,422	OTHER A AND G		5.03	0	33.34
33.35	MARKETING OLTC	A		0 OTHER LONG TERM CARE		46.00	0	33.35
33.36	MARKETING PT	A	-541	PHYSICAL THERAPY		66.00	0	33.36
33.37	MARKETING A&G	A		0 HOSPITAL ADMIN & GENERAL		5.02	0	33.37
33.38	CLINIC DR BENEFITS	A	-30,514	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.38
33.39	ORTHO PHYSICIAN BENEFITS	A	-46,476	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.39
34.02	MARKETING - RADIOLOGY	A	-251	RADIOLOGY-DIAGNOSTIC		54.00	0	34.02
34.07	CHARITABLE CONTRIBUTIONS	A	-32,109	OTHER A AND G		5.03	0	34.07
34.14	ANESTH ON-CALL TIME	A	-201,312	ANESTHESIOLOGY		53.00	0	34.14
34.15	MEDICAID ASSESSMENT	B	-58,251	OTHER A AND G		5.03	0	34.15
36.01	PATIENT TELEVISION EXPENSE	A	-4,838	OTHER A AND G		5.03	0	36.01
38.02	IHA LOBBYING DUES	A	-8,429	OTHER A AND G		5.03	0	38.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,657,906					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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	

(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: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 6:01 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	0.00			0	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MME	23,165	23,165	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP BENEFITS	71,163	71,163	3.00
4.00	5.01	PHYSICAIN OFFICE BILLING	PHYS BILLING	250,919	250,919	4.00
4.01	5.03	OTHER A AND G	A&G ALL	25,445	25,445	4.01
4.02	6.00	MAINTENANCE & REPAIRS	MAINT AND REPAIRS	3,566	3,566	4.02
4.03	7.04	MACKINOW CLINIC	PLANT OP ALL	3,384	3,384	4.03
4.04	192.00	PHYSICIANS' PRIVATE OFFICES	PHYS OFFICES	443,978	443,978	4.04
4.05	192.01	SATELLITE OFFICES	SATELLITE OFFICES	364,377	364,377	4.05
4.06	91.00	EMERGENCY	RENTAL DUPLEX	10,881	9,600	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			1,196,878	1,195,597	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
	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	E		0.00	ROSSI PHYSICIANS	100.00	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: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 6:01 pm

	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
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
4.05	0	0		4.05
4.06	1,281	0		4.06
5.00	1,281			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	PHYSICIANS		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: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
11/25/2019 6:01 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	1,347,496	403,573	943,923	0	0	2.00
3.00	90.00	CLINIC	236,496	236,496	0	0	0	3.00
4.00	50.00	OPERATING ROOM	360,207	360,207	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	112,500	0	112,500	0	0	5.00
6.00	50.00	OPERATING ROOM	5,000	0	5,000	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	5,000	0	5,000	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			2,066,699	1,000,276	1,066,423		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	90.00	CLINIC	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	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	0		1.00
2.00	91.00	EMERGENCY	0	0	0	403,573		2.00
3.00	90.00	CLINIC	0	0	0	236,496		3.00
4.00	50.00	OPERATING ROOM	0	0	0	360,207		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0		5.00
6.00	50.00	OPERATING ROOM	0	0	0	0		6.00
7.00	53.00	ANESTHESIOLOGY	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	1,000,276		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	WELLNESS CENTER B&F	2015 BUILDING RENOVATION & ADDITION	WHITE FENCE ESTATES	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	966,938	966,938			1.00
1.01	00101	WELLNESS CENTER B&F	186,298	0	186,298		1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION	690,075	0	0	690,075	1.02
1.03	00103	WHITE FENCE ESTATES	37,550	0	0	0	1.03
1.04	00104	MACKINOW CLINIC	30,097	0	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,342,911				2.00
2.01	00201	WELLNESS CENTER MME	57,403				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,108,644	15,008	40,108	0	4.00
5.01	00590	PHYSICIAN OFFICE BILLING	250,919	6,072	0	0	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	580,448	19,325	0	79,973	5.02
5.03	00592	OTHER A AND G	3,239,888	62,425	6,849	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	817,728	8,327	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	86,270	0	0	0	7.01
7.02	00702	OPERATION OF PLANT	325,722	5,229	0	0	7.02
7.03	00703	WHITE FENCE ESTATES	6,034	0	0	0	7.03
7.04	00704	MACKINOW CLINIC	3,384	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	206,514	15,221	0	0	8.00
9.00	00900	HOUSEKEEPING	221,036	2,295	0	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	2,814	0	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	5,004	0	0	0	9.02
10.00	01000	DIETARY	938,544	17,412	0	0	10.00
11.00	01100	CAFETERIA	25,307	26,992	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,453	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	320,074	17,174	0	0	14.00
15.00	01500	PHARMACY	244,609	3,559	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	527,824	23,310	792	0	16.00
17.00	01700	SOCIAL SERVICE	28,242	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	120,540	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,237,421	20,058	0	342,117	30.00
45.00	04500	NURSING FACILITY	1,626,452	283,498	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	527,376	361,891	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,093,223	36,935	0	48,987	50.00
53.00	05300	ANESTHESIOLOGY	151,041	991	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	715,835	20,713	0	76,894	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	217,533	0	0	0	58.00
60.00	06000	LABORATORY	1,086,501	11,994	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	420,981	3,613	9,314	0	65.00
65.01	06501	SLEEP LAB	12,615	0	0	0	65.01
65.02	03160	PULMONARY REHAB	1,066	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	645,915	2,443	37,255	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	818,888	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	185,117	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,056	0	0	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	21,688	0	0	0	90.00
91.00	09100	EMERGENCY	1,306,741	0	0	142,104	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 through 117)	23,618,266	966,938	94,318	690,075	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,459	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	443,981	0	0	0	192.00
192.01	19201	SATELLITE OFFICES	597,838	0	0	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	1,582,172	0	0	0	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	194.04
194.05	07957	WHITE FENCE ESTATES	12,176	0	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	WELLNESS CENTER B&F	2015 BUILDING RENOVATION & ADDITION	WHITE FENCE ESTATES	
			0	1.00	1.01	1.02	1.03	
194.07	07956	WELLNESS CENTER	413,291	0	91,980	0	0	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	26,696,183	966,938	186,298	690,075	37,550	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			MACKINOW CLINIC	MVBLE EQUIP	WELLNESS CENTER MME			
			1.04	2.00	2.01		4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC	30,097					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,342,911				2.00
2.01	00201	WELLNESS CENTER MME		0	57,403			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	8,512	2,172,272		4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	3,970	0	42,398	303,359	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	4,382	0	77,311	761,439	5.02
5.03	00592	OTHER A AND G	0	100,837	0	222,243	3,632,242	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	11,078	0	94,944	932,077	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	0	0	86,270	7.01
7.02	00702	OPERATION OF PLANT	0	110,838	0	0	441,789	7.02
7.03	00703	WHITE FENCE ESTATES	0	3,504	0	0	9,538	7.03
7.04	00704	MACKINOW CLINIC	0	0	0	0	3,384	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,964	0	40,809	265,508	8.00
9.00	00900	HOUSEKEEPING	0	1,236	0	36,204	260,771	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	0	2,814	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	0	5,004	9.02
10.00	01000	DIETARY	0	21,353	0	124,957	1,102,266	10.00
11.00	01100	CAFETERIA	0	0	0	16,227	68,526	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,453	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	40,929	378,177	14.00
15.00	01500	PHARMACY	0	7,269	0	46,231	301,668	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,435	0	18,571	586,932	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,552	29,794	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	25,423	145,963	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	243,339	0	224,275	2,067,210	30.00
45.00	04500	NURSING FACILITY	0	55,558	0	257,369	2,222,877	45.00
46.00	04600	OTHER LONG TERM CARE	0	7,413	0	78,942	975,622	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	353,808	0	144,719	1,677,672	50.00
53.00	05300	ANESTHESIOLOGY	0	16,270	0	0	168,302	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	324,692	0	74,029	1,212,163	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	217,533	58.00
60.00	06000	LABORATORY	0	22,171	0	76,425	1,197,091	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,674	11,077	80,826	537,485	65.00
65.01	06501	SLEEP LAB	0	0	0	0	12,615	65.01
65.02	03160	PULMONARY REHAB	0	0	0	221	1,287	65.02
66.00	06600	PHYSICAL THERAPY	0	0	2,077	126,204	813,894	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	818,888	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	185,117	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	179,056	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	21,688	90.00
91.00	09100	EMERGENCY	0	1,487	0	25,110	1,475,442	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 through 117)	0	1,320,278	21,666	1,875,919	23,103,916	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,241	30,700	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,025	0	69,336	526,342	192.00
192.01	19201	SATELLITE OFFICES	30,097	9,608	0	86,021	723,564	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	72,251	1,654,423	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
194.05	07957	WHITE FENCE ESTATES	0	0	0	0	49,726	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	35,737	66,504	607,512	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		MACKINOW CLINIC	MVBLE EQUIP	WELLNESS CENTER MME			
		1.04	2.00	2.01		4A	
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 through 201)	30,097	1,342,911	57,403	2,172,272	26,696,183	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description			PHYSICAIN OFFICE BILLING	HOSPITAL ADMIN & GENERAL	Subtotal	OTHER A AND G	MAINTENANCE & REPAIRS	
			5.01	5.02	5A.02	5.03	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	303,359					5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	761,439				5.02
5.03	00592	OTHER A AND G	0	0	3,632,242	3,632,242		5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	932,077	146,789	1,078,866	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	86,270	13,586	116,068	7.01
7.02	00702	OPERATION OF PLANT	0	0	441,789	69,576	443,083	7.02
7.03	00703	WHITE FENCE ESTATES	0	0	9,538	1,502	10,006	7.03
7.04	00704	MACKINOW CLINIC	0	0	3,384	533	4,709	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	265,508	41,814	7,769	8.00
9.00	00900	HOUSEKEEPING	0	0	260,771	41,068	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	2,814	443	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	5,004	788	0	9.02
10.00	01000	DIETARY	0	0	1,102,266	173,591	20,247	10.00
11.00	01100	CAFETERIA	0	0	68,526	10,792	2,707	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,453	386	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	378,177	59,558	14,950	14.00
15.00	01500	PHARMACY	0	0	301,668	47,508	8,005	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	586,932	92,434	5,179	16.00
17.00	01700	SOCIAL SERVICE	0	0	29,794	4,692	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	31,236	0	177,199	27,906	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	51,455	2,118,665	333,660	167,745	30.00
45.00	04500	NURSING FACILITY	0	0	2,222,877	350,067	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	975,622	153,647	120,423	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	194,876	1,872,548	294,900	42,260	50.00
53.00	05300	ANESTHESIOLOGY	0	64,812	233,114	36,712	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	126,401	1,338,564	210,805	20,247	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	27,726	245,259	38,625	0	58.00
60.00	06000	LABORATORY	0	86,130	1,283,221	202,089	7,416	60.00
65.00	06500	RESPIRATORY THERAPY	0	35,509	572,994	90,239	4,944	65.00
65.01	06501	SLEEP LAB	0	1,605	14,220	2,239	0	65.01
65.02	03160	PULMONARY REHAB	0	212	1,499	236	0	65.02
66.00	06600	PHYSICAL THERAPY	0	30,283	844,177	132,946	3,649	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,883	861,771	135,717	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,609	193,726	30,509	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,101	224,157	35,302	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	7,802	7,802	1,229	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,641	1,439	27,768	4,373	0	90.00
91.00	09100	EMERGENCY	0	36,596	1,512,038	238,125	5,533	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 through 117)	35,877	761,439	22,836,434	3,024,386	1,004,940	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	30,700	4,835	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	112,638	0	638,980	100,630	16,833	192.00
192.01	19201	SATELLITE OFFICES	154,844	0	878,408	138,337	11,301	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	32,490	194.01
194.02	07952	RETAIL PHARMACY	0	0	1,654,423	260,548	13,302	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
194.05	07957	WHITE FENCE ESTATES	0	0	49,726	7,831	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	607,512	95,675	0	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
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 through 201)	303,359	761,439	26,696,183	3,632,242	1,078,866	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OPERATION OF PLANT	WELLNESS CENTER PLANT OP	OPERATION OF PLANT	WHITE FENCE ESTATES	MACKINOW CLINIC	
			7.00	7.01	7.02	7.03	7.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	PHYSICIAN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	OTHER A AND G						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	0					7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	215,924				7.01
7.02	00702	OPERATION OF PLANT	0	0	954,448			7.02
7.03	00703	WHITE FENCE ESTATES	0	0	0	21,046		7.03
7.04	00704	MACKINOW CLINIC	0	0	0	0	8,626	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	51,559	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	7,773	0	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	0	0	9.02
10.00	01000	DIETARY	0	0	58,979	0	0	10.00
11.00	01100	CAFETERIA	0	0	91,432	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	8,310	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	58,173	0	0	14.00
15.00	01500	PHARMACY	0	0	12,054	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,227	78,958	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	213,456	0	0	30.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	145,946	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	3,358	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	102,865	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	40,629	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	14,433	12,239	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	57,731	8,277	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	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	60,440	0	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 through 117)	0	73,391	954,448	0	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	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	0	0	8,626	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 PHARMACY	0	0	0	0	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
194.05	07957	WHITE FENCE ESTATES	0	0	0	21,046	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	142,533	0	0	0	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OPERATION OF PLANT	WELLNESS CENTER PLANT OP	OPERATION OF PLANT	WHITE FENCE ESTATES	MACKINOW CLINIC	
		7.00	7.01	7.02	7.03	7.04	
202.00	TOTAL (sum lines 118 through 201)	0	215,924	954,448	21,046	8,626	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	WHITE FENCE ESTATES - HOUSEKEEPING	MACKINOW CLINIC - HOUSEKEEPING	DIETARY	
			8.00	9.00	9.01	9.02	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	PHYSICIAN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	OTHER A AND G						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT						7.02
7.03	00703	WHITE FENCE ESTATES						7.03
7.04	00704	MACKINOW CLINIC						7.04
8.00	00800	LAUNDRY & LINEN SERVICE	366,650					8.00
9.00	00900	HOUSEKEEPING	0	309,612				9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	3,257			9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	5,792		9.02
10.00	01000	DIETARY	478	0	0	0	1,355,561	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	488	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,643	50,427	0	0	65,759	30.00
45.00	04500	NURSING FACILITY	247,190	107,577	0	0	581,478	45.00
46.00	04600	OTHER LONG TERM CARE	2,365	84,317	0	0	708,324	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,350	2,559	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,403	14,537	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	14,956	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	270	512	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	5,310	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	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	10,560	0	0	0	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 through 117)	346,569	275,373	0	0	1,355,561	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	6,150	30,424	0	0	0	192.00
192.01	19201	SATELLITE OFFICES	6,568	0	0	5,792	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	3,815	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	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
194.05	07957	WHITE FENCE ESTATES	0	0	3,257	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	7,363	0	0	0	0	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	WHITE FENCE ESTATES - HOUSEKEEPING	MACKINOW CLINIC - HOUSEKEEPING	DIETARY	
		8.00	9.00	9.01	9.02	10.00	
202.00	TOTAL (sum lines 118 through 201)	366,650	309,612	3,257	5,792	1,355,561	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	00500	PHYSICAIN OFFICE BILLING						5.01
5.02	00501	HOSPITAL ADMIN & GENERAL						5.02
5.03	00502	OTHER A AND G						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT						7.02
7.03	00703	WHITE FENCE ESTATES						7.03
7.04	00704	MACKINOW CLINIC						7.04
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING						9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	173,457					11.00
13.00	01300	NURSING ADMINISTRATION	0	11,149				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,571	0	519,429			14.00
15.00	01500	PHARMACY	2,055	0	2,302	373,592		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,438	0	2	0	767,658	16.00
17.00	01700	SOCIAL SERVICE	149	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	532	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,008	4,231	21,205	0	51,874	30.00
45.00	04500	NURSING FACILITY	34,390	6,145	8,081	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	12,393	0	7,673	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,358	0	58,255	0	196,479	50.00
53.00	05300	ANESTHESIOLOGY	2,662	0	5,269	0	65,340	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,262	0	6,261	0	127,431	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	27,952	58.00
60.00	06000	LABORATORY	8,400	0	101,286	0	86,832	60.00
65.00	06500	RESPIRATORY THERAPY	6,803	0	9,159	0	35,798	65.00
65.01	06501	SLEEP LAB	0	0	0	0	1,618	65.01
65.02	03160	PULMONARY REHAB	21	0	0	0	213	65.02
66.00	06600	PHYSICAL THERAPY	9,689	0	1,092	0	30,530	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	226,195	0	43,233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	51,133	0	8,679	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	373,592	45,469	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	7,865	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	799	143	0	0	1,451	90.00
91.00	09100	EMERGENCY	3,524	630	4,364	0	36,894	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 through 117)	147,054	11,149	502,277	373,592	767,658	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	266	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,720	0	2,810	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	4,334	0	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 PHARMACY	5,664	0	5,468	0	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
194.05	07957	WHITE FENCE ESTATES	0	0	238	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	10,753	0	4,302	0	0	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
202.00	TOTAL (sum lines 118 through 201)	173,457	11,149	519,429	373,592	767,658	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	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
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	00592	OTHER A AND G						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT						7.02
7.03	00703	WHITE FENCE ESTATES						7.03
7.04	00704	MACKINOW CLINIC						7.04
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING						9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING						9.02
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	34,635					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	205,637				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,136	0	3,111,809	-81,807	3,030,002	30.00
45.00	04500	NURSING FACILITY	9,499	0	3,567,304	0	3,567,304	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	2,064,764	0	2,064,764	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	2,671,655	0	2,671,655	50.00
53.00	05300	ANESTHESIOLOGY	0	205,637	552,092	0	552,092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,837,375	0	1,837,375	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	311,836	0	311,836	58.00
60.00	06000	LABORATORY	0	0	1,744,829	0	1,744,829	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	747,391	0	747,391	65.00
65.01	06501	SLEEP LAB	0	0	18,077	0	18,077	65.01
65.02	03160	PULMONARY REHAB	0	0	1,969	0	1,969	65.02
66.00	06600	PHYSICAL THERAPY	0	0	1,093,401	0	1,093,401	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,266,916	0	1,266,916	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	284,047	0	284,047	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	678,520	0	678,520	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	16,896	81,807	98,703	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	34,534	0	34,534	90.00
91.00	09100	EMERGENCY	0	0	1,872,108	0	1,872,108	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 through 117)	34,635	205,637	21,875,523	0	21,875,523	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	35,801	0	35,801	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	805,547	0	805,547	192.00
192.01	19201	SATELLITE OFFICES	0	0	1,053,366	0	1,053,366	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	36,305	0	36,305	194.01
194.02	07952	RETAIL PHARMACY	0	0	1,939,405	0	1,939,405	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
194.05	07957	WHITE FENCE ESTATES	0	0	82,098	0	82,098	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	868,138	0	868,138	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
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Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	19.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	34,635	205,637	26,696,183	0	26,696,183	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	WELLNESS CENTER B&F	2015 BUILDING RENOVATION & ADDITION		WHITE FENCE ESTATES
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	15,008	40,108	0	0	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	6,072	0	0	0	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	19,325	0	79,973	0	5.02
5.03	00592	OTHER A AND G	0	62,425	6,849	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	8,327	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT	0	5,229	0	0	0	7.02
7.03	00703	WHITE FENCE ESTATES	0	0	0	0	0	7.03
7.04	00704	MACKINOW CLINIC	0	0	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,221	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,295	0	0	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	0	0	9.02
10.00	01000	DIETARY	0	17,412	0	0	0	10.00
11.00	01100	CAFETERIA	0	26,992	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,453	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,174	0	0	0	14.00
15.00	01500	PHARMACY	0	3,559	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,310	792	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	20,058	0	342,117	0	30.00
45.00	04500	NURSING FACILITY	0	283,498	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	361,891	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	36,935	0	48,987	0	50.00
53.00	05300	ANESTHESIOLOGY	0	991	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,713	0	76,894	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	11,994	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,613	9,314	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	2,443	37,255	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	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	142,104	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 through 117)	0	966,938	94,318	690,075	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	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	0	0	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	0	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
194.05	07957	WHITE FENCE ESTATES	0	0	0	0	37,550	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	91,980	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	WELLNESS CENTER B&F	2015 BUILDING RENOVATION & ADDITION	WHITE FENCE ESTATES	
				1.00	1.01	1.02	1.03	
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	966,938	186,298	690,075	37,550	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
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Cost Center Description		CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		MACKINOW CLINIC	MVBLE EQUIP	WELLNESS CENTER MME			
		1.04	2.00	2.01	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	WELLNESS CENTER B&F					1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION					1.02
1.03	00103	WHITE FENCE ESTATES					1.03
1.04	00104	MACKINOW CLINIC					1.04
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	0	8,512	63,628	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	3,970	0	10,042	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	4,382	0	103,680	5.02
5.03	00592	OTHER A AND G	0	100,837	0	170,111	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	11,078	0	19,405	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT	0	110,838	0	116,067	7.02
7.03	00703	WHITE FENCE ESTATES	0	3,504	0	3,504	7.03
7.04	00704	MACKINOW CLINIC	0	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,964	0	18,185	8.00
9.00	00900	HOUSEKEEPING	0	1,236	0	3,531	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	0	9.02
10.00	01000	DIETARY	0	21,353	0	38,765	10.00
11.00	01100	CAFETERIA	0	0	0	26,992	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,453	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	17,174	14.00
15.00	01500	PHARMACY	0	7,269	0	10,828	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,435	0	40,537	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	745	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	243,339	0	605,514	30.00
45.00	04500	NURSING FACILITY	0	55,558	0	339,056	45.00
46.00	04600	OTHER LONG TERM CARE	0	7,413	0	369,304	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	353,808	0	439,730	50.00
53.00	05300	ANESTHESIOLOGY	0	16,270	0	17,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	324,692	0	422,299	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	22,171	0	34,165	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,674	11,077	35,678	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	2,077	41,775	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	1,487	0	143,591	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 through 117)	0	1,320,278	21,666	3,093,275	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	66	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,025	0	2,031	192.00
192.01	19201	SATELLITE OFFICES	30,097	9,608	0	39,705	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	2,116	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	194.04
194.05	07957	WHITE FENCE ESTATES	0	0	0	37,550	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	35,737	127,717	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	194.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

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Cost Center Description		CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		MACKINOW CLINIC	MVBLE EQUIP	WELLNESS CENTER MME			
		1.04	2.00	2.01		4.00	
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 through 201)	30,097	1,342,911	57,403	3,311,272	63,628	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

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Cost Center Description			PHYSICIAN OFFICE BILLING	HOSPITAL ADMIN & GENERAL	OTHER A AND G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.01	5.02	5.03	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	PHYSICIAN OFFICE BILLING	11,284					5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	105,945				5.02
5.03	00592	OTHER A AND G	0	0	176,621			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	7,138	29,324		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	661	3,155	0	7.01
7.02	00702	OPERATION OF PLANT	0	0	3,383	12,043	0	7.02
7.03	00703	WHITE FENCE ESTATES	0	0	73	272	0	7.03
7.04	00704	MACKINOW CLINIC	0	0	26	128	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,033	211	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,997	0	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	22	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	38	0	0	9.02
10.00	01000	DIETARY	0	0	8,441	550	0	10.00
11.00	01100	CAFETERIA	0	0	525	74	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	19	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,896	406	0	14.00
15.00	01500	PHARMACY	0	0	2,310	218	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,495	141	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	228	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,162	0	1,357	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,159	16,225	4,559	0	30.00
45.00	04500	NURSING FACILITY	0	0	17,019	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	7,471	3,273	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	27,114	14,340	1,149	0	50.00
53.00	05300	ANESTHESIOLOGY	0	9,018	1,785	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,587	10,251	550	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	3,858	1,878	0	0	58.00
60.00	06000	LABORATORY	0	11,984	9,827	202	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,941	4,388	134	0	65.00
65.01	06501	SLEEP LAB	0	223	109	0	0	65.01
65.02	03160	PULMONARY REHAB	0	29	11	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	4,214	6,465	99	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,967	6,599	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,198	1,484	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,275	1,717	0	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	1,086	60	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	173	200	213	0	0	90.00
91.00	09100	EMERGENCY	0	5,092	11,579	150	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 through 117)	1,335	105,945	147,063	27,314	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	235	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,190	0	4,893	458	0	192.00
192.01	19201	SATELLITE OFFICES	5,759	0	6,727	307	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	883	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	12,670	362	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
194.05	07957	WHITE FENCE ESTATES	0	0	381	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	4,652	0	0	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
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 through 201)	11,284	105,945	176,621	29,324	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
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Cost Center Description			WELLNESS CENTER PLANT OP	OPERATION OF PLANT	WHITE FENCE ESTATES	MACKINOW CLINIC	LAUNDRY & LINEN SERVICE	
			7.01	7.02	7.03	7.04	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
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	PHYSICIAN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	OTHER A AND G						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	WELLNESS CENTER PLANT OP	3,816					7.01
7.02	00702	OPERATION OF PLANT	0	131,493				7.02
7.03	00703	WHITE FENCE ESTATES	0	0	3,849			7.03
7.04	00704	MACKINOW CLINIC	0	0	0	154		7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,103	0	0	28,727	8.00
9.00	00900	HOUSEKEEPING	0	1,071	0	0	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	0	0	9.02
10.00	01000	DIETARY	0	8,126	0	0	37	10.00
11.00	01100	CAFETERIA	0	12,596	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,145	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,014	0	0	0	14.00
15.00	01500	PHARMACY	0	1,661	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22	10,878	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	29,407	0	0	2,793	30.00
45.00	04500	NURSING FACILITY	0	0	0	0	19,368	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	185	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	20,107	0	0	2,848	50.00
53.00	05300	ANESTHESIOLOGY	0	463	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,172	0	0	658	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	5,597	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	255	1,686	0	0	21	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	1,020	1,140	0	0	416	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	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	8,327	0	0	827	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 through 117)	1,297	131,493	0	0	27,153	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	0	482	192.00
192.01	19201	SATELLITE OFFICES	0	0	0	154	515	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 PHARMACY	0	0	0	0	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
194.05	07957	WHITE FENCE ESTATES	0	0	3,849	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	2,519	0	0	0	577	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
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Date/Time Prepared:
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Cost Center Description		WELLNESS CENTER PLANT OP	OPERATION OF PLANT	WHITE FENCE ESTATES	MACKINOW CLINIC	LAUNDRY & LINEN SERVICE	
		7.01	7.02	7.03	7.04	8.00	
202.00	TOTAL (sum lines 118 through 201)	3,816	131,493	3,849	154	28,727	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
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Cost Center Description			HOUSEKEEPING	WHITE FENCE ESTATES - HOUSEKEEPING	MACKINOW CLINIC - HOUSEKEEPING	DIETARY	CAFETERIA	
			9.00	9.01	9.02	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	PHYSICIAN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	OTHER A AND G						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT						7.02
7.03	00703	WHITE FENCE ESTATES						7.03
7.04	00704	MACKINOW CLINIC						7.04
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	7,659					9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	22				9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	38			9.02
10.00	01000	DIETARY	0	0	0	59,579		10.00
11.00	01100	CAFETERIA	0	0	0	0	40,662	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,009	14.00
15.00	01500	PHARMACY	0	0	0	0	482	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12	0	0	0	572	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	35	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	125	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,247	0	0	2,890	5,628	30.00
45.00	04500	NURSING FACILITY	2,661	0	0	25,557	8,061	45.00
46.00	04600	OTHER LONG TERM CARE	2,086	0	0	31,132	2,905	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	63	0	0	0	5,241	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	360	0	0	0	1,937	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	370	0	0	0	1,969	60.00
65.00	06500	RESPIRATORY THERAPY	13	0	0	0	1,595	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	5	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	2,271	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	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	187	90.00
91.00	09100	EMERGENCY	0	0	0	0	826	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 through 117)	6,812	0	0	59,579	34,472	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	62	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	753	0	0	0	2,279	192.00
192.01	19201	SATELLITE OFFICES	0	0	38	0	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	94	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	1,328	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
194.05	07957	WHITE FENCE ESTATES	0	22	0	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	0	0	2,521	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
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To 06/30/2019Worksheet B
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Cost Center Description		HOUSEKEEPING	WHITE FENCE ESTATES - HOUSEKEEPING	MACKINOW CLINIC - HOUSEKEEPING	DIETARY	CAFETERIA	
		9.00	9.01	9.02	10.00	11.00	
202.00	TOTAL (sum lines 118 through 201)	7,659	22	38	59,579	40,662	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	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
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	00500	PHYSICIAN OFFICE BILLING						5.01
5.02	00501	HOSPITAL ADMIN & GENERAL						5.02
5.03	00502	OTHER A AND G						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT						7.02
7.03	00703	WHITE FENCE ESTATES						7.03
7.04	00704	MACKINOW CLINIC						7.04
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING						9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	3,617					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,698				14.00
15.00	01500	PHARMACY	0	140	16,993			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	57,201		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	308	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,373	1,294	0	3,865	224	30.00
45.00	04500	NURSING FACILITY	1,994	493	0	0	84	45.00
46.00	04600	OTHER LONG TERM CARE	0	468	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,555	0	14,644	0	50.00
53.00	05300	ANESTHESIOLOGY	0	322	0	4,868	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	382	0	9,494	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	2,083	0	58.00
60.00	06000	LABORATORY	0	6,181	0	6,469	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	559	0	2,667	0	65.00
65.01	06501	SLEEP LAB	0	0	0	121	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	16	0	65.02
66.00	06600	PHYSICAL THERAPY	0	67	0	2,275	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,804	0	3,221	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,120	0	647	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	16,993	3,388	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	586	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	46	0	0	108	0	90.00
91.00	09100	EMERGENCY	204	266	0	2,749	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 through 117)	3,617	30,651	16,993	57,201	308	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	171	0	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	264	0	0	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 PHARMACY	0	334	0	0	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
194.05	07957	WHITE FENCE ESTATES	0	15	0	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	263	0	0	0	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
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To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
202.00	TOTAL (sum lines 118 through 201)	3,617	31,698	16,993	57,201	308	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	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
1.02	00102	2015 BUILDING RENOVATION & ADDITION					1.02
1.03	00103	WHITE FENCE ESTATES					1.03
1.04	00104	MACKINOW CLINIC					1.04
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	00592	OTHER A AND G					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	WELLNESS CENTER PLANT OP					7.01
7.02	00702	OPERATION OF PLANT					7.02
7.03	00703	WHITE FENCE ESTATES					7.03
7.04	00704	MACKINOW CLINIC					7.04
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING					9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING					9.02
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	3,389				19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		688,748	0	688,748	30.00
45.00	04500	NURSING FACILITY		421,830	0	421,830	45.00
46.00	04600	OTHER LONG TERM CARE		419,136	0	419,136	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		533,030	0	533,030	50.00
53.00	05300	ANESTHESIOLOGY		34,341	0	34,341	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		479,858	0	479,858	54.00
57.00	05700	CT SCAN		0	0	0	57.00
58.00	05800	MRI		7,819	0	7,819	58.00
60.00	06000	LABORATORY		79,003	0	79,003	60.00
65.00	06500	RESPIRATORY THERAPY		54,305	0	54,305	65.00
65.01	06501	SLEEP LAB		453	0	453	65.01
65.02	03160	PULMONARY REHAB		67	0	67	65.02
66.00	06600	PHYSICAL THERAPY		63,439	0	63,439	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		29,591	0	29,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		6,449	0	6,449	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		28,373	0	28,373	73.00
76.00	03950	RENEWED HOPE		0	0	0	76.00
76.01	03020	OP SERVICES		1,732	0	1,732	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		927	0	927	90.00
91.00	09100	EMERGENCY		174,347	0	174,347	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 through 117)	0	3,023,448	0	3,023,448	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		363	0	363	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		28,282	0	28,282	192.00
192.01	19201	SATELLITE OFFICES		55,989	0	55,989	192.01
194.00	07950	ARC (HOPEDALE HALL)		0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY		977	0	977	194.01
194.02	07952	RETAIL PHARMACY		16,810	0	16,810	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT		0	0	0	194.03
194.04	07954	TRIPLEXES		0	0	0	194.04
194.05	07957	WHITE FENCE ESTATES		41,817	0	41,817	194.05
194.06	07955	UNUSED SPACE		0	0	0	194.06
194.07	07956	WELLNESS CENTER		140,197	0	140,197	194.07
194.09	07959	MEDICAL MASSAGE		0	0	0	194.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		19.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	3,389	3,389	0	3,389		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	3,389	3,311,272	0	3,311,272		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	WELLNESS CENTER B&F (SQUARE FEET)	2015 BUILDING RENOVATION & ADDITION (SQUARE FEET)	WHITE FENCE ESTATES (SQUARE FEET)	MACKINOW CLINIC (SQUARE FEET)	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	195,091					1.00
1.01	00101	WELLNESS CENTER B&F	0	35,064				1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION	0	0	17,482			1.02
1.03	00103	WHITE FENCE ESTATES	0	0	0	8,603		1.03
1.04	00104	MACKINOW CLINIC	0	0	0	0	2,520	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,028	7,549	0	0	0	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	1,225	0	0	0	0	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	3,899	0	2,026	0	0	5.02
5.03	00592	OTHER A AND G	12,595	1,289	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	1,680	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT	1,055	0	0	0	0	7.02
7.03	00703	WHITE FENCE ESTATES	0	0	0	0	0	7.03
7.04	00704	MACKINOW CLINIC	0	0	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	3,071	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	463	0	0	0	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	0	0	9.02
10.00	01000	DIETARY	3,513	0	0	0	0	10.00
11.00	01100	CAFETERIA	5,446	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	495	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,465	0	0	0	0	14.00
15.00	01500	PHARMACY	718	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,703	149	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,047	0	8,667	0	0	30.00
45.00	04500	NURSING FACILITY	57,199	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	73,016	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,452	0	1,241	0	0	50.00
53.00	05300	ANESTHESIOLOGY	200	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,179	0	1,948	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	2,420	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	729	1,753	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	493	7,012	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	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	3,600	0	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 through 117)	195,091	17,752	17,482	0	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	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	0	0	2,520	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	0	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
194.05	07957	WHITE FENCE ESTATES	0	0	0	8,603	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	17,312	0	0	0	194.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	WELLNESS CENTER B&F (SQUARE FEET)	2015 BUILDING RENOVATION & ADDITION (SQUARE FEET)	WHITE FENCE ESTATES (SQUARE FEET)	MACKINOW CLINIC (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
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)	966,938	186,298	690,075	37,550	30,097	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.956343	5.313085	39.473458	4.364756	11.943254	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	PHYSICIAN OFFICE BILLING (ACCUM. COST)	
			MVBLE EQUIP (DOLLAR VALUE)	WELLNESS CENTER MME (DOLLAR VALUE)				
			2.00	2.01	4.00	5A.01	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,343,984					2.00
2.01	00201	WELLNESS CENTER MME	0	57,403				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,512	10,299,627			4.00
5.01	00590	PHYSICIAN OFFICE BILLING	3,973	0	201,024	-303,359	1,417,557	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	4,386	0	366,562	-761,439	0	5.02
5.03	00592	OTHER A AND G	100,918	0	1,053,742	-3,632,242	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	11,087	0	450,166	-932,077	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	0	-86,270	0	7.01
7.02	00702	OPERATION OF PLANT	110,927	0	0	-441,789	0	7.02
7.03	00703	WHITE FENCE ESTATES	3,507	0	0	-9,538	0	7.03
7.04	00704	MACKINOW CLINIC	0	0	0	-3,384	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	2,966	0	193,491	-265,508	0	8.00
9.00	00900	HOUSEKEEPING	1,237	0	171,656	-260,771	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	-2,814	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	-5,004	0	9.02
10.00	01000	DIETARY	21,370	0	592,470	-1,102,266	0	10.00
11.00	01100	CAFETERIA	0	0	76,937	-68,526	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	-2,453	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	194,061	-378,177	0	14.00
15.00	01500	PHARMACY	7,275	0	219,202	-301,668	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,448	0	88,054	-586,932	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	7,358	-29,794	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	120,540	0	145,963	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	243,533	0	1,063,380	-2,067,210	0	30.00
45.00	04500	NURSING FACILITY	55,602	0	1,220,303	-2,222,877	0	45.00
46.00	04600	OTHER LONG TERM CARE	7,419	0	374,294	-975,622	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	354,091	0	686,172	-1,677,672	0	50.00
53.00	05300	ANESTHESIOLOGY	16,283	0	0	-168,302	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	324,951	0	351,003	-1,212,163	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	-217,533	0	58.00
60.00	06000	LABORATORY	22,189	0	362,363	-1,197,091	0	60.00
65.00	06500	RESPIRATORY THERAPY	11,683	11,077	383,231	-537,485	0	65.00
65.01	06501	SLEEP LAB	0	0	0	-12,615	0	65.01
65.02	03160	PULMONARY REHAB	0	0	1,047	-1,287	0	65.02
66.00	06600	PHYSICAL THERAPY	0	2,077	598,386	-813,894	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	-818,888	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	-185,117	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	-179,056	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	21,688	90.00
91.00	09100	EMERGENCY	1,488	0	119,057	-1,475,442	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 through 117)	1,321,333	21,666	8,894,499	-22,936,265	167,651	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	10,627	-30,700	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,035	0	328,749	0	526,342	192.00
192.01	19201	SATELLITE OFFICES	9,616	0	407,859	0	723,564	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 PHARMACY	0	0	342,572	-1,654,423	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
194.05	07957	WHITE FENCE ESTATES	0	0	0	-49,726	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	PHYSICIAN OFFICE BILLING (ACCUM. COST)	
			MVBLE EQUIP (DOLLAR VALUE)	WELLNESS CENTER MME (DOLLAR VALUE)				
			2.00	2.01	4.00	5A.01	5.01	
194.07	07956	WELLNESS CENTER	0	35,737	315,321	-607,512	0	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
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)	1,342,911	57,403	2,172,272		303,359	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.999202	1.000000	0.210908		0.214001	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			63,628		11,284	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.006178		0.007960	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOSPITAL ADMIN & GENERAL (GROSS REV)	Reconciliation	OTHER A AND G (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT TIME)	OPERATION OF PLANT (SQUARE FEET)	
			5.02	5A.03	5.03	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	PHYSICIAN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	43,726,172					5.02
5.03	00592	OTHER A AND G	0	-3,632,242	23,063,941			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	932,077	9,165		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	172,664	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	86,270	986	0	7.01
7.02	00702	OPERATION OF PLANT	0	0	441,789	3,764	1,055	7.02
7.03	00703	WHITE FENCE ESTATES	0	0	9,538	85	0	7.03
7.04	00704	MACKINOW CLINIC	0	0	3,384	40	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	265,508	66	3,071	8.00
9.00	00900	HOUSEKEEPING	0	0	260,771	0	463	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	2,814	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	5,004	0	0	9.02
10.00	01000	DIETARY	0	0	1,102,266	172	3,513	10.00
11.00	01100	CAFETERIA	0	0	68,526	23	5,446	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,453	0	495	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	378,177	127	3,465	14.00
15.00	01500	PHARMACY	0	0	301,668	68	718	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	586,932	44	4,703	16.00
17.00	01700	SOCIAL SERVICE	0	0	29,794	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	177,199	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,954,778	0	2,118,665	1,425	4,047	30.00
45.00	04500	NURSING FACILITY	0	0	2,222,877	0	57,199	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	975,622	1,023	73,016	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,191,387	0	1,872,548	359	7,452	50.00
53.00	05300	ANESTHESIOLOGY	3,721,816	0	233,114	0	200	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,258,563	0	1,338,564	172	4,179	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	1,592,182	0	245,259	0	0	58.00
60.00	06000	LABORATORY	4,945,992	0	1,283,221	63	2,420	60.00
65.00	06500	RESPIRATORY THERAPY	2,039,099	0	572,994	42	729	65.00
65.01	06501	SLEEP LAB	92,185	0	14,220	0	0	65.01
65.02	03160	PULMONARY REHAB	12,157	0	1,499	0	0	65.02
66.00	06600	PHYSICAL THERAPY	1,738,982	0	844,177	31	493	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,462,567	0	861,771	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	494,353	0	193,726	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,589,927	0	224,157	0	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	448,005	0	7,802	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	82,649	0	27,768	0	0	90.00
91.00	09100	EMERGENCY	2,101,530	0	1,512,038	47	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 through 117)	43,726,172	-3,632,242	19,204,192	8,537	172,664	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	30,700	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	638,980	143	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	878,408	96	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	276	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	1,654,423	113	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
194.05	07957	WHITE FENCE ESTATES	0	0	49,726	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	607,512	0	0	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		HOSPITAL ADMIN & GENERAL (GROSS REV)	Reconciliation	OTHER A AND G (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT TIME)	OPERATION OF PLANT (SQUARE FEET)	
		5.02	5A.03	5.03	6.00	7.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	761,439		3,632,242	1,078,866	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.017414		0.157486	117.715876	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	105,945		176,621	29,324	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002423		0.007658	3.199564	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		WELLNESS CENTER PLANT OP (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	WHITE FENCE ESTATES (SQUARE FEET)	MACKINOW CLINIC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		7.01	7.02	7.03	7.04	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
1.02	00102	2015 BUILDING RENOVATION & ADDITION					1.02
1.03	00103	WHITE FENCE ESTATES					1.03
1.04	00104	MACKINOW CLINIC					1.04
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	PHYSICIAN OFFICE BILLING					5.01
5.02	00591	HOSPITAL ADMIN & GENERAL					5.02
5.03	00592	OTHER A AND G					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	WELLNESS CENTER PLANT OP	26,226				7.01
7.02	00702	OPERATION OF PLANT	0	56,850			7.02
7.03	00703	WHITE FENCE ESTATES	0	0	8,603		7.03
7.04	00704	MACKINOW CLINIC	0	0	0	2,520	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,071	0	0	8.00
9.00	00900	HOUSEKEEPING	0	463	0	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	0	9.02
10.00	01000	DIETARY	0	3,513	0	0	10.00
11.00	01100	CAFETERIA	0	5,446	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	495	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,465	0	0	14.00
15.00	01500	PHARMACY	0	718	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	149	4,703	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	12,714	0	0	30.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	8,693	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	200	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,127	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	2,420	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,753	729	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	7,012	493	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	3,600	0	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 through 117)	8,914	56,850	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	0	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	2,520	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	194.04
194.05	07957	WHITE FENCE ESTATES	0	0	8,603	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	17,312	0	0	0	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		WELLNESS CENTER PLANT OP (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	WHITE FENCE ESTATES (SQUARE FEET)	MACKINOW CLINIC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		7.01	7.02	7.03	7.04	8.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	215,924	954,448	21,046	8,626	366,650	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.233204	16.788883	2.446356	3.423016	1.089586	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,816	131,493	3,849	154	28,727	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.145504	2.312982	0.447402	0.061111	0.085369	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description			HOUSEKEEPING (HOURS OF SERVICE)	WHITE FENCE ESTATES - HOUSEKEEPING (HOURS OF SERVICE)	MACKINOW CLINIC - HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			9.00	9.01	9.02	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
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	00592	OTHER A AND G						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT						7.02
7.03	00703	WHITE FENCE ESTATES						7.03
7.04	00704	MACKINOW CLINIC						7.04
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	13,311					9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	100				9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	100			9.02
10.00	01000	DIETARY	0	0	0	119,583		10.00
11.00	01100	CAFETERIA	0	0	0	0	16,292	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	805	14.00
15.00	01500	PHARMACY	0	0	0	0	193	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21	0	0	0	229	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	14	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	50	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,168	0	0	5,801	2,255	30.00
45.00	04500	NURSING FACILITY	4,625	0	0	51,296	3,230	45.00
46.00	04600	OTHER LONG TERM CARE	3,625	0	0	62,486	1,164	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	110	0	0	0	2,100	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	250	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	625	0	0	0	776	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	643	0	0	0	789	60.00
65.00	06500	RESPIRATORY THERAPY	22	0	0	0	639	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	2	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	910	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	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	75	90.00
91.00	09100	EMERGENCY	0	0	0	0	331	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 through 117)	11,839	0	0	119,583	13,812	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	25	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,308	0	0	0	913	192.00
192.01	19201	SATELLITE OFFICES	0	0	100	0	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	164	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	532	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
194.05	07957	WHITE FENCE ESTATES	0	100	0	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	0	0	1,010	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	WHITE FENCE ESTATES - HOUSEKEEPING (HOURS OF SERVICE)	MACKINOW CLINIC - HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		9.00	9.01	9.02	10.00	11.00	
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)	309,612	3,257	5,792	1,355,561	173,457	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.259860	32.570000	57.920000	11.335733	10.646759	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,659	22	38	59,579	40,662	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.575389	0.220000	0.380000	0.498223	2.495826	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS G HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REV)	SOCIAL SERVICE (ASSIGNED TIME)	
		13.00	14.00	15.00	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
1.02	00102	2015 BUILDING RENOVATION & ADDITION					1.02
1.03	00103	WHITE FENCE ESTATES					1.03
1.04	00104	MACKINOW CLINIC					1.04
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	00592	OTHER A AND G					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	WELLNESS CENTER PLANT OP					7.01
7.02	00702	OPERATION OF PLANT					7.02
7.03	00703	WHITE FENCE ESTATES					7.03
7.04	00704	MACKINOW CLINIC					7.04
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING					9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING					9.02
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	121,891				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,880,485			14.00
15.00	01500	PHARMACY	0	8,334	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6	0	43,726,172	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,257	76,769	0	2,954,778	30.00
45.00	04500	NURSING FACILITY	67,192	29,256	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	27,780	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	210,900	0	11,191,387	50.00
53.00	05300	ANESTHESIOLOGY	0	19,076	0	3,721,816	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,666	0	7,258,563	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	1,592,182	58.00
60.00	06000	LABORATORY	0	366,685	0	4,945,992	60.00
65.00	06500	RESPIRATORY THERAPY	0	33,158	0	2,039,099	65.00
65.01	06501	SLEEP LAB	0	0	0	92,185	65.01
65.02	03160	PULMONARY REHAB	0	0	0	12,157	65.02
66.00	06600	PHYSICAL THERAPY	0	3,955	0	1,738,982	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	818,888	0	2,462,567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	185,117	0	494,353	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	2,589,927	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	448,005	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,558	0	0	82,649	90.00
91.00	09100	EMERGENCY	6,884	15,799	0	2,101,530	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 through 117)	121,891	1,818,389	100	43,726,172	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,172	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	15,691	0	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	19,794	0	0	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04	07954	TRIPLEXES	0	0	0	0	194.04
194.05	07957	WHITE FENCE ESTATES	0	863	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	15,576	0	0	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	194.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS G HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REV)	SOCIAL SERVICE (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	
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)	11,149	519,429	373,592	767,658	34,635	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.091467	0.276221	3,735.920000	0.017556	36.534810	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,617	31,698	16,993	57,201	308	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.029674	0.016856	169.930000	0.001308	0.324895	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	WELLNESS CENTER B&F	1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION	1.02
1.03	00103	WHITE FENCE ESTATES	1.03
1.04	00104	MACKINOW CLINIC	1.04
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	PHYSICIAN OFFICE BILLING	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	5.02
5.03	00592	OTHER A AND G	5.03
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	WELLNESS CENTER PLANT OP	7.01
7.02	00702	OPERATION OF PLANT	7.02
7.03	00703	WHITE FENCE ESTATES	7.03
7.04	00704	MACKINOW CLINIC	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	9.02
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
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	50.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	06501	SLEEP LAB	65.01
65.02	03160	PULMONARY REHAB	65.02
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	RENEWED HOPE	76.00
76.01	03020	OP SERVICES	76.01
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	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 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	SATELLITE OFFICES	192.01
194.00	07950	ARC (HOPEDALE HALL)	194.00
194.01	07951	OUTSIDE PROPERTY	194.01
194.02	07952	RETAIL PHARMACY	194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	194.03
194.04	07954	TRIPLEXES	194.04
194.05	07957	WHITE FENCE ESTATES	194.05
194.06	07955	UNUSED SPACE	194.06
194.07	07956	WELLNESS CENTER	194.07
194.09	07959	MEDICAL MASSAGE	194.09
200.00		Cross Foot Adjustments	200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	205,637	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,056.370000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,389	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	33.890000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-2

Date/Time Prepared:
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		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00
7.00		ADJ TO OP SERVICES		1	76.01	81,807 7.00
8.00		ADJ FOR OP SERVICES COSTS IN A&P		1	30.00	-81,807 8.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

			Title XVIII	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,030,002		3,030,002	0
45.00	04500	NURSING FACILITY	3,567,304		3,567,304	0
46.00	04600	OTHER LONG TERM CARE	2,064,764		2,064,764	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,671,655		2,671,655	0
53.00	05300	ANESTHESIOLOGY	552,092		552,092	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,837,375		1,837,375	0
57.00	05700	CT SCAN	0		0	0
58.00	05800	MRI	311,836		311,836	0
60.00	06000	LABORATORY	1,744,829		1,744,829	0
65.00	06500	RESPIRATORY THERAPY	747,391	0	747,391	0
65.01	06501	SLEEP LAB	18,077	0	18,077	0
65.02	03160	PULMONARY REHAB	1,969	0	1,969	0
66.00	06600	PHYSICAL THERAPY	1,093,401	0	1,093,401	0
69.00	06900	ELECTROCARDIOLOGY	0		0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,266,916		1,266,916	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	284,047		284,047	0
73.00	07300	DRUGS CHARGED TO PATIENTS	678,520		678,520	0
76.00	03950	RENEWED HOPE	0		0	0
76.01	03020	OP SERVICES	98,703		98,703	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	34,534		34,534	0
91.00	09100	EMERGENCY	1,872,108		1,872,108	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	271,676		271,676	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	22,147,199	0	22,147,199	0
201.00		Less Observation Beds	271,676		271,676	0
202.00		Total (see instructions)	21,875,523	0	21,875,523	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII			Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS			9.00	10.00			
30.00	03000	ADULTS & PEDIATRICS	2,714,090		2,714,090		30.00
45.00	04500	NURSING FACILITY	3,599,646		3,599,646		45.00
46.00	04600	OTHER LONG TERM CARE	1,798,174		1,798,174		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,079,501	8,111,886	11,191,387	0.238724	50.00
53.00	05300	ANESTHESIOLOGY	1,330,585	2,391,231	3,721,816	0.148339	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	770,223	6,488,340	7,258,563	0.253132	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	42,720	1,549,462	1,592,182	0.195854	58.00
60.00	06000	LABORATORY	750,710	4,195,282	4,945,992	0.352776	60.00
65.00	06500	RESPIRATORY THERAPY	1,221,591	817,508	2,039,099	0.366530	65.00
65.01	06501	SLEEP LAB	0	92,185	92,185	0.196095	65.01
65.02	03160	PULMONARY REHAB	0	12,157	12,157	0.161964	65.02
66.00	06600	PHYSICAL THERAPY	279,219	1,459,763	1,738,982	0.628759	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,238,512	1,224,056	2,462,568	0.514469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	79,173	415,180	494,353	0.574583	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,480,196	1,109,731	2,589,927	0.261984	73.00
76.00	03950	RENEWED HOPE	0	0	0	0.000000	76.00
76.01	03020	OP SERVICES	0	448,005	448,005	0.220317	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	86	82,563	82,649	0.417839	90.00
91.00	09100	EMERGENCY	41,847	2,059,683	2,101,530	0.890831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,481	223,207	240,688	1.128748	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	18,443,754	30,680,239	49,123,993		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	18,443,754	30,680,239	49,123,993		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-1330	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/25/2019 6:01 pm
				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
65.01	06501	SLEEP LAB	0.000000			65.01
65.02	03160	PULMONARY REHAB	0.000000			65.02
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	03950	RENEWED HOPE	0.000000			76.00
76.01	03020	OP SERVICES	0.000000			76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
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

Worksheet C
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,714,090		2,714,090			30.00
45.00	04500	NURSING FACILITY	3,599,646		3,599,646			45.00
46.00	04600	OTHER LONG TERM CARE	1,798,174		1,798,174			46.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,079,501	8,111,886	11,191,387	0.238724	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	1,330,585	2,391,231	3,721,816	0.148339	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	770,223	6,488,340	7,258,563	0.253132	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	42,720	1,549,462	1,592,182	0.195854	0.000000	58.00
60.00	06000	LABORATORY	750,710	4,195,282	4,945,992	0.352776	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	1,221,591	817,508	2,039,099	0.366530	0.000000	65.00
65.01	06501	SLEEP LAB	0	92,185	92,185	0.196095	0.000000	65.01
65.02	03160	PULMONARY REHAB	0	12,157	12,157	0.161964	0.000000	65.02
66.00	06600	PHYSICAL THERAPY	279,219	1,459,763	1,738,982	0.628759	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	1,238,512	1,224,056	2,462,568	0.514469	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	79,173	415,180	494,353	0.574583	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,480,196	1,109,731	2,589,927	0.261984	0.000000	73.00
76.00	03950	RENEWED HOPE	0	0	0	0.000000	0.000000	76.00
76.01	03020	OP SERVICES	0	448,005	448,005	0.220317	0.000000	76.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	86	82,563	82,649	0.417839	0.000000	90.00
91.00	09100	EMERGENCY	41,847	2,059,683	2,101,530	0.890831	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,481	223,207	240,688	1.128748	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	18,443,754	30,680,239	49,123,993			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	18,443,754	30,680,239	49,123,993			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		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
65.01	06501	SLEEP LAB	0.000000		65.01
65.02	03160	PULMONARY REHAB	0.000000		65.02
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	03950	RENEWED HOPE	0.000000		76.00
76.01	03020	OP SERVICES	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
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: 14-1330		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part II Date/Time Prepared: 11/25/2019 6:01 pm		
				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
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	533,030	11,191,387	0.047629	1,532,025	72,969		50.00	
53.00	05300	ANESTHESIOLOGY	34,341	3,721,816	0.009227	634,670	5,856		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	479,858	7,258,563	0.066109	607,795	40,181		54.00	
57.00	05700	CT SCAN	0	0	0.000000	0	0		57.00	
58.00	05800	MRI	7,819	1,592,182	0.004911	16,476	81		58.00	
60.00	06000	LABORATORY	79,003	4,945,992	0.015973	414,998	6,629		60.00	
65.00	06500	RESPIRATORY THERAPY	54,305	2,039,099	0.026632	567,324	15,109		65.00	
65.01	06501	SLEEP LAB	453	92,185	0.004914	0	0		65.01	
65.02	03160	PULMONARY REHAB	67	12,157	0.005511	0	0		65.02	
66.00	06600	PHYSICAL THERAPY	63,439	1,738,982	0.036481	74,174	2,706		66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0		69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,591	2,462,568	0.012016	746,526	8,970		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,449	494,353	0.013045	63,620	830		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	28,373	2,589,927	0.010955	695,876	7,623		73.00	
76.00	03950	RENEWED HOPE	0	0	0.000000	0	0		76.00	
76.01	03020	OP SERVICES	1,732	448,005	0.003866	0	0		76.01	
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	927	82,649	0.011216	82	1		90.00	
91.00	09100	EMERGENCY	174,347	2,101,530	0.082962	651	54		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	61,754	240,688	0.256573	0	0		92.00	
200.00		Total (lines 50 through 199)	1,555,488	41,012,083		5,354,217	161,009		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		Title XVIII		Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	205,637	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	205,637	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-1330		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:01 pm	
			Title XVIII		Hospital		Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	11,191,387	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	205,637	0	3,721,816	0.055252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,258,563	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	1,592,182	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	4,945,992	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,039,099	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	92,185	0.000000	65.01
65.02	03160	PULMONARY REHAB	0	0	0	12,157	0.000000	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	1,738,982	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,462,568	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	494,353	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,589,927	0.000000	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0.000000	76.00
76.01	03020	OP SERVICES	0	0	0	448,005	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	82,649	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	2,101,530	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	240,688	0.000000	92.00
200.00		Total (lines 50 through 199)	0	205,637	0	41,012,083		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description			Title XVIII		Hospital		Cost
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	1,532,025	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	634,670	35,067	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	607,795	0	0	0
57.00	05700	CT SCAN	0.000000	0	0	0	0
58.00	05800	MRI	0.000000	16,476	0	0	0
60.00	06000	LABORATORY	0.000000	414,998	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	567,324	0	0	0
65.01	06501	SLEEP LAB	0.000000	0	0	0	0
65.02	03160	PULMONARY REHAB	0.000000	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0.000000	74,174	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	746,526	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	63,620	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	695,876	0	0	0
76.00	03950	RENEWED HOPE	0.000000	0	0	0	0
76.01	03020	OP SERVICES	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	82	0	0	0
91.00	09100	EMERGENCY	0.000000	651	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0
200.00		Total (lines 50 through 199)		5,354,217	35,067	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 6:01 pm

			Title XVIII		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.238724	0	2,401,606	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.148339	0	985,065	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.253132	0	4,060,314	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.195854	0	711,686	0	0	58.00
60.00	06000	LABORATORY	0.352776	0	2,113,557	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.366530	0	552,966	0	0	65.00
65.01	06501	SLEEP LAB	0.196095	0	40,727	0	0	65.01
65.02	03160	PULMONARY REHAB	0.161964	0	10,680	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.628759	0	820,344	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.514469	0	440,153	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.574583	0	146,434	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.261984	0	484,518	0	0	73.00
76.00	03950	RENEWED HOPE	0.000000	0	0	0	0	76.00
76.01	03020	OP SERVICES	0.220317	0	217,058	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.417839	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.890831	0	804,165	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.128748	0	141,009	0	0	92.00
200.00		Subtotal (see instructions)		0	13,930,282	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	13,930,282	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 6:01 pm

			Title XVIII		Hospital	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	573,321	0		50.00
53.00	05300	ANESTHESIOLOGY	146,124	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,027,795	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	139,387	0		58.00
60.00	06000	LABORATORY	745,612	0		60.00
65.00	06500	RESPIRATORY THERAPY	202,679	0		65.00
65.01	06501	SLEEP LAB	7,986	0		65.01
65.02	03160	PULMONARY REHAB	1,730	0		65.02
66.00	06600	PHYSICAL THERAPY	515,799	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	226,445	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	84,138	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	126,936	0		73.00
76.00	03950	RENEWED HOPE	0	0		76.00
76.01	03020	OP SERVICES	47,822	0		76.01
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	716,375	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	159,164	0		92.00
200.00		Subtotal (see instructions)	4,721,313	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	4,721,313	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1330

Period:

Worksheet D

Component CCN: 14-Z330

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/25/2019 6:01 pm

			Title XVIII		Swing Beds - SNF		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.238724	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.148339	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.253132	0	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.195854	0	0	0	0	58.00
60.00	06000	LABORATORY	0.352776	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.366530	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0.196095	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0.161964	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.628759	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	0.514469	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.574583	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.261984	0	0	0	0	73.00
76.00	03950	RENEWED HOPE	0.000000	0	0	0	0	76.00
76.01	03020	OP SERVICES	0.220317	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.417839	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.890831	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.128748	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: 14-1330

Period:

Worksheet D

Component CCN: 14-Z330

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/25/2019 6:01 pm

			Title XVIII		Swing Beds - SNF		Cost		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	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
65.01	06501	SLEEP LAB	0	0					65.01
65.02	03160	PULMONARY REHAB	0	0					65.02
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	03950	RENEWED HOPE	0	0					76.00
76.01	03020	OP SERVICES	0	0					76.01
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0					90.00
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: 14-1330	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 6:01 pm
Cost Center Description		Title XVIII	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,140 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,147 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)			956 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			491 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)			491 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			6 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)			5 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			715 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)			459 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)			459 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			157.19 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			157.19 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,030,002 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)			943 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)			786 25.00
26.00	Total swing-bed cost (see instructions)			1,398,516 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			1,631,486 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)			1,631,486 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)			1,422.39 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,017,009 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)			1,017,009 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		Title XVIII		Hospital		Cost
		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)					1,621,477
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,638,486
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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)					652,877
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					652,877
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					1,305,754
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID 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)					191
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,422.39
89.00	Observation bed cost (line 87 x line 88) (see instructions)					271,676

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		Title XVIII		Hospital		Cost	
		Routine Cost (from line 21)	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	688,748	3,030,002	0.227309	271,676	61,754	90.00
91.00	Nursing School cost	0	3,030,002	0.000000	271,676	0	91.00
92.00	Allied health cost	0	3,030,002	0.000000	271,676	0	92.00
93.00	All other Medical Education	0	3,030,002	0.000000	271,676	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1330	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 6:01 pm	
Cost Center Description		Title XVIII	Hospital	Cost	
		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		1,060,218		30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.238724	1,532,025	365,731	50.00
53.00	05300 ANESTHESIOLOGY	0.148339	634,670	94,146	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.253132	607,795	153,852	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.195854	16,476	3,227	58.00
60.00	06000 LABORATORY	0.352776	414,998	146,401	60.00
65.00	06500 RESPIRATORY THERAPY	0.366530	567,324	207,941	65.00
65.01	06501 SLEEP LAB	0.196095	0	0	65.01
65.02	03160 PULMONARY REHAB	0.161964	0	0	65.02
66.00	06600 PHYSICAL THERAPY	0.628759	74,174	46,638	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.514469	746,526	384,064	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.574583	63,620	36,555	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.261984	695,876	182,308	73.00
76.00	03950 RENEWED HOPE	0.000000	0	0	76.00
76.01	03020 OP SERVICES	0.220317	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.417839	82	34	90.00
91.00	09100 EMERGENCY	0.890831	651	580	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.128748	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,354,217	1,621,477	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		5,354,217		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1330 Component CCN: 14-Z330	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 6:01 pm	
Cost Center Description		Title XVIII	Swing Beds - SNF	Cost	
		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	0.238724	8,968	2,141	50.00
53.00	05300 ANESTHESIOLOGY	0.148339	50,140	7,438	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.253132	124,219	31,444	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.195854	0	0	58.00
60.00	06000 LABORATORY	0.352776	176,061	62,110	60.00
65.00	06500 RESPIRATORY THERAPY	0.366530	495,434	181,591	65.00
65.01	06501 SLEEP LAB	0.196095	0	0	65.01
65.02	03160 PULMONARY REHAB	0.161964	0	0	65.02
66.00	06600 PHYSICAL THERAPY	0.628759	177,603	111,669	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.514469	210,983	108,544	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.574583	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.261984	405,596	106,260	73.00
76.00	03950 RENEWED HOPE	0.000000	0	0	76.00
76.01	03020 OP SERVICES	0.220317	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.417839	0	0	90.00
91.00	09100 EMERGENCY	0.890831	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.128748	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,649,004	611,197	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,649,004		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1330	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 6:01 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,721,313	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
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 lines 3, 4, and 4.01, 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 Wkst. D, Pt. IV, col. 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)		4,721,313	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 Wkst. D-4, Pt. III, col. 4, line 69)		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 (see instructions)		4,768,526	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, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		44,390	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,413,965	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		2,310,171	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,310,171	30.00
31.00	Primary payer payments		124	31.00
32.00	Subtotal (line 30 minus line 31)		2,310,047	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		172,300	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		111,995	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		100,489	36.00
37.00	Subtotal (see instructions)		2,422,042	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
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)		2,422,042	40.00
40.01	Sequestration adjustment (see instructions)		48,441	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		2,251,249	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		122,352	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: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/25/2019 6:01 pm

		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		2,216,179		2,258,392	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	12/19/2018	8,834	06/06/2019	87,602	3.01
3.02		06/06/2019	26,831		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	12/19/2018	94,745	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)		35,665		-7,143	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)		2,251,844		2,251,249	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		130,313		122,352	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,382,157		2,373,601	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: 14-1330

Period:

Worksheet E-1

Component CCN: 14-Z330

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 6:01 pm

		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		1,711,060		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	06/06/2019	127,949		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	12/19/2018	33,599		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)		94,350		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)		1,805,410		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		69,051		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,874,461		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 FOR HIT

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/25/2019 6:01 pm

Title XVIII

Hospital

Cost

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 14-1330

Period:

Worksheet E-2

Component CCN: 14-Z330

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/25/2019 6:01 pm

		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)		1,318,812	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)		617,309	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		918	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)		1,936,121	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		1,936,121	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)		1,936,121	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		23,406	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)		1,912,715	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)				16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)		0		16.55
16.99	Demonstration payment adjustment amount before sequestration		0	0	16.99
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)		1,912,715	0	19.00
19.01	Sequestration adjustment (see instructions)		38,254	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
20.00	Interim payments		1,805,410	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)		69,051	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	23.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))				201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))				202.00
203.00	Total (sum of lines 201 and 202)				203.00
204.00	Medicare swing-bed SNF discharges (see instructions)				204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount				205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)				206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)				208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparison of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1330	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part V Date/Time Prepared: 11/25/2019 6:01 pm
		Title XVIII	Hospital	Cost
		1.00		
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services		2,638,486	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)		0	2.00
3.00	Organ acquisition		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,638,486	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		2,638,486	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)		2,638,486	19.00
20.00	Deductibles (exclude professional component)		240,560	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)		2,397,926	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (line 22 minus line 23)		2,397,926	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		50,533	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		32,846	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		8,886	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		2,430,772	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	29.50
29.99	Demonstration payment adjustment amount before sequestration		0	29.99
30.00	Subtotal (see instructions)		2,430,772	30.00
30.01	Sequestration adjustment (see instructions)		48,615	30.01
30.02	Demonstration payment adjustment amount after sequestration		0	30.02
31.00	Interim payments		2,251,844	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, 30.02, 31, and 32)		130,313	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: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet G

Date/Time Prepared:
11/25/2019 6:01 pm

		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	7,356,928	0	0	0	1.00
2.00	Temporary investments	5,981,126	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	2,869,573	0	0	0	4.00
5.00	Other receivable	724,654	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	883,004	0	0	0	7.00
8.00	Prepaid expenses	392,824	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	1,378,498	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	19,586,607	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	27,148,875	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)	27,148,875	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	1,263,196	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,263,196	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	47,998,678	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	527,104	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,182,860	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,299,410	0	0	0	40.00
41.00	Deferred income	533,829	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,069,689	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,612,892	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	15,871,479	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	93,612	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,965,091	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	20,577,983	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	27,420,695	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	27,420,695	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	47,998,678	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
11/25/2019 6:01 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		25,799,896		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,597,301				2.00
3.00	Total (sum of line 1 and line 2)		27,397,197		0		3.00
4.00	PRIOR PERIOD ADJUSTMENT	23,498		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)		23,498		0		10.00
11.00	Subtotal (line 3 plus line 10)		27,420,695		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)		27,420,695		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	PRIOR PERIOD ADJUSTMENT		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: 14-1330

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2019 6:01 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	3,427,944		3,427,944	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	3,599,646		3,599,646	8.00
9.00	OTHER LONG TERM CARE	1,798,174		1,798,174	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	8,825,764		8,825,764	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)	8,825,764		8,825,764	17.00
18.00	Ancillary services	10,757,532	28,749,451	39,506,983	18.00
19.00	Outpatient services	46,585	3,151,531	3,198,116	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	OTHER NRCC	0	11,561	11,561	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	19,629,881	31,912,543	51,542,424	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		29,354,089		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	INVESTMENT EXPENSES	25,118			37.00
38.00	DISEASE MGMT-POP HLTH GRNT	1,750			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)		26,868		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		29,327,221		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
11/25/2019 6:01 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	51,542,424	1.00
2.00	Less contractual allowances and discounts on patients' accounts	23,899,706	2.00
3.00	Net patient revenues (line 1 minus line 2)	27,642,718	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	29,327,221	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,684,503	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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 (SPECIFY)	0	24.00
24.01	OTHER OPERATING REVENUE	3,060,865	24.01
24.02	NON-OPERATING INCOME	216,410	24.02
24.03	NET ASSEST RELEASED FROM RESTRICTION	4,529	24.03
25.00	Total other income (sum of lines 6-24)	3,281,804	25.00
26.00	Total (line 5 plus line 25)	1,597,301	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
27.01	OTHER EXPENSES (SPECIFY)	0	27.01
27.02	OTHER EXPENSES (SPECIFY)	0	27.02
27.03	OTHER EXPENSES (SPECIFY)	0	27.03
27.04	OTHER EXPENSES (SPECIFY)	0	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,597,301	29.00