

AMENDED FINANCIAL REPORT

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

Palmerton Hospital

Report Period July 1, 2011 – June 30, 2012

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. Tom Lichtenwalner
Senior Vice President
St. Luke's University Health Network
801 Ostrum Street
Bethlehem, PA 18015

Dear Mr. Lichtenwalner:

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 Palmerton Hospital for the fiscal year ended June 30, 2012. 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 facility which includes a new Psychiatric Unit.

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

Palmerton 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) and the new Psychiatric Unit detailed on the facility's submitted MA-336 Cost Report to the actual data supplied in the Cost Settlement Report, dated 2/26/2020, 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 and new Psychiatric Unit detailed in the Cost Settlement Report, dated 2/26/2020, provided by DHS from PROMISE™. Refer to adjustments #1, #2, #7 and #8 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.
 - We determined an adjustment was needed to include the Clinic's outpatient charges for proper cost reporting. Refer to adjustment #5 on the Amended Adjustment Report.
 - We determined an adjustment was needed to the costs for Medical Records Library for proper cost reporting. Refer to adjustment #3 on the Amended Adjustment Report.
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 filed Medicare Cost Report.
 - No adjustments were warranted as a result of this procedure.
4. Compared the cost allocation statistics for the new Psychiatric Unit, and in total, included on the facility's submitted MA-336 Cost Report to the cost allocation statistics included in the facility's final accepted Medicare Cost Report and the facility's documentation on statistics.
 - We determined an adjustment was needed to the Social Service statistic for proper cost reporting purposes. Refer to adjustment #4 on the Amended Adjustment Report.
5. Determined whether any costs were included in the facility's submitted MA-336 Cost Report "Capital Costs-Bldg" cost center for the new Psychiatric Unit. Such costs are nonallowable per Chapter 1163, Subchapter B, 1163.453.
 - We determined an adjustment was needed to delete non allowable Capital Costs on Buildings for the new Psychiatric Unit. Refer to adjustment #6 on the Amended Adjustment Report.

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.

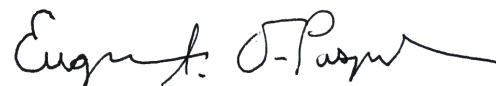
Based on the results of those procedures, and as communicated to DHS management, while we concluded that data related to paid MA charges as detailed in PROMISe™ were reliable, we concluded that the actual paid MA days and MA discharges data detailed in the PROMISe™ Cost Settlement Report, dated 2/26/2020, 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 facility with a new Psychiatric Unit, and is not intended to be, and should not be, used by anyone other than the specified party.

We appreciate the cooperation, assistance, and courtesy granted our representatives by your officials and the staff of the Palmerton 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 at the end.

Eugene A. DePasquale
Auditor General

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS:

Palmerton Hospital
135 Lafayette Avenue
Palmerton, PA 18071

PROVIDER NO.:

1007743190008
1007743190022

PERIOD:

7/1/2011 to 6/30/2012

| 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 | Inpatient Statistics MA Days | | | |
| | | | 10 | | General Care Unit Psychiatric Unit | 145.0 102.0 | 310.0 83.0 | 455.0 185.0 |
| | | | | | To adjust the reported MA Days to the paid MA Days per the Cost Settlement Report, dated 2/26/20. | | | |
| | | | | | DHS 1163, Subchapter A, 1163.51 DHS 1151.41 | | | |
| MA-336 | S-2 | 10 | 9 | 2 | MA Discharges | | | |
| | | | 10 | | PA MA Discharges - DRG PA MA Discharges - Psychiatric | 67.0 14.0 | 72.0 3.0 | 139.0 17.0 |
| | | | | | To adjust the reported MA Discharges to the paid MA Discharges per the Cost Settlement Report, dated 2/26/20. | | | |
| | | | | | DHS 1163, Subchapter A, 1163.51 DHS 1151.41 | | | |
| MA336 | A-1 | 15 | 8 | 3 | A-1 Cost Adjustment Medical Records Library | \$555,021 | (\$1,764) | \$553,257 |
| | | | | | To adjust Medical Records Library costs for proper cost reporting purposes. | | | |
| | | | | | DHS 1163, Subchapter A, 1163.51 | | | |
| MA336 | B-1 | 26 28 35 64 | 16 | 4 | B-1 Statistical Adjustment | | | |
| | | | | | General Routine Care | 57.0 | (22.0) | 35.0 |
| | | | | | ICU | 7.0 | (1.0) | 6.0 |
| | | | | | Psychiatric Unit | 31.0 | 21.0 | 52.0 |
| | | | | | Emergency | 5.0 | 2.0 | 7.0 |
| | | | | | To adjust the Social Service statistic for proper cost reporting purposes. | | | |
| | | | | | DHS 1163, Subchapter A, 1163.51 DHS 1151.41 | | | |

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PROVIDER NAME AND ADDRESS:

Palmerton Hospital
135 Lafayette Avenue
Palmerton, PA 18071

PROVIDER NO.:

1007743190008
1007743190022

PERIOD:

7/1/2011 to 6/30/2012

| REPORT REFERENCE | | | | ADJ. NO. | EXPLANATION OF ADJUSTMENT | AS REPORTED OR ADJUSTED | INCREASE (DECREASE) | ADJUSTED TOTAL |
|------------------|----------|--|--------|----------|---|---|---|---|
| FORM | SCHEDULE | LINE | COLUMN | | | | | |
| MA336 | C-1 | 63 | 2 | 5 | C-1 Charge Adjustment Clinic To include outpatient clinic charges for proper cost reporting purposes. DHS 1163, Subchapter A, 1163.51 | \$0 | \$18,332 | \$18,332 |
| MA-336 | C-2 | 35 | 1 | 6 | C-2 Cost Adjustment Psychiatric Unit To delete non allowable Capital Costs on Buildings for new Psychiatric Unit. DPW Chapter 1151, 1151.41 | \$3,383,341 | (\$55,503) | \$3,327,838 |
| MA-336 | C-2 | 26 28 37 38 41 43 44 46 48 49 50 53 55 56 59 60 64 | 9 | 7 | Charge Adjustment DRG MA Charges General Routine Care ICU Operating Room Recovery Room Radiology-Diagnostic Radioisotope Laboratory Blood Storage Proc Trans Respiratory Therapy Physical Therapy Occupational Therapy Electrocardiology (EKG) Medical Supplies Charged to Patients Drugs Charged to Patients Ultrasound CT Scan Emergency Room Total To adjust the MA Inpatient Charges to the paid MA Inpatient Charges per the Cost Settlement Report, dated 2/26/20. The MA Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Inpatient Charges. DHS 1163, Subchapter A, 1163.51 | \$134,062 \$24,950 \$64,955 \$9,595 \$14,753 \$791 \$169,323 \$2,280 \$30,807 \$4,184 \$1,531 \$26,807 \$102,159 \$60,352 \$12,895 \$58,476 \$92,174 \$810,094 | \$223,191 \$41,538 \$108,140 \$15,974 \$24,561 \$1,317 \$281,895 \$3,796 \$51,289 \$6,966 \$2,549 \$44,629 \$170,078 \$100,476 \$21,468 \$97,353 \$153,455 \$1,348,675 | \$357,253 \$66,488 \$173,095 \$25,569 \$39,314 \$2,108 \$451,218 \$6,076 \$82,096 \$11,150 \$4,080 \$71,436 \$272,237 \$160,828 \$34,363 \$155,829 \$245,629 \$2,158,769 |

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS:

Palmerton Hospital
135 Lafayette Avenue
Palmerton, PA 18071

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1007743190022

PERIOD:

7/1/2011 to 6/30/2012

| REPORT REFERENCE | | | | ADJ. NO. | EXPLANATION OF ADJUSTMENT | AS REPORTED OR ADJUSTED | INCREASE (DECREASE) | ADJUSTED TOTAL |
|------------------|----------|------|--------|----------|--|-------------------------|---------------------|----------------|
| FORM | SCHEDULE | LINE | COLUMN | | | | | |
| MA-336 | C-3 | 35 | 3 | 8 | Charge Adjustment Psychiatric MA Charges | | | |
| | | 37 | | | Psychiatric Unit | \$111,245 | \$55,837 | \$167,082 |
| | | 41 | | | Operating Room | \$4,399 | \$2,208 | \$6,607 |
| | | 44 | | | Radiology - Diagnostic | \$895 | \$449 | \$1,344 |
| | | 48 | | | Laboratory | \$10,805 | \$5,423 | \$16,228 |
| | | 49 | | | Respiratory Therapy | \$3,958 | \$1,987 | \$5,945 |
| | | 50 | | | Physical Therapy | \$1,883 | \$945 | \$2,828 |
| | | 51 | | | Occupational Therapy | \$436 | \$219 | \$655 |
| | | 53 | | | Speech Therapy | \$157 | \$79 | \$236 |
| | | 55 | | | Electrocardiology | \$1,266 | \$635 | \$1,901 |
| | | 56 | | | Medical Supplies Charged to Patients | \$2,842 | \$1,426 | \$4,268 |
| | | 59 | | | Drugs Charged to Patients | \$13,298 | \$6,675 | \$19,973 |
| | | 60 | | | Ultrasound | \$204 | \$102 | \$306 |
| | | 62 | | | CT Scan | \$1,606 | \$806 | \$2,412 |
| | | 64 | | | Vascular Lab | \$145 | \$73 | \$218 |
| | | | | | Emergency Room | \$5,586 | \$2,804 | \$8,390 |
| | | | | | Total | \$158,725 | \$79,668 | \$238,393 |
| | | | | | | | | |
| | | | | | To adjust the MA Psychiatric Inpatient Charges to the paid MA Psychiatric Inpatient Charges per the Cost Settlement Report, dated 2/26/20. The MA Psychiatric Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Psychiatric Inpatient Charges. | | | |
| | | | | | DHS 1151.41 | | | |

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

| | | PROVIDER NUMBER | | PERIOD |
|---|--|---------------------------------|---|--|
| PART III | | | | 7/1/2011 to 6/30/2012 |
| DRUG AND ALCOHOL REHABILITATION UNIT | INPATIENT DAYS (FROM AUDITABLE RECORDS) | | AVERAGE COST PER DIEM (From Wkst C-4, Col. 4, Line 36) (2 decimal places) | PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$) |
| | TOTAL DAYS ALL PATIENTS | PA M.A. PROGRAM PATIENT DAYS | | |
| | (1) | (2) | (3) | (4) |
| 1. DRUG & ALCOHOL REHAB. UNIT INPATIENT SERVICES | | | | |
| 2. DRUG & ALCOHOL REHAB. UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-4, Line 80, Col. 5) | | | | |
| 3. TOTAL PA M.A. DRUG & ALCOHOL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4) | | | | |
| 4. APPLICABLE ADJUSTMENT (Specify) | | | | |
| 5. ADJUSTED PA M.A. D & A REHAB. UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4) | | | | |

| | | PROVIDER NUMBER | | PERIOD |
|--|--|---------------------------------|--|--|
| PART IV | | | | 7/1/2011 to 6/30/2012 |
| MEDICAL REHABILITATION UNIT | INPATIENT DAYS (FROM AUDITABLE RECORDS) | | AVERAGE COST PER DIEM (From Wkst. C-7, Col. 4, Line 34) (2 decimal places) | PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$) |
| | TOTAL DAYS ALL PATIENTS | PA M.A. PROGRAM PATIENT DAYS | | |
| | (1) | (2) | (3) | (4) |
| 1. MEDICAL REHABILITATION UNIT INPATIENT SERVICES | | | | |
| 2. MEDICAL REHABILITATION UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-7, Line 80, Col. 5) | | | | |
| 3. TOTAL PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4) | | | | |
| 4. APPLICABLE ADJUSTMENT (Specify) | | | | |
| 5. ADJUSTED PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4) | | | | |

| PART V PA M.A. CAPITAL FOR ACUTE CARE & FREESTANDING HOSPITALS; MED. ED. & NURSING SCHOOL COSTS FOR ACUTE CARE HOSPITAL ONLY | CAPITAL | MEDICAL EDUCATION (Incl. Nursing School) | NURSING SCHOOL |
|---|------------------------------------|--|------------------------------------|
| | (Round To Nearest \$) | (Round To Nearest \$) | (Round To Nearest \$) |
| | (1) | (2) | (3) |
| 1. TOTAL PA M.A. REIMBURSABLE COSTS | | | |
| | From Wkst. C-5, Line 81, Col. 6 | From Wkst. C-6, Part I Line 81, Col. 6 | From Wkst. C-8, Line 81, Col. 6 |
| 2. NET GAIN (or) LOSS FROM DISPOSAL OF CAPITAL ASSETS IN A PRIOR YEAR (See Instructions) | | | |
| 3. OTHER ADJUSTMENTS (Specify) | | | |
| 4. TOTAL ADJUSTMENTS (Sum of Lines 2 & 3) | | | |
| 5. ADJUSTED PA M.A. REIMBURSABLE COST (Line 1 Plus or Minus Line 4) | | | |

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

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
1007743190022 /
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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) | EXTENDE D CARE PSYCHIA TRIC (8) |
|---|---|----------------|----------------------------------|--|---------------------------------|--------------|--------------|---|
| 1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD) | 63 | | 7 | | | | | |
| 2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD | 23,058 | | 2,562 | | | | | |
| 3. TOTAL INPATIENT DAYS USED FOR THE PERIOD | 3,656 | | 655 | | | | | |
| 4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS) | 455.0 | | 23.0 | | | | | |
| 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) | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
1007743190022 /
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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) | 70 | 16 | | | 86 |
| 2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD | 25,620 | 5,856 | | | 31,476 |
| 3. TOTAL INPATIENT DAYS USED FOR THE PERIOD | 4,311 | 5,455 | | | 9,766 |
| 4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS) | 478.0 | 185.0 | | | 663.0 |
| 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 | 1,594 | 438 | | | 2,032 |
| 8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD | 58 | 12 | | | 70 |
| 9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS) | 1,539 | 449 | | | 1,988 |
| 10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS) | 139 | 17 | | | 156 |

| STATISTICAL | | | | | |
|--|--------|---------|--|--|--------|
| 11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.) | 0.1109 | 0.0339 | | | 0.0679 |
| 12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.) | 0.1683 | 0.9315 | | | 0.3103 |
| 13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.) | 2.8012 | 12.1492 | | | 4.9125 |
| 14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0) | 273.0 | 30.0 | | | 303.0 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | | \$609,600 | \$609,600 | \$260,057 | \$869,657 |
| 1.1. CAPITAL COSTS | | | | | |
| 2. CAPITAL COSTS-EQUIPMENT | | 567,577 | 567,577 | 48,425 | 616,002 |
| 3. EMPLOYEE BENEFITS | 74,696 | 4,318,354 | 4,393,050 | | 4,393,050 |
| 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 | 1,337,147 | 6,171,841 | 7,508,988 | (42,684) | 7,466,304 |
| 5. MAINTENANCE AND REPAIRS | | | | | |
| 6. OPERATION OF PLANT | 305,439 | 798,033 | 1,103,472 | | 1,103,472 |
| 7. LAUNDRY & LINEN SERVICES | 25,839 | (1,320) | 24,519 | | 24,519 |
| 8. HOUSEKEEPING | 364,078 | 95,512 | 459,590 | | 459,590 |
| 9. DIETARY | 458,309 | 333,352 | 791,661 | | 791,661 |
| 10. CAFETERIA | | | | | |
| 11. MAINTENANCE OF PERSONNEL | | | | | |
| 12. NURSING ADMINISTRATION | 564,776 | 69,461 | 634,237 | | 634,237 |
| 13. CENTRAL SERVICE & SUPPLY | 44,367 | 75,972 | 120,339 | | 120,339 |
| 14. PHARMACY | 403,369 | 170,283 | 573,652 | | 573,652 |
| 15. MEDICAL RECORDS LIBRARY | 366,253 | 168,482 | 534,735 | | 534,735 |
| 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 | 1,325,517 | 118,138 | 1,443,655 | (403,215) | 1,040,440 |
| 27. NURSERY | | | | | |
| 28. ICU | 526,736 | 31,087 | 557,823 | | 557,823 |
| 29. NICU | | | | | |
| 30. CCU | | | | | |
| 31. OTHER (SPECIFY) | | | | | |
| 32. OTHER (SPECIFY) | | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | | |
| 34. MED REHAB UNIT | | | | | |
| 35. PSYCH UNIT | 1,220,909 | 98,108 | 1,319,017 | | 1,319,017 |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | | |
| ANCILLARY SERVICES | | | | | |
| 37. OPERATING ROOM | 522,266 | 306,990 | 829,256 | | 829,256 |
| 38. RECOVERY ROOM | 146,203 | 3,415 | 149,618 | | 149,618 |
| 39. DELIVERY ROOM | | | | | |
| 40. ANESTHESIOLOGY | 6,754 | 221,100 | 227,854 | | 227,854 |
| 41. RADIOLOGY-DIAGNOSTIC | 458,496 | 246,016 | 704,512 | 42,155 | 746,667 |
| 42. RADIOLOGY-THERAPEUTIC | | | | | |
| 43. RADIOISOTOPE | 30,319 | 6,205 | 36,524 | | 36,524 |
| 44. LABORATORY | 723,813 | 603,714 | 1,327,527 | 105,009 | 1,432,536 |
| 45. WHOLE BLOOD | | | | | |
| 46. BLOOD STORING | | 152,786 | 152,786 | | 152,786 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | 587,370 | 235,552 | 822,922 | | 822,922 |
| 49. PHYSICAL THERAPY | 1,061,283 | 445,460 | 1,506,743 | | 1,506,743 |
| 50. OCCUPATIONAL THERAPY | 111,980 | 2,815 | 114,795 | | 114,795 |
| 51. SPEECH THERAPY | 71,047 | 436 | 71,483 | | 71,483 |
| 52. OXYGEN THERAPY | | | | | |
| 53. ELECTROCARDIOLOGY | 64,412 | 49,962 | 114,374 | | 114,374 |
| 54. ELECTROENCEPHALOGRAPHY | | | | | |
| 55. MEDICAL SUPPLIES | | 2,546,675 | 2,546,675 | | 2,546,675 |
| 56. DRUGS CHARGED TO PATIENTS | | 747,458 | 747,458 | | 747,458 |
| 57. RENAL DIALYSIS | | | | | |
| 58. AUDIOLOGY | | | | | |
| 59. ULTRASOUND | 78,496 | 10,961 | 89,457 | | 89,457 |
| 60. COMPUTED TOMOGRAPHY SCAN | 184,191 | 31,718 | 215,909 | | 215,909 |
| 61. VASCULAR LAB | 90,128 | 27,964 | 118,092 | | 118,092 |
| 62. ASC (NON-DISTINCT PART) | 275,815 | 16,048 | 291,863 | | 291,863 |
| <u>OUTPATIENT SERVICES</u> | | | | | |
| 63. CLINIC | 47 | 626 | 673 | | 673 |
| 64. EMERGENCY | 885,280 | 70,472 | 955,752 | | 955,752 |
| 65. PARTIAL HOSPITALIZATION | | | | | |
| 66. AMBULANCE SERVICES | | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | | |
| 68. HOME HEALTH AGENCY | | | | | |
| 69. SHORT PROCEDURE UNIT | | | | | |
| 70. OBSERVATION BEDS | | | | 403,215 | 403,215 |
| 71. GILBERT SATELITE | 76,481 | 153,219 | 229,700 | (229,700) | |
| 72. INTEREST EXPENSE | | 265,798 | 265,798 | (265,798) | |
| 73. DIABETES EDUCATION | | | | | |
| 74. STEROTACTIC BIOPSY | | | | | |
| <u>OTHER INPATIENT</u> | | | | | |
| 75. SKILLED NURSING FACILITY | | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | | |
| 78. OTHER (SPECIFY) | | | | | |
| 79. OTHER (SPECIFY) | | | | | |
| 80. SUBTOTAL | 12,391,816 | 19,769,870 | 32,161,686 | (82,536) | 32,079,150 |
| <u>NON-REIMBURSABLE COST</u> | | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | | | | |
| 82. INVESTMENT PROPERTY | | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | | | 82,536 | 82,536 |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | | |
| 85. NON-PAID WORKER | | 10,070 | 10,070 | | 10,070 |
| 86. ADULT DAY SERVICES | 323,638 | 81,546 | 405,184 | | 405,184 |
| 87. COMMUNITY FITNESS CENTER | 42 | 3,539 | 3,581 | | 3,581 |
| 88. MEALS ON WHEELS | | | | | |
| 89. OUTPATIENT MEALS | | | | | |
| 90. OTHER (SPECIFY) | | | | | |
| 91. TOTAL | \$12,715,496 | \$19,865,025 | \$32,580,521 | | \$32,580,521 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | (\$41,185) | \$828,472 | | \$828,472 |
| 1.1. CAPITAL COSTS | | | | |
| 2. CAPITAL COSTS-EQUIPMENT | (4,987) | 611,015 | | 611,015 |
| 3. EMPLOYEE BENEFITS | 204,894 | 4,597,944 | | 4,597,944 |
| 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 | (2,764,501) | 4,701,803 | | 4,701,803 |
| 5. MAINTENANCE AND REPAIRS | | | | |
| 6. OPERATION OF PLANT | 33,330 | 1,136,802 | | 1,136,802 |
| 7. LAUNDRY & LINEN SERVICES | | 24,519 | | 24,519 |
| 8. HOUSEKEEPING | (24,329) | 435,261 | | 435,261 |
| 9. DIETARY | (99,612) | 692,049 | | 692,049 |
| 10. CAFETERIA | | | | |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | | 634,237 | | 634,237 |
| 13. CENTRAL SERVICE & SUPPLY | 21 | 120,360 | | 120,360 |
| 14. PHARMACY | 38,718 | 612,370 | | 612,370 |
| 15. MEDICAL RECORDS LIBRARY | 20,286 | 555,021 | (1,764) | 553,257 |
| 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 | (474,515) | 565,925 | | 565,925 |
| 27. NURSERY | | | | |
| 28. ICU | | 557,823 | | 557,823 |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | (21,785) | 1,297,232 | | 1,297,232 |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| ANCILLARY SERVICES | | | | |
| 37. OPERATING ROOM | | 829,256 | | 829,256 |
| 38. RECOVERY ROOM | | 149,618 | | 149,618 |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | (209,221) | 18,633 | | 18,633 |
| 41. RADIOLOGY-DIAGNOSTIC | 26,349 | 773,016 | | 773,016 |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | | 36,524 | | 36,524 |
| 44. LABORATORY | 28,658 | 1,461,194 | | 1,461,194 |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | 152,786 | | 152,786 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | 27,427 | 850,349 | | 850,349 |
| 49. PHYSICAL THERAPY | 21,980 | 1,528,723 | | 1,528,723 |
| 50. OCCUPATIONAL THERAPY | | 114,795 | | 114,795 |
| 51. SPEECH THERAPY | | 71,483 | | 71,483 |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | (41,566) | 72,808 | | 72,808 |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | 2,546,675 | | 2,546,675 |
| 56. DRUGS CHARGED TO PATIENTS | | 747,458 | | 747,458 |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | | 89,457 | | 89,457 |
| 60. COMPUTED TOMOGRAPHY SCAN | | 215,909 | | 215,909 |
| 61. VASCULAR LAB | | 118,092 | | 118,092 |
| 62. ASC (NON-DISTINCT PART) | | 291,863 | | 291,863 |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | 673 | | 673 |
| 64. EMERGENCY | | 955,752 | | 955,752 |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | 403,215 | | 403,215 |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | (3,280,038) | 28,799,112 | (1,764) | 28,797,348 |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | 82,536 | | 82,536 |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | 10,070 | | 10,070 |
| 86. ADULT DAY SERVICES | | 405,184 | | 405,184 |
| 87. COMMUNITY FITNESS CENTER | | 3,581 | | 3,581 |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. TOTAL | (\$3,280,038) | \$29,300,483 | (\$1,764) | \$29,298,719 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

| COST CENTER DESCRIPTION | CAPITAL COSTS- BLDG & FIXTURES (SQ FT) (1) | CAPITAL COSTS (SQ FT) (1.1) | CAPITAL COSTS- EQUIPMENT (DOLLAR VALUE) (2) | EMPLOYEE BENEFITS (GROSS SAL) (3) |
|---|---|---------------------------------------|--|--|
| <u>GENERAL SERVICE</u> | | | | |
| 1. CAPITAL COSTS-BLDG & FIXTURES | 164,192 | | | |
| 1.1. CAPITAL COSTS | | | | |
| 2. CAPITAL COSTS-EQUIPMENT | | | 521,621 | |
| 3. EMPLOYEE BENEFITS | | | | 12,640,800 |
| 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 | 22,084 | | 19,834 | 1,337,147 |
| 5. MAINTENANCE AND REPAIRS | | | | |
| 6. OPERATION OF PLANT | 25,606 | | 39,284 | 305,439 |
| 7. LAUNDRY & LINEN SERVICES | 280 | | | 25,839 |
| 8. HOUSEKEEPING | 1,308 | | | 364,078 |
| 9. DIETARY | 3,618 | | 26,207 | 458,309 |
| 10. CAFETERIA | 3,078 | | | |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | 831 | | | 564,776 |
| 13. CENTRAL SERVICE & SUPPLY | 4,882 | | 1,275 | 44,367 |
| 14. PHARMACY | 512 | | | 403,369 |
| 15. MEDICAL RECORDS LIBRARY | 1,775 | | 19,272 | 366,253 |
| 16. SOCIAL SERVICE | 362 | | | |
| 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 | 14,500 | | 9,567 | 1,325,517 |
| 27. NURSERY | | | | |
| 28. ICU | 4,158 | | | 526,736 |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | 11,000 | | 6,224 | 1,220,909 |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | 4,228 | | 42,182 | 522,266 |
| 38. RECOVERY ROOM | | | | 146,203 |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | 80 | | 541 | 6,754 |
| 41. RADIOLOGY-DIAGNOSTIC | 4,451 | | 222,965 | 496,069 |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 1,302 | | | 30,319 |
| 44. LABORATORY | 4,377 | | 2,717 | 762,721 |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

| COST CENTER DESCRIPTION | CAPITAL COSTS- BLDG & FIXTURES | CAPITAL COSTS | CAPITAL COSTS- EQUIPMENT | EMPLOYEE BENEFITS |
|-------------------------------------|-----------------------------------|------------------|-----------------------------|----------------------|
| | (SQ FT) (1) | (SQ FT) (1.1) | (DOLLAR VALUE) (2) | (GROSS SAL) (3) |
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | 4,035 | | 12,003 | 587,370 |
| 49. PHYSICAL THERAPY | 11,722 | | 9,942 | 1,061,283 |
| 50. OCCUPATIONAL THERAPY | | | | 111,980 |
| 51. SPEECH THERAPY | | | | 71,047 |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | 1,304 | | | 64,412 |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | | | |
| 56. DRUGS CHARGED TO PATIENTS | | | 2,151 | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | 261 | | | 78,496 |
| 60. COMPUTED TOMOGRAPHY SCAN | 7,658 | | 83,592 | 184,191 |
| 61. VASCULAR LAB | 623 | | 163 | 90,128 |
| 62. ASC (NON-DISTINCT PART) | 7,941 | | | 275,815 |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | 47 |
| 64. EMERGENCY | 4,443 | | 5,229 | 885,280 |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | 146,419 | | 503,148 | 12,317,120 |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | 1,320 | | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | 10,833 | | 1,688 | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | 3,870 | | 10,576 | 323,638 |
| 87. COMMUNITY FITNESS CENTER | 1,750 | | 6,209 | 42 |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL STATISTIC | 164,192 | | 521,621 | 12,640,800 |
| 94. COST TO BE ALLOCATED(B-2) | 828,472 | | 611,015 | 4,597,944 |
| 95. UNIT COST MULTIPLIER (B-2) | 5.045751 | | 1.171377 | 0.363738 |
| 96. COST TO BE ALLOCATED(B-3) | | | | |
| 97. UNIT COST MULTIPLIER (B-3) | | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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) |
|----------------------------|--|---|--------------------------------------|--|
|----------------------------|--|---|--------------------------------------|--|

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
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

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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. ULTRASOUND | | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | | | | |
| 61. VASCULAR LAB | | | | |
| 62. ASC (NON-DISTINCT PART) | | | | |
| <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. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <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. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 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) | | | | |

Palmerton Hospital
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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

| COST CENTER DESCRIPTION | BILLING/ COLLECTIONS (CHARGES) (4.5) | OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6) | MAINTENANCE AND REPAIRS (SQ FT) (5) | OPERATION OF PLANT (SQ FT) (6) |
|---|---|--|--|---|
| <u>GENERAL SERVICE</u> | | | | |
| 1. CAPITAL COSTS-BLDG & FIXTURES | | | | |
| 1.1. CAPITAL COSTS | | | | |
| 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 | | 23,975,882 | | |
| 5. MAINTENANCE AND REPAIRS | | | | |
| 6. OPERATION OF PLANT | | 1,423,120 | | 116,502 |
| 7. LAUNDRY & LINEN SERVICES | | 35,331 | | 280 |
| 8. HOUSEKEEPING | | 574,290 | | 1,308 |
| 9. DIETARY | | 907,707 | | 3,618 |
| 10. CAFETERIA | | 15,531 | | 3,078 |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | | 843,860 | | 831 |
| 13. CENTRAL SERVICE & SUPPLY | | 162,625 | | 4,882 |
| 14. PHARMACY | | 761,674 | | 512 |
| 15. MEDICAL RECORDS LIBRARY | | 718,008 | | 1,775 |
| 16. SOCIAL SERVICE | | 1,827 | | 362 |
| 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 | | 1,132,441 | | 14,500 |
| 27. NURSERY | | | | |
| 28. ICU | | 770,397 | | 4,158 |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | | 1,804,117 | | 11,000 |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | | 1,089,968 | | 4,228 |
| 38. RECOVERY ROOM | | 202,798 | | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | 22,128 | | 80 |
| 41. RADIOLOGY-DIAGNOSTIC | | 1,237,090 | | 4,451 |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | | 54,122 | | 1,302 |
| 44. LABORATORY | | 1,763,893 | | 4,377 |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | 152,786 | | |

Palmerton Hospital
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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

| COST CENTER DESCRIPTION | BILLING/ COLLECTIONS (CHARGES) (4.5) | OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6) | MAINTENANCE AND REPAIRS (SQ FT) (5) | OPERATION OF PLANT (SQ FT) (6) |
|-------------------------------------|---|--|--|---|
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | | 1,098,418 | | 4,035 |
| 49. PHYSICAL THERAPY | | 1,985,544 | | 11,722 |
| 50. OCCUPATIONAL THERAPY | | 155,526 | | |
| 51. SPEECH THERAPY | | 97,325 | | |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | | 102,817 | | 1,304 |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | 2,546,675 | | |
| 56. DRUGS CHARGED TO PATIENTS | | 749,978 | | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | | 119,326 | | 261 |
| 60. COMPUTED TOMOGRAPHY SCAN | | 419,464 | | 7,658 |
| 61. VASCULAR LAB | | 154,210 | | 623 |
| 62. ASC (NON-DISTINCT PART) | | 432,255 | | 7,941 |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | 690 | | |
| 64. EMERGENCY | | 1,306,305 | | 4,443 |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | 403,215 | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | | 23,245,461 | | 98,729 |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | 6,660 | | 1,320 |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | 139,174 | | 10,833 |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | 10,070 | | |
| 86. ADULT DAY SERVICES | | 554,818 | | 3,870 |
| 87. COMMUNITY FITNESS CENTER | | 19,699 | | 1,750 |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL STATISTIC | | 23,975,882 | | 116,502 |
| 94. COST TO BE ALLOCATED(B-2) | | 5,322,837 | | 1,739,064 |
| 95. UNIT COST MULTIPLIER (B-2) | | 0.222008 | | 14.927332 |
| 96. COST TO BE ALLOCATED(B-3) | | 111,430 | | 135,817 |
| 97. UNIT COST MULTIPLIER (B-3) | | 0.004648 | | 1.165791 |

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

| COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICES (LBS OF LA) (7) | HOUSEKEEPING (HSKPG HRS) (8) | DIETARY (MEALS SER) (9) | CAFETERIA (MEALS SER) (10) |
|---|---|--|-----------------------------------|--------------------------------------|
| <u>GENERAL SERVICE</u> | | | | |
| 1. CAPITAL COSTS-BLDG & FIXTURES | | | | |
| 1.1. CAPITAL COSTS | | | | |
| 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 | 192,554 | | | |
| 8. HOUSEKEEPING | | 29,113 | | |
| 9. DIETARY | 2,552 | 728 | 64,054 | |
| 10. CAFETERIA | | 1,560 | 28,439 | 216 |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | | 104 | | 9 |
| 13. CENTRAL SERVICE & SUPPLY | 5,214 | 468 | | 2 |
| 14. PHARMACY | | 260 | | 5 |
| 15. MEDICAL RECORDS LIBRARY | | 260 | | 12 |
| 16. SOCIAL SERVICE | | 52 | | |
| 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 | 41,146 | 4,940 | 10,237 | 31 |
| 27. NURSERY | | | | |
| 28. ICU | 9,342 | 1,820 | 1,834 | 9 |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | 24,233 | 4,998 | 15,274 | 30 |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | 33,099 | 2,600 | | 10 |
| 38. RECOVERY ROOM | | | | 2 |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | 52 | | |
| 41. RADIOLOGY-DIAGNOSTIC | 3,391 | 1,820 | | 12 |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 331 | 104 | | 1 |
| 44. LABORATORY | 7,575 | 624 | | 18 |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | |

Palmerton Hospital
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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) |
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | 7,788 | 754 | | 12 |
| 49. PHYSICAL THERAPY | 3,176 | 416 | | 20 |
| 50. OCCUPATIONAL THERAPY | | | | 2 |
| 51. SPEECH THERAPY | | | | 1 |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | 107 | 416 | | 2 |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | | | |
| 56. DRUGS CHARGED TO PATIENTS | | | | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | 2,686 | 208 | | 1 |
| 60. COMPUTED TOMOGRAPHY SCAN | 3,572 | 260 | | 3 |
| 61. VASCULAR LAB | 2,809 | 260 | | 2 |
| 62. ASC (NON-DISTINCT PART) | 11,396 | 2,080 | | 6 |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | 32,401 | 1,976 | | 17 |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | 190,818 | 26,760 | 55,784 | 207 |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | 52 | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | 1,521 | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | 1,736 | 780 | 4,732 | 9 |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | 2,386 | |
| 89. OUTPATIENT MEALS | | | 1,152 | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL STATISTIC | 192,554 | 29,113 | 64,054 | 216 |
| 94. COST TO BE ALLOCATED(B-2) | 47,355 | 721,312 | 1,181,897 | 628,320 |
| 95. UNIT COST MULTIPLIER (B-2) | 0.245931 | 24.776286 | 18.451572 | 2908.888889 |
| 96. COST TO BE ALLOCATED(B-3) | 1,903 | 10,794 | 26,988 | 31,751 |
| 97. UNIT COST MULTIPLIER (B-3) | 0.009883 | 0.370762 | 0.421332 | 146.995370 |

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COST ALLOCATION
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| COST CENTER DESCRIPTION | MAINTENANCE OF PERSONNEL (NO. HOUSED) (11) | NURSING ADMINISTRATION (HOURS OF) (12) | CENTRAL SERVICE & SUPPLY (COST REQ) (13) | PHARMACY (COST REQ) (14) |
|---|---|---|---|------------------------------------|
| <u>GENERAL SERVICE</u> | | | | |
| 1. CAPITAL COSTS-BLDG & FIXTURES | | | | |
| 1.1. CAPITAL COSTS | | | | |
| 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 | | 12,906 | | |
| 13. CENTRAL SERVICE & SUPPLY | | | 2,546,675 | |
| 14. PHARMACY | | | | 100 |
| 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 | | 4,489 | | |
| 27. NURSERY | | | | |
| 28. ICU | | 745 | | |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | | 3,778 | | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | | 1,827 | | |
| 38. RECOVERY ROOM | | 117 | | |
| 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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AMENDED WORKSHEET B-1

| COST CENTER DESCRIPTION | MAINTENANCE OF PERSONNEL (NO. HOUSED) (11) | NURSING ADMINISTRATION (HOURS OF) (12) | CENTRAL SERVICE & SUPPLY (COST REQ) (13) | PHARMACY (COST REQ) (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 | | | 2,546,675 | |
| 56. DRUGS CHARGED TO PATIENTS | | | | 100 |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | | | | |
| 61. VASCULAR LAB | | | | |
| 62. ASC (NON-DISTINCT PART) | | | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | | 1,950 | | |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | | 12,906 | 2,546,675 | 100 |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL STATISTIC | | 12,906 | 2,546,675 | 100 |
| 94. COST TO BE ALLOCATED(B-2) | | 1,072,366 | 290,299 | 959,401 |
| 95. UNIT COST MULTIPLIER (B-2) | | 83.090501 | 0.113991 | 9594.010000 |
| 96. COST TO BE ALLOCATED(B-3) | | 10,446 | 31,600 | 7,551 |
| 97. UNIT COST MULTIPLIER (B-3) | | 0.809391 | 0.012408 | 75.510000 |

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

| COST CENTER DESCRIPTION | MEDICAL RECORDS LIBRARY (TIME) (15) | SOCIAL SERVICE (TOTAL DAYS) (16) | OTHER (SPECIFY) (SPECIFY) (17) | OTHER (SPECIFY) (SPECIFY) (18) |
|---|---|--|---|---|
| <u>GENERAL SERVICE</u> | | | | |
| 1. CAPITAL COSTS-BLDG & FIXTURES | | | | |
| 1.1. CAPITAL COSTS | | | | |
| 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 | 25,242 | | | |
| 16. SOCIAL SERVICE | | 100 | | |
| 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 | 3,527 | 35 | | |
| 27. NURSERY | | | | |
| 28. ICU | 632 | 6 | | |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | 5,262 | 52 | | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | | | | |
| 38. RECOVERY ROOM | | | | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | | | |
| 41. RADIOLOGY-DIAGNOSTIC | 6,166 | | | |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 111 | | | |
| 44. LABORATORY | | | | |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

| COST CENTER DESCRIPTION | MEDICAL RECORDS LIBRARY (TIME) (15) | SOCIAL SERVICE (TOTAL DAYS) (16) | OTHER (SPECIFY) (SPECIFY) (17) | OTHER (SPECIFY) (SPECIFY) (18) |
|-------------------------------------|---|--|---|---|
| 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. ULTRASOUND | 802 | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | 1,824 | | | |
| 61. VASCULAR LAB | 298 | | | |
| 62. ASC (NON-DISTINCT PART) | 2,129 | | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | 4,491 | 7 | | |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | 25,242 | 100 | | |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL STATISTIC | 25,242 | 100 | | |
| 94. COST TO BE ALLOCATED(B-2) | 945,257 | 8,925 | | |
| 95. UNIT COST MULTIPLIER (B-2) | 37.447785 | 89.250000 | | |
| 96. COST TO BE ALLOCATED(B-3) | 16,222 | 2,276 | | |
| 97. UNIT COST MULTIPLIER (B-3) | 0.642659 | 22.760000 | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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) |
|----------------------------|---|---|--------------------------------------|---|
|----------------------------|---|---|--------------------------------------|---|

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
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

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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. ULTRASOUND | | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | | | | |
| 61. VASCULAR LAB | | | | |
| 62. ASC (NON-DISTINCT PART) | | | | |
| <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. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <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. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 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) | | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

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

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
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


Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

| COST CENTER DESCRIPTION | PARAMEDICAL ED (SPECIFY) (TIME) (23) | PARAMEDICAL ED (SPECIFY) (TIME) (24) | PARAMEDICAL ED (SPECIFY) (TIME) (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. ULTRASOUND | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | | | |
| 61. VASCULAR LAB | | | |
| 62. ASC (NON-DISTINCT PART) | | | |
| <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. GILBERT SATELITE | | | |
| 72. INTEREST EXPENSE | | | |
| 73. DIABETES EDUCATION | | | |
| 74. STEROTACTIC BIOPSY | | | |
| <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. PHYSICIANS PRIVATE OFFICES | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | |
| 85. NON-PAID WORKER | | | |
| 86. ADULT DAY SERVICES | | | |
| 87. COMMUNITY FITNESS CENTER | | | |
| 88. MEALS ON WHEELS | | | |
| 89. OUTPATIENT MEALS | | | |
| 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) | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

| COST CENTER DESCRIPTION | NET EXPENSES | CAPITAL COSTS- BLDG & FIXTURES | CAPITAL COSTS | CAPITAL COSTS- EQUIPMENT |
|---|-----------------|-----------------------------------|---------------|-----------------------------|
| | (0) | (1) | (1.1) | (2) |
| <u>GENERAL SERVICE</u> | | | | |
| 1. CAPITAL COSTS-BLDG & FIXTURES | 828,472 | 828,472 | | |
| 1.1. CAPITAL COSTS | | | | |
| 2. CAPITAL COSTS-EQUIPMENT | 611,015 | | | 611,015 |
| 3. EMPLOYEE BENEFITS | 4,597,944 | | | |
| 4.1. NON-PATIENT TELEPHONE | | | | |
| 4.2. DATA PROCESSING | | | | |
| 4.3. PURCHASING | | | | |
| 4.4. ADMISSIONS | | | | |
| 4.5. BILLING/ COLLECTIONS | | | | |
| 4.6. OTHER ADMIN. AND GENERAL | 4,701,803 | 111,430 | | 23,233 |
| 5. MAINTENANCE AND REPAIRS | | | | |
| 6. OPERATION OF PLANT | 1,136,802 | 129,202 | | 46,016 |
| 7. LAUNDRY & LINEN SERVICES | 24,519 | 1,413 | | |
| 8. HOUSEKEEPING | 435,261 | 6,600 | | |
| 9. DIETARY | 692,049 | 18,256 | | 30,698 |
| 10. CAFETERIA | | 15,531 | | |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | 634,237 | 4,193 | | |
| 13. CENTRAL SERVICE & SUPPLY | 120,360 | 24,633 | | 1,494 |
| 14. PHARMACY | 612,370 | 2,583 | | |
| 15. MEDICAL RECORDS LIBRARY | 553,257 | 8,956 | | 22,575 |
| 16. SOCIAL SERVICE | | 1,827 | | |
| 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 | 565,925 | 73,163 | | 11,206 |
| 27. NURSERY | | | | |
| 28. ICU | 557,823 | 20,980 | | |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | 1,297,232 | 55,503 | | 7,291 |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | 829,256 | 21,333 | | 49,411 |
| 38. RECOVERY ROOM | 149,618 | | | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | 18,633 | 404 | | 634 |
| 41. RADIOLOGY-DIAGNOSTIC | 773,016 | 22,459 | | 261,176 |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 36,524 | 6,570 | | |
| 44. LABORATORY | 1,461,194 | 22,085 | | 3,183 |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | 152,786 | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

| COST CENTER DESCRIPTION | NET EXPENSES | CAPITAL COSTS- BLDG & FIXTURES | CAPITAL COSTS | CAPITAL COSTS- EQUIPMENT |
|-------------------------------------|--|-----------------------------------|---------------|-----------------------------|
| | (0) | (1) | (1.1) | (2) |
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | 850,349 | 20,360 | | 14,060 |
| 49. PHYSICAL THERAPY | 1,528,723 | 59,146 | | 11,646 |
| 50. OCCUPATIONAL THERAPY | 114,795 | | | |
| 51. SPEECH THERAPY | 71,483 | | | |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | 72,808 | 6,580 | | |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | 2,546,675 | | | |
| 56. DRUGS CHARGED TO PATIENTS | 747,458 | | | 2,520 |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | 89,457 | 1,317 | | |
| 60. COMPUTED TOMOGRAPHY SCAN | 215,909 | 38,640 | | 97,918 |
| 61. VASCULAR LAB | 118,092 | 3,144 | | 191 |
| 62. ASC (NON-DISTINCT PART) | 291,863 | 40,068 | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | 673 | | | |
| 64. EMERGENCY | 955,752 | 22,418 | | 6,125 |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | 403,215 | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | 28,797,348 | 738,794 | | 589,377 |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | 6,660 | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | 82,536 | 54,661 | | 1,977 |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | 10,070 | | | |
| 86. ADULT DAY SERVICES | 405,184 | 19,527 | | 12,388 |
| 87. COMMUNITY FITNESS CENTER | 3,581 | 8,830 | | 7,273 |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT |  | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | 29,298,719 | 828,472 | | 611,015 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | | | | |
| 2. CAPITAL COSTS-EQUIPMENT | | | | |
| 3. EMPLOYEE BENEFITS | 4,597,944 | | | |
| 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 | 486,371 | | | |
| 5. MAINTENANCE AND REPAIRS | | | | |
| 6. OPERATION OF PLANT | 111,100 | | | |
| 7. LAUNDRY & LINEN SERVICES | 9,399 | | | |
| 8. HOUSEKEEPING | 132,429 | | | |
| 9. DIETARY | 166,704 | | | |
| 10. CAFETERIA | | | | |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | 205,430 | | | |
| 13. CENTRAL SERVICE & SUPPLY | 16,138 | | | |
| 14. PHARMACY | 146,721 | | | |
| 15. MEDICAL RECORDS LIBRARY | 133,220 | | | |
| 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 | 482,147 | | | |
| 27. NURSERY | | | | |
| 28. ICU | 191,594 | | | |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | 444,091 | | | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | 189,968 | | | |
| 38. RECOVERY ROOM | 53,180 | | | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | 2,457 | | | |
| 41. RADIOLOGY-DIAGNOSTIC | 180,439 | | | |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 11,028 | | | |
| 44. LABORATORY | 277,431 | | | |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | |

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| COST CENTER DESCRIPTION | EMPLOYEE BENEFITS (3) | NON-PATIENT TELEPHONE (4.1) | DATA PROCESSING (4.2) | PURCHASING (4.3) |
|-------------------------------------|---------------------------------|---------------------------------------|------------------------------|-------------------------|
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | 213,649 | | | |
| 49. PHYSICAL THERAPY | 386,029 | | | |
| 50. OCCUPATIONAL THERAPY | 40,731 | | | |
| 51. SPEECH THERAPY | 25,842 | | | |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | 23,429 | | | |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | | | |
| 56. DRUGS CHARGED TO PATIENTS | | | | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | 28,552 | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | 66,997 | | | |
| 61. VASCULAR LAB | 32,783 | | | |
| 62. ASC (NON-DISTINCT PART) | 100,324 | | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | 17 | | | |
| 64. EMERGENCY | 322,010 | | | |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | 4,480,210 | | | |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | 117,719 | | | |
| 87. COMMUNITY FITNESS CENTER | 15 | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | 4,597,944 | | | |

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| COST CENTER DESCRIPTION | ADMISSIONS (4.4) | BILLING/ COLLECTIONS (4.5) | OTHER ADMIN. AND GENERAL (4.6) | MAINTENANCE AND REPAIRS (5) |
|---|-------------------------|--------------------------------------|--|---------------------------------------|
| <u>GENERAL SERVICE</u> | | | | |
| 1. CAPITAL COSTS-BLDG & FIXTURES | | | | |
| 1.1. CAPITAL COSTS | | | | |
| 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 | | | 5,322,837 | |
| 5. MAINTENANCE AND REPAIRS | | | | |
| 6. OPERATION OF PLANT | | | 315,944 | |
| 7. LAUNDRY & LINEN SERVICES | | | 7,844 | |
| 8. HOUSEKEEPING | | | 127,497 | |
| 9. DIETARY | | | 201,518 | |
| 10. CAFETERIA | | | 3,448 | |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | | | 187,344 | |
| 13. CENTRAL SERVICE & SUPPLY | | | 36,104 | |
| 14. PHARMACY | | | 169,098 | |
| 15. MEDICAL RECORDS LIBRARY | | | 159,404 | |
| 16. SOCIAL SERVICE | | | 406 | |
| 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 | | | 251,408 | |
| 27. NURSERY | | | | |
| 28. ICU | | | 171,034 | |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | | | 400,528 | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | | | 241,982 | |
| 38. RECOVERY ROOM | | | 45,023 | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | | 4,913 | |
| 41. RADIOLOGY-DIAGNOSTIC | | | 274,644 | |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | | | 12,016 | |
| 44. LABORATORY | | | 391,598 | |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | 33,920 | |

Palmerton Hospital
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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 | | | 243,858 | |
| 49. PHYSICAL THERAPY | | | 440,807 | |
| 50. OCCUPATIONAL THERAPY | | | 34,528 | |
| 51. SPEECH THERAPY | | | 21,607 | |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | | | 22,826 | |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | | 565,382 | |
| 56. DRUGS CHARGED TO PATIENTS | | | 166,501 | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | | | 26,491 | |
| 60. COMPUTED TOMOGRAPHY SCAN | | | 93,124 | |
| 61. VASCULAR LAB | | | 34,236 | |
| 62. ASC (NON-DISTINCT PART) | | | 95,964 | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | 153 | |
| 64. EMERGENCY | | | 290,010 | |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | 89,517 | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | | | 5,160,677 | |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | | 1,479 | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | | 30,898 | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | 2,236 | |
| 86. ADULT DAY SERVICES | | | 123,174 | |
| 87. COMMUNITY FITNESS CENTER | | | 4,373 | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | | | 5,322,837 | |

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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 | | | | |
| 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 | 1,739,064 | | | |
| 7. LAUNDRY & LINEN SERVICES | 4,180 | 47,355 | | |
| 8. HOUSEKEEPING | 19,525 | | 721,312 | |
| 9. DIETARY | 54,007 | 628 | 18,037 | 1,181,897 |
| 10. CAFETERIA | 45,946 | | 38,651 | 524,744 |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | 12,405 | | 2,577 | |
| 13. CENTRAL SERVICE & SUPPLY | 72,875 | 1,282 | 11,595 | |
| 14. PHARMACY | 7,643 | | 6,442 | |
| 15. MEDICAL RECORDS LIBRARY | 26,496 | | 6,442 | |
| 16. SOCIAL SERVICE | 5,404 | | 1,288 | |
| 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 | 216,444 | 10,120 | 122,395 | 188,890 |
| 27. NURSERY | | | | |
| 28. ICU | 62,068 | 2,297 | 45,093 | 33,840 |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | 164,201 | 5,960 | 123,832 | 281,829 |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | 63,113 | 8,140 | 64,418 | |
| 38. RECOVERY ROOM | | | | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | 1,194 | | 1,288 | |
| 41. RADIOLOGY-DIAGNOSTIC | 66,442 | 834 | 45,093 | |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 19,435 | 81 | 2,577 | |
| 44. LABORATORY | 65,337 | 1,863 | 15,460 | |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | |

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AMENDED WORKSHEET B-2

| COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICES | HOUSEKEEPING | DIETARY |
|-------------------------------------|---------------------------|-------------------------------------|---------------------|----------------|
| | (6) | (7) | (8) | (9) |
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | 60,232 | 1,915 | 18,681 | |
| 49. PHYSICAL THERAPY | 174,978 | 781 | 10,307 | |
| 50. OCCUPATIONAL THERAPY | | | | |
| 51. SPEECH THERAPY | | | | |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | 19,465 | 26 | 10,307 | |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | | | |
| 56. DRUGS CHARGED TO PATIENTS | | | | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | 3,896 | 661 | 5,153 | |
| 60. COMPUTED TOMOGRAPHY SCAN | 114,314 | 878 | 6,442 | |
| 61. VASCULAR LAB | 9,300 | 691 | 6,442 | |
| 62. ASC (NON-DISTINCT PART) | 118,538 | 2,803 | 51,535 | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | 66,322 | 7,968 | 48,958 | |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | 1,473,760 | 46,928 | 663,013 | 1,029,303 |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | 19,704 | | 1,288 | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | 161,708 | | 37,685 | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | 57,769 | 427 | 19,326 | 87,313 |
| 87. COMMUNITY FITNESS CENTER | 26,123 | | | |
| 88. MEALS ON WHEELS | | | | 44,025 |
| 89. OUTPATIENT MEALS | | | | 21,256 |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | 1,739,064 | 47,355 | 721,312 | 1,181,897 |

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| COST CENTER DESCRIPTION | CAFETERIA (10) | MAINTENANCE OF PERSONNEL (11) | NURSING ADMINISTRATION (12) | CENTRAL SERVICE & SUPPLY (13) |
|---|-----------------------|---|---------------------------------------|---|
| <u>GENERAL SERVICE</u> | | | | |
| 1. CAPITAL COSTS-BLDG & FIXTURES | | | | |
| 1.1. CAPITAL COSTS | | | | |
| 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 | 628,320 | | | |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | 26,180 | | 1,072,366 | |
| 13. CENTRAL SERVICE & SUPPLY | 5,818 | | | 290,299 |
| 14. PHARMACY | 14,544 | | | |
| 15. MEDICAL RECORDS LIBRARY | 34,907 | | | |
| 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 | 90,173 | | 372,994 | |
| 27. NURSERY | | | | |
| 28. ICU | 26,180 | | 61,902 | |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | 87,267 | | 313,916 | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | 29,089 | | 151,806 | |
| 38. RECOVERY ROOM | 5,818 | | 9,722 | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | | | |
| 41. RADIOLOGY-DIAGNOSTIC | 34,907 | | | |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 2,909 | | | |
| 44. LABORATORY | 52,360 | | | |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | |

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| COST CENTER DESCRIPTION | CAFETERIA (10) | MAINTENANCE OF PERSONNEL (11) | NURSING ADMINISTRATION (12) | CENTRAL SERVICE & SUPPLY (13) |
|-------------------------------------|-----------------------|---|---------------------------------------|---|
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | 34,907 | | | |
| 49. PHYSICAL THERAPY | 58,178 | | | |
| 50. OCCUPATIONAL THERAPY | 5,818 | | | |
| 51. SPEECH THERAPY | 2,909 | | | |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | 5,818 | | | |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | | | 290,299 |
| 56. DRUGS CHARGED TO PATIENTS | | | | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | 2,909 | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | 8,727 | | | |
| 61. VASCULAR LAB | 5,818 | | | |
| 62. ASC (NON-DISTINCT PART) | 17,453 | | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | 49,451 | | 162,026 | |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | 602,140 | | 1,072,366 | 290,299 |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | 26,180 | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | 628,320 | | 1,072,366 | 290,299 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | | | | |
| 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 | 959,401 | | | |
| 15. MEDICAL RECORDS LIBRARY | | 945,257 | | |
| 16. SOCIAL SERVICE | | | 8,925 | |
| 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 | | 132,079 | 3,123 | |
| 27. NURSERY | | | | |
| 28. ICU | | 23,667 | 536 | |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | | 197,050 | 4,641 | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | | | | |
| 38. RECOVERY ROOM | | | | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | | | |
| 41. RADIOLOGY-DIAGNOSTIC | | 230,903 | | |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | | 4,157 | | |
| 44. LABORATORY | | | | |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | | | | |
| 49. PHYSICAL THERAPY | | | | |
| 50. OCCUPATIONAL THERAPY | | | | |
| 51. SPEECH THERAPY | | | | |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | | | | |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | | | |
| 56. DRUGS CHARGED TO PATIENTS | 959,401 | | | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | | 30,033 | | |
| 60. COMPUTED TOMOGRAPHY SCAN | | 68,305 | | |
| 61. VASCULAR LAB | | 11,159 | | |
| 62. ASC (NON-DISTINCT PART) | | 79,726 | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | | 168,178 | 625 | |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | 959,401 | 945,257 | 8,925 | |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | 959,401 | 945,257 | 8,925 | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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
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

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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. ULTRASOUND | | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | | | | |
| 61. VASCULAR LAB | | | | |
| 62. ASC (NON-DISTINCT PART) | | | | |
| <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. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <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. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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
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

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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. ULTRASOUND | | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | | | | |
| 61. VASCULAR LAB | | | | |
| 62. ASC (NON-DISTINCT PART) | | | | |
| <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. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <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. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | | |
| 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 | | 2,520,067 |
| 27. NURSERY | | |
| 28. ICU | | 1,197,014 |
| 29. NICU | | |
| 30. CCU | | |
| 31. OTHER (SPECIFY) | | |
| 32. OTHER (SPECIFY) | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | |
| 34. MED REHAB UNIT | | |
| 35. PSYCH UNIT | | 3,383,341 |
| 36. DRUG & ALCOHOL REHAB UNIT | | |
| <u>ANCILLARY SERVICES</u> | | |
| 37. OPERATING ROOM | | 1,648,516 |
| 38. RECOVERY ROOM | | 263,361 |
| 39. DELIVERY ROOM | | |
| 40. ANESTHESIOLOGY | | 29,523 |
| 41. RADIOLOGY-DIAGNOSTIC | | 1,889,913 |
| 42. RADIOLOGY-THERAPEUTIC | | |
| 43. RADIOISOTOPE | | 95,297 |
| 44. LABORATORY | | 2,290,511 |
| 45. WHOLE BLOOD | | |
| 46. BLOOD STORING | | 186,706 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

| COST CENTER DESCRIPTION | CAPITAL COSTS- BLDG & FIXTURES | CAPITAL COSTS | DIRECTLY ASSIGNED CAPITAL COST | EMPLOYEE BENEFITS |
|---|-----------------------------------|---------------|--------------------------------------|----------------------|
| | (1) | (1.1) | (2) | (3) |
| <u>GENERAL SERVICE</u> | | | | |
| 1. CAPITAL COSTS-BLDG & FIXTURES | 828,472 | | | |
| 1.1. CAPITAL COSTS | | | | |
| 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 | 111,430 | | | |
| 5. MAINTENANCE AND REPAIRS | | | | |
| 6. OPERATION OF PLANT | 129,202 | | | |
| 7. LAUNDRY & LINEN SERVICES | 1,413 | | | |
| 8. HOUSEKEEPING | 6,600 | | | |
| 9. DIETARY | 18,256 | | | |
| 10. CAFETERIA | 15,531 | | | |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | 4,193 | | | |
| 13. CENTRAL SERVICE & SUPPLY | 24,633 | | | |
| 14. PHARMACY | 2,583 | | | |
| 15. MEDICAL RECORDS LIBRARY | 8,956 | | | |
| 16. SOCIAL SERVICE | 1,827 | | | |
| 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 | 73,163 | | | |
| 27. NURSERY | | | | |
| 28. ICU | 20,980 | | | |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | 55,503 | | | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | 21,333 | | | |
| 38. RECOVERY ROOM | | | | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | 404 | | | |
| 41. RADIOLOGY-DIAGNOSTIC | 22,459 | | 14,309 | |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 6,570 | | | |
| 44. LABORATORY | 22,085 | | 123,484 | |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

| COST CENTER DESCRIPTION | CAPITAL COSTS- BLDG & FIXTURES | CAPITAL COSTS | DIRECTLY ASSIGNED CAPITAL COST | EMPLOYEE BENEFITS |
|-------------------------------------|-----------------------------------|---------------|--------------------------------------|----------------------|
| | (1) | (1.1) | (2) | (3) |
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | 20,360 | | | |
| 49. PHYSICAL THERAPY | 59,146 | | | |
| 50. OCCUPATIONAL THERAPY | | | | |
| 51. SPEECH THERAPY | | | | |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | 6,580 | | | |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | | | |
| 56. DRUGS CHARGED TO PATIENTS | | | | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | 1,317 | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | 38,640 | | 11,419 | |
| 61. VASCULAR LAB | 3,144 | | | |
| 62. ASC (NON-DISTINCT PART) | 40,068 | | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | 22,418 | | | |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | 738,794 | | 149,212 | |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | 6,660 | | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | 54,661 | | 82,536 | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | 19,527 | | | |
| 87. COMMUNITY FITNESS CENTER | 8,830 | | 3,500 | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | 828,472 | | 235,248 | |

Palmerton Hospital
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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

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

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
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

Palmerton Hospital
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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. ULTRASOUND | | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | | | | |
| 61. VASCULAR LAB | | | | |
| 62. ASC (NON-DISTINCT PART) | | | | |
| <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. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <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. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | | | | |

Palmerton Hospital
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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 | | | | |
| 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 | | 111,430 | | |
| 5. MAINTENANCE AND REPAIRS | | | | |
| 6. OPERATION OF PLANT | | 6,615 | | 135,817 |
| 7. LAUNDRY & LINEN SERVICES | | 164 | | 326 |
| 8. HOUSEKEEPING | | 2,669 | | 1,525 |
| 9. DIETARY | | 4,219 | | 4,218 |
| 10. CAFETERIA | | 72 | | 3,588 |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | | 3,922 | | 969 |
| 13. CENTRAL SERVICE & SUPPLY | | 756 | | 5,691 |
| 14. PHARMACY | | 3,540 | | 597 |
| 15. MEDICAL RECORDS LIBRARY | | 3,337 | | 2,069 |
| 16. SOCIAL SERVICE | | 8 | | 422 |
| 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 | | 5,252 | | 16,904 |
| 27. NURSERY | | | | |
| 28. ICU | | 3,581 | | 4,847 |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | | 8,386 | | 12,824 |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | | 5,066 | | 4,929 |
| 38. RECOVERY ROOM | | 943 | | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | 103 | | 93 |
| 41. RADIOLOGY-DIAGNOSTIC | | 5,750 | | 5,189 |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | | 252 | | 1,518 |
| 44. LABORATORY | | 8,199 | | 5,103 |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | 710 | | |

Palmerton Hospital
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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 | | 5,105 | | 4,704 |
| 49. PHYSICAL THERAPY | | 9,229 | | 13,665 |
| 50. OCCUPATIONAL THERAPY | | 723 | | |
| 51. SPEECH THERAPY | | 452 | | |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | | 478 | | 1,520 |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | 11,837 | | |
| 56. DRUGS CHARGED TO PATIENTS | | 3,486 | | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | | 555 | | 304 |
| 60. COMPUTED TOMOGRAPHY SCAN | | 1,950 | | 8,928 |
| 61. VASCULAR LAB | | 717 | | 726 |
| 62. ASC (NON-DISTINCT PART) | | 2,009 | | 9,258 |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | 3 | | |
| 64. EMERGENCY | | 6,072 | | 5,180 |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | 1,874 | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | | 108,034 | | 115,097 |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | 31 | | 1,539 |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | 647 | | 12,629 |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | 47 | | |
| 86. ADULT DAY SERVICES | | 2,579 | | 4,512 |
| 87. COMMUNITY FITNESS CENTER | | 92 | | 2,040 |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | | 111,430 | | 135,817 |

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CAPITAL RELATED COSTS
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 | | | | |
| 2. CAPITAL COSTS-EQUIPMENT | | | | |
| 3. EMPLOYEE BENEFITS | | | | |
| 4.1. NON-PATIENT TELEPHONE | | | | |
| 4.2. DATA PROCESSING | | | | |
| 4.3. PURCHASING | | | | |
| 4.4. ADMISSIONS | | | | |
| 4.5. BILLING/ COLLECTIONS | | | | |
| 4.6. OTHER ADMIN. AND GENERAL | | | | |
| 5. MAINTENANCE AND REPAIRS | | | | |
| 6. OPERATION OF PLANT | | | | |
| 7. LAUNDRY & LINEN SERVICES | 1,903 | | | |
| 8. HOUSEKEEPING | | 10,794 | | |
| 9. DIETARY | 25 | 270 | 26,988 | |
| 10. CAFETERIA | | 578 | 11,982 | 31,751 |
| 11. MAINTENANCE OF PERSONNEL | | | | |
| 12. NURSING ADMINISTRATION | | 39 | | 1,323 |
| 13. CENTRAL SERVICE & SUPPLY | 52 | 174 | | 294 |
| 14. PHARMACY | | 96 | | 735 |
| 15. MEDICAL RECORDS LIBRARY | | 96 | | 1,764 |
| 16. SOCIAL SERVICE | | 19 | | |
| 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 | 407 | 1,833 | 4,314 | 4,556 |
| 27. NURSERY | | | | |
| 28. ICU | 92 | 675 | 773 | 1,323 |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | 239 | 1,853 | 6,435 | 4,410 |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | 327 | 964 | | 1,470 |
| 38. RECOVERY ROOM | | | | 294 |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | 19 | | |
| 41. RADIOLOGY-DIAGNOSTIC | 34 | 675 | | 1,764 |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 3 | 39 | | 147 |
| 44. LABORATORY | 75 | 231 | | 2,646 |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | |

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CAPITAL RELATED COSTS
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| COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICES | HOUSEKEEPING | DIETARY | CAFETERIA |
|------------------------------------|---|--------------|---------|-----------|
| | (7) | (8) | (9) | (10) |
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | 77 | 280 | | 1,764 |
| 49. PHYSICAL THERAPY | 31 | 154 | | 2,940 |
| 50. OCCUPATIONAL THERAPY | | | | 294 |
| 51. SPEECH THERAPY | | | | 147 |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | 1 | 154 | | 294 |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | | | |
| 56. DRUGS CHARGED TO PATIENTS | | | | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | 27 | 77 | | 147 |
| 60. COMPUTED TOMOGRAPHY SCAN | 35 | 96 | | 441 |
| 61. VASCULAR LAB | 28 | 96 | | 294 |
| 62. ASC (NON-DISTINCT PART) | 113 | 771 | | 882 |
| OUTPATIENT SERVICES | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | 320 | 733 | | 2,499 |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| OTHER INPATIENT | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | 1,886 | 9,922 | 23,504 | 30,428 |
| NON-REIMBURSABLE COST | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | 19 | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | 564 | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | 17 | 289 | 1,994 | 1,323 |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | 1,005 | |
| 89. OUTPATIENT MEALS | | | 485 | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | %%% | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | 1,903 | 10,794 | 26,988 | 31,751 |

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| 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 | | | | |
| 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 | | 10,446 | | |
| 13. CENTRAL SERVICE & SUPPLY | | | 31,600 | |
| 14. PHARMACY | | | | 7,551 |
| 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 | | 3,633 | | |
| 27. NURSERY | | | | |
| 28. ICU | | 603 | | |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | | 3,058 | | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | | 1,479 | | |
| 38. RECOVERY ROOM | | 95 | | |
| 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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| 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 | | | 31,600 | |
| 56. DRUGS CHARGED TO PATIENTS | | | | 7,551 |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | | | | |
| 61. VASCULAR LAB | | | | |
| 62. ASC (NON-DISTINCT PART) | | | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | | 1,578 | | |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | | 10,446 | 31,600 | 7,551 |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | | 10,446 | 31,600 | 7,551 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

| COST CENTER DESCRIPTION | MEDICAL RECORDS LIBRARY (15) | SOCIAL SERVICE (16) | OTHER (SPECIFY) (17) | OTHER (SPECIFY) (18) |
|---|---|----------------------------|--------------------------------|--------------------------------|
| <u>GENERAL SERVICE</u> | | | | |
| 1. CAPITAL COSTS-BLDG & FIXTURES | | | | |
| 1.1. CAPITAL COSTS | | | | |
| 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 | 16,222 | | | |
| 16. SOCIAL SERVICE | | 2,276 | | |
| 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 | 2,267 | 796 | | |
| 27. NURSERY | | | | |
| 28. ICU | 406 | 137 | | |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | 3,382 | 1,184 | | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | | | | |
| 38. RECOVERY ROOM | | | | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | | | |
| 41. RADIOLOGY-DIAGNOSTIC | 3,963 | | | |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 71 | | | |
| 44. LABORATORY | | | | |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

| COST CENTER DESCRIPTION | MEDICAL RECORDS LIBRARY (15) | SOCIAL SERVICE (16) | OTHER (SPECIFY) (17) | OTHER (SPECIFY) (18) |
|-------------------------------------|---|----------------------------|--------------------------------|--------------------------------|
| 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. ULTRASOUND | 515 | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | 1,172 | | | |
| 61. VASCULAR LAB | 192 | | | |
| 62. ASC (NON-DISTINCT PART) | 1,368 | | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | 2,886 | 159 | | |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <u>OTHER INPATIENT</u> | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | 16,222 | 2,276 | | |
| <u>NON-REIMBURSABLE COST</u> | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | | | |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | 16,222 | 2,276 | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

| COST CENTER DESCRIPTION | OTHER (SPECIFY) | OTHER (SPECIFY) | NURSING SCHOOL | INTERN RESIDENT APPROVED PROG |
|----------------------------|--------------------|--------------------|----------------|-------------------------------------|
| | (19) | (20) | (21) | (22) |

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
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)

[REPEATED HORIZONTAL LINE PATTERNS FOR COLUMNS (21) AND (22)]

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

[REPEATED HORIZONTAL LINE PATTERNS FOR COLUMNS (21) AND (22)]

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

[REPEATED HORIZONTAL LINE PATTERNS FOR COLUMNS (21) AND (22)]

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

| COST CENTER DESCRIPTION | OTHER (SPECIFY) | OTHER (SPECIFY) | NURSING SCHOOL | INTERN RESIDENT APPROVED PROG |
|-------------------------------------|--------------------|--------------------|----------------|-------------------------------------|
| | (19) | (20) | (21) | (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. ULTRASOUND | | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | | | | |
| 61. VASCULAR LAB | | | | |
| 62. ASC (NON-DISTINCT PART) | | | | |
| <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. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <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. PHYSICIANS PRIVATE OFFICES | | | | |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | |
| 86. ADULT DAY SERVICES | | | | |
| 87. COMMUNITY FITNESS CENTER | | | | |
| 88. MEALS ON WHEELS | | | | |
| 89. OUTPATIENT MEALS | | | | |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | | | | |
| 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 | | | | 113,125 |
| 27. NURSERY | | | | |
| 28. ICU | | | | 33,417 |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | | | | 97,274 |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | | | | 35,568 |
| 38. RECOVERY ROOM | | | | 1,332 |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | | | 619 |
| 41. RADIOLOGY-DIAGNOSTIC | | | | 54,143 |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | | | | 8,600 |
| 44. LABORATORY | | | | 161,823 |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | 710 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

| COST CENTER DESCRIPTION | PARAMEDICAL ED (SPECIFY) | PARAMEDICAL ED (SPECIFY) | PARAMEDICAL ED (SPECIFY) | TOTAL |
|------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------|
| | (23) | (24) | (25) | (26) |
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | | | | 32,290 |
| 49. PHYSICAL THERAPY | | | | 85,165 |
| 50. OCCUPATIONAL THERAPY | | | | 1,017 |
| 51. SPEECH THERAPY | | | | 599 |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | | | | 9,027 |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | | | | 43,437 |
| 56. DRUGS CHARGED TO PATIENTS | | | | 11,037 |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | | | | 2,942 |
| 60. COMPUTED TOMOGRAPHY SCAN | | | | 62,681 |
| 61. VASCULAR LAB | | | | 5,197 |
| 62. ASC (NON-DISTINCT PART) | | | | 54,469 |
| OUTPATIENT SERVICES | | | | |
| 63. CLINIC | | | | 3 |
| 64. EMERGENCY | | | | 41,845 |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | 1,874 |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| OTHER INPATIENT | | | | |
| 75. SKILLED NURSING FACILITY | | | | |
| 76. INTERMEDIATE CARE FACILITY | | | | |
| 77. RESIDENTIAL TREATMENT FACILITY | | | | |
| 78. OTHER (SPECIFY) | | | | |
| 79. OTHER (SPECIFY) | | | | |
| 80. SUBTOTAL | | | | 858,194 |
| NON-REIMBURSABLE COST | | | | |
| 81. GIFT COFFEE SHOPS & CANTEEN | | | | 8,249 |
| 82. INVESTMENT PROPERTY | | | | |
| 83. PHYSICIANS PRIVATE OFFICES | | | | 151,037 |
| 84. INTERN/RES NON-APPRD PRGM SVS | | | | |
| 85. NON-PAID WORKER | | | | 47 |
| 86. ADULT DAY SERVICES | | | | 30,241 |
| 87. COMMUNITY FITNESS CENTER | | | | 14,462 |
| 88. MEALS ON WHEELS | | | | 1,005 |
| 89. OUTPATIENT MEALS | | | | 485 |
| 90. OTHER (SPECIFY) | | | | |
| 91. CROSSFOOT ADJUSTMENT | | | | |
| 92. NEGATIVE COST CENTER | | | | |
| 93. TOTAL | | | | 1,063,720 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | \$3,870,628 | | \$3,870,628 | | |
| 27. NURSERY | | | | | |
| 28. ICU | 1,167,306 | | 1,167,306 | | |
| 29. NICU | | | | | |
| 30. CCU | | | | | |
| 31. OTHER (SPECIFY) | | | | | |
| 32. OTHER (SPECIFY) | | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | | |
| 34. MED REHAB UNIT | | | | | |
| 35. PSYCH UNIT | 4,727,902 | | | 4,727,902 | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | | |
| TOTAL ROUTINE CARE | 9,765,836 | | 5,037,934 | 4,727,902 | |
| <u>ANCILLARY SERVICES</u> | | | | | |
| 37. OPERATING ROOM | 5,641,533 | 3,940,459 | 1,438,967 | 262,107 | |
| 38. RECOVERY ROOM | 1,419,327 | 536,865 | 236,317 | 646,145 | |
| 39. DELIVERY ROOM | | | | | |
| 40. ANESTHESIOLOGY | 2,288,101 | 1,489,620 | 798,481 | | |
| 41. RADIOLOGY-DIAGNOSTIC | 3,460,450 | 3,002,129 | 433,578 | 24,743 | |
| 42. RADIOLOGY-THERAPEUTIC | | | | | |
| 43. RADIOISOTOPE | 294,148 | 224,832 | 69,316 | | |
| 44. LABORATORY | 15,682,576 | 11,759,333 | 3,457,732 | 465,511 | |
| 45. WHOLE BLOOD | | | | | |
| 46. BLOOD STORING | 500,370 | 209,861 | 290,509 | | |
| 47. INTRAVENOUS THERAPY | | | | | |
| 48. RESPIRATORY THERAPY | 3,216,812 | 1,975,732 | 1,105,996 | 135,084 | |
| 49. PHYSICAL THERAPY | 6,793,415 | 6,365,347 | 349,813 | 78,255 | |
| 50. OCCUPATIONAL THERAPY | 757,571 | 478,018 | 235,739 | 43,814 | |
| 51. SPEECH THERAPY | 370,709 | 331,172 | 30,479 | 9,058 | |
| 52. OXYGEN THERAPY | | | | | |
| 53. ELECTROCARDIOLOGY | 1,034,908 | 546,349 | 440,474 | 48,085 | |
| 54. ELECTROENCEPHALOGRAPHY | | | | | |
| 55. MEDICAL SUPPLIES | 6,844,117 | 2,264,430 | 4,426,704 | 152,983 | |
| 56. DRUGS CHARGED TO PATIENTS | 3,567,469 | 1,286,584 | 1,494,027 | 786,858 | |
| 57. RENAL DIALYSIS | | | | | |
| 58. AUDIOLOGY | | | | | |
| 59. ULTRASOUND | 996,950 | 865,773 | 117,985 | 13,192 | |
| 60. COMPUTED TOMOGRAPHY SCAN | 5,570,314 | 4,274,224 | 1,244,294 | 51,796 | |
| 61. VASCULAR LAB | 1,622,114 | 794,138 | 818,939 | 9,037 | |
| 62. ASC (NON-DISTINCT PART) | 2,806,688 | 2,806,688 | | | |
| <u>OUTPATIENT SERVICES</u> | | | | | |
| 63. CLINIC | 18,732 | 18,332 | 400 | | |
| 64. EMERGENCY | 9,690,899 | 7,668,516 | 1,828,330 | 194,053 | |
| 65. PARTIAL HOSPITALIZATION | | | | | |
| 66. AMBULANCE SERVICES | | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | | |
| 68. HOME HEALTH AGENCY | | | | | |
| 69. SHORT PROCEDURE UNIT | | | | | |
| 70. OBSERVATION BEDS | 616,672 | 616,672 | | | |
| 71. GILBERT SATELITE | | | | | |
| 72. INTEREST EXPENSE | | | | | |
| 73. DIABETES EDUCATION | | | | | |
| 74. STEROTACTIC BIOPSY | | | | | |
| <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 | 73,193,875 | 51,455,074 | 18,818,080 | 2,920,721 | |
| 81. TOTAL | \$82,959,711 | \$51,455,074 | \$23,856,014 | \$7,648,623 | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | | | | 100.000000% | |
| 29. NICU | | | | | |
| 30. CCU | | | | | |
| 31. OTHER (SPECIFY) | | | | | |
| 32. OTHER (SPECIFY) | | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | | |
| 34. MED REHAB UNIT | | | | | |
| 35. PSYCH UNIT | | | | | 100.000000% |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | | |
| TOTAL ROUTINE CARE | | | | | |
| <u>ANCILLARY SERVICES</u> | | | | | |
| 37. OPERATING ROOM | | | 69.847309% | 25.506667% | 4.646024% |
| 38. RECOVERY ROOM | | | 37.825321% | 16.649934% | 45.524745% |
| 39. DELIVERY ROOM | | | | | |
| 40. ANESTHESIOLOGY | | | 65.102895% | 34.897105% | |
| 41. RADIOLOGY-DIAGNOSTIC | | | 86.755451% | 12.529526% | 0.715023% |
| 42. RADIOLOGY-THERAPEUTIC | | | | | |
| 43. RADIOISOTOPE | | | 76.434992% | 23.565008% | |
| 44. LABORATORY | | | 74.983427% | 22.048241% | 2.968332% |
| 45. WHOLE BLOOD | | | | | |
| 46. BLOOD STORING | | | 41.941164% | 58.058836% | |
| 47. INTRAVENOUS THERAPY | | | | | |
| 48. RESPIRATORY THERAPY | | | 61.418945% | 34.381742% | 4.199313% |
| 49. PHYSICAL THERAPY | | | 93.698780% | 5.149296% | 1.151924% |
| 50. OCCUPATIONAL THERAPY | | | 63.098772% | 31.117744% | 5.783484% |
| 51. SPEECH THERAPY | | | 89.334761% | 8.221813% | 2.443426% |
| 52. OXYGEN THERAPY | | | | | |
| 53. ELECTROCARDIOLOGY | | | 52.792036% | 42.561657% | 4.646307% |
| 54. ELECTROENCEPHALOGRAPHY | | | | | |
| 55. MEDICAL SUPPLIES | | | 33.085787% | 64.678965% | 2.235248% |
| 56. DRUGS CHARGED TO PATIENTS | | | 36.064336% | 41.879186% | 22.056478% |
| 57. RENAL DIALYSIS | | | | | |
| 58. AUDIOLOGY | | | | | |
| 59. ULTRASOUND | | | 86.842169% | 11.834595% | 1.323236% |
| 60. COMPUTED TOMOGRAPHY SCAN | | | 76.732191% | 22.337951% | 0.929858% |
| 61. VASCULAR LAB | | | 48.956978% | 50.485909% | 0.557113% |
| 62. ASC (NON-DISTINCT PART) | | | 100.000000% | | |
| <u>OUTPATIENT SERVICES</u> | | | | | |
| 63. CLINIC | | | 97.864617% | 2.135383% | |
| 64. EMERGENCY | | | 79.131111% | 18.866464% | 2.002425% |
| 65. PARTIAL HOSPITALIZATION | | | | | |
| 66. AMBULANCE SERVICES | | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | | |
| 68. HOME HEALTH AGENCY | | | | | |
| 69. SHORT PROCEDURE UNIT | | | | | |
| 70. OBSERVATION BEDS | | | 100.000000% | | |
| 71. GILBERT SATELITE | | | | | |
| 72. INTEREST EXPENSE | | | | | |
| 73. DIABETES EDUCATION | | | | | |
| 74. STEROTACTIC BIOPSY | | | | | |
| <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 | | | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
COMPUTATION OF RATIO OF DEPARTMENTAL
CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1

| COST CENTER DESCRIPTION | INPATIENT D & A UNIT RATIO (Col. 5 ÷ Col. 1) (11) | I/P MEDICAL REHAB. UNIT RATIO (Col. 6 ÷ Col. 1) (12) | OTHER I/P RATIO (Col. 7 ÷ Col. 1) (13) |
|---|---|--|---|
| <u>INPATIENT ROUTINE SERVICE</u> | | | |
| 26. GENERAL ROUTINE CARE | | | |
| 27. NURSERY | | | |
| 28. ICU | | | |
| 29. NICU | | | |
| 30. CCU | | | |
| 31. 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. ULTRASOUND | | | |
| 60. COMPUTED TOMOGRAPHY SCAN | | | |
| 61. VASCULAR LAB | | | |
| 62. ASC (NON-DISTINCT PART) | | | |
| <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. GILBERT SATELITE | | | |
| 72. INTEREST EXPENSE | | | |
| 73. DIABETES EDUCATION | | | |
| 74. STEROTACTIC BIOPSY | | | |
| <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 | | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

| COST CENTER DESCRIPTION | TOTAL COSTS (From Wkst. B-2, Col. 27) (1) | TOTAL O/P COSTS (Col. 1 x Wkst. C-1, Col. 8) (2) | I/P COSTS (Excluding units & other) (Col. 1 x Wkst. C-1, Col. 9) (3) | TOTAL I/P PSYCH. UNIT COSTS (Col. 1 x Wkst. C-1, Col. 10) (4) | TOTAL I/P D & A UNIT COSTS (Col. 1 x Wkst. C-1, Col. 11) (5) |
|---|--|---|---|--|---|
| <u>INPATIENT ROUTINE SERVICE</u> | | | | | |
| 26. GENERAL ROUTINE CARE | \$2,520,067 | | \$2,520,067 | | |
| 27. NURSERY | | | | | |
| 28. ICU | 1,197,014 | | 1,197,014 | | |
| 29. NICU | | | | | |
| 30. CCU | | | | | |
| 31. OTHER (SPECIFY) | | | | | |
| 32. OTHER (SPECIFY) | | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | | |
| 34. MED REHAB UNIT | | | | | |
| 35. PSYCH UNIT | 3,327,838 | | | 3,327,838 | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | | |
| TOTAL ROUTINE CARE | 7,044,919 | | 3,717,081 | 3,327,838 | |
| <u>ANCILLARY SERVICES</u> | | | | | |
| 37. OPERATING ROOM | 1,648,516 | 1,151,445 | 420,481 | 76,590 | |
| 38. RECOVERY ROOM | 263,361 | 99,618 | 43,849 | 119,894 | |
| 39. DELIVERY ROOM | | | | | |
| 40. ANESTHESIOLOGY | 29,523 | 19,220 | 10,303 | | |
| 41. RADIOLOGY-DIAGNOSTIC | 1,889,913 | 1,639,603 | 236,797 | 13,513 | |
| 42. RADIOLOGY-THERAPEUTIC | | | | | |
| 43. RADIOISOTOPE | 95,297 | 72,840 | 22,457 | | |
| 44. LABORATORY | 2,290,511 | 1,717,504 | 505,017 | 67,990 | |
| 45. WHOLE BLOOD | | | | | |
| 46. BLOOD STORING | 186,706 | 78,307 | 108,399 | | |
| 47. INTRAVENOUS THERAPY | | | | | |
| 48. RESPIRATORY THERAPY | 1,458,011 | 895,495 | 501,290 | 61,226 | |
| 49. PHYSICAL THERAPY | 2,670,595 | 2,502,315 | 137,517 | 30,763 | |
| 50. OCCUPATIONAL THERAPY | 195,872 | 123,593 | 60,951 | 11,328 | |
| 51. SPEECH THERAPY | 121,841 | 108,846 | 10,018 | 2,977 | |
| 52. OXYGEN THERAPY | | | | | |
| 53. ELECTROCARDIOLOGY | 161,259 | 85,131 | 68,635 | 7,493 | |
| 54. ELECTROENCEPHALOGRAPHY | | | | | |
| 55. MEDICAL SUPPLIES | 3,402,356 | 1,125,696 | 2,200,609 | 76,051 | |
| 56. DRUGS CHARGED TO PATIENTS | 1,875,880 | 676,524 | 785,603 | 413,753 | |
| 57. RENAL DIALYSIS | | | | | |
| 58. AUDIOLOGY | | | | | |
| 59. ULTRASOUND | 188,469 | 163,670 | 22,305 | 2,494 | |
| 60. COMPUTED TOMOGRAPHY SCAN | 711,254 | 545,760 | 158,880 | 6,614 | |
| 61. VASCULAR LAB | 221,856 | 108,614 | 112,006 | 1,236 | |
| 62. ASC (NON-DISTINCT PART) | 798,274 | 798,274 | | | |
| <u>OUTPATIENT SERVICES</u> | | | | | |
| 63. CLINIC | 843 | 825 | 18 | | |
| 64. EMERGENCY | 2,099,843 | 1,661,629 | 396,166 | 42,048 | |
| 65. PARTIAL HOSPITALIZATION | | | | | |
| 66. AMBULANCE SERVICES | | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | | |
| 68. HOME HEALTH AGENCY | | | | | |
| 69. SHORT PROCEDURE UNIT | | | | | |
| 70. OBSERVATION BEDS | 492,732 | 492,732 | | | |
| 71. GILBERT SATELLITE | | | | | |
| 72. INTEREST EXPENSE | | | | | |
| 73. DIABETES EDUCATION | | | | | |
| 74. STEROTACTIC BIOPSY | | | | | |
| <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 | 20,802,912 | 14,067,641 | 5,801,301 | 933,970 | |
| 81. TOTAL | \$27,847,831 | \$14,067,641 | \$9,518,382 | \$4,261,808 | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

| COST CENTER DESCRIPTION | TOTAL I/P MEDICAL REHAB. COSTS (Col. 1 x Wkst. C-1, Col. 12) (6) | OTHER I/P COSTS (Col. 1 x Wkst. C-1, Col. 13) (7) | I/P CHARGES (Excluding units & other) (From Wkst. C-1, Col. 3) (8) | PA M.A. I/P CHARGES (Excluding units & other) (9) | I/P PER DIEM (Col. 3 ÷ Col. 12) or MA I/P RATIO (Col. 9 ÷ Col. 8) (10) |
|---|---|---|---|---|---|
| <u>INPATIENT ROUTINE SERVICE</u> | | | | | |
| 26. GENERAL ROUTINE CARE | | | \$3,870,628 | \$357,253 | \$689.30 |
| 27. NURSERY | | | | | |
| 28. ICU | | | 1,167,306 | 66,488 | 1,827.50 |
| 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 | | | 5,037,934 | 423,741 | |
| <u>ANCILLARY SERVICES</u> | | | | | |
| 37. OPERATING ROOM | | | 1,438,967 | 173,095 | 12.03% |
| 38. RECOVERY ROOM | | | 236,317 | 25,569 | 10.82% |
| 39. DELIVERY ROOM | | | | | |
| 40. ANESTHESIOLOGY | | | 798,481 | | |
| 41. RADIOLOGY-DIAGNOSTIC | | | 433,578 | 39,314 | 9.07% |
| 42. RADIOLOGY-THERAPEUTIC | | | | | |
| 43. RADIOISOTOPE | | | 69,316 | 2,108 | 3.04% |
| 44. LABORATORY | | | 3,457,732 | 451,218 | 13.05% |
| 45. WHOLE BLOOD | | | | | |
| 46. BLOOD STORING | | | 290,509 | 6,076 | 2.09% |
| 47. INTRAVENOUS THERAPY | | | | | |
| 48. RESPIRATORY THERAPY | | | 1,105,996 | 82,096 | 7.42% |
| 49. PHYSICAL THERAPY | | | 349,813 | 11,150 | 3.19% |
| 50. OCCUPATIONAL THERAPY | | | 235,739 | 4,080 | 1.73% |
| 51. SPEECH THERAPY | | | 30,479 | | |
| 52. OXYGEN THERAPY | | | | | |
| 53. ELECTROCARDIOLOGY | | | 440,474 | 71,436 | 16.22% |
| 54. ELECTROENCEPHALOGRAPHY | | | | | |
| 55. MEDICAL SUPPLIES | | | 4,426,704 | 272,237 | 6.15% |
| 56. DRUGS CHARGED TO PATIENTS | | | 1,494,027 | 160,828 | 10.76% |
| 57. RENAL DIALYSIS | | | | | |
| 58. AUDIOLOGY | | | | | |
| 59. ULTRASOUND | | | 117,985 | 34,363 | 29.12% |
| 60. COMPUTED TOMOGRAPHY SCAN | | | 1,244,294 | 155,829 | 12.52% |
| 61. VASCULAR LAB | | | 818,939 | | |
| 62. ASC (NON-DISTINCT PART) | | | | | |
| <u>OUTPATIENT SERVICES</u> | | | | | |
| 63. CLINIC | | | 400 | | |
| 64. EMERGENCY | | | 1,828,330 | 245,629 | 13.43% |
| 65. PARTIAL HOSPITALIZATION | | | | | |
| 66. AMBULANCE SERVICES | | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | | |
| 68. HOME HEALTH AGENCY | | | | | |
| 69. SHORT PROCEDURE UNIT | | | | | |
| 70. OBSERVATION BEDS | | | | | |
| 71. GILBERT SATELITE | | | | | |
| 72. INTEREST EXPENSE | | | | | |
| 73. DIABETES EDUCATION | | | | | |
| 74. STEROTACTIC BIOPSY | | | | | |
| <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 | | | 18,818,080 | 1,735,028 | |
| 81. TOTAL | | | \$23,856,014 | \$2,158,769 | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | \$313,632 | 3,656 | 455.0 |
| 27. NURSERY | | | |
| 28. ICU | 42,033 | 655 | 23.0 |
| 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 | 355,665 | 4,311 | 478.0 |
| <u>ANCILLARY SERVICES</u> | | | |
| 37. OPERATING ROOM | 50,584 | | |
| 38. RECOVERY ROOM | 4,744 | | |
| 39. DELIVERY ROOM | | | |
| 40. ANESTHESIOLOGY | | | |
| 41. RADIOLOGY-DIAGNOSTIC | 21,477 | | |
| 42. RADIOLOGY-THERAPEUTIC | | | |
| 43. RADIOISOTOPE | 683 | | |
| 44. LABORATORY | 65,905 | | |
| 45. WHOLE BLOOD | | | |
| 46. BLOOD STORING | 2,266 | | |
| 47. INTRAVENOUS THERAPY | | | |
| 48. RESPIRATORY THERAPY | 37,196 | | |
| 49. PHYSICAL THERAPY | 4,387 | | |
| 50. OCCUPATIONAL THERAPY | 1,054 | | |
| 51. SPEECH THERAPY | | | |
| 52. OXYGEN THERAPY | | | |
| 53. ELECTROCARDIOLOGY | 11,133 | | |
| 54. ELECTROENCEPHALOGRAPHY | | | |
| 55. MEDICAL SUPPLIES | 135,337 | | |
| 56. DRUGS CHARGED TO PATIENTS | 84,531 | | |
| 57. RENAL DIALYSIS | | | |
| 58. AUDIOLOGY | | | |
| 59. ULTRASOUND | 6,495 | | |
| 60. COMPUTED TOMOGRAPHY SCAN | 19,892 | | |
| 61. VASCULAR LAB | | | |
| 62. ASC (NON-DISTINCT PART) | | | |
| <u>OUTPATIENT SERVICES</u> | | | |
| 63. CLINIC | | | |
| 64. EMERGENCY | 53,205 | | |
| 65. PARTIAL HOSPITALIZATION | | | |
| 66. AMBULANCE SERVICES | | | |
| 67. HOME PROGRAM DIALYSIS | | | |
| 68. HOME HEALTH AGENCY | | | |
| 69. SHORT PROCEDURE UNIT | | | |
| 70. OBSERVATION BEDS | | | |
| 71. GILBERT SATELITE | | | |
| 72. INTEREST EXPENSE | | | |
| 73. DIABETES EDUCATION | | | |
| 74. STEROTACTIC BIOPSY | | | |
| <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 | 498,889 | | |
| 81. TOTAL | \$854,554 | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190022
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
PSYCHIATRIC UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-3

| COST CENTER DESCRIPTION | TOTAL I/P PSYCH. COSTS (From Wkst. C-2, Col. 4) (1) | TOTAL I/P PSYCH. CHARGES (From Wkst. C-1, Col. 4) (2) | PA M.A. I/P PSYCH. CHARGES (3) | I/P PSYCH. PER DIEM (Col. 1 ÷ Col. 6) or M.A. I/P RATIO (Col 3 ÷ Col 2) (4) |
|-----------------------------------|--|--|---|--|
| 35. PSYCH UNIT | \$3,327,838 | \$4,727,902 | \$167,082 | \$610.05 |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | 76,590 | 262,107 | 6,607 | 2.52% |
| 38. RECOVERY ROOM | 119,894 | 646,145 | | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | | | |
| 41. RADIOLOGY-DIAGNOSTIC | 13,513 | 24,743 | 1,344 | 5.43% |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | | | | |
| 44. LABORATORY | 67,990 | 465,511 | 16,228 | 3.49% |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | | | | |
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | 61,226 | 135,084 | 5,945 | 4.40% |
| 49. PHYSICAL THERAPY | 30,763 | 78,255 | 2,828 | 3.61% |
| 50. OCCUPATIONAL THERAPY | 11,328 | 43,814 | 655 | 1.49% |
| 51. SPEECH THERAPY | 2,977 | 9,058 | 236 | 2.61% |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | 7,493 | 48,085 | 1,901 | 3.95% |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | 76,051 | 152,983 | 4,268 | 2.79% |
| 56. DRUGS CHARGED TO PATIENTS | 413,753 | 786,858 | 19,973 | 2.54% |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | 2,494 | 13,192 | 306 | 2.32% |
| 60. COMPUTED TOMOGRAPHY SCAN | 6,614 | 51,796 | 2,412 | 4.66% |
| 61. VASCULAR LAB | 1,236 | 9,037 | 218 | 2.41% |
| 62. ASC (NON-DISTINCT PART) | | | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | 42,048 | 194,053 | 8,390 | 4.32% |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| 80. TOTAL ANCILLARY, O/P & OTHER | 933,970 | 2,920,721 | 71,311 | |
| 81. TOTAL | \$4,261,808 | \$7,648,623 | \$238,393 | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190022
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
PSYCHIATRIC UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-3

| COST CENTER DESCRIPTION | PA M.A. I/P PSYCH. COSTS (Col. 4 x Col. 7) (Col. 1 x Col. 4) (5) | TOTAL PSYCH. DAYS (6) | PA M.A. PSYCH. DAYS (7) |
|-----------------------------------|--|------------------------------------|--------------------------------------|
| 35. PSYCH UNIT | \$112,859 | 5,455 | 185.0 |
| <u>ANCILLARY SERVICES</u> | | | |
| 37. OPERATING ROOM | 1,930 | | |
| 38. RECOVERY ROOM | | | |
| 39. DELIVERY ROOM | | | |
| 40. ANESTHESIOLOGY | | | |
| 41. RADIOLOGY-DIAGNOSTIC | 734 | | |
| 42. RADIOLOGY-THERAPEUTIC | | | |
| 43. RADIOISOTOPE | | | |
| 44. LABORATORY | 2,373 | | |
| 45. WHOLE BLOOD | | | |
| 46. BLOOD STORING | | | |
| 47. INTRAVENOUS THERAPY | | | |
| 48. RESPIRATORY THERAPY | 2,694 | | |
| 49. PHYSICAL THERAPY | 1,111 | | |
| 50. OCCUPATIONAL THERAPY | 169 | | |
| 51. SPEECH THERAPY | 78 | | |
| 52. OXYGEN THERAPY | | | |
| 53. ELECTROCARDIOLOGY | 296 | | |
| 54. ELECTROENCEPHALOGRAPHY | | | |
| 55. MEDICAL SUPPLIES | 2,122 | | |
| 56. DRUGS CHARGED TO PATIENTS | 10,509 | | |
| 57. RENAL DIALYSIS | | | |
| 58. AUDIOLOGY | | | |
| 59. ULTRASOUND | 58 | | |
| 60. COMPUTED TOMOGRAPHY SCAN | 308 | | |
| 61. VASCULAR LAB | 30 | | |
| 62. ASC (NON-DISTINCT PART) | | | |
| <u>OUTPATIENT SERVICES</u> | | | |
| 63. CLINIC | | | |
| 64. EMERGENCY | 1,816 | | |
| 65. PARTIAL HOSPITALIZATION | | | |
| 66. AMBULANCE SERVICES | | | |
| 67. HOME PROGRAM DIALYSIS | | | |
| 68. HOME HEALTH AGENCY | | | |
| 69. SHORT PROCEDURE UNIT | | | |
| 70. OBSERVATION BEDS | | | |
| 71. GILBERT SATELITE | | | |
| 72. INTEREST EXPENSE | | | |
| 73. DIABETES EDUCATION | | | |
| 74. STEROTACTIC BIOPSY | | | |
| 80. TOTAL ANCILLARY, O/P & OTHER | 24,228 | | |
| 81. TOTAL | \$137,087 | | |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | \$113,125 | \$113,125 | \$3,870,628 | \$357,253 |
| 27. NURSERY | | | | |
| 28. ICU | 33,417 | 33,417 | 1,167,306 | 66,488 |
| 29. NICU | | | | |
| 30. CCU | | | | |
| 31. OTHER (SPECIFY) | | | | |
| 32. OTHER (SPECIFY) | | | | |
| 33. EXTENDED CARE PSYCHIATRIC UNIT | | | | |
| 34. MED REHAB UNIT | | | | |
| 35. PSYCH UNIT | 97,274 | | | |
| 36. DRUG & ALCOHOL REHAB UNIT | | | | |
| TOTAL ROUTINE CARE | 243,816 | 146,542 | 5,037,934 | 423,741 |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | 35,568 | 9,072 | 1,438,967 | 173,095 |
| 38. RECOVERY ROOM | 1,332 | 222 | 236,317 | 25,569 |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | 619 | 216 | 798,481 | |
| 41. RADIOLOGY-DIAGNOSTIC | 54,143 | 6,784 | 433,578 | 39,314 |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 8,600 | 2,027 | 69,316 | 2,108 |
| 44. LABORATORY | 161,823 | 35,679 | 3,457,732 | 451,218 |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | 710 | 412 | 290,509 | 6,076 |
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | 32,290 | 11,102 | 1,105,996 | 82,096 |
| 49. PHYSICAL THERAPY | 85,165 | 4,385 | 349,813 | 11,150 |
| 50. OCCUPATIONAL THERAPY | 1,017 | 316 | 235,739 | 4,080 |
| 51. SPEECH THERAPY | 599 | 49 | 30,479 | |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | 9,027 | 3,842 | 440,474 | 71,436 |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | 43,437 | 28,095 | 4,426,704 | 272,237 |
| 56. DRUGS CHARGED TO PATIENTS | 11,037 | 4,622 | 1,494,027 | 160,828 |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | 2,942 | 348 | 117,985 | 34,363 |
| 60. COMPUTED TOMOGRAPHY SCAN | 62,681 | 14,002 | 1,244,294 | 155,829 |
| 61. VASCULAR LAB | 5,197 | 2,624 | 818,939 | |
| 62. ASC (NON-DISTINCT PART) | 54,469 | | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | 3 | | 400 | |
| 64. EMERGENCY | 41,845 | 7,895 | 1,828,330 | 245,629 |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | 1,874 | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <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 | 614,378 | 131,692 | 18,818,080 | 1,735,028 |
| 81. TOTAL | \$858,194 | \$278,234 | \$23,856,014 | \$2,158,769 |

Palmerton Hospital
PROVIDER NUMBER: 1007743190008
FOR THE PERIOD: 7/1/2011 TO 6/30/2012
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 | \$30.94 | \$14,078 | 3,656 | 455.0 |
| 27. NURSERY | | | | |
| 28. ICU | 51.02 | 1,173 | 655 | 23.0 |
| 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 | | 15,251 | 4,311 | 478.0 |
| <u>ANCILLARY SERVICES</u> | | | | |
| 37. OPERATING ROOM | 12.03% | 1,091 | | |
| 38. RECOVERY ROOM | 10.82% | 24 | | |
| 39. DELIVERY ROOM | | | | |
| 40. ANESTHESIOLOGY | | | | |
| 41. RADIOLOGY-DIAGNOSTIC | 9.07% | 615 | | |
| 42. RADIOLOGY-THERAPEUTIC | | | | |
| 43. RADIOISOTOPE | 3.04% | 62 | | |
| 44. LABORATORY | 13.05% | 4,656 | | |
| 45. WHOLE BLOOD | | | | |
| 46. BLOOD STORING | 2.09% | 9 | | |
| 47. INTRAVENOUS THERAPY | | | | |
| 48. RESPIRATORY THERAPY | 7.42% | 824 | | |
| 49. PHYSICAL THERAPY | 3.19% | 140 | | |
| 50. OCCUPATIONAL THERAPY | 1.73% | 5 | | |
| 51. SPEECH THERAPY | | | | |
| 52. OXYGEN THERAPY | | | | |
| 53. ELECTROCARDIOLOGY | 16.22% | 623 | | |
| 54. ELECTROENCEPHALOGRAPHY | | | | |
| 55. MEDICAL SUPPLIES | 6.15% | 1,728 | | |
| 56. DRUGS CHARGED TO PATIENTS | 10.76% | 497 | | |
| 57. RENAL DIALYSIS | | | | |
| 58. AUDIOLOGY | | | | |
| 59. ULTRASOUND | 29.12% | 101 | | |
| 60. COMPUTED TOMOGRAPHY SCAN | 12.52% | 1,753 | | |
| 61. VASCULAR LAB | | | | |
| 62. ASC (NON-DISTINCT PART) | | | | |
| <u>OUTPATIENT SERVICES</u> | | | | |
| 63. CLINIC | | | | |
| 64. EMERGENCY | 13.43% | 1,060 | | |
| 65. PARTIAL HOSPITALIZATION | | | | |
| 66. AMBULANCE SERVICES | | | | |
| 67. HOME PROGRAM DIALYSIS | | | | |
| 68. HOME HEALTH AGENCY | | | | |
| 69. SHORT PROCEDURE UNIT | | | | |
| 70. OBSERVATION BEDS | | | | |
| 71. GILBERT SATELITE | | | | |
| 72. INTEREST EXPENSE | | | | |
| 73. DIABETES EDUCATION | | | | |
| 74. STEROTACTIC BIOPSY | | | | |
| <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 | | 13,188 | | |
| 81. TOTAL | | \$28,439 | | |

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).

PALMERTON HOSPITAL

**REPORT DISTRIBUTION
FOR THE FISCAL YEAR ENDED JUNE 30, 2012**

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