

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

Helen M. Simpson Rehabilitation
Hospital
Report Period July 1, 2015 – June 30, 2016

April 2020



Commonwealth of Pennsylvania
Department of the Auditor General

Eugene A. DePasquale • Auditor General

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**Commonwealth of Pennsylvania
Department of the Auditor General
Harrisburg, PA 17120-0018
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**EUGENE A. DePASQUALE
AUDITOR GENERAL**

April 7, 2020

Mr. Mark Freeburn
Chief Executive Officer
Helen M. Simpson Rehabilitation
4300 Londonderry Road
Harrisburg, PA 17109

Dear Mr. Freeburn:

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 Helen M. Simpson Rehabilitation Hospital for the fiscal year ended June 30, 2016. 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 new facility.

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.

Helen M. Simpson Rehabilitation 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. <https://www.dhs.pa.gov/about/Pages/Online-Services.aspx> accessed 4/6/20.

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) detailed on the facility's submitted MA-336 Cost Report to the actual data supplied in the Cost Settlement Report dated 2/26/20 and provided by 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 detailed in the Cost Settlement Report, dated 2/26/2020, provided by DHS from PROMISE™. Refer to adjustments #1, #2, and #3 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.
 - No adjustments were warranted as a result of this procedure.
4. Compared the cost allocation statistics for the new facility 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.
 - No adjustments were warranted as a result of this procedure.

We also performed procedures in addition to those requested by 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.

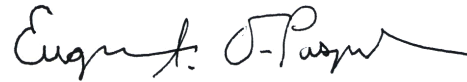
Based on the results of those procedures, and as communicated to DHS management, while we concluded that data related to paid MA charges as detailed in PROMISE™ were reliable, we concluded that the actual paid MA days and MA discharges data detailed in the PROMISE™ Cost Settlement Report, dated 2/26/2020, is of undetermined reliability. However, 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 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 DHS to set the Medical Assistance reimbursement rate for this new facility, 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 Helen M. Simpson Rehabilitation Hospital.

Sincerely,

A handwritten signature in black ink, appearing to read "Eugene A. DePasquale". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Eugene A. DePasquale
Auditor General

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS:

Helen M. Simpson Rehabilitation Hospital
4300 Londonderry Road
Harrisburg, PA 17109

PROVIDER NO.:

102993860001

PERIOD:

7/1/15 to 6/30/16

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	S-2	4	1	1	<p>Inpatient Statistics MA Days</p> <p>General Care Unit</p> <p>To adjust the reported MA Days to the paid MA Days per the Cost Settlement Report, dated 2/26/2020.</p> <p>DHS 1163, Subchapter A, 1163.51</p>	77.0	167.0	244.0
MA-336	S-2	10	9	2	<p>MA Discharges</p> <p>PA MA Discharges - DRG</p> <p>To adjust the reported MA Discharges to the paid MA Discharges per the Cost Settlement Report, dated 2/26/20.</p> <p>DHS 1163, Subchapter A, 1163.51</p>	6.0	7.0	13.0
MA-336	C-2	26 41 44 48 49 50 51 53 55 56	9	3	<p>Charge Adjustment DRG MA Charges</p> <p>General Routine Care</p> <p>Radiology - Diagnostic</p> <p>Laboratory</p> <p>Respiratory Therapy</p> <p>Physical Therapy</p> <p>Occupational Therapy</p> <p>Speech Therapy</p> <p>Electrocardiology</p> <p>Medical Supplies Charged to Patients</p> <p>Drugs Charged to Patients</p> <p>Total</p> <p>To adjust the MA Inpatient Charges to the paid MA Inpatient Charges per the Cost Settlement Report, dated 2/26/2020. The MA Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Inpatient Charges.</p> <p>DHS 1163, Subchapter A, 1163.51</p>	\$78,770 \$8,023 \$5,063 \$433 \$20,135 \$18,649 \$3,490 \$1,066 \$3,824 \$11,713 \$151,166	\$153,839 \$15,669 \$9,888 \$846 \$39,324 \$36,422 \$6,816 \$2,082 \$7,468 \$22,875 \$295,229	\$232,609 \$23,692 \$14,951 \$1,279 \$59,459 \$55,071 \$10,306 \$3,148 \$11,292 \$34,588 \$446,395

**Helen M. Simpson Rehabilitation Hospital
 AMENDED WORKSHEET S-1
 DETERMINATION OF PENNSYLVANIA M.A. REIMBURSABLE COST
 (Excluding SNF, ICF and RTF Data)**

		PROVIDER NUMBER	PERIOD
		7/1/15 to 6/30/16	
PART III DRUG AND ALCOHOL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)	AVERAGE COST PER DIEM <small>(From Wkst C-4, Col. 4, Line 36)</small> <small>(2 decimal places)</small>	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST <small>(Col. 2 x Col. 3)</small> <small>(Round To Nearest \$)</small>
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	
	(1)	(2)	(3)
1. DRUG & ALCOHOL REHAB. UNIT INPATIENT SERVICES			
2. DRUG & ALCOHOL REHAB. UNIT PA M.A. ANCILLARY COSTS <small>(From Worksheet C-4, Line 80, Col. 5)</small>			
3. TOTAL PA M.A. DRUG & ALCOHOL REHAB. UNIT REIMBURSABLE COST <small>(Sum of Line 1 & 2, Col. 4)</small>			
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
		7/1/15 to 6/30/16	
PART IV MEDICAL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)	AVERAGE COST PER DIEM <small>(From Wkst. C-7, Col. 4, Line 34)</small> <small>(2 decimal places)</small>	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST <small>(Col. 2 x Col. 3)</small> <small>(Round To Nearest \$)</small>
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	
	(1)	(2)	(3)
1. MEDICAL REHABILITATION UNIT INPATIENT SERVICES			
2. MEDICAL REHABILITATION UNIT PA M.A. ANCILLARY COSTS <small>(From Worksheet C-7, Line 80, Col. 5)</small>			
3. TOTAL PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST <small>(Sum of Line 1 & 2, Col. 4)</small>			
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
	<small>(Round To Nearest \$)</small>	<small>(Round To Nearest \$)</small>	<small>(Round To Nearest \$)</small>
	(1)	(2)	(3)
1. TOTAL PA M.A. REIMBURSABLE COSTS			
	<small>From Wkst. C-5, Line 81, Col. 6</small>	<small>From Wkst. C-6, Part I Line 81, Col. 6</small>	<small>From Wkst. C-8, Line 81, Col. 6</small>
2. NET GAIN (or) LOSS FROM DISPOSAL OF CAPITAL ASSETS IN A PRIOR YEAR (See Instructions)			
3. OTHER ADJUSTMENTS (Specify)			
4. TOTAL ADJUSTMENTS <small>(Sum of Lines 2 & 3)</small>			
5. ADJUSTED PA M.A. REIMBURSABLE COST (Line 1 Plus or Minus Line 4)			

PART VI GENERAL HOSPITAL EXCLUDED UNITS & FREESTANDING SPECIALTY HOSPITALS PA M.A. MEDICAL EDUCATION COSTS	PSYCHIATRIC UNIT <small>(From Wkst C-6, Part II, Line 81, Column 6)</small>	D & A REHAB. UNIT <small>(From Wkst C-6, Part III, Line 81, Column 6)</small>	MED. REHAB. UNIT <small>(From Wkst C-6, Part IV, Line 81, Column 6)</small>	FREESTANDING HOSP <small>(From Wkst C-6, Part V, Line 81, Column 6)</small>
	<small>(Round To Nearest \$)</small>	<small>(Round To Nearest \$)</small>	<small>(Round To Nearest \$)</small>	<small>(Round To Nearest \$)</small>
	(1)	(2)	(3)	(4)

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001

FOR THE PERIOD: 7/1/15 TO 6/30/16
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)	OTHER (6)	OTHER (7)	EXTENDED CARE PSYCHIATRIC (8)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD)	55							
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	20,130							
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	10,836							
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	244.0							
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)	

Helen M. Simpson Rehabilitation Hospital
 PROVIDER NUMBER: 1029938600001

FOR THE PERIOD: 7/1/15 TO 6/30/16
 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) (9)	PSYCH. UNIT (10)	DRUG AND ALCOHOL UNIT (11)	MEDICAL REHAB UNIT (12)	HOSPITAL TOTALS (Cols. 9+ 10+11+12) (13)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD)	55				55
2. TOTAL BED DAYS AND BASSINET DAYS SET- UP AND STAFFED FOR THE REPORTING PERIOD	20,130				20,130
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	10,836				10,836
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	244.0				244.0
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					
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD					
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	748				748
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	13				13

STATISTICAL					
11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.)	0.0225				0.0225
12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.)	0.5383				0.5383
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	14.4866				14.4866
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0)	84.3				84.3

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
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				\$1,251,571	\$1,251,571
1.1. CAPITAL COSTS - EQUIPMENT					
2. CAPITAL COSTS-EQUIPMENT		4,304,700	4,304,700	(3,027,818)	1,276,882
3. EMPLOYEE BENEFITS	7,509	7,228	14,737	13,888	28,625
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	812,718	777,251	1,589,969	1,652,646	3,242,615
5. MAINTENANCE AND REPAIRS					
6. OPERATION OF PLANT					
7. LAUNDRY & LINEN SERVICES		61,121	61,121		61,121
8. HOUSEKEEPING					
9. DIETARY		304,586	304,586		304,586
10. CAFETERIA					
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION	309,939	50,008	359,947		359,947
13. CENTRAL SERVICE & SUPPLY					
14. PHARMACY					
15. MEDICAL RECORDS LIBRARY	47,498	51,489	98,987		98,987
16. SOCIAL SERVICE					
17. OTHER (SPECIFY)					
18. OTHER (SPECIFY)					
19. OTHER (SPECIFY)					
20. OTHER (SPECIFY)					
21. NURSING SCHOOL					
22. INTERN RESIDENT APPROVED PROG					
23. PARAMEDICAL ED (SPECIFY)					
24. PARAMEDICAL ED (SPECIFY)					
25. PARAMEDICAL ED (SPECIFY)					
INPATIENT ROUTINE SERVICE					
26. GENERAL ROUTINE CARE	2,312,293	717,463	3,029,756		3,029,756
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT					
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
ANCILLARY SERVICES					
37. OPERATING ROOM		10,195	10,195		10,195
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC		41,258	41,258		41,258
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY		216,292	216,292		216,292
45. WHOLE BLOOD					
46. BLOOD STORING					

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
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)		
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY	42,304	13,366	55,670		55,670
49. PHYSICAL THERAPY	838,144	145,369	983,513		983,513
50. OCCUPATIONAL THERAPY	506,374	90,572	596,946		596,946
51. SPEECH THERAPY	296,372	65,118	361,490		361,490
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY		18,036	18,036		18,036
54. ELECTROENCEPHALOGRAPHY					
55. MEDICAL SUPPLIES	45,107	233,063	278,170		278,170
56. DRUGS CHARGED TO PATIENTS	265,946	263,124	529,070		529,070
57. RENAL DIALYSIS		107,378	107,378		107,378
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. SUBTOTAL	5,484,204	7,477,617	12,961,821	(109,713)	12,852,108
<u>NON-REIMBURSABLE COST</u>					
81. GIFT COFFEE SHOPS & CANTEEN					
82. INVESTMENT PROPERTY					
83. RESEARCH					
84. HEARING AID CENTER					
85. PHYSICIANS PRIVATE OFFICES					
86. INTERN/RES NON-APPRD PRGM SVS					
87. NON-PAID WORKER					
88. PROVIDER RELATIONS				109,713	109,713
89. OTHER (SPECIFY)					
90. OTHER (SPECIFY)					
91. TOTAL	\$5,484,204	\$7,477,617	\$12,961,821		\$12,961,821

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
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		\$1,251,571		\$1,251,571
1.1. CAPITAL COSTS - EQUIPMENT				
2. CAPITAL COSTS-EQUIPMENT	(939,193)	337,689		337,689
3. EMPLOYEE BENEFITS		28,625		28,625
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	(477,138)	2,765,477		2,765,477
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES		61,121		61,121
8. HOUSEKEEPING				
9. DIETARY		304,586		304,586
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		359,947		359,947
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	(591)	98,396		98,396
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE		3,029,756		3,029,756
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		10,195		10,195
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		41,258		41,258
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		216,292		216,292
45. WHOLE BLOOD				
46. BLOOD STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
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)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY		55,670		55,670
49. PHYSICAL THERAPY		983,513		983,513
50. OCCUPATIONAL THERAPY		596,946		596,946
51. SPEECH THERAPY		361,490		361,490
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY		18,036		18,036
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES		278,170		278,170
56. DRUGS CHARGED TO PATIENTS		529,070		529,070
57. RENAL DIALYSIS		107,378		107,378
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	(1,416,922)	11,435,186		11,435,186
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS		109,713		109,713
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. TOTAL	(\$1,416,922)	\$11,544,899		\$11,544,899

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS-BLDG & FIXTURES	CAPITAL COSTS - EQUIPMENT	CAPITAL COSTS- EQUIPMENT	EMPLOYEE BENEFITS
	(SQ FT) (1)	(SQ FT) (1.1)	(DOLLAR VALUE) (2)	(GROSS SAL) (3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	41,587			
1.1. CAPITAL COSTS - EQUIPMENT				
2. CAPITAL COSTS-EQUIPMENT			41,587	
3. EMPLOYEE BENEFITS				5,476,695
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	14,345		14,345	735,204
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	600		600	
8. HOUSEKEEPING	137		137	
9. DIETARY	112		112	
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	1,231		1,231	309,939
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	261		261	47,498
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	14,068		14,068	2,312,293
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
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 STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING	ADMISSIONS
	(# LINES)	(MACH TIME)	(COST OF)	(GROSS I/P)
	(4.1)	(4.2)	(4.3)	(4.4)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS - EQUIPMENT
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. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRO
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
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 STORING

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (# LINES) (4.1)	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)
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. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC				
94. COST TO BE ALLOCATED(B-2)				
95. UNIT COST MULTIPLIER (B-2)				
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(CHARGES) (4.5)	(ACCUM.COST) (4.6)	(SQ FT) (5)	(SQ FT) (6)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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		8,227,381		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				27,242
7. LAUNDRY & LINEN SERVICES		84,050		600
8. HOUSEKEEPING		5,235		137
9. DIETARY		308,866		112
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		408,610		1,231
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY		108,618		261
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		3,579,455		14,068
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		10,195		
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		41,258		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		216,292		
45. WHOLE BLOOD				
46. BLOOD STORING				

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**COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1**

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(LBS OF LA) (7)	(HSKPG HRS) (8)	(MEALS SER) (9)	(MEALS SER) (10)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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	10,836			
8. HOUSEKEEPING		26,505		
9. DIETARY		112	10,836	
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		1,231		
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY		261		
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	10,836	14,068	10,836	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
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 STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(LBS OF LA)	(HSKPG HRS)	(MEALS SER)	(MEALS SER)
	(7)	(8)	(9)	(10)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY		5,344		
50. OCCUPATIONAL THERAPY		3,181		
51. SPEECH THERAPY		261		
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES		452		
56. DRUGS CHARGED TO PATIENTS		1,399		
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	10,836	26,309	10,836	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS		196		
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	10,836	26,505	10,836	
94. COST TO BE ALLOCATED(B-2)	117,941	7,346	433,441	
95. UNIT COST MULTIPLIER (B-2)	10.884182	0.277155	40.000092	
96. COST TO BE ALLOCATED(B-3)	22,468	4,398	19,600	
97. UNIT COST MULTIPLIER (B-3)	2.073459	0.165931	1.808786	

Helen M. Simpson Rehabilitation Hospital

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COST ALLOCATION

STATISTICAL BASIS

AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(NO. HOUSED) (11)	(HOURS OF) (12)	(COST REQ) (13)	(COST REQ) (14)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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			48	
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE			48	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
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 STORING				

Helen M. Simpson Rehabilitation Hospital

PROVIDER NUMBER: 1029938600001

FOR THE PERIOD: 7/1/15 TO 6/30/16

**COST ALLOCATION
STATISTICAL BASIS**

AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(NO. HOUSED)	(HOURS OF)	(COST REQ)	(COST REQ)
	(11)	(12)	(13)	(14)
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. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			48	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC			48	
94. COST TO BE ALLOCATED(B-2)			573,714	
95. UNIT COST MULTIPLIER (B-2)			11952.375000	
96. COST TO BE ALLOCATED(B-3)			58,696	
97. UNIT COST MULTIPLIER (B-3)			1222.833333	

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (15)	SOCIAL SERVICE (TIME) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	23,569,868			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	11,478,154			
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	1,515			
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	444,309			
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	1,037,584			
45. WHOLE BLOOD				
46. BLOOD STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16

COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (15)	SOCIAL SERVICE (TIME) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	31,681			
49. PHYSICAL THERAPY	2,642,325			
50. OCCUPATIONAL THERAPY	2,429,986			
51. SPEECH THERAPY	1,221,613			
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	113,917			
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES	700,368			
56. DRUGS CHARGED TO PATIENTS	3,289,351			
57. RENAL DIALYSIS	179,065			
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	23,569,868			
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	23,569,868			
94. COST TO BE ALLOCATED(B-2)	152,488			
95. UNIT COST MULTIPLIER (B-2)	0.006470			
96. COST TO BE ALLOCATED(B-3)	13,599			
97. UNIT COST MULTIPLIER (B-3)	0.000577			

Helen M. Simpson Rehabilitation Hospital

PROVIDER NUMBER: 1029938600001

FOR THE PERIOD: 7/1/15 TO 6/30/16

**COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1**

COST CENTER DESCRIPTION	OTHER (SPECIFY) (SPECIFY) (19)	OTHER (SPECIFY) (SPECIFY) (20)	NURSING SCHOOL (TIME) (21)	INTERN RESIDENT APPROVED PROG (TIME) (22)
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GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS - EQUIPMENT
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. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRO
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
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 STORING

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16

COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER (SPECIFY) (SPECIFY) (19)	OTHER (SPECIFY) (SPECIFY) (20)	NURSING SCHOOL (TIME) (21)	INTERN RESIDENT APPROVED PROG (TIME) (22)
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. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC				
94. COST TO BE ALLOCATED(B-2)				
95. UNIT COST MULTIPLIER (B-2)				
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

Helen M. Simpson Rehabilitation Hospital

PROVIDER NUMBER: 1029938600001

FOR THE PERIOD: 7/1/15 TO 6/30/16

COST ALLOCATION

STATISTICAL BASIS

AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICAL ED	PARAMEDICAL ED	PARAMEDICAL ED
	(SPECIFY)	(SPECIFY)	(SPECIFY)
	(TIME)	(TIME)	(TIME)
	(23)	(24)	(25)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS - EQUIPMENT
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. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRO
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
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 STORING

Helen M. Simpson Rehabilitation Hospital

PROVIDER NUMBER: 1029938600001

FOR THE PERIOD: 7/1/15 TO 6/30/16

COST ALLOCATION

STATISTICAL BASIS

AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICAL ED	PARAMEDICAL ED	PARAMEDICAL ED
	(SPECIFY)	(SPECIFY)	(SPECIFY)
	(TIME)	(TIME)	(TIME)
	(23)	(24)	(25)
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. OTHER (SPECIFY)			
60. OTHER (SPECIFY)			
61. OTHER (SPECIFY)			
62. OTHER (SPECIFY)			
OUTPATIENT SERVICES			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
OTHER INPATIENT			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. SUBTOTAL			
NON-REIMBURSABLE COST			
81. GIFT COFFEE SHOPS & CANTEEN			
82. INVESTMENT PROPERTY			
83. RESEARCH			
84. HEARING AID CENTER			
85. PHYSICIANS PRIVATE OFFICES			
86. INTERN/RES NON-APPRD PRGM SVS			
87. NON-PAID WORKER			
88. PROVIDER RELATIONS			
89. OTHER (SPECIFY)			
90. OTHER (SPECIFY)			
91. CROSSFOOT ADJUSTMENT			
92. NEGATIVE COST CENTER			
93. TOTAL STATISTIC			
94. COST TO BE ALLOCATED(B-2)			
95. UNIT COST MULTIPLIER (B-2)			
96. COST TO BE ALLOCATED(B-3)			
97. UNIT COST MULTIPLIER (B-3)			

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS - EQUIPMENT	CAPITAL COSTS- EQUIPMENT
	(0)	(1)	(1.1)	(2)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	1,251,571	1,251,571		
1.1. CAPITAL COSTS - EQUIPMENT				
2. CAPITAL COSTS-EQUIPMENT	337,689			337,689
3. EMPLOYEE BENEFITS	28,625			
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	2,765,477	431,716		116,482
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	61,121	18,057		4,872
8. HOUSEKEEPING		4,123		1,112
9. DIETARY	304,586	3,371		909
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	359,947	37,047		9,996
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	98,396	7,855		2,119
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	3,029,756	423,380		114,234
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	10,195			
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	41,258			
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	216,292			
45. WHOLE BLOOD				
46. BLOOD STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING
	(3)	(4.1)	(4.2)	(4.3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS	28,625			
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	3,843			
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	1,620			
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	248			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	12,085			
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
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 STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS (3)	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	221			
49. PHYSICAL THERAPY	4,381			
50. OCCUPATIONAL THERAPY	2,647			
51. SPEECH THERAPY	1,549			
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES	236			
56. DRUGS CHARGED TO PATIENTS	1,390			
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	28,220			
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS	405			
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	28,625			

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	ADMISSIONS	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS
	(4.4)	(4.5)	(4.6)	(5)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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			3,317,518	
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES			33,891	
8. HOUSEKEEPING			2,111	
9. DIETARY			124,544	
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION			164,763	
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY			43,798	
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE			1,443,340	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM			4,111	
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC			16,636	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY			87,215	
45. WHOLE BLOOD				
46. BLOOD STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	ADMISSIONS (4.4)	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY			22,537	
49. PHYSICAL THERAPY			480,696	
50. OCCUPATIONAL THERAPY			290,791	
51. SPEECH THERAPY			150,410	
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY			7,273	
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES			119,226	
56. DRUGS CHARGED TO PATIENTS			235,455	
57. RENAL DIALYSIS			43,298	
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			3,270,095	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS			47,423	
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL			3,317,518	

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

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 - EQUIPMENT				
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		117,941		
8. HOUSEKEEPING			7,346	
9. DIETARY			31	433,441
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION			341	
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY			72	
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		117,941	3,900	433,441
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
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 STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	OPERATION OF PLANT (6)	LAUNDRY & LINEN SERVICES (7)	HOUSEKEEPING (8)	DIETARY (9)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY			1,481	
50. OCCUPATIONAL THERAPY			882	
51. SPEECH THERAPY			72	
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES			125	
56. DRUGS CHARGED TO PATIENTS			388	
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		117,941	7,292	433,441
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS			54	
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		117,941	7,346	433,441

Helen M. Simpson Rehabilitation Hospital
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FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY
	(10)	(11)	(12)	(13)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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			573,714	
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE			573,714	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
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 STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	CAFETERIA (10)	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	CENTRAL SERVICE & SUPPLY (13)
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. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			573,714	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL			573,714	

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	PHARMACY (14)	MEDICAL RECORDS LIBRARY (15)	SOCIAL SERVICE (16)	OTHER (SPECIFY) (17)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY		152,488		
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		74,254		
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		10		
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		2,875		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		6,713		
45. WHOLE BLOOD				
46. BLOOD STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	PHARMACY (14)	MEDICAL RECORDS LIBRARY (15)	SOCIAL SERVICE (16)	OTHER (SPECIFY) (17)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY		205		
49. PHYSICAL THERAPY		17,096		
50. OCCUPATIONAL THERAPY		15,722		
51. SPEECH THERAPY		7,904		
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY		737		
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES		4,531		
56. DRUGS CHARGED TO PATIENTS		21,282		
57. RENAL DIALYSIS		1,159		
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		152,488		
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		152,488		

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16

**ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2**

COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL
	(18)	(19)	(20)	(21)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS - EQUIPMENT
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. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRC
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
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 STORING

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16

**ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2**

COST CENTER DESCRIPTION	OTHER (SPECIFY) (18)	OTHER (SPECIFY) (19)	OTHER (SPECIFY) (20)	NURSING SCHOOL (21)
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. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG (22)	PARAMEDICAL ED (SPECIFY) (23)	PARAMEDICAL ED (SPECIFY) (24)	PARAMEDICAL ED (SPECIFY) (25)
-------------------------	---------------------------------------	----------------------------------	----------------------------------	----------------------------------

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS - EQUIPMENT
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. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRG
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
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 STORING

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG (22)	PARAMEDICAL ED (SPECIFY) (23)	PARAMEDICAL ED (SPECIFY) (24)	PARAMEDICAL ED (SPECIFY) (25)
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. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16

**ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2**

COST CENTER DESCRIPTION	TOTAL MED ED COST	TOTAL EXPENSES
	(26)	(27)
<u>GENERAL SERVICE</u>		
1. CAPITAL COSTS-BLDG & FIXTURES		
1.1. CAPITAL COSTS - EQUIPMENT		
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. CENTRAL SERVICE & SUPPLY		
14. PHARMACY		
15. MEDICAL RECORDS LIBRARY		
16. SOCIAL SERVICE		
17. OTHER (SPECIFY)		
18. OTHER (SPECIFY)		
19. OTHER (SPECIFY)		
20. OTHER (SPECIFY)		
21. NURSING SCHOOL		
22. INTERN RESIDENT APPROVED PRC		
23. PARAMEDICAL ED (SPECIFY)		
24. PARAMEDICAL ED (SPECIFY)		
25. PARAMEDICAL ED (SPECIFY)		
<u>INPATIENT ROUTINE SERVICE</u>		
26. GENERAL ROUTINE CARE		6,226,045
27. NURSERY		
28. ICU		
29. NICU		
30. CCU		
31. OTHER (SPECIFY)		
32. OTHER (SPECIFY)		
33. EXTENDED CARE PSYCHIATRIC UNIT		
34. MED REHAB UNIT		
35. PSYCH UNIT		
36. DRUG & ALCOHOL REHAB UNIT		
<u>ANCILLARY SERVICES</u>		
37. OPERATING ROOM		14,316
38. RECOVERY ROOM		
39. DELIVERY ROOM		
40. ANESTHESIOLOGY		
41. RADIOLOGY-DIAGNOSTIC		60,769
42. RADIOLOGY-THERAPEUTIC		
43. RADIOISOTOPE		
44. LABORATORY		310,220
45. WHOLE BLOOD		
46. BLOOD STORING		

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS - EQUIPMENT	DIRECTLY ASSIGNED CAPITAL COST	EMPLOYEE BENEFITS
	(1)	(1.1)	(2)	(3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	1,251,571			
1.1. CAPITAL COSTS - EQUIPMENT				
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	431,716		78	
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	18,057			
8. HOUSEKEEPING	4,123			
9. DIETARY	3,371			
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	37,047			
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	7,855			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	423,380			
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
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 STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS - EQUIPMENT	DIRECTLY ASSIGNED CAPITAL COST	EMPLOYEE BENEFITS
	(1)	(1.1)	(2)	(3)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY			7,302	
49. PHYSICAL THERAPY	160,829			
50. OCCUPATIONAL THERAPY	95,733			
51. SPEECH THERAPY	7,855			
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES	13,603		46,931	
56. DRUGS CHARGED TO PATIENTS	42,103			
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	1,245,672		54,311	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS	5,899			
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	1,251,571		54,311	

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)	ADMISSIONS (4.4)
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GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS - EQUIPMENT
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. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRO
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
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 STORING

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)	ADMISSIONS (4.4)
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. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(4.5)	(4.6)	(5)	(6)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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		431,794		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES		4,411		
8. HOUSEKEEPING		275		
9. DIETARY		16,210		
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		21,445		
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY		5,701		
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		187,857		
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		535		
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		2,165		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		11,352		
45. WHOLE BLOOD				
46. BLOOD STORING				

Helen M. Simpson Rehabilitation Hospital
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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(4.5)	(4.6)	(5)	(6)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY		2,933		
49. PHYSICAL THERAPY		62,566		
50. OCCUPATIONAL THERAPY		37,848		
51. SPEECH THERAPY		19,577		
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY		947		
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES		15,518		
56. DRUGS CHARGED TO PATIENTS		30,646		
57. RENAL DIALYSIS		5,636		
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		425,622		
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS		6,172		
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		431,794		

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ALLOCATION OF
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AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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	22,468			
8. HOUSEKEEPING		4,398		
9. DIETARY		19	19,600	
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		204		
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY		43		
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	22,468	2,334	19,600	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
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 STORING				

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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY		887		
50. OCCUPATIONAL THERAPY		528		
51. SPEECH THERAPY		43		
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES		75		
56. DRUGS CHARGED TO PATIENTS		232		
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	22,468	4,365	19,600	
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS		33		
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	22,468	4,398	19,600	

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ALLOCATION OF
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AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(11)	(12)	(13)	(14)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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		58,696		
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		58,696		
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
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 STORING				

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FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(11)	(12)	(13)	(14)
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. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			58,696	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL			58,696	

Helen M. Simpson Rehabilitation Hospital
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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)	OTHER (SPECIFY)
	(15)	(16)	(17)	(18)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	13,599			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	6,622			
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	1			
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	256			
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	599			
45. WHOLE BLOOD				
46. BLOOD STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)	OTHER (SPECIFY)
	(15)	(16)	(17)	(18)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	18			
49. PHYSICAL THERAPY	1,525			
50. OCCUPATIONAL THERAPY	1,402			
51. SPEECH THERAPY	705			
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	66			
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES	404			
56. DRUGS CHARGED TO PATIENTS	1,898			
57. RENAL DIALYSIS	103			
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	13,599			
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	13,599			

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	OTHER (SPECIFY) (19)	OTHER (SPECIFY) (20)	NURSING SCHOOL (21)	INTERN RESIDENT APPROVED PROG (22)
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. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY) (23)	PARAMEDICAL ED (SPECIFY) (24)	PARAMEDICAL ED (SPECIFY) (25)	TOTAL (26)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS - EQUIPMENT				
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. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE				720,957
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				536
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				2,421
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				11,951
45. WHOLE BLOOD				
46. BLOOD STORING				

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	PARAMEDICAL ED	PARAMEDICAL ED	PARAMEDICAL ED	TOTAL
	(SPECIFY)	(SPECIFY)	(SPECIFY)	
	(23)	(24)	(25)	(26)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				10,253
49. PHYSICAL THERAPY				225,807
50. OCCUPATIONAL THERAPY				135,511
51. SPEECH THERAPY				28,180
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				1,013
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				76,531
56. DRUGS CHARGED TO PATIENTS				74,879
57. RENAL DIALYSIS				5,739
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				1,293,778
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. PROVIDER RELATIONS				12,104
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				1,305,882

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
COMPUTATION OF RATIO OF DEPARTMENTAL
CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1

COST CENTER DESCRIPTION	TOTAL BILLED CHARGES	TOTAL O/P CHARGES	I/P CHARGES (Excluding units & other)	TOTAL I/P PSYCH. UNIT CHARGES	TOTAL I/P D & A UNIT CHARGES
	(1)	(2)	(3)	(4)	(5)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	\$11,478,154		\$11,478,154		
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT					
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	11,478,154		11,478,154		
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	1,515		1,515		
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC	444,309		444,309		
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY	1,037,584		1,037,584		
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY	31,681		31,681		
49. PHYSICAL THERAPY	2,642,325		2,642,325		
50. OCCUPATIONAL THERAPY	2,429,986		2,429,986		
51. SPEECH THERAPY	1,221,613		1,221,613		
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY	113,917		113,917		
54. ELECTROENCEPHALOGRAPHY					
55. MEDICAL SUPPLIES	700,368		700,368		
56. DRUGS CHARGED TO PATIENTS	3,289,351		3,289,351		
57. RENAL DIALYSIS	179,065		179,065		
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	12,091,714		12,091,714		
81. TOTAL	\$23,569,868		\$23,569,868		

Helen M. Simpson Rehabilitation Hospital
 PROVIDER NUMBER: 1029938600001
 FOR THE PERIOD: 7/1/15 TO 6/30/16

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)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE				100.000000%	
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT					
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE					
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM				100.000000%	
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC				100.000000%	
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY				100.000000%	
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY				100.000000%	
49. PHYSICAL THERAPY				100.000000%	
50. OCCUPATIONAL THERAPY				100.000000%	
51. SPEECH THERAPY				100.000000%	
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY				100.000000%	
54. ELECTROENCEPHALOGRAPHY					
55. MEDICAL SUPPLIES				100.000000%	
56. DRUGS CHARGED TO PATIENTS				100.000000%	
57. RENAL DIALYSIS				100.000000%	
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER					
81. TOTAL					

Helen M. Simpson Rehabilitation Hospital
 PROVIDER NUMBER: 1029938600001
 FOR THE PERIOD: 7/1/15 TO 6/30/16

COMPUTATION OF RATIO OF DEPARTMENTAL
 CHARGES TO TOTAL CHARGES
 AMENDED WORKSHEET C-1

COST CENTER DESCRIPTION	INPATIENT D & A UNIT RATIO	I/P MEDICAL REHAB. UNIT RATIO	OTHER I/P RATIO
	(Col. 5 ÷ Col. 1) (11)	(Col. 6 ÷ Col. 1) (12)	(Col. 7 ÷ Col. 1) (13)
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE			
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT			
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE			
<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 STORING			
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. OTHER (SPECIFY)			
60. OTHER (SPECIFY)			
61. OTHER (SPECIFY)			
62. OTHER (SPECIFY)			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER			
81. TOTAL			

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

COST CENTER DESCRIPTION	TOTAL COSTS	TOTAL O/P COSTS	I/P COSTS (Excluding units & other)	TOTAL I/P PSYCH. UNIT COSTS	TOTAL I/P D & A UNIT COSTS
	(From Wkst. B-2, Col. 27) (1)	(Col. 1 x Wkst. C-1, Col. 8) (2)	(Col. 1 x Wkst. C-1, Col. 9) (3)	(Col. 1 x Wkst. C-1, Col. 10) (4)	(Col. 1 x Wkst. C-1, Col. 11) (5)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	\$6,226,045		\$6,226,045		
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT					
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	6,226,045		6,226,045		
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	14,316		14,316		
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC	60,769		60,769		
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY	310,220		310,220		
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY	78,633		78,633		
49. PHYSICAL THERAPY	1,691,390		1,691,390		
50. OCCUPATIONAL THERAPY	1,028,551		1,028,551		
51. SPEECH THERAPY	531,399		531,399		
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY	26,046		26,046		
54. ELECTROENCEPHALOGRAPHY					
55. MEDICAL SUPPLIES	419,561		419,561		
56. DRUGS CHARGED TO PATIENTS	841,048		841,048		
57. RENAL DIALYSIS	151,835		151,835		
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	5,153,768		5,153,768		
81. TOTAL	\$11,379,813		\$11,379,813		

Helen M. Simpson Rehabilitation Hospital

PROVIDER NUMBER: 1029938600001

FOR THE PERIOD: 7/1/15 TO 6/30/16

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)
INPATIENT ROUTINE SERVICE					
26. GENERAL ROUTINE CARE			\$11,478,154	\$232,609	\$574.57
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT					
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE			11,478,154	232,609	
ANCILLARY SERVICES					
37. OPERATING ROOM			1,515		
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC			444,309	23,692	5.33%
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY			1,037,584	14,951	1.44%
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY			31,681	1,279	4.04%
49. PHYSICAL THERAPY			2,642,325	59,459	2.25%
50. OCCUPATIONAL THERAPY			2,429,986	55,071	2.27%
51. SPEECH THERAPY			1,221,613	10,306	0.84%
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY			113,917	3,148	2.76%
54. ELECTROENCEPHALOGRAPHY					
55. MEDICAL SUPPLIES			700,368	11,292	1.61%
56. DRUGS CHARGED TO PATIENTS			3,289,351	34,588	1.05%
57. RENAL DIALYSIS			179,065		
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
OUTPATIENT SERVICES					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
OTHER INPATIENT					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER			12,091,714	213,786	
81. TOTAL			\$23,569,868	\$446,395	

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 1029938600001
FOR THE PERIOD: 7/1/15 TO 6/30/16
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	\$140,195	10,836	244.0
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT			
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE	140,195	10,836	244.0
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC	3,239		
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. LABORATORY	4,467		
45. WHOLE BLOOD			
46. BLOOD STORING			
47. INTRAVENOUS THERAPY			
48. RESPIRATORY THERAPY	3,177		
49. PHYSICAL THERAPY	38,056		
50. OCCUPATIONAL THERAPY	23,348		
51. SPEECH THERAPY	4,464		
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY	719		
54. ELECTROENCEPHALOGRAPHY			
55. MEDICAL SUPPLIES	6,755		
56. DRUGS CHARGED TO PATIENTS	8,831		
57. RENAL DIALYSIS			
58. AUDIOLOGY			
59. OTHER (SPECIFY)			
60. OTHER (SPECIFY)			
61. OTHER (SPECIFY)			
62. OTHER (SPECIFY)			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER	93,056		
81. TOTAL	\$233,251		

Helen M. Simpson Rehabilitation Hospital
 PROVIDER NUMBER: 102993860001
 FOR THE PERIOD: 7/1/15 TO 6/30/16

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)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$720,957	\$720,957	\$11,478,154	\$232,609
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE	720,957	720,957	11,478,154	232,609
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	536	536	1,515	
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	2,421	2,421	444,309	23,692
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	11,951	11,951	1,037,584	14,951
45. WHOLE BLOOD				
46. BLOOD STORING				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	10,253	10,253	31,681	1,279
49. PHYSICAL THERAPY	225,807	225,807	2,642,325	59,459
50. OCCUPATIONAL THERAPY	135,511	135,511	2,429,986	55,071
51. SPEECH THERAPY	28,180	28,180	1,221,613	10,306
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	1,013	1,013	113,917	3,148
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES	76,531	76,531	700,368	11,292
56. DRUGS CHARGED TO PATIENTS	74,879	74,879	3,289,351	34,588
57. RENAL DIALYSIS	5,739	5,739	179,065	
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER	572,821	572,821	12,091,714	213,786
81. TOTAL	\$1,293,778	\$1,293,778	\$23,569,868	\$446,395

Helen M. Simpson Rehabilitation Hospital
PROVIDER NUMBER: 102993860001
FOR THE PERIOD: 7/1/15 TO 6/30/16

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)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$66.53	\$16,233	10,836	244.0
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE		16,233	10,836	244.0
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	5.33%	129		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	1.44%	172		
45. WHOLE BLOOD				
46. BLOOD STORING				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	4.04%	414		
49. PHYSICAL THERAPY	2.25%	5,081		
50. OCCUPATIONAL THERAPY	2.27%	3,076		
51. SPEECH THERAPY	0.84%	237		
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY	2.76%	28		
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES	1.61%	1,232		
56. DRUGS CHARGED TO PATIENTS	1.05%	786		
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER		11,155		
81. TOTAL		\$27,388		

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 un-appealed 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> accessed 4/6/20.

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).

HELEN M. SIMPSON REHABILITATION HOSPITAL

**REPORT DISTRIBUTION
FOR THE FISCAL YEAR ENDED JUNE 30, 2016**

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