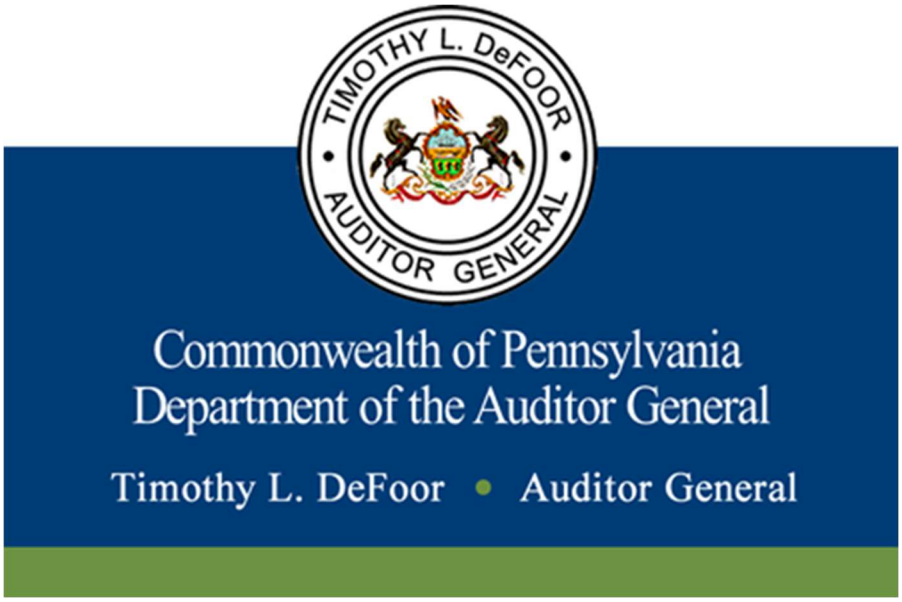
AMENDED FINANCIAL REPORT
(Medical Assistance Program of the
Department of Human Services,
Commonwealth of Pennsylvania)

Geisinger St. Luke's Hospital
Report Period July 1, 2020 – June 30, 2021

June 2023



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TIMOTHY L. DEFOOR
AUDITOR GENERAL

June 12, 2023

Ms. Francine Botek
Senior Vice President
St. Luke's University Health Network
801 Ostrum Street
Bethlehem, PA 18015

Dear Ms. Botek:

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 Geisinger St. Luke's Hospital for the fiscal year ended June 30, 2021. The purpose of these procedures was to certify the costs detailed in the facility's submitted MA-336 cost report. The results of these procedures are detailed below and in the adjustments section of our issued final amended MA-336 cost report. DHS will use our final amended MA-336 cost report to set the Medical Assistance reimbursement rate for this new facility.

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

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

[1] PROMISe™is a Web-based application for registered providers. PROMISe™ is a HIPAA-compliant claims processing and management information system. Source: http://dhs.pa.gov/about/Pages/Online-Services.aspx accessed 6/14/23.

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

1. Compared total paid MA days, MA charges, and MA discharges for the Diagnostic Related Groupings (DRG) detailed on the facility's submitted MA-336 Cost Report to the actual data supplied in the Cost Settlement Report, dated 2/8/2023, and provided by the DHS from PROMISe™.
    - We determined adjustments were warranted as a result of this procedure; therefore, the final amended cost report includes the actual paid MA days, MA charges, and MA discharges for the DRG detailed in the Cost Settlement Report, dated 2/8/2023, provided by the DHS from PROMISe™. Refer to adjustments #1, #2, & #5 on the Amended Adjustment Report.

2. Compared total costs and total charges included in the facility's submitted MA-336 Cost Report to the total costs and total charges included in the facility's trial balance.
    - We determined adjustments were warranted as a result of this procedure; therefore, the final amended cost report includes adjustments on schedule A-1 to offset cost and to reclassify costs. Refer to adjustments #3 & #4 on the Amended Adjustment Report..

3. Compared the number of beds available, number of bed days, and total inpatient days included in the facility's submitted MA-336 Cost Report to the corresponding numbers included in the facility's final accepted Medicare Cost Report.
    - No adjustments were warranted as a result of this procedure.

4. Compared the cost allocation statistics for the new facility in total included on the facility's submitted MA-336 Cost Report to the cost allocation statistics included in the facility's final accepted Medicare Cost Report and the facility's documentation on statistics.
    - No adjustments were warranted as a result of this procedure.

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

Based on the results of those procedures, and as communicated to DHS management, while we concluded that data related to paid MA charges as detailed in PROMISe™ were reliable, we concluded that the actual paid MA days and MA discharges data detailed in the PROMISe™ Cost Settlement Report, dated 2/8/2023, is of undetermined reliability. However, the DHS confirmed that, for their purposes and use of our issued amended MA-336 cost reports, it was not necessary for us to conduct any further procedures to attempt to determine the reliability of that data, such as comparing data in the PROMISe™ system to supporting source documents at

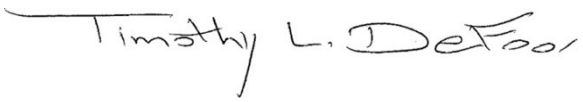
the facility. Therefore, users of this report should take into consideration that the evidence upon which we relied, at the DHS' request to calculate paid MA days and MA discharges, is of undetermined reliability.

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

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

We appreciate the cooperation, assistance, and courtesy granted our representatives by your officials and the staff of the Geisinger St. Luke's Hospital.

Sincerely,



Timothy L. DeFoor
Auditor General

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS: Geisinger St. Luke's Hospital
100 Paramount Boulevard,
Orwigsburg, PA 17961

PROVIDER NO.: 107372738600001

PERIOD: 7/1/2020 to 6/30/2021

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	S-2	4	1	1	Inpatient Statistics MA Days General Routine Care To adjust the reported MA Days to the paid MA Days per the Cost Settlement Report dated 2/8/2023. DHS 1163, Subchapter A, 1163.51	68.0	89.0	157.0
MA-336	S-2	10	8	2	MA Discharges PA MA Discharges - DRG To adjust the reported MA Discharges to the paid MA Discharges per the Cost Settlement Report dated 2/8/2023. DHS 1163, Subchapter A, 1163.51	41.0	11.0	52.0
MA-336	A-1	30 40	8	3	A-1 Cost Adjustment Coronary Care Unit Anesthesiology To offset file negative cost for the Coronary Unit and Anesthesiology for proper cost reporting purposes. DHS 1163, Subchapter A, 1163.51	$ (39,594) $ (135,801)	$ 39,594 $ 135,801	$ 0 $ 0
MA-336	A-1	71 72	8	4	A-1 Cost Adjustment Medical Nutritution Therapy Outpatient Psych To reclassify the filed negative cost from Outpatient Psych to Medical Nutritution Therapy for proper cost reporting DHS 1163, Subchapter A, 1163.51	$ 2,817 $ (22)	$ (89) $ 89	$ 2,728 $ 67

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS: Geisinger St. Luke's Hospital
100 Paramount Boulevard,
Orwigsburg, PA 17961

PROVIDER NO.: 107372738600001

PERIOD: 7/1/2020 to 6/30/2021

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
					Charge Adjustments DRG MA Charges			
MA-336	C-2	26	9	5	General Routine Care	$ 252,644	$ 137,262	$ 389,906
		28			Intensive Care Unit	$ 264,217	$ 143,551	$ 407,768
		37			Operating Room	$ 35,898	$ 19,504	$ 55,402
		38			Recovery Room	$ 7,509	$ 4,080	$ 11,589
		40			Anesthesiology	$ 14,695	$ 7,984	$ 22,679
		41			Radiology-Diagnostic	$ 30,927	$ 16,803	$ 47,730
		41.01			Radiology - CAT Scan	$ 173,219	$ 94,111	$ 267,330
		41.02			MRI Center	$ 31,208	$ 16,955	$ 48,163
		43			Radioisotope	$ 4,755	$ 2,583	$ 7,338
		44			Laboratory	$ 248,311	$ 134,909	$ 383,220
		46			Blood Storage and Processing	$ 6,906	$ 3,752	$ 10,658
		48			Respiratory Therapy	$ 79,565	$ 43,228	$ 122,793
		49			Physical Therapy	$ 6,271	$ 3,407	$ 9,678
		50			Occupational Therapy	$ 3,833	$ 2,082	$ 5,915
		51			Speech Therapy	$ 872	$ 474	$ 1,346
		53			Electrocardiology	$ 57,470	$ 31,224	$ 88,694
		55			Med Supply Charge to Patient	$ 1,880	$ 1,021	$ 2,901
		56			Drug Charged to Patient	$ 118,047	$ 64,136	$ 182,183
		59			Endoscopy	$ 10,720	$ 5,824	$ 16,544
		64			Emergency Room	$ 145,221	$ 78,899	$ 224,120
		69			Short Procedure Unit	$ 11,319	$ 6,150	$ 17,469
		70			Observation Beds	$ 3,872	$ 2,104	$ 5,976
					Total	$ 1,509,359	$ 820,043	$ 2,329,402
					To adjust the MA Inpatient Charges to the paid MA Inpatient Charges per the Cost Settlement Report dated 2/8/2023. The MA Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Inpatient Charges. DHS 1163, Subchapter A, 1163.51			

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

	PROVIDER NUMBER	PERIOD
	1037273860001	7/1/20 to 6/30/21

PART I **ACUTE CARE AND FREESTANDING COST - REIMBURSED HOSPITALS**	**INPATIENT DAYS (FROM AUDITABLE RECORDS)**		**AVERAGE COST PER DIEM** (From Wkst. C-2, Col. 10) (2 decimal places)	**PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST** (Col. 2 x Col. 3) (Round To Nearest $)
	TOTAL DAYS ALL PATIENTS	**PA M.A. PROGRAM PATIENT DAYS**		
	(1)	(2)	(3)	(4)
1. GENERAL ROUTINE CARE	8,160	157.0	$1,183.85	$185,864
2. NURSERY				
3. INTENSIVE CARE UNIT	2,391	60.0	$2,527.89	$151,673
4. NEONATE INTENSIVE CARE UNIT				
5. CORONARY CARE UNIT				
6. OTHER				
7. OTHER				
8. OTHER				
9. SUB-TOTAL (1-8)	10,551	217.0		$337,537
10. PA M.A. ANCILLARY SERVICE COST (From Wkst. C-2, Line 80, Col. 11)				$193,719
11. TOTAL PA M.A. REIMBURSABLE COST (Sum of Lines 9 & 10, Col. 4)				$531,256
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)				$531,256

	PROVIDER NUMBER	PERIOD
		7/1/20 to 6/30/21

PART II **PSYCHIATRIC UNIT**	**INPATIENT DAYS (FROM AUDITABLE RECORDS)**		**AVERAGE COST PER DIEM** (From Wkst C-3, Col. 4, Line 35) (2 decimal places)	**PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST** (Col. 2 x Col. 3) (Round To Nearest $)
	TOTAL DAYS ALL PATIENTS	**PA M.A. PROGRAM PATIENT DAYS**		
	(1)	(2)	(3)	(4)
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)				

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

	PROVIDER NUMBER			PERIOD 7/1/20 to 6/30/21
PART III **DRUG AND ALCOHOL REHABILITATION UNIT**	**INPATIENT DAYS (FROM AUDITABLE RECORDS)**		**AVERAGE COST PER DIEM** (From Wkst C-4, Col. 4, Line 36) (2 decimal places)	**PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST** (Col. 2 x Col. 3) (Round To Nearest $)
	TOTAL DAYS ALL PATIENTS	**PA M.A. PROGRAM PATIENT DAYS**		
	(1)	(2)	(3)	(4)
1. DRUG & ALCOHOL REHAB. UNIT INPATIENT SERVICES				
2. DRUG & ALCOHOL REHAB. UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-4, Line 80, Col. 5)				
3. TOTAL PA M.A. DRUG & ALCOHOL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. D & A REHAB. UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				

	PROVIDER NUMBER			PERIOD 7/1/20 to 6/30/21
PART IV **MEDICAL REHABILITATION UNIT**	**INPATIENT DAYS (FROM AUDITABLE RECORDS)**		**AVERAGE COST PER DIEM** (From Wkst. C-7, Col. 4, Line 34) (2 decimal places)	**PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST** (Col. 2 x Col. 3) (Round To Nearest $)
	TOTAL DAYS ALL PATIENTS	**PA M.A. PROGRAM PATIENT DAYS**		
	(1)	(2)	(3)	(4)
1. MEDICAL REHABILITATION UNIT INPATIENT SERVICES				
2. MEDICAL REHABILITATION UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-7, Line 80, Col. 5)				
3. TOTAL PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				

PART V **PA M.A. CAPITAL FOR ACUTE CARE & FREESTANDING HOSPITALS; MED. ED. & NURSING SCHOOL COSTS FOR ACUTE CARE HOSPITAL ONLY**	**CAPITAL** (Round To Nearest $)	**MEDICAL EDUCATION (Incl. Nursing School)** (Round To Nearest $)	**NURSING SCHOOL** (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 Instructons)			
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 **GENERAL HOSPITAL EXCLUDED UNITS & FREESTANDING SPECIALTY HOSPITALS PA M.A. MEDICAL EDUCATION COSTS**	**PSYCHIATRIC UNIT (From Wkst C-6, Part II, Line 81, Column 6)** (Round To Nearest $)	**D & A REHAB. UNIT (From Wkst C-6, Part III, Line 81, Column 6)** (Round To Nearest $)	**MED. REHAB. UNIT (From Wkst C-6, Part IV, Line 81, Column 6)** (Round To Nearest $)	**FREESTANDING HOSP (From Wkst C-6, Part V, Line 81, Column 6)** (Round To Nearest $)
	(1)	(2)	(3)	(4)

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001

FOR THE PERIOD: 7/1/20 T0 6/30/21
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)	OTHER (8)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD	30		10					
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	10,950		3,650					
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	8,160		2,391					
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	157.0		60.0					
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)**	

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001

FOR THE PERIOD: 7/1/20 T0 6/30/21
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	40				40
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	14,600				14,600
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	10,551				10,551
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	217.0				217.0
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	2,880				2,880
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD	41				41
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	2,880				2,880
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	52				52
STATISTICAL					
11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.)	0.0206				0.0206
12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.)	0.7227				0.7227
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	3.6635				3.6635
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) **(EXAMPLE: IF 150 SHOW 150.0)**	215.0				215.0

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
AMENDED WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	DIRECT EXPENSES PER BOOKS			RECLASSI-FICATIONS	RECLASSIFIED TRIAL
	SALARIES	OTHER	TOTAL (Col. 1 + 2)	INCREASES (DECREASES)	BALANCE (Col. 3 +/- 4)
	(1)	(2)	(3)	(4)	(5)
GENERAL SERVICE					
1. CAPITAL COSTS-BLDG & FIXTURES		$4,044,305	$4,044,305	($222,469)	$3,821,836
1.1. CAPITAL COSTS				1,055,862	1,055,862
2. CAPITAL COSTS-EQUIPMENT				5,825,281	5,825,281
3. EMPLOYEE BENEFITS	967,967	2,497,477	3,465,444	(219,644)	3,245,800
4.1. NON-PATIENT TELEPHONE					
4.2. DATA PROCESSING					
4.3. PURCHASING					
4.4. ADMISSIONS	222,399	27,514	249,913	(969)	248,944
4.5. BILLING/ COLLECTIONS					
4.6. OTHER ADMIN. AND GENERAL	963,868	9,432,563	10,396,431	(2,284,633)	8,111,798
5. MAINTENANCE AND REPAIRS	233,385	971,321	1,204,706	(50,473)	1,154,233
6. OPERATION OF PLANT		1,117,204	1,117,204	(1,069,339)	47,865
7. LAUNDRY & LINEN SERVICES		62,187	62,187	(29,237)	32,950
8. HOUSEKEEPING	311,846	202,296	514,142	(30,555)	483,587
9. DIETARY	355,844	592,276	948,120	(526,750)	421,370
10. CAFETERIA				453,908	453,908
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION	446,611	86,290	532,901	(7,283)	525,618
13. CENTRAL SERVICE & SUPPLY	135,356	150,144	285,500	(70,017)	215,483
14. PHARMACY	680,103	3,045,813	3,725,916	(2,297,736)	1,428,180
15. MEDICAL RECORDS LIBRARY					
16. SOCIAL SERVICE	233,462	43,551	277,013	(1,170)	275,843
17. OTHER (SPECIFY)					
18. OTHER (SPECIFY)					
19. OTHER (SPECIFY)					
20. OTHER (SPECIFY)					
21. NURSING SCHOOL					
22. INTERN RESIDENT APPROVED PROG					
23. PARAMEDICAL ED (SPECIFY)					
24. PARAMEDICAL ED (SPECIFY)					
25. PARAMEDICAL ED (SPECIFY)					
INPATIENT ROUTINE SERVICE					
26. GENERAL ROUTINE CARE	2,969,615	931,245	3,900,860	(1,143,018)	2,757,842
27. NURSERY					
28. ICU	1,580,771	649,160	2,229,931	(54,743)	2,175,188
29. NICU					
30. CCU		1,264,819	1,264,819	(57,012)	1,207,807
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT					
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
ANCILLARY SERVICES					
37. OPERATING ROOM	621,247	1,530,776	2,152,023	(1,184,668)	967,355
38. RECOVERY ROOM	166,843	57,444	224,287	(66,144)	158,143
39. DELIVERY ROOM					
40. ANESTHESIOLOGY		1,608,975	1,608,975	(46,627)	1,562,348
41. RADIOLOGY-DIAGNOSTIC	718,701	3,491,715	4,210,416	(824,285)	3,386,131
42. RADIOLOGY CAT SCAN	433,350	255,524	688,874	(11,384)	677,490
43. MRI CENTER	128,950	415,375	544,325	(327,786)	216,539
44. RADIOLOGY THERAPEUTIC					
45. RADIOISOTOPE	52,335	173,692	226,027	(80,037)	145,990
46. LABORATORY	641,649	1,174,443	1,816,092	(132,277)	1,683,815

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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)	RECLASSIFIED TRIAL BALANCE
		SALARIES	OTHER	TOTAL (Col. 1 + 2)		(Col. 3 +/- 4)
		(1)	(2)	(3)	(4)	(5)
47.	BLOOD STORING		140,027	140,027	(140,514)	(487)
48.	INTRAVENOUS THERAPY		41,580	41,580	(41,563)	17
49.	RESPIRATORY THERAPY	382,473	161,351	543,824	(23,325)	520,499
50.	PHYSICAL THERAPY	132,974	51,864	184,838	(28,993)	155,845
51.	OCCUPATIONAL THERAPY	72,658	5,712	78,370	5,643	84,013
52.	SPEECH THERAPY	25,538	3,137	28,675	1,963	30,638
53.	ELECTROCARDIOLOGY	166,573	74,755	241,328	(15,585)	225,743
54.	ELECTROENCEPHALOGRAPHY	11,046	8,869	19,915	(6,358)	13,557
55.	MEDICAL SUPPLIES				341,935	341,935
56.	IMPLANTABLE CHARGED TO PAT				411,985	411,985
57.	DRUG CHGD TO PATIENT				2,139,318	2,139,318
58.	RENAL DIALYSIS	35,689	10,516	46,205	1,675	47,880
59.	AUDIOLOGY					
60.	ENDOSCOPY	96,867	8,281	105,148	(3,553)	101,595
61.	VASCULAR LAB	26,924	2,415	29,339	10,111	39,450
62.	PAIN TREATMENT CENTER		293	293		293
	OUTPATIENT SERVICES					
63.	CLINIC					
64.	EMERGENCY	2,377,063	898,682	3,275,745	(167,543)	3,108,202
65.	PARTIAL HOSPITALIZATION					
66.	AMBULANCE SERVICES		6,371	6,371		6,371
67.	HOME PROGRAM DIALYSIS					
68.	HOME HEALTH AGENCY					
69.	SHORT PROCEDURE UNIT	303,556	175,231	478,787	(178,609)	300,178
70.	OBSERVATION BEDS				1,094,452	1,094,452
71.	MEDICAL NUTRITUTION THERAPY	2,433	185	2,618	199	2,817
72.	OUTPATIENT PSYCH		67	67	(89)	(22)
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	15,498,096	35,415,445	50,913,541	(2,056)	50,911,485
	NON-REIMBURSABLE COST					
81.	GIFT COFFEE SHOPS & CANTEEN		11	11		11
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.	FUNDRAISING					
89.	COMMUNITY HEALTH	25,143	2,017	27,160	2,056	29,216
90.	VACANT SPACE					
91.	TOTAL	$15,523,239	$35,417,473	$50,940,712		$50,940,712

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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		$3,821,836		$3,821,836
1.1.	CAPITAL COSTS		1,055,862		1,055,862
2.	CAPITAL COSTS-EQUIPMENT		5,825,281		5,825,281
3.	EMPLOYEE BENEFITS	(1,807)	3,243,993		3,243,993
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS	(1,793)	247,151		247,151
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL	(49,304)	8,062,494		8,062,494
5.	MAINTENANCE AND REPAIRS	(15,618)	1,138,615		1,138,615
6.	OPERATION OF PLANT	(354,980)	(307,115)		(307,115)
7.	LAUNDRY & LINEN SERVICES	(31,525)	1,425		1,425
8.	HOUSEKEEPING	(17,812)	465,775		465,775
9.	DIETARY	(69,456)	351,914		351,914
10.	CAFETERIA		453,908		453,908
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION	(250)	525,368		525,368
13.	CENTRAL SERVICE & SUPPLY	(17,809)	197,674		197,674
14.	PHARMACY	(64,938)	1,363,242		1,363,242
15.	MEDICAL RECORDS LIBRARY				
16.	SOCIAL SERVICE	(23,619)	252,224		252,224
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	(169,422)	2,588,420		2,588,420
27.	NURSERY				
28.	ICU	(85,923)	2,089,265		2,089,265
29.	NICU				
30.	CCU	(1,247,401)	(39,594)	39,594	
31.	OTHER (SPECIFY)				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT				
35.	PSYCH UNIT				
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM	(276,836)	690,519		690,519
38.	RECOVERY ROOM	(894)	157,249		157,249
39.	DELIVERY ROOM				
40.	ANESTHESIOLOGY	(1,698,149)	(135,801)	135,801	
41.	RADIOLOGY-DIAGNOSTIC	(1,242,400)	2,143,731		2,143,731
42.	RADIOLOGY CAT SCAN	(48,218)	629,272		629,272
43.	MRI CENTER	(3,880)	212,659		212,659
44.	RADIOLOGY THERAPEUTIC				
45.	RADIOISOTOPE	(1,332)	144,658		144,658
46.	LABORATORY	(27,471)	1,656,344		1,656,344

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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.	BLOOD STORING		(487)		(487)
48.	INTRAVENOUS THERAPY	(11)	6		6
49.	RESPIRATORY THERAPY	(23,397)	497,102		497,102
50.	PHYSICAL THERAPY	(247)	155,598		155,598
51.	OCCUPATIONAL THERAPY	(39)	83,974		83,974
52.	SPEECH THERAPY		30,638		30,638
53.	ELECTROCARDIOLOGY	(3,290)	222,453		222,453
54.	ELECTROENCEPHALOGRAPHY	(960)	12,597		12,597
55.	MEDICAL SUPPLIES		341,935		341,935
56.	IMPLANTABLE CHARGED TO PAT		411,985		411,985
57.	DRUG CHGD TO PATIENT		2,139,318		2,139,318
58.	RENAL DIALYSIS	(877)	47,003		47,003
59.	AUDIOLOGY				
60.	ENDOSCOPY	(193)	101,402		101,402
61.	VASCULAR LAB	(20)	39,430		39,430
62.	PAIN TREATMENT CENTER		293		293
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	(372,856)	2,735,346		2,735,346
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES	(237)	6,134		6,134
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT	(82,702)	217,476		217,476
70.	OBSERVATION BEDS		1,094,452		1,094,452
71.	MEDICAL NUTRITUTION THERAPY		2,817	(89)	2,728
72.	OUTPATIENT PSYCH		(22)	89	67
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	(5,935,666)	44,975,819	175,395	45,151,214
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN		11		11
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.	FUNDRAISING				
89.	COMMUNITY HEALTH		29,216		29,216
90.	VACANT SPACE				
91.	TOTAL	($5,935,666)	$45,005,046	$175,395	$45,180,441

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

	COST CENTER DESCRIPTION	CAPITAL COSTS-BLDG & FIXTURES (SQ FT) (1)	CAPITAL COSTS (SQ FT) (1.1)	CAPITAL COSTS-EQUIPMENT (DOLLAR VALUE) (2)	EMPLOYEE BENEFITS (GROSS SAL) (3)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES	121,574			
1.1.	CAPITAL COSTS		21,545		
2.	CAPITAL COSTS-EQUIPMENT			87,507	
3.	EMPLOYEE BENEFITS	541		541	15,357,938
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS	746		746	222,768
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL	4,127		4,127	963,868
5.	MAINTENANCE AND REPAIRS	277		277	233,385
6.	OPERATION OF PLANT	57,217		23,150	
7.	LAUNDRY & LINEN SERVICES	655		655	
8.	HOUSEKEEPING				311,846
9.	DIETARY	4,677		4,677	185,485
10.	CAFETERIA				170,359
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION				439,729
13.	CENTRAL SERVICE & SUPPLY	753		753	135,356
14.	PHARMACY	850		850	680,103
15.	MEDICAL RECORDS LIBRARY				
16.	SOCIAL SERVICE	250		250	233,462
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	15,046		15,046	3,195,118
27.	NURSERY				
28.	ICU	9,910		9,910	1,700,845
29.	NICU				
30.	CCU				
31.	OTHER (SPECIFY)				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT				
35.	PSYCH UNIT				
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM	5,022		5,022	670,098
38.	RECOVERY ROOM	1,845		1,845	179,516
39.	DELIVERY ROOM				
40.	ANESTHESIOLOGY				
41.	RADIOLOGY-DIAGNOSTIC	2,747	6,026	2,747	762,788
42.	RADIOLOGY CAT SCAN	566		566	466,267
43.	MRI CENTER	926		926	138,745
44.	RADIOLOGY THERAPEUTIC				
45.	RADIOISOTOPE	1,090		1,090	56,310
46.	LABORATORY	2,156		2,156	690,388

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

	COST CENTER DESCRIPTION	CAPITAL COSTS-BLDG & FIXTURES (SQ FT) (1)	CAPITAL COSTS (SQ FT) (1.1)	CAPITAL COSTS-EQUIPMENT (DOLLAR VALUE) (2)	EMPLOYEE BENEFITS (GROSS SAL) (3)
47.	BLOOD STORING	130		130	
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY	491	1,717	491	411,525
50.	PHYSICAL THERAPY	318		318	143,075
51.	OCCUPATIONAL THERAPY				78,177
52.	SPEECH THERAPY				27,478
53.	ELECTROCARDIOLOGY	195	351	195	179,226
54.	ELECTROENCEPHALOGRAPHY				11,885
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS				38,400
59.	AUDIOLOGY				
60.	ENDOSCOPY				96,867
61.	VASCULAR LAB				36,327
62.	PAIN TREATMENT CENTER				
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	9,004		9,004	2,540,625
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT	2,035		2,035	328,246
70.	OBSERVATION BEDS				
71.	MEDICAL NUTRITUTION THERAPY				2,618
72.	OUTPATIENT PSYCH				
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	121,574	8,094	87,507	15,330,885
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN				
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES		9,762		
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH				27,053
90.	VACANT SPACE		3,689		
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL STATISTIC	121,574	21,545	87,507	15,357,938
94.	COST TO BE ALLOCATED(B-2)	3,821,836	1,055,862	5,825,281	3,297,014
95.	UNIT COST MULTIPLIER (B-2)	31.436294	49.007287	66.569314	0.214678
96.	COST TO BE ALLOCATED(B-3)				17,007
97.	UNIT COST MULTIPLIER (B-3)				0.001107

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (# LINES) (4.1)	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE	45,180,442			
4.2. DATA PROCESSING		45,180,375		
4.3. PURCHASING			45,180,442	
4.4. ADMISSIONS	368,086	368,086	368,086	44,812,356
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	8,673,885	8,673,885	8,673,885	8,673,885
5. MAINTENANCE AND REPAIRS	1,215,866	1,215,866	1,215,866	1,215,866
6. OPERATION OF PLANT	3,032,655	3,032,655	3,032,655	3,032,655
7. LAUNDRY & LINEN SERVICES	65,619	65,619	65,619	65,619
8. HOUSEKEEPING	532,721	532,721	532,721	532,721
9. DIETARY	850,107	850,107	850,107	850,107
10. CAFETERIA	490,480	490,480	490,480	490,480
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	619,768	619,768	619,768	619,768
13. CENTRAL SERVICE & SUPPLY	300,531	300,531	300,531	300,531
14. PHARMACY	1,592,550	1,592,550	1,592,550	1,592,550
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE	326,844	326,844	326,844	326,844
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	4,748,935	4,748,935	4,748,935	4,748,935
27. NURSERY				
28. ICU	3,425,635	3,425,635	3,425,635	3,425,635
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	1,326,558	1,326,558	1,326,558	1,326,558
38. RECOVERY ROOM	376,607	376,607	376,607	376,607
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	2,872,024	2,872,024	2,872,024	2,872,024
42. RADIOLOGY CAT SCAN	784,840	784,840	784,840	784,840
43. MRI CENTER	333,197	333,197	333,197	333,197
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE	263,574	263,574	263,574	263,574
46. LABORATORY	2,015,855	2,015,855	2,015,855	2,015,855

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

	COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (# LINES) (4.1)	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)
47.	BLOOD STORING	12,254	12,254	12,254	12,254
48.	INTRAVENOUS THERAPY	6	6	6	6
49.	RESPIRATORY THERAPY	717,714	717,714	717,714	717,714
50.	PHYSICAL THERAPY	217,479	217,479	217,479	217,479
51.	OCCUPATIONAL THERAPY	100,757	100,757	100,757	100,757
52.	SPEECH THERAPY	36,537	36,537	36,537	36,537
53.	ELECTROCARDIOLOGY	297,242	297,242	297,242	297,242
54.	ELECTROENCEPHALOGRAPHY	15,148	15,148	15,148	15,148
55.	MEDICAL SUPPLIES	341,935	341,935	341,935	341,935
56.	IMPLANTABLE CHARGED TO PAT	411,985	411,985	411,985	411,985
57.	DRUG CHGD TO PATIENT	2,139,318	2,139,318	2,139,318	2,139,318
58.	RENAL DIALYSIS	55,247	55,247	55,247	55,247
59.	AUDIOLOGY				
60.	ENDOSCOPY	122,197	122,197	122,197	122,197
61.	VASCULAR LAB	47,229	47,229	47,229	47,229
62.	PAIN TREATMENT CENTER	293	293	293	293
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	4,163,204	4,163,204	4,163,204	4,163,204
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES	6,134	6,134	6,134	6,134
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT	487,385	487,385	487,385	487,385
70.	OBSERVATION BEDS	1,094,452	1,094,452	1,094,452	1,094,452
71.	MEDICAL NUTRITUTION THERAPY	3,290	3,290	3,290	3,290
72.	OUTPATIENT PSYCH	67		67	67
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	44,486,210	44,486,143	44,486,210	44,118,124
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN	11	11	11	11
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES	478,409	478,409	478,409	478,409
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH	35,024	35,024	35,024	35,024
90.	VACANT SPACE	180,788	180,788	180,788	180,788
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL STATISTIC	45,180,442	45,180,375	45,180,442	44,812,356
94.	COST TO BE ALLOCATED(B-2)				368,086
95.	UNIT COST MULTIPLIER (B-2)				0.008214
96.	COST TO BE ALLOCATED(B-3)				23,698
97.	UNIT COST MULTIPLIER (B-3)				0.000529

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS (CHARGES) (4.5)	OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6)	MAINTENANCE AND REPAIRS (SQ FT) (5)	OPERATION OF PLANT (SQ FT) (6)
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	45,180,442			
4.6. OTHER ADMIN. AND GENERAL	8,745,132	36,435,310		
5. MAINTENANCE AND REPAIRS	1,225,853	1,225,853	115,883	
6. OPERATION OF PLANT	3,057,565	3,057,565	57,217	55,233
7. LAUNDRY & LINEN SERVICES	66,158	66,158	655	655
8. HOUSEKEEPING	537,097	537,097		
9. DIETARY	857,090	857,090	4,677	4,677
10. CAFETERIA	494,509	494,509		
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	624,859	624,859		
13. CENTRAL SERVICE & SUPPLY	303,000	303,000	753	753
14. PHARMACY	1,605,631	1,605,631	850	850
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE	329,529	329,529	250	250
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	4,787,939	4,787,939	15,046	15,046
27. NURSERY				
28. ICU	3,453,773	3,453,773	9,910	9,910
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	1,337,454	1,337,454	5,022	5,022
38. RECOVERY ROOM	379,700	379,700	1,845	1,845
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	2,895,615	2,895,615	2,747	
42. RADIOLOGY CAT SCAN	791,287	791,287	566	566
43. MRI CENTER	335,934	335,934	926	926
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE	265,739	265,739	1,090	1,090
46. LABORATORY	2,032,413	2,032,413	2,156	2,156

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

	COST CENTER DESCRIPTION	BILLING/ COLLECTIONS (CHARGES) (4.5)	OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6)	MAINTENANCE AND REPAIRS (SQ FT) (5)	OPERATION OF PLANT (SQ FT) (6)
47.	BLOOD STORING	12,355	12,355	130	130
48.	INTRAVENOUS THERAPY	6	6		
49.	RESPIRATORY THERAPY	723,609	723,609	491	
50.	PHYSICAL THERAPY	219,265	219,265	318	318
51.	OCCUPATIONAL THERAPY	101,585	101,585		
52.	SPEECH THERAPY	36,837	36,837		
53.	ELECTROCARDIOLOGY	299,684	299,684	195	
54.	ELECTROENCEPHALOGRAPHY	15,272	15,272		
55.	MEDICAL SUPPLIES	344,744	344,744		
56.	IMPLANTABLE CHARGED TO PAT	415,369	415,369		
57.	DRUG CHGD TO PATIENT	2,156,890	2,156,890		
58.	RENAL DIALYSIS	55,701	55,701		
59.	AUDIOLOGY				
60.	ENDOSCOPY	123,201	123,201		
61.	VASCULAR LAB	47,617	47,617		
62.	PAIN TREATMENT CENTER	295	295		
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	4,197,401	4,197,401	9,004	9,004
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES	6,184	6,184		
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT	491,388	491,388	2,035	2,035
70.	OBSERVATION BEDS	1,103,442	1,103,442		
71.	MEDICAL NUTRITUTION THERAPY	3,317	3,317		
72.	OUTPATIENT PSYCH	68	68		
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	44,480,507	35,735,375	115,883	55,233
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN	11	11		
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES	482,339	482,339		
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH	35,312	35,312		
90.	VACANT SPACE	182,273	182,273		
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL STATISTIC	45,180,442	36,435,310	115,883	55,233
94.	COST TO BE ALLOCATED(B-2)		8,745,132	1,520,080	4,541,972
95.	UNIT COST MULTIPLIER (B-2)		0.240018	13.117368	82.232940
96.	COST TO BE ALLOCATED(B-3)		197,967	16,269	2,896,452
97.	UNIT COST MULTIPLIER (B-3)		0.005433	0.140392	52.440606

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES (LBS OF LA) (7)	HOUSEKEEPING (HSKPG HRS) (8)	DIETARY (MEALS SER) (9)	CAFETERIA (MEALS SER) (10)
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	10,551			
8. HOUSEKEEPING		58,011		
9. DIETARY		4,677	10,551	
10. CAFETERIA				21,545
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY		753		
14. PHARMACY		850		
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE		250		
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	8,160	15,046	8,160	
27. NURSERY				
28. ICU	2,391	9,910	2,391	
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		5,022		
38. RECOVERY ROOM		1,845		
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		2,747		6,026
42. RADIOLOGY CAT SCAN		566		
43. MRI CENTER		926		
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE		1,090		
46. LABORATORY		2,156		

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES (LBS OF LA) (7)	HOUSEKEEPING (HSKPG HRS) (8)	DIETARY (MEALS SER) (9)	CAFETERIA (MEALS SER) (10)
47.	BLOOD STORING		130		
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY		491		1,717
50.	PHYSICAL THERAPY		318		
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY		195		351
54.	ELECTROENCEPHALOGRAPHY				
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS				
59.	AUDIOLOGY				
60.	ENDOSCOPY				
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY		9,004		
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT		2,035		
70.	OBSERVATION BEDS				
71.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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	10,551	58,011	10,551	8,094
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN				
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES				9,762
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				3,689
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL STATISTIC	10,551	58,011	10,551	21,545
94.	COST TO BE ALLOCATED(B-2)	144,492	666,010	1,562,455	613,200
95.	UNIT COST MULTIPLIER (B-2)	13.694626	11.480754	148.085963	28.461360
96.	COST TO BE ALLOCATED(B-3)	55,426	3,545	443,581	3,135
97.	UNIT COST MULTIPLIER (B-3)	5.253151	0.061109	42.041607	0.145509

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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)
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		86		
13. CENTRAL SERVICE & SUPPLY			2,456,492	
14. PHARMACY			38,707	100
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE		42	433,464	
27. NURSERY				
28. ICU		19	248,234	
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		2	240,988	
38. RECOVERY ROOM		2	2,511	
39. DELIVERY ROOM				
40. ANESTHESIOLOGY			41,928	
41. RADIOLOGY-DIAGNOSTIC			27,273	
42. RADIOLOGY CAT SCAN			121,568	
43. MRI CENTER			14,923	
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE			121	
46. LABORATORY			83,029	

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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)
47.	BLOOD STORING				
48.	INTRAVENOUS THERAPY			19	
49.	RESPIRATORY THERAPY			3,006	
50.	PHYSICAL THERAPY			409	
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY		1	3,607	
54.	ELECTROENCEPHALOGRAPHY			5	
55.	MEDICAL SUPPLIES			54,892	
56.	IMPLANTABLE CHARGED TO PAT			764,789	
57.	DRUG CHGD TO PATIENT				100
58.	RENAL DIALYSIS			6,928	
59.	AUDIOLOGY				
60.	ENDOSCOPY			557	
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY		17	288,199	
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT		3	81,325	
70.	OBSERVATION BEDS				
71.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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		86	2,456,482	100
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN			10	
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.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL STATISTIC		86	2,456,492	100
94.	COST TO BE ALLOCATED(B-2)		774,836	456,168	2,089,006
95.	UNIT COST MULTIPLIER (B-2)		9009.720930	0.185699	20890.060000
96.	COST TO BE ALLOCATED(B-3)		4,210	65,646	93,990
97.	UNIT COST MULTIPLIER (B-3)		48.953488	0.026723	939.900000

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (15)	SOCIAL SERVICE (TIME) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
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	289,819,548			
16. SOCIAL SERVICE		10,551		
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	32,142,605	8,160		
27. NURSERY				
28. ICU	11,078,629	2,391		
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	13,409,856			
38. RECOVERY ROOM	3,512,826			
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	7,267,496			
41. RADIOLOGY-DIAGNOSTIC	14,802,470			
42. RADIOLOGY CAT SCAN	56,389,000			
43. MRI CENTER	13,634,746			
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE	2,952,826			
46. LABORATORY	32,379,433			

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

	COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (15)	SOCIAL SERVICE (TIME) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
47.	BLOOD STORING	1,927,439			
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY	4,298,944			
50.	PHYSICAL THERAPY	1,134,797			
51.	OCCUPATIONAL THERAPY	774,836			
52.	SPEECH THERAPY	356,533			
53.	ELECTROCARDIOLOGY	7,912,974			
54.	ELECTROENCEPHALOGRAPHY	106,800			
55.	MEDICAL SUPPLIES	2,214,426			
56.	IMPLANTABLE CHARGED TO PAT	2,320,179			
57.	DRUG CHGD TO PATIENT	13,719,426			
58.	RENAL DIALYSIS	594,634			
59.	AUDIOLOGY				
60.	ENDOSCOPY	3,614,909			
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER	2,343			
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	50,123,285			
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT	13,137,608			
70.	OBSERVATION BEDS				
71.	MEDICAL NUTRITUTION THERAPY	10,528			
72.	OUTPATIENT PSYCH				
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	289,819,548	10,551		
	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.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL STATISTIC	289,819,548	10,551		
94.	COST TO BE ALLOCATED(B-2)		435,329		
95.	UNIT COST MULTIPLIER (B-2)		41.259501		
96.	COST TO BE ALLOCATED(B-3)		23,240		
97.	UNIT COST MULTIPLIER (B-3)		2.202635		

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER (SPECIFY) (SPECIFY) (19)	OTHER (SPECIFY) (SPECIFY) (20)	NURSING SCHOOL (TIME) (21)	INTERN RESIDENT APPROVED PROG (TIME) (22)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
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 CAT SCAN				
43. MRI CENTER				
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE				
46. LABORATORY				

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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.	BLOOD STORING				
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY				
50.	PHYSICAL THERAPY				
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY				
54.	ELECTROENCEPHALOGRAPHY				
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS				
59.	AUDIOLOGY				
60.	ENDOSCOPY				
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	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.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				
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)				

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY) (TIME) (23)	PARAMEDICAL ED (SPECIFY) (TIME) (24)	PARAMEDICAL ED (SPECIFY) (TIME) (25)
GENERAL SERVICE			
1. CAPITAL COSTS-BLDG & FIXTURES			
1.1. CAPITAL COSTS			
2. CAPITAL COSTS-EQUIPMENT			
3. EMPLOYEE BENEFITS			
4.1. NON-PATIENT TELEPHONE			
4.2. DATA PROCESSING			
4.3. PURCHASING			
4.4. ADMISSIONS			
4.5. BILLING/ COLLECTIONS			
4.6. OTHER ADMIN. AND GENERAL			
5. MAINTENANCE AND REPAIRS			
6. OPERATION OF PLANT			
7. LAUNDRY & LINEN SERVICES			
8. HOUSEKEEPING			
9. DIETARY			
10. CAFETERIA			
11. MAINTENANCE OF PERSONNEL			
12. NURSING ADMINISTRATION			
13. CENTRAL SERVICE & SUPPLY			
14. PHARMACY			
15. MEDICAL RECORDS LIBRARY			
16. SOCIAL SERVICE			
17. OTHER (SPECIFY)			
18. OTHER (SPECIFY)			
19. OTHER (SPECIFY)			
20. OTHER (SPECIFY)			
21. NURSING SCHOOL			
22. INTERN RESIDENT APPROVED PRO			
23. PARAMEDICAL ED (SPECIFY)			
24. PARAMEDICAL ED (SPECIFY)			
25. PARAMEDICAL ED (SPECIFY)			
INPATIENT ROUTINE SERVICE			
26. GENERAL ROUTINE CARE			
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. OTHER (SPECIFY)			
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 CAT SCAN			
43. MRI CENTER			
44. RADIOLOGY THERAPEUTIC			
45. RADIOISOTOPE			
46. LABORATORY			

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY) (TIME) (23)	PARAMEDICAL ED (SPECIFY) (TIME) (24)	PARAMEDICAL ED (SPECIFY) (TIME) (25)
47.	BLOOD STORING			
48.	INTRAVENOUS THERAPY			
49.	RESPIRATORY THERAPY			
50.	PHYSICAL THERAPY			
51.	OCCUPATIONAL THERAPY			
52.	SPEECH THERAPY			
53.	ELECTROCARDIOLOGY			
54.	ELECTROENCEPHALOGRAPHY			
55.	MEDICAL SUPPLIES			
56.	IMPLANTABLE CHARGED TO PAT			
57.	DRUG CHGD TO PATIENT			
58.	RENAL DIALYSIS			
59.	AUDIOLOGY			
60.	ENDOSCOPY			
61.	VASCULAR LAB			
62.	PAIN TREATMENT CENTER			
	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.	MEDICAL NUTRITUTION THERAPY			
72.	OUTPATIENT PSYCH			
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.	FUNDRAISING			
89.	COMMUNITY HEALTH			
90.	VACANT SPACE			
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)			

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS-BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS-EQUIPMENT
		(0)	(1)	(1.1)	(2)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES	3,821,836	3,821,836		
1.1.	CAPITAL COSTS	1,055,862		1,055,862	
2.	CAPITAL COSTS-EQUIPMENT	5,825,281			5,825,281
3.	EMPLOYEE BENEFITS	3,243,993	17,007		36,014
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS	247,151	23,451		49,661
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL	8,062,494	129,738		274,732
5.	MAINTENANCE AND REPAIRS	1,138,615	8,708		18,440
6.	OPERATION OF PLANT	(307,115)	1,798,690		1,541,080
7.	LAUNDRY & LINEN SERVICES	1,425	20,591		43,603
8.	HOUSEKEEPING	465,775			
9.	DIETARY	351,914	147,028		311,345
10.	CAFETERIA	453,908			
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION	525,368			
13.	CENTRAL SERVICE & SUPPLY	197,674	23,672		50,127
14.	PHARMACY	1,363,242	26,721		56,584
15.	MEDICAL RECORDS LIBRARY				
16.	SOCIAL SERVICE	252,224	7,859		16,642
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	2,588,420	472,989		1,001,600
27.	NURSERY				
28.	ICU	2,089,265	311,534		659,702
29.	NICU				
30.	CCU				
31.	OTHER (SPECIFY)				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT				
35.	PSYCH UNIT				
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM	690,519	157,873		334,311
38.	RECOVERY ROOM	157,249	58,000		122,820
39.	DELIVERY ROOM				
40.	ANESTHESIOLOGY				
41.	RADIOLOGY-DIAGNOSTIC	2,143,731	86,355	295,318	182,866
42.	RADIOLOGY CAT SCAN	629,272	17,793		37,678
43.	MRI CENTER	212,659	29,110		61,643
44.	RADIOLOGY THERAPEUTIC				
45.	RADIOISOTOPE	144,658	34,266		72,561
46.	LABORATORY	1,656,344	67,777		143,523

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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.	BLOOD STORING	(487)	4,087		8,654
48.	INTRAVENOUS THERAPY	6			
49.	RESPIRATORY THERAPY	497,102	15,435	84,146	32,686
50.	PHYSICAL THERAPY	155,598	9,997		21,169
51.	OCCUPATIONAL THERAPY	83,974			
52.	SPEECH THERAPY	30,638			
53.	ELECTROCARDIOLOGY	222,453	6,130	17,202	12,981
54.	ELECTROENCEPHALOGRAPHY	12,597			
55.	MEDICAL SUPPLIES	341,935			
56.	IMPLANTABLE CHARGED TO PAT	411,985			
57.	DRUG CHGD TO PATIENT	2,139,318			
58.	RENAL DIALYSIS	47,003			
59.	AUDIOLOGY				
60.	ENDOSCOPY	101,402			
61.	VASCULAR LAB	39,430			
62.	PAIN TREATMENT CENTER	293			
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	2,735,346	283,052		599,390
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES	6,134			
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT	217,476	63,973		135,469
70.	OBSERVATION BEDS	1,094,452			
71.	MEDICAL NUTRITUTION THERAPY	2,728			
72.	OUTPATIENT PSYCH	67			
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	45,151,214	3,821,836	396,666	5,825,281
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN	11			
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES			478,409	
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH	29,216			
90.	VACANT SPACE			180,788	
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER			(1)	
93.	TOTAL	45,180,441	3,821,836	1,055,862	5,825,281

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS	3,297,014			
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS	47,823			
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	206,921			
5. MAINTENANCE AND REPAIRS	50,103			
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	66,946			
9. DIETARY	39,820			
10. CAFETERIA	36,572			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	94,400			
13. CENTRAL SERVICE & SUPPLY	29,058			
14. PHARMACY	146,003			
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE	50,119			
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	685,926			
27. NURSERY				
28. ICU	365,134			
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	143,855			
38. RECOVERY ROOM	38,538			
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	163,754			
42. RADIOLOGY CAT SCAN	100,097			
43. MRI CENTER	29,785			
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE	12,089			
46. LABORATORY	148,211			

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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.	BLOOD STORING				
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY	88,345			
50.	PHYSICAL THERAPY	30,715			
51.	OCCUPATIONAL THERAPY	16,783			
52.	SPEECH THERAPY	5,899			
53.	ELECTROCARDIOLOGY	38,476			
54.	ELECTROENCEPHALOGRAPHY	2,551			
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS	8,244			
59.	AUDIOLOGY				
60.	ENDOSCOPY	20,795			
61.	VASCULAR LAB	7,799			
62.	PAIN TREATMENT CENTER				
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	545,416			
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT	70,467			
70.	OBSERVATION BEDS				
71.	MEDICAL NUTRITUTION THERAPY	562			
72.	OUTPATIENT PSYCH				
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	3,291,206			
	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.	FUNDRAISING				
89.	COMMUNITY HEALTH	5,808			
90.	VACANT SPACE				
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL	3,297,014			

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
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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)
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	368,086			
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	71,247		8,745,132	
5. MAINTENANCE AND REPAIRS	9,987		294,227	1,520,080
6. OPERATION OF PLANT	24,910		733,871	750,536
7. LAUNDRY & LINEN SERVICES	539		15,879	8,592
8. HOUSEKEEPING	4,376		128,913	
9. DIETARY	6,983		205,717	61,350
10. CAFETERIA	4,029		118,691	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	5,091		149,977	
13. CENTRAL SERVICE & SUPPLY	2,469		72,725	9,877
14. PHARMACY	13,081		385,380	11,150
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE	2,685		79,093	3,279
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	39,004		1,149,193	197,365
27. NURSERY				
28. ICU	28,138		828,968	129,993
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	10,896		321,013	65,875
38. RECOVERY ROOM	3,093		91,135	24,202
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	23,591		695,000	36,033
42. RADIOLOGY CAT SCAN	6,447		189,923	7,424
43. MRI CENTER	2,737		80,630	12,147
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE	2,165		63,782	14,298
46. LABORATORY	16,558		487,816	28,281

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FOR THE PERIOD: 7/1/20 T0 6/30/21
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.	BLOOD STORING	101		2,965	1,705
48.	INTRAVENOUS THERAPY			1	
49.	RESPIRATORY THERAPY	5,895		173,679	6,441
50.	PHYSICAL THERAPY	1,786		52,628	4,171
51.	OCCUPATIONAL THERAPY	828		24,382	
52.	SPEECH THERAPY	300		8,842	
53.	ELECTROCARDIOLOGY	2,442		71,930	2,558
54.	ELECTROENCEPHALOGRAPHY	124		3,666	
55.	MEDICAL SUPPLIES	2,809		82,745	
56.	IMPLANTABLE CHARGED TO PAT	3,384		99,696	
57.	DRUG CHGD TO PATIENT	17,572		517,692	
58.	RENAL DIALYSIS	454		13,369	
59.	AUDIOLOGY				
60.	ENDOSCOPY	1,004		29,570	
61.	VASCULAR LAB	388		11,429	
62.	PAIN TREATMENT CENTER	2		71	
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	34,197		1,007,452	118,109
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES	50		1,484	
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT	4,003		117,942	26,694
70.	OBSERVATION BEDS	8,990		264,846	
71.	MEDICAL NUTRITUTION THERAPY	27		796	
72.	OUTPATIENT PSYCH	1		16	
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	362,383		8,577,134	1,520,080
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN			3	
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES	3,930		115,770	
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH	288		8,476	
90.	VACANT SPACE	1,485		43,749	
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL	368,086		8,745,132	1,520,080

GEISINGER ST. LUKES
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FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
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	4,541,972			
7. LAUNDRY & LINEN SERVICES	53,863	144,492		
8. HOUSEKEEPING			666,010	
9. DIETARY	384,603		53,695	1,562,455
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY	61,921		8,645	
14. PHARMACY	69,898		9,759	
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE	20,558		2,870	
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	1,237,278	111,748	172,740	1,208,381
27. NURSERY				
28. ICU	814,928	32,744	113,774	354,074
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	412,974		57,656	
38. RECOVERY ROOM	151,720		21,182	
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC			31,538	
42. RADIOLOGY CAT SCAN	46,544		6,498	
43. MRI CENTER	76,148		10,631	
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE	89,634		12,514	
46. LABORATORY	177,294		24,753	

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
		(6)	(7)	(8)	(9)
47.	BLOOD STORING	10,690		1,492	
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY			5,637	
50.	PHYSICAL THERAPY	26,150		3,651	
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY			2,239	
54.	ELECTROENCEPHALOGRAPHY				
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS				
59.	AUDIOLOGY				
60.	ENDOSCOPY				
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	740,425		103,373	
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT	167,344		23,363	
70.	OBSERVATION BEDS				
71.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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	4,541,972	144,492	666,010	1,562,455
	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.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL	4,541,972	144,492	666,010	1,562,455

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY
	(10)	(11)	(12)	(13)
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	613,200			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION			774,836	
13. CENTRAL SERVICE & SUPPLY				456,168
14. PHARMACY				7,188
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			378,409	80,494
27. NURSERY				
28. ICU			171,185	46,097
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM			18,019	44,751
38. RECOVERY ROOM			18,019	466
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				7,786
41. RADIOLOGY-DIAGNOSTIC	171,508			5,065
42. RADIOLOGY CAT SCAN				22,575
43. MRI CENTER				2,771
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE				22
46. LABORATORY				15,418

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY
		(10)	(11)	(12)	(13)
47.	BLOOD STORING				
48.	INTRAVENOUS THERAPY				4
49.	RESPIRATORY THERAPY	48,868			558
50.	PHYSICAL THERAPY				76
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY	9,990		9,010	670
54.	ELECTROENCEPHALOGRAPHY				1
55.	MEDICAL SUPPLIES				10,193
56.	IMPLANTABLE CHARGED TO PAT				142,021
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS				1,287
59.	AUDIOLOGY				
60.	ENDOSCOPY				103
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY			153,165	53,518
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT			27,029	15,102
70.	OBSERVATION BEDS				
71.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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	230,366		774,836	456,166
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN				2
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES	277,840			
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE	104,994			
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL	613,200		774,836	456,168

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)
	(14)	(15)	(16)	(17)
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	2,089,006			
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE			435,329	
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			336,678	
27. NURSERY				
28. ICU			98,651	
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
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 CAT SCAN				
43. MRI CENTER				
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE				
46. LABORATORY				

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)
		(14)	(15)	(16)	(17)
47.	BLOOD STORING				
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY				
50.	PHYSICAL THERAPY				
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY				
54.	ELECTROENCEPHALOGRAPHY				
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT	2,089,006			
58.	RENAL DIALYSIS				
59.	AUDIOLOGY				
60.	ENDOSCOPY				
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	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.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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	2,089,006		435,329	
	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.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL	2,089,006		435,329	

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL
	(18)	(19)	(20)	(21)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED 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. OTHER (SPECIFY)				
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 CAT SCAN				
43. MRI CENTER				
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE				
46. LABORATORY				

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL
		(18)	(19)	(20)	(21)
47.	BLOOD STORING				
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY				
50.	PHYSICAL THERAPY				
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY				
54.	ELECTROENCEPHALOGRAPHY				
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS				
59.	AUDIOLOGY				
60.	ENDOSCOPY				
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	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.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL				

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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 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. OTHER (SPECIFY)				
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 CAT SCAN				
43. MRI CENTER				
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE				
46. LABORATORY				

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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.	BLOOD STORING				
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY				
50.	PHYSICAL THERAPY				
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY				
54.	ELECTROENCEPHALOGRAPHY				
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS				
59.	AUDIOLOGY				
60.	ENDOSCOPY				
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	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.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL				

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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 PRO		
23. PARAMEDICAL ED (SPECIFY)		
24. PARAMEDICAL ED (SPECIFY)		
25. PARAMEDICAL ED (SPECIFY)		
INPATIENT ROUTINE SERVICE		
26. GENERAL ROUTINE CARE		9,660,225
27. NURSERY		
28. ICU		6,044,187
29. NICU		
30. CCU		
31. OTHER (SPECIFY)		
32. OTHER (SPECIFY)		
33. OTHER (SPECIFY)		
34. MED REHAB UNIT		
35. PSYCH UNIT		
36. DRUG & ALCOHOL REHAB UNIT		
ANCILLARY SERVICES		
37. OPERATING ROOM		2,257,742
38. RECOVERY ROOM		686,424
39. DELIVERY ROOM		
40. ANESTHESIOLOGY		7,786
41. RADIOLOGY-DIAGNOSTIC		3,834,759
42. RADIOLOGY CAT SCAN		1,064,251
43. MRI CENTER		518,261
44. RADIOLOGY THERAPEUTIC		
45. RADIOISOTOPE		445,989
46. LABORATORY		2,765,975

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	TOTAL MED ED COST	TOTAL EXPENSES
		(26)	(27)
47.	BLOOD STORING		29,207
48.	INTRAVENOUS THERAPY		11
49.	RESPIRATORY THERAPY		958,792
50.	PHYSICAL THERAPY		305,941
51.	OCCUPATIONAL THERAPY		125,967
52.	SPEECH THERAPY		45,679
53.	ELECTROCARDIOLOGY		396,081
54.	ELECTROENCEPHALOGRAPHY		18,939
55.	MEDICAL SUPPLIES		437,682
56.	IMPLANTABLE CHARGED TO PAT		657,086
57.	DRUG CHGD TO PATIENT		4,763,588
58.	RENAL DIALYSIS		70,357
59.	AUDIOLOGY		
60.	ENDOSCOPY		152,874
61.	VASCULAR LAB		59,046
62.	PAIN TREATMENT CENTER		366
	OUTPATIENT SERVICES		
63.	CLINIC		
64.	EMERGENCY		6,373,443
65.	PARTIAL HOSPITALIZATION		
66.	AMBULANCE SERVICES		7,668
67.	HOME PROGRAM DIALYSIS		
68.	HOME HEALTH AGENCY		
69.	SHORT PROCEDURE UNIT		868,862
70.	OBSERVATION BEDS		1,368,288
71.	MEDICAL NUTRITUTION THERAPY		4,113
72.	OUTPATIENT PSYCH		84
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		43,929,673
	NON-REIMBURSABLE COST		
81.	GIFT COFFEE SHOPS & CANTEEN		16
82.	INVESTMENT PROPERTY		
83.	RESEARCH		
84.	HEARING AID CENTER		
85.	PHYSICIANS PRIVATE OFFICES		875,949
86.	INTERN/RES NON-APPRD PRGM SVS		
87.	NON-PAID WORKER		
88.	FUNDRAISING		
89.	COMMUNITY HEALTH		43,788
90.	VACANT SPACE		331,016
91.	CROSSFOOT ADJUSTMENT		
92.	NEGATIVE COST CENTER		(1)
93.	TOTAL		45,180,441

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

	COST CENTER DESCRIPTION	CAPITAL COSTS-BLDG & FIXTURES (1)	CAPITAL COSTS (1.1)	DIRECTLY ASSIGNED CAPITAL COST (2)	EMPLOYEE BENEFITS (3)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES	3,821,836			
1.1.	CAPITAL COSTS		1,055,862		
2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS	17,007			17,007
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS	23,451			247
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL	129,738		62,574	1,067
5.	MAINTENANCE AND REPAIRS	8,708			258
6.	OPERATION OF PLANT	1,798,690		1,071,513	
7.	LAUNDRY & LINEN SERVICES	20,591			
8.	HOUSEKEEPING				345
9.	DIETARY	147,028		45,033	205
10.	CAFETERIA				189
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION				487
13.	CENTRAL SERVICE & SUPPLY	23,672		379	150
14.	PHARMACY	26,721		11,171	753
15.	MEDICAL RECORDS LIBRARY				
16.	SOCIAL SERVICE	7,859			258
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	472,989		30,448	3,544
27.	NURSERY				
28.	ICU	311,534		4,525	1,883
29.	NICU				
30.	CCU				
31.	OTHER (SPECIFY)				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT				
35.	PSYCH UNIT				
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM	157,873		21,053	742
38.	RECOVERY ROOM	58,000			199
39.	DELIVERY ROOM				
40.	ANESTHESIOLOGY				
41.	RADIOLOGY-DIAGNOSTIC	86,355	295,318		844
42.	RADIOLOGY CAT SCAN	17,793			516
43.	MRI CENTER	29,110			154
44.	RADIOLOGY THERAPEUTIC				
45.	RADIOISOTOPE	34,266		1,517	62
46.	LABORATORY	67,777		429	764

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

	COST CENTER DESCRIPTION	CAPITAL COSTS-BLDG & FIXTURES (1)	CAPITAL COSTS (1.1)	DIRECTLY ASSIGNED CAPITAL COST (2)	EMPLOYEE BENEFITS (3)
47.	BLOOD STORING	4,087			
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY	15,435	84,146	33,899	456
50.	PHYSICAL THERAPY	9,997			158
51.	OCCUPATIONAL THERAPY				87
52.	SPEECH THERAPY				30
53.	ELECTROCARDIOLOGY	6,130	17,202		198
54.	ELECTROENCEPHALOGRAPHY				13
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS				43
59.	AUDIOLOGY				
60.	ENDOSCOPY				107
61.	VASCULAR LAB				40
62.	PAIN TREATMENT CENTER				
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	283,052		42,070	2,812
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT	63,973			363
70.	OBSERVATION BEDS				
71.	MEDICAL NUTRITUTION THERAPY				3
72.	OUTPATIENT PSYCH				
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	3,821,836	396,666	1,324,611	16,977
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN				
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES		478,409		
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH				30
90.	VACANT SPACE		180,788		
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER		(1)		
93.	TOTAL	3,821,836	1,055,862	1,324,611	17,007

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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				
4.4. ADMISSIONS				23,698
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				4,588
5. MAINTENANCE AND REPAIRS				643
6. OPERATION OF PLANT				1,604
7. LAUNDRY & LINEN SERVICES				35
8. HOUSEKEEPING				282
9. DIETARY				450
10. CAFETERIA				259
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				328
13. CENTRAL SERVICE & SUPPLY				159
14. PHARMACY				842
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				173
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				2,507
27. NURSERY				
28. ICU				1,812
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM				702
38. RECOVERY ROOM				199
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				1,519
42. RADIOLOGY CAT SCAN				415
43. MRI CENTER				176
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE				139
46. LABORATORY				1,066

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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.	BLOOD STORING				6
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY				380
50.	PHYSICAL THERAPY				115
51.	OCCUPATIONAL THERAPY				53
52.	SPEECH THERAPY				19
53.	ELECTROCARDIOLOGY				157
54.	ELECTROENCEPHALOGRAPHY				8
55.	MEDICAL SUPPLIES				181
56.	IMPLANTABLE CHARGED TO PAT				218
57.	DRUG CHGD TO PATIENT				1,132
58.	RENAL DIALYSIS				29
59.	AUDIOLOGY				
60.	ENDOSCOPY				65
61.	VASCULAR LAB				25
62.	PAIN TREATMENT CENTER				
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY				2,202
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				3
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT				258
70.	OBSERVATION BEDS				579
71.	MEDICAL NUTRITUTION THERAPY				2
72.	OUTPATIENT PSYCH				
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				23,330
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN				
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES				253
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH				19
90.	VACANT SPACE				96
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL				23,698

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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		197,967		
5. MAINTENANCE AND REPAIRS		6,660	16,269	
6. OPERATION OF PLANT		16,612	8,033	2,896,452
7. LAUNDRY & LINEN SERVICES		359	92	34,349
8. HOUSEKEEPING		2,918		
9. DIETARY		4,657	657	245,265
10. CAFETERIA		2,687		
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		3,395		
13. CENTRAL SERVICE & SUPPLY		1,646	106	39,488
14. PHARMACY		8,723	119	44,575
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE		1,790	35	13,110
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		26,028	2,112	789,021
27. NURSERY				
28. ICU		18,764	1,391	519,686
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		7,266	705	263,357
38. RECOVERY ROOM		2,063	259	96,753
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		15,732	386	
42. RADIOLOGY CAT SCAN		4,299	79	29,681
43. MRI CENTER		1,825	130	48,560
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE		1,444	153	57,160
46. LABORATORY		11,042	303	113,062

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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)
47.	BLOOD STORING		67	18	6,817
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY		3,931	69	
50.	PHYSICAL THERAPY		1,191	45	16,676
51.	OCCUPATIONAL THERAPY		552		
52.	SPEECH THERAPY		200		
53.	ELECTROCARDIOLOGY		1,628	27	
54.	ELECTROENCEPHALOGRAPHY		83		
55.	MEDICAL SUPPLIES		1,873		
56.	IMPLANTABLE CHARGED TO PAT		2,257		
57.	DRUG CHGD TO PATIENT		11,718		
58.	RENAL DIALYSIS		303		
59.	AUDIOLOGY				
60.	ENDOSCOPY		669		
61.	VASCULAR LAB		259		
62.	PAIN TREATMENT CENTER		2		
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY		22,804	1,264	472,175
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES		34		
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT		2,670	286	106,717
70.	OBSERVATION BEDS		5,995		
71.	MEDICAL NUTRITUTION THERAPY		18		
72.	OUTPATIENT PSYCH				
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		194,164	16,269	2,896,452
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN				
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES		2,621		
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH		192		
90.	VACANT SPACE		990		
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL		197,967	16,269	2,896,452

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(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	55,426			
8. HOUSEKEEPING		3,545		
9. DIETARY		286	443,581	
10. CAFETERIA				3,135
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY		46		
14. PHARMACY		52		
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE		15		
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	42,866	918	343,060	
27. NURSERY				
28. ICU	12,560	606	100,521	
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		307		
38. RECOVERY ROOM		113		
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		168		877
42. RADIOLOGY CAT SCAN		35		
43. MRI CENTER		57		
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE		67		
46. LABORATORY		132		

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
		(7)	(8)	(9)	(10)
47.	BLOOD STORING		8		
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY		30		250
50.	PHYSICAL THERAPY		19		
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY		12		51
54.	ELECTROENCEPHALOGRAPHY				
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS				
59.	AUDIOLOGY				
60.	ENDOSCOPY				
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY		550		
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT		124		
70.	OBSERVATION BEDS				
71.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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	55,426	3,545	443,581	1,178
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN				
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES				1,420
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				537
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL	55,426	3,545	443,581	3,135

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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		4,210		
13. CENTRAL SERVICE & SUPPLY			65,646	
14. PHARMACY			1,034	93,990
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		2,056	11,583	
27. NURSERY				
28. ICU		930	6,634	
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		98	6,440	
38. RECOVERY ROOM		98	67	
39. DELIVERY ROOM				
40. ANESTHESIOLOGY			1,120	
41. RADIOLOGY-DIAGNOSTIC			729	
42. RADIOLOGY CAT SCAN			3,249	
43. MRI CENTER			399	
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE			3	
46. LABORATORY			2,219	

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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.	BLOOD STORING				
48.	INTRAVENOUS THERAPY			1	
49.	RESPIRATORY THERAPY			80	
50.	PHYSICAL THERAPY			11	
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY		49	96	
54.	ELECTROENCEPHALOGRAPHY				
55.	MEDICAL SUPPLIES			1,469	
56.	IMPLANTABLE CHARGED TO PAT			20,437	
57.	DRUG CHGD TO PATIENT				93,990
58.	RENAL DIALYSIS			185	
59.	AUDIOLOGY				
60.	ENDOSCOPY			15	
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY		832	7,702	
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT		147	2,173	
70.	OBSERVATION BEDS				
71.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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		4,210	65,646	93,990
	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.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL		4,210	65,646	93,990

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)	OTHER (SPECIFY)
	(15)	(16)	(17)	(18)
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		23,240		
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		17,973		
27. NURSERY				
28. ICU		5,267		
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
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 CAT SCAN				
43. MRI CENTER				
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE				
46. LABORATORY				

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

	COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (15)	SOCIAL SERVICE (16)	OTHER (SPECIFY) (17)	OTHER (SPECIFY) (18)
47.	BLOOD STORING				
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY				
50.	PHYSICAL THERAPY				
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY				
54.	ELECTROENCEPHALOGRAPHY				
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS				
59.	AUDIOLOGY				
60.	ENDOSCOPY				
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	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.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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		23,240		
	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.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL		23,240		

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL	INTERN RESIDENT APPROVED PROG
	(19)	(20)	(21)	(22)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
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 CAT SCAN				
43. MRI CENTER				
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE				
46. LABORATORY				

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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.	BLOOD STORING				
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY				
50.	PHYSICAL THERAPY				
51.	OCCUPATIONAL THERAPY				
52.	SPEECH THERAPY				
53.	ELECTROCARDIOLOGY				
54.	ELECTROENCEPHALOGRAPHY				
55.	MEDICAL SUPPLIES				
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT				
58.	RENAL DIALYSIS				
59.	AUDIOLOGY				
60.	ENDOSCOPY				
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	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.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
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.	FUNDRAISING				
89.	COMMUNITY HEALTH				
90.	VACANT SPACE				
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				
93.	TOTAL				

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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)
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				1,745,105
27. NURSERY				
28. ICU				986,113
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM				458,543
38. RECOVERY ROOM				157,751
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				1,120
41. RADIOLOGY-DIAGNOSTIC				401,928
42. RADIOLOGY CAT SCAN				56,067
43. MRI CENTER				80,411
44. RADIOLOGY THERAPEUTIC				
45. RADIOISOTOPE				94,811
46. LABORATORY				196,794

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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)
47.	BLOOD STORING				11,003
48.	INTRAVENOUS THERAPY				1
49.	RESPIRATORY THERAPY				138,676
50.	PHYSICAL THERAPY				28,212
51.	OCCUPATIONAL THERAPY				692
52.	SPEECH THERAPY				249
53.	ELECTROCARDIOLOGY				25,550
54.	ELECTROENCEPHALOGRAPHY				104
55.	MEDICAL SUPPLIES				3,523
56.	IMPLANTABLE CHARGED TO PAT				22,912
57.	DRUG CHGD TO PATIENT				106,840
58.	RENAL DIALYSIS				560
59.	AUDIOLOGY				
60.	ENDOSCOPY				856
61.	VASCULAR LAB				324
62.	PAIN TREATMENT CENTER				2
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY				835,463
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				37
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT				176,711
70.	OBSERVATION BEDS				6,574
71.	MEDICAL NUTRITUTION THERAPY				23
72.	OUTPATIENT PSYCH				
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				5,536,955
	NON-REIMBURSABLE COST				
81.	GIFT COFFEE SHOPS & CANTEEN				
82.	INVESTMENT PROPERTY				
83.	RESEARCH				
84.	HEARING AID CENTER				
85.	PHYSICIANS PRIVATE OFFICES				482,703
86.	INTERN/RES NON-APPRD PRGM SVS				
87.	NON-PAID WORKER				
88.	FUNDRAISING				
89.	COMMUNITY HEALTH				241
90.	VACANT SPACE				182,411
91.	CROSSFOOT ADJUSTMENT				
92.	NEGATIVE COST CENTER				(1)
93.	TOTAL				6,202,309

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COMPUTATION OF RATIO OF DEPARTMENTAL CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1

	COST CENTER DESCRIPTION	TOTAL BILLED CHARGES (1)	TOTAL O/P CHARGES (2)	I/P CHARGES (Excluding units & other) (3)	TOTAL I/P PSYCH. UNIT CHARGES (4)	TOTAL I/P D & A UNIT CHARGES (5)
	INPATIENT ROUTINE SERVICE					
26.	GENERAL ROUTINE CARE	$28,655,692		$28,655,692		
27.	NURSERY					
28.	ICU	11,078,529		11,078,529		
29.	NICU					
30.	CCU	100		100		
31.	OTHER (SPECIFY)					
32.	OTHER (SPECIFY)					
33.	OTHER (SPECIFY)					
34.	MED REHAB UNIT					
35.	PSYCH UNIT					
36.	DRUG & ALCOHOL REHAB UNIT					
	TOTAL ROUTINE CARE	39,734,321		39,734,321		
	ANCILLARY SERVICES					
37.	OPERATING ROOM	13,409,856	8,529,611	4,880,245		
38.	RECOVERY ROOM	3,512,826	2,408,015	1,104,811		
39.	DELIVERY ROOM					
40.	ANESTHESIOLOGY	7,267,496	5,002,239	2,265,257		
41.	RADIOLOGY-DIAGNOSTIC	14,802,470	11,868,714	2,933,756		
42.	RADIOLOGY CAT SCAN	56,389,000	40,931,474	15,457,526		
43.	MRI CENTER	13,634,746	11,039,248	2,595,498		
44.	RADIOLOGY THERAPEUTIC					
45.	RADIOISOTOPE	2,952,826	2,424,044	528,782		
46.	LABORATORY	32,379,433	13,644,944	18,734,489		
47.	BLOOD STORING	1,927,424	497,710	1,429,714		
48.	INTRAVENOUS THERAPY	15	15			
49.	RESPIRATORY THERAPY	4,298,944	146,212	4,152,732		
50.	PHYSICAL THERAPY	1,134,797	79,933	1,054,864		
51.	OCCUPATIONAL THERAPY	774,836	60,216	714,620		
52.	SPEECH THERAPY	356,533	23,334	333,199		
53.	ELECTROCARDIOLOGY	7,912,974	4,876,471	3,036,503		
54.	ELECTROENCEPHALOGRAPHY	106,800	8,900	97,900		
55.	MEDICAL SUPPLIES	2,214,426	1,516,201	698,225		
56.	IMPLANTABLE CHARGED TO PAT	2,320,179	1,028,536	1,291,643		
57.	DRUG CHGD TO PATIENT	13,719,426	2,655,889	11,063,537		
58.	RENAL DIALYSIS	594,634	27,797	566,837		
59.	AUDIOLOGY					
60.	ENDOSCOPY	3,554,909	2,390,540	1,164,369		
61.	VASCULAR LAB	60,000	60,000			
62.	PAIN TREATMENT CENTER	2,543	2,343	200		
	OUTPATIENT SERVICES					
63.	CLINIC					
64.	EMERGENCY	50,115,385	38,936,671	11,178,714		
65.	PARTIAL HOSPITALIZATION					
66.	AMBULANCE SERVICES	7,700	7,700			
67.	HOME PROGRAM DIALYSIS					
68.	HOME HEALTH AGENCY					
69.	SHORT PROCEDURE UNIT	13,137,608	11,353,131	1,784,477		
70.	OBSERVATION BEDS	3,486,913	2,201,240	1,285,673		
71.	MEDICAL NUTRITUTION THERAPY	10,518	10,518			
72.	OUTPATIENT PSYCH	10	10			
73.	OTHER (SPECIFY)					
74.	OTHER (SPECIFY)					
	OTHER INPATIENT					
75.	SKILLED NURSING FACILITY					
76.	INTERMEDIATE CARE FACILITY					
77.	RESIDENTIAL TREATMENT FACILITY					
78.	OTHER (SPECIFY)					
79.	OTHER (SPECIFY)					
80.	TOTAL ANCILLARY, O/P & OTHER	250,085,227	161,731,656	88,353,571		
81.	TOTAL	$289,819,548	$161,731,656	$128,087,892		

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COMPUTATION OF RATIO OF DEPARTMENTAL CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1

	COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. UNIT CHARGES (6)	OTHER I/P CHARGES (SPECIFY) (7)	OUTPATIENT RATIO (Col. 2 ÷ Col. 1) (8)	I/P RATIO (Excluding units & other) (Col. 3 ÷ Col. 1) (9)	INPATIENT PSYCH. UNIT RATIO (Col. 4 ÷ Col. 1) (10)
	INPATIENT ROUTINE SERVICE					
26.	GENERAL ROUTINE CARE				100.000000%	
27.	NURSERY					
28.	ICU				100.000000%	
29.	NICU					
30.	CCU				100.000000%	
31.	OTHER (SPECIFY)					
32.	OTHER (SPECIFY)					
33.	OTHER (SPECIFY)					
34.	MED REHAB UNIT					
35.	PSYCH UNIT					
36.	DRUG & ALCOHOL REHAB UNIT					
	TOTAL ROUTINE CARE					
	ANCILLARY SERVICES					
37.	OPERATING ROOM			63.607029%	36.392971%	
38.	RECOVERY ROOM			68.549225%	31.450775%	
39.	DELIVERY ROOM					
40.	ANESTHESIOLOGY			68.830296%	31.169704%	
41.	RADIOLOGY-DIAGNOSTIC			80.180632%	19.819368%	
42.	RADIOLOGY CAT SCAN			72.587693%	27.412307%	
43.	MRI CENTER			80.964090%	19.035910%	
44.	RADIOLOGY THERAPEUTIC					
45.	RADIOISOTOPE			82.092341%	17.907659%	
46.	LABORATORY			42.140775%	57.859225%	
47.	BLOOD STORING			25.822549%	74.177451%	
48.	INTRAVENOUS THERAPY			100.000000%		
49.	RESPIRATORY THERAPY			3.401114%	96.598886%	
50.	PHYSICAL THERAPY			7.043815%	92.956185%	
51.	OCCUPATIONAL THERAPY			7.771451%	92.228549%	
52.	SPEECH THERAPY			6.544696%	93.455304%	
53.	ELECTROCARDIOLOGY			61.626274%	38.373726%	
54.	ELECTROENCEPHALOGRAPHY			8.333333%	91.666667%	
55.	MEDICAL SUPPLIES			68.469256%	31.530744%	
56.	IMPLANTABLE CHARGED TO PAT			44.330028%	55.669972%	
57.	DRUG CHGD TO PATIENT			19.358601%	80.641399%	
58.	RENAL DIALYSIS			4.674640%	95.325360%	
59.	AUDIOLOGY					
60.	ENDOSCOPY			67.246166%	32.753834%	
61.	VASCULAR LAB			100.000000%		
62.	PAIN TREATMENT CENTER			92.135273%	7.864727%	
	OUTPATIENT SERVICES					
63.	CLINIC					
64.	EMERGENCY			77.694047%	22.305953%	
65.	PARTIAL HOSPITALIZATION					
66.	AMBULANCE SERVICES			100.000000%		
67.	HOME PROGRAM DIALYSIS					
68.	HOME HEALTH AGENCY					
69.	SHORT PROCEDURE UNIT			86.417033%	13.582967%	
70.	OBSERVATION BEDS			63.128618%	36.871382%	
71.	MEDICAL NUTRITUTION THERAPY			100.000000%		
72.	OUTPATIENT PSYCH			100.000000%		
73.	OTHER (SPECIFY)					
74.	OTHER (SPECIFY)					
	OTHER INPATIENT					
75.	SKILLED NURSING FACILITY					
76.	INTERMEDIATE CARE FACILITY					
77.	RESIDENTIAL TREATMENT FACILITY					
78.	OTHER (SPECIFY)					
79.	OTHER (SPECIFY)					
80.	TOTAL ANCILLARY, O/P & OTHER					
81.	TOTAL					

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COMPUTATION OF RATIO OF DEPARTMENTAL CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1

	COST CENTER DESCRIPTION	INPATIENT D & A UNIT RATIO (Col. 5 ÷ Col. 1) (11)	I/P MEDICAL REHAB. UNIT RATIO (Col. 6 ÷ Col. 1) (12)	OTHER I/P RATIO (Col. 7 ÷ Col. 1) (13)
	INPATIENT ROUTINE SERVICE			
26.	GENERAL ROUTINE CARE			
27.	NURSERY			
28.	ICU			
29.	NICU			
30.	CCU			
31.	OTHER (SPECIFY)			
32.	OTHER (SPECIFY)			
33.	OTHER (SPECIFY)			
34.	MED REHAB UNIT			
35.	PSYCH UNIT			
36.	DRUG & ALCOHOL REHAB UNIT			
	TOTAL ROUTINE CARE			
	ANCILLARY SERVICES			
37.	OPERATING ROOM			
38.	RECOVERY ROOM			
39.	DELIVERY ROOM			
40.	ANESTHESIOLOGY			
41.	RADIOLOGY-DIAGNOSTIC			
42.	RADIOLOGY CAT SCAN			
43.	MRI CENTER			
44.	RADIOLOGY THERAPEUTIC			
45.	RADIOISOTOPE			
46.	LABORATORY			
47.	BLOOD STORING			
48.	INTRAVENOUS THERAPY			
49.	RESPIRATORY THERAPY			
50.	PHYSICAL THERAPY			
51.	OCCUPATIONAL THERAPY			
52.	SPEECH THERAPY			
53.	ELECTROCARDIOLOGY			
54.	ELECTROENCEPHALOGRAPHY			
55.	MEDICAL SUPPLIES			
56.	IMPLANTABLE CHARGED TO PAT			
57.	DRUG CHGD TO PATIENT			
58.	RENAL DIALYSIS			
59.	AUDIOLOGY			
60.	ENDOSCOPY			
61.	VASCULAR LAB			
62.	PAIN TREATMENT CENTER			
	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.	MEDICAL NUTRITUTION THERAPY			
72.	OUTPATIENT PSYCH			
73.	OTHER (SPECIFY)			
74.	OTHER (SPECIFY)			
	OTHER INPATIENT			
75.	SKILLED NURSING FACILITY			
76.	INTERMEDIATE CARE FACILITY			
77.	RESIDENTIAL TREATMENT FACILITY			
78.	OTHER (SPECIFY)			
79.	OTHER (SPECIFY)			
80.	TOTAL ANCILLARY, O/P & OTHER			
81.	TOTAL			

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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)
	INPATIENT ROUTINE SERVICE					
26.	GENERAL ROUTINE CARE	$9,660,225		$9,660,225		
27.	NURSERY					
28.	ICU	6,044,187		6,044,187		
29.	NICU					
30.	CCU					
31.	OTHER (SPECIFY)					
32.	OTHER (SPECIFY)					
33.	OTHER (SPECIFY)					
34.	MED REHAB UNIT					
35.	PSYCH UNIT					
36.	DRUG & ALCOHOL REHAB UNIT					
	TOTAL ROUTINE CARE	15,704,412		15,704,412		
	ANCILLARY SERVICES					
37.	OPERATING ROOM	2,257,742	1,436,083	821,659		
38.	RECOVERY ROOM	686,424	470,538	215,886		
39.	DELIVERY ROOM					
40.	ANESTHESIOLOGY	7,786	5,359	2,427		
41.	RADIOLOGY-DIAGNOSTIC	3,834,759	3,074,734	760,025		
42.	RADIOLOGY CAT SCAN	1,064,251	772,515	291,736		
43.	MRI CENTER	518,261	419,605	98,656		
44.	RADIOLOGY THERAPEUTIC					
45.	RADIOISOTOPE	445,989	366,123	79,866		
46.	LABORATORY	2,765,975	1,165,603	1,600,372		
47.	BLOOD STORING	29,207	7,542	21,665		
48.	INTRAVENOUS THERAPY	11	11			
49.	RESPIRATORY THERAPY	958,792	32,610	926,182		
50.	PHYSICAL THERAPY	305,941	21,550	284,391		
51.	OCCUPATIONAL THERAPY	125,967	9,789	116,178		
52.	SPEECH THERAPY	45,679	2,990	42,689		
53.	ELECTROCARDIOLOGY	396,081	244,090	151,991		
54.	ELECTROENCEPHALOGRAPHY	18,939	1,578	17,361		
55.	MEDICAL SUPPLIES	437,682	299,678	138,004		
56.	IMPLANTABLE CHARGED TO PAT	657,086	291,286	365,800		
57.	DRUG CHGD TO PATIENT	4,763,588	922,164	3,841,424		
58.	RENAL DIALYSIS	70,357	3,289	67,068		
59.	AUDIOLOGY					
60.	ENDOSCOPY	152,874	102,802	50,072		
61.	VASCULAR LAB	59,046	59,046			
62.	PAIN TREATMENT CENTER	366	337	29		
	OUTPATIENT SERVICES					
63.	CLINIC					
64.	EMERGENCY	6,373,443	4,951,786	1,421,657		
65.	PARTIAL HOSPITALIZATION					
66.	AMBULANCE SERVICES	7,668	7,668			
67.	HOME PROGRAM DIALYSIS					
68.	HOME HEALTH AGENCY					
69.	SHORT PROCEDURE UNIT	868,862	750,845	118,017		
70.	OBSERVATION BEDS	1,368,288	863,781	504,507		
71.	MEDICAL NUTRITUTION THERAPY	4,113	4,113			
72.	OUTPATIENT PSYCH	84	84			
73.	OTHER (SPECIFY)					
74.	OTHER (SPECIFY)					
	OTHER INPATIENT					
75.	SKILLED NURSING FACILITY					
76.	INTERMEDIATE CARE FACILITY					
77.	RESIDENTIAL TREATMENT FACILITY					
78.	OTHER (SPECIFY)					
79.	OTHER (SPECIFY)					
80.	TOTAL ANCILLARY, O/P & OTHER	28,225,261	16,287,599	11,937,662		
81.	TOTAL	$43,929,673	$16,287,599	$27,642,074		

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

	COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. COSTS (Col. 1 x Wkst. C-1, Col. 12) (6)	OTHER I/P COSTS (Col. 1 x Wkst. C-1, Col. 13) (7)	I/P CHARGES (Excluding units & other) (From Wkst. C-1, Col. 3) (8)	PA M.A. I/P CHARGES (Excluding units & other) (9)	I/P PER DIEM (Col. 3 ÷ Col. 12) or MA I/P RATIO (Col. 9 ÷ Col. 8) (10)
	INPATIENT ROUTINE SERVICE					
26.	GENERAL ROUTINE CARE			$28,655,692	$389,906	$1,183.85
27.	NURSERY					
28.	ICU			11,078,529	407,768	2,527.89
29.	NICU					
30.	CCU			100		
31.	OTHER (SPECIFY)					
32.	OTHER (SPECIFY)					
33.	OTHER (SPECIFY)					
34.	MED REHAB UNIT					
35.	PSYCH UNIT					
36.	DRUG & ALCOHOL REHAB UNIT					
	TOTAL ROUTINE CARE			39,734,321	797,674	
	ANCILLARY SERVICES					
37.	OPERATING ROOM			4,880,245	55,402	1.14%
38.	RECOVERY ROOM			1,104,811	11,589	1.05%
39.	DELIVERY ROOM					
40.	ANESTHESIOLOGY			2,265,257	22,679	1.00%
41.	RADIOLOGY-DIAGNOSTIC			2,933,756	47,730	1.63%
42.	RADIOLOGY CAT SCAN			15,457,526	267,330	1.73%
43.	MRI CENTER			2,595,498	48,163	1.86%
44.	RADIOLOGY THERAPEUTIC					
45.	RADIOISOTOPE			528,782	7,338	1.39%
46.	LABORATORY			18,734,489	383,220	2.05%
47.	BLOOD STORING			1,429,714	10,658	0.75%
48.	INTRAVENOUS THERAPY					
49.	RESPIRATORY THERAPY			4,152,732	122,793	2.96%
50.	PHYSICAL THERAPY			1,054,864	9,678	0.92%
51.	OCCUPATIONAL THERAPY			714,620	5,915	0.83%
52.	SPEECH THERAPY			333,199	1,346	0.40%
53.	ELECTROCARDIOLOGY			3,036,503	88,694	2.92%
54.	ELECTROENCEPHALOGRAPHY			97,900		
55.	MEDICAL SUPPLIES			698,225	2,901	0.42%
56.	IMPLANTABLE CHARGED TO PAT			1,291,643		
57.	DRUG CHGD TO PATIENT			11,063,537	182,183	1.65%
58.	RENAL DIALYSIS			566,837		
59.	AUDIOLOGY					
60.	ENDOSCOPY			1,164,369	16,544	1.42%
61.	VASCULAR LAB					
62.	PAIN TREATMENT CENTER			200		
	OUTPATIENT SERVICES					
63.	CLINIC					
64.	EMERGENCY			11,178,714	224,120	2.00%
65.	PARTIAL HOSPITALIZATION					
66.	AMBULANCE SERVICES					
67.	HOME PROGRAM DIALYSIS					
68.	HOME HEALTH AGENCY					
69.	SHORT PROCEDURE UNIT			1,784,477	17,469	
70.	OBSERVATION BEDS			1,285,673	5,976	
71.	MEDICAL NUTRITUTION THERAPY					
72.	OUTPATIENT PSYCH					
73.	OTHER (SPECIFY)					
74.	OTHER (SPECIFY)					
	OTHER INPATIENT					
75.	SKILLED NURSING FACILITY					
76.	INTERMEDIATE CARE FACILITY					
77.	RESIDENTIAL TREATMENT FACILITY					
78.	OTHER (SPECIFY)					
79.	OTHER (SPECIFY)					
80.	TOTAL ANCILLARY, O/P & OTHER			88,353,571	1,531,728	
81.	TOTAL			$128,087,892	$2,329,402	

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
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)
	INPATIENT ROUTINE SERVICE			
26.	GENERAL ROUTINE CARE	$185,864	8,160	157.0
27.	NURSERY			
28.	ICU	151,673	2,391	60.0
29.	NICU			
30.	CCU			
31.	OTHER (SPECIFY)			
32.	OTHER (SPECIFY)			
33.	OTHER (SPECIFY)			
34.	MED REHAB UNIT			
35.	PSYCH UNIT			
36.	DRUG & ALCOHOL REHAB UNIT			
	TOTAL ROUTINE CARE	337,537	10,551	217.0
	ANCILLARY SERVICES			
37.	OPERATING ROOM	9,367		
38.	RECOVERY ROOM	2,267		
39.	DELIVERY ROOM			
40.	ANESTHESIOLOGY	24		
41.	RADIOLOGY-DIAGNOSTIC	12,388		
42.	RADIOLOGY CAT SCAN	5,047		
43.	MRI CENTER	1,835		
44.	RADIOLOGY THERAPEUTIC			
45.	RADIOISOTOPE	1,110		
46.	LABORATORY	32,808		
47.	BLOOD STORING	162		
48.	INTRAVENOUS THERAPY			
49.	RESPIRATORY THERAPY	27,415		
50.	PHYSICAL THERAPY	2,616		
51.	OCCUPATIONAL THERAPY	964		
52.	SPEECH THERAPY	171		
53.	ELECTROCARDIOLOGY	4,438		
54.	ELECTROENCEPHALOGRAPHY			
55.	MEDICAL SUPPLIES	580		
56.	IMPLANTABLE CHARGED TO PAT			
57.	DRUG CHGD TO PATIENT	63,383		
58.	RENAL DIALYSIS			
59.	AUDIOLOGY			
60.	ENDOSCOPY	711		
61.	VASCULAR LAB			
62.	PAIN TREATMENT CENTER			
	OUTPATIENT SERVICES			
63.	CLINIC			
64.	EMERGENCY	28,433		
65.	PARTIAL HOSPITALIZATION			
66.	AMBULANCE SERVICES			
67.	HOME PROGRAM DIALYSIS			
68.	HOME HEALTH AGENCY			
69.	SHORT PROCEDURE UNIT			
70.	OBSERVATION BEDS			
71.	MEDICAL NUTRITUTION THERAPY			
72.	OUTPATIENT PSYCH			
73.	OTHER (SPECIFY)			
74.	OTHER (SPECIFY)			
	OTHER INPATIENT			
75.	SKILLED NURSING FACILITY			
76.	INTERMEDIATE CARE FACILITY			
77.	RESIDENTIAL TREATMENT FACILITY			
78.	OTHER (SPECIFY)			
79.	OTHER (SPECIFY)			
80.	TOTAL ANCILLARY, O/P & OTHER	193,719		
81.	TOTAL	$531,256		

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY
AMENDED WORKSHEET C-5

	COST CENTER DESCRIPTION	TOTAL CAPITAL COSTS (From Wkst. B-3, Col. 26) (1)	TOTAL I/P CAPITAL COSTS (Col. 1 x Wkst. C-1, Col. 9) (2)	TOTAL I/P CHARGES (Excl. units & other) (From Wkst. C-1, Col. 3) (3)	PA M.A. I/P CHARGES (Excl. units & other) (From Wkst. C-2, Col. 9) (4)
	INPATIENT ROUTINE SERVICE				
26.	GENERAL ROUTINE CARE	$1,745,105	$1,745,105	$28,655,692	$389,906
27.	NURSERY				
28.	ICU	986,113	986,113	11,078,529	407,768
29.	NICU				
30.	CCU			100	
31.	OTHER (SPECIFY)				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT				
35.	PSYCH UNIT				
36.	DRUG & ALCOHOL REHAB UNIT				
	TOTAL ROUTINE CARE	2,731,218	2,731,218	39,734,321	797,674
	ANCILLARY SERVICES				
37.	OPERATING ROOM	458,543	166,877	4,880,245	55,402
38.	RECOVERY ROOM	157,751	49,614	1,104,811	11,589
39.	DELIVERY ROOM				
40.	ANESTHESIOLOGY	1,120	349	2,265,257	22,679
41.	RADIOLOGY-DIAGNOSTIC	401,928	79,660	2,933,756	47,730
42.	RADIOLOGY CAT SCAN	56,067	15,369	15,457,526	267,330
43.	MRI CENTER	80,411	15,307	2,595,498	48,163
44.	RADIOLOGY THERAPEUTIC				
45.	RADIOISOTOPE	94,811	16,978	528,782	7,338
46.	LABORATORY	196,794	113,863	18,734,489	383,220
47.	BLOOD STORING	11,003	8,162	1,429,714	10,658
48.	INTRAVENOUS THERAPY	1			
49.	RESPIRATORY THERAPY	138,676	133,959	4,152,732	122,793
50.	PHYSICAL THERAPY	28,212	26,225	1,054,864	9,678
51.	OCCUPATIONAL THERAPY	692	638	714,620	5,915
52.	SPEECH THERAPY	249	233	333,199	1,346
53.	ELECTROCARDIOLOGY	25,550	9,804	3,036,503	88,694
54.	ELECTROENCEPHALOGRAPHY	104	95	97,900	
55.	MEDICAL SUPPLIES	3,523	1,111	698,225	2,901
56.	IMPLANTABLE CHARGED TO PAT	22,912	12,755	1,291,643	
57.	DRUG CHGD TO PATIENT	106,840	86,157	11,063,537	182,183
58.	RENAL DIALYSIS	560	534	566,837	
59.	AUDIOLOGY				
60.	ENDOSCOPY	856	280	1,164,369	16,544
61.	VASCULAR LAB	324			
62.	PAIN TREATMENT CENTER	2		200	
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	835,463	186,358	11,178,714	224,120
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES	37			
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT	176,711	24,003	1,784,477	17,469
70.	OBSERVATION BEDS	6,574	2,424	1,285,673	5,976
71.	MEDICAL NUTRITUTION THERAPY	23			
72.	OUTPATIENT PSYCH				
73.	OTHER (SPECIFY)				
74.	OTHER (SPECIFY)				
	OTHER INPATIENT				
75.	SKILLED NURSING FACILITY				
76.	INTERMEDIATE CARE FACILITY				
77.	RESIDENTIAL TREATMENT FACILITY				
78.	OTHER (SPECIFY)				
79.	OTHER (SPECIFY)				
80.	TOTAL ANCILLARY, O/P & OTHER	2,805,737	950,755	88,353,571	1,531,728
81.	TOTAL	$5,536,955	$3,681,973	$128,087,892	$2,329,402

GEISINGER ST. LUKES
PROVIDER NUMBER: 1037273860001
FOR THE PERIOD: 7/1/20 T0 6/30/21
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY
AMENDED WORKSHEET C-5

	COST CENTER DESCRIPTION	I/P CAPITAL PER DIEM (Col. 2 ÷ Col. 7) or M.A. I/P RATIO (Col. 4 ÷ Col. 3) (5)	PA M.A. I/P CAPITAL COSTS (Col. 5 x Col. 8) or (Col. 2 x Col. 5) (6)	TOTAL DAYS (7)	M.A. DAYS (8)
	INPATIENT ROUTINE SERVICE				
26.	GENERAL ROUTINE CARE	$213.86	$33,576	8,160	157.0
27.	NURSERY				
28.	ICU	412.43	24,746	2,391	60.0
29.	NICU				
30.	CCU				
31.	OTHER (SPECIFY)				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT				
35.	PSYCH UNIT				
36.	DRUG & ALCOHOL REHAB UNIT				
	TOTAL ROUTINE CARE		58,322	10,551	217.0
	ANCILLARY SERVICES				
37.	OPERATING ROOM	1.14%	1,902		
38.	RECOVERY ROOM	1.05%	521		
39.	DELIVERY ROOM				
40.	ANESTHESIOLOGY	1.00%	3		
41.	RADIOLOGY-DIAGNOSTIC	1.63%	1,298		
42.	RADIOLOGY CAT SCAN	1.73%	266		
43.	MRI CENTER	1.86%	285		
44.	RADIOLOGY THERAPEUTIC				
45.	RADIOISOTOPE	1.39%	236		
46.	LABORATORY	2.05%	2,334		
47.	BLOOD STORING	0.75%	61		
48.	INTRAVENOUS THERAPY				
49.	RESPIRATORY THERAPY	2.96%	3,965		
50.	PHYSICAL THERAPY	0.92%	241		
51.	OCCUPATIONAL THERAPY	0.83%	5		
52.	SPEECH THERAPY	0.40%	1		
53.	ELECTROCARDIOLOGY	2.92%	286		
54.	ELECTROENCEPHALOGRAPHY				
55.	MEDICAL SUPPLIES	0.42%	5		
56.	IMPLANTABLE CHARGED TO PAT				
57.	DRUG CHGD TO PATIENT	1.65%	1,422		
58.	RENAL DIALYSIS				
59.	AUDIOLOGY				
60.	ENDOSCOPY	1.42%	4		
61.	VASCULAR LAB				
62.	PAIN TREATMENT CENTER				
	OUTPATIENT SERVICES				
63.	CLINIC				
64.	EMERGENCY	2.00%	3,727		
65.	PARTIAL HOSPITALIZATION				
66.	AMBULANCE SERVICES				
67.	HOME PROGRAM DIALYSIS				
68.	HOME HEALTH AGENCY				
69.	SHORT PROCEDURE UNIT				
70.	OBSERVATION BEDS				
71.	MEDICAL NUTRITUTION THERAPY				
72.	OUTPATIENT PSYCH				
73.	OTHER (SPECIFY)				
74.	OTHER (SPECIFY)				
	OTHER INPATIENT				
75.	SKILLED NURSING FACILITY				
76.	INTERMEDIATE CARE FACILITY				
77.	RESIDENTIAL TREATMENT FACILITY				
78.	OTHER (SPECIFY)				
79.	OTHER (SPECIFY)				
80.	TOTAL ANCILLARY, O/P & OTHER		16,562		
81.	TOTAL		$74,884		

RIGHT OF APPEAL FROM COSTS DISALLOWANCE

You may **appeal any disallowance** contained in this report in accordance with your appeal rights as governed by 55 Pa. Code Chapter 41.[2]

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

- Department of Human Services, Bureau of Hearings and Appeals, 2330 Vartan Way, 2nd Floor, Harrisburg, PA 17110.[3]

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

Your **request for hearing** must:

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

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

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

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

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[2] Please consult with your solicitor regarding these appeal rights under PA Code, Title 55, Chapter 41. Medical Assistance Provider Appeal Procedures of the DHS' regulations.
https://www.pacode.com/secure/data/055/chapter41/chap41toc.html

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

[4] *See* 55 Pa. Code § 41.32(b).

[5] *See* 55 Pa. Code § 41.31(d).

GEISINGER ST. LUKE'S HOSPITAL
REPORT DISTRIBUTION
FOR THE FISCAL YEAR ENDED JUNE 30, 2021

This report was initially distributed to:

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Office of Medical Assistance Programs
Department of Human Services

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Division of Audit and Review
Department of Human Services

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Division of Hospital and OP Rate Setting
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St. Luke's University Health Network

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