

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER CCN:

PERIOD:

WORKSHEET A

11-0028

FROM: 01/01/2021

TO: 12/31/2021

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		37,595,388	37,595,388	(24,560,997)	13,034,391	(432,601)	12,601,790	1
2	00200				24,560,997	24,560,997	(124,242)	24,436,755	2
3	00300								3
4	00400	1,203,285	2,947,469	4,150,754	37,640,952	41,791,706	(123,018)	41,668,688	4
5	00500	24,577,120	65,346,414	89,923,534	(34,544,782)	55,378,752	(2,733,773)	52,644,979	5
6	00600	1,025,610	19,838,707	20,864,317	(6,024,100)	14,840,217	(651,040)	14,189,177	6
6.01	00600								6.01
7	00700				7,094,220	7,094,220		7,094,220	7
8	00800								8
9	00900		8,434,306	8,434,306	(918,291)	7,516,015	(220,000)	7,296,015	9
10	01000		5,779,638	5,779,638	(606,448)	5,173,190		5,173,190	10
11	01100		252,659	252,659	(32)	252,627		252,627	11
12	01200								12
13	01300	3,050,299	627,258	3,677,557	(2,560)	3,674,997	(24,371)	3,650,626	13
14	01400		1,493,455	1,493,455	(172,598)	1,320,857		1,320,857	14
15	01500	5,079,391	24,248,838	29,328,229	(20,263,563)	9,064,666	(310,031)	8,754,635	15
16	01600	1,893,571	346,868	2,240,439	(93)	2,240,346	(15)	2,240,331	16
17	01700								17
18									18
19	01900								19
20	02000								20
21	02100								21
22	02200		798,797	798,797		798,797		798,797	22
23	02300								23
23.01	02301	142,771	10,786	153,557	(1,600)	151,957	(28,929)	123,028	23.01
23.02	02302								23.02
23.03	02303								23.03
23.04	02304	166,886	11,785	178,671	2,331	181,002	(85,806)	95,196	23.04
INPATIENT ROUTINE SERVICE COST CENTERS									
30	03000	31,871,744	10,065,349	41,937,093	(1,422,068)	40,515,025	(372,044)	40,142,981	30
31	03100	24,667,751	11,178,684	35,846,435	(1,910,205)	33,936,230	(156,758)	33,779,472	31
31.01	02060	2,693,927	1,261,569	3,955,496	(418,769)	3,536,727		3,536,727	31.01
32	03200								32
33	03300								33
34	03400								34
35									35
40	04000								40
41	04100								41
42	04200								42
43	04300	747,026	113,528	860,554	(83,811)	776,743		776,743	43
44	04400								44
45	04500								45
46	04600								46
ANCILLARY SERVICE COST CENTERS									
50	05000	18,130,966	71,694,718	89,825,684	(63,231,928)	26,593,756	(1,741,492)	24,852,264	50
51	05100								51
52	05200	3,995,299	976,917	4,972,216	(301,340)	4,670,876		4,670,876	52
53	05300	245,615	908,790	1,154,405	(678,465)	475,940	(100,000)	375,940	53
54	05400	7,737,642	3,889,479	11,627,121	(1,995,671)	9,631,450	(51,334)	9,580,116	54
55	05500								55
56	05600								56
57	05700	1,571,106	332,634	1,903,740	(273,662)	1,630,078	(19,115)	1,610,963	57
58	05800	613,287	225,035	838,322	(48,079)	790,243		790,243	58
59	05900	3,105,742	8,543,206	11,648,948	(7,953,148)	3,695,800		3,695,800	59
60	06000	5,367,263	13,924,756	19,292,019	(49,984)	19,242,035	(210,000)	19,032,035	60
61	06100								61
62	06200								62
63	06300								63
64	06400	242,240	195,139	437,379	(18,715)	418,664		418,664	64

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		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	
65	06500	Respiratory Therapy	4,539,151	1,483,463	6,022,614	(586,261)	5,436,353	(18,398)	5,417,955	65
66	06600	Physical Therapy	4,226,296	139,992	4,366,288	(35,922)	4,330,366		4,330,366	66
67	06700	Occupational Therapy								67
68	06800	Speech Pathology								68
69	06900	Electrocardiology	2,468,236	304,883	2,773,119	1,714	2,774,833	(30,140)	2,744,693	69
70	07000	Electroencephalography								70
71	07100	Medical Supplies Charged to Patients				33,766,504	33,766,504		33,766,504	71
72	07200	Implantable Devices Charged to Patients				43,778,592	43,778,592		43,778,592	72
73	07300	Drugs Charged to Patients				20,774,744	20,774,744		20,774,744	73
74	07400	Renal Dialysis								74
75	07500	ASC (Non-Distinct Part)								75
76		Other Ancillary (specify)								76
76.97	07697	07697CARDIAC REHABILITATION	778,039	31,039	809,078	13,892	822,970		822,970	76.97
		OUTPATIENT SERVICE COST CENTERS								
88	08800	Rural Health Clinic (RHC)								88
89	08900	Federally Qualified Health Center (FQHC)								89
90	09000	Clinic	3,563,724	4,342,299	7,906,023	(916,147)	6,989,876	(1,747,940)	5,241,936	90
91	09100	Emergency	15,219,453	6,607,498	21,826,951	(720,640)	21,106,311	(202,080)	20,904,231	91
92	09200	Observation Beds								92
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. prgm.)								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		6,060,946	6,060,946		6,060,946	(6,060,946)		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)	168,923,440	310,012,292	478,935,732	(105,933)	478,829,799	(15,444,073)	463,385,726	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop, & Canteen		19,440	19,440		19,440		19,440	190
191	19100	Research								191
192	19200	Physicians' Private Offices								192
193	19300	Nonpaid Workers								193
194	07950	07950NONREIMBURSABLE COST CENTERS	2,688,003	17,718,878	20,406,881	105,933	20,512,814		20,512,814	194
200		TOTAL (sum of lines 118-199)	171,611,443	327,750,610	499,362,053		499,362,053	(15,444,073)	483,917,980	200

RECLASSIFICATIONS

PROVIDER CCN:
11-0028

PERIOD:
FROM: 01/01/2021
TO: 12/31/2021

WORKSHEET A-6

0	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref. 10		
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER			
			2	3	4	5	6	7	8	9			
1	DEPRECIATION	A		2		24,560,997			1		24,560,997	9	A1
1	EMPLOYEE BENEFITS	B		4		37,643,271			5		37,635,156		B1
2	EMPLOYEE BENEFITS	B							194		5,988		B2
3	EMPLOYEE BENEFITS	B							23		1,600		B3
4	EMPLOYEE BENEFITS	B							50		300		B4
5	EMPLOYEE BENEFITS	B							90		66		B5
6	EMPLOYEE BENEFITS	B							31		161		B6
1	MED SUPP/IMP DEV CHRGD TO PATS	C		71		33,766,504			4		2,319		C1
2	MED SUPP/IMP DEV CHRGD TO PATS	C		72		43,778,592			6		4,335		C2
3	MED SUPP/IMP DEV CHRGD TO PATS	C		5		3,226,616			9		2,375		C3
4	MED SUPP/IMP DEV CHRGD TO PATS	C							10		776		C4
5	MED SUPP/IMP DEV CHRGD TO PATS	C							11		32		C5
6	MED SUPP/IMP DEV CHRGD TO PATS	C							13		2,560		C6
7	MED SUPP/IMP DEV CHRGD TO PATS	C							14		172,598		C7
8	MED SUPP/IMP DEV CHRGD TO PATS	C							15		94,491		C8
9	MED SUPP/IMP DEV CHRGD TO PATS	C							16		93		C9
10	MED SUPP/IMP DEV CHRGD TO PATS	C							23		897		C10
11	MED SUPP/IMP DEV CHRGD TO PATS	C							30		1,422,068		C11
12	MED SUPP/IMP DEV CHRGD TO PATS	C							31		1,910,044		C12
13	MED SUPP/IMP DEV CHRGD TO PATS	C							31		418,769		C13
14	MED SUPP/IMP DEV CHRGD TO PATS	C							43		83,811		C14
15	MED SUPP/IMP DEV CHRGD TO PATS	C							50		63,231,628		C15
16	MED SUPP/IMP DEV CHRGD TO PATS	C							52		301,340		C16
17	MED SUPP/IMP DEV CHRGD TO PATS	C							53		678,465		C17
18	MED SUPP/IMP DEV CHRGD TO PATS	C							54		1,946,172		C18
19	MED SUPP/IMP DEV CHRGD TO PATS	C							57		273,662		C19
20	MED SUPP/IMP DEV CHRGD TO PATS	C							58		26,942		C20
21	MED SUPP/IMP DEV CHRGD TO PATS	C							59		8,152,040		C21
22	MED SUPP/IMP DEV CHRGD TO PATS	C							60		49,984		C22
23	MED SUPP/IMP DEV CHRGD TO PATS	C							64		18,715		C23
24	MED SUPP/IMP DEV CHRGD TO PATS	C							65		252,699		C24
25	MED SUPP/IMP DEV CHRGD TO PATS	C							66		35,922		C25
26	MED SUPP/IMP DEV CHRGD TO PATS	C							69		47,715		C26

RECLASSIFICATIONS

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PERIOD:
FROM: 01/01/2021
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WORKSHEET A-6

0	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref. 10	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
			2	3	4	5	6	7	8	9		
27	MED SUPP/IMP DEV CHRGD TO PATS	C						77		5,068		C27
28	MED SUPP/IMP DEV CHRGD TO PATS	C						90		915,552		C28
29	MED SUPP/IMP DEV CHRGD TO PATS	C						91		720,640		C29
1	RADIOLOGY	D		194	111,921			54	111,921			D1
1	MEALS PREPARED FOR DIETARY/CAFETERIA	E		15		605,672		10		605,672		E1
1	OPERATION OF PLANT	F		7		7,094,220		5		136,242		F1
2	OPERATION OF PLANT	F						6		6,019,765		F2
3	OPERATION OF PLANT	F						9		915,916		F3
4	OPERATION OF PLANT	F						54		581		F4
5	OPERATION OF PLANT	F						58		21,137		F5
6	OPERATION OF PLANT	F						65		50		F6
7	OPERATION OF PLANT	F						90		529		F7
1	DRUGS CHARGED TO PATIENTS	G		73		20,774,744		15		20,774,744		G1
1	CARDI-PULMONARY ADMIN	I		23	3,209	19		65	331,595	1,917		I1
2	CARDI-PULMONARY ADMIN	I		54	62,641	362						I2
3	CARDI-PULMONARY ADMIN	I		59	197,749	1,143						I3
4	CARDI-PULMONARY ADMIN	I		69	49,145	284						I4
5	CARDI-PULMONARY ADMIN	I		77	18,851	109						I5
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				443,516	171,452,533			443,516	171,452,533		500

(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:
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PERIOD:
FROM: 01/01/2021
TO: 12/31/2021

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	19,488,336				895,194	18,593,142		1
2 Land Improvements	5,065,526	5,983		5,983	87,295	4,984,214		2
3 Buildings and Fixtures	211,587,827	109,060		109,060	59,305	211,637,582		3
4 Building Improvements	143,138,935	10,497,988		10,497,988	3,082,931	150,553,992		4
5 Fixed Equipment	18,599,304	15,742		15,742	1,558,003	17,057,043		5
6 Movable Equipment	335,377,774	23,165,348		23,165,348	9,430,003	349,113,119		6
7 HIT-designated Assets	53,045,730	1,099,811		1,099,811		54,145,541		7
8 Subtotal (sum of lines 1-7)	786,303,432	34,893,932		34,893,932	15,112,731	806,084,633		8
9 Reconciling Items	(13,890,812)				(4,519,704)	(9,371,108)		9
10 Total (line 7 minus line 9)	800,194,244	34,893,932		34,893,932	19,632,435	815,455,741		10

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

Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	9	10	11	12	13	14	15		
* 1 Capital Related Costs-Buildings and Fixtures	37,595,388							37,595,388	1
2 Capital Related Costs-Movable Equipment									2
3 Total (sum of lines 1-2)	37,595,388							37,595,388	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	402,825,973		402,825,973	51%					1
2 Capital Related Costs-Movable Equipment	403,258,660	13,330,093	389,928,567	49%					2
3 Total (sum of lines 1-2)	806,084,633	13,330,093	792,754,540	100%					3

Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	9	10	11	12	13	14	15		
* 1 Capital Related Costs-Buildings and Fixtures	12,601,790							12,601,790	1
2 Capital Related Costs-Movable Equipment	24,436,755							24,436,755	2
3 Total (sum of lines 1-2)	37,038,545							37,038,545	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:

PERIOD:

WORKSHEET A-8

11-0028

FROM: 01/01/2021
TO: 12/31/2021

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)	B	(49,672)	ADMINISTRATIVE & GENERAL	5	4
5 Refunds and rebates of expenses (chapter 8)	B	(123,684)	ADMINISTRATIVE & GENERAL	5	5
6 Rental of provider space by suppliers (chapter 8)					6
7 Telephone services (pay stations excluded) (chapter 21)	A	(4,445)	ADMINISTRATIVE & GENERAL	5	7
8 Television and radio service (chapter 21)	A		MAINTENANCE & REPAIRS	6	8
9 Parking lot (chapter 21)	A	(436,818)	CAP REL COSTS-BLDG & FIXT	1	9
10 Provider-based physician adjustment	Worksheet A-8-2	(4,591,142)			10
11 Sale of scrap, waste, etc. (chapter 23)	B	(5,301)	ADMINISTRATIVE & GENERAL	5	11
12 Related organization transactions (chapter 10)	Worksheet A-8-1				12
13 Laundry and linen service					13
14 Cafeteria-employees and guests					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					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		4,217	Buildings and Fixtures	1	9
27 Depreciation - movable equipment			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)			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 REIMBURSED SALARIES	B	(26,022)	ADMINISTRATIVE & GENERAL	5	33
34 NON - ALLOWABLE ADVERTISING	A	(1,915)	EMPLOYEE BENEFITS DEPARTMENT	4	34
35 NON - ALLOWABLE ADVERTISING	A	(4,789)	ADMINISTRATIVE & GENERAL	5	35
36 NON - ALLOWABLE ADVERTISING	A	(3,169)	PARAMED ED PRGM-SCHOOL OF RADIOLOGY	23	36
37					37
38 NON - ALLOWABLE ADVERTISING	A	(10,091)	CLINIC	90	38
39 ALCOHOLIC BEVERAGES	A	(2,295)	ADMINISTRATIVE & GENERAL	5	39
40 TV DEPRECIATION	A	(124,242)	CAP REL COSTS-MVBLE EQUIP	2	9
40.01 CHAPLAINCY INCOME	B		ADMINISTRATIVE & GENERAL	5	40.01
41 PARKING LOT ELECTRICITY	A	(32,853)	MAINTENANCE & REPAIRS	6	9
42 TV ELECTRICITY	A	(3,179)	MAINTENANCE & REPAIRS	6	42
43 CVT SCHOOL TUITION	B	(85,806)	PARAMED ED PRGM-CVT SCHOOL	23	43
44 RADIOLOGY SCHOOL TUITION	B	(25,760)	PARAMED ED PRGM-SCHOOL OF RADIOLOGY	23	44
45 INVESTMENT EXPENSE	A	(6,060,946)	INTEREST EXPENSE	113	45
45.01 MISC EXECUTIVE EXPENSES	A	(4,311)	ADMINISTRATIVE & GENERAL	5	45.01
45.02 SALE OF X-RAY COPIES	B	(1,330)	RADIOLOGY-DIAGNOSTIC	54	45.02
45.03 CHARITABLE CONTRIBUTIONS	A	(37,662)	ADMINISTRATIVE & GENERAL	5	45.03
45.04 EMPLOYEE HEALTH CHARGES	B	(23,201)	EMPLOYEE BENEFITS DEPARTMENT	4	45.04
45.05 ASSOCIATION DUES - LOBBYING	A	(56,583)	ADMINISTRATIVE & GENERAL	5	45.05
45.06 NON UHS SHORT TERM DISABILITY	A	(132,096)	ADMINISTRATIVE & GENERAL	5	45.06
45.07 VALET PARKING	A	(101,025)	MAINTENANCE & REPAIRS	6	45.07
45.08 MISCELLANEOUS INCOME	B	(2,250,425)	ADMINISTRATIVE & GENERAL	5	45.08
45.09 MISCELLANEOUS INCOME	B	(513,983)	MAINTENANCE & REPAIRS	6	45.09
45.1 MISCELLANEOUS INCOME	B	(220,000)	HOUSEKEEPING	9	45.1
45.11 MISCELLANEOUS INCOME	B		LABORATORY	60	45.11
45.12 MISCELLANEOUS INCOME	B	(24,371)	NURSING ADMINISTRATION	13	45.12
45.13 MISCELLANEOUS INCOME	B	(310,031)	PHARMACY	15	45.13
45.14 MISCELLANEOUS INCOME	B	(15)	MEDICAL RECORDS & LIBRARY	16	45.14
45.15 MISCELLANEOUS INCOME	B		CARDIAC REHABILITATION	77	45.15
45.16 MISCELLANEOUS INCOME	B	(32,675)	CLINIC	90	45.16
45.2 MISCELLANEOUS INCOME	B	(100)	ADULTS & PEDIATRICS	30	45.2
45.21 MISCELLANEOUS INCOME	B	(13,963)	CLINIC	90	45.21
45.22 SELF INSURANCE ADJUSTMENT - WORKERS	A	(97,902)	EMPLOYEE BENEFITS DEPARTMENT	4	45.22
45.23 SELF INSURANCE ADJUSTMENT - MALPRACT	A	(36,488)	ADMINISTRATIVE & GENERAL	5	45.23
50 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200)		(15,444,073)			50

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

PROVIDER CCN:
11-0028

PERIOD:
FROM: 01/01/2021
TO: 12/31/2021

WORKSHEET A-8-2

	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	30	ADULTS & PEDIATRICS	371,944	371,944						1
2	31	INTENSIVE CARE UNIT	156,758	156,758						2
3	50	OPERATING ROOM	1,741,492	1,741,492						3
4	53	ANESTHESIOLOGY	100,000	100,000						4
5	54	RADIOLOGY-DIAGNOSTIC	50,004	50,004						5
6	57	CT SCAN	19,115	19,115						6
7	60	LABORATORY	350,000	210,000	140,000	260,300	4,416	552,637	27,632	7
8	65	RESPIRATORY THERAPY	18,398	18,398						8
9	69	ELECTROCARDIOLOGY	30,140	30,140						9
10	90	CLINIC	1,691,211	1,691,211						10
11	91	EMERGENCY	202,080	202,080						11
200	TOTAL		4,731,142	4,591,142	140,000		4,416	552,637	27,632	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									371,944	1
2									156,758	2
3									1,741,492	3
4									100,000	4
5									50,004	5
6									19,115	6
7							552,637		210,000	7
8									18,398	8
9									30,140	9
10									1,691,211	10
11									202,080	11
200	TOTAL						552,637		4,591,142	200