

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

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 07/01/2019
To 06/30/2020

Worksheet S
Parts I-III
Date/Time Prepared:
11/30/2020 5:59 am

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/30/2020	Time: 5:59 am
	2. ☐ Manually prepared 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	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	number of times reopened = 0-9.
	(4) Reopened		
	(5) Amended		

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 07/01/2019 and ending 06/30/2020 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) EMILY WHITSON

Officer or Administrator of Provider(s)

COO

Title

(Dated when report is electronically signed.)

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	111,876	-392,831	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	37,088	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	148,964	-392,831	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 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/30/2020 5:59 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: SECOND STREET			PO Box:				1.00		
2.00	City: HOPEDALE			State: IL		Zip Code: 61747-		County: TAZEWELL		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		HOPEDALE MEDICAL COMPLEX	141330	37900	1	10/01/2003	N	O	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	N
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)						07/01/2019	06/30/2020		
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 days	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 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/30/2020 5:59 am	
		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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/30/2020 5:59 am

	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 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/30/2020 5:59 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
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	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	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
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					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)					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.					75.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1330	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/30/2020 5:59 am	
			1.00	2.00	3.00
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
			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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1330		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/30/2020 5:59 am	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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	
						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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
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				0115.00	
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:	227,793		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				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1330		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/30/2020 5:59 am	
		1.00		2.00			
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	Removed and reserved					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	
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.					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.	N				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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						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	
		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)					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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1330	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/30/2020 5:59 am
			Beginning 1.00	Ending 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	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1330	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/30/2020 5:59 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for 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
				Date	
				4.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	10/28/2020	Y	10/28/2020
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 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/30/2020 5:59 am

		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 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/30/2020 5:59 am

		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 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/30/2020 5:59 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					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	9,150	24,304.00	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	9,150	24,304.00	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	9,150	24,304.00	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	21,594		0	20.00
21.00 OTHER LONG TERM CARE	46.00	72	26,352			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 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/30/2020 5:59 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	786	0	1,025		1.00
2.00	HMO and other (see instructions)	14	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	880	0	934		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	49		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,666	0	2,008		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)	1,666	0	2,008	0.00	215.82
15.00	CAH visits	0	0	0		14.00
16.00	SUBPROVIDER - IPF					15.00
17.00	SUBPROVIDER - IRF					16.00
18.00	SUBPROVIDER					17.00
19.00	SKILLED NURSING FACILITY					18.00
20.00	NURSING FACILITY		0	20,090	0.00	19.00
21.00	OTHER LONG TERM CARE			20,270	0.00	20.00
22.00	HOME HEALTH AGENCY					21.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					22.00
24.00	HOSPICE					23.00
24.10	HOSPICE (non-distinct part)			0		24.00
25.00	CMHC - CMHC					24.10
26.00	RURAL HEALTH CLINIC					25.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.00
27.00	Total (sum of lines 14-26)				0.00	0.00
28.00	Observation Bed Days		2	239		260.67
29.00	Ambulance Trips	0				27.00
30.00	Employee discount days (see instruction)			0		28.00
31.00	Employee discount days - IRF			0		29.00
32.00	Labor & delivery days (see instructions)	0	0	0		30.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		31.00
33.00	LTCH non-covered days	0				32.00
33.01	LTCH site neutral days and discharges	0				32.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/30/2020 5:59 am

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	200	0	276	1.00
2.00 HMO and other (see instructions)			4	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	200	0	276	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				52	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 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/30/2020 5:59 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.414395 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			107,411 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?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	630,834		6.00
7.00	Medicaid cost (line 1 times line 6)	261,414		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)	154,003		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	12		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	154,003		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)	35,949	228,227	264,176 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,897	228,227	243,124 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	14,897	228,227	243,124 23.00
				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)	990,316		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	124,717		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	191,873		27.01
28.00	Non-Medicare bad debt expense (see instructions)	798,443		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	398,027		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	641,151		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	795,154		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:

11/30/2020 5:59 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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		369,814	369,814	635,779	1,005,593
1.01	00101	WELLNESS CENTER B&F		79,957	79,957	121,914	201,871
1.02	00102	2015 BUILDING RENOVATION & ADDITION		0	0	735,817	735,817
1.03	00103	WHITE FENCE ESTATES		33,476	33,476	0	33,476
1.04	00104	MACKINOW CLINIC		32,258	32,258	0	32,258
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,585,336	2,585,336	-1,224,705	1,360,631
2.01	00201	WELLNESS CENTER MME		0	0	61,989	61,989
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	210,710	2,275,800	2,486,510	-101,392	2,385,118
5.01	00590	PHYSICAIN OFFICE BILLING	206,565	67,258	273,823	0	273,823
5.02	00591	HOSPITAL ADMIN & GENERAL	365,331	290,708	656,039	0	656,039
5.03	00592	OTHER A AND G	1,245,904	2,996,969	4,242,873	0	4,242,873
6.00	00600	MAINTENANCE & REPAIRS	412,719	504,847	917,566	0	917,566
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	WELLNESS CENTER PLANT OP	0	65,496	65,496	0	65,496
7.02	00702	OPERATION OF PLANT	0	318,794	318,794	125	318,919
7.03	00703	WHITE FENCE ESTATES	0	4,396	4,396	2,794	7,190
7.04	00704	MACKINOW CLINIC	0	3,355	3,355	0	3,355
8.00	00800	LAUNDRY & LINEN SERVICE	214,405	21,628	236,033	0	236,033
9.00	00900	HOUSEKEEPING	177,769	55,210	232,979	0	232,979
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	2,950	2,950
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	5,004	5,004
10.00	01000	DIETARY	635,009	394,514	1,029,523	-79,623	949,900
11.00	01100	CAFETERIA	0	0	0	79,623	79,623
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	187,042	183,408	370,450	0	370,450
15.00	01500	PHARMACY	243,115	34,145	277,260	-733	276,527
16.00	01600	MEDICAL RECORDS & LIBRARY	121,719	468,438	590,157	0	590,157
17.00	01700	SOCIAL SERVICE	0	0	0	22,013	22,013
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	242,273	242,273
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,249,806	253,572	1,503,378	-83,609	1,419,769
45.00	04500	NURSING FACILITY	1,391,002	305,159	1,696,161	150,228	1,846,389
46.00	04600	OTHER LONG TERM CARE	378,180	149,498	527,678	24,028	551,706
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,372,641	1,416,604	2,789,245	-813,352	1,975,893
53.00	05300	ANESTHESIOLOGY	1,143,659	83,915	1,227,574	-204,809	1,022,765
54.00	05400	RADIOLOGY-DIAGNOSTIC	398,255	424,079	822,334	12,984	835,318
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	254,550	254,550	-23,774	230,776
60.00	06000	LABORATORY	359,030	682,111	1,041,141	0	1,041,141
65.00	06500	RESPIRATORY THERAPY	406,299	44,808	451,107	-1,261	449,846
65.01	06501	SLEEP LAB	0	16,310	16,310	0	16,310
65.02	03160	PULMONARY REHAB	1,752	13	1,765	0	1,765
66.00	06600	PHYSICAL THERAPY	505,348	47,775	553,123	-3,236	549,887
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	982,277	982,277
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	125,399	125,399	0	125,399
73.00	07300	DRUGS CHARGED TO PATIENTS	0	267,300	267,300	0	267,300
76.00	03950	RENEWED HOPE	0	0	0	0	0
76.01	03020	OP SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	227,251	16,758	244,009	15,519	259,528
91.00	09100	EMERGENCY	25,830	1,668,774	1,694,604	5,746	1,700,350
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		546,986	546,986	-546,986	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,479,341	17,089,418	28,568,759	17,583	28,586,342
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,081	18,503	31,584	0	31,584
192.00	19200	PHYSICIANS' PRIVATE OFFICES	335,561	80,888	416,449	0	416,449
192.01	19201	SATELLITE OFFICES	398,172	184,386	582,558	-3,473	579,085
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0
194.02	07952	RETAIL PHARMACY	342,405	1,165,388	1,507,793	0	1,507,793
194.03	07953	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0
194.04	07954	TRIPLEXES	0	0	0	0	0
194.05	07957	WHITE FENCE ESTATES	0	5,332	5,332	-2,950	2,382
194.06	07955	UNUSED SPACE	0	0	0	0	0
194.07	07956	WELLNESS CENTER	282,889	78,032	360,921	-11,160	349,761
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0
200.00		TOTAL (SUM OF LINES 118 through 199)	12,851,449	18,621,947	31,473,396	0	31,473,396

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-25,640	979,953	1.00
1.01	00101	WELLNESS CENTER B&F	-8,161	193,710	1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION	-95,344	640,473	1.02
1.03	00103	WHITE FENCE ESTATES	0	33,476	1.03
1.04	00104	MACKINOW CLINIC	0	32,258	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-68,985	1,291,646	2.00
2.01	00201	WELLNESS CENTER MME	0	61,989	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-252,362	2,132,756	4.00
5.01	00500	PHYSICAIN OFFICE BILLING	0	273,823	5.01
5.02	00501	HOSPITAL ADMIN & GENERAL	-3,406	652,633	5.02
5.03	00502	OTHER A AND G	-1,228,881	3,013,992	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	917,566	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	65,496	7.01
7.02	00702	OPERATION OF PLANT	-48	318,871	7.02
7.03	00703	WHITE FENCE ESTATES	0	7,190	7.03
7.04	00704	MACKINOW CLINIC	0	3,355	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	236,033	8.00
9.00	00900	HOUSEKEEPING	0	232,979	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	2,950	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	5,004	9.02
10.00	01000	DIETARY	-7,312	942,588	10.00
11.00	01100	CAFETERIA	-65,998	13,625	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	370,450	14.00
15.00	01500	PHARMACY	-5,718	270,809	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,600	587,557	16.00
17.00	01700	SOCIAL SERVICE	0	22,013	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	242,273	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	1,419,769	30.00
45.00	04500	NURSING FACILITY	-66,797	1,779,592	45.00
46.00	04600	OTHER LONG TERM CARE	-22,933	528,773	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-639,602	1,336,291	50.00
53.00	05300	ANESTHESIOLOGY	-1,001,227	21,538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,899	829,419	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	230,776	58.00
60.00	06000	LABORATORY	-2,694	1,038,447	60.00
65.00	06500	RESPIRATORY THERAPY	-352	449,494	65.00
65.01	06501	SLEEP LAB	0	16,310	65.01
65.02	03160	PULMONARY REHAB	0	1,765	65.02
66.00	06600	PHYSICAL THERAPY	-291	549,596	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	982,277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	125,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	267,300	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	-227,252	32,276	90.00
91.00	09100	EMERGENCY	-437,675	1,262,675	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)	-4,169,177	24,417,165	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,584	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	416,449	192.00
192.01	19201	SATELLITE OFFICES	0	579,085	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	-1,508	1,506,285	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	2,382	194.05
194.06	07955	UNUSED SPACE	0	0	194.06
194.07	07956	WELLNESS CENTER	0	349,761	194.07
194.09	07959	MEDICAL MASSAGE	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-4,170,685	27,302,711	200.00

RECLASSIFICATIONS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/30/2020 5:59 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	49,111	30,512		1.00
	TOTALS		49,111	30,512		
	B - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	66,533		1.00
2.00	WELLNESS CENTER B&F	1.01	0	21,176		2.00
3.00	2015 BUILDING RENOVATION & ADDITION	1.02	0	247,410		3.00
4.00	OPERATION OF PLANT	7.02	0	125		4.00
5.00	NURSING FACILITY	45.00	0	173,332		5.00
6.00	OTHER LONG TERM CARE	46.00	0	23,914		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,583		7.00
8.00	RESPIRATORY THERAPY	65.00	0	913		8.00
	TOTALS		0	546,986		
	C - ER NURSING RECLASS					
1.00	EMERGENCY	91.00	73,860	0		1.00
	TOTALS		73,860	0		
	D - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,057,653		1.00
	TOTALS		0	1,057,653		
	E - WELLNESS CENTER DEP					
1.00	WELLNESS CENTER B&F	1.01	0	100,738		1.00
2.00	SATELLITE OFFICES	192.01	0	1,531		2.00
3.00	WHITE FENCE ESTATES	7.03	0	2,794		3.00
4.00	WELLNESS CENTER MME	2.01	0	61,989		4.00
	TOTALS		0	167,052		
	F - WELLNESS CENTER RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,961	3,085		1.00
2.00	OTHER LONG TERM CARE	46.00	82	32		2.00
	TOTALS		8,043	3,117		
	G - SOCIAL SERVICE RECLASS					
1.00	SOCIAL SERVICE	17.00	22,013	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		22,013	0		
	H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	982,277		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	982,277		
	I - BUILDING RENOVATION DEPRE					
1.00	2015 BUILDING RENOVATION & ADDITION	1.02	0	488,407		1.00
	TOTALS		0	488,407		
	J - ALLOWABLE BENEFIT RECLASS					
1.00	CLINIC	90.00	0	15,519		1.00
2.00	OPERATING ROOM	50.00	0	36,427		2.00
3.00	ANESTHESIOLOGY	53.00	0	60,492		3.00
	TOTALS		0	112,438		
	K - CRNA RECLASS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	242,273	0		1.00
	TOTALS		242,273	0		
	L - HOUSEKEEPING RECLASS					
1.00	WHITE FENCE ESTATES - HOUSEKEEPING	9.01	0	2,950		1.00
2.00	MACKINOW CLINIC - HOUSEKEEPING	9.02	0	5,004		2.00
	TOTALS		0	7,954		
500.00	Grand Total: Increases		395,300	3,396,396		500.00

RECLASSIFICATIONS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/30/2020 5:59 am

	Decreases									
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.					
	6.00	7.00	8.00	9.00	10.00					
	A - CAFETERIA RECLASS									
1.00	DIETARY	10.00	49,111	30,512	0				1.00	
	TOTALS		49,111	30,512						
	B - INTEREST EXPENSE RECLASS									
1.00	INTEREST EXPENSE	113.00	0	546,986	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	
	TOTALS		0	546,986						
	C - ER NURSING RECLASS									
1.00	ADULTS & PEDIATRICS	30.00	73,860	0	0				1.00	
	TOTALS		73,860	0						
	D - BUILDING DEPRECIATION									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,057,653	9				1.00	
	TOTALS		0	1,057,653						
	E - WELLNESS CENTER DEP									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	167,052	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	167,052						
	F - WELLNESS CENTER RECLASS									
1.00	WELLNESS CENTER	194.07	8,043	3,117	0				1.00	
2.00		0.00	0	0	0				2.00	
	TOTALS		8,043	3,117						
	G - SOCIAL SERVICE RECLASS									
1.00	NURSING FACILITY	45.00	21,840	0	0				1.00	
2.00	ADULTS & PEDIATRICS	30.00	173	0	0				2.00	
	TOTALS		22,013	0						
	H - MEDICAL SUPPLIES									
1.00	PHARMACY	15.00	0	733	0				1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	9,576	0				2.00	
3.00	NURSING FACILITY	45.00	0	1,264	0				3.00	
4.00	OPERATING ROOM	50.00	0	849,779	0				4.00	
5.00	ANESTHESIOLOGY	53.00	0	23,028	0				5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	599	0				6.00	
7.00	MRI	58.00	0	23,774	0				7.00	
8.00	RESPIRATORY THERAPY	65.00	0	2,174	0				8.00	
9.00	PHYSICAL THERAPY	66.00	0	3,236	0				9.00	
10.00	EMERGENCY	91.00	0	68,114	0				10.00	
	TOTALS		0	982,277						
	I - BUILDING RENOVATION DEPRE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	488,407	9				1.00	
	TOTALS		0	488,407						
	J - ALLOWABLE BENEFIT RECLASS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	112,438	0				1.00	
2.00		0.00	0	0	0				2.00	
3.00		0.00	0	0	0				3.00	
	TOTALS		0	112,438						
	K - CRNA RECLASS									
1.00	ANESTHESIOLOGY	53.00	242,273	0	0				1.00	
	TOTALS		242,273	0						
	L - HOUSEKEEPING RECLASS									
1.00	WHITE FENCE ESTATES	194.05	0	2,950	0				1.00	
2.00	SATELLITE OFFICES	192.01	0	5,004	0				2.00	
	TOTALS		0	7,954						
500.00	Grand Total: Decreases		395,300	3,396,396					500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/30/2020 5:59 am

		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	124,091	0	124,091	0	1.00
2.00	Land Improvements	2,574,576	406,042	0	406,042	0	2.00
3.00	Buildings and Fixtures	39,085,633	1,182,110	0	1,182,110	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	15,869,121	55,517	0	55,517	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	58,901,595	1,767,760	0	1,767,760	0	8.00
9.00	Reconciling Items	-489,952	-25,522	0	-25,522	0	9.00
10.00	Total (line 8 minus line 9)	59,391,547	1,793,282	0	1,793,282	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,496,356	0				1.00
2.00	Land Improvements	2,980,618	0				2.00
3.00	Buildings and Fixtures	40,267,743	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	15,924,638	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	60,669,355	0				8.00
9.00	Reconciling Items	-515,474	0				9.00
10.00	Total (line 8 minus line 9)	61,184,829	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	369,814	0	0	0	0	1.00
1.01	WELLNESS CENTER B&F	79,957	0	0	0	0	1.01
1.02	2015 BUILDING RENOVATION & ADDITION	0	0	0	0	0	1.02
1.03	WHITE FENCE ESTATES	33,476	0	0	0	0	1.03
1.04	MACKINOW CLINIC	32,258	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	2,585,336	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)	3,100,841	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1)				
		Capital-Relat	(sum of cols.				
		ed Costs (see	9 through 14)				
		instructions)					
		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	369,814				1.00
1.01	WELLNESS CENTER B&F	0	79,957				1.01
1.02	2015 BUILDING RENOVATION & ADDITION	0	0				1.02
1.03	WHITE FENCE ESTATES	0	33,476				1.03
1.04	MACKINOW CLINIC	0	32,258				1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,585,336				2.00
2.01	WELLNESS CENTER MME	0	0				2.01
3.00	Total (sum of lines 1-2)	0	3,100,841				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/30/2020 5:59 am

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	44,744,717	0	44,744,717	0.737518	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	15,924,638	0	15,924,638	0.262482	0	2.00
2.01	WELLNESS CENTER MME	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	60,669,355	0	60,669,355	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	939,060	0	1.00
1.01	WELLNESS CENTER B&F	0	0	0	180,695	0	1.01
1.02	2015 BUILDING RENOVATION & ADDITION	0	0	0	488,407	0	1.02
1.03	WHITE FENCE ESTATES	0	0	0	33,476	0	1.03
1.04	MACKINOW CLINIC	0	0	0	32,258	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,291,646	0	2.00
2.01	WELLNESS CENTER MME	0	0	0	61,989	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	3,027,531	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	40,893	0	0	0	979,953	1.00
1.01	WELLNESS CENTER B&F	13,015	0	0	0	193,710	1.01
1.02	2015 BUILDING RENOVATION & ADDITION	152,066	0	0	0	640,473	1.02
1.03	WHITE FENCE ESTATES	0	0	0	0	33,476	1.03
1.04	MACKINOW CLINIC	0	0	0	0	32,258	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,291,646	2.00
2.01	WELLNESS CENTER MME	0	0	0	0	61,989	2.01
3.00	Total (sum of lines 1-2)	205,974	0	0	0	3,233,505	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/30/2020 5:59 am

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 #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-25,640	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - WELLNESS CENTER B&F (chapter 2)		0	WELLNESS CENTER B&F	1.01	0	1.01
1.02	Investment income - 2015 BUILDING RENOVATION & ADDITION (chapter 2)		0	2015 BUILDING RENOVATION & ADDITION	1.02	0	1.02
1.03	Investment income - WHITE FENCE ESTATES (chapter 2)		0	WHITE FENCE ESTATES	1.03	0	1.03
1.04	Investment income - MACKINOW CLINIC (chapter 2)		0	MACKINOW CLINIC	1.04	0	1.04
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - WELLNESS CENTER MME (chapter 2)		0	WELLNESS CENTER MME	2.01	0	2.01
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,222,989			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	3,965			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	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/30/2020 5:59 am

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 #		
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	
26.03	Depreciation - WHITE FENCE ESTATES		0WHITE FENCE ESTATES	1.03	0	26.03	
26.04	Depreciation - MACKINOW CLINIC		0MACKINOW CLINIC	1.04	0	26.04	
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00	
27.01	Depreciation - WELLNESS CENTER MME			0WELLNESS CENTER MME	2.01	0	27.01
28.00	Non-physician Anesthetist			0NONPHYSICIAN 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)			0ADULTS & 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	-68,011	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	INVST INCOME-NEW BLDGS AND FIXTURES	B	-95,344	2015 BUILDING RENOVATION & ADDITION	1.02	11	33.00
33.01	INTEREST INCOME OFFSET	B	-8,161	WELLNESS CENTER B&F	1.01	11	33.01
33.02	INTEREST INCOME OFFSET	B	-48	OPERATION OF PLANT	7.02	0	33.02
33.03	GUARANTEE ALLOWANCE	A	-639,084	OTHER A AND G	5.03	0	33.03
33.04	INTEREST INCOME OFFSET	B	-66,797	NURSING FACILITY	45.00	0	33.04
33.05	INTEREST INCOME OFFSET	B	-9,216	OTHER LONG TERM CARE	46.00	0	33.05
33.06	INTEREST INCOME OFFSET		0		0.00	0	33.06
33.07	INTEREST INCOME OFFSET	B	-5,234	RADIOLOGY-DIAGNOSTIC	54.00	0	33.07
33.08	INTEREST INCOME OFFSET	B	-352	RESPIRATORY THERAPY	65.00	0	33.08
33.09	TRADE, QUANTITY AND TIME DISCOUNTS	B	-862	OTHER A AND G	5.03	0	33.09
33.10	CAFETERIA--EMPLOYEES AND GUESTS	B	-65,998	CAFETERIA	11.00	0	33.10
33.11	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,600	MEDICAL RECORDS & LIBRARY	16.00	0	33.11
33.12	EMPLOYEE CHILD CARE REV	B	-180,487	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	MISC INCOME	B	-33,470	OTHER A AND G	5.03	0	33.13
33.14	OTHER INCOME OLTC	B	-13,717	OTHER LONG TERM CARE	46.00	0	33.14
33.15	INSURANCE PROCEEDS - A&G	B	-40,844	OTHER A AND G	5.03	0	33.15
33.16	PROGRAM INCOME -DIETITIAN	B	-1,426	DIETARY	10.00	0	33.16
33.17	CRNA SALARY COST		0	ANESTHESIOLOGY	53.00	0	33.17
33.18	CRNA BENEFIT COST		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.18
33.19	BUYER'S GROUP REBATE	B	-16,447	OTHER A AND G	5.03	0	33.19
33.20	BUYER'S GROUP REBATE	B	-6,902	OPERATING ROOM	50.00	0	33.20
33.26	BUYER'S GROUP REBATE	B	-2,694	LABORATORY	60.00	9	33.26
33.27	BUYER'S GROUP REBATE	B	-642	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.29	BUYER'S GROUP REBATE	B	-5,718	PHARMACY	15.00	0	33.29
33.30	BUYER'S GROUP REBATE	B	-1,508	RETAIL PHAMACY	194.02	0	33.30
33.31	BUYER'S GROUP REBATE	B	-5,886	DIETARY	10.00	0	33.31
33.32	TELEPHONE SERVICES	A	-3,406	HOSPITAL ADMIN & GENERAL	5.02	0	33.32
33.33	TELEPHONE EMP BENEFIT EXPENSE	A	-611	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.33
33.34	TELEPHONE DEPRECIATION	A	-974	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.34
33.35	ALCOHOLIC BEVERAGES	A	-881	OTHER A AND G	5.03	0	33.35
33.36	NON-ALLO ADVERTISING SALARIES	A	-21,991	OTHER A AND G	5.03	0	33.36
33.37	ADVERTISING/MARKETING EXPENSE	A	-37,489	OTHER A AND G	5.03	0	33.37
33.38	MARKETING PT	A	-291	PHYSICAL THERAPY	66.00	0	33.38
33.39	CLINIC DR BENEFITS	A	-28,450	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.39
33.40	ORTHO PHYSICIAN BENEFITS	A	-42,814	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.40
33.41	MARKETING - RADIOLOGY	A	-23	RADIOLOGY-DIAGNOSTIC	54.00	0	33.41
33.42	CHARITABLE CONTRIBUTIONS	A	-25,410	OTHER A AND G	5.03	0	33.42
33.43	ANESTH ON-CALL TIME	A	-4,511	ANESTHESIOLOGY	53.00	0	33.43
33.44	MEDICAID ASSESSMENT	B	-398,796	OTHER A AND G	5.03	0	33.44
33.45	PATIENT TELEVISION EXPENSE	A	-5,270	OTHER A AND G	5.03	0	33.45

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		11/30/2020 0:00 am	
				Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.46	IHA LOBBYING DUES	A	-8,337	OTHER A AND G	5.03	0	33.46
33.47	ORTHO SALARY EXPENSE	A	-13,914	OPERATING ROOM	50.00	0	33.47
33.48	ORTHO BENEFIT	A	-1,742	OPERATING ROOM	50.00	0	33.48
33.49	NEURO SALARY	A	-53,025	OPERATING ROOM	50.00	0	33.49
33.50	NEURO BENEFIT	A	-6,638	OPERATING ROOM	50.00	0	33.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,170,685				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/30/2020 5:59 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	0.00			0	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MME	21,710	21,710	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP BENEFITS	66,921	66,921	3.00
4.00	5.01	PHYSICAIN OFFICE BILLING	PHYS BILLING	273,823	273,823	4.00
4.01	5.03	OTHER A AND G	A&G ALL	22,834	22,834	4.01
4.02	6.00	MAINTENANCE & REPAIRS	MAINT AND REPAIRS	7,291	7,291	4.02
4.03	7.04	MACKINOW CLINIC	PLANT OP ALL	3,355	3,355	4.03
4.04	192.00	PHYSICIANS' PRIVATE OFFICES	PHYS OFFICES	416,449	416,449	4.04
4.05	192.01	SATELLITE OFFICES	SATELLITE OFFICES	350,539	350,539	4.05
4.06	91.00	EMERGENCY	RENTAL DUPLEX	11,765	7,800	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			1,174,687	1,170,722	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 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/30/2020 5:59 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	0	9		2.00
3.00	0	0		3.00
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	3,965	9		4.06
5.00	3,965			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 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
11/30/2020 5:59 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	1,494,129	441,640	1,052,489	0	0	2.00
3.00	90.00	CLINIC	227,252	227,252	0	0	0	3.00
4.00	50.00	OPERATING ROOM	341,987	341,987	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	23,101	0	23,101	0	0	5.00
6.00	50.00	OPERATING ROOM	25,330	0	25,330	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	25,330	0	25,330	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	885,819	885,819	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	110,897	110,897	0	0	0	9.00
10.00	50.00	OPERATING ROOM	191,429	191,429	0	0	0	10.00
11.00	50.00	OPERATING ROOM	23,965	23,965	0	0	0	11.00
200.00			3,349,239	2,222,989	1,126,250	0	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	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	0	0	0	0	0	10.00
11.00	50.00	OPERATING ROOM	0	0	0	0	0	11.00
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	441,640		2.00
3.00	90.00	CLINIC	0	0	0	227,252		3.00
4.00	50.00	OPERATING ROOM	0	0	0	341,987		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	53.00	ANESTHESIOLOGY	0	0	0	885,819		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	110,897		9.00
10.00	50.00	OPERATING ROOM	0	0	0	191,429		10.00
11.00	50.00	OPERATING ROOM	0	0	0	23,965		11.00
200.00			0	0	0	2,222,989		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description			CAPITAL RELATED COSTS					
			Net Expenses for Cost Allocation (from Wkst A col. 7)	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	979,953	979,953				1.00
1.01	00101	WELLNESS CENTER B&F	193,710	0	193,710			1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION	640,473	0	0	640,473		1.02
1.03	00103	WHITE FENCE ESTATES	33,476	0	0	0	33,476	1.03
1.04	00104	MACKINOW CLINIC	32,258	0	0	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,291,646					2.00
2.01	00201	WELLNESS CENTER MME	61,989					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,132,756	15,210	62,487	0	0	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	273,823	6,153	0	0	0	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	652,633	19,585	0	74,225	0	5.02
5.03	00592	OTHER A AND G	3,013,992	63,265	7,121	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	917,566	8,439	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	65,496	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT	318,871	5,299	0	0	0	7.02
7.03	00703	WHITE FENCE ESTATES	7,190	0	0	0	0	7.03
7.04	00704	MACKINOW CLINIC	3,355	0	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	236,033	15,426	0	0	0	8.00
9.00	00900	HOUSEKEEPING	232,979	2,326	0	0	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	2,950	0	0	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	5,004	0	0	0	0	9.02
10.00	01000	DIETARY	942,588	17,646	0	0	0	10.00
11.00	01100	CAFETERIA	13,625	27,356	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,486	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	370,450	17,405	0	0	0	14.00
15.00	01500	PHARMACY	270,809	3,607	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	587,557	23,623	823	0	0	16.00
17.00	01700	SOCIAL SERVICE	22,013	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	242,273	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,419,769	20,328	0	317,526	0	30.00
45.00	04500	NURSING FACILITY	1,779,592	287,314	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	528,773	366,763	215	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,336,291	37,432	0	45,465	0	50.00
53.00	05300	ANESTHESIOLOGY	21,538	1,005	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	829,419	20,991	0	71,367	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	230,776	0	0	0	0	58.00
60.00	06000	LABORATORY	1,038,447	12,156	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	449,494	3,662	9,684	0	0	65.00
65.01	06501	SLEEP LAB	16,310	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	1,765	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	549,596	2,476	38,738	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	982,277	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	125,399	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	267,300	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	32,276	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,262,675	0	0	131,890	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)	24,417,165	979,953	119,068	640,473	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,584	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	416,449	0	0	0	0	192.00
192.01	19201	SATELLITE OFFICES	579,085	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	1,506,285	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	2,382	0	0	0	33,476	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

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	349,761	0	74,642	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)	27,302,711	979,953	193,710	640,473	33,476	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			MACKINOW CLINIC	MVBLE EQUIP	WELLNESS CENTER MME			
			1.04	2.00	2.01			
			1.04	2.00	2.01	4.00	4A	
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	32,258					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,291,646				2.00
2.01	00201	WELLNESS CENTER MME		0	61,989			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	6,408	2,216,861		4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	3,901	0	41,267	325,144	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	7,998	0	72,296	826,737	5.02
5.03	00592	OTHER A AND G	0	83,475	0	244,510	3,412,363	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	9,704	0	82,452	1,018,161	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	65,496	7.01
7.02	00702	OPERATION OF PLANT	0	97,307	0	0	421,477	7.02
7.03	00703	WHITE FENCE ESTATES	0	3,444	0	0	10,634	7.03
7.04	00704	MACKINOW CLINIC	0	0	0	0	3,355	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,438	0	42,833	296,730	8.00
9.00	00900	HOUSEKEEPING	0	1,215	0	35,514	272,034	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	0	2,950	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	0	5,004	9.02
10.00	01000	DIETARY	0	20,984	0	117,049	1,098,267	10.00
11.00	01100	CAFETERIA	0	0	0	9,811	50,792	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,486	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	37,367	425,222	14.00
15.00	01500	PHARMACY	0	7,144	0	48,569	330,129	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,617	0	24,317	651,937	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	4,398	26,411	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	48,401	290,674	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	230,616	0	234,892	2,223,131	30.00
45.00	04500	NURSING FACILITY	0	73,010	0	273,527	2,413,443	45.00
46.00	04600	OTHER LONG TERM CARE	0	10,869	66	75,568	982,254	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	339,138	0	194,791	1,953,117	50.00
53.00	05300	ANESTHESIOLOGY	0	17,354	0	3,110	43,007	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	317,864	0	79,562	1,319,203	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	230,776	58.00
60.00	06000	LABORATORY	0	23,732	0	71,726	1,146,061	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,385	12,377	81,169	564,771	65.00
65.01	06501	SLEEP LAB	0	0	0	0	16,310	65.01
65.02	03160	PULMONARY REHAB	0	0	0	350	2,115	65.02
66.00	06600	PHYSICAL THERAPY	0	0	7,247	100,957	699,014	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	982,277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	125,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	267,300	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	32,276	90.00
91.00	09100	EMERGENCY	0	1,461	0	19,916	1,415,942	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	1,275,656	26,098	1,944,352	23,952,399	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,613	34,197	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,548	0	67,037	490,034	192.00
192.01	19201	SATELLITE OFFICES	32,258	9,442	0	79,546	700,331	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	68,405	1,574,690	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	35,858	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	35,891	54,908	515,202	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 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

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)	32,258	1,291,646	61,989	2,216,861	27,302,711	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description			PHYSICIAN 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	00500	PHYSICIAN OFFICE BILLING	325,144					5.01
5.02	00501	HOSPITAL ADMIN & GENERAL	0	826,737				5.02
5.03	00502	OTHER A AND G	0	0	3,412,363	3,412,363		5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,018,161	145,428	1,163,589	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	65,496	9,355	130,047	7.01
7.02	00702	OPERATION OF PLANT	0	0	421,477	60,201	413,724	7.02
7.03	00703	WHITE FENCE ESTATES	0	0	10,634	1,519	10,047	7.03
7.04	00704	MACKINOW CLINIC	0	0	3,355	479	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	296,730	42,383	12,140	8.00
9.00	00900	HOUSEKEEPING	0	0	272,034	38,856	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	2,950	421	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	5,004	715	0	9.02
10.00	01000	DIETARY	0	0	1,098,267	156,870	26,372	10.00
11.00	01100	CAFETERIA	0	0	50,792	7,255	3,209	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,486	355	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	425,222	60,736	9,209	14.00
15.00	01500	PHARMACY	0	0	330,129	47,154	7,954	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	651,937	93,119	21,070	16.00
17.00	01700	SOCIAL SERVICE	0	0	26,411	3,772	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	62,453	0	353,127	50,439	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	65,011	2,288,142	326,824	185,443	30.00
45.00	04500	NURSING FACILITY	0	0	2,413,443	344,733	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	982,254	140,299	137,443	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	207,363	2,160,480	308,590	81,070	50.00
53.00	05300	ANESTHESIOLOGY	0	89,180	132,187	18,881	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	121,204	1,440,407	205,739	16,326	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	29,296	260,072	37,147	0	58.00
60.00	06000	LABORATORY	0	82,757	1,228,818	175,517	8,512	60.00
65.00	06500	RESPIRATORY THERAPY	0	38,987	603,758	86,237	4,884	65.00
65.01	06501	SLEEP LAB	0	1,643	17,953	2,564	0	65.01
65.02	03160	PULMONARY REHAB	0	440	2,555	365	0	65.02
66.00	06600	PHYSICAL THERAPY	0	32,596	731,610	104,499	5,302	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	50,886	1,033,163	147,571	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,670	133,069	19,007	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	56,995	324,295	46,320	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	1,603	1,603	229	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,935	1,502	40,713	5,815	0	90.00
91.00	09100	EMERGENCY	0	39,604	1,455,546	207,901	6,000	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)	69,388	826,737	23,696,643	2,897,295	1,078,752	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	34,197	4,884	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	105,286	0	595,320	85,032	20,930	192.00
192.01	19201	SATELLITE OFFICES	150,470	0	850,801	121,523	42,698	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	16,744	194.01
194.02	07952	RETAIL PHARMACY	0	0	1,574,690	224,919	4,465	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	35,858	5,122	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	515,202	73,588	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description		PHYSICIAN OFFICE BILLING	HOSPITAL ADMIN & GENERAL	Subtotal	OTHER A AND G	MAINTENANCE & REPAIRS	
		5.01	5.02	5A.02	5.03	6.00	
202.00	TOTAL (sum lines 118 through 201)	325,144	826,737	27,302,711	3,412,363	1,163,589	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

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	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	0					7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	204,898				7.01
7.02	00702	OPERATION OF PLANT	0	0	895,402			7.02
7.03	00703	WHITE FENCE ESTATES	0	0	0	22,200		7.03
7.04	00704	MACKINOW CLINIC	0	0	0	0	3,834	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	48,369	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	7,292	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	55,331	0	0	10.00
11.00	01100	CAFETERIA	0	0	85,776	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	7,796	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	54,575	0	0	14.00
15.00	01500	PHARMACY	0	0	11,309	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,359	74,073	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	200,248	0	0	30.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	356	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	136,917	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	3,150	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	96,502	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	38,116	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	15,989	11,482	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	63,958	7,765	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	56,701	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	81,662	895,402	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	3,834	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	22,200	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	123,236	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

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

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	204,898	895,402	22,200	3,834	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

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	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	399,622					8.00
9.00	00900	HOUSEKEEPING	0	318,182				9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	3,371			9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	5,719		9.02
10.00	01000	DIETARY	605	0	0	0	1,337,445	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	52	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	309	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	34,764	48,252	0	0	66,861	30.00
45.00	04500	NURSING FACILITY	292,413	93,719	0	0	631,351	45.00
46.00	04600	OTHER LONG TERM CARE	2,517	86,456	0	0	639,233	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,738	28,467	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,926	11,593	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	11,722	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	163	129	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	4,391	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	8,256	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)	384,773	280,699	0	0	1,337,445	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	5,267	31,326	0	0	0	192.00
192.01	19201	SATELLITE OFFICES	5,526	0	0	5,719	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	6,157	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	3,371	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	4,056	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

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)	399,622	318,182	3,371	5,719	1,337,445	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	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	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	147,032					11.00
13.00	01300	NURSING ADMINISTRATION	0	10,637				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,118	0	556,912			14.00
15.00	01500	PHARMACY	1,895	0	2,504	400,945		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,584	0	63	0	844,514	16.00
17.00	01700	SOCIAL SERVICE	453	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	907	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,975	3,973	20,621	0	66,412	30.00
45.00	04500	NURSING FACILITY	30,331	6,034	8,764	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	10,336	0	4,504	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,467	0	72,596	0	211,797	50.00
53.00	05300	ANESTHESIOLOGY	3,264	0	3,460	0	91,102	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,081	0	5,341	0	123,815	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	29,927	58.00
60.00	06000	LABORATORY	7,009	0	91,315	0	84,539	60.00
65.00	06500	RESPIRATORY THERAPY	6,093	0	9,138	0	39,827	65.00
65.01	06501	SLEEP LAB	0	0	0	0	1,679	65.01
65.02	03160	PULMONARY REHAB	27	0	0	0	449	65.02
66.00	06600	PHYSICAL THERAPY	7,426	0	1,719	0	33,298	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	280,950	0	51,982	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	35,858	0	7,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	400,945	58,223	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	1,638	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	680	135	0	0	1,534	90.00
91.00	09100	EMERGENCY	2,484	495	4,248	0	40,457	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)	127,130	10,637	541,081	400,945	844,514	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	272	0	71	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,133	0	2,918	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	4,711	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	4,116	0	4,934	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	91	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	7,381	0	3,106	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 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATIO N	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)	147,032	10,637	556,912	400,945	844,514	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

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	30,636					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	404,473				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	3,261,515	-9,587	3,251,928	30.00
45.00	04500	NURSING FACILITY	30,636	0	3,851,424	0	3,851,424	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	2,003,398	0	2,003,398	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	3,053,122	0	3,053,122	50.00
53.00	05300	ANESTHESIOLOGY	0	404,473	656,517	0	656,517	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,914,730	0	1,914,730	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	327,146	0	327,146	58.00
60.00	06000	LABORATORY	0	0	1,645,548	0	1,645,548	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	777,700	0	777,700	65.00
65.01	06501	SLEEP LAB	0	0	22,196	0	22,196	65.01
65.02	03160	PULMONARY REHAB	0	0	3,396	0	3,396	65.02
66.00	06600	PHYSICAL THERAPY	0	0	959,968	0	959,968	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,513,666	0	1,513,666	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	195,769	0	195,769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	829,783	0	829,783	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	3,470	9,587	13,057	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	48,877	0	48,877	90.00
91.00	09100	EMERGENCY	0	0	1,782,088	0	1,782,088	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)	30,636	404,473	22,850,313	0	22,850,313	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	39,424	0	39,424	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	748,926	0	748,926	192.00
192.01	19201	SATELLITE OFFICES	0	0	1,034,812	0	1,034,812	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	22,901	0	22,901	194.01
194.02	07952	RETAIL PHARMACY	0	0	1,813,124	0	1,813,124	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	66,642	0	66,642	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	726,569	0	726,569	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 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 5:59 am

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)	30,636	404,473	27,302,711	0	27,302,711	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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	
			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	15,210	62,487	0	0	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	6,153	0	0	0	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	19,585	0	74,225	0	5.02
5.03	00592	OTHER A AND G	0	63,265	7,121	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	8,439	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	5,299	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	15,426	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,326	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	17,646	0	0	0	10.00
11.00	01100	CAFETERIA	0	27,356	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,486	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,405	0	0	0	14.00
15.00	01500	PHARMACY	0	3,607	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,623	823	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	20,328	0	317,526	0	30.00
45.00	04500	NURSING FACILITY	0	287,314	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	366,763	215	0	0	46.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	37,432	0	45,465	0	50.00
53.00	05300	ANESTHESIOLOGY	0	1,005	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,991	0	71,367	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	12,156	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,662	9,684	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	2,476	38,738	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	131,890	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	979,953	119,068	640,473	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	33,476	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	74,642	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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	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)	0	979,953	193,710	640,473	33,476

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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	6,408	84,105	84,105	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	3,901	0	10,054	1,566	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	7,998	0	101,808	2,743	5.02
5.03	00592	OTHER A AND G	0	83,475	0	153,861	9,276	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	9,704	0	18,143	3,128	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	97,307	0	102,606	0	7.02
7.03	00703	WHITE FENCE ESTATES	0	3,444	0	3,444	0	7.03
7.04	00704	MACKINOW CLINIC	0	0	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,438	0	17,864	1,625	8.00
9.00	00900	HOUSEKEEPING	0	1,215	0	3,541	1,347	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	20,984	0	38,630	4,441	10.00
11.00	01100	CAFETERIA	0	0	0	27,356	372	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,486	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	17,405	1,418	14.00
15.00	01500	PHARMACY	0	7,144	0	10,751	1,843	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,617	0	40,063	923	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	167	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	1,836	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	230,616	0	568,470	8,911	30.00
45.00	04500	NURSING FACILITY	0	73,010	0	360,324	10,379	45.00
46.00	04600	OTHER LONG TERM CARE	0	10,869	66	377,913	2,867	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	339,138	0	422,035	7,390	50.00
53.00	05300	ANESTHESIOLOGY	0	17,354	0	18,359	118	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	317,864	0	410,222	3,018	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	23,732	0	35,888	2,721	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,385	12,377	34,108	3,079	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	13	65.02
66.00	06600	PHYSICAL THERAPY	0	0	7,247	48,461	3,830	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	1,461	0	133,351	756	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	1,275,656	26,098	3,041,248	73,767	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	99	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,548	0	6,548	2,543	192.00
192.01	19201	SATELLITE OFFICES	32,258	9,442	0	41,700	3,018	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	2,595	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	33,476	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	35,891	110,533	2,083	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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)	32,258	1,291,646	61,989	3,233,505	84,105	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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	00500	PHYSICIAN OFFICE BILLING	11,620					5.01
5.02	00501	HOSPITAL ADMIN & GENERAL	0	104,551				5.02
5.03	00502	OTHER A AND G	0	0	163,137			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	6,953	28,224		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	447	3,154	0	7.01
7.02	00702	OPERATION OF PLANT	0	0	2,878	10,036	0	7.02
7.03	00703	WHITE FENCE ESTATES	0	0	73	244	0	7.03
7.04	00704	MACKINOW CLINIC	0	0	23	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,026	294	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,858	0	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	20	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	34	0	0	9.02
10.00	01000	DIETARY	0	0	7,500	640	0	10.00
11.00	01100	CAFETERIA	0	0	347	78	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	17	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,904	223	0	14.00
15.00	01500	PHARMACY	0	0	2,254	193	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,452	511	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	180	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,232	0	2,412	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	8,223	15,626	4,498	0	30.00
45.00	04500	NURSING FACILITY	0	0	16,470	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	6,708	3,334	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	26,207	14,754	1,966	0	50.00
53.00	05300	ANESTHESIOLOGY	0	11,280	903	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,331	9,837	396	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	3,706	1,776	0	0	58.00
60.00	06000	LABORATORY	0	10,468	8,392	206	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,931	4,123	118	0	65.00
65.01	06501	SLEEP LAB	0	208	123	0	0	65.01
65.02	03160	PULMONARY REHAB	0	56	17	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	4,123	4,996	129	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,436	7,055	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	970	909	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,209	2,215	0	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	203	11	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	248	190	278	0	0	90.00
91.00	09100	EMERGENCY	0	5,010	9,940	146	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)	2,480	104,551	138,511	26,166	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	234	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,763	0	4,065	508	0	192.00
192.01	19201	SATELLITE OFFICES	5,377	0	5,810	1,036	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	406	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	10,754	108	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	245	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	3,518	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:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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	
202.00	TOTAL (sum lines 118 through 201)	11,620	104,551	163,137	28,224	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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	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	3,601					7.01
7.02	00702	OPERATION OF PLANT	0	115,520				7.02
7.03	00703	WHITE FENCE ESTATES	0	0	3,761			7.03
7.04	00704	MACKINOW CLINIC	0	0	0	23		7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,240	0	0	28,049	8.00
9.00	00900	HOUSEKEEPING	0	941	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	7,138	0	0	42	10.00
11.00	01100	CAFETERIA	0	11,066	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,006	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,041	0	0	0	14.00
15.00	01500	PHARMACY	0	1,459	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24	9,557	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	25,837	0	0	2,440	30.00
45.00	04500	NURSING FACILITY	0	0	0	0	20,525	45.00
46.00	04600	OTHER LONG TERM CARE	6	0	0	0	177	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,664	0	0	2,368	50.00
53.00	05300	ANESTHESIOLOGY	0	406	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,450	0	0	556	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	4,917	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	281	1,481	0	0	11	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	1,124	1,002	0	0	308	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	7,315	0	0	579	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)	1,435	115,520	0	0	27,006	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	370	192.00
192.01	19201	SATELLITE OFFICES	0	0	0	23	388	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	3,761	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	2,166	0	0	0	285	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:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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)	3,601	115,520	3,761	23	28,049	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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	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	7,687					9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	20				9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	34			9.02
10.00	01000	DIETARY	0	0	0	58,391		10.00
11.00	01100	CAFETERIA	0	0	0	0	39,219	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1	0	0	0	1,899	14.00
15.00	01500	PHARMACY	0	0	0	0	505	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7	0	0	0	689	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	121	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	242	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,166	0	0	2,919	5,328	30.00
45.00	04500	NURSING FACILITY	2,264	0	0	27,564	8,089	45.00
46.00	04600	OTHER LONG TERM CARE	2,089	0	0	27,908	2,757	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	688	0	0	0	5,193	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	871	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	280	0	0	0	1,889	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	283	0	0	0	1,870	60.00
65.00	06500	RESPIRATORY THERAPY	3	0	0	0	1,625	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	7	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,981	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	181	90.00
91.00	09100	EMERGENCY	0	0	0	0	663	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)	6,781	0	0	58,391	33,910	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	73	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	757	0	0	0	2,169	192.00
192.01	19201	SATELLITE OFFICES	0	0	34	0	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	149	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	1,098	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	20	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	1,969	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:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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)	7,687	20	34	58,391	39,219	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description			NURSING ADMINISTRATIO N	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	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	3,509					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,891				14.00
15.00	01500	PHARMACY	0	139	17,144			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4	0	56,230		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	468	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,311	1,144	0	4,421	0	30.00
45.00	04500	NURSING FACILITY	1,990	486	0	0	468	45.00
46.00	04600	OTHER LONG TERM CARE	0	250	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,027	0	14,113	0	50.00
53.00	05300	ANESTHESIOLOGY	0	192	0	6,064	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	296	0	8,242	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	1,992	0	58.00
60.00	06000	LABORATORY	0	5,065	0	5,627	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	507	0	2,651	0	65.00
65.01	06501	SLEEP LAB	0	0	0	112	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	30	0	65.02
66.00	06600	PHYSICAL THERAPY	0	95	0	2,216	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,583	0	3,460	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,989	0	522	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	17,144	3,876	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	109	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	45	0	0	102	0	90.00
91.00	09100	EMERGENCY	163	236	0	2,693	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,509	30,013	17,144	56,230	468	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	162	0	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	261	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	274	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	5	0	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	172	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:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description		NURSING ADMINISTRATIO N	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)	3,509	30,891	17,144	56,230	468	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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	6,722			19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	650,294	0	650,294	30.00
45.00	04500	NURSING FACILITY	448,559	0	448,559	45.00
46.00	04600	OTHER LONG TERM CARE	424,009	0	424,009	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	516,405	0	516,405	50.00
53.00	05300	ANESTHESIOLOGY	38,193	0	38,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	462,517	0	462,517	54.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	7,474	0	7,474	58.00
60.00	06000	LABORATORY	75,437	0	75,437	60.00
65.00	06500	RESPIRATORY THERAPY	52,918	0	52,918	65.00
65.01	06501	SLEEP LAB	443	0	443	65.01
65.02	03160	PULMONARY REHAB	123	0	123	65.02
66.00	06600	PHYSICAL THERAPY	68,265	0	68,265	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,534	0	32,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,390	0	4,390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,444	0	30,444	73.00
76.00	03950	RENEWED HOPE	0	0	0	76.00
76.01	03020	OP SERVICES	323	0	323	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,044	0	1,044	90.00
91.00	09100	EMERGENCY	160,852	0	160,852	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	2,974,224	2,974,224	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	410	0	410	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,885	0	20,885	192.00
192.01	19201	SATELLITE OFFICES	57,647	0	57,647	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	555	0	555	194.01
194.02	07952	RETAIL PHARMACY	14,829	0	14,829	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	37,507	0	37,507	194.05
194.06	07955	UNUSED SPACE	0	0	0	194.06
194.07	07956	WELLNESS CENTER	120,726	0	120,726	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	194.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 5:59 am

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	6,722	6,722	0	6,722		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	6,722	3,233,505	0	3,233,505		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

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	
	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	11,311	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	39	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	21,553	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	13,511	0	0	0	194.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

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	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)	979,953	193,710	640,473	33,476	32,258
203.00		Unit cost multiplier (Wkst. B, Part I)	5.023056	5.524470	36.636140	3.891201	12.800794
204.00		Cost to be allocated (per Wkst. B, Part II)					
205.00		Unit cost multiplier (Wkst. B, Part II)					
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

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	1,315,388					2.00
2.01	00201	WELLNESS CENTER MME	0	61,989				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,408	11,096,666			4.00
5.01	00590	PHYSICIAN OFFICE BILLING	3,973	0	206,565	-325,144	1,513,315	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	8,145	0	361,881	-826,737	0	5.02
5.03	00592	OTHER A AND G	85,009	0	1,223,913	-3,412,363	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	9,882	0	412,719	-1,018,161	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	-65,496	0	7.01
7.02	00702	OPERATION OF PLANT	99,096	0	0	-421,477	0	7.02
7.03	00703	WHITE FENCE ESTATES	3,507	0	0	-10,634	0	7.03
7.04	00704	MACKINOW CLINIC	0	0	0	-3,355	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	2,483	0	214,405	-296,730	0	8.00
9.00	00900	HOUSEKEEPING	1,237	0	177,769	-272,034	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	-2,950	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	-5,004	0	9.02
10.00	01000	DIETARY	21,370	0	585,898	-1,098,267	0	10.00
11.00	01100	CAFETERIA	0	0	49,111	-50,792	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	-2,486	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	187,042	-425,222	0	14.00
15.00	01500	PHARMACY	7,275	0	243,115	-330,129	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,904	0	121,719	-651,937	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	22,013	-26,411	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	242,273	0	290,674	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	234,855	0	1,175,773	-2,223,131	0	30.00
45.00	04500	NURSING FACILITY	74,352	0	1,369,162	-2,413,443	0	45.00
46.00	04600	OTHER LONG TERM CARE	11,069	66	378,262	-982,254	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	345,372	0	975,040	-1,953,117	0	50.00
53.00	05300	ANESTHESIOLOGY	17,673	0	15,567	-43,007	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	323,707	0	398,255	-1,319,203	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	-230,776	0	58.00
60.00	06000	LABORATORY	24,168	0	359,030	-1,146,061	0	60.00
65.00	06500	RESPIRATORY THERAPY	8,539	12,377	406,299	-564,771	0	65.00
65.01	06501	SLEEP LAB	0	0	0	-16,310	0	65.01
65.02	03160	PULMONARY REHAB	0	0	1,752	-2,115	0	65.02
66.00	06600	PHYSICAL THERAPY	0	7,247	505,348	-699,014	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	-982,277	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	-125,399	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	-267,300	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	32,276	90.00
91.00	09100	EMERGENCY	1,488	0	99,690	-1,415,942	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)	1,299,104	26,098	9,732,601	-23,629,449	322,950	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	13,081	-34,197	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,668	0	335,561	0	490,034	192.00
192.01	19201	SATELLITE OFFICES	9,616	0	398,172	0	700,331	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	342,405	-1,574,690	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	-35,858	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	PHYSICAIN 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	35,891	274,846	-515,202	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)	1,291,646	61,989	2,216,861		325,144	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.981951	1.000000	0.199777		0.214855	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			84,105		11,620	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.007579		0.007679	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

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	PHYSICAIN OFFICE BILLING					5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	49,748,492				5.02
5.03	00592	OTHER A AND G	0	-3,412,363	23,890,348		5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,018,161	8,339	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	65,496	932	7.01
7.02	00702	OPERATION OF PLANT	0	0	421,477	2,965	7.02
7.03	00703	WHITE FENCE ESTATES	0	0	10,634	72	7.03
7.04	00704	MACKINOW CLINIC	0	0	3,355	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	296,730	87	8.00
9.00	00900	HOUSEKEEPING	0	0	272,034	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	2,950	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	5,004	0	9.02
10.00	01000	DIETARY	0	0	1,098,267	189	10.00
11.00	01100	CAFETERIA	0	0	50,792	23	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,486	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	425,222	66	14.00
15.00	01500	PHARMACY	0	0	330,129	57	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	651,937	151	16.00
17.00	01700	SOCIAL SERVICE	0	0	26,411	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	353,127	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,912,093	0	2,288,142	1,329	30.00
45.00	04500	NURSING FACILITY	0	0	2,413,443	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	982,254	985	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,477,169	0	2,160,480	581	50.00
53.00	05300	ANESTHESIOLOGY	5,366,499	0	132,187	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,293,541	0	1,440,407	117	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	1,762,912	0	260,072	0	58.00
60.00	06000	LABORATORY	4,979,932	0	1,228,818	61	60.00
65.00	06500	RESPIRATORY THERAPY	2,346,070	0	603,758	35	65.00
65.01	06501	SLEEP LAB	98,890	0	17,953	0	65.01
65.02	03160	PULMONARY REHAB	26,478	0	2,555	0	65.02
66.00	06600	PHYSICAL THERAPY	1,961,474	0	731,610	38	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,062,079	0	1,033,163	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	461,559	0	133,069	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,429,730	0	324,295	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	76.00
76.01	03020	OP SERVICES	96,484	0	1,603	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	90,373	0	40,713	0	90.00
91.00	09100	EMERGENCY	2,383,209	0	1,455,546	43	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)	49,748,492	-3,412,363	20,284,280	7,731	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	34,197	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	595,320	150	192.00
192.01	19201	SATELLITE OFFICES	0	0	850,801	306	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	120	194.01
194.02	07952	RETAIL PHARMACY	0	0	1,574,690	32	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	35,858	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	515,202	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description		HOSPITAL ADMIN & GENERAL (GROSS REV)	Reconciliatio n	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	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	826,737		3,412,363	1,163,589	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.016618		0.142834	139.535796	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	104,551		163,137	28,224	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002102		0.006829	3.384578	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

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	22,464				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	39	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)	8,953	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	13,511	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

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)	204,898	895,402	22,200	3,834	399,622	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.121172	15.750255	2.580495	1.521429	1.084989	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,601	115,520	3,761	23	28,049	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.160301	2.032014	0.437173	0.009127	0.076154	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

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	12,351					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	127,762		10.00
11.00	01100	CAFETERIA	0	0	0	0	16,216	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2	0	0	0	785	14.00
15.00	01500	PHARMACY	0	0	0	0	209	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12	0	0	0	285	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	50	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	100	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,873	0	0	6,387	2,203	30.00
45.00	04500	NURSING FACILITY	3,638	0	0	60,311	3,345	45.00
46.00	04600	OTHER LONG TERM CARE	3,356	0	0	61,064	1,140	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,105	0	0	0	2,147	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	360	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	450	0	0	0	781	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	455	0	0	0	773	60.00
65.00	06500	RESPIRATORY THERAPY	5	0	0	0	672	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	3	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	819	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	274	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)	10,896	0	0	127,762	14,021	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	30	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,216	0	0	0	897	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	239	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	454	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	814	194.07
194.09	07959	MEDICAL MASSAGE	0	0	0	0	0	194.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

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)	318,182	3,371	5,719	1,337,445	147,032	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.761639	33.710000	57.190000	10.468253	9.067094	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,687	20	34	58,391	39,219	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.622379	0.200000	0.340000	0.457029	2.418537	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

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	122,666				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,947,585			14.00
15.00	01500	PHARMACY	0	8,757	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	221	0	49,748,492	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	45,821	72,113	0	3,912,093	30.00
45.00	04500	NURSING FACILITY	69,576	30,650	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	15,750	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	253,875	0	12,477,169	50.00
53.00	05300	ANESTHESIOLOGY	0	12,100	0	5,366,499	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,678	0	7,293,541	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	1,762,912	58.00
60.00	06000	LABORATORY	0	319,340	0	4,979,932	60.00
65.00	06500	RESPIRATORY THERAPY	0	31,957	0	2,346,070	65.00
65.01	06501	SLEEP LAB	0	0	0	98,890	65.01
65.02	03160	PULMONARY REHAB	0	0	0	26,478	65.02
66.00	06600	PHYSICAL THERAPY	0	6,013	0	1,961,474	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	982,518	0	3,062,079	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	125,399	0	461,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	3,429,730	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	96,484	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,560	0	0	90,373	90.00
91.00	09100	EMERGENCY	5,709	14,855	0	2,383,209	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)	122,666	1,892,226	100	49,748,492	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	248	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,203	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	16,474	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	17,256	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	317	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	10,861	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description		NURSING ADMINISTRATIO N (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)	10,637	556,912	400,945	844,514	30,636	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.086715	0.285950	4,009.450000	0.016976	29.457692	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,509	30,891	17,144	56,230	468	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.028606	0.015861	171.440000	0.001130	0.450000	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 07/01/2019
To 06/30/2020Worksheet B-1
Date/Time Prepared:
11/30/2020 5:59 am

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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 5:59 am

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)	404,473		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4,044.730000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,722		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	67.220000		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

POST STEPDOWN ADJUSTMENTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-2

Date/Time Prepared:
11/30/2020 5:59 am

		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
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0
7.00		ADJ TO OP SERVICES		1	76.01	9,587
8.00		ADJ FOR OP SERVICES COSTS IN A&P		1	30.00	-9,587

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/30/2020 5:59 am

				Title XVIII		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE		Total Costs	
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	3,251,928		3,251,928	0	0	30.00	
45.00	04500	NURSING FACILITY	3,851,424		3,851,424	0	0	45.00	
46.00	04600	OTHER LONG TERM CARE	2,003,398		2,003,398	0	0	46.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,053,122		3,053,122	0	0	50.00	
53.00	05300	ANESTHESIOLOGY	656,517		656,517	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,914,730		1,914,730	0	0	54.00	
57.00	05700	CT SCAN	0		0	0	0	57.00	
58.00	05800	MRI	327,146		327,146	0	0	58.00	
60.00	06000	LABORATORY	1,645,548		1,645,548	0	0	60.00	
65.00	06500	RESPIRATORY THERAPY	777,700	0	777,700	0	0	65.00	
65.01	06501	SLEEP LAB	22,196	0	22,196	0	0	65.01	
65.02	03160	PULMONARY REHAB	3,396	0	3,396	0	0	65.02	
66.00	06600	PHYSICAL THERAPY	959,968	0	959,968	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,513,666		1,513,666	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	195,769		195,769	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	829,783		829,783	0	0	73.00	
76.00	03950	RENEWED HOPE	0		0	0	0	76.00	
76.01	03020	OP SERVICES	13,057		13,057	0	0	76.01	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	48,877		48,877	0	0	90.00	
91.00	09100	EMERGENCY	1,782,088		1,782,088	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	352,762		352,762		0	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	23,203,075	0	23,203,075	0	0	200.00	
201.00		Less Observation Beds	352,762		352,762		0	201.00	
202.00		Total (see instructions)	22,850,313	0	22,850,313	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/30/2020 5:59 am

			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				9.00
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,560,800		3,560,800			30.00	
45.00	04500	NURSING FACILITY	4,564,935		4,564,935			45.00	
46.00	04600	OTHER LONG TERM CARE	1,857,345		1,857,345			46.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,988,248	9,053,886	12,042,134	0.253537	0.000000	50.00	
53.00	05300	ANESTHESIOLOGY	1,239,246	3,523,384	4,762,630	0.137848	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	874,043	6,419,498	7,293,541	0.262524	0.000000	54.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	74,747	1,688,165	1,762,912	0.185571	0.000000	58.00	
60.00	06000	LABORATORY	654,864	4,334,640	4,989,504	0.329802	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	1,518,953	827,118	2,346,071	0.331490	0.000000	65.00	
65.01	06501	SLEEP LAB	0	98,890	98,890	0.224451	0.000000	65.01	
65.02	03160	PULMONARY REHAB	0	26,478	26,478	0.128257	0.000000	65.02	
66.00	06600	PHYSICAL THERAPY	344,636	1,616,838	1,961,474	0.489412	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	1,265,729	1,796,350	3,062,079	0.494326	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	141,561	319,998	461,559	0.424147	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,005,773	1,423,957	3,429,730	0.241938	0.000000	73.00	
76.00	03950	RENEWED HOPE	0	0	0	0.000000	0.000000	76.00	
76.01	03020	OP SERVICES	0	96,484	96,484	0.135328	0.000000	76.01	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	90,373	90,373	0.540836	0.000000	90.00	
91.00	09100	EMERGENCY	37,128	2,346,081	2,383,209	0.747768	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	36,639	314,653	351,292	1.004185	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	21,164,647	33,976,793	55,141,440			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	21,164,647	33,976,793	55,141,440			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-1330	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/30/2020 5:59 am
				Title XVIII	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		30.00		
45.00	04500	NURSING FACILITY		45.00		
46.00	04600	OTHER LONG TERM CARE		46.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	50.00		
53.00	05300	ANESTHESIOLOGY	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00		
57.00	05700	CT SCAN	0.000000	57.00		
58.00	05800	MRI	0.000000	58.00		
60.00	06000	LABORATORY	0.000000	60.00		
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00		
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		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/30/2020 5:59 am

			Title XIX	Hospital	Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		3,251,928	0	3,251,928
45.00	04500	NURSING FACILITY		3,851,424	0	3,851,424
46.00	04600	OTHER LONG TERM CARE		2,003,398	0	2,003,398
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		3,053,122	0	3,053,122
53.00	05300	ANESTHESIOLOGY		656,517	0	656,517
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,914,730	0	1,914,730
57.00	05700	CT SCAN		0	0	0
58.00	05800	MRI		327,146	0	327,146
60.00	06000	LABORATORY		1,645,548	0	1,645,548
65.00	06500	RESPIRATORY THERAPY	0	777,700	0	777,700
65.01	06501	SLEEP LAB	0	22,196	0	22,196
65.02	03160	PULMONARY REHAB	0	3,396	0	3,396
66.00	06600	PHYSICAL THERAPY	0	959,968	0	959,968
69.00	06900	ELECTROCARDIOLOGY		0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,513,666	0	1,513,666
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		195,769	0	195,769
73.00	07300	DRUGS CHARGED TO PATIENTS		829,783	0	829,783
76.00	03950	RENEWED HOPE		0	0	0
76.01	03020	OP SERVICES		13,057	0	13,057
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		48,877	0	48,877
91.00	09100	EMERGENCY		1,782,088	0	1,782,088
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		352,762		352,762
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	0	23,203,075	0	23,203,075
201.00		Less Observation Beds		352,762		352,762
202.00		Total (see instructions)	0	22,850,313	0	22,850,313

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/30/2020 5:59 am

			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	3,560,800		3,560,800		30.00
45.00	04500	NURSING FACILITY	4,564,935		4,564,935		45.00
46.00	04600	OTHER LONG TERM CARE	1,857,345		1,857,345		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,988,248	9,053,886	12,042,134	0.253537	50.00
53.00	05300	ANESTHESIOLOGY	1,239,246	3,523,384	4,762,630	0.137848	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	874,043	6,419,498	7,293,541	0.262524	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	74,747	1,688,165	1,762,912	0.185571	58.00
60.00	06000	LABORATORY	654,864	4,334,640	4,989,504	0.329802	60.00
65.00	06500	RESPIRATORY THERAPY	1,518,953	827,118	2,346,071	0.331490	65.00
65.01	06501	SLEEP LAB	0	98,890	98,890	0.224451	65.01
65.02	03160	PULMONARY REHAB	0	26,478	26,478	0.128257	65.02
66.00	06600	PHYSICAL THERAPY	344,636	1,616,838	1,961,474	0.489412	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,265,729	1,796,350	3,062,079	0.494326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	141,561	319,998	461,559	0.424147	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,005,773	1,423,957	3,429,730	0.241938	73.00
76.00	03950	RENEWED HOPE	0	0	0	0.000000	76.00
76.01	03020	OP SERVICES	0	96,484	96,484	0.135328	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	90,373	90,373	0.540836	90.00
91.00	09100	EMERGENCY	37,128	2,346,081	2,383,209	0.747768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	36,639	314,653	351,292	1.004185	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	21,164,647	33,976,793	55,141,440		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	21,164,647	33,976,793	55,141,440		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/30/2020 5:59 am

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 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/30/2020 5:59 am			
				Title XVIII		Hospital		Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)			
		1.00	2.00	3.00					4.00
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	516,405	12,042,134	0.042883	1,859,632	79,747	50.00	
53.00	05300	ANESTHESIOLOGY	38,193	4,762,630	0.008019	697,913	5,597	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	462,517	7,293,541	0.063415	527,655	33,461	54.00	
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00	
58.00	05800	MRI	7,474	1,762,912	0.004240	42,924	182	58.00	
60.00	06000	LABORATORY	75,437	4,989,504	0.015119	404,367	6,114	60.00	
65.00	06500	RESPIRATORY THERAPY	52,918	2,346,071	0.022556	810,112	18,273	65.00	
65.01	06501	SLEEP LAB	443	98,890	0.004480	0	0	65.01	
65.02	03160	PULMONARY REHAB	123	26,478	0.004645	0	0	65.02	
66.00	06600	PHYSICAL THERAPY	68,265	1,961,474	0.034803	104,244	3,628	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,534	3,062,079	0.010625	779,858	8,286	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,390	461,559	0.009511	85,249	811	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	30,444	3,429,730	0.008877	1,057,784	9,390	73.00	
76.00	03950	RENEWED HOPE	0	0	0.000000	0	0	76.00	
76.01	03020	OP SERVICES	323	96,484	0.003348	0	0	76.01	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,044	90,373	0.011552	0	0	90.00	
91.00	09100	EMERGENCY	160,852	2,383,209	0.067494	2,849	192	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	70,543	351,292	0.200810	15,543	3,121	92.00	
200.00		Total (lines 50 through 199)	1,521,905	45,158,360		6,388,130	168,802	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/30/2020 5:59 am

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	0	50.00
53.00	05300	ANESTHESIOLOGY	404,473	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
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	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	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	404,473	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/30/2020 5:59 am

				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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	12,042,134	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	404,473	0	4,762,630	0.084926	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,293,541	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	1,762,912	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	4,989,504	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,346,071	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	98,890	0.000000	65.01
65.02	03160	PULMONARY REHAB	0	0	0	26,478	0.000000	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	1,961,474	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	3,062,079	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	461,559	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,429,730	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	96,484	0.000000	76.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	90,373	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	2,383,209	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	351,292	0.000000	92.00
200.00		Total (lines 50 through 199)	0	404,473	0	45,158,360		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/30/2020 5:59 am

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	1,859,632	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	697,913	59,271	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	527,655	0	0	0
57.00	05700	CT SCAN	0.000000	0	0	0	0
58.00	05800	MRI	0.000000	42,924	0	0	0
60.00	06000	LABORATORY	0.000000	404,367	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	810,112	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	104,244	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	779,858	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	85,249	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,057,784	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	0	0	0	0
91.00	09100	EMERGENCY	0.000000	2,849	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	15,543	0	0	0
200.00		Total (lines 50 through 199)		6,388,130	59,271	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/30/2020 5:59 am

				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	0.253537	0	3,889,696	0	0	50.00	
53.00	05300	ANESTHESIOLOGY	0.137848	0	1,447,291	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.262524	0	3,713,336	0	0	54.00	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MRI	0.185571	0	788,856	0	0	58.00	
60.00	06000	LABORATORY	0.329802	0	2,161,175	0	0	60.00	
65.00	06500	RESPIRATORY THERAPY	0.331490	0	478,015	0	0	65.00	
65.01	06501	SLEEP LAB	0.224451	0	24,959	0	0	65.01	
65.02	03160	PULMONARY REHAB	0.128257	0	16,401	0	0	65.02	
66.00	06600	PHYSICAL THERAPY	0.489412	0	752,970	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.494326	0	480,915	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.424147	0	105,763	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.241938	0	1,037,265	0	0	73.00	
76.00	03950	RENEWED HOPE	0.000000	0	0	0	0	76.00	
76.01	03020	OP SERVICES	0.135328	0	50,697	0	0	76.01	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.540836	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.747768	0	1,232,140	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.004185	0	163,669	0	0	92.00	
200.00		Subtotal (see instructions)		0	16,343,148	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	16,343,148	0	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-1330		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/30/2020 5:59 am	
				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	986,182	0					50.00
53.00	05300	ANESTHESIOLOGY	199,506	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	974,840	0					54.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	146,389	0					58.00
60.00	06000	LABORATORY	712,760	0					60.00
65.00	06500	RESPIRATORY THERAPY	158,457	0					65.00
65.01	06501	SLEEP LAB	5,602	0					65.01
65.02	03160	PULMONARY REHAB	2,104	0					65.02
66.00	06600	PHYSICAL THERAPY	368,513	0					66.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	237,729	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,859	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	250,954	0					73.00
76.00	03950	RENEWED HOPE	0	0					76.00
76.01	03020	OP SERVICES	6,861	0					76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	921,355	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	164,354	0					92.00
200.00		Subtotal (see instructions)	5,180,465	0					200.00
201.00		Less PBP Clinic Lab. Services-Program	0						201.00
		Only Charges							
202.00		Net Charges (line 200 - line 201)	5,180,465	0					202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1330

Period:

Worksheet D

Component CCN: 14-Z330

From 07/01/2019
To 06/30/2020

Part IV
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description			Title XVIII		Swing Beds - SNF		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	0	50.00
53.00	05300	ANESTHESIOLOGY	404,473	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
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	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	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	404,473	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1330

Period:

Worksheet D

Component CCN: 14-Z330

From 07/01/2019

Part IV

To 06/30/2020

Date/Time Prepared:

11/30/2020 5:59 am

			Title XVIII		Swing Beds - SNF	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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	12,042,134	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	404,473	0	4,762,630	0.084926	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,293,541	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	1,762,912	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	4,989,504	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,346,071	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	98,890	0.000000	65.01
65.02	03160	PULMONARY REHAB	0	0	0	26,478	0.000000	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	1,961,474	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	3,062,079	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	461,559	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,429,730	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	96,484	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	90,373	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	2,383,209	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	351,292	0.000000	92.00
200.00		Total (lines 50 through 199)	0	404,473	0	45,158,360		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1330

Period:

Worksheet D

Component CCN: 14-Z330

From 07/01/2019
To 06/30/2020Part IV
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description			Title XVIII		Swing Beds - SNF		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	5,252	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	25,136	2,135	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	110,487	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	124,924	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	623,789	0	0	0	65.00
65.01	06501	SLEEP LAB	0.000000	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0.000000	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.000000	201,436	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	0.000000	140,210	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	471,105	0	0	0	73.00
76.00	03950	RENEWED HOPE	0.000000	0	0	0	0	76.00
76.01	03020	OP SERVICES	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		1,702,339	2,135	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-1330

Period:

Worksheet D

Component CCN:14-Z330

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/30/2020 5:59 am

				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	0.253537	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.137848	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.262524	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.185571	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0.329802	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.331490	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0.224451	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0.128257	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.489412	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.494326	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.424147	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.241938	0	0	0	0	0	73.00
76.00	03950	RENEWED HOPE	0.000000	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0.135328	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.540836	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.747768	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.004185	0	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	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 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/30/2020 5:59 am

			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 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/30/2020 5:59 am
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)			2,247 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,264 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			1,025 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			467 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)			467 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			25 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)			24 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			786 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)			440 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)			440 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)			3,251,928 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)			3,930 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)			3,773 25.00
26.00	Total swing-bed cost (see instructions)			1,386,278 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			1,865,650 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)			1,865,650 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)			1,475.99 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,160,128 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)			1,160,128 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,862,420	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,022,548	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					649,436	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					649,436	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					1,298,872	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/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)					239	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,475.99	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					352,762	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1330		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/30/2020 5:59 am	
		Title XVIII		Hospital		Cost	
Cost Center Description		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	650,294	3,251,928	0.199972	352,762	70,543	90.00
91.00	Nursing School cost	0	3,251,928	0.000000	352,762	0	91.00
92.00	Allied health cost	0	3,251,928	0.000000	352,762	0	92.00
93.00	All other Medical Education	0	3,251,928	0.000000	352,762	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1330	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/30/2020 5:59 am	
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		1,266,783		30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.253537	1,859,632	471,486	50.00
53.00	05300 ANESTHESIOLOGY	0.137848	697,913	96,206	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.262524	527,655	138,522	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.185571	42,924	7,965	58.00
60.00	06000 LABORATORY	0.329802	404,367	133,361	60.00
65.00	06500 RESPIRATORY THERAPY	0.331490	810,112	268,544	65.00
65.01	06501 SLEEP LAB	0.224451	0	0	65.01
65.02	03160 PULMONARY REHAB	0.128257	0	0	65.02
66.00	06600 PHYSICAL THERAPY	0.489412	104,244	51,018	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.494326	779,858	385,504	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.424147	85,249	36,158	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241938	1,057,784	255,918	73.00
76.00	03950 RENEWED HOPE	0.000000	0	0	76.00
76.01	03020 OP SERVICES	0.135328	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.540836	0	0	90.00
91.00	09100 EMERGENCY	0.747768	2,849	2,130	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.004185	15,543	15,608	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,388,130	1,862,420	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)		6,388,130		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1330	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/30/2020 5:59 am	
		Component CCN: 14-Z330			
		Title XVIII	Swing Beds - SNF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,137,890		30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.253537	5,252	1,332	50.00
53.00	05300 ANESTHESIOLOGY	0.137848	25,136	3,465	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.262524	110,487	29,005	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.185571	0	0	58.00
60.00	06000 LABORATORY	0.329802	124,924	41,200	60.00
65.00	06500 RESPIRATORY THERAPY	0.331490	623,789	206,780	65.00
65.01	06501 SLEEP LAB	0.224451	0	0	65.01
65.02	03160 PULMONARY REHAB	0.128257	0	0	65.02
66.00	06600 PHYSICAL THERAPY	0.489412	201,436	98,585	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.494326	140,210	69,309	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.424147	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241938	471,105	113,978	73.00
76.00	03950 RENEWED HOPE	0.000000	0	0	76.00
76.01	03020 OP SERVICES	0.135328	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.540836	0	0	90.00
91.00	09100 EMERGENCY	0.747768	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.004185	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,702,339	563,654	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)		1,702,339		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-1330	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/30/2020 5:59 am
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			5,180,465 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)			5,180,465 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)			5,232,270 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)			49,386 25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			2,876,178 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)			2,306,706 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)			2,306,706 30.00
31.00	Primary payer payments			271 31.00
32.00	Subtotal (line 30 minus line 31)			2,306,435 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)			170,833 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			111,041 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			86,762 36.00
37.00	Subtotal (see instructions)			2,417,476 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)			0 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)			2,417,476 40.00
40.01	Sequestration adjustment (see instructions)			40,372 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
40.03	Sequestration adjustment-PARHM pass-throughs			0 40.03
41.00	Interim payments			2,769,935 41.00
41.01	Interim payments-PARHM			0 41.01
42.00	Tentative settlement (for contractors use only)			0 42.00
42.01	Tentative settlement-PARHM (for contractor use only)			0 42.01
43.00	Balance due provider/program (see instructions)			-392,831 43.00
43.01	Balance due provider/program-PARHM (see instructions)			0 43.01
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 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/30/2020 5:59 am

		Title XVIII		Hospital		Cost
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,613,240		2,768,368	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	09/26/2019	10,458	09/26/2019	40,750	3.01
3.02		02/13/2020	43,094		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	02/13/2020	39,183	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)		53,552		1,567	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)		2,666,792		2,769,935	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		111,876		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		392,831	6.02
7.00	Total Medicare program liability (see instructions)		2,778,668		2,377,104	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 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/30/2020 5:59 am

		Title XVIII		Swing Beds - SNF		Cost
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,739,121		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	02/13/2020	63,763		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	09/26/2019	16,275		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)		47,488		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)		1,786,609		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		37,088		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,823,697		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 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/30/2020 5:59 am

		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: From 07/01/2019 To 06/30/2020	Worksheet E-2	
		Component CCN: 14-Z330		Date/Time Prepared: 11/30/2020 5:59 am	
		Title XVIII	Swing Beds - SNF	Cost	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		1,311,861	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 and swing-bed pass-through, see instructions)		571,426	0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)				3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		880	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)		1,883,287	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		1,883,287	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)		1,883,287	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		28,617	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (see instructions)		1,854,670	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)		1,854,670	0	19.00
19.01	Sequestration adjustment (see instructions)		30,973	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs				19.03
20.00	Interim payments		1,786,609	0	20.00
20.01	Interim payments-PARHM				20.01
21.00	Tentative settlement (for contractor use only)		0	0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)				21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		37,088	0	22.00
22.01	Balance due provider/program-PARHM (see instructions)				22.01
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 07/01/2019 To 06/30/2020	Worksheet E-3 Part V Date/Time Prepared: 11/30/2020 5:59 am
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services		3,022,548	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)		3,022,548	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		3,022,548	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)		3,022,548	19.00
20.00	Deductibles (exclude professional component)		210,364	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)		2,812,184	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (line 22 minus line 23)		2,812,184	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		21,040	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		13,676	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		13,087	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		2,825,860	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)		2,825,860	30.00
30.01	Sequestration adjustment (see instructions)		47,192	30.01
30.02	Demonstration payment adjustment amount after sequestration		0	30.02
30.03	Sequestration adjustment-PARHM		0	30.03
31.00	Interim payments		2,666,792	31.00
31.01	Interim payments-PARHM		0	31.01
32.00	Tentative settlement (for contractor use only)		0	32.00
32.01	Tentative settlement-PARHM (for contractor use only)		0	32.01
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)		111,876	33.00
33.01	Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01)		0	33.01
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 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
11/30/2020 5:59 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	13,455,978	0	0	0	1.00
2.00	Temporary investments	6,583,870	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,054,472	0	0	0	4.00
5.00	Other receivable	315,640	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	807,564	0	0	0	7.00
8.00	Prepaid expenses	356,935	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	1,414,170	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,988,629	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	26,695,287	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)	26,695,287	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	784,434	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	784,434	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	53,468,350	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	558,808	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,190,958	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,316,591	0	0	0	40.00
41.00	Deferred income	521,848	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	1,958,007	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,546,212	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	14,575,046	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,471,316	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,046,362	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	22,592,574	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	30,875,776	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)	30,875,776	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	53,468,350	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
11/30/2020 5:59 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		27,420,695		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		3,374,529				2.00
3.00	Total (sum of line 1 and line 2)		30,795,224		0		3.00
4.00	PRIOR PERIOD ADJUSTMENT	80,552		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)		80,552		0		10.00
11.00	Subtotal (line 3 plus line 10)		30,875,776		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)		30,875,776		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 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2020 5:59 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	4,024,378		4,024,378	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	4,564,935		4,564,935	8.00
9.00	OTHER LONG TERM CARE	1,857,345		1,857,345	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	10,446,658		10,446,658	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)	10,446,658		10,446,658	17.00
18.00	Ancillary services	11,719,310	32,900,254	44,619,564	18.00
19.00	Outpatient services	57,535	3,658,984	3,716,519	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	3,378	3,378	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	22,223,503	36,562,616	58,786,119	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		31,473,396		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	15,878			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		15,878		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		31,457,518		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1330

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
11/30/2020 5:59 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	58,786,119	1.00
2.00	Less contractual allowances and discounts on patients' accounts	28,948,648	2.00
3.00	Net patient revenues (line 1 minus line 2)	29,837,471	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	31,457,518	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,620,047	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	2,939,064	24.01
24.02	NON-OPERATING INCOME	247,669	24.02
24.03	NET ASSEST RELEASED FROM RESTRICTION	7,843	24.03
24.50	COVID-19 PHE Funding	1,800,000	24.50
25.00	Total other income (sum of lines 6-24)	4,994,576	25.00
26.00	Total (line 5 plus line 25)	3,374,529	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)	3,374,529	29.00