

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER CCN:

PERIOD:

WORKSHEET A

11-0177

FROM: 04/01/2021

TO: 03/31/2022

COST CENTER DESCRIPTIONS (omit cents)		SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
		1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS									
1	00100		11,216,651	11,216,651	1,103,780	12,320,431	(4,981,508)	7,338,923	1
2	00200		9,303,764	9,303,764	4,892,725	14,196,489	5,033,114	19,229,603	2
3	00300		1,569,426	1,569,426	(1,569,426)				3
4	00400	200,018	16,866,921	17,066,939	229,047	17,295,986	(1,965,835)	15,330,151	4
5	00500	7,183,437	56,033,974	63,217,411	(1,375,377)	61,842,034	(10,036,021)	51,806,013	5
6	00600								6
6.01	00600								6.01
7	00700	676,014	6,718,644	7,394,658	173,074	7,567,732	(67,883)	7,499,849	7
8	00800		1,140,701	1,140,701	135,272	1,275,973		1,275,973	8
9	00900		4,492,678	4,492,678	(66,968)	4,425,710		4,425,710	9
10	01000		4,757,144	4,757,144	6,719	4,763,863	(570,376)	4,193,487	10
11	01100								11
12	01200								12
13	01300	3,664,530	3,285,620	6,950,150	(2,712,089)	4,238,061	25,125	4,263,186	13
14	01400	68,148	35,884,182	35,952,330	(38,500,574)	(2,548,244)	(407,571)	(2,955,815)	14
15	01500	3,317,317	16,885,575	20,202,892	(15,948,291)	4,254,601	(64,058)	4,190,543	15
16	01600		2,467,625	2,467,625		2,467,625	50,584	2,518,209	16
17	01700								17
18									18
19	01900								19
20	02000								20
21	02100								21
22	02200								22
23	02300								23
INPATIENT ROUTINE SERVICE COST CENTERS									
30	03000	14,593,912	10,231,928	24,825,840	389,357	25,215,197	(1,313,755)	23,901,442	30
31	03100	4,185,765	2,346,043	6,531,808	164,575	6,696,383	12,563	6,708,946	31
32	03200								32
33	03300	18,117,463	8,636,868	26,754,331	(274,577)	26,479,754	(1,195,857)	25,283,897	33
34	03400								34
35		1,064,009	913,652	1,977,661	8,619	1,986,280	33	1,986,313	35
40	04000								40
41	04100	2,262,392	1,020,029	3,282,421	80,704	3,363,125	(354,237)	3,008,888	41
42	04200								42
43	04300	229,464	108,221	337,685	30,073	367,758	13	367,771	43
44	04400								44
45	04500								45
46	04600								46
ANCILLARY SERVICE COST CENTERS									
50	05000	7,001,502	21,345,330	28,346,832	(8,444,925)	19,901,907	(5,802,536)	14,099,371	50
51	05100	1,049,037	256,192	1,305,229	69,509	1,374,738	1,311	1,376,049	51
52	05200	2,689,882	3,153,908	5,843,790	185,004	6,028,794	(1,370,234)	4,658,560	52
53	05300								53
54	05400	2,593,334	928,548	3,521,882	(182,539)	3,339,343	(7,783)	3,331,560	54
55	05500	1,416,996	2,537,589	3,954,585	2,898	3,957,483	(1,073)	3,956,410	55
56	05600	202,469	1,085,214	1,287,683	(365,948)	921,735		921,735	56
57	05700	808,406	220,110	1,028,516	(839)	1,027,677	476	1,028,153	57
58	05800	386,090	76,474	462,564	(4,420)	458,144	7	458,151	58
59	05900	1,001,632	561,710	1,563,342	(47,451)	1,515,891	814	1,516,705	59
60	06000	2,713,178	4,963,761	7,676,939	(145,488)	7,531,451	(19,428)	7,512,023	60
61	06100								61
62	06200	371,222	3,061,219	3,432,441		3,432,441	1,756	3,434,197	62
63	06300								63
64	06400								64
65	06500	2,611,307	1,242,578	3,853,885	(456,534)	3,397,351	1,706	3,399,057	65
66	06600	5,723,560	841,572	6,565,132	(26,799)	6,538,333	(90,114)	6,448,219	66
67	06700	997,349	118,528	1,115,877	(95)	1,115,782	(83)	1,115,699	67
68	06800	277,003	21,727	298,730		298,730	4	298,734	68
69	06900	895,797	441,797	1,337,594	(53,877)	1,283,717	(145,397)	1,138,320	69

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER CCN:

PERIOD:

WORKSHEET A

11-0177

FROM: 04/01/2021

TO: 03/31/2022

		COST CENTER DESCRIPTIONS (omit cents)	SALARIES 1	OTHER 2	TOTAL (col. 1 + col. 2) 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4) 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6) 7										
70	07000	Electroencephalography	103,314	20,765	124,079	(4)	124,075		124,075	70									
71	07100	Medical Supplies Charged to Patients	732,774	1,201,393	1,934,167	41,564,030	43,498,197	(5,683)	43,492,514	71									
72	07200	Implantable Devices Charged to Patients		12,232,958	12,232,958	1,651,153	13,884,111		13,884,111	72									
73	07300	Drugs Charged to Patients				19,404,154	19,404,154		19,404,154	73									
74	07400	Renal Dialysis	560,264	1,224,791	1,785,055	13,073	1,798,128	6,113	1,804,241	74									
75	07500	ASC (Non-Distinct Part)								75									
76		Other Ancillary (specify)	1,189,483	427,546	1,617,029	(26,858)	1,590,171	(188)	1,589,983	76									
76.01	03952	03952HYPERBARIC	282,709	31,273	313,982	(1,279)	312,703		312,703	76.97									
		OUTPATIENT SERVICE COST CENTERS																	
88	08800	Rural Health Clinic (RHC)								88									
89	08900	Federally Qualified Health Center (FQHC)								89									
90	09000	Clinic	1,983,095	1,174,780	3,157,875	(54,823)	3,103,052	(1,696)	3,101,356	90									
90.01	09001	09001MFM CLINIC	386,174	134,378	520,552	5,355	525,907		525,907	90.01									
91	09100	Emergency	6,052,107	13,881,875	19,933,982	215,325	20,149,307	(10,037,636)	10,111,671	91									
92	09200	Observation Beds								92									
92.01										92.01									
93		Other Outpatient Service (specify)								93									
		OTHER REIMBURSABLE COST CENTERS																	
94	09400	Home Program Dialysis								94									
95	09500	Ambulance Services								95									
96	09600	Durable Medical Equipment-Rented								96									
97	09700	Durable Medical Equipment-Sold								97									
98		Other Reimbursable (specify)								98									
99		Outpatient Rehabilitation Provider (specify)								99									
100	10000	Intern-Resident Service (not appvd. tchnng. prgrm.)								100									
101	10100	Home Health Agency								101									
101.01										101.01									
101.02										101.02									
		SPECIAL PURPOSE COST CENTERS																	
105	10500	Kidney Acquisition								105									
106	10600	Heart Acquisition								106									
107	10700	Liver Acquisition								107									
108	10800	Lung Acquisition								108									
109	10900	Pancreas Acquisition								109									
110	11000	Intestinal Acquisition								110									
111	11100	Islet Acquisition								111									
112		Other Organ Acquisition (specify)								112									
113	11300	Interest Expense								113									
114	11400	Utilization Review-SNF								114									
115	11500	Ambulatory Surgical Center (Distinct Part)								115									
116	11600	Hospice								116									
117		Other Special Purpose (specify)								117									
118		SUBTOTALS (sum of lines 1-117)	97,591,153	265,065,662	362,656,815	65,265	362,722,080	(33,305,333)	329,416,747	118									
		NONREIMBURSABLE COST CENTERS																	
190	19000	Gift, Flower, Coffee Shop, & Canteen								190									
190.01										190.01									
191	19100	Research								191									
192	19200	Physicians' Private Offices								192									
193	19300	Nonpaid Workers								193									
194	07950	07950SENIOR FRIENDS		65,265	65,265	(65,265)				194									
194.02	07952	07952PUBLIC RELATIONS	106,780	399,702	506,482		506,482		506,482	194.02									
194.03	07953	07953OCCUPATIONAL HEALTH								194.03									
194.04	07954	07954BUSINESS DEVELOPMENT	499,601	95,796	595,397		595,397		595,397	194.04									
200		TOTAL (sum of lines 118-199)	98,197,534	265,626,425	363,823,959		363,823,959	(33,305,333)	330,518,626	200									

RECLASSIFICATIONS

PROVIDER CCN:  
11-0177

PERIOD:  
FROM: 04/01/2021  
TO: 03/31/2022

WORKSHEET A-6

0	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.
			COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1	LEASE/RENTAL RECLASS	A		1		60,044		4	1,583	10	
2	LEASE/RENTAL RECLASS	A		2		4,155,582		5	587,121	10	
3	LEASE/RENTAL RECLASS	A						10	7,801		
4	LEASE/RENTAL RECLASS	A						14	417,992		
5	LEASE/RENTAL RECLASS	A						15	1,384		
6	LEASE/RENTAL RECLASS	A						30	14,305		
7	LEASE/RENTAL RECLASS	A						31	1,551		
8	LEASE/RENTAL RECLASS	A						33	1,664,457		
9	LEASE/RENTAL RECLASS	A						35	44,789		
10	LEASE/RENTAL RECLASS	A						41	319		
11	LEASE/RENTAL RECLASS	A						50	370,091		
12	LEASE/RENTAL RECLASS	A						51	61		
13	LEASE/RENTAL RECLASS	A						52	10,470		
14	LEASE/RENTAL RECLASS	A						54	2,427		
15	LEASE/RENTAL RECLASS	A						55	4,344		
16	LEASE/RENTAL RECLASS	A						56	190		
17	LEASE/RENTAL RECLASS	A						57	55		
18	LEASE/RENTAL RECLASS	A						58	2,276		
19	LEASE/RENTAL RECLASS	A						59	94		
20	LEASE/RENTAL RECLASS	A						60	145,488		
21	LEASE/RENTAL RECLASS	A						65	324,024		
22	LEASE/RENTAL RECLASS	A						66	518		
23	LEASE/RENTAL RECLASS	A						67	7		
24	LEASE/RENTAL RECLASS	A						69	53,877		
25	LEASE/RENTAL RECLASS	A						70	4		
26	LEASE/RENTAL RECLASS	A						71	431,296		
27	LEASE/RENTAL RECLASS	A						74	10,482		
28	LEASE/RENTAL RECLASS	A						76	569		
29	LEASE/RENTAL RECLASS	A						76	33		
30	LEASE/RENTAL RECLASS	A						90	4,954		
31	LEASE/RENTAL RECLASS	A						90	9,321		
32	LEASE/RENTAL RECLASS	A						91	38,478		

## RECLASSIFICATIONS

PROVIDER CCN:

PERIOD:

WORKSHEET A-6

11-0177

FROM: 04/01/2021

TO: 03/31/2022

DECREASES

0	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.
			COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
33	LEASE/RENTAL RECLASS	A					194		65,265		
1	INSURANCE RECLASS	B		3		211,453	5		211,453		
1	NURSING ADMIN RECLASS	C		13	323,512	20,988	5	323,512	251,618		
2	NURSING ADMIN RECLASS	C		4		230,630					
1	CHARGEABLE MEDICAL SUPPLIES	D		71		42,001,083	14		35,419,512		
2	CHARGEABLE MEDICAL SUPPLIES	D		30		36,952	50		6,449,059		
3	CHARGEABLE MEDICAL SUPPLIES	D		33		450,794	54		198,735		
4	CHARGEABLE MEDICAL SUPPLIES	D		56		1,033	59		59,985		
5	CHARGEABLE MEDICAL SUPPLIES	D					65		132,510		
6	CHARGEABLE MEDICAL SUPPLIES	D					72		230,061		
1	DRUGS RECLASS	E		73		19,404,154	14		782,018		
2	DRUGS RECLASS	E					15		15,947,713		
3	DRUGS RECLASS	E					31		6,424		
4	DRUGS RECLASS	E					50		2,235,117		
5	DRUGS RECLASS	E					54		44,820		
6	DRUGS RECLASS	E					56		366,791		
7	DRUGS RECLASS	E					57		784		
8	DRUGS RECLASS	E					66		1,754		
9	DRUGS RECLASS	E					71		18,733		
1	IMPLANTABLE DEVICES	F		72		1,881,214	14		1,881,052		
2	IMPLANTABLE DEVICES	F					50		162		
1	MISC UTILITIES GAS RECLASS	G		7		173,243	5		5,230		
2	MISC UTILITIES GAS RECLASS	G					13		4,053		
3	MISC UTILITIES GAS RECLASS	G					33		63,944		
4	MISC UTILITIES GAS RECLASS	G					66		24,594		
5	MISC UTILITIES GAS RECLASS	G					76		4,919		
6	MISC UTILITIES GAS RECLASS	G					90		70,503		
1	DIETARY COSTS	L		10		37,143	5		5,117		
2	DIETARY COSTS	L					7		250		
3	DIETARY COSTS	L					30		1,096		
4	DIETARY COSTS	L					31		285		
5	DIETARY COSTS	L					41		69		

RECLASSIFICATIONS						PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	WORKSHEET A-6		
EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.
		COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER	
0	1	2	3	4	5	6	7	8	9	10
6	DIETARY COSTS	L					50		188	
7	DIETARY COSTS	L					51		758	
8	DIETARY COSTS	L					52		909	
9	DIETARY COSTS	L					54		2,483	
10	DIETARY COSTS	L					59		535	
11	DIETARY COSTS	L					66		474	
12	DIETARY COSTS	L					90		24,909	
13	DIETARY COSTS	L					91		70	
1	LINEN RECLASS	M		8		135,272	9		66,968	
2	LINEN RECLASS	M					10		22,623	
3	LINEN RECLASS	M					33		490	
4	LINEN RECLASS	M					55		8,804	
5	LINEN RECLASS	M					58		2,144	
6	LINEN RECLASS	M					66		4,750	
7	LINEN RECLASS	M					67		88	
8	LINEN RECLASS	M					76		26,289	
9	LINEN RECLASS	M					90		3,116	
1	DEPT 60 603 RECLASS	N		15	740	66	13	1,988	178	
2	DEPT 60 603 RECLASS	N		50	234	20	30	488	37	
3	DEPT 60 603 RECLASS	N		90	312	28				
4	DEPT 60 603 RECLASS	N		91	1,190	101				
1	DEPT 697 RECLASS	S		5	2,770	224	13	2,843,064	227,748	
2	DEPT 697 RECLASS	S		30	560,848	44,927				
3	DEPT 697 RECLASS	S		31	156,557	12,541				
4	DEPT 697 RECLASS	S		33	900,578	72,142				
5	DEPT 697 RECLASS	S		35	49,447	3,961				
6	DEPT 697 RECLASS	S		41	73,637	5,899				
7	DEPT 697 RECLASS	S		43	27,843	2,230				
8	DEPT 697 RECLASS	S		50	549,491	44,018				
9	DEPT 697 RECLASS	S		51	65,112	5,216				
10	DEPT 697 RECLASS	S		52	181,818	14,565				
11	DEPT 697 RECLASS	S		54	60,873	4,876				

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EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref. 10
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
12 DEPT 697 RECLASS	S		59	12,187	976					
13 DEPT 697 RECLASS	S		71	12,014	962					
14 DEPT 697 RECLASS	S		74	21,808	1,747					
15 DEPT 697 RECLASS	S		76	3,401	272					
16 DEPT 697 RECLASS	S		90	41,851	3,352					
17 DEPT 697 RECLASS	S		90	16,472	1,320					
18 DEPT 697 RECLASS	S		91	106,357	8,520					
1 DEPT 699 RECLASS	T		5	5,256	424		30	219,725	17,719	
2 DEPT 699 RECLASS	T		7	74	7					
3 DEPT 699 RECLASS	T		13	18,917	1,525					
4 DEPT 699 RECLASS	T		31	3,458	279					
5 DEPT 699 RECLASS	T		33	28,502	2,298					
6 DEPT 699 RECLASS	T		41	1,440	116					
7 DEPT 699 RECLASS	T		50	14,740	1,189					
8 DEPT 699 RECLASS	T		54	164	13					
9 DEPT 699 RECLASS	T		55	14,849	1,197					
10 DEPT 699 RECLASS	T		66	4,896	395					
11 DEPT 699 RECLASS	T		91	127,429	10,276					
500 Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				3,388,777	69,045,267			3,388,777	69,045,267	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

RECONCILIATION OF CAPITAL COSTS CENTERS

PROVIDER CCN:  
11-0177

PERIOD:  
FROM: 04/01/2021  
TO: 03/31/2022

WORKSHEET A-7,  
PARTS I, II & III

**PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES**

Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		Purchases	Donation	Total				
	1	2	3	4	5	6	7	
1 Land	12,086,342	2,073,779		2,073,779	94,797	14,065,324		1
2 Land Improvements	2,429,423				(17,285)	2,446,708		2
3 Buildings and Fixtures	147,312,906	4,196,990		4,196,990	57,915,916	93,593,980		3
4 Building Improvements	253,393					253,393		4
5 Fixed Equipment	63,694,908	2,476,392		2,476,392	222,130	65,949,170		5
6 Movable Equipment	113,076,200	22,086,443		22,086,443	10,644,143	124,518,500		6
7 HIT-designated Assets								7
8 Subtotal (sum of lines 1-7)	338,853,172	30,833,604		30,833,604	68,859,701	300,827,075		8
9 Reconciling Items								9
10 Total (line 7 minus line 9)	338,853,172	30,833,604		30,833,604	68,859,701	300,827,075		10

**PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2**

Description	SUMMARY OF CAPITAL							
	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
	9	10	11	12	13	14	15	
* 1 Capital Related Costs-Buildings and Fixtures	11,216,651						11,216,651	1
2 Capital Related Costs-Movable Equipment	9,303,764						9,303,764	2
3 Total (sum of lines 1-2)	20,520,415						20,520,415	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2.

Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

\* All line numbers are to be consistent with Worksheet A line numbers for capital cost centers.

**PART III - RECONCILIATION OF CAPITAL COSTS CENTERS**

Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
	1	2	3	4	5	6	7	8	
* 1 Capital Related Costs-Buildings and Fixtures	176,308,574		176,308,574	59%	130,032	919,808	(6,104)	1,043,736	1
2 Capital Related Costs-Movable Equipment	124,518,500		124,518,500	41%	91,836	649,618	(4,311)	737,143	2
3 Total (sum of lines 1-2)	300,827,074		300,827,074	100%	221,868	1,569,426	(10,415)	1,780,879	3

Description	SUMMARY OF CAPITAL							
	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	9	10	11	12	13	14	15	
* 1 Capital Related Costs-Buildings and Fixtures	6,235,143	60,044		130,032	919,808	(6,104)	7,338,923	1
2 Capital Related Costs-Movable Equipment	14,336,878	4,155,582		91,836	649,618	(4,311)	19,229,603	2
3 Total (sum of lines 1-2)	20,572,021	4,215,626		221,868	1,569,426	(10,415)	26,568,526	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

ADJUSTMENTS TO EXPENSES	PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	WORKSHEET A-8
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1	DESCRIPTION (1)	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	2	3	4	5		
1	Investment income - buildings and fixtures (chapter 2)			Buildings and Fixtures	1	1
2	Investment income - movable equipment (chapter 2)			Movable Equipment	2	2
3	Investment income - other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excluded) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Worksheet A-8-2	(22,930,690)			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Worksheet A-8-1	1,134,676			12
13	Laundry and linen service					13
14	Cafeteria-employees and guests	B	(568,300)	DIETARY	10	14
15	Rental of quarters to employee and others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts	B	(1,688)	MEDICAL RECORDS & LIBRARY	16	18
19	Nursing school (tuition, fees, books, etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments					22
23	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		Respiratory Therapy	65	23
24	Adjustment for physical therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		Physical Therapy	66	24
25	Utilization review - physicians' compensation (chapter 21)			Utilization Review - SNF	114	25
26	Depreciation - buildings and fixtures	A	(4,981,508)	Buildings and Fixtures	1	26
27	Depreciation - movable equipment	A	5,033,114	Movable Equipment	2	27
28	Non-physician Anesthetist			Nonphysician Anesthetist	19	28
29	Physicians' assistant					29
30	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		Occupational Therapy	67	30
30.99	Hospice (non-distinct) (see instructions)	A	(189,623)	Adults and Pediatrics	30	
31	Adjustment for speech pathology costs in excess of limitation (chapter 14)	Worksheet A-8-3		Speech Pathology	68	31
32	CAH HIT Adjustment for Depreciation and Interest					32
33	RESEARCH FUNDS	B	(10,800)	ADMINISTRATIVE & GENERAL	5	33
33.01	MISC INCOME	B	(32,189)	ADMINISTRATIVE & GENERAL	5	33.01
33.02	MEDICARE A/R INT INC	B	(237,443)	ADMINISTRATIVE & GENERAL	5	33.02
33.03	SALES TAX CREDIT	B	(27,830)	ADMINISTRATIVE & GENERAL	5	33.03
33.04	NEWBORN PHOTO COMMISSIONS	B	(2,737)	ADMINISTRATIVE & GENERAL	5	33.04
33.05	XRAY FILM COPIES	B	(4,950)	RADIOLOGY-DIAGNOSTIC	54	33.05
33.06	FAC NON-PATIENT	B	(17,976)	ADMINISTRATIVE & GENERAL	5	33.06
33.07	OTHER EDUCATION	B		ADMINISTRATIVE & GENERAL	5	33.07
33.08	INTEREST ON PT ACCT	B	(50,000)	ADMINISTRATIVE & GENERAL	5	33.08
33.09						33.09
33.1	PAT TELE COST-EHW	A	(16,369)	EMPLOYEE BENEFITS DEPARTMENT	4	33.1
33.11	PAT TELE COST-DIRECT	A	(24,460)	ADMINISTRATIVE & GENERAL	5	33.11
33.12	PAT TELE COST-SALARY	A	(103,403)	ADMINISTRATIVE & GENERAL	5	33.12
33.13	PAT TELE COST-DEPT EHW	A	(8,063)	ADMINISTRATIVE & GENERAL	5	33.13
33.14	PATIENT TV ELECTRIC CABLE TV	A	(46)	ADMINISTRATIVE & GENERAL	5	33.14
33.15	PATIENT TV ELECTRIC CABLE TV	A	(67,883)	OPERATION OF PLANT	7	33.15
33.16	CABLE TV	A	(1,073)	RADIOLOGY-THERAPEUTIC	55	33.16
33.17	CABLE TV	A	(188)	OTHER IMAGING	76	33.17
33.18	PATIENT TV ELECTRIC CABLE TV	A	(1,696)	CLINIC	90	33.18
33.19	NON PATIENT GIFTS	A	(39,701)	ADMINISTRATIVE & GENERAL	5	33.19
33.2	NON-PATIENT GIFTS	A	(875)	NURSING ADMINISTRATION	13	33.2
33.21	NON-PATIENT GIFTS	A	(3,540)	PHARMACY	15	33.21
33.22	NON-PATIENT GIFTS	A	(68)	ADULTS & PEDIATRICS	30	33.22
33.23	NON-PATIENT GIFTS	A	(4,649)	SUBPROVIDER - IRF	41	33.23
33.24	NON-PATIENT GIFTS	A	(76)	RECOVERY ROOM	51	33.24
33.25	NON-PATIENT GIFTS	A	(281)	DELIVERY ROOM & LABOR ROOM	52	33.25
33.26	NON-PATIENT GIFTS	A	(2,833)	RADIOLOGY-DIAGNOSTIC	54	33.26
33.27	NON-PATIENT GIFTS	A	(263)	LABORATORY	60	33.27
33.28	NON-PATIENT GIFTS	A	(484)	PHYSICAL THERAPY	66	33.28
33.29	NON PATIENT GIFTS	A	(250)	OCCUPATIONAL THERAPY	67	33.29
33.3	ALCOHOLIC BEVERAGES	A	(4,489)	ADMINISTRATIVE & GENERAL	5	33.3
33.31	ALCOHOLIC BEVERAGES	A	(2,076)	DIETARY	10	33.31
33.32	ALCOHOLIC BEVERAGES	A	(267)	PHARMACY	15	33.32
33.33	ALCOHOLIC BEVERAGES	A	(24)	BURN INTENSIVE CARE UNIT	33	33.33
33.34	ALCOHOLIC BEVERAGES	A	(769)	PHYSICAL THERAPY	66	33.34
33.35	ALCOHOLIC BEVERAGES	A	(265)	EMERGENCY	91	33.35
33.36	COUNTRY CLUB/SOCIAL DUES	A	(8,585)	ADMINISTRATIVE & GENERAL	5	33.36
33.37	PHYSICIAN RECRUITMENT	A	(752,391)	ADMINISTRATIVE & GENERAL	5	33.37
33.38	CONTRIBUTION/DONATION	A	(247,057)	ADMINISTRATIVE & GENERAL	5	33.38
33.39	XXX971 OTHER NON ALLOWABLE	A	(26,856)	EMERGENCY	91	33.39
33.4	XXX971 OTHER NON ALLOWABLE	A	(715,386)	ADMINISTRATIVE & GENERAL	5	33.4
33.41	INDIGENT CARE ASSESSMENT	A	(7,646,585)	ADMINISTRATIVE & GENERAL	5	33.41
33.42	XXX870 PATIENT MISC	A	(1,128,177)	ADMINISTRATIVE & GENERAL	5	33.42
33.43	XXX870 PATIENT MISC	A	(729)	CENTRAL SERVICES & SUPPLY	14	33.43
33.44	XXX870 PATIENT MISC	A	(216)	RECOVERY ROOM	51	33.44
33.45	XXX870 PATIENT MISC	A	(319)	DELIVERY ROOM & LABOR ROOM	52	33.45
33.46	QUALITY OTHER NON ALLOW	A	(1,050)	ADMINISTRATIVE & GENERAL	5	33.46
33.47	CONTRA TAX	A	(388)	ADMINISTRATIVE & GENERAL	5	33.47
33.48	ADVERTISING-RADIO	A	(144)	ADULTS & PEDIATRICS	30	33.48
33.49	ADVERTISING-RADIO	A	(150)	SUBPROVIDER - IRF	41	33.49
33.5	ADVERTISING-RADIO	A	(130)	PHYSICAL THERAPY	66	33.5
33.51	COMMUNITY EDUCATION	A	2,613	ADMINISTRATIVE & GENERAL	5	33.51
33.52	COMMUNITY EDUCATION	A	(179)	BURN INTENSIVE CARE UNIT	33	33.52
33.53	RESTORATION PLAN EXPENSE	A	(5,932)	EMPLOYEE BENEFITS DEPARTMENT	4	33.53



ADJUSTMENTS TO EXPENSES	PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	WORKSHEET A-8
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DESCRIPTION (1)	BASIS/CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
			COST CENTER		
			3	4	
	1	2	3	4	5
33.54 BANQUETS	A	(162)	ADULTS & PEDIATRICS	30	33.54
33.55 BANQUETS	A	(200)	DELIVERY ROOM & LABOR ROOM	52	33.55
33.56 BANQUETS	A	(80)	PHYSICAL THERAPY	66	33.56
33.57 BANQUETS	A	(144)	EMERGENCY	91	33.57
33.58 ADMIN NON-ALLOW	A	(7,715)	ADMINISTRATIVE & GENERAL	5	33.58
33.59 PENALTIES	A	(8,398)	ADMINISTRATIVE & GENERAL	5	33.59
33.6 NON-ALLOWABLE LEGAL FEES	A	(291,988)	ADMINISTRATIVE & GENERAL	5	33.6
33.61 COST RELATED TO VISITOR ROOMS	A	8,925	ADULTS & PEDIATRICS	30	33.61
33.62 AMORTIZE BURN/WOUND	A	5,922	ADMINISTRATIVE & GENERAL	5	33.62
33.63 AMORTIZE DAVINCI XI	A	4,939	ADMINISTRATIVE & GENERAL	5	33.63
33.64 AMORTIZE ED CON	A	8,153	ADMINISTRATIVE & GENERAL	5	33.64
33.65 PARKING DECK	A	145	ADMINISTRATIVE & GENERAL	5	33.65
33.66 BURN TOWER	A	5,712	ADMINISTRATIVE & GENERAL	5	33.66
33.67 WOMENS CENTER MRI	A	1,022	ADMINISTRATIVE & GENERAL	5	33.67
33.68 LOBBYING PORTION OF DUES	A	(48,404)	ADMINISTRATIVE & GENERAL	5	33.68
33.69 NON-ALLOWABLE CONSULTING	A	(1,732,392)	ADMINISTRATIVE & GENERAL	5	33.69
33.7 NON-ALLOWABLE CONSULTING	A	(60,261)	PHARMACY	15	33.7
33.71 NON-ALLOWABLE CONSULTING	A	(65,449)	ADULTS & PEDIATRICS	30	33.71
33.72 NON-ALLOWABLE TRAVEL & ENT	A	(644)	ADMINISTRATIVE & GENERAL	5	33.72
33.73 NON-ALLOWABLE TRAVEL & ENT	A	(432)	SUBPROVIDER - IRF	41	33.73
33.74 NON-ALLOWABLE TRAVEL & ENT	A	(6,992)	PHYSICAL THERAPY	66	33.74
33.75 NON-ALLOWABLE PATIENT TRANSPORTATION	A	(5,980)	ADULTS & PEDIATRICS	30	33.75
33.76 REHAB OUTREACH COSTS	A	(40,890)	EMPLOYEE BENEFITS DEPARTMENT	4	33.76
33.77 REHAB OUTREACH COSTS	A	(290,342)	SUBPROVIDER - IRF	41	33.77
33.78 PT OUTREACH COSTS	A	(82,360)	PHYSICAL THERAPY	66	33.78
33.79 PT OUTREACH COSTS	A	(12,369)	EMPLOYEE BENEFITS DEPARTMENT	4	33.79
33.8 NON-HOSP ENTITY O/H	A	(8,249)	ADMINISTRATIVE & GENERAL	5	33.8
33.81 NON-HOSP ENTITY O/H	A	(632)	CENTRAL SERVICES & SUPPLY	14	33.81
33.82 NON-HOSP ENTITY O/H	A	(5,683)	MEDICAL SUPPLIES CHARGED TO PATIENT	71	33.82
33.83 NON-ALLOWABLE EXECUTIVE TIME	A	(8,803)	EMPLOYEE BENEFITS DEPARTMENT	4	33.83
33.84 NON-ALLOWABLE EXECUTIVE TIME	A	(95,765)	ADMINISTRATIVE & GENERAL	5	33.84
33.85 NON-ALLOWABLE EXECUTIVE TIME	A	(8,613)	NURSING ADMINISTRATION	13	33.85
33.86 MALPRACTICE PAID CLAIMS	A	3,145,517	ADMINISTRATIVE & GENERAL	5	33.86
33.87 W/C INSPAID CLAIMS	A	955	EMPLOYEE BENEFITS DEPARTMENT	4	33.87
50 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200)		(33,305,333)			50

- (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 COSTSPROVIDER CCN:  
11-0177PERIOD:  
FROM: 04/01/2021  
TO: 03/31/2022

WORKSHEET A-8-1

**A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR  
CLAIMED HOME OFFICE COSTS:**

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5) *	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1	14	CENTRAL SERVICES & SUPPLY	HPG	361,658	767,868	(406,210)	1
2	5	ADMINISTRATIVE & GENERAL	IT&S	3,604,186	4,800,478	(1,196,292)	2
3	5	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	8,717,696	20,209,665	(11,491,969)	3
4	5	ADMINISTRATIVE & GENERAL	SSC	9,369,362	9,080,460	288,902	4
4.01	5	ADMINISTRATIVE & GENERAL	FUNCT-SC	3,998,111	3,900,575	97,536	4.01
4.02	5	ADMINISTRATIVE & GENERAL	SC PRINT	166,057	166,057		4.02
4.03	5	ADMINISTRATIVE & GENERAL	HWS	22,224	22,190	34	4.03
4.04	13	NURSING ADMINISTRATION	HWS	2,777,817	2,743,204	34,613	4.04
4.05	15	PHARMACY	HWS	684	674	10	4.05
4.06	30	ADULTS & PEDIATRICS	HWS	6,008,888	5,943,705	65,183	4.06
4.07	31	INTENSIVE CARE UNIT	HWS	1,002,717	990,154	12,563	4.07
4.08	33	BURN INTENSIVE CARE UNIT	HWS	1,299,470	1,285,777	13,693	4.08
4.09	35	NEONATAL INTENSIVE CARE UNIT	HWS	2,713	2,680	33	4.09
4.1	41	SUBPROVIDER - IRF	HWS	421,631	417,081	4,550	4.1
4.11	43	NURSERY	HWS	932	919	13	4.11
4.12	50	OPERATING ROOM	HWS	2,023,659	2,002,850	20,809	4.12
4.13	51	RECOVERY ROOM	HWS	124,473	122,870	1,603	4.13
4.14	52	DELIVERY ROOM & LABOR ROOM	HWS	934,727	924,161	10,566	4.14
4.15	54	RADIOLOGY-DIAGNOSTIC	HWS	1,683	1,683		4.15
4.16							4.16
4.17	56	RADIOISOTOPE	HWS	780	780		4.17
4.18	57	CT SCAN	HWS	33,349	32,873	476	4.18
4.19	58	MRI	HWS	453	446	7	4.19
4.2	59	CARDIAC CATHETERIZATION	HWS	53,514	52,700	814	4.2
4.21	60	LABORATORY	HWS	293,528	290,299	3,229	4.21
4.22	62	WHOLE BLOOD & PACKED RED BLOOD CELL	HWS	140,327	138,571	1,756	4.22
4.23	65	RESPIRATORY THERAPY	HWS	201,822	200,116	1,706	4.23
4.24	66	PHYSICAL THERAPY	HWS	88,687	87,996	691	4.24
4.25	67	OCCUPATIONAL THERAPY	HWS	11,649	11,482	167	4.25
4.26	68	SPEECH PATHOLOGY	HWS	254	250	4	4.26
4.27	71	MEDICAL SUPPLIES CHARGED TO PATIENT	HWS	13,222	13,222		4.27
4.28	74	RENAL DIALYSIS	HWS	619,980	613,867	6,113	4.28
4.29	91	EMERGENCY	HWS	1,807,547	1,787,123	20,424	4.29
4.3	5	ADMINISTRATIVE & GENERAL	PARALLON MARK - UP		2,277,844	(2,277,844)	4.3
4.31	5	ADMINISTRATIVE & GENERAL	PSC	55,016	71,172	(16,156)	4.31
4.32	16	MEDICAL RECORDS & LIBRARY	HIM ABSTRACT	348,606	350,006	(1,400)	4.32
4.33	60	LABORATORY	IRL	110,038	132,432	(22,394)	4.33
4.34	5	ADMINISTRATIVE & GENERAL	SSC CPC	21,313	21,314	(1)	4.34
4.35	16	MEDICAL RECORDS & LIBRARY	SSC HIMS	237,290	237,290		4.35
4.36	5	ADMINISTRATIVE & GENERAL	SSC PA	1,169,693	1,169,692	1	4.36
4.37	5	ADMINISTRATIVE & GENERAL	ITDS	1,878,560	1,919,640	(41,080)	4.37
4.38	16	MEDICAL RECORDS & LIBRARY	HSC	1,993,642	1,940,524	53,118	4.38
4.39	16	MEDICAL RECORDS & LIBRARY	CANCER REGISTRY	219,134	218,580	554	4.39
4.4	5	ADMINISTRATIVE & GENERAL	TRANSFER CENTER	575,450	560,459	14,991	4.4
4.41	5	ADMINISTRATIVE & GENERAL	PBD	72,454	72,208	246	4.41
4.42	5	ADMINISTRATIVE & GENERAL	CPC	213,520	213,970	(450)	4.42
4.43	5	ADMINISTRATIVE & GENERAL	RI	328,994	303,304	25,690	4.43
4.44	4	EMPLOYEE BENEFITS DEPARTMENT	HCA HR SERVICES	1,064,427	1,064,427		4.44
4.45	5	ADMINISTRATIVE & GENERAL	BEHAVIORAL HEALTH	470,971	404,677	66,294	4.45
4.46	5	ADMINISTRATIVE & GENERAL	CLINICALEUCATION	1,113,147	1,109,746	3,401	4.46
4.47	5	ADMINISTRATIVE & GENERAL	URS ALLOCATION	415,332	411,377	3,955	4.47
4.48	5	ADMINISTRATIVE & GENERAL	NCCM CALL CENTER - PARA		30,606	(30,606)	4.48
4.49	5	ADMINISTRATIVE & GENERAL	CDI DIRECTOR ALLOC	78,831	78,831		4.49
4.5	5	ADMINISTRATIVE & GENERAL	SUPPORT SERVICES ALLOC	6,872	6,872		4.5
4.51	5	ADMINISTRATIVE & GENERAL	HCA CORP STUDENT LOAN	80,954	18,943	62,011	4.51

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS				PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	WORKSHEET A-8-1	
4.52	5	ADMINISTRATIVE & GENERAL	HWS PL COST ALLOC	82,148	82,148		4.52
4.53	5	ADMINISTRATIVE & GENERAL	FAC SCHEDULER COST ALL	81,927	81,927		4.53
4.54	5	ADMINISTRATIVE & GENERAL	HWS REBATE	(136,704)	(136,704)		4.54
4.55	5	ADMINISTRATIVE & GENERAL	MALPRACTICE	208,253	3,008,406	(2,800,153)	4.55
4.56	5	ADMINISTRATIVE & GENERAL	GENERAL INSURANCE		76,929	(76,929)	4.56
4.57	4	EMPLOYEE BENEFITS DEPARTMENT	SELF INS. POOLING		1,882,427	(1,882,427)	4.57
4.58	5	ADMINISTRATIVE & GENERAL	PHY. SALES		744,298	(744,298)	4.58
4.59	4	EMPLOYEE BENEFITS DEPARTMENT	OCC MED	396,172	396,172		4.59
4.6	5	ADMINISTRATIVE & GENERAL	INTERCOMPANY INTEREST-		(21,307,129)	21,307,129	4.6
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			55,189,840	54,055,164	1,134,676	5

\* The amounts on lines 1 through 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 have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	WORKSHEET A-8-1
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**B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B			HPG	65	HPG	6
7	B			IT&S	100	IT&S	7
8	B			PARALLON	100	PARALLON	8
9	B			SSC 8591	100	SSC 8591	9
9.01	B			SC	100	SC	9.01
9.02	B			SC PRINT	100	SC PRINT	9.02
9.03	B			HWS	100	HWS	9.03
9.04	B			HWS	100	HWS	9.04
9.05	B			HWS	100	HWS	9.05
9.06	B			HWS	100	HWS	9.06
9.07	B			HWS	100	HWS	9.07
9.08	B			HWS	100	HWS	9.08
9.09	B			HWS	100	HWS	9.09
9.1	B			HWS	100	HWS	9.1
9.11	B			HWS	100	HWS	9.11
9.12	B			HWS	100	HWS	9.12
9.13	B			HWS	100	HWS	9.13
9.14	B			HWS	100	HWS	9.14
9.15	B			HWS	100	HWS	9.15
9.16	B			HWS	100	HWS	9.16
9.17	B			HWS	100	HWS	9.17
9.18	B			HWS	100	HWS	9.18
9.19	B			HWS	100	HWS	9.19
9.2	B			HWS	100	HWS	9.2
9.21	B			HWS	100	HWS	9.21
9.22	B			HWS	100	HWS	9.22
9.23	B			HWS	100	HWS	9.23
9.24	B			HWS	100	HWS	9.24
9.25	B			HWS	100	HWS	9.25
9.26	B			HWS	100	HWS	9.26
9.27	B			HWS	100	HWS	9.27
9.28	B			HWS	100	HWS	9.28
9.29	B			PARALLON	100	PARALLON	9.29
9.3	B			PSC	100	PSC	9.3
9.31	B			27539	100	27539	9.31
9.32	B			23423	100	23423	9.32
9.33	B			SSC CPC	100	SSC CPC	9.33
9.34	B			SSC HIMMS	100	SSC HIMMS	9.34
9.35	B			SSC PA	100	SSC PA	9.35
9.36	B			ITDS	100	ITDS	9.36
9.37	B			HSC	100	HSC	9.37
9.38	B			CANCER REGISTRY	100	CANCER REGISTRY	9.38
9.39	B			TRANSFER CENTER	100	TRANSFER CENTER	9.39
9.4	B			PBD	100	PBD	9.4
9.41	B			CPC	100	CPC	9.41
9.42	B			RI	100	RI	9.42
10	B			26560	100	26,560	10

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

PROVIDER CCN:

PERIOD:  
FROM: 04/01/2021  
TO: 03/31/2022

WORKSHEET A-8-2

11-0177

	Wkst. A Line #	Cost Center/ Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GENERAL	3,195,157	3,108,493	86,664	211,500	423	43,012	2,151	1
2	30	ADULTS & PEDIATRICS	1,126,447	1,126,447						2
3	33	BURN INTENSIVE CARE UNIT	1,269,645	1,138,770	130,875	211,500	593	60,298	3,015	3
4	41	SUBPROVIDER - IRF	126,766	33,016	93,750	211,500	625	63,552	3,178	4
5	50	OPERATING ROOM	5,865,162	5,813,322	51,840	246,400	353	41,817	2,091	5
6	52	DELIVERY ROOM & LABOR ROOM	1,380,000	1,380,000						6
7	69	ELECTROCARDIOLOGY	145,397	145,397						7
8	91	EMERGENCY	10,030,795	10,030,795						8
9										9
10										10
11										11
200	TOTAL		23,139,369	22,776,240	363,129		1,994	208,679	10,435	200

	Wkst. A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1							43,012	43,652	3,152,145	1
2									1,126,447	2
3							60,298	70,577	1,209,347	3
4							63,552	30,198	63,214	4
5							41,817	10,023	5,823,345	5
6									1,380,000	6
7									145,397	7
8									10,030,795	8
9										9
10										10
11										11
200	TOTAL						208,679	154,450	22,930,690	200