

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

Wellspan Surgery and Rehabilitation
Hospital
Report Period July 1, 2012 – June 30, 2013

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
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**EUGENE A. DePASQUALE
AUDITOR GENERAL**

March 30, 2020

Mr. Michael O' Connor
Chief Financial Officer
Wellspan Health
3350 Whiteford, Road
York, PA 17402

Dear Mr. O'Connor:

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 Wellspan Surgery and Rehabilitation Hospital for the fiscal year ended June 30, 2013. 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 Medical Rehab Unit.

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

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

¹ PROMISe™ is a Web-based application for registered providers. PROMISe™ is a HIPAA-compliant claims processing and management information system. <http://dhs.pa.gov/learnaboutdhs/dpwonlineservices/> 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 Medical Rehab Unit detailed on the facility's submitted MA-336 Cost Report to the actual data supplied in the Cost Settlement Report dated 2/11/2020 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 Medical Rehab Unit detailed in the Cost Settlement Report dated 2/11/2020 provided by the DHS from PROMISE™. Refer to adjustments #1, #2, #5, #6 on the Amended Adjustment Report.
2. Compared total costs and total charges included in the facility's submitted MA-336 Cost Report to the total costs and total charges included in the facility's trial balance.
 - No adjustments were warranted as a result of this procedure.
3. Compared the number of beds available, number of bed days, and total inpatient days included in the facility's submitted MA-336 Cost Report to the corresponding numbers included in the facility's final accepted Medicare Cost Report.
 - No adjustments were warranted as a result of this procedure.
4. Compared the cost allocation statistics for the new Medical Rehab Unit, and in total, included on the facility's submitted MA-336 Cost Report to the cost allocation statistics included in the facility's final accepted Medicare Cost Report and the facility's documentation on statistics.
 - We determined a difference existed in the Social Services Statistic as a result of this procedure, and our final amended MA-336 cost report includes the numbers as detailed in the facility's supporting statistic documentation. Refer to adjustment # 3 on the Amended Adjustment Report.
5. Determined whether any costs were included in the facility's submitted MA-336 Cost Report "Capital Costs-Bldg" cost center for the new Medical Rehab Unit. Such costs are nonallowable per Chapter 1163, Subchapter B, 1163.453.
 - We determined such nonallowable costs were included in the facility's submitted MA-336 Cost Report "Capital Costs-Bldg" cost center for the new Medical Rehab Unit as a result of this procedure; therefore, these costs were excluded from our final amended MA-336 Cost Report. . Refer to adjustment # 4 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.

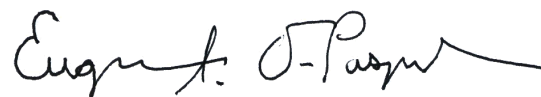
Based on the results of those procedures, and as communicated to DHS management, while we concluded that data related to paid MA charges as detailed in PROMISe™ were reliable, we concluded that the actual paid MA days and MA discharges data detailed in the PROMISe™ Cost Settlement Report, dated 2/11/2020, 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 the DHS to set the Medical Assistance reimbursement rate for this facility with a new Medical Rehab Unit, and is not intended to be, and should not be, used by anyone other than the specified party.

We appreciate the cooperation, assistance, and courtesy granted our representatives by your officials and the staff of Wellspan Health.

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:

Wellspan Surgery and Rehabilitation Hospital
45 Monument Drive, Suite 200
York, Pennsylvania 17403

PROVIDER NO.:

1027049030001
1027049030002

PERIOD:

07/01/2012 to 06/30/2013

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	S-2	4	1	1	<p>Inpatient Statistics MA Days</p> <p>General Care Unit Medical Rehabilitation Unit</p> <p>To adjust the reported MA Days to the paid MA Days per the Cost Settlement Report, dated 2/11/20.</p> <p>DHS 1163, Subchapter A, 1163.51 DHS 1163, Subchapter B, 1163.451</p>	21.0	32.0	53.0
			12			590.0	221.0	811.0
MA-336	S-2	10	9	2	<p>MA Discharges</p> <p>PA MA Discharges - DRG PA MA Discharges - Medical Rehab Unit</p> <p>To adjust the reported MA Discharges to the paid MA Discharges per the Cost Settlement Report, dated 2/11/20.</p> <p>DHS 1163, Subchapter A, 1163.51 DHS 1163, Subchapter B, 1163.451</p>	6.0	17.0	23.0
			12			24.0	21.0	45.0
MA336	B-1	26	16	3	<p>B-1 Statistical Adjustment</p> <p>General Routine Care</p> <p>To adjust the Social Services Statistic for proper cost reporting purposes.</p> <p>DHS 1163, Subchapter A, 1163.51</p>	104	900	1,004
MA336	C-2	34	1	4	<p>C-2 Cost Adjustment</p> <p>Medical Rehabilitation Unit</p> <p>To delete non-allowable Capital Costs on Buildings for new Medical Rehab Unit.</p> <p>DHS 1163, Subchapter B, 1163.453</p>	\$ 10,777,727	\$ (589,347)	\$ 10,188,380

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS:

Wellspan Surgery and Rehabilitation Hospital
45 Monument Drive, Suite 200
York, Pennsylvania 17403

PROVIDER NO.:

1027049030001
1027049030002

PERIOD:

07/01/2012 to 06/30/2013

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL			
FORM	SCHEDULE	LINE	COLUMN								
MA-336	C-2	26	9	5	Charge Adjustment DRG MA Charges						
		37			General Routine Care	\$17,426	\$13,504	\$30,930			
		38			Operating Room	\$333,362	\$258,326	\$591,688			
		40			Recovery Room	\$6,402	\$4,961	\$11,363			
		41			Anesthesiology	\$29,643	\$22,971	\$52,614			
		46			Radiology-Diagnostic	\$1,378	\$1,068	\$2,446			
		50			Laboratory	\$5,676	\$4,398	\$10,074			
		51			Respiratory Therapy	\$1,252	\$970	\$2,222			
		59			Physical Therapy	\$12,192	\$9,448	\$21,640			
					Drugs Charged to Patients	\$16,138	\$12,506	\$28,644			
					Total	\$423,469	\$328,152	\$751,621			
		<p>To adjust the MA Inpatient Charges to the paid MA Inpatient Charges per the Cost Settlement Report, dated 2/11/20. The MA Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Inpatient Charges.</p> <p>DHS 1163, Subchapter A, 1163.51</p>									
MA-336	C-7	34	3	6	Charge Adjustment MRU MA Charges						
		41			Medical Rehabilitation Unit	\$595,978	\$73,703	\$669,681			
		46			Radiology - Diagnostic	\$37,867	\$4,683	\$42,550			
		50			Laboratory	\$47,611	\$5,888	\$53,499			
		51			Respiratory Therapy	\$23,322	\$2,884	\$26,206			
		59			Physical Therapy	\$487,670	\$60,309	\$547,979			
					Drugs Charged to Patients	\$85,719	\$10,601	\$96,320			
					Total	\$1,278,167	\$158,068	\$1,436,235			
		<p>To adjust the MA Medical Rehab Unit Charges to the paid MA MRU Inpatient Charges per the Cost Settlement Report, dated 2/11/20. The MA MRU Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA MRU Inpatient Charges.</p> <p>DHS 1163, Subchapter B, 1163.451</p>									

**WELLSPAN SURGERY AND REHAB HOSPITAL
 AMENDED WORKSHEET S-1
 DETERMINATION OF PENNSYLVANIA M.A. REIMBURSABLE COST
 (Excluding SNF, ICF and RTF Data)**

		<u>PROVIDER NUMBER</u>		<u>PERIOD</u>	
		1027049030001		7/1/12 to 6/30/13	
PART I	ACUTE CARE AND FREESTANDING COST - REIMBURSED HOSPITALS	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM <small>(From Wkst. C-2, Col. 10) (2 decimal places)</small>	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST <small>(Col. 2 x Col. 3) (Round To Nearest \$)</small>
		TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS		
		(1)	(2)		
	1. GENERAL ROUTINE CARE	1,004	53.0	\$3,200.85	\$169,645
	2. NURSERY				
	3. INTENSIVE CARE UNIT				
	4. NEONATE INTENSIVE CARE UNIT				
	5. CORONARY CARE UNIT				
	6. OTHER				
	7. OTHER				
	8. EXTENDED CARE PSYCH UNIT				
	9. SUB-TOTAL (1-8)	1,004	53.0		\$169,645
	10. PA M.A. ANCILLARY SERVICE COST (From Wkst. C-2, Line 80, Col. 11)				\$446,376
	11. TOTAL PA M.A. REIMBURSABLE COST (Sum of Lines 9 & 10, Col. 4)				\$616,021
	12. NET GAIN (OR LOSS) FROM DISPOSAL OF CAPITAL ASSETS IN A PRIOR YEAR (SEE PAGE 38 OF INSTRUCTIONS FOR CLARIFICATION)				
	13. OTHER ADJUSTMENT (SPECIFY)				
	14. OTHER ADJUSTMENT (SPECIFY)				
	15. TOTAL ADJUSTMENTS (SUM OF LINES 12 - 14)				
	16. ADJUSTED PA M.A. REIMBURSABLE COST (LINE 11 PLUS OR MINUS LINE 15)				\$616,021

		<u>PROVIDER NUMBER</u>		<u>PERIOD</u>	
		1027049030001		7/1/12 to 6/30/13	
PART II	PSYCHIATRIC UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM <small>(From Wkst C-3, Col. 4, Line 35) (2 decimal places)</small>	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST <small>(Col. 2 x Col. 3) (Round To Nearest \$)</small>
		TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS		
		(1)	(2)		
	1. PSYCHIATRIC UNIT INPATIENT SERVICES				
	2. PSYCHIATRIC UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-3, Line 80, Col. 5)				
	3. TOTAL PA M.A. PSYCHIATRIC UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				
	4. APPLICABLE ADJUSTMENT (Specify)				
	5. ADJUSTED PA M.A. PSYCHIATRIC UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				

**WELLSPAN SURGERY AND REHAB HOSPITAL
 AMENDED WORKSHEET S-1
 DETERMINATION OF PENNSYLVANIA M.A. REIMBURSABLE COST
 (Excluding SNF, ICF and RTF Data)**

		PROVIDER NUMBER	PERIOD
PART III			7/1/12 to 6/30/13
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)
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	(1)	(2)	(3)
1. DRUG & ALCOHOL REHAB. UNIT INPATIENT SERVICES			(4)
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
		1027049030002	7/1/12 to 6/30/13
PART IV	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM (From Wkst. C-7, Col. 4, Line 34) (2 decimal places)
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	(1)	(2)	(3)
1. MEDICAL REHABILITATION UNIT INPATIENT SERVICES	11,209	811.0	\$908.95
2. MEDICAL REHABILITATION UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-7, Line 80, Col. 5)			\$528,013
3. TOTAL PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)			\$1,265,171
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 \$)
GENERAL HOSPITAL EXCLUDED UNITS & FREESTANDING SPECIALTY HOSPITALS PA M.A. MEDICAL EDUCATION COSTS	(1)	(2)	(3)	(4)

WELLSPAN SURGERY AND REHAB HOSPITAL

PROVIDER NUMBER: 1027049030001

1027049030002

FOR THE PERIOD: 7/1/12 TO 6/30/13

HOSPITAL AND HOSPITAL - HEALTH

CARE COMPLEX STATISTICAL DATA

(Excluding SNF and ICF facility Data)

AMENDED WORKSHEET S-2

INPATIENT BED COMPLEMENT AND OCCUPANCY	GENERAL ROUTINE CARE (1)	NURSERY (2)	INTENSIVE CARE UNIT (3)	NEONATE INTENSIVE CARE UNIT (4)	CORONARY CARE UNIT (5)	OTHER (6)	OTHER (7)	EXTENDED CARE PSYCH UNIT (8)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD)	25							
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	9,125							
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	1,004							
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	53.0							
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)	

WELLSPAN SURGERY AND REHAB HOSPITAL

PROVIDER NUMBER: 1027049030001

1027049030002

FOR THE PERIOD: 7/1/12 TO 6/30/13

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)	25			48	73
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	9,125			17,250	26,375
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	1,004			11,209	12,213
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	53.0			811.0	864.0
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	467			902	1,369
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD	6			24	30
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	467			902	1,369
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	23			45	68

STATISTICAL					
11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.)	0.0528			0.0724	0.0707
12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.)	0.1100			0.6498	0.4631
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	2.1499			12.4268	8.9211
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0)	124.2			57.3	181.5

**WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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		\$2,086,568	\$2,086,568	\$2,876,784	\$4,963,352
1.1. CAPITAL COSTS					
2. CAPITAL COSTS-EQUIPMENT		2,810,368	2,810,368	5,736	2,816,104
3. EMPLOYEE BENEFITS					
4.1. NON-PATIENT TELEPHONE					
4.2. DATA PROCESSING					
4.3. PURCHASING	148,888	80,461	229,349	(353)	228,996
4.4. ADMISSIONS					
4.5. BILLING/ COLLECTIONS					
4.6. OTHER ADMIN. AND GENERAL	936,921	2,988,967	3,925,888	1,071,527	4,997,415
5. MAINTENANCE AND REPAIRS					
6. OPERATION OF PLANT	473,400	1,067,640	1,541,040	615,376	2,156,416
7. LAUNDRY & LINEN SERVICES					
8. HOUSEKEEPING	308,436	348,120	656,556	(123,782)	532,774
9. DIETARY	632,180	731,030	1,363,210	(726,337)	636,873
10. CAFETERIA	41,116	90,326	131,442	726,073	857,515
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION					
13. CENTRAL SERVICE & SUPPLY	206,468	365,302	571,770		571,770
14. PHARMACY					
15. MEDICAL RECORDS LIBRARY	82,574	31,331	113,905		113,905
16. SOCIAL SERVICE	323,094	146,482	469,576		469,576
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	1,389,745	559,777	1,949,522	(608,818)	1,340,704
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCH UNIT					
34. MED REHAB UNIT	3,019,923	1,753,728	4,773,651	(13,191)	4,760,460
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
ANCILLARY SERVICES					
37. OPERATING ROOM	1,266,093	5,860,721	7,126,814	(3,688,162)	3,438,652
38. RECOVERY ROOM	444,693	205,878	650,571	402,550	1,053,121
39. DELIVERY ROOM					
40. ANESTHESIOLOGY		119,885	119,885	(833)	119,052
41. RADIOLOGY-DIAGNOSTIC	113,608	62,424	176,032	(58,837)	117,195
42. RADIOLOGY-THERAPEUTIC				16,856	16,856
43. RADIOISOTOPE				596,604	596,604
44. CT SCAN				45,983	45,983
45. MRI				6,620	6,620
46. LABORATORY		394,914	394,914	(17,982)	376,932

**WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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. WHOLE BLOOD AND PACKED RBC					
48. BLOOD STORAGE PROC TRANS				18,262	18,262
49. INTRAVENOUS THERAPY					
50. RESPIRATORY THERAPY	400,181	137,249	537,430	(29,547)	507,883
51. PHYSICAL THERAPY	2,138,330	842,338	2,980,668	(1,518,588)	1,462,080
52. OCCUPATIONAL THERAPY				1,157,349	1,157,349
53. SPEECH THERAPY				361,484	361,484
54. OXYGEN THERAPY					
55. ELECTROCARDIOLOGY (EKG)				24,548	24,548
56. ELECTROENCEPHALOGRAPHY				389	389
57. MEDICAL SUPPLIES CHARGED TO PAT				1,534,428	1,534,428
58. IMPL DEV CHARGED TO PATIENTS				2,469,130	2,469,130
59. DRUGS CHARGED TO PATIENTS		1,247,389	1,247,389	(586,624)	660,765
60. RENAL DIALYSIS					
61. AUDIOLOGY					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC				57	57
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. SUBTOTAL	11,925,650	21,930,898	33,856,548	4,556,702	38,413,250
<u>NON-REIMBURSABLE COST</u>					
81. GIFT COFFEE SHOPS & CANTEEN					
82. INVESTMENT PROPERTY					
83. RESEARCH					
84. HEARING AID CENTER					
85. PHYSICIANS PRIVATE OFFICES					
86. INTERN/RES NON-APPRD PRGM SVS					
87. NON-PAID WORKER					
88. INTEREST EXPENSE		4,556,702	4,556,702	(4,556,702)	
89. OTHER (SPECIFY)					
90. OTHER (SPECIFY)					
91. TOTAL	\$11,925,650	\$26,487,600	\$38,413,250		\$38,413,250

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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	(\$2,876,784)	\$2,086,568		\$2,086,568
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT	163,244	2,979,348		2,979,348
3. EMPLOYEE BENEFITS	374,308	374,308		374,308
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING		228,996		228,996
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	1,187,659	6,185,074		6,185,074
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		2,156,416		2,156,416
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING		532,774		532,774
9. DIETARY	(162,098)	474,775		474,775
10. CAFETERIA		857,515		857,515
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY		571,770		571,770
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY		113,905		113,905
16. SOCIAL SERVICE		469,576		469,576
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		1,340,704		1,340,704
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT		4,760,460		4,760,460
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		3,438,652		3,438,652
38. RECOVERY ROOM		1,053,121		1,053,121
39. DELIVERY ROOM				
40. ANESTHESIOLOGY		119,052		119,052
41. RADIOLOGY-DIAGNOSTIC		117,195		117,195
42. RADIOLOGY-THERAPEUTIC		16,856		16,856
43. RADIOISOTOPE		596,604		596,604
44. CT SCAN		45,983		45,983
45. MRI		6,620		6,620
46. LABORATORY		376,932		376,932

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS		18,262		18,262
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY		507,883		507,883
51. PHYSICAL THERAPY		1,462,080		1,462,080
52. OCCUPATIONAL THERAPY		1,157,349		1,157,349
53. SPEECH THERAPY		361,484		361,484
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)		24,548		24,548
56. ELECTROENCEPHALOGRAPHY		389		389
57. MEDICAL SUPPLIES CHARGED TO PAT		1,534,428		1,534,428
58. IMPL DEV CHARGED TO PATIENTS		2,469,130		2,469,130
59. DRUGS CHARGED TO PATIENTS		660,765		660,765
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC		57		57
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	(1,313,671)	37,099,579		37,099,579
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. TOTAL	(\$1,313,671)	\$37,099,579		\$37,099,579

**WELLSPAN SURGERY AND REHAB
 HOSPITAL
 PROVIDER NUMBER: 1027049030001
 FOR THE PERIOD: 7/1/12 TO 6/30/13
 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)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	121,155			
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT			4,896,936	
3. EMPLOYEE BENEFITS				11,925,650
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING	2,445			148,888
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	5,880		3,363,444	936,921
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	8,979			473,400
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	1,522			308,436
9. DIETARY	7,400			632,180
10. CAFETERIA				41,116
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY	6,072			206,468
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	994			82,574
16. SOCIAL SERVICE	278			323,094
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	17,860		128,653	945,977
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT	34,220		307,231	2,973,521
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	14,289		634,743	743,369
38. RECOVERY ROOM	8,650		15,855	727,971
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	411		44,193	
41. RADIOLOGY-DIAGNOSTIC	1,717		192,311	80,689
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				31,405
45. MRI				
46. LABORATORY			46,990	

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY			38,568	381,123
51. PHYSICAL THERAPY	9,264		65,554	1,046,052
52. OCCUPATIONAL THERAPY				831,543
53. SPEECH THERAPY				260,920
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				18,421
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PAT				381,607
58. IMPL DEV CHARGED TO PATIENTS				348,395
59. DRUGS CHARGED TO PATIENTS	1,174		59,394	1,580
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	121,155		4,896,936	11,925,650
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	121,155		4,896,936	11,925,650
94. COST TO BE ALLOCATED(B-2)	2,086,568		2,979,348	374,308
95. UNIT COST MULTIPLIER (B-2)	17.222302		0.608411	0.031387
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

WELLSPAN SURGERY AND REHAB
HOSPITAL
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FOR THE PERIOD: 7/1/12 TO 6/30/13
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)
<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			2,031,650	
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL			19,394	
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT			167,109	
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING			37,145	
9. DIETARY			59,751	
10. CAFETERIA			8,276	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY			259,997	
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY			877	
16. SOCIAL SERVICE			2,126	
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			35,134	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT			141,103	
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM			1,171,286	
38. RECOVERY ROOM			37,493	
39. DELIVERY ROOM				
40. ANESTHESIOLOGY			59,631	
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY			604	

WELLSPAN SURGERY AND REHAB
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FOR THE PERIOD: 7/1/12 TO 6/30/13
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING	ADMISSIONS
	(# LINES) (4.1)	(MACH TIME) (4.2)	(COST OF) (4.3)	(GROSS I/P) (4.4)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY			4,946	
51. PHYSICAL THERAPY			25,686	
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA				
58. IMPL DEV CHARGED TO PATIENTS				
59. DRUGS CHARGED TO PATIENTS			1,092	
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			2,031,650	
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC			2,031,650	
94. COST TO BE ALLOCATED(B-2)			275,778	
95. UNIT COST MULTIPLIER (B-2)			0.135741	
96. COST TO BE ALLOCATED(B-3)			42,462	
97. UNIT COST MULTIPLIER (B-3)			0.020900	

WELLSPAN SURGERY AND REHAB
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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(CHARGES) (4.5)	(ACCUM.COST) (4.6)	(SQ FT) (5)	(SQ FT) (6)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
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		28,734,842		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		2,348,598		103,851
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING		573,709		1,522
9. DIETARY		630,173		7,400
10. CAFETERIA		859,929		
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY		718,116		6,072
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY		133,735		994
16. SOCIAL SERVICE		484,794		278
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		1,761,025		17,860
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT		5,649,213		34,220
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		4,253,250		14,289
38. RECOVERY ROOM		1,239,678		8,650
39. DELIVERY ROOM				
40. ANESTHESIOLOGY		161,112		411
41. RADIOLOGY-DIAGNOSTIC		266,303		1,717
42. RADIOLOGY-THERAPEUTIC		16,856		
43. RADIOISOTOPE		596,604		
44. CT SCAN		46,969		
45. MRI		6,620		
46. LABORATORY		405,603		

WELLSPAN SURGERY AND REHAB
HOSPITAL
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FOR THE PERIOD: 7/1/12 TO 6/30/13
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(CHARGES) (4.5)	(ACCUM.COST) (4.6)	(SQ FT) (5)	(SQ FT) (6)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS		18,262		
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY		543,981		
51. PHYSICAL THERAPY		1,697,830		9,264
52. OCCUPATIONAL THERAPY		1,183,449		
53. SPEECH THERAPY		369,673		
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)		25,126		
56. ELECTROENCEPHALOGRAPHY		389		
57. MEDICAL SUPPLIES CHARGED TO PA		1,546,405		
58. IMPL DEV CHARGED TO PATIENTS		2,480,065		
59. DRUGS CHARGED TO PATIENTS		717,318		1,174
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC		57		
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		28,734,842		103,851
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC		28,734,842		103,851
94. COST TO BE ALLOCATED(B-2)		8,364,737		3,032,277
95. UNIT COST MULTIPLIER (B-2)		0.291101		29.198342
96. COST TO BE ALLOCATED(B-3)		234,100		177,266
97. UNIT COST MULTIPLIER (B-3)		0.008147		1.706926

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(LBS OF LA) (7)	(HSKPG HRS) (8)	(MEALS SER) (9)	(MEALS SER) (10)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
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		25,049		
9. DIETARY		621	46,401	
10. CAFETERIA				1,509
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY		1,830		47
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY		84		21
16. SOCIAL SERVICE		60		45
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		5,383	3,800	129
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT		7,366	42,601	573
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		4,307		117
38. RECOVERY ROOM		2,607		96
39. DELIVERY ROOM				
40. ANESTHESIOLOGY		124		
41. RADIOLOGY-DIAGNOSTIC		370		16
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				3
45. MRI				
46. LABORATORY				

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY		1,994		58
52. OCCUPATIONAL THERAPY				140
53. SPEECH THERAPY				113
54. OXYGEN THERAPY				36
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				3
57. MEDICAL SUPPLIES CHARGED TO PA				58
58. IMPL DEV CHARGED TO PATIENTS				54
59. DRUGS CHARGED TO PATIENTS		303		
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		25,049	46,401	1,509
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC		25,049	46,401	1,509
94. COST TO BE ALLOCATED(B-2)		785,156	1,049,150	1,110,255
95. UNIT COST MULTIPLIER (B-2)		31.344804	22.610504	735.755467
96. COST TO BE ALLOCATED(B-3)		34,260	147,572	7,179
97. UNIT COST MULTIPLIER (B-3)		1.367719	3.180362	4.757455

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
COST ALLOCATION
STATISTICAL BASIS
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)
<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			1,000	
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE			10	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT			180	
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM			200	
38. RECOVERY ROOM			20	
39. DELIVERY ROOM				
40. ANESTHESIOLOGY			30	
41. RADIOLOGY-DIAGNOSTIC			10	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE			30	
44. CT SCAN			10	
45. MRI				
46. LABORATORY			30	

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(NO. HOUSED) (11)	(HOURS OF) (12)	(COST REQ) (13)	(COST REQ) (14)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY			20	
51. PHYSICAL THERAPY			80	
52. OCCUPATIONAL THERAPY			70	
53. SPEECH THERAPY			20	
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA			90	
58. IMPL DEV CHARGED TO PATIENTS			170	
59. DRUGS CHARGED TO PATIENTS			30	
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			1,000	
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC			1,000	
94. COST TO BE ALLOCATED(B-2)			1,196,394	
95. UNIT COST MULTIPLIER (B-2)			1196.394000	
96. COST TO BE ALLOCATED(B-3)			128,949	
97. UNIT COST MULTIPLIER (B-3)			128.949000	

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (15)	SOCIAL SERVICE (TIME) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
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	100			
16. SOCIAL SERVICE		12,261		
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	1,004		
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT	18	11,257		
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	20			
38. RECOVERY ROOM	2			
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	3			
41. RADIOLOGY-DIAGNOSTIC	1			
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE	3			
44. CT SCAN	1			
45. MRI				
46. LABORATORY	3			

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (15)	SOCIAL SERVICE (TIME) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY		2		
51. PHYSICAL THERAPY		8		
52. OCCUPATIONAL THERAPY		7		
53. SPEECH THERAPY		2		
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA		9		
58. IMPL DEV CHARGED TO PATIENTS		17		
59. DRUGS CHARGED TO PATIENTS		3		
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	100	12,261		
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	100	12,261		
94. COST TO BE ALLOCATED(B-2)	219,772	669,025		
95. UNIT COST MULTIPLIER (B-2)	2197.720000	54.565288		
96. COST TO BE ALLOCATED(B-3)	20,139	9,553		
97. UNIT COST MULTIPLIER (B-3)	201.390000	0.779137		

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

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

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
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 PSYCH 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. CT SCAN
45. MRI
46. LABORATORY

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA				
58. IMPL DEV CHARGED TO PATIENTS				
59. DRUGS CHARGED TO PATIENTS				
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC				
94. COST TO BE ALLOCATED(B-2)				
95. UNIT COST MULTIPLIER (B-2)				
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

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

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
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 PSYCH 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. CT SCAN
45. MRI
46. LABORATORY

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICAL ED	PARAMEDICAL ED	PARAMEDICAL ED
	(SPECIFY)	(SPECIFY)	(SPECIFY)
	(TIME)	(TIME)	(TIME)
	(23)	(24)	(25)
47. WHOLE BLOOD AND PACKED RBC			
48. BLOOD STORAGE PROC TRANS			
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY			
51. PHYSICAL THERAPY			
52. OCCUPATIONAL THERAPY			
53. SPEECH THERAPY			
54. OXYGEN THERAPY			
55. ELECTROCARDIOLOGY (EKG)			
56. ELECTROENCEPHALOGRAPHY			
57. MEDICAL SUPPLIES CHARGED TO PA			
58. IMPL DEV CHARGED TO PATIENTS			
59. DRUGS CHARGED TO PATIENTS			
60. RENAL DIALYSIS			
61. AUDIOLOGY			
62. OTHER (SPECIFY)			
OUTPATIENT SERVICES			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
OTHER INPATIENT			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. SUBTOTAL			
NON-REIMBURSABLE COST			
81. GIFT COFFEE SHOPS & CANTEEN			
82. INVESTMENT PROPERTY			
83. RESEARCH			
84. HEARING AID CENTER			
85. PHYSICIANS PRIVATE OFFICES			
86. INTERN/RES NON-APPRD PRGM SVS			
87. NON-PAID WORKER			
88. INTEREST EXPENSE			
89. OTHER (SPECIFY)			
90. OTHER (SPECIFY)			
91. CROSSFOOT ADJUSTMENT			
92. NEGATIVE COST CENTER			
93. TOTAL STATISTIC			
94. COST TO BE ALLOCATED(B-2)			
95. UNIT COST MULTIPLIER (B-2)			
96. COST TO BE ALLOCATED(B-3)			
97. UNIT COST MULTIPLIER (B-3)			

**WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2**

COST CENTER DESCRIPTION	NET EXPENSES (0)	CAPITAL COSTS- BLDG & FIXTURES (1)	CAPITAL COSTS (1.1)	CAPITAL COSTS- EQUIPMENT (2)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	2,086,568	2,086,568		
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT	2,979,348			2,979,348
3. EMPLOYEE BENEFITS	374,308			
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING	228,996	42,109		
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	6,185,074	101,267		2,046,356
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	2,156,416	154,639		
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	532,774	26,212		
9. DIETARY	474,775	127,445		
10. CAFETERIA	857,515			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY	571,770	104,574		
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	113,905	17,119		
16. SOCIAL SERVICE	469,576	4,788		
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	1,340,704	307,591		78,272
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT	4,760,460	589,347		186,923
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	3,438,652	246,089		386,185
38. RECOVERY ROOM	1,053,121	148,973		9,646
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	119,052	7,078		26,888
41. RADIOLOGY-DIAGNOSTIC	117,195	29,571		117,004
42. RADIOLOGY-THERAPEUTIC	16,856			
43. RADIOISOTOPE	596,604			
44. CT SCAN	45,983			
45. MRI	6,620			
46. LABORATORY	376,932			28,589

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	NET EXPENSES (0)	CAPITAL COSTS- BLDG & FIXTURES (1)	CAPITAL COSTS (1.1)	CAPITAL COSTS- EQUIPMENT (2)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS	18,262			
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY	507,883			23,465
51. PHYSICAL THERAPY	1,462,080	159,547		39,884
52. OCCUPATIONAL THERAPY	1,157,349			
53. SPEECH THERAPY	361,484			
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)	24,548			
56. ELECTROENCEPHALOGRAPHY	389			
57. MEDICAL SUPPLIES CHARGED TO PA	1,534,428			
58. IMPL DEV CHARGED TO PATIENTS	2,469,130			
59. DRUGS CHARGED TO PATIENTS	660,765	20,219		36,136
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC	57			
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	37,099,579	2,086,568		2,979,348
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	37,099,579	2,086,568		2,979,348

**WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2**

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS (3)	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS	374,308			
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING	4,673			275,778
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	29,407			2,633
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	14,859			22,684
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	9,681			5,042
9. DIETARY	19,842			8,111
10. CAFETERIA	1,291			1,123
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY	6,480			35,292
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	2,592			119
16. SOCIAL SERVICE	10,141			289
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	29,689			4,769
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT	93,330			19,153
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	23,332			158,992
38. RECOVERY ROOM	22,849			5,089
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				8,094
41. RADIOLOGY-DIAGNOSTIC	2,533			
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN	986			
45. MRI				
46. LABORATORY				82

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS (3)	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY	11,962			671
51. PHYSICAL THERAPY	32,832			3,487
52. OCCUPATIONAL THERAPY	26,100			
53. SPEECH THERAPY	8,189			
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)	578			
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA	11,977			
58. IMPL DEV CHARGED TO PATIENTS	10,935			
59. DRUGS CHARGED TO PATIENTS	50			148
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	374,308			275,778
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	374,308			275,778

**WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2**

COST CENTER DESCRIPTION	ADMISSIONS (4.4)	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)
<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			8,364,737	
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT			683,679	
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING			167,007	
9. DIETARY			183,444	
10. CAFETERIA			250,326	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY			209,044	
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY			38,930	
16. SOCIAL SERVICE			141,124	
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			512,634	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT			1,644,492	
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM			1,238,125	
38. RECOVERY ROOM			360,872	
39. DELIVERY ROOM				
40. ANESTHESIOLOGY			46,900	
41. RADIOLOGY-DIAGNOSTIC			77,521	
42. RADIOLOGY-THERAPEUTIC			4,907	
43. RADIOISOTOPE			173,672	
44. CT SCAN			13,673	
45. MRI			1,927	
46. LABORATORY			118,071	


WELLSPAN SURGERY AND REHAB
HOSPITAL
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FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	ADMISSIONS (4.4)	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS			5,316	
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY			158,353	
51. PHYSICAL THERAPY			494,240	
52. OCCUPATIONAL THERAPY			344,503	
53. SPEECH THERAPY			107,612	
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)			7,314	
56. ELECTROENCEPHALOGRAPHY			113	
57. MEDICAL SUPPLIES CHARGED TO PA			450,160	
58. IMPL DEV CHARGED TO PATIENTS			721,949	
59. DRUGS CHARGED TO PATIENTS			208,812	
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC			17	
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			8,364,737	
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL			8,364,737	

**WELLSPAN SURGERY AND REHAB
HOSPITAL
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FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2**

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
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	3,032,277			
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	44,440		785,156	
9. DIETARY	216,068		19,465	1,049,150
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY	177,292		57,361	
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	29,023		2,633	
16. SOCIAL SERVICE	8,117		1,881	
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	521,482		168,728	85,920
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT	999,167		230,886	963,230
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	417,215		135,002	
38. RECOVERY ROOM	252,566		81,716	
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	12,001		3,887	
41. RADIOLOGY-DIAGNOSTIC	50,134		11,598	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY				

WELLSPAN SURGERY AND REHAB
HOSPITAL
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FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	OPERATION OF PLANT (6)	LAUNDRY & LINEN SERVICES (7)	HOUSEKEEPING (8)	DIETARY (9)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY	270,493		62,502	
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA				
58. IMPL DEV CHARGED TO PATIENTS				
59. DRUGS CHARGED TO PATIENTS	34,279		9,497	
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	3,032,277		785,156	1,049,150
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	3,032,277		785,156	1,049,150

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
**ALLOCATION OF
 GENERAL SERVICE COSTS
 AMENDED WORKSHEET B-2**

COST CENTER DESCRIPTION	CAFETERIA (10)	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	CENTRAL SERVICE & SUPPLY (13)
<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	1,110,255			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY	34,581			1,196,394
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	15,451			
16. SOCIAL SERVICE	33,109			
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	94,912			11,964
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT	421,588			215,351
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	86,083			239,279
38. RECOVERY ROOM	70,633			23,928
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				35,892
41. RADIOLOGY-DIAGNOSTIC	11,772			11,964
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				35,892
44. CT SCAN	2,207			11,964
45. MRI				
46. LABORATORY				35,892

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	CAFETERIA (10)	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	CENTRAL SERVICE & SUPPLY (13)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY	42,674			23,928
51. PHYSICAL THERAPY	103,006			95,712
52. OCCUPATIONAL THERAPY	83,140			83,748
53. SPEECH THERAPY	26,487			23,928
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)	2,207			
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA	42,674			107,675
58. IMPL DEV CHARGED TO PATIENTS	39,731			203,387
59. DRUGS CHARGED TO PATIENTS				35,892
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	1,110,255			1,196,396
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				(2)
93. TOTAL	1,110,255			1,196,394

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
**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				
15. MEDICAL RECORDS LIBRARY		219,772		
16. SOCIAL SERVICE			669,025	
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		2,200	54,784	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT		39,559	614,241	
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		43,954		
38. RECOVERY ROOM		4,395		
39. DELIVERY ROOM				
40. ANESTHESIOLOGY		6,593		
41. RADIOLOGY-DIAGNOSTIC		2,198		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE		6,593		
44. CT SCAN		2,198		
45. MRI				
46. LABORATORY		6,593		

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY		4,395		
51. PHYSICAL THERAPY		17,582		
52. OCCUPATIONAL THERAPY		15,384		
53. SPEECH THERAPY		4,395		
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA		19,779		
58. IMPL DEV CHARGED TO PATIENTS		37,361		
59. DRUGS CHARGED TO PATIENTS		6,593		
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		219,772	669,025	
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		219,772	669,025	

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	OTHER (SPECIFY) (18)	OTHER (SPECIFY) (19)	OTHER (SPECIFY) (20)	NURSING SCHOOL (21)
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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 PSYCH 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. CT SCAN
45. MRI
46. LABORATORY

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA				
58. IMPL DEV CHARGED TO PATIENTS				
59. DRUGS CHARGED TO PATIENTS				
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
**ALLOCATION OF
 GENERAL SERVICE COSTS**
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)
	(22)	(23)	(24)	(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 PSYCH 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. CT SCAN
45. MRI
46. LABORATORY

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
**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. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA				
58. IMPL DEV CHARGED TO PATIENTS				
59. DRUGS CHARGED TO PATIENTS				
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
**ALLOCATION OF
 GENERAL SERVICE COSTS**
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	TOTAL MED ED COST	TOTAL EXPENSES
	(26)	(27)

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		3,213,649
27. NURSERY		
28. ICU		
29. NICU		
30. CCU		
31. OTHER (SPECIFY)		
32. OTHER (SPECIFY)		
33. EXTENDED CARE PSYCH UNIT		
34. MED REHAB UNIT		10,777,727
35. PSYCH UNIT		
36. DRUG & ALCOHOL REHAB UNIT		

ANCILLARY SERVICES

37. OPERATING ROOM		6,412,908
38. RECOVERY ROOM		2,033,788
39. DELIVERY ROOM		
40. ANESTHESIOLOGY		266,385
41. RADIOLOGY-DIAGNOSTIC		431,490
42. RADIOLOGY-THERAPEUTIC		21,763
43. RADIOISOTOPE		812,761
44. CT SCAN		77,011
45. MRI		8,547
46. LABORATORY		566,159

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	TOTAL MED ED COST	TOTAL EXPENSES
	(26)	(27)
47. WHOLE BLOOD AND PACKED RBC		
48. BLOOD STORAGE PROC TRANS		23,578
49. INTRAVENOUS THERAPY		
50. RESPIRATORY THERAPY		773,331
51. PHYSICAL THERAPY		2,741,365
52. OCCUPATIONAL THERAPY		1,710,224
53. SPEECH THERAPY		532,095
54. OXYGEN THERAPY		
55. ELECTROCARDIOLOGY (EKG)		34,647
56. ELECTROENCEPHALOGRAPHY		502
57. MEDICAL SUPPLIES CHARGED TO PA		2,166,693
58. IMPL DEV CHARGED TO PATIENTS		3,482,493
59. DRUGS CHARGED TO PATIENTS		1,012,391
60. RENAL DIALYSIS		
61. AUDIOLOGY		
62. OTHER (SPECIFY)		
<u>OUTPATIENT SERVICES</u>		
63. CLINIC		74
64. EMERGENCY		
65. PARTIAL HOSPITALIZATION		
66. AMBULANCE SERVICES		
67. HOME PROGRAM DIALYSIS		
68. HOME HEALTH AGENCY		
69. SHORT PROCEDURE UNIT		
70. OBSERVATION BEDS		
71. OTHER (SPECIFY)		
72. OTHER (SPECIFY)		
73. OTHER (SPECIFY)		
74. OTHER (SPECIFY)		
<u>OTHER INPATIENT</u>		
75. SKILLED NURSING FACILITY		
76. INTERMEDIATE CARE FACILITY		
77. RESIDENTIAL TREATMENT FACILITY		
78. OTHER (SPECIFY)		
79. OTHER (SPECIFY)		
80. SUBTOTAL		37,099,581
<u>NON-REIMBURSABLE COST</u>		
81. GIFT COFFEE SHOPS & CANTEEN		
82. INVESTMENT PROPERTY		
83. RESEARCH		
84. HEARING AID CENTER		
85. PHYSICIANS PRIVATE OFFICES		
86. INTERN/RES NON-APPRD PRGM SVS		
87. NON-PAID WORKER		
88. INTEREST EXPENSE		
89. OTHER (SPECIFY)		
90. OTHER (SPECIFY)		
91. CROSSFOOT ADJUSTMENT		
92. NEGATIVE COST CENTER		(2)
93. TOTAL		37,099,579

**WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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	2,086,568			
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING	42,109		353	
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	101,267		132,428	
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	154,639			
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	26,212			
9. DIETARY	127,445		264	
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY	104,574			
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	17,119			
16. SOCIAL SERVICE	4,788			
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	307,591			
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT	589,347		1,228	
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	246,089		29	
38. RECOVERY ROOM	148,973			
39. DELIVERY ROOM			413	
40. ANESTHESIOLOGY	7,078			
41. RADIOLOGY-DIAGNOSTIC	29,571			
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY			256	

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY			4,150	
51. PHYSICAL THERAPY	159,547			
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA				
58. IMPL DEV CHARGED TO PATIENTS				
59. DRUGS CHARGED TO PATIENTS	20,219		293	
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	2,086,568		139,414	
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	2,086,568		139,414	

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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)
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			42,462	
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL			405	
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT			3,493	
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING			776	
9. DIETARY			1,249	
10. CAFETERIA			173	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY			5,434	
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY			18	
16. SOCIAL SERVICE			44	
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			735	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT			2,949	
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM			24,480	
38. RECOVERY ROOM			784	
39. DELIVERY ROOM				
40. ANESTHESIOLOGY			1,246	
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY			13	

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY			103	
51. PHYSICAL THERAPY			537	
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA				
58. IMPL DEV CHARGED TO PATIENTS				
59. DRUGS CHARGED TO PATIENTS			23	
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			42,462	
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL			42,462	

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)	OPERATION OF PLANT (6)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
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		234,100		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		19,134		177,266
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING		4,674		2,598
9. DIETARY		5,134		12,631
10. CAFETERIA		7,006		
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY		5,850		10,364
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY		1,090		1,697
16. SOCIAL SERVICE		3,950		475
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		14,342		30,485
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT		46,024		58,411
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		34,651		24,390
38. RECOVERY ROOM		10,100		14,765
39. DELIVERY ROOM				
40. ANESTHESIOLOGY		1,313		702
41. RADIOLOGY-DIAGNOSTIC		2,170		2,931
42. RADIOLOGY-THERAPEUTIC		137		
43. RADIOISOTOPE		4,861		
44. CT SCAN		383		
45. MRI		54		
46. LABORATORY		3,304		

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(4.5)	(4.6)	(5)	(6)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS		149		
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY		4,432		
51. PHYSICAL THERAPY		13,832		15,813
52. OCCUPATIONAL THERAPY		9,642		
53. SPEECH THERAPY		3,012		
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)		205		
56. ELECTROENCEPHALOGRAPHY		3		
57. MEDICAL SUPPLIES CHARGED TO PA		12,599		
58. IMPL DEV CHARGED TO PATIENTS		20,205		
59. DRUGS CHARGED TO PATIENTS		5,844		2,004
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		234,100		177,266
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		234,100		177,266

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES (7)	HOUSEKEEPING (8)	DIETARY (9)	CAFETERIA (10)
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		34,260		
9. DIETARY		849	147,572	
10. CAFETERIA				7,179
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY		2,503		224
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY		115		100
16. SOCIAL SERVICE		82		214
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		7,362	12,085	613
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT		10,075	135,487	2,726
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		5,891		557
38. RECOVERY ROOM		3,566		457
39. DELIVERY ROOM				
40. ANESTHESIOLOGY		170		
41. RADIOLOGY-DIAGNOSTIC		506		76
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				14
45. MRI				
46. LABORATORY				

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				276
51. PHYSICAL THERAPY		2,727		666
52. OCCUPATIONAL THERAPY				538
53. SPEECH THERAPY				171
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				14
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA				276
58. IMPL DEV CHARGED TO PATIENTS				257
59. DRUGS CHARGED TO PATIENTS		414		
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		34,260	147,572	7,179
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		34,260	147,572	7,179

WELLSPAN SURGERY AND REHAB
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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	CENTRAL SERVICE & SUPPLY (13)	PHARMACY (14)
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			128,949	
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			1,289	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT			23,211	
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM			25,790	
38. RECOVERY ROOM			2,579	
39. DELIVERY ROOM				
40. ANESTHESIOLOGY			3,868	
41. RADIOLOGY-DIAGNOSTIC			1,289	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE			3,868	
44. CT SCAN			1,289	
45. MRI				
46. LABORATORY			3,868	

WELLSPAN SURGERY AND REHAB
HOSPITAL
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FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	CENTRAL SERVICE & SUPPLY (13)	PHARMACY (14)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY			2,579	
51. PHYSICAL THERAPY			10,316	
52. OCCUPATIONAL THERAPY			9,026	
53. SPEECH THERAPY			2,579	
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA			11,605	
58. IMPL DEV CHARGED TO PATIENTS			21,921	
59. DRUGS CHARGED TO PATIENTS			3,868	
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			128,945	
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER			4	
93. TOTAL			128,949	

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
**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	20,139			
16. SOCIAL SERVICE		9,553		
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	201	782		
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT	3,625	8,771		
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	4,028			
38. RECOVERY ROOM	403			
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	604			
41. RADIOLOGY-DIAGNOSTIC	201			
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE	604			
44. CT SCAN	201			
45. MRI				
46. LABORATORY	604			

WELLSPAN SURGERY AND REHAB
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CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (15)	SOCIAL SERVICE (16)	OTHER (SPECIFY) (17)	OTHER (SPECIFY) (18)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY	403			
51. PHYSICAL THERAPY	1,611			
52. OCCUPATIONAL THERAPY	1,410			
53. SPEECH THERAPY	403			
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA	1,813			
58. IMPL DEV CHARGED TO PATIENTS	3,424			
59. DRUGS CHARGED TO PATIENTS	604			
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	20,139	9,553		
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	20,139	9,553		

WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	OTHER (SPECIFY) (19)	OTHER (SPECIFY) (20)	NURSING SCHOOL (21)	INTERN RESIDENT APPROVED PROG (22)
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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 PROG
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 PSYCH 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. CT SCAN
45. MRI
46. LABORATORY

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
**ALLOCATION OF
 CAPITAL RELATED COSTS**
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	OTHER (SPECIFY) (19)	OTHER (SPECIFY) (20)	NURSING SCHOOL (21)	INTERN RESIDENT APPROVED PROG (22)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PA				
58. IMPL DEV CHARGED TO PATIENTS				
59. DRUGS CHARGED TO PATIENTS				
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
**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				375,485
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT				881,854
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				365,905
38. RECOVERY ROOM				181,627
39. DELIVERY ROOM				413
40. ANESTHESIOLOGY				14,981
41. RADIOLOGY-DIAGNOSTIC				36,744
42. RADIOLOGY-THERAPEUTIC				137
43. RADIOISOTOPE				9,333
44. CT SCAN				1,887
45. MRI				54
46. LABORATORY				8,045

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
**ALLOCATION OF
 CAPITAL RELATED COSTS**
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	PARAMEDICAL ED	PARAMEDICAL ED	PARAMEDICAL ED	TOTAL
	(SPECIFY)	(SPECIFY)	(SPECIFY)	
	(23)	(24)	(25)	(26)
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				149
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				11,943
51. PHYSICAL THERAPY				205,049
52. OCCUPATIONAL THERAPY				20,616
53. SPEECH THERAPY				6,165
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				219
56. ELECTROENCEPHALOGRAPHY				3
57. MEDICAL SUPPLIES CHARGED TO PA				26,293
58. IMPL DEV CHARGED TO PATIENTS				45,807
59. DRUGS CHARGED TO PATIENTS				33,269
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				2,225,978
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. INTEREST EXPENSE				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				4
93. TOTAL				2,225,982

WELLSPAN SURGERY AND REHAB HOSPITAL
 PROVIDER NUMBER: 1027049030001
 FOR THE PERIOD: 7/1/12 TO 6/30/13
 COMPUTATION OF RATIO OF DEPARTMENTAL
 CHARGES TO TOTAL CHARGES
 AMENDED WORKSHEET C-1

COST CENTER DESCRIPTION	TOTAL BILLED CHARGES (1)	TOTAL O/P CHARGES (2)	I/P CHARGES (Excluding units & other) (3)	TOTAL I/P PSYCH. UNIT CHARGES (4)	TOTAL I/P D & A UNIT CHARGES (5)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	\$740,828		\$740,828		
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCH UNIT					
34. MED REHAB UNIT	9,333,275				
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	10,074,103		740,828		
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	10,187,599	5,464,853	4,702,057		
38. RECOVERY ROOM	953,589	747,320	204,960		
39. DELIVERY ROOM					
40. ANESTHESIOLOGY	1,796,258	1,057,524	734,846		
41. RADIOLOGY-DIAGNOSTIC	245,628	44,791	58,296		
42. RADIOLOGY-THERAPEUTIC	56,631				
43. RADIOISOTOPE	1,491,561	396,908	345,720		
44. CT SCAN	258,604	4,041	14,685		
45. MRI	22,980	1,438	140		
46. LABORATORY	1,254,108	67,584	173,006		
47. WHOLE BLOOD AND PACKED RBC					
48. BLOOD STORAGE PROC TRANS	60,358		60,358		
49. INTRAVENOUS THERAPY					
50. RESPIRATORY THERAPY	859,875	13,212	14,427		
51. PHYSICAL THERAPY	4,332,076	46,717	460,523		
52. OCCUPATIONAL THERAPY	3,521,315	15,380	201,805		
53. SPEECH THERAPY	1,131,626	267			
54. OXYGEN THERAPY					
55. ELECTROCARDIOLOGY (EKG)	51,051	3,432	47,619		
56. ELECTROENCEPHALOGRAPHY	1,307		1,307		
57. MEDICAL SUPPLIES CHARGED TO PAT	4,672,013	1,820,963	2,695,391		
58. IMPL DEV CHARGED TO PATIENTS	8,815,000	3,336,576	5,478,424		
59. DRUGS CHARGED TO PATIENTS	1,660,964	382,952	410,479		
60. RENAL DIALYSIS					
61. AUDIOLOGY					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC	192		192		
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	41,372,735	13,403,958	15,604,235		
81. TOTAL	\$51,446,838	\$13,403,958	\$16,345,063		

WELLSPAN SURGERY AND REHAB HOSPITAL
 PROVIDER NUMBER: 1027049030001
 FOR THE PERIOD: 7/1/12 TO 6/30/13
 COMPUTATION OF RATIO OF DEPARTMENTAL
 CHARGES TO TOTAL CHARGES
 AMENDED WORKSHEET C-1

COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. UNIT CHARGES (6)	OTHER I/P CHARGES (SPECIFY) (7)	OUTPATIENT RATIO (Col. 2 ÷ Col. 1) (8)	I/P RATIO (Excluding units & other) (Col. 3 ÷ Col. 1) (9)	INPATIENT PSYCH. UNIT RATIO (Col. 4 ÷ Col. 1) (10)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE				100.000000%	
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCH UNIT					
34. MED REHAB UNIT	9,333,275				
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	9,333,275				
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	20,689		53.642208%	46.154712%	
38. RECOVERY ROOM	1,309		78.369193%	21.493536%	
39. DELIVERY ROOM					
40. ANESTHESIOLOGY	3,888		58.873725%	40.909825%	
41. RADIOLOGY-DIAGNOSTIC	142,541		18.235299%	23.733450%	
42. RADIOLOGY-THERAPEUTIC	56,631				
43. RADIOISOTOPE	748,933		26.610243%	23.178401%	
44. CT SCAN	239,878		1.562621%	5.678566%	
45. MRI	21,402		6.257615%	0.609226%	
46. LABORATORY	1,013,518		5.389010%	13.795143%	
47. WHOLE BLOOD AND PACKED RBC					
48. BLOOD STORAGE PROC TRANS				100.000000%	
49. INTRAVENOUS THERAPY					
50. RESPIRATORY THERAPY	832,236		1.536502%	1.677802%	
51. PHYSICAL THERAPY	3,824,836		1.078398%	10.630538%	
52. OCCUPATIONAL THERAPY	3,304,130		0.436769%	5.730955%	
53. SPEECH THERAPY	1,131,359		0.023594%		
54. OXYGEN THERAPY					
55. ELECTROCARDIOLOGY (EKG)			6.722689%	93.277311%	
56. ELECTROENCEPHALOGRAPHY				100.000000%	
57. MEDICAL SUPPLIES CHARGED TO PAT	155,659		38.975983%	57.692284%	
58. IMPL DEV CHARGED TO PATIENTS			37.851117%	62.148883%	
59. DRUGS CHARGED TO PATIENTS	867,533		23.056008%	24.713299%	
60. RENAL DIALYSIS					
61. AUDIOLOGY					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC				100.000000%	
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	12,364,542				
81. TOTAL	\$21,697,817				

WELLSPAN SURGERY AND REHAB HOSPITAL
 PROVIDER NUMBER: 1027049030001
 FOR THE PERIOD: 7/1/12 TO 6/30/13
 COMPUTATION OF RATIO OF DEPARTMENTAL
 CHARGES TO TOTAL CHARGES
 AMENDED WORKSHEET C-1

COST CENTER DESCRIPTION	INPATIENT D & A UNIT RATIO	I/P MEDICAL REHAB. UNIT RATIO	OTHER I/P RATIO
	(Col. 5 ÷ Col. 1) (11)	(Col. 6 ÷ Col. 1) (12)	(Col. 7 ÷ Col. 1) (13)
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE			
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. EXTENDED CARE PSYCH UNIT			
34. MED REHAB UNIT		100.000000%	
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE			
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM		0.203080%	
38. RECOVERY ROOM		0.137271%	
39. DELIVERY ROOM			
40. ANESTHESIOLOGY		0.216450%	
41. RADIOLOGY-DIAGNOSTIC		58.031251%	
42. RADIOLOGY-THERAPEUTIC		100.000000%	
43. RADIOISOTOPE		50.211356%	
44. CT SCAN		92.758813%	
45. MRI		93.133159%	
46. LABORATORY		80.815847%	
47. WHOLE BLOOD AND PACKED RBC			
48. BLOOD STORAGE PROC TRANS			
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY		96.785696%	
51. PHYSICAL THERAPY		88.291064%	
52. OCCUPATIONAL THERAPY		93.832276%	
53. SPEECH THERAPY		99.976406%	
54. OXYGEN THERAPY			
55. ELECTROCARDIOLOGY (EKG)			
56. ELECTROENCEPHALOGRAPHY			
57. MEDICAL SUPPLIES CHARGED TO PAT		3.331733%	
58. IMPL DEV CHARGED TO PATIENTS			
59. DRUGS CHARGED TO PATIENTS		52.230693%	
60. RENAL DIALYSIS			
61. AUDIOLOGY			
62. OTHER (SPECIFY)			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER			
81. TOTAL			

**WELLSPAN SURGERY AND REHAB
 HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
**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	\$3,213,649		\$3,213,649		
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCH UNIT					
34. MED REHAB UNIT	10,188,380				
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	13,402,029		3,213,649		
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	6,412,908	3,440,026	2,959,859		
38. RECOVERY ROOM	2,033,788	1,593,863	437,133		
39. DELIVERY ROOM					
40. ANESTHESIOLOGY	266,385	156,830	108,978		
41. RADIOLOGY-DIAGNOSTIC	431,490	78,684	102,407		
42. RADIOLOGY-THERAPEUTIC	21,763				
43. RADIOISOTOPE	812,761	216,278	188,385		
44. CT SCAN	77,011	1,204	4,373		
45. MRI	8,547	535	52		
46. LABORATORY	566,159	30,511	78,102		
47. WHOLE BLOOD AND PACKED RBC					
48. BLOOD STORAGE PROC TRANS	23,578		23,578		
49. INTRAVENOUS THERAPY					
50. RESPIRATORY THERAPY	773,331	11,882	12,975		
51. PHYSICAL THERAPY	2,741,365	29,563	291,422		
52. OCCUPATIONAL THERAPY	1,710,224	7,470	98,012		
53. SPEECH THERAPY	532,095	126			
54. OXYGEN THERAPY					
55. ELECTROCARDIOLOGY (EKG)	34,647	2,329	32,318		
56. ELECTROENCEPHALOGRAPHY	502		502		
57. MEDICAL SUPPLIES CHARGED TO PAT	2,166,693	844,490	1,250,015		
58. IMPL DEV CHARGED TO PATIENTS	3,482,493	1,318,162	2,164,331		
59. DRUGS CHARGED TO PATIENTS	1,012,391	233,417	250,195		
60. RENAL DIALYSIS					
61. AUDIOLOGY					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC	74		74		
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	23,108,205	7,965,370	8,002,711		
81. TOTAL	\$36,510,234	\$7,965,370	\$11,216,360		

**WELLSPAN SURGERY AND REHAB
HOSPITAL**
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
**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			\$740,828	\$30,930	\$3,200.85
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCH UNIT					
34. MED REHAB UNIT	10,188,380				
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	10,188,380		740,828	30,930	
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	13,023		4,702,057	591,688	12.58%
38. RECOVERY ROOM	2,792		204,960	11,363	5.54%
39. DELIVERY ROOM					
40. ANESTHESIOLOGY	577		734,846	52,614	7.16%
41. RADIOLOGY-DIAGNOSTIC	250,399		58,296	2,446	4.20%
42. RADIOLOGY-THERAPEUTIC	21,763				
43. RADIOISOTOPE	408,098		345,720		
44. CT SCAN	71,434		14,685		
45. MRI	7,960		140		
46. LABORATORY	457,546		173,006	10,074	5.82%
47. WHOLE BLOOD AND PACKED RBC					
48. BLOOD STORAGE PROC TRANS			60,358		
49. INTRAVENOUS THERAPY					
50. RESPIRATORY THERAPY	748,474		14,427	2,222	15.40%
51. PHYSICAL THERAPY	2,420,380		460,523	21,640	4.70%
52. OCCUPATIONAL THERAPY	1,604,742		201,805		
53. SPEECH THERAPY	531,969				
54. OXYGEN THERAPY					
55. ELECTROCARDIOLOGY (EKG)			47,619		
56. ELECTROENCEPHALOGRAPHY			1,307		
57. MEDICAL SUPPLIES CHARGED TO PAT	72,188		2,695,391		
58. IMPL DEV CHARGED TO PATIENTS			5,478,424		
59. DRUGS CHARGED TO PATIENTS	528,779		410,479	28,644	6.98%
60. RENAL DIALYSIS					
61. AUDIOLOGY					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC			192		
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	7,140,124		15,604,235	720,691	
81. TOTAL	\$17,328,504		\$16,345,063	\$751,621	

**WELLSPAN SURGERY AND REHAB
HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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	\$169,645	1,004	53.0
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. EXTENDED CARE PSYCH UNIT			
34. MED REHAB UNIT			
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE	169,645	1,004	53.0
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM	372,350		
38. RECOVERY ROOM	24,217		
39. DELIVERY ROOM			
40. ANESTHESIOLOGY	7,803		
41. RADIOLOGY-DIAGNOSTIC	4,301		
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. CT SCAN			
45. MRI			
46. LABORATORY	4,546		
47. WHOLE BLOOD AND PACKED RBC			
48. BLOOD STORAGE PROC TRANS			
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY	1,998		
51. PHYSICAL THERAPY	13,697		
52. OCCUPATIONAL THERAPY			
53. SPEECH THERAPY			
54. OXYGEN THERAPY			
55. ELECTROCARDIOLOGY (EKG)			
56. ELECTROENCEPHALOGRAPHY			
57. MEDICAL SUPPLIES CHARGED TO PAT			
58. IMPL DEV CHARGED TO PATIENTS			
59. DRUGS CHARGED TO PATIENTS	17,464		
60. RENAL DIALYSIS			
61. AUDIOLOGY			
62. OTHER (SPECIFY)			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER	446,376		
81. TOTAL	\$616,021		

WELLSPAN SURGERY AND REHAB HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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	\$375,485	\$375,485	\$740,828	\$30,930
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT	881,854			
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE	1,257,339	375,485	740,828	30,930
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	365,905	168,882	4,702,057	591,688
38. RECOVERY ROOM	181,627	39,038	204,960	11,363
39. DELIVERY ROOM	413			
40. ANESTHESIOLOGY	14,981	6,129	734,846	52,614
41. RADIOLOGY-DIAGNOSTIC	36,744	8,721	58,296	2,446
42. RADIOLOGY-THERAPEUTIC	137			
43. RADIOISOTOPE	9,333	2,163	345,720	
44. CT SCAN	1,887	107	14,685	
45. MRI	54		140	
46. LABORATORY	8,045	1,110	173,006	10,074
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS	149	149	60,358	
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY	11,943	200	14,427	2,222
51. PHYSICAL THERAPY	205,049	21,798	460,523	21,640
52. OCCUPATIONAL THERAPY	20,616	1,181	201,805	
53. SPEECH THERAPY	6,165			
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)	219	204	47,619	
56. ELECTROENCEPHALOGRAPHY	3	3	1,307	
57. MEDICAL SUPPLIES CHARGED TO PAT	26,293	15,169	2,695,391	
58. IMPL DEV CHARGED TO PATIENTS	45,807	28,469	5,478,424	
59. DRUGS CHARGED TO PATIENTS	33,269	8,222	410,479	28,644
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC			192	
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER	968,639	301,545	15,604,235	720,691
81. TOTAL	\$2,225,978	\$677,030	\$16,345,063	\$751,621

WELLSPAN SURGERY AND REHAB HOSPITAL
PROVIDER NUMBER: 1027049030001
FOR THE PERIOD: 7/1/12 TO 6/30/13
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	\$373.99	\$19,821	1,004	53.0
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCH UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE		19,821	1,004	53.0
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	12.58%	21,245		
38. RECOVERY ROOM	5.54%	2,163		
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	7.16%	439		
41. RADIOLOGY-DIAGNOSTIC	4.20%	366		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY	5.82%	65		
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY	15.40%	31		
51. PHYSICAL THERAPY	4.70%	1,025		
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PAT				
58. IMPL DEV CHARGED TO PATIENTS				
59. DRUGS CHARGED TO PATIENTS	6.98%	574		
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER		25,908		
81. TOTAL		\$45,729		

WELLSPAN SURGERY AND REHAB HOSPITAL
PROVIDER NUMBER: 1027049030002
FOR THE PERIOD: 7/1/12 TO 6/30/13
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
MEDICAL REHABILITATION UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-7

COST CENTER DESCRIPTION	TOTAL I/P MED. REHAB. COSTS (From Wkst. C-2, Col. 6) (1)	TOTAL I/P MED. REHAB. CHARGES (From Wkst. C-1, Col. 6) (2)	PA M.A. I/P MED. REHAB. CHARGES (3)	I/P MED. REHAB. PER DIEM (Col. 1 ÷ Col. 6) or M.A. I/P RATIO (Col. 3 ÷ Col. 2) (4)
34. MED REHAB UNIT	\$10,188,380	\$9,333,275	\$669,681	\$908.95
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	13,023	20,689		
38. RECOVERY ROOM	2,792	1,309		
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	577	3,888		
41. RADIOLOGY-DIAGNOSTIC	250,399	142,541	42,550	29.85%
42. RADIOLOGY-THERAPEUTIC	21,763	56,631		
43. RADIOISOTOPE	408,098	748,933		
44. CT SCAN	71,434	239,878		
45. MRI	7,960	21,402		
46. LABORATORY	457,546	1,013,518	53,499	5.28%
47. WHOLE BLOOD AND PACKED RBC				
48. BLOOD STORAGE PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY	748,474	832,236	26,206	3.15%
51. PHYSICAL THERAPY	2,420,380	3,824,836	547,979	14.33%
52. OCCUPATIONAL THERAPY	1,604,742	3,304,130		
53. SPEECH THERAPY	531,969	1,131,359		
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY (EKG)				
56. ELECTROENCEPHALOGRAPHY				
57. MEDICAL SUPPLIES CHARGED TO PAT	72,188	155,659		
58. IMPL DEV CHARGED TO PATIENTS				
59. DRUGS CHARGED TO PATIENTS	528,779	867,533	96,320	11.10%
60. RENAL DIALYSIS				
61. AUDIOLOGY				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER	7,140,124	12,364,542	766,554	
81. TOTAL	\$17,328,504	\$21,697,817	\$1,436,235	

WELLSPAN SURGERY AND REHAB HOSPITAL
PROVIDER NUMBER: 1027049030002
FOR THE PERIOD: 7/1/12 TO 6/30/13
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
MEDICAL REHABILITATION UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-7

COST CENTER DESCRIPTION	PA M.A. I/P MED. REHAB. COSTS (Col. 4 x Col. 7) or (Col. 1 x Col. 4) (5)	TOTAL MEDICAL REHAB. DAYS (6)	PA M.A. MEDICAL REHAB. DAYS (7)
34. MED REHAB UNIT	\$737,158	11,209	811.0
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC	74,744		
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. CT SCAN			
45. MRI			
46. LABORATORY	24,158		
47. WHOLE BLOOD AND PACKED RBC			
48. BLOOD STORAGE PROC TRANS			
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY	23,577		
51. PHYSICAL THERAPY	346,840		
52. OCCUPATIONAL THERAPY			
53. SPEECH THERAPY			
54. OXYGEN THERAPY			
55. ELECTROCARDIOLOGY (EKG)			
56. ELECTROENCEPHALOGRAPHY			
57. MEDICAL SUPPLIES CHARGED TO PAT			
58. IMPL DEV CHARGED TO PATIENTS			
59. DRUGS CHARGED TO PATIENTS	58,694		
60. RENAL DIALYSIS			
61. AUDIOLOGY			
62. OTHER (SPECIFY)			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER	528,013		
81. TOTAL	\$1,265,171		

RIGHT OF APPEAL FROM COSTS DISALLOWANCE

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

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

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

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

Your **request for hearing** must:

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

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

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

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

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

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

WELLSPAN SURGERY AND REHABILITATION HOSPITAL

REPORT DISTRIBUTION FOR THE FISCAL YEAR ENDED JUNE 30, 2013

This report was initially distributed to:

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

Mr. Alexander Matolyak
Director
Division of Audit and Review
Department of Human Services

Mr. R. Dennis Welker
Special Audit Services
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