

Commonwealth of Massachusetts
Department of Public Health

Determination of Need

Application Narrative

I Project Description

Four Women, Inc. is applying for a Determination of Need so that we can expand our capacity in order to comply with Massachusetts Department of Public Health regulations for MassHealth reimbursement for abortion care. We will be applying for a single specialty freestanding surgical center license.

The project will involve a move next door to our current building. This is leased newly constructed space that will permit us to comply with DPH for ambulatory surgical site guidelines.

In accordance with 105 CMR, section 100.532 and 100.533 our goal is to improve access to affordable, high quality outpatient abortion and related gynecological services to Women receiving MassHealth in the Southeastern area of Massachusetts.

Our current practice and hours of operation are:

1. Office is open six days every week, except for state and national holidays.
2. Abortion sessions consist of:
 - a. Wednesday, Friday evenings, and Saturday mornings for four to six hour sessions.
 - b. An abortion visit is approximately three hours in length. This includes preoperative testing, review and signing consents, abortion procedure, registered nurse run recovery room, birth control options and after care instruction review. A follow up appointment is scheduled for three weeks.
 - c. A physician, 2-4 registered nurses, 3-4 medical assistants, 1-2 counselors, a receptionist and an administrator are present during the abortion sessions.
3. Gynecology hours are presently Monday, Wednesday, Thursday, and Friday from 8:30 a.m. to 3 p.m. The nurse practitioner supervised by the Medical Director, a medical assistant, and several additional staff members are present during gynecology sessions. The nurse practitioner performs follow-up exams after an abortion, routine gynecological exams, birth control consultations, and maintains the 24-hour emergency phone service.

Four Women, Inc. makes every effort within its means to accommodate cases of financial need. In the past year 10% of our patients received fee reductions of various degrees. Our policy for care of low income women may be found in *Appendix I*, as well as our policies regarding racial and ethnic minorities, handicapped women (mentally and physically), and other underserved population groups.

We follow all Massachusetts laws (G.L.c.112s12s) regarding consent of the minor.

We are located several city blocks from Sturdy Memorial Hospital. We have a written transfer agreement with Sturdy and with Women and Infants' Hospital in Rhode Island for emergency care.

II Health Planning Process

Since May of 1998 we have managed a private physician's office offering gynecological and outpatient abortion services. This office currently treats over 1,200 women a year for abortion care. As a private physician's office, we are not licensed as a clinic by the Department of Health. Therefore, we are not currently able to accept MassHealth insured women for abortion care. We estimate that we are turning away approximately 20 patients per week based on phone calls to us and by verbal reports from our referral sources.

The only Massachusetts outpatient abortion providers who accept MassHealth are located in Boston, Worcester, and Springfield. Southeastern Massachusetts, including the Cape and the Islands, has a large number of women of childbearing age covered under MassHealth insurance. These women experience the burden of long distance travel and the associated costs of lost work time, child care, and transportation. Our ability to accept MassHealth will alleviate these burdens.

See Appendixes II, III and IV for Massachusetts Department of Health MassChip CHNA statistics. Appendixes V and VI for patient origin and MassHealth phone calls.

We have consulted with or notified the following of our intention to apply for a DoN and clinic licensure:

1. Joyce James and Holly Phelps of the Determination of Need Office.
2. Priscilla Portis at the Mass Department of Medical Assistance. *Appendix VII.*
3. Elizabeth Torrent of HealthCare of Southeastern Massachusetts. *Appendix VIII.*
4. Linda Shyavitz, C.E.O. of Sturdy Memorial Hospital, Attleboro, Mass.
5. Mary Dowd Struck, Senior Vice President of Patient Care Services, Women and Infants' Hospital. *Appendix IX.*
6. Susan Yanow of Abortion Access, an organization that deals with women's reproductive rights and access issues.
7. Rosemary Candelario of The Eastern Mass Abortion Fund.
8. OB-GYN Group of Attleboro, Inc.
9. Foxboro Center for Women's and Family Health, Foxboro, Mass.
10. Sturdy Memorial Associates.

Since we opened in 1998 we have enjoyed an excellent reputation for care that has resulted in an increasing number of referrals from satisfied patients, private physician practices, and health care providers. Clinics, family planning agencies, and social service agencies have also referred patients to Four Women, Inc. These referral sources enthusiastically support our goal of clinic licensure in order to accept MassHealth.

III Health Care Requirements

There is a clear and demonstrated need for our service. We have seen increased numbers of patients. In seven months of 1998, 340 abortions were performed. In 1999, 901 abortions were performed. In the first six months of 2000, 667 were performed. From March of 2000 to the present, we have tracked direct phone calls and referral inquiries from MassHealth recipients and their providers. We estimate we have had about 20 such inquiries per week. As stated previously, there is currently no licensed MassHealth provider of outpatient abortion services in Southeastern Massachusetts. Our current increasing demand and subset of regional MassHealth recipients we believe more than justify the need for our services.

Total
1808-
June, '00

The majority of patients seen in our Attleboro office come from Bristol, Barnstable, Plymouth, and Norfolk Counties. These counties have no MassHealth provider for outpatient abortion, despite the high levels of women of childbearing age receiving medical assistance. The closest MassHealth provider for outpatient abortion services is in Boston.

See appendixes X.

IV Reasonableness of Expenditures and Cost

The projected capital costs for this project are \$23,975. This project does not include major construction as we have a lease for newly constructed medical use space.

We anticipate no changes in our charges to the public and or third party payers because of this application.

Environmental Impact

Not applicable, the builder has all appropriate zoning and permits. —

V Relative Merit

Our current space is not adequate to accommodate an increase in patient volume, and renovation is not possible due to cost and existing facility limitations. The proposed new space is located literally next door to our current space.

DON APPLICATION FACE SHEET

- 1a. FILING DATE: 8-31-00 1b. FILING FEE: \$250.00
2. HSA: _____ 3. REGULAR OR UNIQUE: _____
4. APPLICANT NAME: Four Women, Inc.
5. ADDRESS: 152 Emory Street, Attleboro, MA 02703
6. CONTACT PERSON: (Name) Carol Belding (Title) President
(Telephone) 508-222-7555 (Mailing Address) 152 Emory St. Attleboro, MA 02703
- 7a. FACILITY NAME: Four Women, Inc.
- 7b. LOCATION: 150 Emory St., Attleboro, MA 02703
8. FACILITY TYPE: (circle one)
- 1) Acute Care Hospital 2) Nursing Home 3) Chronic/Rehabilitation Hospital
4) Psychiatric Hospital ⑤ Clinic/Satellite
9. TYPE OF OWNERSHIP:
- 1) Private non-profit 3) Public
② Private for-profit 4) Other (specify): _____
10. BRIEF PROJECT DESCRIPTION:
Establishment of a freestanding ambulatory surgical services clinic to provide abortion services.
11. PROJECT TYPE (circle one or more as appropriate):
- ① A. Development or Expansion of Services - The development or addition of capacity to an institution of either a service(s) and/ or technology that is already generally available to the health care system.
- B. Innovative Service and/ or New Technology.
- C. Plant Renovation/ Replacement - Modernization of facility that would not result in capacity expansion.
- D. Miscellaneous- Applications or parts thereof, such as for transfer of ownership or those which do not fall into one or more of the above groupings.

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- D. Miscellaneous- Applications or parts thereof, such as for transfer of ownership or those which do not fall into one or more of the above groupings.

DON Application Face Sheet (Continued)

12. REQUESTED NUMBER OF BEDS (check one or more as applicable):

N/A

Type	Number	Type	Number
1) Medical/ Surgical	_____	8) Chronic Care	_____
2) Obstetrics	_____	9) Substance Abuse	_____
3) Pediatrics	_____	a) detoxification	_____
4) Neonatal Intensive Care	_____	b) rehabilitation	_____
5) ICU/CCU/SICU	_____	10) Nursing Home	_____
6) Acute Rehabilitation	_____	Level II	_____
7) Acute Psychiatric	_____	Level III	_____
a) adult	_____	Level IV	_____
b) adolescent	_____	11) Other	_____
c) pediatric	_____		

13. MAXIMUM CAPITAL EXPENDITURE: \$ 23,975.17

11
(month)

2000
(year)

14. FIRST YEAR INCREMENTAL OPERATING COST:
\$ 600,601.40

9
(month)

2001
(year)

AFFIDAVIT OF TRUTHFULNESS AND PROPER SUBMISSION

I, the undersigned, certify that:

1. I have read the Massachusetts Determination of Need Regulations.
2. I have read this application for Determination of Need including all exhibits and attachments, and the information contained therein is accurate and true.
3. I have submitted the required copies of this application to the Determination of Need Program and to all relevant agencies (see below*) as required.
4. I have caused notices to be published as required by Sections 100.330-100.332 of the Regulations. The notices, true copies of which are enclosed, was published in the

Attleboro Sun Times on 8-29-00
(Name of Newspaper) (Date of Publication)

_____ on _____
(Name of Newspaper) (Date of Publication)

5. The applicant is, or will be, the eventual licensee of the facility.

Signed on the 29th day of August, 19-2000, under the pains and penalties of perjury.

Carol Belding
Signature of Authorized Official CEO

President and CEO
Position or Title Chairman of the Board

THIS FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:

Heather A. Sansoucy
Notary Signature
Heather A. Sansoucy
Notary Public
My Commission Expires
March 22, 2007

*Copies of this application have been submitted as follows: (Please check) Agency and number of copies required are listed.

Department of Public Health/ 3
Regional Health Office (1) _____
Division of Medical Assistance (1) _____

Division of Health Care Finance and Policy (1)
~~Executive Office of Elder Affairs (2)*~~ N/A
Department of Mental Health (2)* N/A

* Only if the project relates to long term care or mental health

Four Women, Inc., 152 Emory Street, Attleboro, MA 02703
508-222-7555, fax: 508-226-2218, email: FourWomInc@aol.com

Determination of Need
General Instructions, page 3.

Carol Jane Belding
152 Emory Street
Attleboro, MA 02703

Jane Arnold Cerilli
152 Emory Street
Attleboro, MA 02703

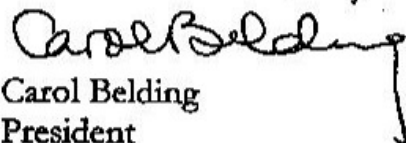
President
Four Women, Inc.

Vice President
Four Women, Inc.

Holds 95% of shares

Holds 5% of shares

- Neither Carol Belding nor Jane Cerilli have ever been convicted of any felony or ever been found in violation of state or federal statute, regulation ordinance, or other law which arises from or otherwise relates to that individual's relationship to a health care facility.
- There are no other health care facilities, within or without the Commonwealth in which we are officers, directors, trustees, stockholder, partner, or hold any equity interest.
- Articles of incorporation are attached.


Carol Belding
President
Four Women, Inc.
152 Emory Street
Attleboro, MA 02703
508-222-7555
fax 508-226-2218

Factor 1 HEALTH PLANNING PROCESS

- 1.1 Please provide a brief description of the annual planning process used by your institution, including a timetable of significant planning activities and the means by which alternatives are considered. (Please answer in narrative)
- 1.2 Did you consult with other providers in the primary service area of this project about the relationship of this project to existing or planned operations at their institutions? Demonstrate that the project will not duplicate existing services in the applicable service area. (Answer below and in Narrative)

YES NO

- 1.3 If your answer to question 1.2 was "NO", please explain why did you did not consult with other providers. (Answer in Narrative)
- 1.4 If your answer to question 1.2 was "YES", please supply the following information:

1.4a Name and titles of persons with whom you consulted.

1.1 Four Women, Inc. operates on a calendar year budget cycle. Our annual operational plan and budget are based on actual experience with patient volume and an analysis of growth to project annual patient volume. We meet quarterly with our accountant to review performance and modify projections as needed.

1.2 In addition to the people listed in the narrative with whom we have consulted, we have met with staff from Women's Medical Center of Rhode Island, Planned Parenthood of Rhode Island, and Planned Parenthood of Mass. All provide medical services at single specialty ambulatory surgical centers.

mfp
India
- PA

- Cranston

Factor 2 Health Care Requirements (Continued) DoN page11

2.7 Statistical Data-Major Ancillary Services		Actual costs/projected	Projected costs	Projected costs		
1 Service	1999/2000	2001	2002			
2 Surgeon and CRNA	\$139,876.20	\$172,900.00	\$172,900.00			
3 Drugs - ?	\$20,828.04	\$46,654.80	\$46,654.80			
4 Medical supplies	\$44,147.88	\$57,600.00	\$57,600.00			
5 Staffing/surgery only	\$100,013.92	\$153,599.20	\$153,599.20			
6 Yellow Page Adv.	\$38,400.00	\$38,400.00	\$38,400.00			
7 Rent	\$30,000.00	\$60,000.00	\$60,000.00			
8 Leased equipment	\$16,058.40	\$16,058.40	\$4,014.60	lease over 3/2002		
9 Telephone/utilities	\$18,364.32	\$18,364.32	\$18,364.32			
10 Dues/licenses	\$500.00	\$500.00	\$500.00			
11 Legal and accounting	\$10,800.00	\$10,800.00	\$2,400.00			
12 Insurance	\$11,245.92	\$20,400.00	\$20,400.00			
13 Office supplies	\$4,418.44	\$4,418.44	\$4,418.44			
14						
15						
16						
17 Radiology Diagnostic						
18 Ultrasound Supplies	\$360.00	\$400.00	\$400.00			
19 Lease fee inc. above						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33 Laboratory						
34 CLIA Fees	\$150.00	\$150.00	\$150.00			
35 AAB Fees	\$245.00	\$245.00	\$245.00			
36 supplies	\$1,733.20	\$2,333.20	\$2,333.20			
37						
38						
39						
40						
41						
42						
43						
44						
45						

Schedule A: Statement of Revenues and Expenses

page 17

see notes on following page and supporting documents from year to date reports.

	1	2	3	4
	2000	2001	2002	
1 Gross Patient Service Revenue	562,540.37	726,540.37	726,540.37	
2 Less Insurance receivables:*	92,503.00	100,000.00	100,000.00	
3 Expected write-off of lost income*	-61,332.00	-66,666.00	-66,666.00	
4 Free Care	-2,500.00	-3,500.00	3,500.00	
5 Professional fees pd to surgeon, advanced nurses*	-123,431.24	-212,781.24	-212,781.24	*independent contractors
6 Net Patient Service Revenue	436,609.13	490,259.13	490,259.13	
7				
8 Loan from owner	15,000.00			
9				
10 Net Operating Revenue	451,609.13	510,259.13	510,259.13	
11				
12 Operating Expenses				
13 Salaries/wages	147,005.58	167,005.58	167,005.58	
Health insurance	9,596.00	14,394.00	14,394.00	
13b Purchased Services included in 14				
14 All other expenses and supplies	295,278.63	295,278.63	295,278.63	
15 Depreciation				
16 Interest/or loan payments				
17 Pension				
18				
19 Total Operating Expenses	451,880.21	476,678.21	476,678.21	
20				
21				
22				
23				
24				
25				
26				
27				
28 SBA loan pending:	50,000.00			
29 Owner can supply rent for one year	55,992.00			
30 Excess of Revenues Over Expenses	105,720.92	33,580.92	33,580.92	

Schedule A: Statement of Revenues and Expenses

Explanation of page 17.

Section 1

Page 1

These numbers are a combination of two entities: OB-GYN Offices, P.C. and Four Women, Inc., medical management.

- 1 Gross Patient Service Revenue is deposited into OB-GYN account.
- 2 Insurance receivables total 92,503 in August 2000.
- 3 We expect to receive no greater than 30% of ins. Receivables, and don't count it until received.
- 4 Free care, 10% of all cases seen in the last 12 months received a discount of at least \$25.
- 5 Fees are then paid by OB-GYN Offices to independent contractors, MD, CRNA, RNC, and medical management company
- 6 Net Patient Service Revenue for OB-GYN Offices is minimal
- 7
- 8 Loans made by owner constitute other Operating Revenue
- 9
- 10 Net Operating Revenue includes payment of Medical Management Fees and loan by owner
- 11
- 12 Operating Expenses are based on first 8 months, averaged and multiplied by 12 for the year 2000
- 13 Salaries/wages/health insurance
- 13b one time only expenditures: legal, architectural, consultant (considered capital expenditures)
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21 Gain (Loss) from operations
- 22 Rental deposit for new space
- 23 extraordinary expenses consist of large amounts for redecorating office condo for sale
- 24
- 25
- 26
- 27
- 28 SBA loan for \$50,000 has been filed and is being reviewed. Initial response favorable.
- 29 Owner has personal funds to cover rent of new facility for one year.
- 30

Notes:

1. See sheets of profit and loss statements from OB-GYN Offices, P.C., and Four Women, Inc. from Jan-Aug 2000
2. There may be differences in numbers. Both accounts may not be updated on the day calculated. These figures were used as a basis of estimating year 2000 remaining four months.
3. Projections for increased patient load and income from MassHealth and additional expenses are estimated based on past expenses. At a certain point additional patients cost less as big costs are already covered.

Schedule A: Statement of Revenues and Expenses

Explanation of page 17.

sections 3 and 4

page 2

These numbers are a combination of two entities: OB-GYN Offices, P.C. and Four Women, Inc., medical management.

1 Additional income is computed by 40 MassHealth patients/mo. at \$300/case(room for error) plus additional growth of \$20,000.

2 Insurance receivables are expected to be a little higher due to delay of four months for MassHealth payments.

3 We expect no greater than 30% of ins income collected, and don't count it until received.

4 Additional free care and discounts associated with 480 patients.

5 Fees are then paid by OB-GYN Offices to independent contractor MD, CRNA, RNC and medical management company.

6 Net Patient Service Revenue for OB-GYN Offices is minimal

7

8

9

10

11

12

13 We would expect present clinic staff can handle additional patients per clinic. Extra billing staff needed.

13b

14

15

16

17

18

19 There were high costs in 2000 that should not appear in 2001, or 2, I kept them in as a safety net.

20

21 Gain (Loss) from operations

22

23

24

25

26

27

28

29

30

Notes:

1. Projections for increased patient load and income from MassHealth and additional expenses are estimated based on past expenses. At a certain point additional patients cost less as some costs are already covered.

Schedule A: Statement of Revenues and Expenses

Explanation of page 18

sections 9, 10,11,12

We would have to change budget process dramatically. Our rent would double, and we wouldn't get the additional MassHealth patients. We would have to find patients through outreach, and reduce Yellow Page ad size, and major cost cutting would have to take place, without affecting patient care.

1 Additional patient population is gathered by increased outreach, advertising, and energy.

2 Insurance receivables would receive extra attention that would normally go to MassHealth collections and be lower

3 We expect no greater than 30% of ins income collected, and don't count it until received.

4 Reduction in free care due to reduced patient population and belt tightening.

5 Professional fees remain the same

6

7

8

9

10

11

12

13 Reductions in staffing may occur, as we are basing our staffing needs on successful licensure

13b

14

15

16

17

18

19 Additional high costs would not appear again, except for higher rent.

20

21 Gain (Loss) from operations

22

23

24

25

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Schedule A: Statement of Revenues and Expenses (continued)

page 18

	Assuming Project Approval		Assuming Project Dental		Plan:	
	8 2003	6 2004	9 2000	10 2001	11 reduce expenses, broaden pat base 2002 2003	
1 Gross Patient Service Revenue	706,540.37	706,540.37	562,540.37	582,540.00	662,540.00	682,540.00
2 Less Insurance receivables:	100,000.00	100,000.00	92,503.00	50,000.00	50,000.00	50,000.00
3 Expected write-off of lost income*	-66,666.00	-66,666.00	-61,332.00	-33,333.00	-33,333.00	-33,333.00
4 Free Care	-3,500.00	3,500.00	-2,500.00	-1,500.00	-1,500.00	-1,500.00
5 Professional fees pd to surgeon, advanced nurses	-212,781.24	-212,781.24	-123,431.24	-123,431.00	-123,431.00	-123,431.00
6 Net Patient Service Revenue	490,259.13	490,259.13	436,609.13	459,109.00	479,109.00	499,109.00
7						
8 Loan from owner			15,000.00			
9						
10 Net Operating Revenue	490,259.13	490,259.13	451,609.13	459,109.00	479,109.00	499,109.00
11						
12 Operating Expenses						
13 Salaries/wages	167,005.58	167,005.58	147,005.58	147,005.58	147,005.58	147,005.58
Health Insurance	14,394.00	14,394.00	9,596.00	9,596.00	9,596.00	9,596.00
13b Purchased Services Included in 14						
14 All other expenses and supplies	295,278.63	295,278.63	295,278.63	257,567.79	257,567.79	257,567.79
15 Depreciation						
16 Interest/loan payments						
17 Pension						
18						
19 Total Operating Expenses	476,678.21	476,678.21	451,880.21	414,169.37	414,169.37	414,169.37
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30 Excess of Revenues Over Expenses	13,580.92	13,580.92	-271.08	44,939.63	64,939.63	84,939.63

08/28/00

Four Women, Inc.
Profit & Loss
 January 1 through August 28, 2000

	<u>Jan 1 - Aug 28, '00</u>
Ordinary Income/Expense	
Income	
Fees	
Management Fee	285,493.09
Fees - Other	-25.00
Total Fees	<u>285,468.09</u>
Total Income	285,468.09
Expense	
1999 Payroll	
Taxes	-1,676.85
Total 1999 Payroll	-1,676.85
2000 Payroll Tax Deposit	1,624.64
Accounting	2,110.00
Advertising	
Yellow Pages	17,916.14
Advertising - Other	34.50
Total Advertising	<u>17,950.64</u>
Answering Service	595.60
Bank Service Charges	19.20
Cleaning	425.00
Cleaning	1,225.00
Contract Labor	612.26
Credit Card Payment	- 19,000.00
Drugs	12,298.99
Dues and Subscriptions	377.00
Education or conferences	46.00
Equipment	
Telephones	693.00
Equipment - Other	250.00
Total Equipment	<u>943.00</u>
Health Insurance	4,798.00
Insurance	
Work Comp	426.00
Insurance - Other	400.00
Total Insurance	<u>826.00</u>
Lab	1,178.34
Laboratory Fees	491.75
Lease	2,747.50
Lease/equipment	9,438.56
Legal Fees	4,900.00
Licenses and Permits	250.00
Loan	5,000.00
Loan Repayment	19,000.00
Office furniture or decorations	254.11
Office Supplies	94.38
Pathology Fees	130.00
Payroll Expenses	98,003.72
Pest Control	265.00
Petty Cash	1,800.00
Postage and Delivery	707.71
Pregnancy tests	430.00
Printing and Reproduction	1,808.69
Professional Fees	
Consulting	1,500.00
Professional Fees - Other	79.00
Total Professional Fees	<u>1,579.00</u>

08/28/00

Four Women, Inc.
Profit & Loss
 January 1 through August 28, 2000

	Jan 1 - Aug 28, '00
Professional Fees/Consultant	1,300.00
refund	2,835.00
Rent	16,330.00
Rent Deposit	9,353.50
Repairs	
Building Repairs	14,573.59
Equipment Repairs	1,092.76
Total Repairs	15,666.35
security	2,500.00
Supplies	
Medical	24,852.81
Office	402.60
Total Supplies	25,255.41
Tax Deductible Donations	724.80
Taxes	
S Corp Excise Tax	456.00
Total Taxes	456.00
Telephone	12,624.38
trash removal	587.80
Uncategorized Expenses	9.00
Unknown	149.68
Utilities	
Gas and Electric	2,359.19
Utilities - Other	249.80
Total Utilities	2,608.99
Total Expense	299,654.15
Net Ordinary Income	-14,186.06
Other Income/Expense	
Other Income	
4w Loan Repayment	15,000.00
Loan to 4w	15,000.00
Total Other Income	30,000.00
Other Expense	
Other Expenses	1,204.96
Total Other Expense	1,204.96
Net Other Income	28,795.04
Net Income	14,608.98

08/28/00

Ob-Gyn Offices, P.C.
Profit & Loss
 January through August 2000

	Jan - Aug '00
Ordinary Income/Expense	
Income	
Fees	
Checks	1,422.18
Credit Card	35,558.16
Patient Fees	336,379.91
Total Fees	373,360.25
Total Income	373,360.25
Expense	
Bank Service Charges	
Credit Card	531.68
Total Bank Service Charges	531.68
Equipment Rental	
Credit Card	346.50
Total Equipment Rental	346.50
Laboratory Fees	24.50
Licenses and Permits	0.00
Loan Repayment	10,000.00
Medical Management	277,930.69
Professional Fees	
Anesthesia	21,812.50
Nurse Practitioner	10,910.00
Surgeon	49,265.00
Professional Fees - Other	300.00
Total Professional Fees	82,287.50
refund/ins. payment	350.00
refund/patient fee	400.00
Supplies	
Office	54.92
Total Supplies	54.92
Total Expense	371,925.79
Net Ordinary Income	1,434.46
Other Income/Expense	
Other Income	
Other Income	40.00
Total Other Income	40.00
Other Expense	
Other Expenses	1.00
Total Other Expense	1.00
Net Other Income	39.00
Net Income	1,473.46

Schedule C: Staffing Patterns			
	1	2	3
			4
	Number of FTEs*		
	2000	2001	2002
Abortion Service			
1 Registered Nurses	0.9	1.35	1.35
2 Medical Assistants	2.8	3.8	3.8
3 Clerical	1.15	2.05	2.05
4 Certified Nurse Anesthetist	0.3	0.45	0.45
5 Clinic Administrator	0.9	0.9	0.9
6 Asst Clinic Administrator	0.375	0.375	0.375
7			
8 Gyncecolology			
9 Nurse Practitioner	0.5	0.625	0.75
10 Medical Assistants	0.5	0.625	0.75
11 Clerical/reception	0.5	0.625	0.75
12 Clinic Administrator	0.1	0.1	0.1
13 Assistant Clinic Administrator	0.125	0.125	0.125
14			
15 Counselling			
16	0.09	1.35	1.35
17			
18 Medical Director			
19 Abortion Service	0.3	0.3	0.3
20 Gyncecolology/Supervision	0.025	0.025	0.025
21 Abortion Service/Supervision	0.05	0.05	0.05
22 Administrative	0.025	0.025	0.025
23			
24			
25			
26			
27			
28			
29			
Totals	8.64	12.775	13.15

page 23

Schedule H: Revenue by Payer

Insurance only

Actual for the two fiscal years most recently completed and projected for first full year of operation.

	(1)	(2)	(3)		(4)
			Total Patient Days	Routine Inpatient Gross Patient Service Revenue	Net Patient Service Revenue
1	1999	Actual (A)			\$ 29,829.16 *
2		Blue Cross			
3		Medicare			
4		Medicaid			
5		Other Government			
6		Worker's Compensation			
7		Self Pay <i>all rest self pay</i>			
8		Managed Care			
9		Uncompensated Care ^a			
10		Commercial			
11		Other			
12		Total			
13	192000	Actual (A) <i>Jan. - Aug 29th actual - 8 months only</i>			10,855.31
14		Blue Cross			
15		Medicare			
16		Medicaid			
17		Other Government			
18		Worker's Compensation			
19		Self Pay			
20		Managed Care			58,655.84
21		Uncompensated Care ^a <i>(AG Funds)</i>			2535.
22		Commercial			9266.93
23		Other <i>unsure what ins.</i>			15,485.36
24		Total			96,798.44
25	192000	Projections (P1)			
26		Blue Cross			
27		Medicare			
28		Medicaid			140,000
29		Other Government			
30		Worker's Compensation			
31		Self Pay			
32		Managed Care			
33		Uncompensated Care ^a			
34		Commercial <i>All ins. proj. 2000 + 20,000 =</i>			177,296.75
35		Other			317,296.75
36		Total			
37	2002	Projections (P2)			
38		Blue Cross			
39		Medicare			
40		Medicaid			
41		Other Government			
42		Worker's Compensation			
43		Self Pay			
44		Managed Care			
45		Uncompensated Care ^a			
46		Commercial			
47		Other <i>all ins + man health + 20,000</i>			337,296.75
48		Total			781,221.10

^a Includes free care

31 * approx. total net ins. from 1999.

Four Women, Inc.

152 Emory Street, Attleboro, MA 02703 508.222.7555

July 17, 2000

Priscilla Portis
Director of Primary and Specialty Benefit Services
Massachusetts Department of Medical Assistance
600 Washington St.
Boston, MA 02111

Needs

Dear Ms. Portis:

We are writing to inform you and seek your support for our plans to file a Determination of Need application in order to pursue DPH Clinic Licensure for our gynecology practice called Four Women, Inc. Four Women, Inc. is located in Attleboro and has been offering outpatient abortions to approximately one thousand women a year since our inception in 1998. Our practice has steadily grown through physician and former patient referrals and we enjoy a reputation for exceptional care.

We currently receive approximately ¹⁵⁻²⁵ 10-15 calls each week from MassHealth members who we must refer elsewhere for service. As you know, there are currently no licensed abortion providers from Cape Cod to Boston, requiring women from Southeastern Massachusetts to travel to Boston, Worcester, or out of state to Rhode Island, often at great personal cost and inconvenience.

Four Women, Inc. is committed to serving women of all backgrounds and income levels. In fact, we currently reduce or waive fees for ten percent of our clients due to financial hardship. Given our commitment to serving women and the obvious need in our geographical area, Four Women, Inc. is seeking Clinic Licensure to enable us to serve MassHealth members at our facility.

We look forward to your support for our Determination of Need application and subsequent Clinic Licensure application. One of us will call your office next week to discuss our plans in more detail.

Sincerely,

Carol Belding
President
Four Women, Inc.

Jane Cerilli
Vice President
Four Women, Inc.

Factor 6 REASONABLENESS OF EXPENDITURES & COSTS

6.2 Anticipated Project Schedule

Construction Phase/Start or Resumption

Start Date

Completion Date

- 1 Phase One
- 2 Phase Two
- 3 Phase Three
- 4 Phase Four
- 5A

9/1/02

11/9/02

Operational

Start Date

Final Normal Volume

- 1 Phase One
- 2 Phase Two
- 3 Phase Three
- 4 Phase Four

11/15/02

12/1/02

Please briefly describe the above, if not stated above:

Phase One Exterior of building is completed building

Phase Two outside equipment floor plan.

Phase Three this should ready to build equipment to

Phase Four specifications - inside in starting

6.3 If you have not already provided a listing and description of the equipment requirements of this project, please do so in the space below or on an attached sheet.

We will be listing all equipment needed to run safe and ready to go (with BTH) safe.

6.4 Do you have any additional information which you would like to supply concerning the reasonableness of the expenditures and costs associated with this project?

YES NO Costs are to be made by BTH

If "YES", please supply this information on an attached sheet or sheets.

All money is paid and approved, building is solid safe.

Note: Complete 6.3 - 6.4 only for capital expenditure projects by hospitals.

Appendix II

Massachusetts Department of Public Health
Massachusetts Community Health Information Profile - 1998

Bristol County			
		Area %	State %
Medicaid Recipients	37442	8.4	7.1
Population Below 100% Poverty Line	45167	9.1	8.9
Population Below 200% Poverty Line	120520	24.3	21
Births to Women Ages 15-44	6681	55.8	54.7
Births to Adolescent Women	642	9.6	7.3
Women Receiving Publicly Funded Prenatal Care	1862	31.9	25.2

Barnstable County			
		Area %	State %
Medicaid Recipients	9743	6.4	7.1
Population Below 100% Poverty Line	13798	7.5	8.9
Population Below 200% Poverty Line	39608	21.7	21
Births to Women Ages 15-44	2048	53.9	54.7
Births to Adolescent Women	108	5.3	7.3
Women Receiving Publicly Funded Prenatal Care	527	26	25.2

Plymouth County			
		Area %	State %
Medicaid Recipients	25266	8.3	7.1
Population Below 100% Poverty Line	27853	6.6	8.9
Population Below 200% Poverty Line	73710	17.4	21
Births to Women Ages 15-44	8450	61.7	54.7
Births to Adolescent Women	396	6.1	7.3
Women Receiving Publicly Funded Prenatal Care	1303	20.3	25.2

Norfolk County			
		Area %	State %
Medicaid Recipients	15186	2.7	7.1
Population Below 100% Poverty Line	27135	4.6	8.9
Population Below 200% Poverty Line	75221	12.6	21
Births to Women Ages 15-44	8415	55.8	54.7
Births to Adolescent Women	197	2.3	7.3
Women Receiving Publicly Funded Prenatal Care	789	9.5	25.2

Trust Agreement

I, John F. [Name], of the County of [County], State of [State], do hereby certify that the foregoing is a true and correct copy of the original instrument filed for record in my office on this [Date] day of [Month], 19[Year].

In witness whereof, I have hereunto set my hand and seal of office at [City], [State], this [Date] day of [Month], 19[Year].

My commission expires on the [Date] day of [Month], 19[Year].

Notary Public for the State of [State], My Commission Expires on the [Date] day of [Month], 19[Year].

Witness my hand and seal of office at [City], [State], this [Date] day of [Month], 19[Year].

Notary Public for the State of [State], My Commission Expires on the [Date] day of [Month], 19[Year].

The term of this agreement shall terminate on the [Date] day of [Month], 19[Year], unless otherwise provided.

[Signature]
Notary Public
My Commission Expires on the [Date] day of [Month], 19[Year].

[Signature]
Notary Public
My Commission Expires on the [Date] day of [Month], 19[Year].

U.S. Income Tax Return
 For the Calendar Year Ending **1989**
 Form **1041**

For calendar year 1989, of the year beginning **1989** ending **1989**

1 Name of the trust or estate **FOAM WORLD INC**

2 Address of the trust or estate **112 NORTH STREET**

3 City or town **STURBECK** State **ND** Zip **58162**

4 Trust or estate identification number **41-257**

Check appropriate boxes: Federal return Final return Change in address Amended return

Write number of distribution in the appropriate column of this top page

Column	Code	Description	Amount	Code	Amount
1	a	Base salary or annuity	1,515.00	1a	1,515.00
	b	Cost of goods sold (Schedule A, Part II)		2	1,515.00
	c	Overseas pay (Schedule A, Part II)		3	1,515.00
	d	Net gain (loss) from Form 485, Part II, line 16 (Schedule A, Part II)		4	1,515.00
	e	Other income (Form 485, Schedule A, Part II)		5	
	f	Total income (Form 485, Schedule A, Part II)		6	1,515.00
2	a	Overseas pay (Schedule A, Part II)		7	1,515.00
	b	Salaries and wages paid (Schedule A, Part II)		8	1,515.00
	c	Dividends and interest		9	1,515.00
	d	Net gain (loss)		10	1,515.00
	e	Other income		11	1,515.00
	f	Total income		12	1,515.00
	g	Overseas pay (Schedule A, Part II)		13	1,515.00
	h	Salaries and wages paid (Schedule A, Part II)		14	1,515.00
	i	Dividends and interest		15	1,515.00
	j	Net gain (loss)		16	1,515.00
3	a	Overseas pay (Schedule A, Part II)		17	1,515.00
	b	Salaries and wages paid (Schedule A, Part II)		18	1,515.00
	c	Dividends and interest		19	1,515.00
	d	Net gain (loss)		20	1,515.00
	e	Other income		21	1,515.00
	f	Total income		22	1,515.00
	g	Overseas pay (Schedule A, Part II)		23	1,515.00
	h	Salaries and wages paid (Schedule A, Part II)		24	1,515.00
	i	Dividends and interest		25	1,515.00
	j	Net gain (loss)		26	1,515.00

FOAM WORLD INC, 112 North Street, Sturbeck, ND 58162. This return is prepared by the taxpayer or its preparer. It is not to be used for any other purpose.

27 Preparer's name (print or type) **James A. Tomala, Jr., CPA, PC**

28 Preparer's address (print or type) **116 Church Street**

29 Preparer's city or town, state and zip **Minneapolis, MN 55402**

30 Preparer's telephone number **612-338-0188**

Four Women, Inc., 152 Emory Street, Attleboro, MA 02703
508-222-7885, fax: 508-226-2238, email: FourWomInc@aol.com

By United States Postal Service

Joyce James
Program Director
Determination of Need Program
Department of Public Health
250 Washington Street
Boston, MA 02111

August 30, 2000

Dear Ms. James,

On behalf of Four Women, Inc., I have enclosed an application for a Determination of Need. This will begin our licensing process towards a single specialty outpatient surgical center located at 150 Emory Street in Attleboro, Massachusetts.

Enclosed is the filing fee of \$250.

Please do not hesitate to contact us if we can provide additional information regarding this application or the supporting documentation. We are grateful to you and your staff for the gracious way you have handled our questions.

Sincerely,



Carol Belding
President and CEO