

AMENDED FINANCIAL REPORT

(Medical Assistance Program of the
Department of Human Services,
Commonwealth of Pennsylvania)

Guthrie Robert Packer Hospital
Report Period July 1, 2021 – June 30, 2022

May 2024



Commonwealth of Pennsylvania
Department of the Auditor General

Timothy L. DeFoer • Auditor General

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**Commonwealth of Pennsylvania
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**TIMOTHY L. DEFOOR
AUDITOR GENERAL**

April 3, 2024

Mr. Francis Macafee
Vice President and Chief Financial Officer
Guthrie Health System
One Guthrie Square
Sayre, PA 18840

Dear Mr. Macafee:

At the request of the Department of Human Services (DHS), we have performed the procedures enumerated below on the submitted cost report (Form MA-336) of Guthrie Robert Packer Hospital for the fiscal year ended June 30, 2022. The purpose of these procedures was to certify the costs detailed in the facility's submitted MA-336 cost report. The results of these procedures are detailed below and in the adjustments section of our issued final amended MA-336 cost report. DHS will use our final amended MA-336 cost report to set the Medical Assistance reimbursement rate for this which includes a new Medical Rehab Unit.

Our engagement was limited to the procedures outlined below and was not conducted, nor was it required to be, in accordance with auditing or attestation standards issued by the American Institute of Certified Public Accountants (AICPA) or the Comptroller General of the United States.

Guthrie Robert Packer Hospital (the facility) is responsible for maintaining financial records supporting the costs, charges, and days included in the facility's submitted MA-336 cost report. DHS is responsible for the reliability of the data generated from the Provider Reimbursement and Operations Management Information System (PROMISE™).¹

¹ PROMISE™ is a Web-based application for registered providers. PROMISE™ is a HIPAA-compliant claims processing and management information system. Source: <http://dhs.pa.gov/about/Pages/Online-Services.aspx> accessed 1/17/2024.

We performed the following DHS-requested procedures which resulted in the associated adjustments and/or no adjustments, as noted.

1. Compared total paid MA days, MA charges, and MA discharges for the Diagnostic Related Groupings (DRG), Psychiatric Unit, and the new Medical Rehab Unit detailed on the facility's submitted MA-336 Cost Report to the actual data supplied in the Cost Settlement Report, dated 9/7/2023, and provided by the DHS from PROMISe™.
 - We determined adjustments were warranted as a result of this procedure; therefore, the final amended cost report includes the actual paid MA days, MA charges, and MA discharges for the DRG, Psychiatric Unit, and new Medical Rehab Unit detailed in the Cost Settlement Report, dated 9/7/2023, and provided by the DHS from PROMISe™. Refer to adjustments #2, #3, #9, #10 and #11 on the Amended Adjustment Report.
2. Compared total costs and total charges included in the facility's submitted MA-336 Cost Report to the total costs and total charges included in the facility's trial balance.
 - No adjustments were warranted as a result of this procedure.
3. Compared the number of beds available, number of bed days, and total inpatient days included in the facility's submitted MA-336 Cost Report to the corresponding numbers included in the facility's final accepted Medicare Cost Report.
 - We determined an adjustment was warranted for Total Inpatient Days for the General Routine Care cost center to remove hospice days for proper cost reporting. Refer to adjustment #1 on the Amended Adjustment Report.
4. Compared the cost allocation statistics for the new Medical Rehab Unit, and in total, included on the facility's submitted MA-336 Cost Report to the cost allocation statistics included in the facility's final accepted Medicare Cost Report and the facility's documentation on statistics.
 - We determined that adjustments were warranted for the Maintenance and Repair, Operation of Plant, Dietary and Social Service Statistics for proper cost reporting. Refer to adjustment #4, #5, #6 and #7 on the Amended Adjustment Report.
5. Determined whether any costs were included in the facility's submitted MA-336 Cost Report "Capital Costs-Bldg" cost center for the new Medical Rehab Unit. Such costs are nonallowable per Chapter 1163, Subchapter B, 1163.453.
 - We determined such nonallowable costs were included in the facility's submitted MA-336 Cost Report "Capital Costs-Bldg" cost center for the new Medical Rehab Unit as a result of this procedure; therefore, these costs were excluded from our final amended MA-336 Cost Report. Refer to adjustment #8 on the Amended Adjustment Report.

We also performed procedures in addition to those requested by the DHS to attempt to determine the reliability of paid MA days, MA charges, and MA discharges data included in the DHS' PROMISe™ Cost Settlement Reports. We considered the evaluation of this data to be necessary to certify the costs detailed in the facility's submitted MA-336 cost report.

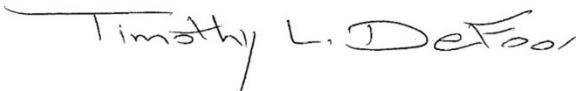
Based on the results of those procedures, and as communicated to DHS management, while we concluded that data related to paid MA charges as detailed in PROMISe™ were reliable, we concluded that the actual paid MA days and MA discharges data detailed in the PROMISe™ Cost Settlement Report, dated 9/7/2023, is of undetermined reliability. However, the DHS confirmed that, for their purposes and use of our issued amended MA-336 cost reports, it was not necessary for us to conduct any further procedures to attempt to determine the reliability of that data, such as comparing data in the PROMISe™ system to supporting source documents at the facility. Therefore, users of this report should take into consideration that the evidence upon which we relied, at the DHS' request to calculate paid MA days and MA discharges, is of undetermined reliability.

Based on the results of the procedures noted above, except for the effects, if any, of the matter described in the preceding paragraph, we certify that the facility's reasonable costs of providing inpatient hospital care under the Commonwealth's Medical Assistance Program as detailed in the final amended MA-336 cost report are accurately stated in all material respects.

This report is intended solely for the information and use of the DHS to set the Medical Assistance reimbursement rate for this facility with a new Medical Rehab Unit, and is not intended to be, and should not be, used by anyone other than the specified party.

We appreciate the cooperation, assistance, and courtesy granted our representatives by your officials and the staff of the Guthrie Robert Packer Hospital.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy L. DeFoor".

Timothy L. DeFoor
Auditor General

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS: Guthrie Robert Packer Hospital
 One Guthrie Square
 Sayre, PA 18840

PROVIDER NO.: 1007706140003
 1007706140015
 1007706140051

PERIOD: 7/1/21 to 6/30/22

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	S-2	3	1	1	Inpatient Statistics Total Inpatient Days General Routine Care To adjust the total inpatient days reported for proper cost reporting. DHS 1163, Subchapter A, 1163.51	54,198.0	(59.0)	54,139.0
MA-336	S-2	4	1 10	2	MA Days General Routine Care Psychiatric Unit To adjust the reported MA days to the paid MA days per the Cost Settlement Report, dated 9/7/2023. DPW 1163, Subchapter A, 1163.51 DPW 1151.41	405.0 117.0	153.0 (89.0)	558.0 28.0
MA-336	S-2	10	9 10	3	MA Discharges PA MA Discharges - DRG PA MA Discharges - Psychiatric To adjust the reported MA discharges to the MA discharges per the Cost Settlement Report, dated 9/7/2023. DPW 1163, Subchapter A, 1163.51 DPW 1151.41	107.0 22.0	14.0 (18.0)	121.0 4.0
MA-336	B-1	6 26	5	4	B-1 Statistical Adjustments Maintenance & Repair Operation of Plant General Routine Care To adjust the Maintenance & Repair statistic for proper cost reporting. DHS 1163, Subchapter A, 1163.51	0 95,984.0	17,225.0 (14,223.0)	17,225.0 81,761.0
MA-336	B-1	26	6	5	Operation of Plant General Routine Care To adjust the Operation of Plant statistic for proper cost reporting. DHS 1163, Subchapter A, 1163.51	95,984.0	(14,223.0)	81,761.0

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PERIOD: 7/1/21 to 6/30/22

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	B-1	26	9	6	Dietary General Routine Care To adjust the Dietary statistic for proper cost reporting. DHS 1163, Subchapter A, 1163.51	186,670.0	1,814.0	188,484.0
MA-336	B-1	26	17	7	Social Services General Routine Care To adjust the Social Services statistic for proper cost reporting. DHS 1163, Subchapter A, 1163.51	55,177.0	1,269.0	56,446.0
MA-336	C-2	34	1	8	C-2 Cost Adjustment Medical Rehab Unit To delete non-allowable Capital Costs on Buildings for new Medical Rehab Unit. DHS 1163, Subchapter B, 1163.453	\$ 5,187,849	\$ (250,734)	\$ 4,937,115
MA-336	C-2	26	9	9	Charge Adjustment DRG MA Charges General Routine Care Nursery Intensive Care Unit Operating Room Delivery and Labor Rm Anesthesiology Radiology-Diagnostic Radiology-Therapeutic Laboratory Intravenous Therapy Respiratory Therapy Physical Therapy Occupational Therapy Speech Therapy Electrocardiology Electroencephalography Medical Supplies Drugs Charged to Patients CT Scan MRI Cardiac Cath Impl. Dev. Charged to Patients Emergency To adjust the MA inpatient charges to the paid MA charges per the Cost Settlement Report, dated 9/7/2023. The MA charges are allocated on proportionate basis as developed from the filed MA charges. DPW 1163, Subchapter A, 1163.51	\$ 887,780 \$ 62,042 \$ 259,672 \$ 362,467 \$ 28,950 \$ 37,372 \$ 197,434 \$ 24,818 \$ 659,907 \$ 147 \$ 122,885 \$ 11,102 \$ 11,713 \$ 8,896 \$ 157,620 \$ 3,770 \$ 162,838 \$ 774,088 \$ 248,559 \$ 55,284 \$ 24,263 \$ 68,530 \$ 216,731 \$ 4,386,868	\$ 403,554 \$ 28,202 \$ 118,038 \$ 164,765 \$ 13,160 \$ 16,988 \$ 89,747 \$ 11,281 \$ 299,971 \$ 67 \$ 55,859 \$ 5,047 \$ 5,324 \$ 4,044 \$ 71,649 \$ 1,714 \$ 74,020 \$ 351,874 \$ 112,986 \$ 25,130 \$ 11,029 \$ 31,151 \$ 98,518 \$ 1,994,118	\$ 1,291,334 \$ 90,244 \$ 377,710 \$ 527,232 \$ 42,110 \$ 54,360 \$ 287,181 \$ 36,099 \$ 959,878 \$ 214 \$ 178,744 \$ 16,149 \$ 17,037 \$ 12,940 \$ 229,269 \$ 5,484 \$ 236,858 \$ 1,125,962 \$ 361,545 \$ 80,414 \$ 35,292 \$ 99,681 \$ 315,249 \$ 6,380,986

AMENDED ADJUSTMENT REPORT

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PROVIDER NO.: 1007706140003
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PERIOD: 7/1/21 to 6/30/22

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL	
FORM	SCHEDULE	LINE	COLUMN						
MA-336	C-3	35 41 44 48 53 54 56 60 70	3	10	Charge Adjustment Psychiatric MA Charges Psych. Unit Radiology-Diagnostic Laboratory Respiratory Therapy Electrocardiology Electroencephalography Drugs Charged to Patient MRI Emergency Room	\$ 280,041 \$ 1,390 \$ 45,325 \$ 2,672 \$ 3,164 \$ 840 \$ 8,180 \$ 5,527 \$ 67,909	\$ (213,946) \$ (1,062) \$ (34,627) \$ (2,041) \$ (2,417) \$ (642) \$ (6,249) \$ (4,223) \$ (51,881)	\$ 66,095 \$ 328 \$ 10,698 \$ 631 \$ 747 \$ 198 \$ 1,931 \$ 1,304 \$ 16,028	
					To adjust the MA Psychiatric Inpatient Charges to the paid MA Psychiatric Inpatient Charges per the Cost Settlement Report, dated 9/7/2023. The MA Psychiatric Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Psychiatric Inpatient Charges. DHS 1151.41				
MA-336	C-7	34 41 44 48 49 50 51 53 55 56 59	3	11	Charge Adjustment MRU MA Charges Med Rehab Unit Radiology Diagnostic Laboratory Respiratory Therapy Physical Therapy Occupational Therapy Speech Therapy Electrocardiology Medical Supplies Drugs Charged to Patients CT Scan	\$ 53,550 \$ 484 \$ 3,969 \$ 3,014 \$ 21,599 \$ 19,438 \$ 3,742 \$ 271 \$ 2,371 \$ 3,230 \$ 4,751	\$ (53,550) \$ (484) \$ (3,969) \$ (3,014) \$ (21,599) \$ (19,438) \$ (3,742) \$ (271) \$ (2,371) \$ (3,230) \$ (4,751)	\$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	
					To adjust the MA Medical Rehab Inpatient Charges to the paid MA Medical Rehab Inpatient Charges per the Cost Settlement Report, dated 9/7/2023. The MA Medical Rehab Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Medical Rehab Inpatient Charges. DHS 1163, Subchapter B, 1163.451				
						\$ 116,419	\$ (116,419)	\$ 0	

Guthrie Robert Packer Hospital
 Amended WORKSHEET S-1
DETERMINATION OF PENNSYLVANIA M.A. REIMBURSABLE COST
 (Excluding SNF, ICF and RTF Data)

PART I	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM (From Wkst. C-2, Col. 10) (2 decimal places)	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS		
	(1)	(2)		
1. GENERAL ROUTINE CARE	54,139	558.0	\$1,208.77	\$674,494
2. NURSERY	1,252	36.0	\$1,359.68	\$48,948
3. INTENSIVE CARE UNIT	9,070	104.0	\$2,691.36	\$279,901
4. NEONATE INTENSIVE CARE UNIT				
5. CORONARY CARE UNIT				
6. CRITICAL CARE				
7. SWING BED				
8. EXTENDED CARE PSYCHIATRIC UNIT				
9. SUB-TOTAL (1-8)	64,461	698.0		\$1,003,343
PA M.A. ANCILLARY				
10. SERVICE COST (From Wkst. C-2, Line 80, Col. 11)				\$856,287
TOTAL PA M.A.				
11. REIMBURSABLE COST (Sum of Lines 9 & 10, Col. 4)				\$1,859,630
12. NET GAIN (OR LOSS) FROM DISPOSAL OF CAPITAL ASSETS IN A PRIOR YEAR (SEE PAGE 38 OF INSTRUCTIONS FOR CLARIFICATION)				
13. OTHER ADJUSTMENT (SPECIFY)				
14. OTHER ADJUSTMENT (SPECIFY)				
15. TOTAL ADJUSTMENTS (SUM OF LINES 12 - 14)				
16. ADJUSTED PA M.A. REIMBURSABLE COST (LINE 11 PLUS OR MINUS LINE 15)				\$1,859,630

PART II	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM (From Wkst C-3, Col. 4, Line 35) (2 decimal places)	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS		
	(1)	(2)		
1. PSYCHIATRIC UNIT INPATIENT SERVICES	3,983	28.0	\$1,462.15	\$40,940
2. PSYCHIATRIC UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-3, Line 80, Col. 5)				\$5,517
3. TOTAL PA M.A. PSYCHIATRIC UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				\$46,457
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. PSYCHIATRIC UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				\$46,457

Guthrie Robert Packer Hospital
Amended WORKSHEET S-1
DETERMINATION OF PENNSYLVANIA M.A. REIMBURSABLE COST
(Excluding SNF, ICF and RTF Data)

		PROVIDER NUMBER		PERIOD
				7/1/2021 to 6/30/2022
PART III DRUG AND ALCOHOL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM (From Wkst C-4, Col. 4, Line 36) (2 decimal places)	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	(3)	(4)
	(1)	(2)		
1. DRUG & ALCOHOL REHAB. UNIT INPATIENT SERVICES				
2. DRUG & ALCOHOL REHAB. UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-4, Line 80, Col. 5)				
3. TOTAL PA M.A. DRUG & ALCOHOL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. D & A REHAB. UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				
		PROVIDER NUMBER		PERIOD
		1007706140051		7/1/2021 to 6/30/2022
PART IV MEDICAL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM (From Wkst. C-7, Col. 4, Line 34) (2 decimal places)	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	(3)	(4)
	(1)	(2)		
1. MEDICAL REHABILITATION UNIT INPATIENT SERVICES	2,605		\$1,895.25	
2. MEDICAL REHABILITATION UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-7, Line 80, Col. 5)				
3. TOTAL PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				
PART V PA M.A. CAPITAL FOR ACUTE CARE & FREESTANDING HOSPITALS; MED. ED. & NURSING SCHOOL COSTS FOR ACUTE CARE HOSPITAL ONLY	CAPITAL	MEDICAL EDUCATION (Incl. Nursing School)	NURSING SCHOOL	
	(Round To Nearest \$)	(Round To Nearest \$)	(Round To Nearest \$)	
	(1)	(2)	(3)	
1. TOTAL PA M.A. REIMBURSABLE COSTS	\$58,646	\$145,469	\$6,649	
	From Wkst. C-5, Line 81, Col. 6	From Wkst. C-6, Part I Line 81, Col. 6	From Wkst. C-8, Line 81, Col. 6	
2. NET GAIN (or) LOSS FROM DISPOSAL OF CAPITAL ASSETS IN A PRIOR YEAR (See Instructions)				
3. OTHER ADJUSTMENTS (Specify)				
4. TOTAL ADJUSTMENTS (Sum of Lines 2 & 3)				
5. ADJUSTED PA M.A. REIMBURSABLE COST (Line 1 Plus or Minus Line 4)	\$58,646	\$145,469	\$6,649	
PART VI GENERAL HOSPITAL EXCLUDED UNITS & FREESTANDING SPECIALTY HOSPITALS PA M.A. MEDICAL EDUCATION COSTS	PSYCHIATRIC UNIT (From Wkst C-6, Part II, Line 81, Column 6)	D & A REHAB. UNIT (From Wkst C-6, Part III, Line 81, Column 6)	MED. REHAB. UNIT (From Wkst C-6, Part IV, Line 81, Column 6)	FREESTANDING HOSP (From Wkst C-6, Part V, Line 81, Column 6)
	(Round To Nearest \$)	(Round To Nearest \$)	(Round To Nearest \$)	(Round To Nearest \$)
	(1)	(2)	(3)	(4)
	\$1,782			

Guthrie Robert Packer Hospital

PROVIDER NUMBER: 1007706140003

1007706140015 / 1007706140051

FOR THE PERIOD: 7/1/2021 TO 6/30/2022

HOSPITAL AND HOSPITAL - HEALTH

CARE COMPLEX STATISTICAL DATA

(Excluding SNF and ICF facility Data)

Amended WORKSHEET S-2

INPATIENT BED COMPLEMENT AND OCCUPANCY	GENERAL ROUTINE CARE (1)	NURSERY (2)	INTENSIVE CARE UNIT (3)	NEONATE INTENSIVE CARE UNIT (4)	CORONARY CARE UNIT (5)	Critical Care (6)	SWING BED (7)	OTHER (SPECIFY) (8)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD)	188	14	38					68
2. TOTAL BED DAYS AND BASSINET DAYS SET- UP AND STAFFED FOR THE REPORTING PERIOD	68,620	5,110	13,870					24,820
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	54,139	1,252	9,070					
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	558.0	36.0	104.0					
5. TOTAL ADMINISTRATIVE DAYS USED FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF NONE, ENTER 0)							
6. PA MEDICAL ASSISTANCE ADMINISTRATIVE DAYS USED FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF NONE, ENTER 0)							
7. TOTAL HOSPITAL ADMISSIONS FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13							
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13							
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF BABY & MOTHER COUNT AS 2)							
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF BABY & MOTHER COUNT AS 2)							

STATISTICAL	
11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.)	
12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.)	
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0)	

Guthrie Robert Packer Hospital

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1007706140015 / 1007706140051

FOR THE PERIOD: 7/1/2021 TO 6/30/2022

HOSPITAL AND HOSPITAL - HEALTH

CARE COMPLEX STATISTICAL DATA

(Excluding SNF and ICF facility Data)

Amended WORKSHEET S-2

INPATIENT BED COMPLEMENT AND OCCUPANCY	SUBTOTAL (SUM OF COLS. 1-8)	PSYCH. UNIT (10)	DRUG AND ALCOHOL UNIT (11)	MEDICAL REHAB UNIT (12)	HOSPITAL TOTALS (Cols.9+ 10+11+12) (13)
(9)		(10)	(11)	(12)	(13)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD)	308	26		12	346
2. TOTAL BED DAYS AND BASSINET DAYS SET- UP AND STAFFED FOR THE REPORTING PERIOD	112,420	9,490		4,380	126,290
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	64,461	3,983		2,605	71,049
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	698.0	28.0			726.0
5. TOTAL ADMINISTRATIVE DAYS USED FOR THE PERIOD					
6. PA MEDICAL ASSISTANCE ADMINISTRATIVE DAYS USED FOR THE PERIOD					
7. TOTAL HOSPITAL ADMISSIONS FOR THE PERIOD	14,257	681		230	15,168
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD	105	22		127	254
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	15,356	694		230	16,280
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	121	4			125

STATISTICAL					
11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.)	0.0108	0.0070			0.0102
12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.)	0.5734	0.4197		0.5947	0.5626
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	4.1978	5.7392		11.3261	4.3642
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0)	1,948.0	48.0		48.0	2,044.0

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES

Amended WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	DIRECT EXPENSES PER BOOKS			RECLASSI- FICATIONS INCREASES (DECREASES) (4)	RECLASSIFIED TRIAL BALANCE (Col. 3 +/- 4) (5)
	SALARIES (1)	OTHER (2)	TOTAL (Col. 1 + 2) (3)		
GENERAL SERVICE					
1. CAPITAL COSTS-BLDG & FIXTURES		\$17,808,278	\$17,808,278	(\$4,619,946)	\$13,188,332
1.1. CAPITAL COSTS-NEW BLDG					
1.2. CAPITAL COSTS-NEW BLDG					
1.3. CAPITAL COSTS-NEW BLDG					
1.4. CAPITAL COSTS-NEW BLDG					
1.5. CAPITAL COSTS-NEW BLDG					
1.6. CAPITAL COSTS-NEW BLDG					
1.7. CAPITAL COSTS-NEW BLDG					
2.1. CAPITAL COSTS-EQUIPMENT					
2.2. CAPITAL COSTS-EQUIPMENT				7,034,574	7,034,574
3. EMPLOYEE BENEFITS	1,982,164	26,315,516	28,297,680	29,731	28,327,411
4.1. NON-PATIENT TELEPHONE					
4.2. DATA PROCESSING					
4.3. PURCHASING					
4.4. ADMISSIONS					
4.5. BILLING/ COLLECTIONS					
4.6. OTHER ADMIN. AND GENERAL	4,126,575	73,835,595	77,962,170	(10,841,836)	67,120,334
5. MAINTENANCE AND REPAIRS	2,151,826	9,389,602	11,541,428	2,278,994	13,820,422
6. OPERATION OF PLANT					
7. LAUNDRY & LINEN SERVICES	5,353	1,482,015	1,487,368		1,487,368
8. HOUSEKEEPING	2,533,414	1,516,813	4,050,227	(5,641)	4,044,586
9. DIETARY	1,951,082	978,358	2,929,440	(741)	2,928,699
10. CAFETERIA	321,644	1,782,619	2,104,263	18,830	2,123,093
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION	3,636,941	2,202,436	5,839,377	(186,451)	5,652,926
13. INSERVICE EDUCATION					
14. CENTRAL SERVICE & SUPPLY	1,518,177	706,472	2,224,649		2,224,649
15. PHARMACY	3,734,827	40,534,107	44,268,934	(38,696,395)	5,572,539
16. MEDICAL RECORDS LIBRARY	966,089	214,953	1,181,042		1,181,042
17. SOCIAL SERVICE	443,441	15,810	459,251		459,251
18. NURSING SCHOOL		38,484	38,484	316,448	354,932
19. INTERN RESIDENT APPROVED PROG					
20. I&R SERVICES - OTHER PROGRAM COS	201,366	705,622	906,988	749,398	1,656,386
21. I&R SERVICES - SALARY & FRINGES AP	8,380,862	3,752,353	12,133,215	(561,772)	11,571,443
22. SCHOOL OF XRAY	196,442	7,712	204,154	5,332	209,486
23. SCHOOL OF MED TECH	113,264	14,089	127,353	(169)	127,184
24. SCHOOL OF RESP THERAPY	265,643	20,135	285,778	32,496	318,274
25. PARAMEDICAL ED PHARMACY	103,329	20,151	123,480	154,973	278,453
INPATIENT ROUTINE SERVICE					
26. GENERAL ROUTINE CARE	19,965,083	23,088,952	43,054,035	(4,964,028)	38,090,007
27. NURSERY				1,249,667	1,249,667
28. ICU	6,734,339	7,084,193	13,818,532	(452,319)	13,366,213
29. NICU					
30. CCU					
31. CRITICAL CARE					
32. SWING BED					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	1,279,527	1,868,377	3,147,904	(11,982)	3,135,922
35. PSYCH UNIT	2,464,150	1,612,544	4,076,694	(4,473)	4,072,221
36. DRUG & ALCOHOL REHAB UNIT					
ANCILLARY SERVICES					
37. OPERATING ROOM	13,552,489	36,728,168	50,280,657	(17,932,413)	32,348,244
38. RECOVERY ROOM					
39. DELIVERY ROOM				1,913,124	1,913,124
40. ANESTHESIOLOGY	235,330	1,364,695	1,600,025	2,170,409	3,770,434
41. RADIOLOGY-DIAGNOSTIC	4,714,469	5,038,379	9,752,848	(2,662,077)	7,090,771
42. RADIOLOGY-THERAPEUTIC	966,572	1,254,166	2,220,738	(150,734)	2,070,004
43. RADIOISOTOPE					
44. LABORATORY	401,760	18,679,875	19,081,635	(14,574)	19,067,061
45. WHOLE BLOOD					
46. BLOOD STOR PROC TRANS					
47. INTRAVENOUS THERAPY	1,182,608	629,808	1,812,416	(73,663)	1,738,753
48. RESPIRATORY THERAPY	1,975,444	2,976,644	4,952,088	(270,727)	4,681,361

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**RECLASSIFICATION AND ADJUSTMENT
 OF TRIAL BALANCE OF EXPENSES**

Amended WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	DIRECT EXPENSES PER BOOKS			RECLASSI- FICATIONS INCREASES (DECREASES) (4)	RECLASSIFIED TRIAL BALANCE (Col. 3 +/- 4) (5)
	SALARIES (1)	OTHER (2)	TOTAL (Col. 1 + 2) (3)		
49. PHYSICAL THERAPY	2,446,760	137,486	2,584,246	(6,104)	2,578,142
50. OCCUPATIONAL THERAPY	905,300	46,107	951,407	(123)	951,284
51. SPEECH THERAPY	460,620	19,937	480,557	(533)	480,024
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY	1,340,319	780,971	2,121,290	(150,308)	1,970,982
54. ELECTROENCEPHALOGRAPHY	677,232	816,316	1,493,548	(25,413)	1,468,135
55. MEDICAL SUPPLIES				33,101,618	33,101,618
56. DRUGS CHARGED TO PATIENTS				40,194,852	40,194,852
57. RENAL DIALYSIS		634,466	634,466	(4,973)	629,493
58. AUDIOLOGY					
59. CT SCAN	776,473	526,112	1,302,585	460,960	1,763,545
60. MRI	552,689	543,965	1,096,654	191,824	1,288,478
61. CARDIAC CATH	2,190,151	14,367,276	16,557,427	(14,120,246)	2,437,181
62. CARDIAC REHAB	257,009	177,103	434,112	(692)	433,420
63. HYPERBARIC OXYGEN THERAPY	241,173	976,789	1,217,962	(229,897)	988,065
64. IMPL. DEV. CHARGED TO PATIENTS					10,307,592
65. PATIENT TEACHING-DIETARY					10,307,592
66. PAIN CLINIC					
67. OTHER					
68. OTHER					
OUTPATIENT SERVICES					
69. CLINIC					
70. EMERGENCY	6,244,933	19,348,874	25,593,807	(5,436,074)	20,157,733
71. PARTIAL HOSPITALIZATION	68,335	1,463	69,798		69,798
72. AMBULANCE	1,304,505	533,943	1,838,448	(13,151)	1,825,297
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS				3,088,682	3,088,682
77. OBSERVATION - DISTINCT	1,252,426	249,254	1,501,680	(45,736)	1,455,944
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
OTHER INPATIENT					
86. SKILLED NURSING FACILITY	2,392,648	2,642,463	5,035,111		5,035,111
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					
89. INTEREST EXPENSE					
90. OTHER (SPECIFY)					
91. SUBTOTAL	107,214,783	323,469,446	430,684,229	1,816,313	432,500,542
NON-REIMBURSABLE COST					
92. GIFT COFFEE SHOPS & CANTEEN	201,065	369,141	570,206		570,206
93. CIRCUIT LIBRARY		18,808	18,808		18,808
94. REAL ESTATE		80,593	80,593		80,593
95. INTEREST EXPENSE		1,816,313	1,816,313	(1,816,313)	
96. PATIENT TRANSPORT	133,064	71,035	204,099		204,099
97. WELLNESS	15,174	261	15,435		15,435
98. PERSONAL CARE HOME	970,382	538,964	1,509,346		1,509,346
99. NURSE FAMILY PARTNERSHIP	364,380	67,643	432,023		432,023
100. COMMUNITY SERVICE		136,992	136,992		136,992
101. GRANTS		2,866	2,866		2,866
102. RENTAL SPACE					
103. RETAIL PHARMACY	1,040,861	13,029,578	14,070,439		14,070,439
104. OTHER (SPECIFY)					
105. TOTAL	\$109,939,709	\$339,601,640	\$449,541,349		\$449,541,349

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES

Amended WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	ADJUSTMENTS TO EXPENSES INCREASES (DECREASES) (6)	NET EXPENSES FOR ALLOCATION (7)	AUDIT ADJUSTMENTS (8)	NET EXPENSES FOR ALLOCATION (9)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES	(\$403,340)	\$12,784,992		\$12,784,992
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT	3,427,113	10,461,687		10,461,687
3. EMPLOYEE BENEFITS	(52)	28,327,359		28,327,359
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	(16,856,115)	50,264,219		50,264,219
5. MAINTENANCE AND REPAIRS	(490,224)	13,330,198		13,330,198
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	(21,977)	1,465,391		1,465,391
8. HOUSEKEEPING	(96,537)	3,948,049		3,948,049
9. DIETARY	(51,819)	2,876,880		2,876,880
10. CAFETERIA	(1,302,451)	820,642		820,642
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	(212,052)	5,440,874		5,440,874
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	(254,602)	1,970,047		1,970,047
15. PHARMACY	(12,405)	5,560,134		5,560,134
16. MEDICAL RECORDS LIBRARY	(163,373)	1,017,669		1,017,669
17. SOCIAL SERVICE		459,251		459,251
18. NURSING SCHOOL	(46,418)	308,514		308,514
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM COS	(47,145)	1,609,241		1,609,241
21. I&R SERVICES - SALARY & FRINGES AP	(261,132)	11,310,311		11,310,311
22. SCHOOL OF XRAY	(98,064)	111,422		111,422
23. SCHOOL OF MED TECH	(74,623)	52,561		52,561
24. SCHOOL OF RESP THERAPY	(75,046)	243,228		243,228
25. PARAMEDICAL ED PHARMACY	(1)	278,452		278,452
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE	(6,417,998)	31,672,009		31,672,009
27. NURSERY		1,249,667		1,249,667
28. ICU	(7,242)	13,358,971		13,358,971
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	(20)	3,135,902		3,135,902
35. PSYCH UNIT	(1,455,881)	2,616,340		2,616,340
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	(7,183,499)	25,164,745		25,164,745
38. RECOVERY ROOM				
39. DELIVERY ROOM		1,913,124		1,913,124
40. ANESTHESIOLOGY	(2,731,380)	1,039,054		1,039,054
41. RADIOLOGY-DIAGNOSTIC	(565,817)	6,524,954		6,524,954
42. RADIOLOGY-THERAPEUTIC	(13)	2,069,991		2,069,991
43. RADIOISOTOPE				
44. LABORATORY	(3,702,922)	15,364,139		15,364,139
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	(63)	1,738,690		1,738,690
48. RESPIRATORY THERAPY	(22,623)	4,658,738		4,658,738

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 RECLASSIFICATION AND ADJUSTMENT
 OF TRIAL BALANCE OF EXPENSES

Amended WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	ADJUSTMENTS TO EXPENSES INCREASES (DECREASES) (6)	NET EXPENSES FOR ALLOCATION (7)	AUDIT ADJUSTMENTS (8)	NET EXPENSES FOR ALLOCATION (9)
49. PHYSICAL THERAPY	(145,860)	2,432,282		2,432,282
50. OCCUPATIONAL THERAPY	(2)	951,282		951,282
51. SPEECH THERAPY	(3)	480,021		480,021
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	(60,899)	1,910,083		1,910,083
54. ELECTROENCEPHALOGRAPHY	(315,397)	1,152,738		1,152,738
55. MEDICAL SUPPLIES		33,101,618		33,101,618
56. DRUGS CHARGED TO PATIENTS		40,194,852		40,194,852
57. RENAL DIALYSIS		629,493		629,493
58. AUDIOLOGY				
59. CT SCAN	(10)	1,763,535		1,763,535
60. MRI	(187,628)	1,100,850		1,100,850
61. CARDIAC CATH	(153)	2,437,028		2,437,028
62. CARDIAC REHAB	(16,898)	416,522		416,522
63. HYPERBARIC OXYGEN THERAPY	(7)	988,058		988,058
64. IMPL. DEV. CHARGED TO PATIENTS		10,307,592		10,307,592
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY	(8,703,291)	11,454,442		11,454,442
71. PARTIAL HOSPITALIZATION	(1)	69,797		69,797
72. AMBULANCE	(113,495)	1,711,802		1,711,802
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS		3,088,682		3,088,682
77. OBSERVATION - DISTINCT	(13)	1,455,931		1,455,931
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY	(1,910)	5,033,201		5,033,201
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	(48,673,288)	383,827,254		383,827,254
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN		570,206		570,206
93. CIRCUIT LIBRARY		18,808		18,808
94. REAL ESTATE		80,593		80,593
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT		204,099		204,099
97. WELLNESS		15,435		15,435
98. PERSONAL CARE HOME		1,509,346		1,509,346
99. NURSE FAMILY PARTNERSHIP		432,023		432,023
100. COMMUNITY SERVICE		136,992		136,992
101. GRANTS		2,866		2,866
102. RENTAL SPACE				
103. RETAIL PHARMACY		14,070,439		14,070,439
104. OTHER (SPECIFY)				
105. TOTAL	(\$48,673,288)	\$400,868,061		\$400,868,061

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS- NEW BLDG	CAPITAL COSTS- NEW BLDG	CAPITAL COSTS- NEW BLDG
	(SQ FT) (1)	(SQ FT) (1.1)	(SQ FT) (1.2)	(SQ FT) (1.3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	725,234			
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	24,866			
5. MAINTENANCE AND REPAIRS	133,046			
6. OPERATION OF PLANT	17,225			
7. LAUNDRY & LINEN SERVICES	1,099			
8. HOUSEKEEPING	6,952			
9. DIETARY	3,667			
10. CAFETERIA	19,977			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	3,828			
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	12,657			
15. PHARMACY	4,475			
16. MEDICAL RECORDS LIBRARY	13,238			
17. SOCIAL SERVICE	1,893			
18. NURSING SCHOOL	7,089			
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM C	13,896			
21. I&R SERVICES - SALARY & FRINGES APPRD				
22. SCHOOL OF XRAY	10,548			
23. SCHOOL OF MED TECH	4,016			
24. SCHOOL OF RESP THERAPY	10,587			
25. PARAMEDICAL ED PHARMACY	417			
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	81,761			
27. NURSERY	402			
28. ICU	29,128			
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	14,223			
35. PSYCH UNIT	13,527			
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	63,488			
38. RECOVERY ROOM				
39. DELIVERY ROOM	3,007			
40. ANESTHESIOLOGY	1,341			
41. RADIOLOGY-DIAGNOSTIC	32,941			
42. RADIOLOGY-THERAPEUTIC	7,757			
43. RADIOISOTOPE				
44. LABORATORY	16,656			
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	4,489			
48. RESPIRATORY THERAPY	5,554			

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS

Amended WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS- NEW BLDG	CAPITAL COSTS- NEW BLDG	CAPITAL COSTS- NEW BLDG
	(SQ FT) (1)	(SQ FT) (1.1)	(SQ FT) (1.2)	(SQ FT) (1.3)
49. PHYSICAL THERAPY	10,502			
50. OCCUPATIONAL THERAPY	5,781			
51. SPEECH THERAPY	2,653			
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	2,237			
54. ELECTROENCEPHALOGRAPHY	3,065			
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDILOGY				
59. CT SCAN	1,712			
60. MRI	3,282			
61. CARDIAC CATH	14,955			
62. CARDIAC REHAB	326			
63. HYPERBARIC OXYGEN THERAPY	2,954			
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY	30,973			
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE	1,241			
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT	11,268			
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY	20,749			
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	675,448			
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN	2,684			
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT	66			
97. WELLNESS	1,745			
98. PERSONAL CARE HOME				
99. NURSE FAMILY PARTNERSHIP	344			
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE	42,201			
103. RETAIL PHARMACY	2,746			
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC	725,234			
108. COST TO BE ALLOCATED(B-2)	12,784,992			
109. UNIT COST MULTIPLIER (B-2)	17.628782			
110. COST TO BE ALLOCATED(B-3)				
111. UNIT COST MULTIPLIER (B-3)				

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- NEW BLDG (SQ FT) (1.4)	CAPITAL COSTS- NEW BLDG (SQ FT) (1.5)	CAPITAL COSTS- NEW BLDG (SQ FT) (1.6)	CAPITAL COSTS- NEW BLDG (SQ FT) (1.7)
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GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS-NEW BLDG
- 1.2. CAPITAL COSTS-NEW BLDG
- 1.3. CAPITAL COSTS-NEW BLDG
- 1.4. CAPITAL COSTS-NEW BLDG
- 1.5. CAPITAL COSTS-NEW BLDG
- 1.6. CAPITAL COSTS-NEW BLDG
- 1.7. CAPITAL COSTS-NEW BLDG
- 2.1. CAPITAL COSTS-EQUIPMENT
- 2.2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. INSERVICE EDUCATION
14. CENTRAL SERVICE & SUPPLY
15. PHARMACY
16. MEDICAL RECORDS LIBRARY
17. SOCIAL SERVICE
18. NURSING SCHOOL
19. INTERN RESIDENT APPROVED PROG
20. I&R SERVICES - OTHER PROGRAM C
21. I&R SERVICES - SALARY & FRINGES ,
22. SCHOOL OF XRAY
23. SCHOOL OF MED TECH
24. SCHOOL OF RESP THERAPY
25. PARAMEDICAL ED PHARMACY

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. CRITICAL CARE
32. SWING BED
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STOR PROC TRANS
47. INTRAVENOUS THERAPY
48. RESPIRATORY THERAPY

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- NEW BLDG (SQ FT) (1.4)	CAPITAL COSTS- NEW BLDG (SQ FT) (1.5)	CAPITAL COSTS- NEW BLDG (SQ FT) (1.6)	CAPITAL COSTS- NEW BLDG (SQ FT) (1.7)
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDILOGY				
59. CT SCAN				
60. MRI				
61. CARDIAC CATH				
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY				
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME				
99. NURSE FAMILY PARTNERSHIP				
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC				
108. COST TO BE ALLOCATED(B-2)				
109. UNIT COST MULTIPLIER (B-2)				
110. COST TO BE ALLOCATED(B-3)				
111. UNIT COST MULTIPLIER (B-3)				

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS-EQUIPMENT (SQ FT) (2.1)	CAPITAL COSTS-EQUIPMENT (DOLLAR VALUE) (2.2)	EMPLOYEE BENEFITS (GROSS SAL) (3)	NON-PATIENT TELEPHONE (# LINES) (4.1)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT		17,546,659		
3. EMPLOYEE BENEFITS				107,957,542
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	533,725		4,125,479	
5. MAINTENANCE AND REPAIRS	3,185,288		2,151,826	
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	103		5,353	
8. HOUSEKEEPING	40,055		2,533,414	
9. DIETARY	100,909		1,951,082	
10. CAFETERIA	6,957		321,644	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	431,847		3,636,941	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	228,477		1,518,177	
15. PHARMACY	548,771		3,579,790	
16. MEDICAL RECORDS LIBRARY			966,089	
17. SOCIAL SERVICE	66		443,441	
18. NURSING SCHOOL				
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CO	12,465		951,197	
21. I&R SERVICES - SALARY & FRINGES ,	82,199		7,819,103	
22. SCHOOL OF XRAY	30		201,785	
23. SCHOOL OF MED TECH	3,149		113,264	
24. SCHOOL OF RESP THERAPY	6,006		265,643	
25. PARAMEDICAL ED PHARMACY		258,366		
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	1,261,154		18,056,065	
27. NURSERY		724,415		
28. ICU	1,285,769		6,734,339	
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	228,069		1,279,527	
35. PSYCH UNIT	133,601		2,464,150	
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	3,822,272		13,583,221	
38. RECOVERY ROOM				
39. DELIVERY ROOM		1,109,012		
40. ANESTHESIOLOGY	233,961		235,330	
41. RADIOLOGY-DIAGNOSTIC	723,359		4,263,778	
42. RADIOLOGY-THERAPEUTIC	135,442		1,038,718	
43. RADIOISOTOPE				
44. LABORATORY	13,685		401,760	
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	39,341		1,182,608	
48. RESPIRATORY THERAPY	111,994		1,975,444	

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 COST ALLOCATION
 STATISTICAL BASIS

Amended WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- EQUIPMENT	CAPITAL COSTS- EQUIPMENT	EMPLOYEE BENEFITS	NON-PATIENT TELEPHONE
	(SQ FT) (2.1)	(DOLLAR VALUE) (2.2)	(GROSS SAL) (3)	(# LINES) (4.1)
49. PHYSICAL THERAPY		34,282	2,443,752	
50. OCCUPATIONAL THERAPY		1,249	905,300	
51. SPEECH THERAPY		14,092	460,620	
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY		73,402	1,319,653	
54. ELECTROENCEPHALOGRAPHY		20,111	675,375	
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDILOGY				
59. CT SCAN		407,013	996,686	
60. MRI		90,252	640,520	
61. CARDIAC CATH		1,643,575	2,190,151	
62. CARDIAC REHAB		7,390	257,009	
63. HYPERBARIC OXYGEN THERAPY		19,101	241,173	
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY		1,381,520	6,193,502	
71. PARTIAL HOSPITALIZATION		49	68,335	
72. AMBULANCE		98,172	1,304,505	
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT		162,339	1,252,426	
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY		127,584	2,392,648	
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL		17,248,825	105,232,616	
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN		3,530	201,065	
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT		15,792	133,064	
97. WELLNESS			15,174	
98. PERSONAL CARE HOME		264,712	970,382	
99. NURSE FAMILY PARTNERSHIP		1,731	364,380	
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE		7,826		
103. RETAIL PHARMACY		4,243	1,040,861	
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC		17,546,659	107,957,542	
108. COST TO BE ALLOCATED(B-2)		10,461,687	28,327,359	
109. UNIT COST MULTIPLIER (B-2)		0.596221	0.262394	
110. COST TO BE ALLOCATED(B-3)				
111. UNIT COST MULTIPLIER (B-3)				

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COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)	BILLING/ COLLECTIONS (CHARGES) (4.5)
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GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS-NEW BLDG
- 1.2. CAPITAL COSTS-NEW BLDG
- 1.3. CAPITAL COSTS-NEW BLDG
- 1.4. CAPITAL COSTS-NEW BLDG
- 1.5. CAPITAL COSTS-NEW BLDG
- 1.6. CAPITAL COSTS-NEW BLDG
- 1.7. CAPITAL COSTS-NEW BLDG
- 2.1. CAPITAL COSTS-EQUIPMENT
- 2.2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. INSERVICE EDUCATION
14. CENTRAL SERVICE & SUPPLY
15. PHARMACY
16. MEDICAL RECORDS LIBRARY
17. SOCIAL SERVICE
18. NURSING SCHOOL
19. INTERN RESIDENT APPROVED PROG
20. I&R SERVICES - OTHER PROGRAM C
21. I&R SERVICES - SALARY & FRINGES ,
22. SCHOOL OF XRAY
23. SCHOOL OF MED TECH
24. SCHOOL OF RESP THERAPY
25. PARAMEDICAL ED PHARMACY

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. CRITICAL CARE
32. SWING BED
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STOR PROC TRANS
47. INTRAVENOUS THERAPY
48. RESPIRATORY THERAPY

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COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)	BILLING/ COLLECTIONS (CHARGES) (4.5)
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDILOGY				
59. CT SCAN				
60. MRI				
61. CARDIAC CATH				
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY				
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME				
99. NURSE FAMILY PARTNERSHIP				
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC				
108. COST TO BE ALLOCATED(B-2)				
109. UNIT COST MULTIPLIER (B-2)				
110. COST TO BE ALLOCATED(B-3)				
111. UNIT COST MULTIPLIER (B-3)				

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FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS

Amended WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6)	MAINTENANCE AND REPAIRS (SQ FT) (5)	OPERATION OF PLANT (SQ FT) (6)	LAUNDRY & LINEN SERVICES (LBS OF LA) (7)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	348,764,766			
5. MAINTENANCE AND REPAIRS	18,139,399	567,322		
6. OPERATION OF PLANT	303,656	17,225	550,097	
7. LAUNDRY & LINEN SERVICES	1,486,231	1,099	1,099	1,551,775
8. HOUSEKEEPING	4,759,239	6,952	6,952	4,953
9. DIETARY	3,513,641	3,667	3,667	
10. CAFETERIA	1,261,357	19,977	19,977	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	6,720,144	3,828	3,828	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	2,727,758	12,657	12,657	8,577
15. PHARMACY	6,905,527	4,475	4,475	3,676
16. MEDICAL RECORDS LIBRARY	1,504,535	13,238	13,238	
17. SOCIAL SERVICE	609,017	1,893	1,893	
18. NURSING SCHOOL	433,484	7,089	7,089	
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CO	2,111,231	13,896	13,896	
21. I&R SERVICES - SALARY & FRINGES	13,411,006			
22. SCHOOL OF XRAY	350,335	10,548	10,548	
23. SCHOOL OF MED TECH	154,955	4,016	4,016	
24. SCHOOL OF RESP THERAPY	503,148	10,587	10,587	
25. PARAMEDICAL ED PHARMACY	353,597	417	417	
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	38,603,039	81,761	81,761	581,850
27. NURSERY	1,446,836	402	402	
28. ICU	16,406,114	29,128	29,128	130,730
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	3,858,356	14,223	14,223	
35. PSYCH UNIT	3,581,039	13,527	13,527	
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	32,127,036	63,488	63,488	294,498
38. RECOVERY ROOM				
39. DELIVERY ROOM	2,257,132	3,007	3,007	
40. ANESTHESIOLOGY	1,263,935	1,341	1,341	
41. RADIOLOGY-DIAGNOSTIC	8,655,736	32,941	32,941	53,754
42. RADIOLOGY-THERAPEUTIC	2,560,043	7,757	7,757	18,812
43. RADIOISOTOPE				
44. LABORATORY	15,771,342	16,656	16,656	
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	2,151,591	4,489	4,489	
48. RESPIRATORY THERAPY	5,341,766	5,554	5,554	218

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COST ALLOCATION
STATISTICAL BASIS

Amended WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6)	MAINTENANCE AND REPAIRS (SQ FT) (5)	OPERATION OF PLANT (SQ FT) (6)	LAUNDRY & LINEN SERVICES (LBS OF LA) (7)
49. PHYSICAL THERAPY	3,279,085	10,502	10,502	6,053
50. OCCUPATIONAL THERAPY	1,291,484	5,781	5,781	
51. SPEECH THERAPY	656,056	2,653	2,653	
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	2,339,552	2,237	2,237	
54. ELECTROENCEPHALOGRAPHY	1,395,975	3,065	3,065	3,232
55. MEDICAL SUPPLIES	33,101,618			
56. DRUGS CHARGED TO PATIENTS	40,194,852			
57. RENAL DIALYSIS	629,493			
58. AUDILOGY				
59. CT SCAN	2,297,909	1,712	1,712	16,028
60. MRI	1,380,587	3,282	3,282	22,965
61. CARDIAC CATH	4,255,282	14,955	14,955	43,759
62. CARDIAC REHAB	494,113	326	326	
63. HYPERBARIC OXYGEN THERAPY	1,114,803	2,954	2,954	5,638
64. IMPL. DEV. CHARGED TO PATIENTS	10,307,592			
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY	14,449,287	30,973	30,973	140,749
71. PARTIAL HOSPITALIZATION	87,757			
72. AMBULANCE	2,134,505	1,241	1,241	
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS	3,088,682			
77. OBSERVATION - DISTINCT	2,079,991	11,268	11,268	
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY	6,102,865	20,749	20,749	216,283
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	329,953,713	517,536	500,311	1,551,775
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN	672,385	2,684	2,684	
93. CIRCUIT LIBRARY	18,808			
94. REAL ESTATE	80,593			
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT	249,593	66	66	
97. WELLNESS	50,179	1,745	1,745	
98. PERSONAL CARE HOME	1,921,795			
99. NURSE FAMILY PARTNERSHIP	534,730	344	344	
100. COMMUNITY SERVICE	136,992			
101. GRANTS	2,866			
102. RENTAL SPACE	748,618	42,201	42,201	
103. RETAIL PHARMACY	14,394,494	2,746	2,746	
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC	348,764,766	567,322	550,097	1,551,775
108. COST TO BE ALLOCATED(B-2)	52,103,295	20,849,316	982,046	1,750,616
109. UNIT COST MULTIPLIER (B-2)	0.149394	36,750410	1,785223	1.128138
110. COST TO BE ALLOCATED(B-3)	438,357	2,374,568	376,135	120,214
111. UNIT COST MULTIPLIER (B-3)	0.001257	4.185574	0.683761	0.077469

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COST CENTER DESCRIPTION	HOUSEKEEPING (HSPKG HRS) (8)	DIETARY (MEALS SER) (9)	CAFETERIA (MEALS SER) (10)	MAINTENANCE OF PERSONNEL (NO. HOUSED) (11)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	84,371			
9. DIETARY	240	374,283		
10. CAFETERIA	1,920		15,640	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	770		399	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	1,640		359	
15. PHARMACY	480		467	
16. MEDICAL RECORDS LIBRARY	480		99	
17. SOCIAL SERVICE	240		64	
18. NURSING SCHOOL				
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CO	240		27	
21. I&R SERVICES - SALARY & FRINGES	260		1,319	
22. SCHOOL OF XRAY	195		30	
23. SCHOOL OF MED TECH	130		12	
24. SCHOOL OF RESP THERAPY	195		31	
25. PARAMEDICAL ED PHARMACY			20	
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	23,765	188,484	3,332	
27. NURSERY				
28. ICU	8,408	16,656	1,077	
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT		8,019	220	
35. PSYCH UNIT	3,932	14,842	430	
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	13,786	13,143	2,053	
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	130		58	
41. RADIOLOGY-DIAGNOSTIC	2,568	130	806	
42. RADIOLOGY-THERAPEUTIC	360		130	
43. RADIOISOTOPE				
44. LABORATORY	1,688		119	
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	288		178	
48. RESPIRATORY THERAPY	1,032		315	

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COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	(HSPKG HRS) (8)	(MEALS SER) (9)	(MEALS SER) (10)	(NO. HOUSED) (11)
49. PHYSICAL THERAPY	552		318	
50. OCCUPATIONAL THERAPY	600		109	
51. SPEECH THERAPY	24		46	
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	240		249	
54. ELECTROENCEPHALOGRAPHY	1,144		133	
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS		905		
58. AUDIOLOGY				
59. CT SCAN	672		137	
60. MRI	120		91	
61. CARDIAC CATH	2,520	2,218	348	
62. CARDIAC REHAB	24		43	
63. HYPERBARIC OXYGEN THERAPY	960		38	
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY	6,864	10,181	1,040	
71. PARTIAL HOSPITALIZATION	560		12	
72. AMBULANCE			338	
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT			201	
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY	5,894	49,337	416	
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	82,921	303,915	15,064	
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN	65		53	
93. CIRCUIT LIBRARY	65			
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT			46	
97. WELLNESS			2	
98. PERSONAL CARE HOME		70,368	274	
99. NURSE FAMILY PARTNERSHIP			60	
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE	1,320			
103. RETAIL PHARMACY			141	
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC	84,371	374,283	15,640	
108. COST TO BE ALLOCATED(B-2)	5,743,729	4,196,206	2,350,330	
109. UNIT COST MULTIPLIER (B-2)	68.077053	11.211319	150,276854	
110. COST TO BE ALLOCATED(B-3)	162,773	119,001	454,734	
111. UNIT COST MULTIPLIER (B-3)	1,929253	0.317944	29.075064	

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COST CENTER DESCRIPTION	NURSING ADMINISTRATION <small>(HOURS OF) (12)</small>	INSERVICE EDUCATION <small>(COST REQ) (13)</small>	CENTRAL SERVICE & SUPPLY <small>(COST REQ) (14)</small>	PHARMACY <small>(TIME) (15)</small>
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	1,688,929			
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY		1,000		
15. PHARMACY			53,458,668	
16. MEDICAL RECORDS LIBRARY				
17. SOCIAL SERVICE				
18. NURSING SCHOOL				
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM C				
21. I&R SERVICES - SALARY & FRINGES ,				
22. SCHOOL OF XRAY				
23. SCHOOL OF MED TECH				
24. SCHOOL OF RESP THERAPY				
25. PARAMEDICAL ED PHARMACY				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	648,525		87,692	
27. NURSERY				
28. ICU	222,612		76,975	
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT	89,428		1,191	
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	367,152		383,492	
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY			311,849	
41. RADIOLOGY-DIAGNOSTIC			779,760	
42. RADIOLOGY-THERAPEUTIC			1,056	
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY			12,154	
48. RESPIRATORY THERAPY			39,211	

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COST CENTER DESCRIPTION	NURSING ADMINISTRATION (HOURS OF) (12)	INSERVICE EDUCATION (COST REQ) (13)	CENTRAL SERVICE & SUPPLY (COST REQ) (14)	PHARMACY (TIME) (15)
49. PHYSICAL THERAPY				70
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				111,299
54. ELECTROENCEPHALOGRAPHY	5,043			
55. MEDICAL SUPPLIES			1,000	
56. DRUGS CHARGED TO PATIENTS				38,734,464
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN				16,254
60. MRI				178
61. CARDIAC CATH	70,023			9,087
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY	6,800			20,792
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY	206,850			58,975
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT	41,521			
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY	30,975			276,522
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	1,688,929		1,000	40,921,021
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME			165	
99. NURSE FAMILY PARTNERSHIP			66	
100. COMMUNITY SERVICE			6,184	
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY			12,531,232	
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC	1,688,929		1,000	53,458,668
108. COST TO BE ALLOCATED(B-2)	7,983,987		3,798,286	8,216,621
109. UNIT COST MULTIPLIER (B-2)	4.727248		3798.286000	0.153700
110. COST TO BE ALLOCATED(B-3)	119,153		305,997	124,148
111. UNIT COST MULTIPLIER (B-3)	0.070549		305.997000	0.002322

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COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (16)	SOCIAL SERVICE (SPECIFY) (17)	NURSING SCHOOL (SPECIFY) (18)	INTERN RESIDENT APPROVED PROG (SPECIFY) (19)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY				
15. PHARMACY				
16. MEDICAL RECORDS LIBRARY	2,973,655			
17. SOCIAL SERVICE		110,200		
18. NURSING SCHOOL			9,581	
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM C				
21. I&R SERVICES - SALARY & FRINGES ,				
22. SCHOOL OF XRAY				
23. SCHOOL OF MED TECH				
24. SCHOOL OF RESP THERAPY				
25. PARAMEDICAL ED PHARMACY				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	1,568,610	56,446	7,257	
27. NURSERY	19,035	1,269		
28. ICU	260,340	8,678		
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	81,150	2,705		
35. PSYCH UNIT	87,740		1,700	
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	245,355			
38. RECOVERY ROOM				
39. DELIVERY ROOM	23,625		624	
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				

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COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (16)	SOCIAL SERVICE (SPECIFY) (17)	NURSING SCHOOL (SPECIFY) (18)	INTERN RESIDENT APPROVED PROG (SPECIFY) (19)
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDILOGY				
59. CT SCAN				
60. MRI				
61. CARDIAC CATH				
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY	215,930		1,803	
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY	471,870		15,729	
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	2,973,655		86,630	9,581
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME				
99. NURSE FAMILY PARTNERSHIP		23,570		
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC	2,973,655		110,200	9,581
108. COST TO BE ALLOCATED(B-2)	2,286,993		798,904	771,423
109. UNIT COST MULTIPLIER (B-2)	0.769085		7,249583	80,515917
110. COST TO BE ALLOCATED(B-3)	359,564		45,678	160,148
111. UNIT COST MULTIPLIER (B-3)	0.120917		0.414501	16.715165

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COST CENTER DESCRIPTION	I&R SERVICES - OTHER PROGRAM COSTS (SPECIFY)	I&R SERVICES - SALARY & FRINGES APPRD (TIME)	SCHOOL OF XRAY (TIME)
<u>GENERAL SERVICE</u>			
1. CAPITAL COSTS-BLDG & FIXTURES			
1.1. CAPITAL COSTS-NEW BLDG			
1.2. CAPITAL COSTS-NEW BLDG			
1.3. CAPITAL COSTS-NEW BLDG			
1.4. CAPITAL COSTS-NEW BLDG			
1.5. CAPITAL COSTS-NEW BLDG			
1.6. CAPITAL COSTS-NEW BLDG			
1.7. CAPITAL COSTS-NEW BLDG			
2.1. CAPITAL COSTS-EQUIPMENT			
2.2. CAPITAL COSTS-EQUIPMENT			
3. EMPLOYEE BENEFITS			
4.1. NON-PATIENT TELEPHONE			
4.2. DATA PROCESSING			
4.3. PURCHASING			
4.4. ADMISSIONS			
4.5. BILLING/ COLLECTIONS			
4.6. OTHER ADMIN. AND GENERAL			
5. MAINTENANCE AND REPAIRS			
6. OPERATION OF PLANT			
7. LAUNDRY & LINEN SERVICES			
8. HOUSEKEEPING			
9. DIETARY			
10. CAFETERIA			
11. MAINTENANCE OF PERSONNEL			
12. NURSING ADMINISTRATION			
13. INSERVICE EDUCATION			
14. CENTRAL SERVICE & SUPPLY			
15. PHARMACY			
16. MEDICAL RECORDS LIBRARY			
17. SOCIAL SERVICE			
18. NURSING SCHOOL			
19. INTERN RESIDENT APPROVED PROG			
20. I&R SERVICES - OTHER PROGRAM C	307,087		
21. I&R SERVICES - SALARY & FRINGES ,		307,087	
22. SCHOOL OF XRAY			1,000
23. SCHOOL OF MED TECH			
24. SCHOOL OF RESP THERAPY			
25. PARAMEDICAL ED PHARMACY			
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE	123,871	123,871	
27. NURSERY			
28. ICU	31,192	31,192	
29. NICU			
30. CCU			
31. CRITICAL CARE			
32. SWING BED			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT			
35. PSYCH UNIT	416	416	
36. DRUG & ALCOHOL REHAB UNIT			
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM	84,142	84,142	
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY	8,081	8,081	
41. RADIOLOGY-DIAGNOSTIC	5,095	5,095	1,000
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. LABORATORY	506	506	
45. WHOLE BLOOD			
46. BLOOD STOR PROC TRANS			
47. INTRAVENOUS THERAPY			
48. RESPIRATORY THERAPY			

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COST CENTER DESCRIPTION	I&R SERVICES - OTHER PROGRAM COSTS (SPECIFY) (20)	I&R SERVICES - SALARY & FRINGES APPRD (TIME) (21)	SCHOOL OF XRAY (TIME) (22)
49. PHYSICAL THERAPY			
50. OCCUPATIONAL THERAPY			
51. SPEECH THERAPY			
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY	6,443	6,443	
54. ELECTROENCEPHALOGRAPHY			
55. MEDICAL SUPPLIES			
56. DRUGS CHARGED TO PATIENTS			
57. RENAL DIALYSIS			
58. AUDILOGY			
59. CT SCAN			
60. MRI			
61. CARDIAC CATH	13,296	13,296	
62. CARDIAC REHAB			
63. HYPERBARIC OXYGEN THERAPY			
64. IMPL. DEV. CHARGED TO PATIENTS			
65. PATIENT TEACHING-DIETARY			
66. PAIN CLINIC			
67. OTHER			
68. OTHER			
<u>OUTPATIENT SERVICES</u>			
69. CLINIC			
70. EMERGENCY	34,045	34,045	
71. PARTIAL HOSPITALIZATION			
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS			
77. OBSERVATION - DISTINCT			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
86. SKILLED NURSING FACILITY			
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			
89. INTEREST EXPENSE			
90. OTHER (SPECIFY)			
91. SUBTOTAL	307,087	307,087	1,000
<u>NON-REIMBURSABLE COST</u>			
92. GIFT COFFEE SHOPS & CANTEEN			
93. CIRCUIT LIBRARY			
94. REAL ESTATE			
95. INTEREST EXPENSE			
96. PATIENT TRANSPORT			
97. WELLNESS			
98. PERSONAL CARE HOME			
99. NURSE FAMILY PARTNERSHIP			
100. COMMUNITY SERVICE			
101. GRANTS			
102. RENTAL SPACE			
103. RETAIL PHARMACY			
104. OTHER (SPECIFY)			
105. CROSSFOOT ADJUSTMENT			
106. NEGATIVE COST CENTER			
107. TOTAL STATISTIC	307,087	307,087	1,000
108. COST TO BE ALLOCATED(B-2)	2,982,522	15,630,445	826,930
109. UNIT COST MULTIPLIER (B-2)	9.712303	50.899077	826,930000
110. COST TO BE ALLOCATED(B-3)	331,748	76,068	238,997
111. UNIT COST MULTIPLIER (B-3)	1.080306	0.247708	238,997000

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	SCHOOL OF MED TECH (TIME) (23)	SCHOOL OF RESP THERAPY (TIME) (24)	PARAMEDICAL ED PHARMACY (TIME) (25)
<u>GENERAL SERVICE</u>			
1. CAPITAL COSTS-BLDG & FIXTURES			
1.1. CAPITAL COSTS-NEW BLDG			
1.2. CAPITAL COSTS-NEW BLDG			
1.3. CAPITAL COSTS-NEW BLDG			
1.4. CAPITAL COSTS-NEW BLDG			
1.5. CAPITAL COSTS-NEW BLDG			
1.6. CAPITAL COSTS-NEW BLDG			
1.7. CAPITAL COSTS-NEW BLDG			
2.1. CAPITAL COSTS-EQUIPMENT			
2.2. CAPITAL COSTS-EQUIPMENT			
3. EMPLOYEE BENEFITS			
4.1. NON-PATIENT TELEPHONE			
4.2. DATA PROCESSING			
4.3. PURCHASING			
4.4. ADMISSIONS			
4.5. BILLING/ COLLECTIONS			
4.6. OTHER ADMIN. AND GENERAL			
5. MAINTENANCE AND REPAIRS			
6. OPERATION OF PLANT			
7. LAUNDRY & LINEN SERVICES			
8. HOUSEKEEPING			
9. DIETARY			
10. CAFETERIA			
11. MAINTENANCE OF PERSONNEL			
12. NURSING ADMINISTRATION			
13. INSERVICE EDUCATION			
14. CENTRAL SERVICE & SUPPLY			
15. PHARMACY			
16. MEDICAL RECORDS LIBRARY			
17. SOCIAL SERVICE			
18. NURSING SCHOOL			
19. INTERN RESIDENT APPROVED PROG			
20. I&R SERVICES - OTHER PROGRAM C			
21. I&R SERVICES - SALARY & FRINGES ,			
22. SCHOOL OF XRAY			
23. SCHOOL OF MED TECH	1,000		
24. SCHOOL OF RESP THERAPY		1,000	
25. PARAMEDICAL ED PHARMACY			5,023
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE		2,899	
27. NURSERY			
28. ICU		1,708	
29. NICU			
30. CCU			
31. CRITICAL CARE			
32. SWING BED			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT			
35. PSYCH UNIT		416	
36. DRUG & ALCOHOL REHAB UNIT			
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC			
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. LABORATORY	1,000		
45. WHOLE BLOOD			
46. BLOOD STOR PROC TRANS			
47. INTRAVENOUS THERAPY			
48. RESPIRATORY THERAPY		1,000	

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	SCHOOL OF MED TECH (TIME) (23)	SCHOOL OF RESP THERAPY (TIME) (24)	PARAMEDICAL ED PHARMACY (TIME) (25)
49. PHYSICAL THERAPY			
50. OCCUPATIONAL THERAPY			
51. SPEECH THERAPY			
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY			
54. ELECTROENCEPHALOGRAPHY			
55. MEDICAL SUPPLIES			
56. DRUGS CHARGED TO PATIENTS			
57. RENAL DIALYSIS			
58. AUDIOLGY			
59. CT SCAN			
60. MRI			
61. CARDIAC CATH			
62. CARDIAC REHAB			
63. HYPERBARIC OXYGEN THERAPY			
64. IMPL. DEV. CHARGED TO PATIENTS			
65. PATIENT TEACHING-DIETARY			
66. PAIN CLINIC			
67. OTHER			
68. OTHER			
<u>OUTPATIENT SERVICES</u>			
69. CLINIC			
70. EMERGENCY			
71. PARTIAL HOSPITALZATION			
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS			
77. OBSERVATION - DISTINCT			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
86. SKILLED NURSING FACILITY			
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			
89. INTEREST EXPENSE			
90. OTHER (SPECIFY)			
91. SUBTOTAL	1,000	1,000	5,023
<u>NON-REIMBURSABLE COST</u>			
92. GIFT COFFEE SHOPS & CANTEEN			
93. CIRCUIT LIBRARY			
94. REAL ESTATE			
95. INTEREST EXPENSE			
96. PATIENT TRANSPORT			
97. WELLNESS			
98. PERSONAL CARE HOME			
99. NURSE FAMILY PARTNERSHIP			
100. COMMUNITY SERVICE			
101. GRANTS			
102. RENTAL SPACE			
103. RETAIL PHARMACY			
104. OTHER (SPECIFY)			
105. CROSSFOOT ADJUSTMENT			
106. NEGATIVE COST CENTER			
107. TOTAL STATISTIC	1,000	1,000	5,023
108. COST TO BE ALLOCATED(B-2)	343,516	1,004,226	425,497
109. UNIT COST MULTIPLIER (B-2)	343.516000	1004.226000	84.709735
110. COST TO BE ALLOCATED(B-3)	91,147	240,409	10,723
111. UNIT COST MULTIPLIER (B-3)	91.147000	240.409000	2.134780

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**ALLOCATION OF
GENERAL SERVICE COSTS**

Amended WORKSHEET B-2

COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS- NEW BLDG	CAPITAL COSTS- NEW BLDG
	(0)	(1)	(1.1)	(1.2)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES	12,784,992		12,784,992	
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT	10,461,687			
3. EMPLOYEE BENEFITS	28,327,359			
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	50,264,219	438,357		
5. MAINTENANCE AND REPAIRS	13,330,198	2,345,439		
6. OPERATION OF PLANT		303,656		
7. LAUNDRY & LINEN SERVICES	1,465,391	19,374		
8. HOUSEKEEPING	3,948,049	122,555		
9. DIETARY	2,876,880	64,645		
10. CAFETERIA	820,642	352,170		
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	5,440,874	67,483		
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	1,970,047	223,127		
15. PHARMACY	5,560,134	78,889		
16. MEDICAL RECORDS LIBRARY	1,017,669	233,370		
17. SOCIAL SERVICE	459,251	33,371		
18. NURSING SCHOOL	308,514	124,970		
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC	1,609,241	244,970		
21. I&R SERVICES - SALARY & FRINGES /	11,310,311			
22. SCHOOL OF XRAY	111,422	185,948		
23. SCHOOL OF MED TECH	52,561	70,797		
24. SCHOOL OF RESP THERAPY	243,228	186,636		
25. PARAMEDICAL ED PHARMACY	278,452	7,351		
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE	31,672,009	1,441,350		
27. NURSERY	1,249,667	7,087		
28. ICU	13,358,971	513,491		
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	3,135,902	250,734		
35. PSYCH UNIT	2,616,340	238,465		
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	25,164,745	1,119,216		
38. RECOVERY ROOM				
39. DELIVERY ROOM	1,913,124	53,010		
40. ANESTHESIOLOGY	1,039,054	23,640		
41. RADIOLOGY-DIAGNOSTIC	6,524,954	580,710		
42. RADIOLOGY-THERAPEUTIC	2,069,991	136,746		
43. RADIOISOTOPE				
44. LABORATORY	15,364,139	293,625		
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	1,738,690	79,136		
48. RESPIRATORY THERAPY	4,658,738	97,910		

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	NET EXPENSES (0)	CAPITAL COSTS- BLDG & FIXTURES (1)	CAPITAL COSTS- NEW BLDG (1.1)	CAPITAL COSTS- NEW BLDG (1.2)
49. PHYSICAL THERAPY	2,432,282	185,137		
50. OCCUPATIONAL THERAPY	951,282	101,912		
51. SPEECH THERAPY	480,021	46,769		
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	1,910,083	39,436		
54. ELECTROENCEPHALOGRAPHY	1,152,738	54,032		
55. MEDICAL SUPPLIES	33,101,618			
56. DRUGS CHARGED TO PATIENTS	40,194,852			
57. RENAL DIALYSIS	629,493			
58. AUDIOLOGY				
59. CT SCAN	1,763,535	30,180		
60. MRI	1,100,850	57,858		
61. CARDIAC CATH	2,437,028	263,638		
62. CARDIAC REHAB	416,522	5,747		
63. HYPERBARIC OXYGEN THERAPY	988,058	52,075		
64. IMPL. DEV. CHARGED TO PATIENTS	10,307,592			
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY	11,454,442	546,016		
71. PARTIAL HOSPITALIZATION	69,797			
72. AMBULANCE	1,711,802	21,877		
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS	3,088,682			
77. OBSERVATION - DISTINCT	1,455,931	198,641		
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY	5,033,201	365,780		
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	383,827,254	11,907,326		
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN	570,206	47,316		
93. CIRCUIT LIBRARY	18,808			
94. REAL ESTATE	80,593			
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT	204,099	1,163		
97. WELLNESS	15,435	30,762		
98. PERSONAL CARE HOME	1,509,346			
99. NURSE FAMILY PARTNERSHIP	432,023	6,064		
100. COMMUNITY SERVICE	136,992			
101. GRANTS	2,866			
102. RENTAL SPACE		743,952		
103. RETAIL PHARMACY	14,070,439	48,409		
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	400,868,061	12,784,992		

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	CAPITAL COSTS- NEW BLDG	CAPITAL COSTS- NEW BLDG	CAPITAL COSTS- NEW BLDG	CAPITAL COSTS- NEW BLDG
	(1.3)	(1.4)	(1.5)	(1.6)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY				
15. PHARMACY				
16. MEDICAL RECORDS LIBRARY				
17. SOCIAL SERVICE				
18. NURSING SCHOOL				
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC				
21. I&R SERVICES - SALARY & FRINGES /				
22. SCHOOL OF XRAY				
23. SCHOOL OF MED TECH				
24. SCHOOL OF RESP THERAPY				
25. PARAMEDICAL ED PHARMACY				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	CAPITAL COSTS- NEW BLDG (1.3)	CAPITAL COSTS- NEW BLDG (1.4)	CAPITAL COSTS- NEW BLDG (1.5)	CAPITAL COSTS- NEW BLDG (1.6)
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN				
60. MRI				
61. CARDIAC CATH				
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY				
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL				
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME				
99. NURSE FAMILY PARTNERSHIP				
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL				

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG (1.7)	CAPITAL COSTS-EQUIPMENT (2.1)	CAPITAL COSTS-EQUIPMENT (2.2)	EMPLOYEE BENEFITS (3)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT			10,461,687	
3. EMPLOYEE BENEFITS				28,327,359
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	318,218		1,082,501	
5. MAINTENANCE AND REPAIRS	1,899,136		564,626	
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	61		1,405	
8. HOUSEKEEPING	23,882		664,753	
9. DIETARY	60,164		511,952	
10. CAFETERIA	4,148		84,397	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	257,476		954,311	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	136,223		398,361	
15. PHARMACY	327,189		939,315	
16. MEDICAL RECORDS LIBRARY			253,496	
17. SOCIAL SERVICE	39		116,356	
18. NURSING SCHOOL				
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC	7,432		249,588	
21. I&R SERVICES - SALARY & FRINGES /	49,009		2,051,686	
22. SCHOOL OF XRAY	18		52,947	
23. SCHOOL OF MED TECH	1,877		29,720	
24. SCHOOL OF RESP THERAPY	3,581		69,703	
25. PARAMEDICAL ED PHARMACY			67,794	
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE	751,926		4,737,754	
27. NURSERY			190,082	
28. ICU	766,602		1,767,050	
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	135,980		335,740	
35. PSYCH UNIT	79,656		646,578	
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	2,278,919		3,564,156	
38. RECOVERY ROOM			290,998	
39. DELIVERY ROOM			61,749	
40. ANESTHESIOLOGY	139,492		1,118,790	
41. RADIOLOGY-DIAGNOSTIC	431,282		272,553	
42. RADIOLOGY-THERAPEUTIC	80,753			
43. RADIOISOTOPE				
44. LABORATORY	8,159		105,419	
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	23,456		310,309	
48. RESPIRATORY THERAPY	66,773		518,345	

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	CAPITAL COSTS- NEW BLDG (1.7)	CAPITAL COSTS- EQUIPMENT (2.1)	CAPITAL COSTS- EQUIPMENT (2.2)	EMPLOYEE BENEFITS (3)
49. PHYSICAL THERAPY			20,440	641,226
50. OCCUPATIONAL THERAPY			745	237,545
51. SPEECH THERAPY			8,402	120,864
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY			43,764	346,269
54. ELECTROENCEPHALOGRAPHY			11,991	177,214
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN			242,670	261,524
60. MRI			53,810	168,069
61. CARDIAC CATH			979,934	574,682
62. CARDIAC REHAB			4,406	67,438
63. HYPERBARIC OXYGEN THERAPY			11,388	63,282
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY			823,691	1,625,138
71. PARTIAL HOSPITALIZATION			29	17,931
72. AMBULANCE			58,532	342,294
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT			96,790	328,629
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY			76,068	627,816
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL			10,284,111	27,612,355
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN			2,105	52,758
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT			9,416	34,915
97. WELLNESS				3,982
98. PERSONAL CARE HOME			157,827	254,622
99. NURSE FAMILY PARTNERSHIP			1,032	95,611
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE			4,666	
103. RETAIL PHARMACY			2,530	273,116
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL			10,461,687	28,327,359

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)	ADMISSIONS (4.4)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY				
15. PHARMACY				
16. MEDICAL RECORDS LIBRARY				
17. SOCIAL SERVICE				
18. NURSING SCHOOL				
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC				
21. I&R SERVICES - SALARY & FRINGES /				
22. SCHOOL OF XRAY				
23. SCHOOL OF MED TECH				
24. SCHOOL OF RESP THERAPY				
25. PARAMEDICAL ED PHARMACY				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)	ADMISSIONS (4.4)
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN				
60. MRI				
61. CARDIAC CATH				
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY				
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL				
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME				
99. NURSE FAMILY PARTNERSHIP				
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL				

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)	OPERATION OF PLANT (6)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	52,103,295			
5. MAINTENANCE AND REPAIRS	2,709,917	20,849,316		
6. OPERATION OF PLANT	45,364	633,026	982,046	
7. LAUNDRY & LINEN SERVICES	222,034	40,389	1,962	
8. HOUSEKEEPING	711,002	255,489	12,411	
9. DIETARY	524,917	134,764	6,546	
10. CAFETERIA	188,439	734,163	35,663	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	1,003,949	140,681	6,834	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	407,511	465,150	22,596	
15. PHARMACY	1,031,644	164,458	7,989	
16. MEDICAL RECORDS LIBRARY	224,769	486,502	23,633	
17. SOCIAL SERVICE	90,983	69,569	3,379	
18. NURSING SCHOOL	64,760	260,524	12,655	
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC	315,405	510,684	24,807	
21. I&R SERVICES - SALARY & FRINGES /	2,003,524			
22. SCHOOL OF XRAY	52,338	387,643	18,831	
23. SCHOOL OF MED TECH	23,149	147,590	7,169	
24. SCHOOL OF RESP THERAPY	75,167	389,077	18,900	
25. PARAMEDICAL ED PHARMACY	52,825	15,325	744	
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE	5,766,996	3,004,746	145,963	
27. NURSERY	216,149	14,774	718	
28. ICU	2,450,975	1,070,466	52,000	
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	576,415	522,701	25,391	
35. PSYCH UNIT	534,986	497,123	24,149	
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	4,799,586	2,333,210	113,340	
38. RECOVERY ROOM				
39. DELIVERY ROOM	337,202	110,508	5,368	
40. ANESTHESIOLOGY	188,824	49,282	2,394	
41. RADIOLOGY-DIAGNOSTIC	1,293,115	1,210,595	58,807	
42. RADIOLOGY-THERAPEUTIC	382,455	285,073	13,848	
43. RADIOISOTOPE				
44. LABORATORY	2,356,144	612,115	29,735	
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	321,435	164,973	8,014	
48. RESPIRATORY THERAPY	798,028	204,112	9,915	

Guthrie Robert Packer Hospital
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ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)	OPERATION OF PLANT (6)
49. PHYSICAL THERAPY	489,876		385,953	18,748
50. OCCUPATIONAL THERAPY		192,940	212,454	10,320
51. SPEECH THERAPY		98,011	97,499	4,736
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	349,515		82,211	3,994
54. ELECTROENCEPHALOGRAPHY	208,550		112,640	5,472
55. MEDICAL SUPPLIES	4,945,183			
56. DRUGS CHARGED TO PATIENTS	6,004,870			
57. RENAL DIALYSIS	94,042			
58. AUDIOLOGY				
59. CT SCAN	343,294		62,917	3,056
60. MRI	206,251		120,615	5,859
61. CARDIAC CATH	635,714		549,602	26,698
62. CARDIAC REHAB	73,818		11,981	582
63. HYPERBARIC OXYGEN THERAPY	166,545		108,561	5,274
64. IMPL. DEV. CHARGED TO PATIENTS	1,539,892			
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY	2,158,637		1,138,270	55,294
71. PARTIAL HOSPITALIZATION	13,110			
72. AMBULANCE	318,882		45,607	2,215
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS	461,431			
77. OBSERVATION - DISTINCT	310,738		414,104	20,116
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY	911,731		762,534	37,042
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	49,293,037		19,019,660	893,167
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN	100,450		98,638	4,792
93. CIRCUIT LIBRARY	2,810			
94. REAL ESTATE	12,040			
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT	37,288		2,426	118
97. WELLNESS	7,496		64,129	3,115
98. PERSONAL CARE HOME	287,105			
99. NURSE FAMILY PARTNERSHIP	79,885		12,642	614
100. COMMUNITY SERVICE	20,466			
101. GRANTS	428			
102. RENTAL SPACE	111,839		1,550,904	75,338
103. RETAIL PHARMACY	2,150,451		100,917	4,902
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	52,103,295		20,849,316	982,046

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	1,750,616			
8. HOUSEKEEPING	5,588	5,743,729		
9. DIETARY		16,338	4,196,206	
10. CAFETERIA		130,708		2,350,330
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		52,419		59,960
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	9,676	111,646		53,949
15. PHARMACY	4,147	32,677		70,179
16. MEDICAL RECORDS LIBRARY		32,677		14,877
17. SOCIAL SERVICE		16,338		9,618
18. NURSING SCHOOL				
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC		16,338		4,057
21. I&R SERVICES - SALARY & FRINGES /		17,700		198,215
22. SCHOOL OF XRAY		13,275		4,508
23. SCHOOL OF MED TECH		8,850		1,803
24. SCHOOL OF RESP THERAPY		13,275		4,659
25. PARAMEDICAL ED PHARMACY				3,006
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE	656,407	1,617,853	2,113,155	500,723
27. NURSERY				
28. ICU	147,481	572,392	186,736	161,848
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT			89,904	33,061
35. PSYCH UNIT		267,679	166,398	64,619
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	332,234	938,510	147,350	308,518
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY		8,850		8,716
41. RADIOLOGY-DIAGNOSTIC	60,642	174,822	1,457	121,123
42. RADIOLOGY-THERAPEUTIC	21,223	24,508		19,536
43. RADIOISOTOPE				
44. LABORATORY		114,914		17,883
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY		19,606		26,749
48. RESPIRATORY THERAPY	246	70,256		47,337

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ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES (7)	HOUSEKEEPING (8)	DIETARY (9)	CAFETERIA (10)
49. PHYSICAL THERAPY	6,829	37,579		47,788
50. OCCUPATIONAL THERAPY		40,846		16,380
51. SPEECH THERAPY		1,634		6,913
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY		16,338		37,419
54. ELECTROENCEPHALOGRAPHY	3,646	77,880		19,987
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS			10,146	
58. AUDIOLOGY				
59. CT SCAN	18,082	45,748		20,588
60. MRI	25,908	8,169		13,675
61. CARDIAC CATH	49,366	171,554	24,867	52,296
62. CARDIAC REHAB		1,634		6,462
63. HYPERBARIC OXYGEN THERAPY	6,360	65,354		5,711
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY	158,784	467,281	114,142	156,288
71. PARTIAL HOSPITALIZATION		38,123		1,803
72. AMBULANCE				50,794
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				30,206
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY	243,997	401,246	553,133	62,515
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	1,750,616	5,645,017	3,407,288	2,263,769
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN		4,425		7,965
93. CIRCUIT LIBRARY		4,425		
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				6,913
97. WELLNESS				301
98. PERSONAL CARE HOME			788,918	41,176
99. NURSE FAMILY PARTNERSHIP				9,017
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE		89,862		
103. RETAIL PHARMACY				21,189
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	1,750,616	5,743,729	4,196,206	2,350,330

Guthrie Robert Packer Hospital
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ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	INSERVICE EDUCATION	CENTRAL SERVICE & SUPPLY
	(11)	(12)	(13)	(14)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		7,983,987		
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY			3,798,286	
15. PHARMACY				
16. MEDICAL RECORDS LIBRARY				
17. SOCIAL SERVICE				
18. NURSING SCHOOL				
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC				
21. I&R SERVICES - SALARY & FRINGES /				
22. SCHOOL OF XRAY				
23. SCHOOL OF MED TECH				
24. SCHOOL OF RESP THERAPY				
25. PARAMEDICAL ED PHARMACY				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE		3,065,739		
27. NURSERY				
28. ICU		1,052,342		
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT		422,748		
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		1,735,619		
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ALLOCATION OF
 GENERAL SERVICE COSTS
 Amended WORKSHEET B-2

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	INSERVICE EDUCATION (13)	CENTRAL SERVICE & SUPPLY (14)
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY		23,840		
55. MEDICAL SUPPLIES				3,798,286
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN				
60. MRI				
61. CARDIAC CATH		331,016		
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY		32,145		
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY		977,831		
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT		196,280		
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY		146,427		
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL		7,983,987		3,798,286
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME				
99. NURSE FAMILY PARTNERSHIP				
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL		7,983,987		3,798,286

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
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ALLOCATION OF
 GENERAL SERVICE COSTS
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COST CENTER DESCRIPTION	PHARMACY (15)	MEDICAL RECORDS LIBRARY (16)	SOCIAL SERVICE (17)	NURSING SCHOOL (18)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY				
15. PHARMACY	8,216,621			
16. MEDICAL RECORDS LIBRARY		2,286,993		
17. SOCIAL SERVICE			798,904	
18. NURSING SCHOOL				771,423
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC				
21. I&R SERVICES - SALARY & FRINGES /				
22. SCHOOL OF XRAY				
23. SCHOOL OF MED TECH				
24. SCHOOL OF RESP THERAPY				
25. PARAMEDICAL ED PHARMACY				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE	13,504	1,206,392	409,209	584,304
27. NURSERY		14,640	9,200	
28. ICU	11,831	200,224	62,912	
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT		62,411	19,610	
35. PSYCH UNIT	183	67,480		136,877
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	58,943	188,699		
38. RECOVERY ROOM				
39. DELIVERY ROOM		18,170		50,242
40. ANESTHESIOLOGY	47,931			
41. RADIOLOGY-DIAGNOSTIC	119,849			
42. RADIOLOGY-THERAPEUTIC	162			
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	1,868			
48. RESPIRATORY THERAPY	6,027			

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
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ALLOCATION OF
 GENERAL SERVICE COSTS
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COST CENTER DESCRIPTION	PHARMACY (15)	MEDICAL RECORDS LIBRARY (16)	SOCIAL SERVICE (17)	NURSING SCHOOL (18)
49. PHYSICAL THERAPY	11			
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	17,107			
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS	5,953,487			
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN	2,498			
60. MRI	27			
61. CARDIAC CATH	1,397			
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY	3,196			
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY	9,064	166,069	13,071	
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY	42,501	362,908	114,029	
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	6,289,586	2,286,993	628,031	771,423
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME	25			
99. NURSE FAMILY PARTNERSHIP	10		170,873	
100. COMMUNITY SERVICE	950			
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY	1,926,050			
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	8,216,621	2,286,993	798,904	771,423

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ALLOCATION OF
 GENERAL SERVICE COSTS
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COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG (19)	I&R SERVICES - OTHER PROGRAM COSTS (20)	I&R SERVICES - SALARY & FRINGES APPRD (21)	SCHOOL OF XRAY (22)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY				
15. PHARMACY				
16. MEDICAL RECORDS LIBRARY				
17. SOCIAL SERVICE				
18. NURSING SCHOOL				
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC	2,982,522			
21. I&R SERVICES - SALARY & FRINGES /		15,630,445		
22. SCHOOL OF XRAY			826,930	
23. SCHOOL OF MED TECH				
24. SCHOOL OF RESP THERAPY				
25. PARAMEDICAL ED PHARMACY				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE	1,203,074	6,304,920		
27. NURSERY				
28. ICU	302,946	1,587,644		
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT	4,040	21,174		
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	817,213	4,282,750		
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	78,485	411,315		
41. RADIOLOGY-DIAGNOSTIC	49,484	259,331	826,930	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	4,914	25,755		
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				

Guthrie Robert Packer Hospital
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ALLOCATION OF
 GENERAL SERVICE COSTS
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COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG (19)	I&R SERVICES - OTHER PROGRAM COSTS (20)	I&R SERVICES - SALARY & FRINGES APPRD (21)	SCHOOL OF XRAY (22)
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY		62,576	327,943	
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN				
60. MRI				
61. CARDIAC CATH		129,135	676,754	
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY		330,655	1,732,859	
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL		2,982,522	15,630,445	826,930
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME				
99. NURSE FAMILY PARTNERSHIP				
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL		2,982,522	15,630,445	826,930

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COST CENTER DESCRIPTION	SCHOOL OF MED TECH	SCHOOL OF RESP THERAPY	PARAMEDICAL ED PHARMACY
	(23)	(24)	(25)
GENERAL SERVICE			
1. CAPITAL COSTS-BLDG & FIXTURES			
1.1. CAPITAL COSTS-NEW BLDG			
1.2. CAPITAL COSTS-NEW BLDG			
1.3. CAPITAL COSTS-NEW BLDG			
1.4. CAPITAL COSTS-NEW BLDG			
1.5. CAPITAL COSTS-NEW BLDG			
1.6. CAPITAL COSTS-NEW BLDG			
1.7. CAPITAL COSTS-NEW BLDG			
2.1. CAPITAL COSTS-EQUIPMENT			
2.2. CAPITAL COSTS-EQUIPMENT			
3. EMPLOYEE BENEFITS			
4.1. NON-PATIENT TELEPHONE			
4.2. DATA PROCESSING			
4.3. PURCHASING			
4.4. ADMISSIONS			
4.5. BILLING/ COLLECTIONS			
4.6. OTHER ADMIN. AND GENERAL			
5. MAINTENANCE AND REPAIRS			
6. OPERATION OF PLANT			
7. LAUNDRY & LINEN SERVICES			
8. HOUSEKEEPING			
9. DIETARY			
10. CAFETERIA			
11. MAINTENANCE OF PERSONNEL			
12. NURSING ADMINISTRATION			
13. INSERVICE EDUCATION			
14. CENTRAL SERVICE & SUPPLY			
15. PHARMACY			
16. MEDICAL RECORDS LIBRARY			
17. SOCIAL SERVICE			
18. NURSING SCHOOL			
19. INTERN RESIDENT APPROVED PROG			
20. I&R SERVICES - OTHER PROGRAM CC			
21. I&R SERVICES - SALARY & FRINGES /			
22. SCHOOL OF XRAY			
23. SCHOOL OF MED TECH	343,516		
24. SCHOOL OF RESP THERAPY		1,004,226	
25. PARAMEDICAL ED PHARMACY			425,497
INPATIENT ROUTINE SERVICE			
26. GENERAL ROUTINE CARE			245,574
27. NURSERY			
28. ICU			144,684
29. NICU			
30. CCU			
31. CRITICAL CARE			
32. SWING BED			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT			
35. PSYCH UNIT			35,239
36. DRUG & ALCOHOL REHAB UNIT			
ANCILLARY SERVICES			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC			
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. LABORATORY	343,516		
45. WHOLE BLOOD			
46. BLOOD STOR PROC TRANS			
47. INTRAVENOUS THERAPY			
48. RESPIRATORY THERAPY		1,004,226	

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COST CENTER DESCRIPTION	SCHOOL OF MED TECH (23)	SCHOOL OF RESP THERAPY (24)	PARAMEDICAL ED PHARMACY (25)
49. PHYSICAL THERAPY			
50. OCCUPATIONAL THERAPY			
51. SPEECH THERAPY			
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY			
54. ELECTROENCEPHALOGRAPHY			
55. MEDICAL SUPPLIES			
56. DRUGS CHARGED TO PATIENTS			
57. RENAL DIALYSIS			
58. AUDIOLOGY			
59. CT SCAN			
60. MRI			
61. CARDIAC CATH			
62. CARDIAC REHAB			
63. HYPERBARIC OXYGEN THERAPY			
64. IMPL. DEV. CHARGED TO PATIENTS			
65. PATIENT TEACHING-DIETARY			
66. PAIN CLINIC			
67. OTHER			
68. OTHER			
OUTPATIENT SERVICES			
69. CLINIC			
70. EMERGENCY			
71. PARTIAL HOSPITALIZATION			
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS			
77. OBSERVATION - DISTINCT			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
OTHER INPATIENT			
86. SKILLED NURSING FACILITY			
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			
89. INTEREST EXPENSE			
90. OTHER (SPECIFY)			
91. SUBTOTAL	343,516	1,004,226	425,497
NON-REIMBURSABLE COST			
92. GIFT COFFEE SHOPS & CANTEEN			
93. CIRCUIT LIBRARY			
94. REAL ESTATE			
95. INTEREST EXPENSE			
96. PATIENT TRANSPORT			
97. WELLNESS			
98. PERSONAL CARE HOME			
99. NURSE FAMILY PARTNERSHIP			
100. COMMUNITY SERVICE			
101. GRANTS			
102. RENTAL SPACE			
103. RETAIL PHARMACY			
104. OTHER (SPECIFY)			
105. CROSSFOOT ADJUSTMENT			
106. NEGATIVE COST CENTER			
107. TOTAL	343,516	1,004,226	425,497

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ALLOCATION OF
 GENERAL SERVICE COSTS
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COST CENTER DESCRIPTION	TOTAL MED ED COST (26)	TOTAL EXPENSES (27)
GENERAL SERVICE		
1. CAPITAL COSTS-BLDG & FIXTURES		
1.1. CAPITAL COSTS-NEW BLDG		
1.2. CAPITAL COSTS-NEW BLDG		
1.3. CAPITAL COSTS-NEW BLDG		
1.4. CAPITAL COSTS-NEW BLDG		
1.5. CAPITAL COSTS-NEW BLDG		
1.6. CAPITAL COSTS-NEW BLDG		
1.7. CAPITAL COSTS-NEW BLDG		
2.1. CAPITAL COSTS-EQUIPMENT		
2.2. CAPITAL COSTS-EQUIPMENT		
3. EMPLOYEE BENEFITS		
4.1. NON-PATIENT TELEPHONE		
4.2. DATA PROCESSING		
4.3. PURCHASING		
4.4. ADMISSIONS		
4.5. BILLING/ COLLECTIONS		
4.6. OTHER ADMIN. AND GENERAL		
5. MAINTENANCE AND REPAIRS		
6. OPERATION OF PLANT		
7. LAUNDRY & LINEN SERVICES		
8. HOUSEKEEPING		
9. DIETARY		
10. CAFETERIA		
11. MAINTENANCE OF PERSONNEL		
12. NURSING ADMINISTRATION		
13. INSERVICE EDUCATION		
14. CENTRAL SERVICE & SUPPLY		
15. PHARMACY		
16. MEDICAL RECORDS LIBRARY		
17. SOCIAL SERVICE		
18. NURSING SCHOOL		
19. INTERN RESIDENT APPROVED PROG		
20. I&R SERVICES - OTHER PROGRAM CC		
21. I&R SERVICES - SALARY & FRINGES /		
22. SCHOOL OF XRAY		
23. SCHOOL OF MED TECH		
24. SCHOOL OF RESP THERAPY		
25. PARAMEDICAL ED PHARMACY		
INPATIENT ROUTINE SERVICE		
26. GENERAL ROUTINE CARE	8,337,872	65,441,598
27. NURSERY		1,702,317
28. ICU	2,035,274	24,410,595
29. NICU		
30. CCU		
31. CRITICAL CARE		
32. SWING BED		
33. EXTENDED CARE PSYCHIATRIC UNIT		
34. MED REHAB UNIT		5,187,849
35. PSYCH UNIT	197,330	5,823,734
36. DRUG & ALCOHOL REHAB UNIT		
ANCILLARY SERVICES		
37. OPERATING ROOM	5,099,963	48,183,008
38. RECOVERY ROOM		
39. DELIVERY ROOM	50,242	2,778,622
40. ANESTHESIOLOGY	489,800	2,059,732
41. RADIOLOGY-DIAGNOSTIC	1,135,745	12,831,891
42. RADIOLOGY-THERAPEUTIC		3,306,848
43. RADIOISOTOPE		
44. LABORATORY	374,185	19,276,318
45. WHOLE BLOOD		
46. BLOOD STOR PROC TRANS		
47. INTRAVENOUS THERAPY		2,694,236
48. RESPIRATORY THERAPY	1,004,226	7,481,913

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ALLOCATION OF
 GENERAL SERVICE COSTS
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COST CENTER DESCRIPTION	TOTAL MED ED COST (26)	TOTAL EXPENSES (27)
49. PHYSICAL THERAPY		4,265,869
50. OCCUPATIONAL THERAPY		1,764,424
51. SPEECH THERAPY		864,849
52. OXYGEN THERAPY		
53. ELECTROCARDIOLOGY	390,519	3,236,655
54. ELECTROENCEPHALOGRAPHY		1,847,990
55. MEDICAL SUPPLIES		41,845,087
56. DRUGS CHARGED TO PATIENTS		52,153,209
57. RENAL DIALYSIS		733,681
58. AUDIOLOGY		
59. CT SCAN		2,794,092
60. MRI		1,761,091
61. CARDIAC CATH	805,889	6,903,681
62. CARDIAC REHAB		588,590
63. HYPERBARIC OXYGEN THERAPY		1,507,949
64. IMPL. DEV. CHARGED TO PATIENTS		11,847,484
65. PATIENT TEACHING-DIETARY		
66. PAIN CLINIC		
67. OTHER		
68. OTHER		
OUTPATIENT SERVICES		
69. CLINIC		
70. EMERGENCY	2,063,514	21,927,532
71. PARTIAL HOSPITALIZATION		140,793
72. AMBULANCE		2,552,003
73. HOME PROGRAM DIALYSIS		
74. HOME HEALTH AGENCY		
75. SHORT PROCEDURE UNIT		
76. OBSERVATION BEDS		3,550,113
77. OBSERVATION - DISTINCT		3,051,435
78. OTHER (SPECIFY)		
79. OTHER (SPECIFY)		
80. OTHER (SPECIFY)		
81. OTHER (SPECIFY)		
82. OTHER (SPECIFY)		
83. OTHER (SPECIFY)		
84. OTHER (SPECIFY)		
85. OTHER (SPECIFY)		
OTHER INPATIENT		
86. SKILLED NURSING FACILITY		9,740,928
87. INTERMEDIATE CARE FACILITY		
88. RESIDENTIAL TREATMENT FACILITY		
89. INTEREST EXPENSE		
90. OTHER (SPECIFY)		
91. SUBTOTAL	21,984,559	374,256,116
NON-REIMBURSABLE COST		
92. GIFT COFFEE SHOPS & CANTEEN		888,655
93. CIRCUIT LIBRARY		26,043
94. REAL ESTATE		92,633
95. INTEREST EXPENSE		
96. PATIENT TRANSPORT		296,338
97. WELLNESS		125,220
98. PERSONAL CARE HOME		3,039,019
99. NURSE FAMILY PARTNERSHIP		807,771
100. COMMUNITY SERVICE		158,408
101. GRANTS		3,294
102. RENTAL SPACE		2,576,561
103. RETAIL PHARMACY		18,598,003
104. OTHER (SPECIFY)		
105. CROSSFOOT ADJUSTMENT		
106. NEGATIVE COST CENTER		
107. TOTAL	21,984,559	400,868,061

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**ALLOCATION OF
 CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES (1)	CAPITAL COSTS- NEW BLDG (1.1)	CAPITAL COSTS- NEW BLDG (1.2)	CAPITAL COSTS- NEW BLDG (1.3)	CAPITAL COSTS- NEW BLDG (1.4)
<u>GENERAL SERVICE</u>					
1. CAPITAL COSTS-BLDG & FIXTURES	12,784,992				
1.1. CAPITAL COSTS-NEW BLDG					
1.2. CAPITAL COSTS-NEW BLDG					
1.3. CAPITAL COSTS-NEW BLDG					
1.4. CAPITAL COSTS-NEW BLDG					
1.5. CAPITAL COSTS-NEW BLDG					
1.6. CAPITAL COSTS-NEW BLDG					
1.7. CAPITAL COSTS-NEW BLDG					
2.1. CAPITAL COSTS-EQUIPMENT					
2.2. CAPITAL COSTS-EQUIPMENT					
3. EMPLOYEE BENEFITS					
4.1. NON-PATIENT TELEPHONE					
4.2. DATA PROCESSING					
4.3. PURCHASING					
4.4. ADMISSIONS					
4.5. BILLING/ COLLECTIONS					
4.6. OTHER ADMIN. AND GENERAL	438,357				
5. MAINTENANCE AND REPAIRS	2,345,439				
6. OPERATION OF PLANT	303,656				
7. LAUNDRY & LINEN SERVICES	19,374				
8. HOUSEKEEPING	122,555				
9. DIETARY	64,645				
10. CAFETERIA	352,170				
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION	67,483				
13. INSERVICE EDUCATION					
14. CENTRAL SERVICE & SUPPLY	223,127				
15. PHARMACY	78,889				
16. MEDICAL RECORDS LIBRARY	233,370				
17. SOCIAL SERVICE	33,371				
18. NURSING SCHOOL	124,970				
19. INTERN RESIDENT APPROVED PROG					
20. I&R SERVICES - OTHER PROGRAM CC	244,970				
21. I&R SERVICES - SALARY & FRINGES /					
22. SCHOOL OF XRAY	185,948				
23. SCHOOL OF MED TECH	70,797				
24. SCHOOL OF RESP THERAPY	186,636				
25. PARAMEDICAL ED PHARMACY	7,351				
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	1,441,350				
27. NURSERY	7,087				
28. ICU	513,491				
29. NICU					
30. CCU					
31. CRITICAL CARE					
32. SWING BED					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	250,734				
35. PSYCH UNIT	238,465				
36. DRUG & ALCOHOL REHAB UNIT					
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	1,119,216				
38. RECOVERY ROOM					
39. DELIVERY ROOM	53,010				
40. ANESTHESIOLOGY	23,640				
41. RADIOLOGY-DIAGNOSTIC	580,710				
42. RADIOLOGY-THERAPEUTIC	136,746				
43. RADIOISOTOPE					
44. LABORATORY	293,625				
45. WHOLE BLOOD					
46. BLOOD STOR PROC TRANS					
47. INTRAVENOUS THERAPY	79,136				
48. RESPIRATORY THERAPY	97,910				

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**ALLOCATION OF
 CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES (1)	CAPITAL COSTS- NEW BLDG (1.1)	CAPITAL COSTS- NEW BLDG (1.2)	CAPITAL COSTS- NEW BLDG (1.3)	CAPITAL COSTS- NEW BLDG (1.4)
49. PHYSICAL THERAPY	185,137				
50. OCCUPATIONAL THERAPY	101,912				
51. SPEECH THERAPY	46,769				
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY	39,436				
54. ELECTROENCEPHALOGRAPHY	54,032				
55. MEDICAL SUPPLIES					
56. DRUGS CHARGED TO PATIENTS					
57. RENAL DIALYSIS					
58. AUDIOLOGY					
59. CT SCAN	30,180				
60. MRI	57,858				
61. CARDIAC CATH	263,638				
62. CARDIAC REHAB	5,747				
63. HYPERBARIC OXYGEN THERAPY	52,075				
64. IMPL. DEV. CHARGED TO PATIENTS					
65. PATIENT TEACHING-DIETARY					
66. PAIN CLINIC					
67. OTHER					
68. OTHER					
<u>OUTPATIENT SERVICES</u>					
69. CLINIC					
70. EMERGENCY	546,016				
71. PARTIAL HOSPITALIZATION					
72. AMBULANCE	21,877				
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS					
77. OBSERVATION - DISTINCT	198,641				
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
86. SKILLED NURSING FACILITY	365,780				
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					
89. INTEREST EXPENSE					
90. OTHER (SPECIFY)					
91. SUBTOTAL	11,907,326				
<u>NON-REIMBURSABLE COST</u>					
92. GIFT COFFEE SHOPS & CANTEEN	47,316				
93. CIRCUIT LIBRARY					
94. REAL ESTATE					
95. INTEREST EXPENSE					
96. PATIENT TRANSPORT	1,163				
97. WELLNESS	30,762				
98. PERSONAL CARE HOME					
99. NURSE FAMILY PARTNERSHIP	6,064				
100. COMMUNITY SERVICE					
101. GRANTS					
102. RENTAL SPACE	743,952				
103. RETAIL PHARMACY	48,409				
104. OTHER (SPECIFY)					
105. CROSSFOOT ADJUSTMENT					
106. NEGATIVE COST CENTER					
107. TOTAL	12,784,992				

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**ALLOCATION OF
 CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-EQUIPMENT	DIRECTLY ASSIGNED CAPITAL COST
	(1.5)	(1.6)	(1.7)	(2.1)	(2.2)
<u>GENERAL SERVICE</u>					
1. CAPITAL COSTS-BLDG & FIXTURES					
1.1. CAPITAL COSTS-NEW BLDG					
1.2. CAPITAL COSTS-NEW BLDG					
1.3. CAPITAL COSTS-NEW BLDG					
1.4. CAPITAL COSTS-NEW BLDG					
1.5. CAPITAL COSTS-NEW BLDG					
1.6. CAPITAL COSTS-NEW BLDG					
1.7. CAPITAL COSTS-NEW BLDG					
2.1. CAPITAL COSTS-EQUIPMENT					
2.2. CAPITAL COSTS-EQUIPMENT					
3. EMPLOYEE BENEFITS					
4.1. NON-PATIENT TELEPHONE					
4.2. DATA PROCESSING					
4.3. PURCHASING					
4.4. ADMISSIONS					
4.5. BILLING/ COLLECTIONS					
4.6. OTHER ADMIN. AND GENERAL					
5. MAINTENANCE AND REPAIRS					6,328
6. OPERATION OF PLANT					
7. LAUNDRY & LINEN SERVICES					93,621
8. HOUSEKEEPING					
9. DIETARY					31,621
10. CAFETERIA					
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION					11,497
13. INSERVICE EDUCATION					
14. CENTRAL SERVICE & SUPPLY					3,544
15. PHARMACY					
16. MEDICAL RECORDS LIBRARY					56,038
17. SOCIAL SERVICE					
18. NURSING SCHOOL					114
19. INTERN RESIDENT APPROVED PROG					
20. I&R SERVICES - OTHER PROGRAM CC					15,211
21. I&R SERVICES - SALARY & FRINGES /					20,358
22. SCHOOL OF XRAY					
23. SCHOOL OF MED TECH					
24. SCHOOL OF RESP THERAPY					312
25. PARAMEDICAL ED PHARMACY					316
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE					282,162
27. NURSERY					
28. ICU					131,948
29. NICU					
30. CCU					
31. CRITICAL CARE					
32. SWING BED					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT					1,066
35. PSYCH UNIT					1,685
36. DRUG & ALCOHOL REHAB UNIT					
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM					17,624
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					2,336
41. RADIOLOGY-DIAGNOSTIC					4,516
42. RADIOLOGY-THERAPEUTIC					375
43. RADIOISOTOPE					
44. LABORATORY					
45. WHOLE BLOOD					
46. BLOOD STOR PROC TRANS					281
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY					361,988

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**ALLOCATION OF
 CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-EQUIPMENT	DIRECTLY ASSIGNED CAPITAL COST
	(1.5)	(1.6)	(1.7)	(2.1)	(2.2)
49. PHYSICAL THERAPY					25
50. OCCUPATIONAL THERAPY					
51. SPEECH THERAPY					
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					322
54. ELECTROENCEPHALOGRAPHY					109,160
55. MEDICAL SUPPLIES					
56. DRUGS CHARGED TO PATIENTS					
57. RENAL DIALYSIS					
58. AUDIOLOGY					
59. CT SCAN					208
60. MRI					228
61. CARDIAC CATH					2,795
62. CARDIAC REHAB					56
63. HYPERBARIC OXYGEN THERAPY					562
64. IMPL. DEV. CHARGED TO PATIENTS					
65. PATIENT TEACHING-DIETARY					
66. PAIN CLINIC					
67. OTHER					
68. OTHER					
<u>OUTPATIENT SERVICES</u>					
69. CLINIC					
70. EMERGENCY					15,018
71. PARTIAL HOSPITALIZATION					
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS					
77. OBSERVATION - DISTINCT					7,067
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
86. SKILLED NURSING FACILITY					287
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					
89. INTEREST EXPENSE					
90. OTHER (SPECIFY)					
91. SUBTOTAL					1,178,669
<u>NON-REIMBURSABLE COST</u>					
92. GIFT COFFEE SHOPS & CANTEEN					
93. CIRCUIT LIBRARY					
94. REAL ESTATE					
95. INTEREST EXPENSE					
96. PATIENT TRANSPORT					
97. WELLNESS					
98. PERSONAL CARE HOME					
99. NURSE FAMILY PARTNERSHIP					
100. COMMUNITY SERVICE					
101. GRANTS					
102. RENTAL SPACE					
103. RETAIL PHARMACY					
104. OTHER (SPECIFY)					
105. CROSSFOOT ADJUSTMENT					
106. NEGATIVE COST CENTER					
107. TOTAL					1,178,669

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**ALLOCATION OF
 CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS (3)	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)
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GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS-NEW BLDG
- 1.2. CAPITAL COSTS-NEW BLDG
- 1.3. CAPITAL COSTS-NEW BLDG
- 1.4. CAPITAL COSTS-NEW BLDG
- 1.5. CAPITAL COSTS-NEW BLDG
- 1.6. CAPITAL COSTS-NEW BLDG
- 1.7. CAPITAL COSTS-NEW BLDG
- 2.1. CAPITAL COSTS-EQUIPMENT
- 2.2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. INSERVICE EDUCATION
14. CENTRAL SERVICE & SUPPLY
15. PHARMACY
16. MEDICAL RECORDS LIBRARY
17. SOCIAL SERVICE
18. NURSING SCHOOL
19. INTERN RESIDENT APPROVED PROG
20. I&R SERVICES - OTHER PROGRAM CC
21. I&R SERVICES - SALARY & FRINGES /
22. SCHOOL OF XRAY
23. SCHOOL OF MED TECH
24. SCHOOL OF RESP THERAPY
25. PARAMEDICAL ED PHARMACY

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. CRITICAL CARE
32. SWING BED
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STOR PROC TRANS
47. INTRAVENOUS THERAPY
48. RESPIRATORY THERAPY

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
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**ALLOCATION OF
 CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS (3)	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN				
60. MRI				
61. CARDIAC CATH				
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY				
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME				
99. NURSE FAMILY PARTNERSHIP				
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL				

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**ALLOCATION OF
 CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	ADMISSIONS (4.4)	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	438,357			
5. MAINTENANCE AND REPAIRS	22,801	2,374,568		
6. OPERATION OF PLANT	382	72,097		
7. LAUNDRY & LINEN SERVICES	1,868	4,600		
8. HOUSEKEEPING	5,982	29,098		
9. DIETARY	4,417	15,348		
10. CAFETERIA	1,586	83,615		
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	8,447	16,022		
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	3,429	52,977		
15. PHARMACY	8,680	18,730		
16. MEDICAL RECORDS LIBRARY	1,891	55,409		
17. SOCIAL SERVICE	766	7,923		
18. NURSING SCHOOL	545	29,672		
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC	2,654	58,163		
21. I&R SERVICES - SALARY & FRINGES /	16,858			
22. SCHOOL OF XRAY	440	44,149		
23. SCHOOL OF MED TECH	195	16,809		
24. SCHOOL OF RESP THERAPY	632	44,313		
25. PARAMEDICAL ED PHARMACY	444	1,745		
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	48,483	342,219		
27. NURSERY	1,819	1,683		
28. ICU	20,622	121,917		
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	4,850	59,531		
35. PSYCH UNIT	4,501	56,618		
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	40,384	265,734		
38. RECOVERY ROOM				
39. DELIVERY ROOM	2,837	12,586		
40. ANESTHESIOLOGY	1,589	5,613		
41. RADIOLOGY-DIAGNOSTIC	10,880	137,877		
42. RADIOLOGY-THERAPEUTIC	3,218	32,467		
43. RADIOISOTOPE				
44. LABORATORY	19,825	69,715		
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	2,705	18,789		
48. RESPIRATORY THERAPY	6,715	23,247		

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**ALLOCATION OF
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Amended WORKSHEET B-3

COST CENTER DESCRIPTION	ADMISSIONS (4.4)	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)
49. PHYSICAL THERAPY			4,122	43,957
50. OCCUPATIONAL THERAPY			1,623	24,197
51. SPEECH THERAPY			825	11,104
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY			2,941	9,363
54. ELECTROENCEPHALOGRAPHY			1,755	12,829
55. MEDICAL SUPPLIES			41,609	
56. DRUGS CHARGED TO PATIENTS			50,525	
57. RENAL DIALYSIS			791	
58. AUDIOLOGY				
59. CT SCAN			2,888	7,166
60. MRI			1,735	13,737
61. CARDIAC CATH			5,349	62,595
62. CARDIAC REHAB			621	1,364
63. HYPERBARIC OXYGEN THERAPY			1,401	12,364
64. IMPL. DEV. CHARGED TO PATIENTS			12,957	
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY			18,163	129,640
71. PARTIAL HOSPITALIZATION			110	
72. AMBULANCE			2,683	5,194
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS			3,882	
77. OBSERVATION - DISTINCT			2,615	47,163
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY			7,671	86,846
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL			414,711	2,166,185
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN			845	11,234
93. CIRCUIT LIBRARY			24	
94. REAL ESTATE			101	
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT			314	276
97. WELLNESS			63	7,304
98. PERSONAL CARE HOME			2,416	
99. NURSE FAMILY PARTNERSHIP			672	1,440
100. COMMUNITY SERVICE			172	
101. GRANTS			4	
102. RENTAL SPACE			941	176,635
103. RETAIL PHARMACY			18,094	11,494
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL			438,357	2,374,568

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**ALLOCATION OF
 CAPITAL RELATED COSTS
 Amended WORKSHEET B-3**

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	376,135			
7. LAUNDRY & LINEN SERVICES	751	120,214		
8. HOUSEKEEPING	4,754	384	162,773	
9. DIETARY	2,507		463	119,001
10. CAFETERIA	13,659		3,704	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	2,617		1,486	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	8,654	664	3,164	
15. PHARMACY	3,060	285	926	
16. MEDICAL RECORDS LIBRARY	9,052		926	
17. SOCIAL SERVICE	1,294		463	
18. NURSING SCHOOL	4,847			
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC	9,502		463	
21. I&R SERVICES - SALARY & FRINGES /			502	
22. SCHOOL OF XRAY	7,212		376	
23. SCHOOL OF MED TECH	2,746		251	
24. SCHOOL OF RESP THERAPY	7,239		376	
25. PARAMEDICAL ED PHARMACY	285			
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	55,904	45,075	45,848	59,927
27. NURSERY	275			
28. ICU	19,917	10,128	16,221	5,296
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	9,725			2,550
35. PSYCH UNIT	9,249		7,586	4,719
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	43,411	22,814	26,597	4,179
38. RECOVERY ROOM				
39. DELIVERY ROOM	2,056			
40. ANESTHESIOLOGY	917		251	
41. RADIOLOGY-DIAGNOSTIC	22,524	4,164	4,954	41
42. RADIOLOGY-THERAPEUTIC	5,304	1,457	695	
43. RADIOISOTOPE				
44. LABORATORY	11,389		3,257	
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	3,069		556	
48. RESPIRATORY THERAPY	3,798	17	1,991	

Guthrie Robert Packer Hospital
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**ALLOCATION OF
 CAPITAL RELATED COSTS**
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COST CENTER DESCRIPTION	OPERATION OF PLANT (6)	LAUNDRY & LINEN SERVICES (7)	HOUSEKEEPING (8)	DIETARY (9)
49. PHYSICAL THERAPY	7,181	469	1,065	
50. OCCUPATIONAL THERAPY	3,953		1,158	
51. SPEECH THERAPY	1,814		46	
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	1,530		463	
54. ELECTROENCEPHALOGRAPHY	2,096	250	2,207	
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				288
58. AUDIOLOGY				
59. CT SCAN	1,171	1,242	1,296	
60. MRI	2,244	1,779	232	
61. CARDIAC CATH	10,226	3,390	4,862	705
62. CARDIAC REHAB	223		46	
63. HYPERBARIC OXYGEN THERAPY	2,020	437	1,852	
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY	21,178	10,904	13,242	3,237
71. PARTIAL HOSPITALIZATION			1,080	
72. AMBULANCE	849			
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT	7,705			
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY	14,187	16,755	11,371	15,686
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	342,094	120,214	159,976	96,628
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN	1,835		125	
93. CIRCUIT LIBRARY			125	
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT	45			
97. WELLNESS	1,193			
98. PERSONAL CARE HOME				22,373
99. NURSE FAMILY PARTNERSHIP	235			
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE	28,855		2,547	
103. RETAIL PHARMACY	1,878			
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	376,135	120,214	162,773	119,001

Guthrie Robert Packer Hospital
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**ALLOCATION OF
 CAPITAL RELATED COSTS**
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COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	INSERVICE EDUCATION
	(10)	(11)	(12)	(13)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA	454,734			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	11,601		119,153	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	10,438			
15. PHARMACY	13,578			
16. MEDICAL RECORDS LIBRARY	2,878			
17. SOCIAL SERVICE	1,861			
18. NURSING SCHOOL				
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC	785			
21. I&R SERVICES - SALARY & FRINGES /	38,350			
22. SCHOOL OF XRAY	872			
23. SCHOOL OF MED TECH	349			
24. SCHOOL OF RESP THERAPY	901			
25. PARAMEDICAL ED PHARMACY	582			
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	96,878		45,754	
27. NURSERY				
28. ICU	31,314		15,705	
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	6,397			
35. PSYCH UNIT	12,502		6,309	
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	59,691		25,902	
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	1,686			
41. RADIOLOGY-DIAGNOSTIC	23,435			
42. RADIOLOGY-THERAPEUTIC	3,780			
43. RADIOISOTOPE				
44. LABORATORY	3,460			
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	5,175			
48. RESPIRATORY THERAPY	9,159			

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**ALLOCATION OF
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COST CENTER DESCRIPTION	CAFETERIA (10)	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	INSERVICE EDUCATION (13)
49. PHYSICAL THERAPY	9,246			
50. OCCUPATIONAL THERAPY	3,169			
51. SPEECH THERAPY	1,337			
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	7,240			
54. ELECTROENCEPHALOGRAPHY	3,867		356	
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN	3,983			
60. MRI	2,646			
61. CARDIAC CATH	10,118		4,940	
62. CARDIAC REHAB	1,250			
63. HYPERBARIC OXYGEN THERAPY	1,105		480	
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY	30,238		14,593	
71. PARTIAL HOSPITALIZATION	349			
72. AMBULANCE	9,827			
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT	5,844		2,929	
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY	12,095		2,185	
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	437,986		119,153	
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN	1,541			
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT	1,337			
97. WELLNESS	58			
98. PERSONAL CARE HOME	7,967			
99. NURSE FAMILY PARTNERSHIP	1,745			
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY	4,100			
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	454,734		119,153	

Guthrie Robert Packer Hospital
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**ALLOCATION OF
 CAPITAL RELATED COSTS**
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COST CENTER DESCRIPTION	CENTRAL SERVICE & SUPPLY (14)	PHARMACY (15)	MEDICAL RECORDS LIBRARY (16)	SOCIAL SERVICE (17)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	305,997			
15. PHARMACY		124,148		
16. MEDICAL RECORDS LIBRARY			359,564	
17. SOCIAL SERVICE				45,678
18. NURSING SCHOOL				
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC				
21. I&R SERVICES - SALARY & FRINGES /				
22. SCHOOL OF XRAY				
23. SCHOOL OF MED TECH				
24. SCHOOL OF RESP THERAPY				
25. PARAMEDICAL ED PHARMACY				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	223		189,669	23,397
27. NURSERY			2,302	526
28. ICU	179		31,480	3,597
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT			9,812	1,121
35. PSYCH UNIT	3		10,609	
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	890		29,668	
38. RECOVERY ROOM				
39. DELIVERY ROOM			2,857	
40. ANESTHESIOLOGY	724			
41. RADIOLOGY-DIAGNOSTIC	1,811			
42. RADIOLOGY-THERAPEUTIC	2			
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS	28			
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	91			

Guthrie Robert Packer Hospital
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**ALLOCATION OF
 CAPITAL RELATED COSTS**
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COST CENTER DESCRIPTION	CENTRAL SERVICE & SUPPLY (14)	PHARMACY (15)	MEDICAL RECORDS LIBRARY (16)	SOCIAL SERVICE (17)
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY		258		
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES	305,997			
56. DRUGS CHARGED TO PATIENTS		89,941		
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN		38		
60. MRI				
61. CARDIAC CATH		21		
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY		48		
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY		137	26,110	747
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY		642	57,057	6,520
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL	305,997	95,036	359,564	35,908
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME				
99. NURSE FAMILY PARTNERSHIP			9,770	
100. COMMUNITY SERVICE		14		
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY		29,098		
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	305,997	124,148	359,564	45,678

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**ALLOCATION OF
 CAPITAL RELATED COSTS**
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COST CENTER DESCRIPTION	NURSING SCHOOL	INTERN RESIDENT APPROVED PROG	I&R SERVICES - OTHER PROGRAM COSTS	I&R SERVICES - SALARY & FRINGES APPRD
	(18)	(19)	(20)	(21)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY				
15. PHARMACY				
16. MEDICAL RECORDS LIBRARY				
17. SOCIAL SERVICE				
18. NURSING SCHOOL	160,148			
19. INTERN RESIDENT APPROVED PROG				
20. I&R SERVICES - OTHER PROGRAM CC			331,748	
21. I&R SERVICES - SALARY & FRINGES /				76,068
22. SCHOOL OF XRAY				
23. SCHOOL OF MED TECH				
24. SCHOOL OF RESP THERAPY				
25. PARAMEDICAL ED PHARMACY				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				

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COST CENTER DESCRIPTION	NURSING SCHOOL (18)	INTERN RESIDENT APPROVED PROG (19)	I&R SERVICES - OTHER PROGRAM COSTS (20)	I&R SERVICES - SALARY & FRINGES APPRD (21)
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN				
60. MRI				
61. CARDIAC CATH				
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS				
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY				
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN				
93. CIRCUIT LIBRARY				
94. REAL ESTATE				
95. INTEREST EXPENSE				
96. PATIENT TRANSPORT				
97. WELLNESS				
98. PERSONAL CARE HOME				
99. NURSE FAMILY PARTNERSHIP				
100. COMMUNITY SERVICE				
101. GRANTS				
102. RENTAL SPACE				
103. RETAIL PHARMACY				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT	160,148		331,748	76,068
106. NEGATIVE COST CENTER				
107. TOTAL	160,148		331,748	76,068

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ALLOCATION OF
 CAPITAL RELATED COSTS
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COST CENTER DESCRIPTION	SCHOOL OF XRAY	SCHOOL OF MED TECH	SCHOOL OF RESP THERAPY	PARAMEDICAL ED PHARMACY	TOTAL
	(22)	(23)	(24)	(25)	(26)
<u>GENERAL SERVICE</u>					
1. CAPITAL COSTS-BLDG & FIXTURES					
1.1. CAPITAL COSTS-NEW BLDG					
1.2. CAPITAL COSTS-NEW BLDG					
1.3. CAPITAL COSTS-NEW BLDG					
1.4. CAPITAL COSTS-NEW BLDG					
1.5. CAPITAL COSTS-NEW BLDG					
1.6. CAPITAL COSTS-NEW BLDG					
1.7. CAPITAL COSTS-NEW BLDG					
2.1. CAPITAL COSTS-EQUIPMENT					
2.2. CAPITAL COSTS-EQUIPMENT					
3. EMPLOYEE BENEFITS					
4.1. NON-PATIENT TELEPHONE					
4.2. DATA PROCESSING					
4.3. PURCHASING					
4.4. ADMISSIONS					
4.5. BILLING/ COLLECTIONS					
4.6. OTHER ADMIN. AND GENERAL					
5. MAINTENANCE AND REPAIRS					
6. OPERATION OF PLANT					
7. LAUNDRY & LINEN SERVICES					
8. HOUSEKEEPING					
9. DIETARY					
10. CAFETERIA					
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION					
13. INSERVICE EDUCATION					
14. CENTRAL SERVICE & SUPPLY					
15. PHARMACY					
16. MEDICAL RECORDS LIBRARY					
17. SOCIAL SERVICE					
18. NURSING SCHOOL					
19. INTERN RESIDENT APPROVED PROG					
20. I&R SERVICES - OTHER PROGRAM CC					
21. I&R SERVICES - SALARY & FRINGES /					
22. SCHOOL OF XRAY	238,997				
23. SCHOOL OF MED TECH		91,147			
24. SCHOOL OF RESP THERAPY			240,409		
25. PARAMEDICAL ED PHARMACY				10723.00	
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE					2,676,889
27. NURSERY					13,692
28. ICU					921,815
29. NICU					
30. CCU					
31. CRITICAL CARE					
32. SWING BED					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT					345,786
35. PSYCH UNIT					352,246
36. DRUG & ALCOHOL REHAB UNIT					
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM					1,656,110
38. RECOVERY ROOM					
39. DELIVERY ROOM					73,346
40. ANESTHESIOLOGY					36,756
41. RADIOLOGY-DIAGNOSTIC					790,912
42. RADIOLOGY-THERAPEUTIC					184,044
43. RADIOISOTOPE					
44. LABORATORY					401,271
45. WHOLE BLOOD					
46. BLOOD STOR PROC TRANS					
47. INTRAVENOUS THERAPY					109,739
48. RESPIRATORY THERAPY					504,916

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**ALLOCATION OF
 CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	SCHOOL OF XRAY (22)	SCHOOL OF MED TECH (23)	SCHOOL OF RESP THERAPY (24)	PARAMEDICAL ED PHARMACY (25)	TOTAL (26)
49. PHYSICAL THERAPY					251,202
50. OCCUPATIONAL THERAPY					136,012
51. SPEECH THERAPY					61,895
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					61,553
54. ELECTROENCEPHALOGRAPHY					186,552
55. MEDICAL SUPPLIES					347,606
56. DRUGS CHARGED TO PATIENTS					140,466
57. RENAL DIALYSIS					1,079
58. AUDIOLOGY					
59. CT SCAN					48,172
60. MRI					80,459
61. CARDIAC CATH					368,639
62. CARDIAC REHAB					9,307
63. HYPERBARIC OXYGEN THERAPY					72,344
64. IMPL. DEV. CHARGED TO PATIENTS					12,957
65. PATIENT TEACHING-DIETARY					
66. PAIN CLINIC					
67. OTHER					
68. OTHER					
<u>OUTPATIENT SERVICES</u>					
69. CLINIC					829,223
70. EMERGENCY					1,539
71. PARTIAL HOSPITALIZATION					40,430
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS					3,882
77. OBSERVATION - DISTINCT					271,964
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
86. SKILLED NURSING FACILITY					597,082
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					
89. INTEREST EXPENSE					
90. OTHER (SPECIFY)					
91. SUBTOTAL					11,589,885
<u>NON-REIMBURSABLE COST</u>					
92. GIFT COFFEE SHOPS & CANTEEN					62,896
93. CIRCUIT LIBRARY					149
94. REAL ESTATE					101
95. INTEREST EXPENSE					
96. PATIENT TRANSPORT					3,135
97. WELLNESS					39,380
98. PERSONAL CARE HOME					32,756
99. NURSE FAMILY PARTNERSHIP					19,926
100. COMMUNITY SERVICE					186
101. GRANTS					4
102. RENTAL SPACE					952,930
103. RETAIL PHARMACY					113,073
104. OTHER (SPECIFY)					
105. CROSSFOOT ADJUSTMENT	238,997	91,147	240,409	10,723	1,149,240
106. NEGATIVE COST CENTER					
107. TOTAL	238,997	91,147	240,409	10,723	13,963,661

Guthrie Robert Packer Hospital PROVIDER NUMBER: 1007706140003 FOR THE PERIOD: 7/1/2021 TO 6/30/2022 COMPUTATION OF RATIO OF DEPARTMENTAL CHARGES TO TOTAL CHARGES					
Amended WORKSHEET C-1					
COST CENTER DESCRIPTION	TOTAL BILLED CHARGES (1)	TOTAL O/P CHARGES (2)	I/P CHARGES (Excluding units & other) (3)	TOTAL I/P PSYCH. UNIT CHARGES (4)	TOTAL I/P D & A UNIT CHARGES (5)
INPATIENT ROUTINE SERVICE					
26. GENERAL ROUTINE CARE	\$122,520,582		\$122,520,582		
27. NURSERY	2,166,149		2,166,149		
28. ICU	30,677,036		30,677,036		
29. NICU					
30. CCU					
31. CRITICAL CARE					
32. SWING BED					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	4,258,800				
35. PSYCH UNIT	8,385,483			8,385,483	
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	168,008,050		155,363,767	8,385,483	
ANCILLARY SERVICES					
37. OPERATING ROOM	244,877,228	160,938,470	83,913,790	7,762	
38. RECOVERY ROOM					
39. DELIVERY ROOM	3,369,005	522,451	2,846,554		
40. ANESTHESIOLOGY	21,806,690	11,990,677	9,813,001	932	
41. RADIOLOGY-DIAGNOSTIC	109,895,206	86,663,992	23,099,149	55,210	
42. RADIOLOGY-THERAPEUTIC	33,585,087	32,447,904	1,137,183		
43. RADIOISOTOPE					
44. LABORATORY	165,450,079	65,058,477	98,184,538	1,143,784	
45. WHOLE BLOOD					
46. BLOOD STOR PROC TRANS					
47. INTRAVENOUS THERAPY	16,536,526	16,279,980	244,806	294	
48. RESPIRATORY THERAPY	20,932,191	3,731,753	16,482,016	15,486	
49. PHYSICAL THERAPY	15,233,309	9,717,156	3,693,788	3,544	
50. OCCUPATIONAL THERAPY	6,348,674	1,694,633	2,987,433	2,848	
51. SPEECH THERAPY	4,637,945	2,543,711	1,766,967	12,692	
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY	47,111,259	24,507,181	22,468,320	101,079	
54. ELECTROENCEPHALOGRAPHY	14,510,574	13,935,210	567,807	7,557	
55. MEDICAL SUPPLIES	58,685,975	27,027,902	31,131,374	2,764	
56. DRUGS CHARGED TO PATIENTS	299,668,380	227,215,814	71,156,104	632,656	
57. RENAL DIALYSIS	1,712,800	59,812	1,651,092	1,896	
58. AUDIOLOGY					
59. CT SCAN	106,194,585	66,070,759	39,737,353	196,040	
60. MRI	42,198,038	33,519,203	8,604,088	45,522	
61. CARDIAC CATH	24,438,178	12,529,651	11,908,527		
62. CARDIAC REHAB	846,521	844,285	2,236		
63. HYPERBARIC OXYGEN THERAPY	11,040,222	10,929,948	110,274		
64. IMPL. DEV. CHARGED TO PATIENTS	83,402,970	33,415,754	49,970,355	358	
65. PATIENT TEACHING-DIETARY					
66. PAIN CLINIC					
67. OTHER					
68. OTHER					
OUTPATIENT SERVICES					
69. CLINIC					
70. EMERGENCY	99,253,140	58,953,686	38,649,887	1,647,072	
71. PARTIAL HOSPITALIZATION	438,873	438,873			
72. AMBULANCE	4,198,562	4,198,562			
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS	6,272,887	4,964,688	1,289,635	2,566	
77. OBSERVATION - DISTINCT	4,022,175	3,303,819	710,265	955	
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
OTHER INPATIENT					
86. SKILLED NURSING FACILITY	8,185,932				
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					
89. INTEREST EXPENSE					
90. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	1,454,853,011	913,504,351	522,126,542	3,881,017	
81. TOTAL	\$1,622,861,061	\$913,504,351	\$677,490,309	\$12,266,500	

Guthrie Robert Packer Hospital PROVIDER NUMBER: 1007706140003 FOR THE PERIOD: 7/1/2021 TO 6/30/2022 COMPUTATION OF RATIO OF DEPARTMENTAL CHARGES TO TOTAL CHARGES					
Amended WORKSHEET C-1					
COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. UNIT CHARGES (6)	OTHER I/P CHARGES (SPECIFY) (7)	OUTPATIENT RATIO (Col. 2 ÷ Col. 1) (8)	I/P RATIO (Excluding units & other) (Col. 3 ÷ Col. 1) (9)	INPATIENT PSYCH. UNIT RATIO (Col. 4 ÷ Col. 1) (10)
INPATIENT ROUTINE SERVICE					
26. GENERAL ROUTINE CARE				100.000000%	
27. NURSERY				100.000000%	
28. ICU				100.000000%	
29. NICU					
30. CCU					
31. CRITICAL CARE					
32. SWING BED					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	4,258,800				
35. PSYCH UNIT					100.000000%
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	4,258,800				
ANCILLARY SERVICES					
37. OPERATING ROOM	17,206		65.722105%	34.267699%	0.003170%
38. RECOVERY ROOM					
39. DELIVERY ROOM			15.507576%	84.492424%	
40. ANESTHESIOLOGY	2,080		54.986231%	44.999957%	0.004274%
41. RADIOLOGY-DIAGNOSTIC	32,990	43,865	78.860576%	21.019250%	0.050239%
42. RADIOLOGY-THERAPEUTIC			96.614024%	3.385976%	
43. RADIOISOTOPE					
44. LABORATORY	441,979	621,301	39.322119%	59.343905%	0.691317%
45. WHOLE BLOOD					
46. BLOOD STOR PROC TRANS					
47. INTRAVENOUS THERAPY	11,446		98.448610%	1.480396%	0.001778%
48. RESPIRATORY THERAPY	265,554	437,382	17.827818%	78.740043%	0.073982%
49. PHYSICAL THERAPY	1,817,711	1,110	63.788872%	24.248100%	0.023265%
50. OCCUPATIONAL THERAPY	1,663,760		26.692708%	47.056015%	0.044860%
51. SPEECH THERAPY	314,438	137	54.845648%	38.098058%	0.273656%
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY	30,878	3,801	52.019796%	47.692039%	0.214554%
54. ELECTROENCEPHALOGRAPHY			96.034864%	3.913057%	0.052079%
55. MEDICAL SUPPLIES	94,647	429,288	46.055130%	53.047383%	0.004710%
56. DRUGS CHARGED TO PATIENTS	663,767	39	75.822419%	23.744948%	0.211119%
57. RENAL DIALYSIS			3.492060%	96.397244%	0.110696%
58. AUDIOLOGY					
59. CT SCAN	180,429	10,004	62.216693%	37.419378%	0.184605%
60. MRI	29,225		79.433084%	20.389782%	0.107877%
61. CARDIAC CATH			51.270807%	48.729193%	
62. CARDIAC REHAB			99.735860%	0.264140%	
63. HYPERBARIC OXYGEN THERAPY			99.001161%	0.998839%	
64. IMPL. DEV. CHARGED TO PATIENTS	16,503		40.065425%	59.914359%	0.000429%
65. PATIENT TEACHING-DIETARY					
66. PAIN CLINIC					
67. OTHER					
68. OTHER					
OUTPATIENT SERVICES					
69. CLINIC					
70. EMERGENCY	2,495		59.397301%	38.940719%	1.659466%
71. PARTIAL HOSPITALIZATION			100.000000%		
72. AMBULANCE			100.000000%		
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS	15,998		79.145185%	20.558875%	0.040906%
77. OBSERVATION - DISTINCT	7,136		82.140111%	17.658730%	0.023743%
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
OTHER INPATIENT					
86. SKILLED NURSING FACILITY		8,185,932			
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					
89. INTEREST EXPENSE					
90. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	5,608,242	9,732,859			
81. TOTAL	\$9,867,042	\$9,732,859			

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COMPUTATION OF RATIO OF DEPARTMENTAL
CHARGES TO TOTAL CHARGES
Amended WORKSHEET C-1

COST CENTER DESCRIPTION	INPATIENT D & A UNIT RATIO (Col. 5 ÷ Col. 1) (11)	I/P MEDICAL REHAB. UNIT RATIO (Col. 6 ÷ Col. 1) (12)	OTHER I/P RATIO (Col. 7 ÷ Col. 1) (13)
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE			
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. CRITICAL CARE			
32. SWING BED			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT		100.000000%	
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE			
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM		0.007026%	
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY		0.009538%	
41. RADIOLOGY-DIAGNOSTIC		0.030020%	0.039915%
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. LABORATORY		0.267137%	0.375522%
45. WHOLE BLOOD			
46. BLOOD STOR PROC TRANS			
47. INTRAVENOUS THERAPY		0.069216%	
48. RESPIRATORY THERAPY		1.268639%	2.089518%
49. PHYSICAL THERAPY		11.932476%	0.007287%
50. OCCUPATIONAL THERAPY		26.206417%	
51. SPEECH THERAPY		6.779684%	0.002954%
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY		0.065543%	0.008068%
54. ELECTROENCEPHALOGRAPHY			
55. MEDICAL SUPPLIES		0.161277%	0.731500%
56. DRUGS CHARGED TO PATIENTS		0.221501%	0.000013%
57. RENAL DIALYSIS			
58. AUDIOLOGY			
59. CT SCAN		0.169904%	0.009420%
60. MRI		0.069257%	
61. CARDIAC CATH			
62. CARDIAC REHAB			
63. HYPERBARIC OXYGEN THERAPY			
64. IMPL. DEV. CHARGED TO PATIENTS		0.019787%	
65. PATIENT TEACHING-DIETARY			
66. PAIN CLINIC			
67. OTHER			
68. OTHER			
<u>OUTPATIENT SERVICES</u>			
69. CLINIC			
70. EMERGENCY		0.002514%	
71. PARTIAL HOSPITALIZATION			
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS		0.255034%	
77. OBSERVATION - DISTINCT		0.177416%	
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
86. SKILLED NURSING FACILITY		100.000000%	
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			
89. INTEREST EXPENSE			
90. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER			
81. TOTAL			

Guthrie Robert Packer Hospital PROVIDER NUMBER: 1007706140003 FOR THE PERIOD: 7/1/2021 TO 6/30/2022 COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE INPATIENT CARE COSTS Amended WORKSHEET C-2					
COST CENTER DESCRIPTION	TOTAL COSTS (From Wkst. B-2, Col. 27) (1)	TOTAL O/P COSTS (Col. 1 x Wkst. C-1, Col. 8) (2)	I/P COSTS (Excluding units & other) (Col. 1 x Wkst. C-1, Col. 9) (3)	TOTAL I/P PSYCH. UNIT COSTS (Col. 1 x Wkst. C-1, Col. 10) (4)	TOTAL I/P D & A UNIT COSTS (Col. 1 x Wkst. C-1, Col. 11) (5)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	\$65,441,598		\$65,441,598		
27. NURSERY	1,702,317		1,702,317		
28. ICU	24,410,595		24,410,595		
29. NICU					
30. CCU					
31. CRITICAL CARE					
32. SWING BED					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	4,937,115				
35. PSYCH UNIT	5,823,734			5,823,734	
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	102,315,359		91,554,510	5,823,734	
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	48,183,008	31,666,888	16,511,208		1,527
38. RECOVERY ROOM					
39. DELIVERY ROOM	2,778,622	430,897	2,347,725		
40. ANESTHESIOLOGY	2,059,732	1,132,569	926,879		88
41. RADIOLOGY-DIAGNOSTIC	12,831,891	10,119,303	2,697,167		6,447
42. RADIOLOGY-THERAPEUTIC	3,306,848	3,194,879	111,969		
43. RADIOISOTOPE					
44. LABORATORY	19,276,318	7,579,857	11,439,320		133,260
45. WHOLE BLOOD					
46. BLOOD STOR PROC TRANS					
47. INTRAVENOUS THERAPY	2,694,236	2,652,438	39,885		48
48. RESPIRATORY THERAPY	7,481,913	1,333,862	5,891,262		5,535
49. PHYSICAL THERAPY	4,265,869	2,721,150	1,034,392		992
50. OCCUPATIONAL THERAPY	1,764,424	470,972	830,268		792
51. SPEECH THERAPY	864,849	474,331	329,491		2,367
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY	3,236,655	1,683,702	1,543,627		6,944
54. ELECTROENCEPHALOGRAPHY	1,847,990	1,774,715	72,313		962
55. MEDICAL SUPPLIES	41,845,087	19,271,808	22,197,724		1,971
56. DRUGS CHARGED TO PATIENTS	52,153,209	39,543,825	12,383,752		110,105
57. RENAL DIALYSIS	733,681	25,621	707,248		812
58. AUDIOLOGY					
59. CT SCAN	2,794,092	1,738,392	1,045,532		5,158
60. MRI	1,761,091	1,398,888	359,083		1,900
61. CARDIAC CATH	6,903,681	3,539,573	3,364,108		
62. CARDIAC REHAB	588,590	587,035	1,555		
63. HYPERBARIC OXYGEN THERAPY	1,507,949	1,492,887	15,062		
64. IMPL. DEV. CHARGED TO PATIENTS	11,847,484	4,746,745	7,098,344		51
65. PATIENT TEACHING-DIETARY					
66. PAIN CLINIC					
67. OTHER					
68. OTHER					
<u>OUTPATIENT SERVICES</u>					
69. CLINIC					
70. EMERGENCY	21,927,532	13,024,362	8,538,739		363,880
71. PARTIAL HOSPITALIZATION	140,793	140,793			
72. AMBULANCE	2,552,003	2,552,003			
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS	3,550,113	2,809,744	729,863		1,452
77. OBSERVATION - DISTINCT	3,051,435	2,506,451	538,845		725
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
86. SKILLED NURSING FACILITY	9,740,928				
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					
89. INTEREST EXPENSE					
90. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	271,690,023	158,613,690	100,755,361		645,016
81. TOTAL	\$374,005,382	\$158,613,690	\$192,309,871		\$6,468,750

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS

Amended WORKSHEET C-2

COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. COSTS (Col. 1 x Wkst. C-1, Col. 12) (6)	OTHER I/P COSTS (Col. 1 x Wkst. C-1, Col. 13) (7)	I/P CHARGES (Excluding units & other) (From Wkst. C-1, Col. 3) (8)	PA M.A. I/P CHARGES (Excluding units & other) (9)	I/P PER DIEM (Col. 3 ÷ Col. 12) or MA I/P RATIO (Col. 9 ÷ Col. 8) (10)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE			\$122,520,582	\$1,291,334	\$1,208.77
27. NURSERY			2,166,149	90,244	1,359.68
28. ICU			30,677,036	377,710	2,691.36
29. NICU					
30. CCU					
31. CRITICAL CARE					
32. SWING BED					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	4,937,115				
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	4,937,115		155,363,767	1,759,288	
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM		3,385	83,913,790	527,232	0.63%
38. RECOVERY ROOM					
39. DELIVERY ROOM			2,846,554	42,110	1.48%
40. ANESTHESIOLOGY	196		9,813,001	54,360	0.55%
41. RADIOLOGY-DIAGNOSTIC	3,852	5,122	23,099,149	287,181	1.24%
42. RADIOLOGY-THERAPEUTIC			1,137,183	36,099	3.17%
43. RADIOISOTOPE					
44. LABORATORY	51,494	72,387	98,184,538	959,878	0.98%
45. WHOLE BLOOD					
46. BLOOD STOR PROC TRANS					
47. INTRAVENOUS THERAPY	1,865		244,806	214	0.09%
48. RESPIRATORY THERAPY	94,918	156,336	16,482,016	178,744	1.08%
49. PHYSICAL THERAPY	509,024	311	3,693,788	16,149	0.44%
50. OCCUPATIONAL THERAPY	462,392		2,987,433	17,037	0.57%
51. SPEECH THERAPY	58,634	26	1,766,967	12,940	0.73%
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY	2,121	261	22,468,320	229,269	1.02%
54. ELECTROENCEPHALOGRAPHY			567,807	5,484	0.97%
55. MEDICAL SUPPLIES	67,487	306,097	31,131,374	236,858	0.76%
56. DRUGS CHARGED TO PATIENTS	115,520	7	71,156,104	1,125,962	1.58%
57. RENAL DIALYSIS			1,651,092		
58. AUDIOLOGY					
59. CT SCAN	4,747	263	39,737,353	361,545	0.91%
60. MRI		1,220	8,604,088	80,414	0.93%
61. CARDIAC CATH			11,908,527	35,292	0.30%
62. CARDIAC REHAB			2,236		
63. HYPERBARIC OXYGEN THERAPY			110,274		
64. IMPL. DEV. CHARGED TO PATIENTS	2,344		49,970,355	99,681	0.20%
65. PATIENT TEACHING-DIETARY					
66. PAIN CLINIC					
67. OTHER					
68. OTHER					
<u>OUTPATIENT SERVICES</u>					
69. CLINIC					
70. EMERGENCY		551	38,649,887	315,249	0.82%
71. PARTIAL HOSPITALIZATION					
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS	9,054		1,289,635		
77. OBSERVATION - DISTINCT	5,414		710,265		
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
86. SKILLED NURSING FACILITY		9,740,928			
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					
89. INTEREST EXPENSE					
90. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	1,394,218	10,281,738	522,126,542	4,621,698	
81. TOTAL	\$6,331,333	\$10,281,738	\$677,490,309	\$6,380,986	

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS

Amended WORKSHEET C-2

COST CENTER DESCRIPTION	PA M.A. I/P COSTS (Excl. units & other) (Col. 10 x Col. 13) or (Col. 3 x Col. 10) (11)	TOTAL ALL INPATIENT DAYS (Excluding units & other) (12)	PA M.A. INPATIENT DAYS (Excluding units & other) (13)
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE	\$674,494	54,139	558.0
27. NURSERY	48,948	1,252	36.0
28. ICU	279,901	9,070	104.0
29. NICU			
30. CCU			
31. CRITICAL CARE			
32. SWING BED			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT			
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE	1,003,343	64,461	698.0
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM	104,021		
38. RECOVERY ROOM			
39. DELIVERY ROOM	34,746		
40. ANESTHESIOLOGY	5,098		
41. RADIOLOGY-DIAGNOSTIC	33,445		
42. RADIOLOGY-THERAPEUTIC	3,549		
43. RADIOISOTOPE			
44. LABORATORY	112,105		
45. WHOLE BLOOD			
46. BLOOD STOR PROC TRANS			
47. INTRAVENOUS THERAPY	36		
48. RESPIRATORY THERAPY	63,626		
49. PHYSICAL THERAPY	4,551		
50. OCCUPATIONAL THERAPY	4,733		
51. SPEECH THERAPY	2,405		
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY	15,745		
54. ELECTROENCEPHALOGRAPHY	701		
55. MEDICAL SUPPLIES	168,703		
56. DRUGS CHARGED TO PATIENTS	195,663		
57. RENAL DIALYSIS			
58. AUDIOLOGY			
59. CT SCAN	9,514		
60. MRI	3,339		
61. CARDIAC CATH	10,092		
62. CARDIAC REHAB			
63. HYPERBARIC OXYGEN THERAPY			
64. IMPL. DEV. CHARGED TO PATIENTS	14,197		
65. PATIENT TEACHING-DIETARY			
66. PAIN CLINIC			
67. OTHER			
68. OTHER			
<u>OUTPATIENT SERVICES</u>			
69. CLINIC			
70. EMERGENCY	70,018		
71. PARTIAL HOSPITALIZATION			
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS			
77. OBSERVATION - DISTINCT			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
86. SKILLED NURSING FACILITY			
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			
89. INTEREST EXPENSE			
90. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER	856,287		
81. TOTAL	\$1,859,630		

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140015
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
PSYCHIATRIC UNIT INPATIENT CARE COSTS
Amended WORKSHEET C-3

COST CENTER DESCRIPTION	TOTAL I/P PSYCH. COSTS (From Wkst. C-2, Col. 4) (1)	TOTAL I/P PSYCH. CHARGES (From Wkst. C-1, Col. 4) (2)	PA M.A. I/P PSYCH. CHARGES (3)	I/P PSYCH. PER DIEM (Col. 1 ÷ Col. 6) or M.A. I/P RATIO (Col. 3 ÷ Col. 2) (4)	PA M.A. I/P PSYCH. COSTS (Col. 4 x Col. 7) (Col. 1 x Col. 4) (5)
35. PSYCH UNIT	\$5,823,734	\$8,385,483	\$66,095	\$1,462.15	\$40,940
ANCILLARY SERVICES					
37. OPERATING ROOM	1,527	7,762			
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY	88	932			
41. RADIOLOGY-DIAGNOSTIC	6,447	55,210	328	0.59%	38
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY	133,260	1,143,784	10,698	0.94%	1,253
45. WHOLE BLOOD					
46. BLOOD STOR PROC TRANS					
47. INTRAVENOUS THERAPY	48	294			
48. RESPIRATORY THERAPY	5,535	15,486	631	4.07%	225
49. PHYSICAL THERAPY	992	3,544			
50. OCCUPATIONAL THERAPY	792	2,848			
51. SPEECH THERAPY	2,367	12,692			
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY	6,944	101,079	747	0.74%	51
54. ELECTROENCEPHALOGRAPHY	962	7,557	198	2.62%	25
55. MEDICAL SUPPLIES	1,971	2,764			
56. DRUGS CHARGED TO PATIENTS	110,105	632,656	1,931	0.31%	341
57. RENAL DIALYSIS	812	1,896			
58. AUDIOLOGY					
59. CT SCAN	5,158	196,040			
60. MRI	1,900	45,522	1,304	2.86%	54
61. CARDIAC CATH					
62. CARDIAC REHAB					
63. HYPERBARIC OXYGEN THERAPY					
64. IMPL. DEV. CHARGED TO PATIENTS	51	358			
65. PATIENT TEACHING-DIETARY					
66. PAIN CLINIC					
67. OTHER					
68. OTHER					
OUTPATIENT SERVICES					
69. CLINIC					
70. EMERGENCY					
71. PARTIAL HOSPITALIZATION	363,880	1,647,072	16,028	0.97%	3,530
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS	1,452	2,566			
77. OBSERVATION - DISTINCT	725	955			
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
91. TOTAL ANCILLARY, O/P & OTHER	645,016	3,881,017	31,865		5,517
92. TOTAL	\$6,468,750	\$12,266,500	\$97,960		\$46,457

Guthrie Robert Packer Hospital
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FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
PSYCHIATRIC UNIT INPATIENT CARE COSTS
Amended WORKSHEET C-3

COST CENTER DESCRIPTION	TOTAL PSYCH. DAYS (6)	PA M.A. PSYCH. DAYS (7)	28.0
35. PSYCH UNIT	3,983		

ANCILLARY SERVICES

- 37. OPERATING ROOM
- 38. RECOVERY ROOM
- 39. DELIVERY ROOM
- 40. ANESTHESIOLOGY
- 41. RADIOLOGY-DIAGNOSTIC
- 42. RADIOLOGY-THERAPEUTIC
- 43. RADIOISOTOPE
- 44. LABORATORY
- 45. WHOLE BLOOD
- 46. BLOOD STOR PROC TRANS
- 47. INTRAVENOUS THERAPY
- 48. RESPIRATORY THERAPY
- 49. PHYSICAL THERAPY
- 50. OCCUPATIONAL THERAPY
- 51. SPEECH THERAPY
- 52. OXYGEN THERAPY
- 53. ELECTROCARDIOLOGY
- 54. ELECTROENCEPHALOGRAPHY
- 55. MEDICAL SUPPLIES
- 56. DRUGS CHARGED TO PATIENTS
- 57. RENAL DIALYSIS
- 58. AUDIOLOGY
- 59. CT SCAN
- 60. MRI
- 61. CARDIAC CATH
- 62. CARDIAC REHAB
- 63. HYPERBARIC OXYGEN THERAPY
- 64. IMPL. DEV. CHARGED TO PATIENTS
- 65. PATIENT TEACHING-DIETARY
- 66. PAIN CLINIC
- 67. OTHER
- 68. OTHER

OUTPATIENT SERVICES

- 69. CLINIC
- 70. EMERGENCY
- 71. PARTIAL HOSPITALIZATION
- 72. AMBULANCE
- 73. HOME PROGRAM DIALYSIS
- 74. HOME HEALTH AGENCY
- 75. SHORT PROCEDURE UNIT
- 76. OBSERVATION BEDS
- 77. OBSERVATION - DISTINCT
- 78. OTHER (SPECIFY)
- 79. OTHER (SPECIFY)
- 80. OTHER (SPECIFY)
- 81. OTHER (SPECIFY)
- 82. OTHER (SPECIFY)
- 83. OTHER (SPECIFY)
- 84. OTHER (SPECIFY)
- 85. OTHER (SPECIFY)
- 91. TOTAL ANCILLARY, O/P & OTHER
- 92. TOTAL

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
 CAPITAL COSTS BUILDINGS AND FIXTURES ONLY**

Amended WORKSHEET C-5

COST CENTER DESCRIPTION	TOTAL CAPITAL COSTS (From Wkst. B-3, Col. 26) (1)	TOTAL I/P CAPITAL COSTS (Col. 1 x Wkst. C-1, Col. 9) (2)	TOTAL I/P CHARGES (Excl. units & other) (From Wkst. C-1, Col. 3) (3)	PA M.A. I/P CHARGES (Excl. units & other) (From Wkst. C-2, Col. 9) (4)
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE	\$2,676,889	\$2,676,889	\$122,520,582	\$1,291,334
27. NURSERY	13,692	13,692	2,166,149	90,244
28. ICU	921,815	921,815	30,677,036	377,710
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	345,786			
35. PSYCH UNIT	352,246			
36. DRUG & ALCOHOL REHAB UNIT				
	TOTAL ROUTINE CARE	4,310,428	3,612,396	155,363,767
ANCILLARY SERVICES				
37. OPERATING ROOM	1,656,110	567,511	83,913,790	527,232
38. RECOVERY ROOM				
39. DELIVERY ROOM	73,346	61,972	2,846,554	42,110
40. ANESTHESIOLOGY	36,756	16,540	9,813,001	54,360
41. RADIOLOGY-DIAGNOSTIC	790,912	166,244	23,099,149	287,181
42. RADIOLOGY-THERAPEUTIC	184,044	6,232	1,137,183	36,099
43. RADIOISOTOPE				
44. LABORATORY	401,271	238,130	98,184,538	959,878
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	109,739	1,625	244,806	214
48. RESPIRATORY THERAPY	504,916	397,571	16,482,016	178,744
49. PHYSICAL THERAPY	251,202	60,912	3,693,788	16,149
50. OCCUPATIONAL THERAPY	136,012	64,002	2,987,433	17,037
51. SPEECH THERAPY	61,895	23,581	1,766,967	12,940
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	61,553	29,356	22,468,320	229,269
54. ELECTROENCEPHALOGRAPHY	186,552	7,300	567,807	5,484
55. MEDICAL SUPPLIES	347,606	184,396	31,131,374	236,858
56. DRUGS CHARGED TO PATIENTS	140,466	33,354	71,156,104	1,125,962
57. RENAL DIALYSIS	1,079	1,040	1,651,092	
58. AUDIOLOGY				
59. CT SCAN	48,172	18,026	39,737,353	361,545
60. MRI	80,459	16,405	8,604,088	80,414
61. CARDIAC CATH	368,639	179,635	11,908,527	35,292
62. CARDIAC REHAB	9,307	25	2,236	
63. HYPERBARIC OXYGEN THERAPY	72,344	723	110,274	
64. IMPL. DEV. CHARGED TO PATIENTS	12,957	7,763	49,970,355	99,681
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY	829,223	322,905	38,649,887	315,249
71. PARTIAL HOSPITALIZATION	1,539			
72. AMBULANCE	40,430			
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS	3,882	798	1,289,635	
77. OBSERVATION - DISTINCT	271,964	48,025	710,265	
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY	597,082			
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				

Guthrie Robert Packer Hospital
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FOR THE PERIOD: 7/1/2021 TO 6/30/2022

COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY

Amended WORKSHEET C-5

89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. TOTAL ANCILLARY, O/P & OTHER	7,279,457	2,454,071	522,126,542	4,621,698
92. TOTAL	\$11,589,885	\$6,066,467	\$677,490,309	\$6,380,986

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
 CAPITAL COSTS BUILDINGS AND FIXTURES ONLY

Amended WORKSHEET C-5

COST CENTER DESCRIPTION	I/P CAPITAL PER DIEM (Col. 2 ÷ Col. 7) or M.A. I/P RATIO (Col. 4 ÷ Col. 3) (5)	PA M.A. I/P CAPITAL COSTS (Col. 5 x Col. 8) or (Col. 2 x Col. 5) (6)	TOTAL DAYS (7)	M.A. DAYS (8)
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE	\$49.44	\$27,588	54,139	558.0
27. NURSERY	10.94	394	1,252	36.0
28. ICU	101.63	10,570	9,070	104.0
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE		38,552	64,461	698.0
ANCILLARY SERVICES				
37. OPERATING ROOM	0.63%	3,575		
38. RECOVERY ROOM				
39. DELIVERY ROOM	1.48%	917		
40. ANESTHESIOLOGY	0.55%	91		
41. RADIOLOGY-DIAGNOSTIC	1.24%	2,061		
42. RADIOLOGY-THERAPEUTIC	3.17%	198		
43. RADIOISOTOPE				
44. LABORATORY	0.98%	2,334		
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	0.09%	1		
48. RESPIRATORY THERAPY	1.08%	4,294		
49. PHYSICAL THERAPY	0.44%	268		
50. OCCUPATIONAL THERAPY	0.57%	365		
51. SPEECH THERAPY	0.73%	172		
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	1.02%	299		
54. ELECTROENCEPHALOGRAPHY	0.97%	71		
55. MEDICAL SUPPLIES	0.76%	1,401		
56. DRUGS CHARGED TO PATIENTS	1.58%	527		
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN	0.91%	164		
60. MRI	0.93%	153		
61. CARDIAC CATH	0.30%	539		
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS	0.20%	16		
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. EMERGENCY	0.82%	2,648		
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				

Guthrie Robert Packer Hospital
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COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY

Amended WORKSHEET C-5

89. INTEREST EXPENSE	
90. OTHER (SPECIFY)	
91. TOTAL ANCILLARY, O/P & OTHER	20,094
92. TOTAL	\$58,646

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ACUTE CARE
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE MEDICAL EDUCATION COSTS
(INCLUDE NURSING SCHOOL COSTS IF APPLICABLE)

Amended WORKSHEET C-6 (PART I)

COST CENTER DESCRIPTION	TOTAL MED. ED. COSTS (From Wkst. B-2, Col. 26) (1)	TOTAL ACUTE CARE I/P MED. ED. COSTS (Col. 1 x Wkst. C-1, Col. 9) (2)	TOTAL ACUTE CARE I/P CHARGES (Excluding units & other) (3)	PA M.A. ACUTE CARE I/P CHARGES (Excluding units & other) (4)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$8,337,872	\$8,337,872	\$122,520,582	\$1,291,334
27. NURSERY			\$2,166,149	\$90,244
28. ICU	\$2,035,274	\$2,035,274	\$30,677,036	\$377,710
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT	\$197,330			
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE	10,570,476	10,373,146	155,363,767	1,759,288
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	\$5,099,963	\$1,747,640	\$83,913,790	\$527,232
38. RECOVERY ROOM				
39. DELIVERY ROOM	\$50,242	\$42,451	\$2,846,554	\$42,110
40. ANESTHESIOLOGY	\$489,800	\$220,410	\$9,813,001	\$54,360
41. RADIOLOGY-DIAGNOSTIC	\$1,135,745	\$238,725	\$23,099,149	\$287,181
42. RADIOLOGY-THERAPEUTIC			\$1,137,183	\$36,099
43. RADIOISOTOPE				
44. LABORATORY	\$374,185	\$222,056	\$98,184,538	\$959,878
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY			\$244,806	\$214
48. RESPIRATORY THERAPY	\$1,004,226	\$790,728	\$16,482,016	\$178,744
49. PHYSICAL THERAPY			\$3,693,788	\$16,149
50. OCCUPATIONAL THERAPY			\$2,987,433	\$17,037
51. SPEECH THERAPY			\$1,766,967	\$12,940
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	\$390,519	\$186,246	\$22,468,320	\$229,269
54. ELECTROENCEPHALOGRAPHY			\$567,807	\$5,484
55. MEDICAL SUPPLIES			\$31,131,374	\$236,858
56. DRUGS CHARGED TO PATIENTS			\$71,156,104	\$1,125,962
57. RENAL DIALYSIS			\$1,651,092	
58. AUDIOLOGY				
59. CT SCAN			\$39,737,353	\$361,545
60. MRI			\$8,604,088	\$80,414
61. CARDIAC CATH	\$805,889	\$392,703	\$11,908,527	\$35,292
62. CARDIAC REHAB			\$2,236	
63. HYPERBARIC OXYGEN THERAPY			\$110,274	
64. IMPL. DEV. CHARGED TO PATIENTS			\$49,970,355	\$99,681
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY	\$2,063,514	\$803,547	\$38,649,887	\$315,249
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS			\$1,289,635	
77. OBSERVATION - DISTINCT			\$710,265	
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ACUTE CARE

COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE MEDICAL EDUCATION COSTS
(INCLUDE NURSING SCHOOL COSTS IF APPLICABLE)

Amended WORKSHEET C-6 (PART I)

84. OTHER (SPECIFY)
85. OTHER (SPECIFY)

OTHER INPATIENT

86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. TOTAL ANCILLARY, O/P & OTHER	11,414,083	4,644,506	522,126,542	4,621,698
92. TOTAL	\$21,984,559	\$15,017,652	\$677,490,309	\$6,380,986

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ACUTE CARE
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE MEDICAL EDUCATION COSTS
(INCLUDE NURSING SCHOOL COSTS IF APPLICABLE)

Amended WORKSHEET C-6 (PART I)

COST CENTER DESCRIPTION	I/P MED. ED. PER DIEM (Col. 2 ÷ Col. 7) or MA I/P RATIO (Col. 4 ÷ Col. 3) (5)	PA M.A. ACUTE CARE I/P MED. ED. COSTS (Col. 5 x Col. 8) or (Col. 2 x Col. 5) (6)	TOTAL ACUTE CARE I/P DAYS (Excluding units & other) (7)	PA M.A. ACUTE CARE I/P DAYS (Excluding units & other) (8)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$154.01	\$85,938	54,139	558.0
27. NURSERY			1,252	36.0
28. ICU	\$224.40	\$23,338	9,070	104.0
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE		109,276	64,461	698
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	0.63%	11,010		
38. RECOVERY ROOM				
39. DELIVERY ROOM	1.48%	628		
40. ANESTHESIOLOGY	0.55%	1,212		
41. RADIOLOGY-DIAGNOSTIC	1.24%	2,960		
42. RADIOLOGY-THERAPEUTIC	3.17%			
43. RADIOISOTOPE				
44. LABORATORY	0.98%	2,176		
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	0.09%			
48. RESPIRATORY THERAPY	1.08%	8,540		
49. PHYSICAL THERAPY	0.44%			
50. OCCUPATIONAL THERAPY	0.57%			
51. SPEECH THERAPY	0.73%			
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	1.02%	1,900		
54. ELECTROENCEPHALOGRAPHY	0.97%			
55. MEDICAL SUPPLIES	0.76%			
56. DRUGS CHARGED TO PATIENTS	1.58%			
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN	0.91%			
60. MRI	0.93%			
61. CARDIAC CATH	0.30%	1,178		
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS	0.20%			
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY	0.82%	6,589		
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003
FOR THE PERIOD: 7/1/2021 TO 6/30/2022

ACUTE CARE

COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE MEDICAL EDUCATION COSTS
(INCLUDE NURSING SCHOOL COSTS IF APPLICABLE)

Amended WORKSHEET C-6 (PART I)

84. OTHER (SPECIFY)		
85. OTHER (SPECIFY)		
OTHER INPATIENT		
86. SKILLED NURSING FACILITY		
87. INTERMEDIATE CARE FACILITY		
88. RESIDENTIAL TREATMENT FACILITY		
89. INTEREST EXPENSE		
90. OTHER (SPECIFY)		
91. TOTAL ANCILLARY, O/P & OTHER		36,193
92. TOTAL		\$145,469

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140051
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022

COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
 MEDICAL REHABILITATION UNIT INPATIENT CARE COSTS

Amended WORKSHEET C-7

COST CENTER DESCRIPTION	TOTAL I/P MED. REHAB. COSTS (From Wkst. C-2, Col. 6) (1)	TOTAL I/P MED. REHAB. CHARGES (From Wkst. C-1, Col. 6) (2)	PA M.A. I/P MED. REHAB. CHARGES (3)	I/P MED. REHAB. PER DIEM (Col. 1 ÷ Col. 2) or M.A. I/P RATIO (Col. 3 ÷ Col. 2) (4)
34. MED REHAB UNIT	\$4,937,115	\$4,258,800		\$1,895.25
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	3,385	17,206		
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	196	2,080		
41. RADIOLOGY-DIAGNOSTIC	3,852	32,990		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	51,494	441,979		
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	1,865	11,446		
48. RESPIRATORY THERAPY	94,918	265,554		
49. PHYSICAL THERAPY	509,024	1,817,711		
50. OCCUPATIONAL THERAPY	462,392	1,663,760		
51. SPEECH THERAPY	58,634	314,438		
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	2,121	30,878		
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES	67,487	94,647		
56. DRUGS CHARGED TO PATIENTS	115,520	663,767		
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN	4,747	180,429		
60. MRI	1,220	29,225		
61. CARDIAC CATH				
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS	2,344	16,503		
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY	551	2,495		
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS	9,054	15,998		
77. OBSERVATION - DISTINCT	5,414	7,136		
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER	1,394,218	5,608,242		
81. TOTAL	\$6,331,333	\$9,867,042		

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140051
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
MEDICAL REHABILITATION UNIT INPATIENT CARE COSTS

COST CENTER DESCRIPTION	PA M.A. I/P MED REHAB. COSTS (Col. 4 x Col. 7) or (Col. 1 x Col. 4) (5)	TOTAL MEDICAL REHAB. DAYS (6)	PA M.A. MEDICAL REHAB. DAYS (7)
34. MED REHAB UNIT		2,605	

ANCILLARY SERVICES

- 37. OPERATING ROOM
 - 38. RECOVERY ROOM
 - 39. DELIVERY ROOM
 - 40. ANESTHESIOLOGY
 - 41. RADIOLOGY-DIAGNOSTIC
 - 42. RADIOLOGY-THERAPEUTIC
 - 43. RADIOISOTOPE
 - 44. LABORATORY
 - 45. WHOLE BLOOD
 - 46. BLOOD STOR PROC TRANS
 - 47. INTRAVENOUS THERAPY
 - 48. RESPIRATOR THERAPY
 - 49. PHYSICAL THERAPY
 - 50. OCCUPATIONAL THERAPY
 - 51. SPEECH THERAPY
 - 52. OXYGEN THERAPY
 - 53. ELECTROCARDIOLOGY
 - 54. ELECTROENCEPHALOGRAPHY
 - 55. MEDICAL SUPPLIES
 - 56. DRUGS CHARGED TO PATIENT
 - 57. RENAL DIALYSIS
 - 58. AUDIOLOGY
 - 59. CT SCAN
 - 60. MRI
 - 61. CARDIAC CATH
 - 62. CARDIAC REHAB
 - 63. HYPERBARIC OXYGEN THERA
 - 64. IMPL. DEV. CHARGED TO PATI
 - 65. PATIENT TEACHING-DIETARY
 - 66. PAIN CLINIC
 - 67. OTHER
 - 68. OTHER

OUTPATIENT SERVICES

- OUTPATIENT SERVICES**

69. CLINIC
70. EMERGENCY
71. PARTIAL HOSPITALIZATION
72. AMBULANCE
73. HOME PROGRAM DIALYSIS
74. HOME HEALTH AGENCY
75. SHORT PROCEDURE UNIT
76. OBSERVATION BEDS
77. OBSERVATION - DISTINCT
78. OTHER (SPECIFY)
79. OTHER (SPECIFY)
80. OTHER (SPECIFY)
81. OTHER (SPECIFY)
82. OTHER (SPECIFY)
83. OTHER (SPECIFY)
84. OTHER (SPECIFY)
85. OTHER (SPECIFY)

80. TOTAL ANCILLARY, O/P & OTHER

81. TOTAL

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003

FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
 MEDICAL ASSISTANCE NURSING SCHOOL COSTS**

Amended WORKSHEET C-8

COST CENTER DESCRIPTION	TOTAL NURSING SCHOOL COSTS (From Wkst. B-2, Col. 21) (1)	TOTAL I/P NURSING SCHOOL COSTS (Col. 1 x Wkst. C-1, Col. 9) (2)	TOTAL I/P CHARGES (Excluding units & other) (3)	PA M.A. I/P CHARGES (Excluding units & other) (4)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$584,304	\$584,304	\$122,520,582	\$1,291,334
27. NURSERY			2,166,149	90,244
28. ICU			30,677,036	377,710
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT	\$136,877			
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE	721,181	584,304	155,363,767	1,759,288
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM			83,913,790	527,232
38. RECOVERY ROOM				
39. DELIVERY ROOM	50,242	42,451	2,846,554	42,110
40. ANESTHESIOLOGY			9,813,001	54,360
41. RADIOLOGY-DIAGNOSTIC			23,099,149	287,181
42. RADIOLOGY-THERAPEUTIC			1,137,183	36,099
43. RADIOISOTOPE				
44. LABORATORY			98,184,538	959,878
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY			244,806	214
48. RESPIRATORY THERAPY			16,482,016	178,744
49. PHYSICAL THERAPY			3,693,788	16,149
50. OCCUPATIONAL THERAPY			2,987,433	17,037
51. SPEECH THERAPY			1,766,967	12,940
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY			22,468,320	229,269
54. ELECTROENCEPHALOGRAPHY			567,807	5,484
55. MEDICAL SUPPLIES			31,131,374	236,858
56. DRUGS CHARGED TO PATIENTS			71,156,104	1,125,962
57. RENAL DIALYSIS			1,651,092	
58. AUDIOLOGY				
59. CT SCAN			39,737,353	361,545
60. MRI			8,604,088	80,414
61. CARDIAC CATH			11,908,527	35,292
62. CARDIAC REHAB			2,236	
63. HYPERBARIC OXYGEN THERAPY			110,274	
64. IMPL. DEV. CHARGED TO PATIENTS			49,970,355	99,681
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY			38,649,887	315,249
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS			1,289,635	
77. OBSERVATION - DISTINCT			710,265	
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003

FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
MEDICAL ASSISTANCE NURSING SCHOOL COSTS**

Amended WORKSHEET C-8

83. OTHER (SPECIFY)
84. OTHER (SPECIFY)
85. OTHER (SPECIFY)

OTHER INPATIENT

86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. INTEREST EXPENSE				
90. OTHER (SPECIFY)				
91. TOTAL ANCILLARY, O/P & OTHER	50,242	42,451	522,126,542	4,621,698
92. TOTAL	\$771,423	\$626,755	\$677,490,309	\$6,380,986

Guthrie Robert Packer Hospital
 PROVIDER NUMBER: 1007706140003

FOR THE PERIOD: 7/1/2021 TO 6/30/2022

**COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
 MEDICAL ASSISTANCE NURSING SCHOOL COSTS**

Amended WORKSHEET C-8

COST CENTER DESCRIPTION	I/P NURSING SCHOOL PER DIEM (Col. 2 ÷ Col. 7) or M.A. I/P RATIO (Col. 4 ÷ Col. 3)	PA M.A. I/P NURSING SCHOOL COSTS (Col. 5 x Col. 8) or (Col. 2 x Col. 5)	TOTAL ALL I/P DAYS (Excluding units & other)	PA M.A. I/P DAYS (Excluding units & other)
	(5)	(6)	(7)	(8)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$10.79	\$6,021	54,139	558.0
27. NURSERY			1,252	36.0
28. ICU			9,070	104.0
29. NICU				
30. CCU				
31. CRITICAL CARE				
32. SWING BED				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE		6,021	64,461.0	698.0
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	0.63%			
38. RECOVERY ROOM				
39. DELIVERY ROOM	1.48%	628		
40. ANESTHESIOLOGY	0.55%			
41. RADIOLOGY-DIAGNOSTIC	1.24%			
42. RADIOLOGY-THERAPEUTIC	3.17%			
43. RADIOISOTOPE				
44. LABORATORY	0.98%			
45. WHOLE BLOOD				
46. BLOOD STOR PROC TRANS				
47. INTRAVENOUS THERAPY	0.09%			
48. RESPIRATORY THERAPY	1.08%			
49. PHYSICAL THERAPY	0.44%			
50. OCCUPATIONAL THERAPY	0.57%			
51. SPEECH THERAPY	0.73%			
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	1.02%			
54. ELECTROENCEPHALOGRAPHY	0.97%			
55. MEDICAL SUPPLIES	0.76%			
56. DRUGS CHARGED TO PATIENTS	1.58%			
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. CT SCAN	0.91%			
60. MRI	0.93%			
61. CARDIAC CATH	0.30%			
62. CARDIAC REHAB				
63. HYPERBARIC OXYGEN THERAPY				
64. IMPL. DEV. CHARGED TO PATIENTS	0.20%			
65. PATIENT TEACHING-DIETARY				
66. PAIN CLINIC				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. EMERGENCY	0.82%			
71. PARTIAL HOSPITALIZATION				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. OBSERVATION - DISTINCT				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				

Guthrie Robert Packer Hospital
PROVIDER NUMBER: 1007706140003

FOR THE PERIOD: 7/1/2021 TO 6/30/2022

COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
MEDICAL ASSISTANCE NURSING SCHOOL COSTS

Amended WORKSHEET C-8

83. OTHER (SPECIFY)	[REDACTED]
84. OTHER (SPECIFY)	[REDACTED]
85. OTHER (SPECIFY)	[REDACTED]
OTHER INPATIENT	
86. SKILLED NURSING FACILITY	[REDACTED]
87. INTERMEDIATE CARE FACILITY	[REDACTED]
88. RESIDENTIAL TREATMENT FACILITY	[REDACTED]
89. INTEREST EXPENSE	[REDACTED]
90. OTHER (SPECIFY)	[REDACTED]
91. TOTAL ANCILLARY, O/P & OTHER	628
92. TOTAL	\$6,649

RIGHT OF APPEAL FROM COSTS DISALLOWANCE

You may **appeal any disallowance** contained in this report in accordance with your appeal rights as governed by 55 Pa. Code Chapter 41.²

If you wish to **appeal any disallowance** contained in this report, you must file a **timely request for hearing** within **33 calendar days** of the date of the **written notice** of the agency action pursuant to 55 Pa. Code § 41.32(a)(1) with the:

- Department of Human Services, Bureau of Hearings and Appeals, 2330 Vartan Way, 2nd Floor, Harrisburg, PA 17110.³

Your request for hearing will be considered filed on the date of the United States postmark appearing on the envelope in which the request for hearing is sent by first-class mail. Please be aware that a request for hearing filed in any other manner or sent in an envelope bearing a postmark other than a United States postmark will be considered filed on the date it is received by the Bureau of Hearings and Appeals.⁴

Your **request for hearing** must:

- (1) set forth the name, address, and telephone number of the hospital;
- (2) state in detail the reasons why the hospital believes the agency action is factually or legally erroneous, identify the specific issues that the hospital will raise in its appeal, and specify the relief that the hospital is seeking; and
- (3) include a copy of this notice.⁵

In addition, a **copy of your request for hearing and all accompanying documents** sent to the DHS' Bureau of Hearings and Appeals must be sent to:

- Department of Human Services, Bureau of Fiscal Management, Commonwealth Tower, 8th Floor, P.O. Box 2675, Harrisburg, PA 17105 and
- Department of Human Services, Office of General Counsel, Third Floor West, Health & Welfare Building, 625 Forster Street, Harrisburg, PA 17120.

If you **fail to file a timely request** for hearing, DHS will treat this letter as an unappealed order, which may not thereafter be directly challenged or collaterally attacked.

² Please consult with your solicitor regarding these appeal rights under PA Code, Title 55, Chapter 41. Medical Assistance Provider Appeal Procedures of the DHS' regulations.

<https://www.pacode.com/secure/data/055/chapter41/chap41toc.html>

³ Section 41.32(a) of the DHS' regulations provides as follows, in part: “[e]xcept as permitted in § 41.33 (relating to appeals nunc pro tunc), the Bureau lacks jurisdiction to hear a **request for hearing** unless the request for hearing is in **writing** and is filed with the Bureau in a **timely manner**, as follows: (1) [i]f the program office gives notice of an agency action by mailing the notice to the provider, the provider shall file its request for hearing with the Bureau within **33 days of the date of the written notice** of the agency action....” (Emphases added.)

⁴ See 55 Pa. Code § 41.32(b).

⁵ See 55 Pa. Code § 41.31(d).

GUTHRIE ROBERT PACKER HOSPITAL
REPORT DISTRIBUTION
FOR THE FISCAL YEAR ENDED JUNE 30, 2022

This report was initially distributed to:

Ms. Sally Kozak
Deputy Secretary
Office of Medical Assistance Programs
Department of Human Services

Mr. R. Dennis Welker
Special Audit Services
Bureau of Audits
Office of the Budget

Mr. David Bryan
Manager
Audit Resolution
Department of Human Services

Ms. Maki Traynor
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Division of Hospital and OP Rate Setting
Office of Medical Assistance Programs
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Department of Human Services

Mr. Francis Macafee
Vice President and Chief Financial Officer
Guthrie Health System

Mr. Adam Leonello
Senior Financial Analyst
M.S. Hall and Associates

This report is a matter of public record and is available online at www.PaAuditor.gov. Media questions about the report can be directed to the Pennsylvania Department of the Auditor General, Office of Communications, 229 Finance Building, Harrisburg, PA 17120; via email to: news@PaAuditor.gov.