

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interest on 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 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 9:53 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/29/2021	Time: 9:53 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 number of times reopened = 0-9.
	(3) Settled with Audit	9. ☐ Final Report for this Provider CCN	
	(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 THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE 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 07/01/2020 and ending 06/30/2021 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	398,136	-84,397	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	190,781	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	588,917	-84,397	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 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 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 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 9:53 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	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			HOPEDALE MEDICAL COMPLEX	141330	37900	1	10/01/2003	N
4.00	Subprovider - IPF							0	0
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF			HOPEDALE SWING BED	14Z330	37900		10/01/2003	N
8.00	Swing Beds - NF							0	N
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)						07/01/2020	06/30/2021	
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	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? 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.								
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/29/2021 9:53 am

	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	24.00
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	0	25.00
					Urban/Rural Status	Date of Geographic Reclassification	
					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)					With	N	N
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.					With	N	N
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
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
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. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					or "N"		
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.							
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		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-1330		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 9:53 am	
			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
		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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" N for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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			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	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		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

Health Financial Systems		HOPEDALE MEDICAL COMPLEX		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-1330	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 9:53 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			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.	yes or 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.	full or 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

Health Financial Systems		HOPEDALE MEDICAL COMPLEX		In Lieu of Form CMS-2552-10	
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			V	XIX	
			1.00	2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		Y		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
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
			1.00	2.00	
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	3.00
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
<u>Miscellaneous Cost Reporting Information</u>					
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		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:		254,499	0	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N		122.00
<u>Transplant Center Information</u>					
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN:14-1330	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 9:53 am
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		1.00	2.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	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)			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:		141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:		143.00
		Zip Code:		
		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.			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	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.	Enter N		165.00
		Name	County	State
		0	1.00	2.00
		Zip Code	CBSA	FTE/Campus
		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		166.00
		1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §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 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 9:53 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)			171.00

Health Financial Systems		HOPEDALE MEDICAL COMPLEX		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-1330	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 9:53 am	
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 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 1.00	Type 2.00	Date 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 1.00	Legal Oper. 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 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 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 1.00	Date 2.00	Y/N 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		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	10/07/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N	N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N	N	19.00

Health Financial Systems		HOPEDALE MEDICAL COMPLEX		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-1330		Period: From 07/01/2020 To 06/30/2021	
		Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 9:53 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.	DAVID	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

Health Financial Systems		HOPEDALE MEDICAL COMPLEX		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-1330	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 9:53 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 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 9:53 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	25	9,125	19,788.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		25	9,125	19,788.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		25	9,125	19,788.00	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	21,535		0	20.00
21.00 OTHER LONG TERM CARE	46.00	72	26,280			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		156				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 9:53 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)	590	6	871			1.00
2.00	HMO and other (see instructions)	112	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	483	0	492			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	51			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,073	6	1,414			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)	1,073	6	1,414	0.00	219.04	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY		0	18,612	0.00	34.89	20.00
21.00	OTHER LONG TERM CARE			16,317	0.00	11.77	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	265.70	27.00
28.00	Observation Bed Days		1	333			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 9:53 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	158	2	231	1.00
2.00 HMO and other (see instructions)			22	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	158	2	231	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

Health Financial Systems		HOPEDALE MEDICAL COMPLEX		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-1330	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/29/2021 9:53 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)	0.390425		1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	104,730		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	580,223		6.00	
7.00	Medicaid cost (line 1 times line 6)	226,534		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)	121,804		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	0		18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12, 13, 14, 15, 16, 17, 18, and 19)	121,804		19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	114,892	190,658	305,550	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	44,857	190,658	235,515	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)	44,857	190,658	235,515	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)	753,621		26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	182,777		27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	281,194		27.01	
28.00	Non-Medicare bad debt expense (see instructions)	472,427		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	282,864		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	518,379		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	640,183		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN:14-1330	Period: From 07/01/2020 To 06/30/2021	Worksheet A Date/Time Prepared: 11/29/2021 9:53 am		
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		359,382	359,382	607,789	967,171	1.00
1.01	00101	WELLNESS CENTER B&F		77,701	77,701	126,917	204,618	1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION		0	0	742,678	742,678	1.02
1.03	00103	WHITE FENCE ESTATES		24,509	24,509	0	24,509	1.03
1.04	00104	MACKINOW CLINIC		30,066	30,066	0	30,066	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,543,021	2,543,021	-1,233,684	1,309,337	2.00
2.01	00201	WELLNESS CENTER MME		0	0	61,989	61,989	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	219,119	2,316,503	2,535,622	-53,589	2,482,033	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	210,220	82,825	293,045	0	293,045	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	408,874	394,421	803,295	0	803,295	5.02
5.03	00592	OTHER A AND G	1,162,385	3,040,802	4,203,187	0	4,203,187	5.03
6.00	00600	MAINTENANCE & REPAIRS	463,493	477,251	940,744	0	940,744	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	65,524	65,524	0	65,524	7.01
7.02	00702	OPERATION OF PLANT	0	321,857	321,857	0	321,857	7.02
7.03	00703	WHITE FENCE ESTATES	0	5,998	5,998	0	5,998	7.03
7.04	00704	MACKINOW CLINIC	0	3,826	3,826	0	3,826	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	221,612	16,586	238,198	0	238,198	8.00
9.00	00900	HOUSEKEEPING	173,427	64,161	237,588	-75	237,513	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	3,038	3,038	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	5,004	5,004	9.02
10.00	01000	DIETARY	640,725	354,116	994,841	-71,215	923,626	10.00
11.00	01100	CAFETERIA	0	0	0	71,215	71,215	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	152,446	104,734	257,180	0	257,180	14.00
15.00	01500	PHARMACY	241,894	17,953	259,847	-244	259,603	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	110,339	449,355	559,694	0	559,694	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	43,764	43,764	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	534,919	534,919	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,252,622	150,937	1,403,559	-78,584	1,324,975	30.00
45.00	04500	NURSING FACILITY	1,480,218	148,555	1,628,773	116,296	1,745,069	45.00
46.00	04600	OTHER LONG TERM CARE	373,770	122,073	495,843	22,507	518,350	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,563,847	1,579,932	3,143,779	-856,147	2,287,632	50.00
53.00	05300	ANESTHESIOLOGY	815,060	124,322	939,382	-520,306	419,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	505,485	288,661	794,146	7,143	801,289	54.00
58.00	05800	MRI	0	317,196	317,196	-28,214	288,982	58.00
60.00	06000	LABORATORY	424,104	972,512	1,396,616	0	1,396,616	60.00
65.00	06500	RESPIRATORY THERAPY	408,008	49,641	457,649	-422	457,227	65.00
65.01	06501	SLEEP LAB	0	72,120	72,120	0	72,120	65.01
65.02	03160	PULMONARY REHAB	3,223	13	3,236	0	3,236	65.02
66.00	06600	PHYSICAL THERAPY	441,963	34,020	475,983	-1,294	474,689	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,009,919	1,009,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	158,306	158,306	0	158,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	256,327	256,327	0	256,327	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	276,237	33,504	309,741	16,609	326,350	90.00
91.00	09100	EMERGENCY	35,123	1,604,652	1,639,775	10,526	1,650,301	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		512,018	512,018	-512,018	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,584,194	17,175,380	28,759,574	24,521	28,784,095	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,037	19,101	32,138	0	32,138	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	476,775	66,887	543,662	0	543,662	192.00
192.01	19201	SATELLITE OFFICES	337,967	165,198	503,165	-3,856	499,309	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	335,121	1,310,962	1,646,083	0	1,646,083	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	894	894	9,117	10,011	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	285,957	65,901	351,858	-29,782	322,076	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	13,033,051	18,804,323	31,837,374	0	31,837,374	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/29/2021 9:53 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	-7,099	960,072	1.00
1.01	00101	WELLNESS CENTER B&F	-2,217	202,401	1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION	-26,400	716,278	1.02
1.03	00103	WHITE FENCE ESTATES	0	24,509	1.03
1.04	00104	MACKINOW CLINIC	0	30,066	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-41,457	1,267,880	2.00
2.01	00201	WELLNESS CENTER MME	0	61,989	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-285,585	2,196,448	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	293,045	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	-2,626	800,669	5.02
5.03	00592	OTHER A AND G	-785,848	3,417,339	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	940,744	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	65,524	7.01
7.02	00702	OPERATION OF PLANT	-37,602	284,255	7.02
7.03	00703	WHITE FENCE ESTATES	0	5,998	7.03
7.04	00704	MACKINOW CLINIC	0	3,826	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	238,198	8.00
9.00	00900	HOUSEKEEPING	0	237,513	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	3,038	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	5,004	9.02
10.00	01000	DIETARY	-5,233	918,393	10.00
11.00	01100	CAFETERIA	-54,455	16,760	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	257,180	14.00
15.00	01500	PHARMACY	-17,997	241,606	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,606	558,088	16.00
17.00	01700	SOCIAL SERVICE	0	43,764	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	534,919	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	1,324,975	30.00
45.00	04500	NURSING FACILITY	-22,758	1,722,311	45.00
46.00	04600	OTHER LONG TERM CARE	-9,692	508,658	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-674,287	1,613,345	50.00
53.00	05300	ANESTHESIOLOGY	-375,756	43,320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,256	800,033	54.00
58.00	05800	MRI	0	288,982	58.00
60.00	06000	LABORATORY	-5,486	1,391,130	60.00
65.00	06500	RESPIRATORY THERAPY	-1,295	455,932	65.00
65.01	06501	SLEEP LAB	0	72,120	65.01
65.02	03160	PULMONARY REHAB	0	3,236	65.02
66.00	06600	PHYSICAL THERAPY	-672	474,017	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,009,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	158,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	256,327	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	-220,615	105,735	90.00
91.00	09100	EMERGENCY	-401,898	1,248,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-2,981,840	25,802,255	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,138	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	543,662	192.00
192.01	19201	SATELLITE OFFICES	0	499,309	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	194.01
194.02	07952	RETAIL PHAMACY	0	1,646,083	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	10,011	194.05
194.06	07955	UNUSED SPACE	0	0	194.06
194.07	07956	WELLNESS CENTER	0	322,076	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-2,981,840	28,855,534	200.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA					
1.00	CAFETERIA	11.00	45,866	25,349		1.00
	TOTALS		45,866	25,349		
	B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	63,408		1.00
2.00	WELLNESS CENTER B&F	1.01	0	19,797		2.00
3.00	2015 BUILDING RENOVATION & ADDITION	1.02	0	235,787		3.00
4.00	NURSING FACILITY	45.00	0	161,328		4.00
5.00	OTHER LONG TERM CARE	46.00	0	22,258		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,143		6.00
7.00	RESPIRATORY THERAPY	65.00	0	850		7.00
8.00	OPERATING ROOM	50.00	0	1,447		8.00
	TOTALS		0	512,018		
	C - ED NURSING					
1.00	EMERGENCY	91.00	65,903	0		1.00
	TOTALS		65,903	0		
	D - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,051,272		1.00
	TOTALS		0	1,051,272		
	E - WELLNESS CENTER DEPRECIATION					
1.00	WELLNESS CENTER B&F	1.01	0	107,120		1.00
2.00	SATELLITE OFFICES	192.01	0	1,148		2.00
3.00	WHITE FENCE ESTATES	194.05	0	12,155		3.00
4.00	WELLNESS CENTER MME	2.01	0	61,989		4.00
	TOTALS		0	182,412		
	F - WELLNESS CENTER					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	20,790	8,042		1.00
2.00	OTHER LONG TERM CARE	46.00	180	69		2.00
3.00	PHYSICAL THERAPY	66.00	505	196		3.00
	TOTALS		21,475	8,307		
	G - SOCIAL SERVICES					
1.00	SOCIAL SERVICE	17.00	43,764	0		1.00
	TOTALS		43,764	0		
	H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,009,919		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	1,009,919		
	I - BUILDING RENOVATION DEPR					
1.00	2015 BUILDING RENOVATION & ADDITION	1.02	0	506,891		1.00
	TOTALS		0	506,891		
	J - ALLOWABLE PROVIDER BENEFITS					
1.00	CLINIC	90.00	0	16,609		1.00
2.00	OPERATING ROOM	50.00	0	41,086		2.00
3.00	ANESTHESIOLOGY	53.00	0	24,726		3.00
	TOTALS		0	82,421		
	K - CRNA					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	482,544	0		1.00
	TOTALS		482,544	0		
	L - HOUSEKEEPING RECLASS					
1.00	WHITE FENCE ESTATES - HOUSEKEEPING	9.01	0	3,038		1.00
2.00	MACKINOW CLINIC - HOUSEKEEPING	9.02	0	5,004		2.00
	TOTALS		0	8,042		
	M - CRNA CONTRACT LABOR					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	52,375		1.00
	TOTALS		0	52,375		
500.00	Grand Total: Increases		659,552	3,439,006		500.00

		Decreases				Wkst. A-7 Ref.	
		Cost Center	Line #	Salary	Other		
		6.00	7.00	8.00	9.00	10.00	
A - CAFETERIA							
1.00	DIETARY		10.00	45,866	25,349	0	1.00
	TOTALS			45,866	25,349		
B - INTEREST EXPENSE							
1.00	INTEREST EXPENSE		113.00	0	512,018	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	512,018		
C - ED NURSING							
1.00	ADULTS & PEDIATRICS		30.00	65,903	0	0	1.00
	TOTALS			65,903	0		
D - BUILDING DEPRECIATION							
1.00	CAP REL COSTS-MVBLE EQUIP		2.00	0	1,051,272	9	1.00
	TOTALS			0	1,051,272		
E - WELLNESS CENTER DEPRECIATION							
1.00	CAP REL COSTS-MVBLE EQUIP		2.00	0	182,412	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	182,412		
F - WELLNESS CENTER							
1.00	WELLNESS CENTER		194.07	21,475	8,307	0	1.00
2.00			0.00	0	0	0	2.00
3.00			0.00	0	0	0	3.00
	TOTALS			21,475	8,307		
G - SOCIAL SERVICES							
1.00	NURSING FACILITY		45.00	43,764	0	0	1.00
	TOTALS			43,764	0		
H - MEDICAL SUPPLIES							
1.00	PHARMACY		15.00	0	244	0	1.00
2.00	ADULTS & PEDIATRICS		30.00	0	12,681	0	2.00
3.00	NURSING FACILITY		45.00	0	1,268	0	3.00
4.00	OPERATING ROOM		50.00	0	898,680	0	4.00
5.00	ANESTHESIOLOGY		53.00	0	10,113	0	5.00
6.00	MRI		58.00	0	28,214	0	6.00
7.00	RESPIRATORY THERAPY		65.00	0	1,272	0	7.00
8.00	PHYSICAL THERAPY		66.00	0	1,995	0	8.00
9.00	EMERGENCY		91.00	0	55,377	0	9.00
10.00	HOUSEKEEPING		9.00	0	75	0	10.00
	TOTALS			0	1,009,919		
I - BUILDING RENOVATION DEPR							
1.00	CAP REL COSTS-BLDG & FIXT		1.00	0	506,891	9	1.00
	TOTALS			0	506,891		
J - ALLOWABLE PROVIDER BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	82,421	0	1.00
2.00			0.00	0	0	0	2.00
3.00			0.00	0	0	0	3.00
	TOTALS			0	82,421		
K - CRNA							
1.00	ANESTHESIOLOGY		53.00	482,544	0	0	1.00
	TOTALS			482,544	0		
L - HOUSEKEEPING RECLASS							
1.00	WHITE FENCE ESTATES		194.05	0	3,038	0	1.00
2.00	SATELLITE OFFICES		192.01	0	5,004	0	2.00
	TOTALS			0	8,042		
M - CRNA CONTRACT LABOR							
1.00	ANESTHESIOLOGY		53.00	0	52,375	0	1.00
	TOTALS			0	52,375		
500.00	Grand Total: Decreases			659,552	3,439,006		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/29/2021 9:53 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,496,356	0	0	0	321,003	1.00
2.00	Land Improvements	2,980,618	12,004	0	12,004	0	2.00
3.00	Buildings and Fixtures	40,267,743	0	0	0	3,614,577	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	15,924,638	3,369,263	0	3,369,263	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	60,669,355	3,381,267	0	3,381,267	3,935,580	8.00
9.00	Reconciling Items	-515,474	0	0	0	-515,474	9.00
10.00	Total (line 8 minus line 9)	61,184,829	3,381,267	0	3,381,267	4,451,054	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,175,353	0				1.00
2.00	Land Improvements	2,992,622	0				2.00
3.00	Buildings and Fixtures	36,653,166	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	19,293,901	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	60,115,042	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	60,115,042	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/29/2021 9:53 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	359,382	0	0	0	0	1.00
1.01	WELLNESS CENTER B&F	77,701	0	0	0	0	1.01
1.02	2015 BUILDING RENOVATION & ADDITION	0	0	0	0	0	1.02
1.03	WHITE FENCE ESTATES	24,509	0	0	0	0	1.03
1.04	MACKINOW CLINIC	30,066	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	2,543,021	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)	3,034,679	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	359,382				1.00
1.01	WELLNESS CENTER B&F	0	77,701				1.01
1.02	2015 BUILDING RENOVATION & ADDITION	0	0				1.02
1.03	WHITE FENCE ESTATES	0	24,509				1.03
1.04	MACKINOW CLINIC	0	30,066				1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,543,021				2.00
2.01	WELLNESS CENTER MME	0	0				2.01
3.00	Total (sum of lines 1-2)	0	3,034,679				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/29/2021 9:53 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	903,763	0	1.00
1.01	WELLNESS CENTER B&F	0	0	0	184,821	0	1.01
1.02	2015 BUILDING RENOVATION & ADDITION	0	0	0	506,891	0	1.02
1.03	WHITE FENCE ESTATES	0	0	0	24,509	0	1.03
1.04	MACKINOW CLINIC	0	0	0	30,066	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,267,880	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	2,979,919	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	56,309	0	0	0	960,072	1.00
1.01	WELLNESS CENTER B&F	17,580	0	0	0	202,401	1.01
1.02	2015 BUILDING RENOVATION & ADDITION	209,387	0	0	0	716,278	1.02
1.03	WHITE FENCE ESTATES	0	0	0	0	24,509	1.03
1.04	MACKINOW CLINIC	0	0	0	0	30,066	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,267,880	2.00
2.01	WELLNESS CENTER MME	0	0	0	0	61,989	2.01
3.00	Total (sum of lines 1-2)	283,276	0	0	0	3,263,195	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/29/2021 9:53 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
1.00				3.00		4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-7,099	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01	Investment income - WELLNESS CENTER B&F (chapter 2)			WELLNESS CENTER B&F		1.01	0	1.01
1.02	Investment income - 2015 BUILDING RENOVATION & ADDITION (chapter 2)			2015 BUILDING RENOVATION & ADDITION		1.02	0	1.02
1.03	Investment income - WHITE FENCE ESTATES (chapter 2)			WHITE FENCE ESTATES		1.03	0	1.03
1.04	Investment income - MACKINOW CLINIC (chapter 2)			MACKINOW CLINIC		1.04	0	1.04
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
2.01	Investment income - WELLNESS CENTER MME (chapter 2)			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	-1,565,760				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	4,458				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 employees 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		RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01	Depreciation - WELLNESS CENTER B&F			WELLNESS CENTER B&F		1.01	0	26.01
26.02	Depreciation - 2015 BUILDING RENOVATION & ADDITION			2015 BUILDING RENOVATION & ADDITION		1.02	0	26.02

ADJUSTMENTS TO EXPENSES

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/29/2021 9:53 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				3.00	4.00		
26.03	Depreciation - WHITE FENCE ESTATES			0 WHITE FENCE ESTATES	1.03		0 26.03
26.04	Depreciation - MACKINOW CLINIC			0 MACKINOW CLINIC	1.04		0 26.04
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00
27.01	Depreciation - WELLNESS CENTER MME			0 WELLNESS CENTER MME	2.01		0 27.01
28.00	Non-physician Anesthetist			0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 *** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 *** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-41,342	CAP REL COSTS-MVBLE EQUIP	2.00		9 32.00
33.00	INVT INCOME-NEW BLDGS AND FIXTURES	B	-26,400	2015 BUILDING RENOVATION & ADDITION	1.02		11 33.00
33.01	INTEREST INCOME OFFSET	B	-2,217	WELLNESS CENTER B&F	1.01		11 33.01
33.02	INTEREST INCOME OFFSET	B		0 OPERATION OF PLANT	7.02		0 33.02
33.03	GUARANTEE ALLOWANCE	A	-205,132	0 OTHER A AND G	5.03		0 33.03
33.04	INTEREST INCOME OFFSET	B	-18,063	NURSING FACILITY	45.00		0 33.04
33.05	INTEREST INCOME OFFSET	B	-2,492	0 OTHER LONG TERM CARE	46.00		0 33.05
33.06	INTEREST INCOME OFFSET	B	-162	OPERATING ROOM	50.00		0 33.06
33.07	INTEREST INCOME OFFSET	B	-800	RADIOLOGY-DIAGNOSTIC	54.00		0 33.07
33.08	INTEREST INCOME OFFSET	B	-95	RESPIRATORY THERAPY	65.00		0 33.08
33.09	TRADE, QUANTITY AND TIME DISCOUNTS	B	-1,022	0 OTHER A AND G	5.03		0 33.09
33.10	CAFETERIA--EMPLOYEES AND GUESTS	B	-54,455	CAFETERIA	11.00		0 33.10
33.11	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,606	MEDICAL RECORDS & LIBRARY	16.00		0 33.11
33.12	EMPLOYEE CHILD CARE REV	B	-193,712	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.12
33.13	MISC INCOME	B	-38,699	0 OTHER A AND G	5.03		0 33.13
33.14	OTHER INCOME OLTC	B	-7,200	0 OTHER LONG TERM CARE	46.00		0 33.14
33.15	INSURANCE PROCEEDS - A&G	B		0 OTHER A AND G	5.03		0 33.15
33.16	PROGRAM INCOME -DIETITIAN	B		0 DIETARY	10.00		0 33.16
33.17	MISC INCOME	B	-4,695	NURSING FACILITY	45.00		0 33.17
33.18	MISC INCOME	B	-1,200	RESPIRATORY THERAPY	65.00		0 33.18
33.19	BUYER'S GROUP REBATE	B	-4,463	0 OTHER A AND G	5.03		0 33.19
33.20	BUYER'S GROUP REBATE	B	-12,136	OPERATING ROOM	50.00		0 33.20
33.21	MISC INCOME	B	-37,602	OPERATION OF PLANT	7.02		0 33.21
33.22	MISC INCOME	B	-1,313	OPERATING ROOM	50.00		0 33.22
33.26	BUYER'S GROUP REBATE	B	-5,486	LABORATORY	60.00		9 33.26
33.27	BUYER'S GROUP REBATE	B	-456	RADIOLOGY-DIAGNOSTIC	54.00		0 33.27
33.29	BUYER'S GROUP REBATE	B	-17,997	PHARMACY	15.00		0 33.29
33.30	BUYER'S GROUP REBATE	B		0 RETAIL PHAMACY	194.02		0 33.30
33.31	BUYER'S GROUP REBATE	B	-5,233	DIETARY	10.00		0 33.31
33.32	TELEPHONE SERVICES	A	-2,626	HOSPITAL ADMIN & GENERAL	5.02		0 33.32
33.33	TELEPHONE EMP BENEFIT EXPENSE	A	-472	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.33
33.34	TELEPHONE DEPRECIATION	A	-115	CAP REL COSTS-MVBLE EQUIP	2.00		9 33.34
33.35	ALCOHOLIC BEVERAGES	A		0 OTHER A AND G	5.03		0 33.35
33.36	NON-ALLO ADVERTISING SALARIES	A	65	0 OTHER A AND G	5.03		0 33.36
33.37	ADVERTISING/MARKETING EXPENSE	A	-49,734	0 OTHER A AND G	5.03		0 33.37
33.38	MARKETING PT	A	-672	PHYSICAL THERAPY	66.00		0 33.38
33.39	CLINIC DR BENEFITS	A	-26,312	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.39
33.40	ORTHO PHYSICIAN BENEFITS	A	-39,638	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.40
33.41	OPERATING ROOM PHYSICIAN BENEFITS	A	-25,451	EMPLOYEE BENEFITS DEPARTMENT	4.00		4 33.41
33.42	CHARITABLE CONTRIBUTIONS	A	-19,560	0 OTHER A AND G	5.03		0 33.42
33.43	ANESTH ON-CALL TIME	A	-8,153	ANESTHESIOLOGY	53.00		0 33.43
33.44	MEDICAID ASSESSMENT	B	-452,873	0 OTHER A AND G	5.03		0 33.44
33.45	PATIENT TELEVISION EXPENSE	A	-6,093	0 OTHER A AND G	5.03		0 33.45
33.46	IHA LOBBYING DUES	A	-8,337	0 OTHER A AND G	5.03		0 33.46
33.47	ORTHO SALARY EXPENSE	A	-11,711	OPERATING ROOM	50.00		0 33.47
33.48	ORTHO BENEFIT	A	-1,397	OPERATING ROOM	50.00		0 33.48
33.49	NEURO SALARY	A	-68,243	OPERATING ROOM	50.00		0 33.49

ADJUSTMENTS TO EXPENSES

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/29/2021 9:53 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 #		
		1.00	2.00	3.00	4.00	5.00	
33.50	NEURO BENEFIT	A	-8,139	OPERATING ROOM	50.00	0	33.50
33.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.51
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,981,840				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 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 9:53 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	29,387	29,387	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP BENEFITS	79,879	79,879	3.00
4.00	5.01	PHYSICAIN OFFICE BILLING	PHYS BILLING	293,045	293,045	4.00
4.01	5.03	OTHER A AND G	A&G ALL	25,495	25,495	4.01
4.02	6.00	MAINTENANCE & REPAIRS	MAINT AND REPAIRS	10,101	10,101	4.02
4.03	7.04	MACKINOW CLINIC	PLANT OP ALL	3,826	3,826	4.03
4.04	192.00	PHYSICIANS' PRIVATE OFFICES	PHYS OFFICES	543,662	543,662	4.04
4.05	192.01	SATELLITE OFFICES	SATELLITE OFFICES	301,552	301,552	4.05
4.06	91.00	EMERGENCY	RENTAL DUPLEX	10,558	6,100	4.06
4.07	1.04	MACKINOW CLINIC	EQUIPMENT RENTAL	30,066	30,066	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			1,327,571	1,323,113	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 costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	E	HOPEDALE MEDICA	100.00	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 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 9:53 am

	Net Adjustment (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	4,458	0		4.06
4.07	0	9		4.07
5.00	4,458			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 costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 9:53 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	1,520,428	406,356	1,114,072	0	0	1.00
2.00	90.00	CLINIC	220,615	220,615	0	0	0	2.00
3.00	50.00	OPERATING ROOM	332,343	332,343	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	33,149	0	33,149	0	0	4.00
5.00	50.00	OPERATING ROOM	18,123	0	18,123	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	328,432	328,432	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	39,171	39,171	0	0	0	8.00
9.00	50.00	OPERATING ROOM	213,392	213,392	0	0	0	9.00
10.00	50.00	OPERATING ROOM	25,451	25,451	0	0	0	10.00
200.00			2,731,104	1,565,760	1,165,344	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	90.00	CLINIC	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	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	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	91.00	EMERGENCY	0	0	0	406,356		1.00
2.00	90.00	CLINIC	0	0	0	220,615		2.00
3.00	50.00	OPERATING ROOM	0	0	0	332,343		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0		4.00
5.00	50.00	OPERATING ROOM	0	0	0	0		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	328,432		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	39,171		8.00
9.00	50.00	OPERATING ROOM	0	0	0	213,392		9.00
10.00	50.00	OPERATING ROOM	0	0	0	25,451		10.00
200.00			0	0	0	1,565,760		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 9:53 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	960,072	960,072				1.00
1.01	00101	WELLNESS CENTER B&F	202,401	0	202,401			1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION	716,278	0	0	716,278		1.02
1.03	00103	WHITE FENCE ESTATES	24,509	0	0	0	24,509	1.03
1.04	00104	MACKINOW CLINIC	30,066	0	0	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,267,880					2.00
2.01	00201	WELLNESS CENTER MME	61,989					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,196,448	14,901	94,874	0	0	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	293,045	6,028	0	0	0	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	800,669	19,188	0	83,010	0	5.02
5.03	00592	OTHER A AND G	3,417,339	61,982	7,441	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	940,744	8,268	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	65,524	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT	284,255	5,192	0	0	0	7.02
7.03	00703	WHITE FENCE ESTATES	5,998	0	0	0	0	7.03
7.04	00704	MACKINOW CLINIC	3,826	0	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	238,198	15,113	0	0	0	8.00
9.00	00900	HOUSEKEEPING	237,513	2,278	0	0	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	3,038	0	0	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	5,004	0	0	0	0	9.02
10.00	01000	DIETARY	918,393	17,288	0	0	0	10.00
11.00	01100	CAFETERIA	16,760	26,801	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,436	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	257,180	17,052	0	0	0	14.00
15.00	01500	PHARMACY	241,606	3,533	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	558,088	23,144	860	0	0	16.00
17.00	01700	SOCIAL SERVICE	43,764	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	534,919	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,324,975	19,916	0	355,107	0	30.00
45.00	04500	NURSING FACILITY	1,722,311	281,485	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	508,658	359,323	479	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,613,345	36,672	0	50,847	0	50.00
53.00	05300	ANESTHESIOLOGY	43,320	984	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	800,033	20,565	0	79,814	0	54.00
58.00	05800	MRI	288,982	0	0	0	0	58.00
60.00	06000	LABORATORY	1,391,130	11,909	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	455,932	3,588	10,119	0	0	65.00
65.01	06501	SLEEP LAB	72,120	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	3,236	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	474,017	2,426	41,197	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,009,919	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	158,306	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	256,327	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	105,735	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,248,403	0	0	147,500	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)	25,802,255	960,072	154,970	716,278	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,138	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	543,662	0	0	0	0	192.00
192.01	19201	SATELLITE OFFICES	499,309	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	1,646,083	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	10,011	0	0	0	24,509	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	322,076	0	47,431	0	0	194.07
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 9:53 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	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	28,855,534	960,072	202,401	716,278	24,509	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 9:53 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			MACKINOW CLINIC	MVBLE EQUIP	WELLNESS CENTER MME			
			1.04	2.00	2.01			
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC	30,066					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,267,880				2.00
2.01	00201	WELLNESS CENTER MME		0	61,989			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	8,729	2,314,952		4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	3,753	0	38,511	341,337	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	7,695	0	74,817	985,379	5.02
5.03	00592	OTHER A AND G	0	80,310	0	212,942	3,780,014	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	9,336	0	84,909	1,043,257	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	65,524	7.01
7.02	00702	OPERATION OF PLANT	0	93,619	0	0	383,066	7.02
7.03	00703	WHITE FENCE ESTATES	0	3,313	0	0	9,311	7.03
7.04	00704	MACKINOW CLINIC	0	0	0	0	3,826	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,346	0	40,598	296,255	8.00
9.00	00900	HOUSEKEEPING	0	1,169	0	31,771	272,731	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	0	3,038	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	0	5,004	9.02
10.00	01000	DIETARY	0	20,189	0	108,975	1,064,845	10.00
11.00	01100	CAFETERIA	0	0	0	8,402	51,963	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,436	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	27,927	302,159	14.00
15.00	01500	PHARMACY	0	6,873	0	44,314	296,326	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	40,220	0	20,213	642,525	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	8,017	51,781	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	88,399	623,318	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	221,874	0	217,400	2,139,272	30.00
45.00	04500	NURSING FACILITY	0	70,242	0	263,150	2,337,188	45.00
46.00	04600	OTHER LONG TERM CARE	0	10,457	76	68,505	947,498	46.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	326,284	0	269,896	2,297,044	50.00
53.00	05300	ANESTHESIOLOGY	0	16,696	0	53,739	114,739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	305,815	0	92,602	1,298,829	54.00
58.00	05800	MRI	0	0	0	0	288,982	58.00
60.00	06000	LABORATORY	0	22,832	0	77,693	1,503,564	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,067	12,377	74,745	564,828	65.00
65.01	06501	SLEEP LAB	0	0	0	0	72,120	65.01
65.02	03160	PULMONARY REHAB	0	0	0	590	3,826	65.02
66.00	06600	PHYSICAL THERAPY	0	0	7,460	81,057	606,157	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,009,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	158,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	256,327	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	45,785	151,520	90.00
91.00	09100	EMERGENCY	0	1,406	0	18,507	1,415,816	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	1,252,496	28,642	2,053,464	25,390,030	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,388	34,526	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,299	0	87,342	637,303	192.00
192.01	19201	SATELLITE OFFICES	30,066	9,085	0	61,914	600,374	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	61,392	1,707,475	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	34,520	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	33,347	48,452	451,306	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30.066	1,267,880	61,989	2,314,952	28,855,534	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 9:53 am

Cost Center Description			PHYSICAIN OFFICE BILLING	HOSPITAL ADMIN & GENERAL	Subtotal	OTHER A AND G	MAINTENANCE & REPAIRS	
			5.01	5.02	5A.02	5.03	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICAIN OFFICE BILLING	341,337					5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	985,379				5.02
5.03	00592	OTHER A AND G	0	0	3,780,014	3,780,014		5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,043,257	157,266	1,200,523	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	65,524	9,877	86,598	7.01
7.02	00702	OPERATION OF PLANT	0	0	383,066	57,745	384,243	7.02
7.03	00703	WHITE FENCE ESTATES	0	0	9,311	1,404	56,506	7.03
7.04	00704	MACKINOW CLINIC	0	0	3,826	577	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	296,255	44,659	10,212	8.00
9.00	00900	HOUSEKEEPING	0	0	272,731	41,113	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	3,038	458	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	5,004	754	0	9.02
10.00	01000	DIETARY	0	0	1,064,845	160,520	20,016	10.00
11.00	01100	CAFETERIA	0	0	51,963	7,833	5,038	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,436	367	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	302,159	45,549	21,241	14.00
15.00	01500	PHARMACY	0	0	296,326	44,670	8,578	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	642,525	96,857	14,569	16.00
17.00	01700	SOCIAL SERVICE	0	0	51,781	7,806	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	105,719	0	729,037	109,899	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	65,922	2,205,194	332,422	206,419	30.00
45.00	04500	NURSING FACILITY	0	0	2,337,188	352,319	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	947,498	142,831	126,629	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	261,736	2,558,780	385,728	50,924	50.00
53.00	05300	ANESTHESIOLOGY	0	94,350	209,089	31,519	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	135,193	1,434,022	216,172	12,118	54.00
58.00	05800	MRI	0	39,551	328,533	49,525	0	58.00
60.00	06000	LABORATORY	0	152,378	1,655,942	249,625	9,667	60.00
65.00	06500	RESPIRATORY THERAPY	0	31,411	596,239	89,880	5,855	65.00
65.01	06501	SLEEP LAB	0	8,495	80,615	12,152	0	65.01
65.02	03160	PULMONARY REHAB	0	783	4,609	695	0	65.02
66.00	06600	PHYSICAL THERAPY	0	39,591	645,748	97,343	7,625	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	56,820	1,066,739	160,806	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,014	169,320	25,524	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,563	305,890	46,111	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	1,997	1,997	301	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,699	1,712	178,931	26,973	0	90.00
91.00	09100	EMERGENCY	0	34,863	1,450,679	218,683	6,536	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)	131,418	985,379	25,180,111	3,225,963	1,032,774	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	34,526	5,205	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	108,091	0	745,394	112,364	116,825	192.00
192.01	19201	SATELLITE OFFICES	101,828	0	702,202	105,853	12,391	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	32,406	194.01
194.02	07952	RETAIL PHAMACY	0	0	1,707,475	257,393	6,127	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	34,520	5,204	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	451,306	68,032	0	194.07
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	341,337	985,379	28,855,534	3,780,014	1,200,523	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OPERATION OF PLANT	WELLNESS CENTER PLANT OP	OPERATION OF PLANT	WHITE FENCE ESTATES	MACKINOW CLINIC	
			7.00	7.01	7.02	7.03	7.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICIAN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	OTHER A AND G						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	0					7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	161,999				7.01
7.02	00702	OPERATION OF PLANT	0	0	825,054			7.02
7.03	00703	WHITE FENCE ESTATES	0	0	0	67,221		7.03
7.04	00704	MACKINOW CLINIC	0	0	0	0	4,403	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	44,569	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	6,719	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	50,984	0	0	10.00
11.00	01100	CAFETERIA	0	0	79,037	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	7,184	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	50,287	0	0	14.00
15.00	01500	PHARMACY	0	0	10,420	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,392	68,254	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	184,515	0	0	30.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	775	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	126,160	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	2,903	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	88,920	0	0	54.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	35,121	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	16,378	10,580	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	66,681	7,155	0	0	66.00
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	52,246	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	85,226	825,054	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	4,403	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	67,221	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	76,773	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	161,999	825,054	67,221	4,403	202.00

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	WHITE FENCE ESTATES - HOUSEKEEPING	MACKINOW CLINIC - HOUSEKEEPING	DIETARY	
			8.00	9.00	9.01	9.02	10.00	
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	395,695					8.00
9.00	00900	HOUSEKEEPING	0	320,563				9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	3,496			9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	5,758		9.02
10.00	01000	DIETARY	683	0	0	0	1,297,048	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	345	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	743	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	33,501	57,572	0	0	57,910	30.00
45.00	04500	NURSING FACILITY	286,240	94,813	0	0	660,238	45.00
46.00	04600	OTHER LONG TERM CARE	1,287	87,938	0	0	578,900	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,930	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,085	11,865	0	0	0	54.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	13,935	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	122	345	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	4,974	0	0	0	0	66.00
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	7,663	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)	384,485	267,556	0	0	1,297,048	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	4,887	44,168	0	0	0	192.00
192.01	19201	SATELLITE OFFICES	5,733	0	0	5,758	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	8,839	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	3,496	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	590	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	395,695	320,563	3,496	5,758	1,297,048	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	143,871					11.00
13.00	01300	NURSING ADMINISTRATION	0	9,987				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,978	0	425,559			14.00
15.00	01500	PHARMACY	1,903	0	961	362,858		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,267	0	55	0	826,662	16.00
17.00	01700	SOCIAL SERVICE	865	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	20,010	3,678	13,792	0	55,304	30.00
45.00	04500	NURSING FACILITY	30,184	5,548	8,543	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	10,183	0	3,058	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,951	0	51,743	0	219,573	50.00
53.00	05300	ANESTHESIOLOGY	4,499	0	2,466	0	79,154	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,380	0	4,800	0	113,418	54.00
58.00	05800	MRI	0	0	0	0	33,181	58.00
60.00	06000	LABORATORY	7,959	0	90,653	0	127,835	60.00
65.00	06500	RESPIRATORY THERAPY	5,840	0	7,809	0	26,352	65.00
65.01	06501	SLEEP LAB	0	0	7	0	7,127	65.01
65.02	03160	PULMONARY REHAB	52	0	0	0	657	65.02
66.00	06600	PHYSICAL THERAPY	5,969	0	734	0	33,214	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	193,853	0	47,669	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	31,134	0	9,240	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	362,858	41,580	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	0	1,675	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,860	342	0	0	1,436	90.00
91.00	09100	EMERGENCY	2,275	419	3,077	0	29,247	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)	125,175	9,987	412,685	362,858	826,662	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	225	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,245	0	2,658	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	5,712	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	3,919	0	2,831	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	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	6,307	0	1,673	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	143,871	9,987	425,559	362,858	826,662	202.00

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To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 9:53 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	60,452				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	838,936			19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	3,170,317	-13,723	30.00
45.00	04500	NURSING FACILITY	60,452	0	3,835,525	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	1,899,099	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	3,451,789	0	50.00
53.00	05300	ANESTHESIOLOGY	0	838,936	1,168,566	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,897,780	0	54.00
58.00	05800	MRI	0	0	411,239	0	58.00
60.00	06000	LABORATORY	0	0	2,190,737	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	759,400	0	65.00
65.01	06501	SLEEP LAB	0	0	99,901	0	65.01
65.02	03160	PULMONARY REHAB	0	0	6,013	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	869,443	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,469,067	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	235,218	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	756,439	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	3,973	13,723	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	209,542	0	90.00
91.00	09100	EMERGENCY	0	0	1,770,825	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,452	838,936	24,204,873	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	39,956	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,034,541	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	842,052	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	41,245	0	194.01
194.02	07952	RETAIL PHAMACY	0	0	1,977,745	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	110,441	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	604,681	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	60,452	838,936	28,855,534	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 9:53 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	
	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	14,901	94,874	0	0	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	6,028	0	0	0	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	19,188	0	83,010	0	5.02
5.03	00592	OTHER A AND G	0	61,982	7,441	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	8,268	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	5,192	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	15,113	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,278	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	17,288	0	0	0	10.00
11.00	01100	CAFETERIA	0	26,801	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,436	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,052	0	0	0	14.00
15.00	01500	PHARMACY	0	3,533	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,144	860	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	19,916	0	355,107	0	30.00
45.00	04500	NURSING FACILITY	0	281,485	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	359,323	479	0	0	46.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	36,672	0	50,847	0	50.00
53.00	05300	ANESTHESIOLOGY	0	984	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,565	0	79,814	0	54.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	11,909	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,588	10,119	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	2,426	41,197	0	0	66.00
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	147,500	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	960,072	154,970	716,278	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	24,509	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	47,431	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 9:53 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	
202.00	TOTAL (sum lines 118 through 201)	0	960,072	202,401	716,278	24,509
						202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			MACKINOW CLINIC	MVBLE EQUIP	WELLNESS CENTER MME			
			1.04	2.00	2.01	2A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	8,729	118,504	118,504	4.00
5.01	00590	PHYSICAIN OFFICE BILLING	0	3,753	0	9,781	1,971	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	7,695	0	109,893	3,830	5.02
5.03	00592	OTHER A AND G	0	80,310	0	149,733	10,901	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	9,336	0	17,604	4,347	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	93,619	0	98,811	0	7.02
7.03	00703	WHITE FENCE ESTATES	0	3,313	0	3,313	0	7.03
7.04	00704	MACKINOW CLINIC	0	0	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,346	0	17,459	2,078	8.00
9.00	00900	HOUSEKEEPING	0	1,169	0	3,447	1,626	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	20,189	0	37,477	5,579	10.00
11.00	01100	CAFETERIA	0	0	0	26,801	430	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,436	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	17,052	1,430	14.00
15.00	01500	PHARMACY	0	6,873	0	10,406	2,268	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	40,220	0	64,224	1,035	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	410	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	4,525	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	221,874	0	596,897	11,129	30.00
45.00	04500	NURSING FACILITY	0	70,242	0	351,727	13,471	45.00
46.00	04600	OTHER LONG TERM CARE	0	10,457	76	370,335	3,507	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	326,284	0	413,803	13,818	50.00
53.00	05300	ANESTHESIOLOGY	0	16,696	0	17,680	2,751	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	305,815	0	406,194	4,740	54.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	22,832	0	34,741	3,977	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,067	12,377	34,151	3,826	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	30	65.02
66.00	06600	PHYSICAL THERAPY	0	0	7,460	51,083	4,149	66.00
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	2,344	90.00
91.00	09100	EMERGENCY	0	1,406	0	148,906	947	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	1,252,496	28,642	3,112,458	105,119	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	122	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,299	0	6,299	4,471	192.00
192.01	19201	SATELLITE OFFICES	30,066	9,085	0	39,151	3,169	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	3,143	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	24,509	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	33,347	80,778	2,480	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,066	1,267,880	61,989	3,263,195	118,504	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 9:53 am

Cost Center Description		PHYSICAIN OFFICE BILLING	HOSPITAL ADMIN & GENERAL	OTHER A AND G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.01	5.02	5.03	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	WELLNESS CENTER B&F					1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION					1.02
1.03	00103	WHITE FENCE ESTATES					1.03
1.04	00104	MACKINOW CLINIC					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	WELLNESS CENTER MME					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	PHYSICAIN OFFICE BILLING	11,752				5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	0	113,723			5.02
5.03	00592	OTHER A AND G	0	0	160,634		5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	6,683	28,634	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	420	2,065	7.01
7.02	00702	OPERATION OF PLANT	0	0	2,454	9,164	7.02
7.03	00703	WHITE FENCE ESTATES	0	0	60	1,348	7.03
7.04	00704	MACKINOW CLINIC	0	0	25	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,898	244	8.00
9.00	00900	HOUSEKEEPING	0	0	1,747	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	19	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	32	0	9.02
10.00	01000	DIETARY	0	0	6,821	477	10.00
11.00	01100	CAFETERIA	0	0	333	120	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	16	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,936	507	14.00
15.00	01500	PHARMACY	0	0	1,898	205	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,116	347	16.00
17.00	01700	SOCIAL SERVICE	0	0	332	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	3,640	0	4,670	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,608	14,126	4,923	30.00
45.00	04500	NURSING FACILITY	0	0	14,972	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	6,070	3,020	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	30,213	16,390	1,215	50.00
53.00	05300	ANESTHESIOLOGY	0	10,888	1,339	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,602	9,186	289	54.00
58.00	05800	MRI	0	4,564	2,105	0	58.00
60.00	06000	LABORATORY	0	17,585	10,608	231	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,625	3,820	140	65.00
65.01	06501	SLEEP LAB	0	980	516	0	65.01
65.02	03160	PULMONARY REHAB	0	90	30	0	65.02
66.00	06600	PHYSICAL THERAPY	0	4,569	4,137	182	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,557	6,834	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,271	1,085	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,720	1,960	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	230	13	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	885	198	1,146	0	90.00
91.00	09100	EMERGENCY	0	4,023	9,293	156	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)	4,525	113,723	137,090	24,633	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	221	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,721	0	4,775	2,786	192.00
192.01	19201	SATELLITE OFFICES	3,506	0	4,498	296	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	773	194.01
194.02	07952	RETAIL PHAMACY	0	0	10,938	146	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	221	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	2,891	0	194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,752	113,723	160,634	28,634	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description		WELLNESS CENTER PLANT OP	OPERATION OF PLANT	WHITE FENCE ESTATES	MACKINOW CLINIC	LAUNDRY & LINEN SERVICE	
		7.01	7.02	7.03	7.04	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	WELLNESS CENTER B&F					1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION					1.02
1.03	00103	WHITE FENCE ESTATES					1.03
1.04	00104	MACKINOW CLINIC					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	WELLNESS CENTER MME					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	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	2,485				7.01
7.02	00702	OPERATION OF PLANT	0	110,429			7.02
7.03	00703	WHITE FENCE ESTATES	0	0	4,721		7.03
7.04	00704	MACKINOW CLINIC	0	0	0	25	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,965	0	0	8.00
9.00	00900	HOUSEKEEPING	0	899	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	6,824	0	0	10.00
11.00	01100	CAFETERIA	0	10,579	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	962	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,731	0	0	14.00
15.00	01500	PHARMACY	0	1,395	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21	9,135	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	24,696	0	0	30.00
45.00	04500	NURSING FACILITY	0	0	0	19,997	45.00
46.00	04600	OTHER LONG TERM CARE	12	0	0	90	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,886	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	388	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,901	0	0	54.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	4,701	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	251	1,416	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	1,023	958	0	0	66.00
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	6,993	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				535	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,307	110,429	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	25	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	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	4,721	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	1,178	0	0	0	194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,485	110,429	4,721	25	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-1330

Period:
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Cost Center Description			HOUSEKEEPING	WHITE FENCE ESTATES - HOUSEKEEPING	MACKINOW CLINIC - HOUSEKEEPING	DIETARY	CAFETERIA	
			9.00	9.01	9.02	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICIAN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	OTHER A AND G						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	WELLNESS CENTER PLANT OP						7.01
7.02	00702	OPERATION OF PLANT						7.02
7.03	00703	WHITE FENCE ESTATES						7.03
7.04	00704	MACKINOW CLINIC						7.04
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	7,719					9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	19				9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	32			9.02
10.00	01000	DIETARY	0	0	0	57,226		10.00
11.00	01100	CAFETERIA	0	0	0	0	38,263	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8	0	0	0	1,590	14.00
15.00	01500	PHARMACY	0	0	0	0	506	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18	0	0	0	603	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	230	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,386	0	0	2,555	5,322	30.00
45.00	04500	NURSING FACILITY	2,282	0	0	29,130	8,027	45.00
46.00	04600	OTHER LONG TERM CARE	2,118	0	0	25,541	2,708	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	4,774	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	286	0	0	0	1,963	54.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	336	0	0	0	2,117	60.00
65.00	06500	RESPIRATORY THERAPY	8	0	0	0	1,553	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	14	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,588	66.00
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	495	90.00
91.00	09100	EMERGENCY	0	0	0	0	605	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)	6,442	0	0	57,226	33,291	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	60	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,064	0	0	0	2,193	192.00
192.01	19201	SATELLITE OFFICES	0	0	32	0	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	213	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	1,042	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	19	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	1,677	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,719	19	32	57,226	38,263	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	3,414					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,254				14.00
15.00	01500	PHARMACY	0	66	16,744			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4	0	79,503		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	972	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,257	948	0	5,320	0	30.00
45.00	04500	NURSING FACILITY	1,897	587	0	0	972	45.00
46.00	04600	OTHER LONG TERM CARE	0	210	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,557	0	21,104	0	50.00
53.00	05300	ANESTHESIOLOGY	0	170	0	7,614	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	330	0	10,910	0	54.00
58.00	05800	MRI	0	0	0	3,192	0	58.00
60.00	06000	LABORATORY	0	6,232	0	12,297	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	537	0	2,535	0	65.00
65.01	06501	SLEEP LAB	0	0	0	686	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	63	0	65.02
66.00	06600	PHYSICAL THERAPY	0	50	0	3,195	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,325	0	4,586	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,140	0	889	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	16,744	4,000	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	161	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	117	0	0	138	0	90.00
91.00	09100	EMERGENCY	143	212	0	2,813	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)	3,414	28,368	16,744	79,503	972	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	183	0	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	393	0	0	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	195	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	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	115	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,414	29,254	16,744	79,503	972	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-1330

Period:
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To 06/30/2021Worksheet B
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Cost Center Description		NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		19.00	24.00	25.00	26.00	
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	12,835			19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		678,507	0	30.00
45.00	04500	NURSING FACILITY		443,062	0	45.00
46.00	04600	OTHER LONG TERM CARE		413,611	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		524,619	0	50.00
53.00	05300	ANESTHESIOLOGY		42,026	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		462,036	0	54.00
58.00	05800	MRI		9,861	0	58.00
60.00	06000	LABORATORY		92,825	0	60.00
65.00	06500	RESPIRATORY THERAPY		51,871	0	65.00
65.01	06501	SLEEP LAB		2,182	0	65.01
65.02	03160	PULMONARY REHAB		227	0	65.02
66.00	06600	PHYSICAL THERAPY		71,282	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		31,302	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		5,385	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		28,424	0	73.00
76.00	03950	RENEWED HOPE		0	0	76.00
76.01	03020	OP SERVICES		404	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		5,323	0	90.00
91.00	09100	EMERGENCY		174,626	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,037,573	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		403	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		25,833	0	192.00
192.01	19201	SATELLITE OFFICES		51,471	0	192.01
194.00	07950	ARC (HOPEDALE HALL)		0	0	194.00
194.01	07951	OUTSIDE PROPERTY		986	0	194.01
194.02	07952	RETAIL PHARMACY		15,464	0	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		29,470	0	194.05
194.06	07955	UNUSED SPACE		0	0	194.06
194.07	07956	WELLNESS CENTER		89,160	0	194.07
200.00		Cross Foot Adjustments	12,835	12,835	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,835	3,263,195	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 9:53 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)	
	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	16,436	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	83	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
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	7,137	0	0	0	66.00
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	26,847	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	8,217	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 9:53 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	
202.00	Cost to be allocated (per Wkst. B, Part I)	960,072	202,401	716,278	24,509	30,066	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.921150	5.772331	40.972314	2.848890	11.930952	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	PHYSICAIN OFFICE BILLING (ACCUM. COST)	
			MVBLE EQUIP (DOLLAR VALUE)	WELLNESS CENTER MME (DOLLAR VALUE)				
			2.00	2.01				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
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	1,342,057					2.00
2.01	00201	WELLNESS CENTER MME	0	61,989				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,729	12,636,647			4.00
5.01	00590	PHYSICAIN OFFICE BILLING	3,973	0	210,220	-341,337	2,012,515	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	8,145	0	408,402	-985,379	0	5.02
5.03	00592	OTHER A AND G	85,009	0	1,162,385	-3,780,014	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	9,882	0	463,493	-1,043,257	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	-65,524	0	7.01
7.02	00702	OPERATION OF PLANT	99,096	0	0	-383,066	0	7.02
7.03	00703	WHITE FENCE ESTATES	3,507	0	0	-9,311	0	7.03
7.04	00704	MACKINOW CLINIC	0	0	0	-3,826	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	2,483	0	221,612	-296,255	0	8.00
9.00	00900	HOUSEKEEPING	1,237	0	173,427	-272,731	0	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	0	-3,038	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	0	-5,004	0	9.02
10.00	01000	DIETARY	21,370	0	594,859	-1,064,845	0	10.00
11.00	01100	CAFETERIA	0	0	45,866	-51,963	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	-2,436	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	152,446	-302,159	0	14.00
15.00	01500	PHARMACY	7,275	0	241,894	-296,326	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,573	0	110,339	-642,525	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	43,764	-51,781	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	482,544	0	623,318	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	234,855	0	1,186,719	-2,139,272	0	30.00
45.00	04500	NURSING FACILITY	74,352	0	1,436,454	-2,337,188	0	45.00
46.00	04600	OTHER LONG TERM CARE	11,069	76	373,950	-947,498	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	345,372	0	1,473,307	-2,297,044	0	50.00
53.00	05300	ANESTHESIOLOGY	17,673	0	293,345	-114,739	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	323,707	0	505,485	-1,298,829	0	54.00
58.00	05800	MRI	0	0	0	-288,982	0	58.00
60.00	06000	LABORATORY	24,168	0	424,104	-1,503,564	0	60.00
65.00	06500	RESPIRATORY THERAPY	8,539	12,377	408,008	-564,828	0	65.00
65.01	06501	SLEEP LAB	0	0	0	-72,120	0	65.01
65.02	03160	PULMONARY REHAB	0	0	3,223	-3,826	0	65.02
66.00	06600	PHYSICAL THERAPY	0	7,460	442,468	-606,157	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	-1,009,919	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	-158,306	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	-256,327	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	249,925	0	151,520	90.00
91.00	09100	EMERGENCY	1,488	0	101,026	-1,415,816	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)	1,325,773	28,642	11,209,265	-24,615,192	774,838	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	13,037	-34,526	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,668	0	476,775	0	637,303	192.00
192.01	19201	SATELLITE OFFICES	9,616	0	337,967	0	600,374	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	335,121	-1,707,475	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	-34,520	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	33,347	264,482	-451,306	0	194.07
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	PHYSICAIN OFFICE BILLING (ACCUM. COST)	
			MVBLE EQUIP (DOLLAR VALUE)	WELLNESS CENTER MME (DOLLAR VALUE)				
			2.00	2.01	4.00	5A.01	5.01	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,267,880	61,989	2,314,952		341,337	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.944729	1.000000	0.183194		0.169607	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			118,504		11,752	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.009378		0.005839	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:
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Worksheet B-1

Date/Time Prepared:

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Cost Center Description			HOSPITAL ADMIN & GENERAL (GROSS REV)	Reconciliation	OTHER A AND G (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT TIME)	OPERATION OF PLANT (SQUARE FEET)	
			5.02	5A.03	5.03	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLNESS CENTER B&F						1.01
1.02	00102	2015 BUILDING RENOVATION & ADDITION						1.02
1.03	00103	WHITE FENCE ESTATES						1.03
1.04	00104	MACKINOW CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	WELLNESS CENTER MME						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	PHYSICIAN OFFICE BILLING						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	55,962,820					5.02
5.03	00592	OTHER A AND G	0	-3,780,014	25,075,520			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,043,257	8,817		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	172,664	7.00
7.01	00701	WELLNESS CENTER PLANT OP	0	0	65,524	636	0	7.01
7.02	00702	OPERATION OF PLANT	0	0	383,066	2,822	1,055	7.02
7.03	00703	WHITE FENCE ESTATES	0	0	9,311	415	0	7.03
7.04	00704	MACKINOW CLINIC	0	0	3,826	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	296,255	75	3,071	8.00
9.00	00900	HOUSEKEEPING	0	0	272,731	0	463	9.00
9.01	00901	WHITE FENCE ESTATES - HOUSEKEEPING	0	0	3,038	0	0	9.01
9.02	00902	MACKINOW CLINIC - HOUSEKEEPING	0	0	5,004	0	0	9.02
10.00	01000	DIETARY	0	0	1,064,845	147	3,513	10.00
11.00	01100	CAFETERIA	0	0	51,963	37	5,446	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,436	0	495	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	302,159	156	3,465	14.00
15.00	01500	PHARMACY	0	0	296,326	63	718	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	642,525	107	4,703	16.00
17.00	01700	SOCIAL SERVICE	0	0	51,781	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	729,037	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,743,858	0	2,205,194	1,516	4,047	30.00
45.00	04500	NURSING FACILITY	0	0	2,337,188	0	57,199	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	947,498	930	73,016	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,865,533	0	2,558,780	374	7,452	50.00
53.00	05300	ANESTHESIOLOGY	5,358,383	0	209,089	0	200	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,677,936	0	1,434,022	89	4,179	54.00
58.00	05800	MRI	2,246,177	0	328,533	0	0	58.00
60.00	06000	LABORATORY	8,653,897	0	1,655,942	71	2,420	60.00
65.00	06500	RESPIRATORY THERAPY	1,783,893	0	596,239	43	729	65.00
65.01	06501	SLEEP LAB	482,439	0	80,615	0	0	65.01
65.02	03160	PULMONARY REHAB	44,454	0	4,609	0	0	65.02
66.00	06600	PHYSICAL THERAPY	2,248,456	0	645,748	56	493	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,226,957	0	1,066,739	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	625,501	0	169,320	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,814,793	0	305,890	0	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	113,397	0	1,997	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	97,219	0	178,931	0	0	90.00
91.00	09100	EMERGENCY	1,979,927	0	1,450,679	48	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)	55,962,820	-3,780,014	21,400,097	7,585	172,664	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	34,526	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	745,394	858	0	192.00
192.01	19201	SATELLITE OFFICES	0	0	702,202	91	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	238	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	1,707,475	45	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	34,520	0	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	0	451,306	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	985,379		3,780,014	1,200,523	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.017608		0.150745	136.160032	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-1330

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Worksheet B-1

Date/Time Prepared:
11/29/2021 9:53 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	
204.00	Cost to be allocated (per Wkst. B, Part II)	113,723		160,634	28,634	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002032		0.006406	3.247590	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 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 9:53 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	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	17,339				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	83	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
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	7,137	493	0	0	66.00
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				7,216	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,122	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	2,520	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	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	8,217	0	0	0	194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	161,999	825,054	67,221	4,403	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 9:53 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	
203.00	Unit cost multiplier (Wkst. B, Part I)	9.343042	14.512823	7.813670	1.747222	1.061949	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,485	110,429	4,721	25	27,644	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.143319	1.942463	0.548762	0.009921	0.074190	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 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:

11/29/2021 9:53 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	12,077					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	109,726		10.00
11.00	01100	CAFETERIA	0	0	0	0	16,630	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13	0	0	0	691	14.00
15.00	01500	PHARMACY	0	0	0	0	220	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28	0	0	0	262	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	100	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,169	0	0	4,899	2,313	30.00
45.00	04500	NURSING FACILITY	3,572	0	0	55,854	3,489	45.00
46.00	04600	OTHER LONG TERM CARE	3,313	0	0	48,973	1,177	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	2,075	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	520	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	447	0	0	0	853	54.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	525	0	0	0	920	60.00
65.00	06500	RESPIRATORY THERAPY	13	0	0	0	675	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	0	6	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	690	66.00
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	215	90.00
91.00	09100	EMERGENCY	0	0	0	0	263	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)	10,080	0	0	109,726	14,469	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	26	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,664	0	0	0	953	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	333	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	453	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	729	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 9:53 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	
202.00	Cost to be allocated (per Wkst. B, Part I)	320,563	3,496	5,758	1,297,048	143,871	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26.543264	34.960000	57.580000	11.820790	8.651293	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,719	19	32	57,226	38,263	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.639149	0.190000	0.320000	0.521535	2.300842	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 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 9:53 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	130,634					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,163,798				14.00
15.00	01500	PHARMACY	0	4,884	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	279	0	55,962,820		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,080	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,110	70,126	0	3,743,858	0	30.00
45.00	04500	NURSING FACILITY	72,567	43,439	0	0	2,080	45.00
46.00	04600	OTHER LONG TERM CARE	0	15,551	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	263,095	0	14,865,533	0	50.00
53.00	05300	ANESTHESIOLOGY	0	12,539	0	5,358,383	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,404	0	7,677,936	0	54.00
58.00	05800	MRI	0	0	0	2,246,177	0	58.00
60.00	06000	LABORATORY	0	460,935	0	8,653,897	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	39,704	0	1,783,893	0	65.00
65.01	06501	SLEEP LAB	0	35	0	482,439	0	65.01
65.02	03160	PULMONARY REHAB	0	0	0	44,454	0	65.02
66.00	06600	PHYSICAL THERAPY	0	3,732	0	2,248,456	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	985,662	0	3,226,957	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	158,306	0	625,501	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	2,814,793	0	73.00
76.00	03950	RENEWED HOPE	0	0	0	0	0	76.00
76.01	03020	OP SERVICES	0	0	0	113,397	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,479	0	0	97,219	0	90.00
91.00	09100	EMERGENCY	5,478	15,646	0	1,979,927	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)	130,634	2,098,337	100	55,962,820	2,080	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	13,516	0	0	0	192.00
192.01	19201	SATELLITE OFFICES	0	29,041	0	0	0	192.01
194.00	07950	ARC (HOPEDALE HALL)	0	0	0	0	0	194.00
194.01	07951	OUTSIDE PROPERTY	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	14,396	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	0	194.05
194.06	07955	UNUSED SPACE	0	0	0	0	0	194.06
194.07	07956	WELLNESS CENTER	0	8,508	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 9:53 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	
202.00	Cost to be allocated (per Wkst. B, Part I)	9,987	425,559	362,858	826,662	60,452	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.076450	0.196672	3,628.580000	0.014772	29.063462	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,414	29,254	16,744	79,503	972	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.026134	0.013520	167.440000	0.001421	0.467308	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

Health Financial Systems		HOPEDALE MEDICAL COMPLEX		In Lieu of Form CMS-2552-10		
COST ALLOCATION - STATISTICAL BASIS			Provider CCN:14-1330		Period: From 07/01/2020 To 06/30/2021	Worksheet B-1 Date/Time Prepared: 11/29/2021 9:53 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	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	100			19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0			30.00
45.00	04500	NURSING FACILITY	0			45.00
46.00	04600	OTHER LONG TERM CARE	0			46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0			50.00
53.00	05300	ANESTHESIOLOGY	100			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			54.00
58.00	05800	MRI	0			58.00
60.00	06000	LABORATORY	0			60.00
65.00	06500	RESPIRATORY THERAPY	0			65.00
65.01	06501	SLEEP LAB	0			65.01
65.02	03160	PULMONARY REHAB	0			65.02
66.00	06600	PHYSICAL THERAPY	0			66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			73.00
76.00	03950	RENEWED HOPE	0			76.00
76.01	03020	OP SERVICES	0			76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0			90.00
91.00	09100	EMERGENCY	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)	100			118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			192.00
192.01	19201	SATELLITE OFFICES	0			192.01
194.00	07950	ARC (HOPEDALE HALL)	0			194.00
194.01	07951	OUTSIDE PROPERTY	0			194.01
194.02	07952	RETAIL PHAMACY	0			194.02
194.03	07953	DURABLE MEDICAL EQUIPMENT	0			194.03
194.04	07954	TRIPLEXES	0			194.04
194.05	07957	WHITE FENCE ESTATES	0			194.05
194.06	07955	UNUSED SPACE	0			194.06
194.07	07956	WELLNESS CENTER	0			194.07
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	838,936			202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8,389.360000			203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 9:53 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	12,835	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	128.350000	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

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00
7.00		ADJ TO OP SERVICES		1	76.01	13,723 7.00
8.00		ADJ FOR OP SERVICES COSTS IN A&P		1	30.00	-13,723 8.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 9:53 am

			Title XVIII	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,156,594		3,156,594	0
45.00	04500	NURSING FACILITY	3,835,525		3,835,525	0
46.00	04600	OTHER LONG TERM CARE	1,899,099		1,899,099	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,451,789		3,451,789	0
53.00	05300	ANESTHESIOLOGY	1,168,566		1,168,566	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,897,780		1,897,780	0
58.00	05800	MRI	411,239		411,239	0
60.00	06000	LABORATORY	2,190,737		2,190,737	0
65.00	06500	RESPIRATORY THERAPY	759,400	0	759,400	0
65.01	06501	SLEEP LAB	99,901	0	99,901	0
65.02	03160	PULMONARY REHAB	6,013	0	6,013	0
66.00	06600	PHYSICAL THERAPY	869,443	0	869,443	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,469,067		1,469,067	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	235,218		235,218	0
73.00	07300	DRUGS CHARGED TO PATIENTS	756,439		756,439	0
76.00	03950	RENEWED HOPE	0		0	0
76.01	03020	OP SERVICES	17,696		17,696	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	209,542		209,542	0
91.00	09100	EMERGENCY	1,770,825		1,770,825	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	618,078		618,078	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	24,822,951	0	24,822,951	0
201.00		Less Observation Beds	618,078		618,078	0
202.00		Total (see instructions)	24,204,873	0	24,204,873	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 9:53 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	10.00
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	3,271,976		3,271,976			30.00		
45.00	04500	NURSING FACILITY	4,378,375		4,378,375			45.00		
46.00	04600	OTHER LONG TERM CARE	1,578,536		1,578,536			46.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,001,954	11,863,580	14,865,534	0.232201	0.000000	50.00		
53.00	05300	ANESTHESIOLOGY	1,249,717	4,185,182	5,434,899	0.215012	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	693,984	6,983,952	7,677,936	0.247173	0.000000	54.00		
58.00	05800	MRI	42,046	2,204,131	2,246,177	0.183084	0.000000	58.00		
60.00	06000	LABORATORY	698,131	7,955,766	8,653,897	0.253150	0.000000	60.00		
65.00	06500	RESPIRATORY THERAPY	899,781	884,112	1,783,893	0.425698	0.000000	65.00		
65.01	06501	SLEEP LAB	0	482,439	482,439	0.207075	0.000000	65.01		
65.02	03160	PULMONARY REHAB	0	44,454	44,454	0.135263	0.000000	65.02		
66.00	06600	PHYSICAL THERAPY	341,148	1,907,308	2,248,456	0.386684	0.000000	66.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,086,463	2,140,494	3,226,957	0.455248	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	128,523	496,978	625,501	0.376047	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	1,364,287	1,450,506	2,814,793	0.268737	0.000000	73.00		
76.00	03950	RENEWED HOPE	0	0	0	0.000000	0.000000	76.00		
76.01	03020	OP SERVICES	0	113,397	113,397	0.156054	0.000000	76.01		
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	97,219	97,219	2.155361	0.000000	90.00		
91.00	09100	EMERGENCY	34,520	1,945,407	1,979,927	0.894389	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	22,894	448,988	471,882	1.309815	0.000000	92.00		
	SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00		
200.00		Subtotal (see instructions)	18,792,335	43,203,913	61,996,248			200.00		
201.00		Less Observation Beds						201.00		
202.00		Total (see instructions)	18,792,335	43,203,913	61,996,248			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 9:53 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	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
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
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 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 9:53 am

				Title XIX	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	3,156,594		3,156,594	0	3,156,594	30.00	
45.00	04500	NURSING FACILITY	3,835,525		3,835,525	0	3,835,525	45.00	
46.00	04600	OTHER LONG TERM CARE	1,899,099		1,899,099	0	1,899,099	46.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,451,789		3,451,789	0	3,451,789	50.00	
53.00	05300	ANESTHESIOLOGY	1,168,566		1,168,566	0	1,168,566	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,897,780		1,897,780	0	1,897,780	54.00	
58.00	05800	MRI	411,239		411,239	0	411,239	58.00	
60.00	06000	LABORATORY	2,190,737		2,190,737	0	2,190,737	60.00	
65.00	06500	RESPIRATORY THERAPY	759,400	0	759,400	0	759,400	65.00	
65.01	06501	SLEEP LAB	99,901	0	99,901	0	99,901	65.01	
65.02	03160	PULMONARY REHAB	6,013	0	6,013	0	6,013	65.02	
66.00	06600	PHYSICAL THERAPY	869,443	0	869,443	0	869,443	66.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,469,067		1,469,067	0	1,469,067	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	235,218		235,218	0	235,218	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	756,439		756,439	0	756,439	73.00	
76.00	03950	RENEWED HOPE	0		0	0	0	76.00	
76.01	03020	OP SERVICES	17,696		17,696	0	17,696	76.01	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	209,542		209,542	0	209,542	90.00	
91.00	09100	EMERGENCY	1,770,825		1,770,825	0	1,770,825	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	618,078		618,078		618,078	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	24,822,951	0	24,822,951	0	24,822,951	200.00	
201.00		Less Observation Beds	618,078		618,078		618,078	201.00	
202.00		Total (see instructions)	24,204,873	0	24,204,873	0	24,204,873	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 9:53 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	3,271,976		3,271,976			30.00		
45.00	04500	NURSING FACILITY	4,378,375		4,378,375			45.00		
46.00	04600	OTHER LONG TERM CARE	1,578,536		1,578,536			46.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,001,954	11,863,580	14,865,534	0.232201	0.000000	50.00		
53.00	05300	ANESTHESIOLOGY	1,249,717	4,185,182	5,434,899	0.215012	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	693,984	6,983,952	7,677,936	0.247173	0.000000	54.00		
58.00	05800	MRI	42,046	2,204,131	2,246,177	0.183084	0.000000	58.00		
60.00	06000	LABORATORY	698,131	7,955,766	8,653,897	0.253150	0.000000	60.00		
65.00	06500	RESPIRATORY THERAPY	899,781	884,112	1,783,893	0.425698	0.000000	65.00		
65.01	06501	SLEEP LAB	0	482,439	482,439	0.207075	0.000000	65.01		
65.02	03160	PULMONARY REHAB	0	44,454	44,454	0.135263	0.000000	65.02		
66.00	06600	PHYSICAL THERAPY	341,148	1,907,308	2,248,456	0.386684	0.000000	66.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,086,463	2,140,494	3,226,957	0.455248	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	128,523	496,978	625,501	0.376047	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	1,364,287	1,450,506	2,814,793	0.268737	0.000000	73.00		
76.00	03950	RENEWED HOPE	0	0	0	0.000000	0.000000	76.00		
76.01	03020	OP SERVICES	0	113,397	113,397	0.156054	0.000000	76.01		
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	97,219	97,219	2.155361	0.000000	90.00		
91.00	09100	EMERGENCY	34,520	1,945,407	1,979,927	0.894389	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	22,894	448,988	471,882	1.309815	0.000000	92.00		
	SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00		
200.00		Subtotal (see instructions)	18,792,335	43,203,913	61,996,248			200.00		
201.00		Less Observation Beds						201.00		
202.00		Total (see instructions)	18,792,335	43,203,913	61,996,248			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 9:53 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
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
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 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/29/2021 9:53 am
Title XVIII				Hospital		Cost
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	524,619	14,865,534	0.035291	1,896,864	66,942	50.00
53.00 05300 ANESTHESIOLOGY	42,026	5,434,899	0.007733	676,028	5,228	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	462,036	7,677,936	0.060177	479,927	28,881	54.00
58.00 05800 MRI	9,861	2,246,177	0.004390	16,037	70	58.00
60.00 06000 LABORATORY	92,825	8,653,897	0.010726	386,147	4,142	60.00
65.00 06500 RESPIRATORY THERAPY	51,871	1,783,893	0.029077	419,401	12,195	65.00
65.01 06501 SLEEP LAB	2,182	482,439	0.004523	0	0	65.01
65.02 03160 PULMONARY REHAB	227	44,454	0.005106	0	0	65.02
66.00 06600 PHYSICAL THERAPY	71,282	2,248,456	0.031703	106,432	3,374	66.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	31,302	3,226,957	0.009700	740,194	7,180	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5,385	625,501	0.008609	13,469	116	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	28,424	2,814,793	0.010098	798,897	8,067	73.00
76.00 03950 RENEWED HOPE	0	0	0.000000	0	0	76.00
76.01 03020 OP SERVICES	404	113,397	0.003563	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	5,323	97,219	0.054753	0	0	90.00
91.00 09100 EMERGENCY	174,626	1,979,927	0.088198	2,553	225	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	132,855	471,882	0.281543	2,727	768	92.00
200.00 Total (lines 50 through 199)	1,635,248	52,767,361		5,538,676	137,188	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN:14-1330 Period: From 07/01/2020 To 06/30/2021 Worksheet D Part IV Date/Time Prepared: 11/29/2021 9:53 am
THROUGH COSTS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Cost
		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	838,936	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
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)	838,936	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 9:53 am

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	14,865,534	0.000000	50.00
53.00	05300 ANESTHESIOLOGY	0	838,936	0	5,434,899	0.154361	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	7,677,936	0.000000	54.00
58.00	05800 MRI	0	0	0	2,246,177	0.000000	58.00
60.00	06000 LABORATORY	0	0	0	8,653,897	0.000000	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	1,783,893	0.000000	65.00
65.01	06501 SLEEP LAB	0	0	0	482,439	0.000000	65.01
65.02	03160 PULMONARY REHAB	0	0	0	44,454	0.000000	65.02
66.00	06600 PHYSICAL THERAPY	0	0	0	2,248,456	0.000000	66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,226,957	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	625,501	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	2,814,793	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	113,397	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	97,219	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	1,979,927	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	471,882	0.000000	92.00
200.00	Total (lines 50 through 199)	0	838,936	0	52,767,361		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-1330	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 9:53 am		
				Title XVIII	Hospital	Cost		
Cost Center Description			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	1,896,864	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	676,028	104,352	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	479,927	0	0	0	54.00
58.00	05800	MRI	0.000000	16,037	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	386,147	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	419,401	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	106,432	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	740,194	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,469	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	798,897	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	2,553	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,727	0	0	0	92.00
200.00		Total (lines 50 through 199)		5,538,676	104,352	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/29/2021 9:53 am

		Title XVIII		Hospital		Cost	
Cost Center Description		Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Services	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.	Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.232201	0	5,334,303	0	50.00
53.00	05300	ANESTHESIOLOGY	0.215012	0	1,604,256	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.247173	0	3,869,902	0	54.00
58.00	05800	MRI	0.183084	0	1,050,754	0	58.00
60.00	06000	LABORATORY	0.253150	0	3,520,757	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.425698	0	514,186	0	65.00
65.01	06501	SLEEP LAB	0.207075	0	196,819	0	65.01
65.02	03160	PULMONARY REHAB	0.135263	0	25,662	0	65.02
66.00	06600	PHYSICAL THERAPY	0.386684	0	833,251	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.455248	0	500,626	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.376047	0	54,696	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268737	0	1,262,289	0	73.00
76.00	03950	RENEWED HOPE	0.000000	0	0	0	76.00
76.01	03020	OP SERVICES	0.156054	0	79,713	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2.155361	0	0	0	90.00
91.00	09100	EMERGENCY	0.894389	0	1,379,277	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.309815	0	260,899	0	92.00
200.00		Subtotal (see instructions)		0	20,487,390	0	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0	201.00
202.00		Only Charges					
202.00		Net Charges (line 200 - line 201)		0	20,487,390	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/29/2021 9:53 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	1,238,630	0	50.00	
53.00	05300	ANESTHESIOLOGY	344,934	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	956,535	0	54.00	
58.00	05800	MRI	192,376	0	58.00	
60.00	06000	LABORATORY	891,280	0	60.00	
65.00	06500	RESPIRATORY THERAPY	218,888	0	65.00	
65.01	06501	SLEEP LAB	40,756	0	65.01	
65.02	03160	PULMONARY REHAB	3,471	0	65.02	
66.00	06600	PHYSICAL THERAPY	322,205	0	66.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	227,909	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,568	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	339,224	0	73.00	
76.00	03950	RENEWED HOPE	0	0	76.00	
76.01	03020	OP SERVICES	12,440	0	76.01	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	90.00	
91.00	09100	EMERGENCY	1,233,610	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	341,729	0	92.00	
200.00		Subtotal (see instructions)	6,384,555	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00	
202.00		Net Charges (line 200 - line 201)	6,384,555	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 07/01/2020

Part IV

To 06/30/2021

Date/Time Prepared:

11/29/2021 9:53 am

Cost Center Description			Title XVIII		Swing Beds - SNF		Cost	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	
			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	838,936	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
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)	838,936	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN:14-1330 Component CCN:14-Z330	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 9:53 am
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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	14,865,534	0.000000	50.00
53.00	05300 ANESTHESIOLOGY	0	838,936	0	5,434,899	0.154361	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	7,677,936	0.000000	54.00
58.00	05800 MRI	0	0	0	2,246,177	0.000000	58.00
60.00	06000 LABORATORY	0	0	0	8,653,897	0.000000	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	1,783,893	0.000000	65.00
65.01	06501 SLEEP LAB	0	0	0	482,439	0.000000	65.01
65.02	03160 PULMONARY REHAB	0	0	0	44,454	0.000000	65.02
66.00	06600 PHYSICAL THERAPY	0	0	0	2,248,456	0.000000	66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,226,957	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	625,501	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	2,814,793	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	113,397	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	97,219	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	1,979,927	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	471,882	0.000000	92.00
200.00	Total (lines 50 through 199)	0	838,936	0	52,767,361		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN:14-1330

Period:

Worksheet D

Component CCN:14-Z330

From 07/01/2020
To 06/30/2021Part IV
Date/Time Prepared:
11/29/2021 9:53 am

Cost Center Description		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	30,640	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.000000	9,579	1,479	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	100,100	0	0	0	54.00
58.00	05800 MRI	0.000000	3,067	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	130,132	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	226,389	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	169,881	0	0	0	66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	33,905	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	202,418	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)		906,111	1,479	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 07/01/2020
To 06/30/2021Part V
Date/Time Prepared:
11/29/2021 9:53 am

		Title XVIII		Swing Beds - SNF		Cost	
Cost Center Description		Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Services	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.	Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.232201	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.215012	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.247173	0	0	0	54.00
58.00	05800	MRI	0.183084	0	0	0	58.00
60.00	06000	LABORATORY	0.253150	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.425698	0	0	0	65.00
65.01	06501	SLEEP LAB	0.207075	0	0	0	65.01
65.02	03160	PULMONARY REHAB	0.135263	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.386684	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.455248	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.376047	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268737	0	0	0	73.00
76.00	03950	RENEWED HOPE	0.000000	0	0	0	76.00
76.01	03020	OP SERVICES	0.156054	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2.155361	0	0	0	90.00
91.00	09100	EMERGENCY	0.894389	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.309815	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0	201.00
		Only Charges					
202.00		Net Charges (line 200 - line 201)		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 07/01/2020
To 06/30/2021Part V
Date/Time Prepared:
11/29/2021 9:53 am

				Title XVIII	Swing Beds - SNF	Cost
Cost Center Description			Costs			
			Cost Reimbursed	Cost		
			Services Subject To Ded. & Coins. (see inst.)	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
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
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 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 9:53 am
		Title XVIII	Hospital	Cost
Cost Center Description				
				1.00
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,747 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,204 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)			871 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			246 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)			246 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			26 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)			25 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			590 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)			242 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)			241 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			169.71 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			169.71 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,156,594 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)			4,412 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)			4,243 25.00
26.00	Total swing-bed cost (see instructions)			921,856 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,234,738 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 22,234,738 minus line 36)			2,234,738 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)			1,856.10 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,095,099 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)			1,095,099 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-1330	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 9:53 am
			Title XVIII	Hospital	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,587,401
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,682,500
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					449,176
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					447,320
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					896,496
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					333
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,856.09
89.00 Observation bed cost (line 87 x line 88) (see instructions)					618,078

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-1330		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/29/2021 9:53 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	678,507	3,156,594	0.214949	618,078	132,855	90.00
91.00	Nursing School cost	0	3,156,594	0.000000	618,078	0	91.00
92.00	Allied health cost	0	3,156,594	0.000000	618,078	0	92.00
93.00	All other Medical Education	0	3,156,594	0.000000	618,078	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:14-1330	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 9:53 am	
		Title XVIII	Hospital	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		978,214		30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.232201	1,896,864	440,454	50.00
53.00	05300 ANESTHESIOLOGY	0.215012	676,028	145,354	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.247173	479,927	118,625	54.00
58.00	05800 MRI	0.183084	16,037	2,936	58.00
60.00	06000 LABORATORY	0.253150	386,147	97,753	60.00
65.00	06500 RESPIRATORY THERAPY	0.425698	419,401	178,538	65.00
65.01	06501 SLEEP LAB	0.207075	0	0	65.01
65.02	03160 PULMONARY REHAB	0.135263	0	0	65.02
66.00	06600 PHYSICAL THERAPY	0.386684	106,432	41,156	66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.455248	740,194	336,972	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.376047	13,469	5,065	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.268737	798,897	214,693	73.00
76.00	03950 RENEWED HOPE	0.000000	0	0	76.00
76.01	03020 OP SERVICES	0.156054	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.155361	0	0	90.00
91.00	09100 EMERGENCY	0.894389	2,553	2,283	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.309815	2,727	3,572	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,538,676	1,587,401	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		5,538,676		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN:14-1330

Period:

Worksheet D-3

Component CCN:14-Z330

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

11/29/2021 9:53 am

Cost Center Description		Title XVIII	Swing Beds - SNF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.232201	30,640	7,115	50.00
53.00	05300 ANESTHESIOLOGY	0.215012	9,579	2,060	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.247173	100,100	24,742	54.00
58.00	05800 MRI	0.183084	3,067	562	58.00
60.00	06000 LABORATORY	0.253150	130,132	32,943	60.00
65.00	06500 RESPIRATORY THERAPY	0.425698	226,389	96,373	65.00
65.01	06501 SLEEP LAB	0.207075	0	0	65.01
65.02	03160 PULMONARY REHAB	0.135263	0	0	65.02
66.00	06600 PHYSICAL THERAPY	0.386684	169,881	65,690	66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.455248	33,905	15,435	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.376047	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.268737	202,418	54,397	73.00
76.00	03950 RENEWED HOPE	0.000000	0	0	76.00
76.01	03020 OP SERVICES	0.156054	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.155361	0	0	90.00
91.00	09100 EMERGENCY	0.894389	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.309815	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		906,111	299,317	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)		906,111		202.00

Health Financial Systems		HOPEDALE MEDICAL COMPLEX		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-1330	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 9:53 am	
		Title XVIII	Hospital	Cost	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			6,384,555	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)			6,384,555	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 charge basis 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)			6,448,401	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)			59,774	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			3,478,021	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)			2,910,606	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)			2,910,606	30.00
31.00	Primary payer payments			2,402	31.00
32.00	Subtotal (line 30 minus line 31)			2,908,204	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)			270,190	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			175,624	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			172,867	36.00
37.00	Subtotal (see instructions)			3,083,828	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)			3,083,828	40.00
40.01	Sequestration adjustment (see instructions)			0	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			3,168,225	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)			-84,397	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 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/29/2021 9:53 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		2,028,708		3,451,338	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	02/24/2021	51,887		0	3.01
3.02		06/17/2021	8,041		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	02/24/2021	208,853	3.50
3.51			0	06/17/2021	74,260	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)		59,928		-283,113	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)		2,088,636		3,168,225	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		398,136		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		84,397	6.02
7.00	Total Medicare program liability (see instructions)		2,486,772		3,083,828	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 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 9:53 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		1,017,521		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	02/24/2021	6,788		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	06/17/2021	12,985		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)		-6,197		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)		1,011,324		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		190,781		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,202,105		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 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/29/2021 9:53 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

Health Financial Systems		HOPEDALE MEDICAL COMPLEX		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN:14-1330	Period: From 07/01/2020	Worksheet E-2	
		Component CCN:14-Z330	To 06/30/2021	Date/Time Prepared: 11/29/2021 9:53 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)		905,461	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-3, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)	Part 303,789		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		483	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)		1,209,250	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		1,209,250	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)		1,209,250	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		7,145	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (see instructions)		1,202,105	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)		1,202,105	0	19.00
19.01	Sequestration adjustment (see instructions)		0	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs				19.03
19.25	Sequestration for non-claims based amounts (see instructions)		0	0	19.25
20.00	Interim payments		1,011,324	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, 19.02, 19.25, 20, and 21)		190,781	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
Comparision 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

Health Financial Systems		HOPEDALE MEDICAL COMPLEX		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-1330	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part V Date/Time Prepared: 11/29/2021 9:53 am	
		Title XVIII	Hospital	Cost	
				1.00	
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT					
1.00	Inpatient services			2,682,500	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)			0	2.00
3.00	Organ acquisition			0	3.00
4.00	Subtotal (sum of lines 1 through 3)			2,682,500	4.00
5.00	Primary payer payments			7,061	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			2,675,439	6.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
7.00	Routine service charges			0	7.00
8.00	Ancillary service charges			0	8.00
9.00	Organ acquisition charges, net of revenue			0	9.00
10.00	Total reasonable charges			0	10.00
Customary charges					
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000	13.00
14.00	Total customary charges (see instructions)			0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)			0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			2,675,439	19.00
20.00	Deductibles (exclude professional component)			195,820	20.00
21.00	Excess reasonable cost (from line 16)			0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)			2,479,619	22.00
23.00	Coinsurance			0	23.00
24.00	Subtotal (line 22 minus line 23)			2,479,619	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			11,004	25.00
26.00	Adjusted reimbursable bad debts (see instructions)			7,153	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,256	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			2,486,772	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	29.50
29.99	Demonstration payment adjustment amount before sequestration			0	29.99
30.00	Subtotal (see instructions)			2,486,772	30.00
30.01	Sequestration adjustment (see instructions)			0	30.01
30.02	Demonstration payment adjustment amount after sequestration			0	30.02
30.03	Sequestration adjustment-PARHM				30.03
31.00	Interim payments			2,088,636	31.00
31.01	Interim payments-PARHM				31.01
32.00	Tentative settlement (for contractor use only)			0	32.00
32.01	Tentative settlement-PARHM (for contractor use only)				32.01
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)			398,136	33.00
33.01	Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01)				33.01
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	34.00

Health Financial Systems		HOPEDALE MEDICAL COMPLEX		In Lieu of Form CMS-2552-10		
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 07/01/2020 To 06/30/2021		
				Worksheet G Date/Time Prepared: 11/29/2021 9:53 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	13,712,430	0	0	0	1.00
2.00	Temporary investments	10,590,359	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	2,499,938	0	0	0	4.00
5.00	Other receivable	347,249	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	992,430	0	0	0	7.00
8.00	Prepaid expenses	400,305	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	444,065	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	28,986,776	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	26,965,897	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)	26,965,897	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	607,552	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	607,552	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	56,560,225	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	889,680	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,273,200	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,313,422	0	0	0	40.00
41.00	Deferred income	449,387	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	4,014,975	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	7,940,664	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	13,734,304	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	24,342	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	13,758,646	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	21,699,310	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	34,860,915	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)	34,860,915	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	56,560,225	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-1

Date/Time Prepared:
11/29/2021 9:53 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		30,875,776		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		5,125,777				2.00
3.00	Total (sum of line 1 and line 2)		36,001,553		0		3.00
4.00	PRIOR PERIOD ADJUSTMENT	150,959		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)		150,959		0		10.00
11.00	Subtotal (line 3 plus line 10)		36,152,512		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)		36,152,512		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 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2021 9:53 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	3,876,216		3,876,216	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	4,378,375		4,378,375	8.00
9.00	OTHER LONG TERM CARE	1,578,536		1,578,536	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	9,833,127		9,833,127	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)	9,833,127		9,833,127	17.00
18.00	Ancillary services	9,521,307	41,666,563	51,187,870	18.00
19.00	Outpatient services	40,513	3,105,311	3,145,824	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	8,444	8,444	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)	6,319,394,947	44,780,318	64,175,265	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		31,837,374		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	4,891			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)		4,891		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		31,832,483		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:14-1330

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-3

Date/Time Prepared:
11/29/2021 9:53 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	64,175,265	1.00
2.00	Less contractual allowances and discounts on patients' accounts	30,504,271	2.00
3.00	Net patient revenues (line 1 minus line 2)	33,670,994	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	31,832,483	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,838,511	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	2,358,165	24.01
24.02	NON-OPERATING INCOME	298,722	24.02
24.03	NET ASSEST RELEASED FROM RESTRICTION	0	24.03
24.50	COVID-19 PHE Funding	1,384,000	24.50
25.00	Total other income (sum of lines 6-24)	4,040,887	25.00
26.00	Total (line 5 plus line 25)	5,879,398	26.00
27.00	BAD DEBTS	753,621	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)	753,621	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,125,777	29.00