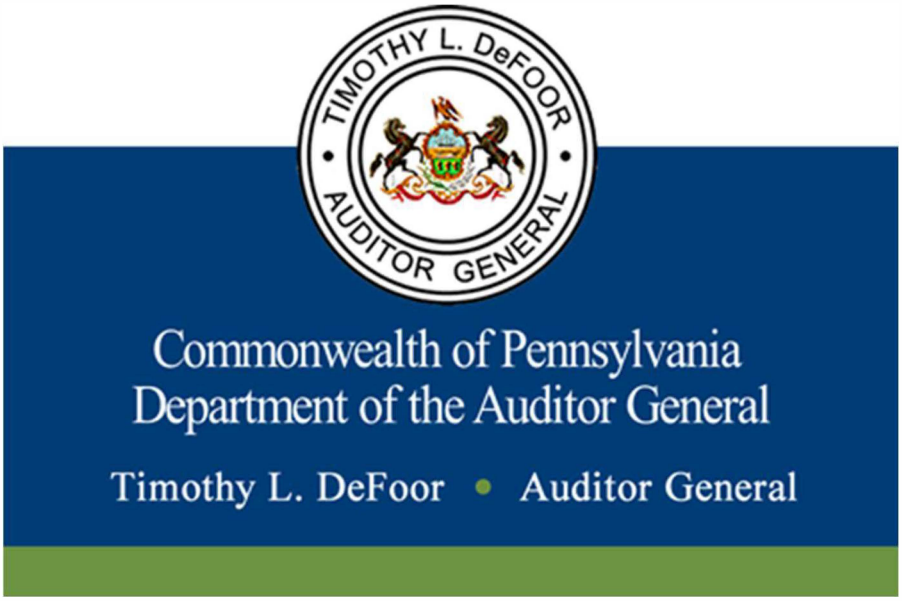
AMENDED FINANCIAL REPORT

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

Lehigh Valley Hospital - Pocono

Report Period July 1, 2017 – June 30, 2018

November 2021



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Commonwealth of Pennsylvania
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TIMOTHY L. DEFOOR
AUDITOR GENERAL

October 4, 2021

Mr. Thomas Marchozzi
Executive Vice President and Chief Financial Officer
Lehigh Valley Health Network
LVNH - One City Center
707 Hamilton Street, Executive Suite, 9th Floor
Post Office Box 1806
Allentown, PA 18105

Dear Mr. Marchozzi:

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 Lehigh Valley Hospital - Pocono for the fiscal year ended June 30, 2018. The purpose of these procedures was to certify the costs detailed in the facility's submitted MA-336 cost report. The results of these procedures are detailed below and in the adjustments section of our issued final amended MA-336 cost report. DHS will use our final amended MA-336 cost report to set the Medical Assistance reimbursement rate for this facility which includes a new Medical Rehab Unit.

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

Lehigh Valley Hospital - Pocono (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 4/6/20.

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

1. Compared total paid MA days, MA charges, and MA discharges for the Diagnostic Related Groupings (DRG), Psychiatric Unit, and the new Medical Rehab Unit detailed on the facility's submitted MA-336 Cost Report to the actual data supplied in the Cost Settlement Report, dated May 20, 2021, and provided by the DHS from PROMISe™.
    - We determined adjustments were warranted as a result of this procedure; therefore, the final amended cost report includes the actual paid MA days, MA charges, and MA discharges for the DRG, Psychiatric Unit, and Medical Rehab Unit detailed in the Cost Settlement Report, dated May 20, 2021, provided by the DHS from PROMISe™. Refer to adjustments #1, #2, #5, & #6 on the Amended Adjustment Report.

2. Compared total costs and total charges included in the facility's submitted MA-336 Cost Report to the total costs and total charges included in the facility's trial balance.
    - No adjustments were warranted as a result of this procedure.

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

4. Compared the cost allocation statistics for the Medical Rehab Unit, and in total, included on the facility's submitted MA-336 Cost Report to the cost allocation statistics included in the facility's final accepted Medicare Cost Report and the facility's documentation on statistics.
    - We determined that an adjustment was needed to include the Housekeeping statistic for the Medical Rehab Unit, which was inadvertently excluded on the submitted MA-336 Cost Report. Refer to adjustment #3 on the Amended Adjustment Report.

5. Determined whether any costs were included in the facility's submitted MA-336 Cost Report "Capital Costs-Bldg" cost center for the new Medical Rehab Unit. Such costs are nonallowable per Chapter 1163, Subchapter B, 1163.453.
    - We determined such nonallowable costs were included in the facility's submitted MA-336 Cost Report "Capital Costs-Bldg" cost center for the new Medical Rehab Unit as a result of this procedure; therefore, these costs were excluded from our final amended MA-336 Cost Report. Refer to adjustment #4 on the Amended Adjustment Report.

We also performed procedures in addition to those requested by 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 May 20, 2021, is of undetermined reliability. However, the DHS confirmed that, for their purposes and use of our issued amended MA-336 cost reports, it was not necessary for us to conduct any further procedures to attempt to determine the reliability of that data, such as comparing data in the PROMISe™ system to supporting source documents at the facility. Therefore, users of this report should take into consideration that the evidence upon which we relied, at the DHS' request to calculate paid MA days and MA discharges, is of undetermined reliability.

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

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

We appreciate the cooperation, assistance, and courtesy granted our representatives by your officials and the staff of the Lehigh Valley Hospital - Pocono.

Sincerely,

Timothy L. DeFoor

Timothy L. DeFoor
Auditor General

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS: Lehigh Valley Hospital - Pocono
206 East Brown Street
East Stroudsburg, Pennsylvania 18301

PROVIDER NO.: 1007723970002
1007723970014
1007723970046

PERIOD: 07/01/2017 to 06/30/2018

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
					Inpatient Statistics MA Days			
MA-336	S-2	4	1 10	1	General Care Unit Psychiatric Unit To adjust the reported MA Days to the paid MA Days per the Cost Settlement Report, dated 05/20/21. DHS 1163, Subchapter A, 1163.51 DHS 1151.41	762.0 460.0	3,358.0 113.0	4,120.0 573.0
					MA Discharges			
MA-336	S-2	10	9 10	2	PA MA Discharges - DRG PA MA Discharges - Psychiatric To adjust the reported MA Discharges to the paid MA Discharges per the Cost Settlement Report, dated 05/20/21. DHS 1163, Subchapter A, 1163.51 DHS 1151.41	587.0 29.0	340.0 14.0	927.0 43.0
					B-1 Statisitcal Adjustment			
MA336	B-1	34	8	3	MRU - Housekeeping To adjust the Medical Rehabilitation Unit - Housekeeping Statistic for proper cost reporting purposes. DHS 1163, Subchapter B, 1163.451	0	315	315
					C-2 Cost Adjustment			
MA-336	C-2	34	1	4	Medical Rehab Unit To delete non-allowable Capital Costs on Buildings for new Medical Rehab Unit. DHS 1163, Subchapter B, 1163.453	$2,555,345	($115,221)	$2,440,124

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1007723970014
1007723970046

PERIOD: 07/01/2017 to 06/30/2018

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
					Charge Adjustment DRG MA Charges			
MA-336	C-2	26	9	5	General Routine Care	$ 4,487,550	$ 3,904,660	$ 8,392,210
		27			Nursery	$ 339,576	$ 295,469	$ 635,045
		28			Intensive Care Unit	$ 1,099,760	$ 956,912	$ 2,056,672
		29			Neonate ICU	$ 529,871	$ 461,046	$ 990,917
		30			Coronary Care Unit	$ 183,273	$ 159,468	$ 342,741
		37			Operating Room	$ 1,176,662	$ 1,023,826	$ 2,200,488
		38			Recovery Room	$ 146,310	$ 127,306	$ 273,616
		39			Delivery and Labor Rm	$ 515,286	$ 448,356	$ 963,642
		40			Anesthesiology	$ 139,091	$ 121,025	$ 260,116
		41			Radiology-Diagnostic	$ 1,252,106	$ 1,089,470	$ 2,341,576
		42			CT Scan	$ 1,286,015	$ 1,118,975	$ 2,404,990
		43			MRI	$ 450,407	$ 391,904	$ 842,311
		45			Radioisotope	$ 297,517	$ 258,873	$ 556,390
		46			Laboratory	$ 2,405,882	$ 2,093,383	$ 4,499,265
		48			Blood Storage and Processing	$ 241,508	$ 210,139	$ 451,647
		50			Respiratory Therapy	$ 850,792	$ 740,283	$ 1,591,075
		51			Physical Therapy	$ 98,277	$ 85,512	$ 183,789
		53			Speech Therapy	$ 6,391	$ 5,561	$ 11,952
		55			Electrocardiology	$ 709,894	$ 617,686	$ 1,327,580
		56			Cardiovascular Lab	$ 1,315,258	$ 1,144,419	$ 2,459,677
		57			EP Lab	$ 129,067	$ 112,303	$ 241,370
		58			Electroencephalography	$ 7,349	$ 6,394	$ 13,743
		59			Medical Supplies Charged to Patients	$ 108,703	$ 94,584	$ 203,287
		60			Implantable Devices	$ 282,969	$ 246,214	$ 529,183
		61			Drugs Charged to Patients	$ 2,786,322	$ 2,424,407	$ 5,210,729
		62			Renal Dialysis	$ 28,074	$ 24,427	$ 52,501
		64			Cancer Center	$ 52,229	$ 45,445	$ 97,674
		66			Cardiopulmanary	$ 27,977	$ 24,343	$ 52,320
		68			Observation Beds Non-Distinct	$ 23,807	$ 20,715	$ 44,522
		71			Emergency Room	$ 808,129	$ 703,161	$ 1,511,290
					Total	$ 21,786,052	$ 18,956,266	$ 40,742,318
					To adjust the MA Inpatient Charges to the paid MA Inpatient Charges per the Cost Settlement Report, dated 05/20/21. The MA Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Inpatient Charges. DHS 1163, Subchapter A, 1163.51			

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS: Lehigh Valley Hospital - Pocono
206 East Brown Street
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PROVIDER NO.: 1007723970002
1007723970014
1007723970046

PERIOD: 07/01/2017 to 06/30/2018

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
					Charge Adjustment Psychiatric MA Charges			
MA-336	C-3	35	3	6	Psychiatric Unit	$ 977,500	$ 186,822	$ 1,164,322
		41			Radiology-Diagnostic	$ 8,267	$ 1,580	$ 9,847
		42			CT Scan	$ 9,951	$ 1,902	$ 11,853
		43			MRI	$ 9,686	$ 1,851	$ 11,537
		45			Radioisotope	$ 4,563	$ 872	$ 5,435
		46			Laboratory	$ 97,143	$ 18,566	$ 115,709
		48			Blood Storage and Processing	$ 63	$ 12	$ 75
		55			Electrocardiology	$ 10,457	$ 1,999	$ 12,456
		61			Drugs Charged to Patients	$ 58,612	$ 11,202	$ 69,814
		65			Mental Health Ancillary	$ 169,729	$ 32,439	$ 202,168
		68			Observation Beds - Non-Distinct	$ 58	$ 11	$ 69
		71			Emergency Room	$ 40,230	$ 7,689	$ 47,919
					Total	$ 1,386,259	$ 264,945	$ 1,651,204
					To adjust the MA Psychiatric Inpatient Charges to the paid MA Psychiatric Inpatient Charges per the Cost Settlement Report, dated 05/20/21. The MA Psychiatric Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Psychiatric Inpatient Charges. DHS 1151.41			

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

	PROVIDER NUMBER 1007723970002			PERIOD 7/1/2017 to 6/30/2018
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	31,722	4,120.0	$858.14	$3,535,537
2. NURSERY	2,065	114.0	$207.85	$23,695
3. INTENSIVE CARE UNIT	2,583	77.0	$1,090.52	$83,970
4. NEONATE INTENSIVE CARE UNIT	1,522	71.0	$1,148.74	$81,561
5. CORONARY CARE UNIT	1,397	19.0	$3,213.73	$61,061
6. CRITICAL CARE				
7. OTHER				
8. OTHER				
9. SUB-TOTAL (1-8)	39,289	4,401.0		$3,785,824
10. PA M.A. ANCILLARY SERVICE COST (From Wkst. C-2, Line 80, Col. 11)				$4,769,594
11. TOTAL PA M.A. REIMBURSABLE COST (Sum of Lines 9 & 10, Col. 4)				$8,555,418
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)				$8,555,418

	PROVIDER NUMBER 1007723970014			PERIOD 7/1/2017 to 6/30/2018
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	4,777	573.0	$765.64	$438,712
2. PSYCHIATRIC UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-3, Line 80, Col. 5)				$174,868
3. TOTAL PA M.A. PSYCHIATRIC UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				$613,580
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. PSYCHIATRIC UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				$613,580

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

	PROVIDER NUMBER	PERIOD
		7/1/2017 to 6/30/2018

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
	1007723970046	7/1/2017 to 6/30/2018

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	2,496		$977.61	
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)

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
1007723970014 / 1007723970046
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
HOSPITAL AND HOSPITAL - HEALTH CARE COMPLEX STATISTICAL DATA
(Excluding SNF and ICF facility Data)
AMENDED WORKSHEET S-2

INPATIENT BED COMPLEMENT AND OCCUPANCY	GENERAL ROUTINE CARE (1)	NURSERY (2)	INTENSIVE CARE UNIT (3)	NEONATE INTENSIVE CARE UNIT (4)	CORONARY CARE UNIT (5)	CRITICAL CARE (6)	OTHER (7)	OTHER (8)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD	173	20	12	8	12			
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	63,145	7,300	4,380	2,920	4,380			
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	31,722	2,065	2,583	1,522	1,397			
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	4,120.0	114.0	77.0	71.0	19.0			
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)**	

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
1007723970014 / 1007723970046
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
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	225	20		12	257
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	82,125	7,300		4,380	93,805
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	39,289	4,777		2,496	46,562
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	4,401.0	573.0			4,974.0
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	9,816	347		211	10,374
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD	587	29			616
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	9,816	347		211	10,374
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	927	43			970

STATISTICAL					
11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.)	0.1120	0.1199			0.1068
12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.)	0.4784	0.6544		0.5699	0.4964
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	4.0025	13.7666		11.8294	4.4883
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) **(EXAMPLE: IF 150 SHOW 150.0)**	1,224.0	25.0		17.0	1,266.0

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
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 (Col. 3 +/- 4)
	SALARIES (1)	OTHER (2)	TOTAL (Col. 1 + 2) (3)	(4)	(5)
GENERAL SERVICE					
1. CAPITAL COSTS-BLDG & FIXTURES		$1,683,677	$1,683,677	$12,174,565	$13,858,242
1.1. CAPITAL COSTS-NEW BLDG					
1.2. CAPITAL COSTS-NEW BLDG					
1.3. CAPITAL COSTS-NEW BLDG					
1.4. CAPITAL COSTS-NEW BLDG					
1.5. CAPITAL COSTS-NEW BLDG					
1.6. CAPITAL COSTS-NEW BLDG					
1.7. CAPITAL COSTS-NEW BLDG					
2.1. CAPITAL COSTS-EQUIPMENT					
2.2. CAPITAL COSTS-EQUIPMENT		16,240,106	16,240,106	(12,191,946)	4,048,160
3. EMPLOYEE BENEFITS	597,876	23,445,699	24,043,575	115,982	24,159,557
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	10,528,799	16,202,391	26,731,190	(98,601)	26,632,589
5. MAINTENANCE AND REPAIRS	1,204,571	4,527,073	5,731,644	(2,328,196)	3,403,448
6. OPERATION OF PLANT	691,369	154,745	846,114	2,328,196	3,174,310
7. LAUNDRY & LINEN SERVICES		1,632	1,632		1,632
8. HOUSEKEEPING	1,371,680	988,794	2,360,474		2,360,474
9. DIETARY	1,075,793	1,000,485	2,076,278	(422,953)	1,653,325
10. CAFETERIA				361,881	361,881
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION	1,357,068	531,024	1,888,092		1,888,092
13. INSERVICE EDUCATION					
14. CENTRAL SERVICE & SUPPLY	659,855	601,891	1,261,746		1,261,746
15. PHARMACY	3,141,972	23,207,627	26,349,599	(25,776,672)	572,927
16. MEDICAL RECORDS LIBRARY	1,126,980	124,445	1,251,425		1,251,425
17. SOCIAL SERVICE	1,730,424	180,738	1,911,162		1,911,162
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	12,186,074	5,488,286	17,674,360	(6,977,267)	10,697,093
27. NURSERY	21,732	35,675	57,407		57,407
28. ICU	1,153,064	278,350	1,431,414		1,431,414
29. NICU	879,337	149,284	1,028,621		1,028,621
30. CCU	2,013,292	486,509	2,499,801		2,499,801
31. CRITICAL CARE					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT	1,063,259	136,965	1,200,224		1,200,224
35. PSYCH UNIT	1,706,553	41,474	1,748,027		1,748,027
36. DRUG & ALCOHOL REHAB UNIT					
ANCILLARY SERVICES					
37. OPERATING ROOM	5,305,393	12,109,457	17,414,850	(4,023,735)	13,391,115
38. RECOVERY ROOM	795,692	179,635	975,327	(6,244)	969,083
39. DELIVERY ROOM	1,394,719	472,911	1,867,630		1,867,630
40. ANESTHESIOLOGY	113,264	4,348,388	4,461,652		4,461,652
41. RADIOLOGY-DIAGNOSTIC	5,500,632	2,400,423	7,901,055	(154,079)	7,746,976
42. CAT SCAN	1,293,962	801,751	2,095,713	(33,059)	2,062,654
43. MAGNETIC RESONANCE IMAGING	658,456	475,137	1,133,593		1,133,593
44. RADIOLOGY-THERAPEUTIC					
45. RADIOISOTOPE	542,154	1,068,824	1,610,978	(2)	1,610,976
46. LABORATORY	2,893,897	8,460,527	11,354,424	14,487	11,368,911
47. WHOLE BLOOD					
48. BLOOD STOR PROC TRANS	374,495	1,569,900	1,944,395		1,944,395

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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 (Col. 3 +/- 4)
		SALARIES (1)	OTHER (2)	TOTAL (Col. 1 + 2) (3)	(4)	(5)
49.	INTRAVENOUS THERAPY					
50.	RESPIRATORY THERAPY	1,164,392	218,801	1,383,193	(4,207)	1,378,986
51.	PHYSICAL THERAPY	941,752	133,558	1,075,310		1,075,310
52.	OCCUPATIONAL THERAPY					
53.	SPEECH THERAPY	134,957	562	135,519	(348)	135,171
54.	OXYGEN THERAPY					
55.	ELECTROCARDIOLOGY	425,068	48,826	473,894		473,894
56.	CARDIOVASCULAR LAB	882,787	1,566,780	2,449,567	(296,344)	2,153,223
57.	EP LAB	148,583	2,457,453	2,606,036	(2,161,038)	444,998
58.	ELECTROENCEPHALOGRAPHY	47,034	1,606	48,640		48,640
59.	MEDICAL SUPPLIES				237,718	237,718
60.	IMPL. DEV. CHARGED TO PATIENT				6,448,499	6,448,499
61.	DRUGS CHARGED TO PATIENTS				25,759,563	25,759,563
62.	RENAL DIALYSIS	4	450,818	450,822	(4,539)	446,283
63.	AUDIOLOGY					
64.	CANCER CENTER	2,361,722	1,551,335	3,913,057	12,018	3,925,075
65.	MENTAL HEALTH ANCILLARY	585,063	153	585,216		585,216
66.	CARDIOPULMONARY	593,826	24,397	618,223		618,223
67.	OTHER (SPECIFY)					
68.	OBSV BEDS DIST UNT-RTC	8,236	14,926	23,162		23,162
	OUTPATIENT SERVICES					
69.	CLINIC					
70.	DIABETES EDUCATION	100,779	4,096	104,875	23,816	128,691
71.	EMERGENCY ROOM	6,195,553	3,191,338	9,386,891	3,075,614	12,462,505
72.	PARTIAL HOSPITALZATION					
73.	AMBULANCE SERVICES					
74.	HOME PROGRAM DIALYSIS					
75.	HOME HEALTH AGENCY					
76.	SHORT PROCEDURE UNIT					
77.	OBSERVATION BEDS				3,901,653	3,901,653
78.	INTEREST					
79.	OTHER (SPECIFY)					
80.	OTHER (SPECIFY)					
81.	OTHER (SPECIFY)					
82.	OTHER (SPECIFY)					
83.	OTHER (SPECIFY)					
84.	OTHER (SPECIFY)					
85.	OTHER (SPECIFY)					
	OTHER INPATIENT					
86.	SKILLED NURSING FACILITY					
87.	INTERMEDIATE CARE FACILITY					
88.	RESIDENTIAL TREATMENT FACILITY					
89.	OTHER (SPECIFY)					
90.	OTHER (SPECIFY)					
91.	SUBTOTAL	74,972,118	137,058,472	212,030,590	(25,238)	212,005,352
	NON-REIMBURSABLE COST					
92.	GIFT COFFEE SHOPS & CANTEEN	39,388		39,388		39,388
93.	PHYS PRIVATE OFFICES		12,273	12,273		12,273
94.	NON-PAID WORKER	29,158	6,850	36,008		36,008
95.	WEIGHT MANAGEMENT	169,170		169,170	25,238	194,408
96.	FUND RAISING					
97.	CHIP					
98.	OB/PEDS CLINIC	465,645	58,924	524,569		524,569
99.	447 SITE	16,537		16,537		16,537
100.	COMMUNITY RELATIONS	131,750	1,242,759	1,374,509		1,374,509
101.	PHYSICIAN RECRUITMENT		59,821	59,821		59,821
102.	WELLNESS INSTITUTE	16,616	1,113	17,729		17,729
103	SPIRIT OF WOMEN		2,079	2,079		2,079
104	COAG CLINIC		2,642	2,642		2,642
105	CRITICAL CARE PRACTICE	236,767	10,252	247,019		247,019
106	CANCER CENTER-UNOCCUPIED SPACE					
107	CANCER CENTER-PHYSICIANS OFFICES					
108	EMS OUTREACH & ED	133,184	160,470	293,654		293,654
109	RETAIL PHARMACY	192,453	844,001	1,036,454		1,036,454
110	GOOD SHEPHERD					
111.	TOTAL	$76,402,786	$139,459,656	$215,862,442		$215,862,442

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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	($8,899,709)	$4,958,533		$4,958,533
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT	4,346,417	8,394,577		8,394,577
3. EMPLOYEE BENEFITS	732,936	24,892,493		24,892,493
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	(8,055,990)	18,576,599		18,576,599
5. MAINTENANCE AND REPAIRS		3,403,448		3,403,448
6. OPERATION OF PLANT	(151,970)	3,022,340		3,022,340
7. LAUNDRY & LINEN SERVICES		1,632		1,632
8. HOUSEKEEPING		2,360,474		2,360,474
9. DIETARY		1,653,325		1,653,325
10. CAFETERIA		361,881		361,881
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		1,888,092		1,888,092
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY		1,261,746		1,261,746
15. PHARMACY		572,927		572,927
16. MEDICAL RECORDS LIBRARY	(24,556)	1,226,869		1,226,869
17. SOCIAL SERVICE		1,911,162		1,911,162
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		10,697,093		10,697,093
27. NURSERY	(6,129)	51,278		51,278
28. ICU		1,431,414		1,431,414
29. NICU		1,028,621		1,028,621
30. CCU		2,499,801		2,499,801
31. CRITICAL CARE				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT		1,200,224		1,200,224
35. PSYCH UNIT		1,748,027		1,748,027
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	(183,255)	13,207,860		13,207,860
38. RECOVERY ROOM		969,083		969,083
39. DELIVERY ROOM		1,867,630		1,867,630
40. ANESTHESIOLOGY	(3,901,110)	560,542		560,542
41. RADIOLOGY-DIAGNOSTIC		7,746,976		7,746,976
42. CAT SCAN		2,062,654		2,062,654
43. MAGNETIC RESONANCE IMAGING		1,133,593		1,133,593
44. RADIOLOGY-THERAPEUTIC				
45. RADIOISOTOPE		1,610,976		1,610,976
46. LABORATORY		11,368,911		11,368,911
47. WHOLE BLOOD				
48. BLOOD STOR PROC TRANS		1,944,395		1,944,395

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
AMENDED WORKSHEET A-1

	COST CENTER DESCRIPTION (OMIT CENTS)	ADJUSTMENTS TO EXPENSES INCREASES (DECREASES) (6)	NET EXPENSES FOR ALLOCATION (7)	AUDIT ADJUSTMENTS (8)	NET EXPENSES FOR ALLOCATION (9)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	(54,426)	1,324,560		1,324,560
51.	PHYSICAL THERAPY		1,075,310		1,075,310
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY		135,171		135,171
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	(38,298)	435,596		435,596
56.	CARDIOVASCULAR LAB	(365,629)	1,787,594		1,787,594
57.	EP LAB		444,998		444,998
58.	ELECTROENCEPHALOGRAPHY	(2,894)	45,746		45,746
59.	MEDICAL SUPPLIES		237,718		237,718
60.	IMPL. DEV. CHARGED TO PATIENT		6,448,499		6,448,499
61.	DRUGS CHARGED TO PATIENTS	(6,892)	25,752,671		25,752,671
62.	RENAL DIALYSIS		446,283		446,283
63.	AUDIOLOGY				
64.	CANCER CENTER	(26,889)	3,898,186		3,898,186
65.	MENTAL HEALTH ANCILLARY		585,216		585,216
66.	CARDIOPULMONARY		618,223		618,223
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC		23,162		23,162
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION		128,691		128,691
71.	EMERGENCY ROOM	(730,978)	11,731,527		11,731,527
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS		3,901,653		3,901,653
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	(17,369,372)	194,635,980		194,635,980
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN		39,388		39,388
93.	PHYS PRIVATE OFFICES		12,273		12,273
94.	NON-PAID WORKER		36,008		36,008
95.	WEIGHT MANAGEMENT		194,408		194,408
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC	(3,255)	521,314		521,314
99.	447 SITE		16,537		16,537
100.	COMMUNITY RELATIONS	(342,132)	1,032,377		1,032,377
101.	PHYSICIAN RECRUITMENT		59,821		59,821
102.	WELLNESS INSTITUTE		17,729		17,729
103	SPIRIT OF WOMEN		2,079		2,079
104	COAG CLINIC		2,642		2,642
105	CRITICAL CARE PRACTICE		247,019		247,019
106	CANCER CENTER-UNOCCUPIED SPACE				
107	CANCER CENTER-PHYSICIANS OFFICES				
108	EMS OUTREACH & ED		293,654		293,654
109	RETAIL PHARMACY		1,036,454		1,036,454
110	GOOD SHEPHERD				
111.	TOTAL	($17,714,759)	$198,147,683		$198,147,683

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS-BLDG & FIXTURES (SQ FT) (1)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.1)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.2)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.3)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES	439,862			
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS	8,170			
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	37,510			
5. MAINTENANCE AND REPAIRS	43,074			
6. OPERATION OF PLANT	3,503			
7. LAUNDRY & LINEN SERVICES	1,608			
8. HOUSEKEEPING	2,662			
9. DIETARY	4,595			
10. CAFETERIA	6,577			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	671			
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	10,114			
15. PHARMACY	3,141			
16. MEDICAL RECORDS LIBRARY	5,995			
17. SOCIAL SERVICE	932			
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	61,802			
27. NURSERY	528			
28. ICU	8,138			
29. NICU	2,409			
30. CCU	7,970			
31. CRITICAL CARE				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	10,221			
35. PSYCH UNIT	6,510			
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	40,165			
38. RECOVERY ROOM	2,777			
39. DELIVERY ROOM	5,130			
40. ANESTHESIOLOGY	298			
41. RADIOLOGY-DIAGNOSTIC	34,397			
42. CAT SCAN	3,734			
43. MAGNETIC RESONANCE IMAGING	4,254			
44. RADIOLOGY-THERAPEUTIC				
45. RADIOISOTOPE	3,723			
46. LABORATORY	7,263			
47. WHOLE BLOOD				
48. BLOOD STOR PROC TRANS	1,068			

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COST ALLOCATION
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AMENDED WORKSHEET B-1

	COST CENTER DESCRIPTION	CAPITAL COSTS-BLDG & FIXTURES (SQ FT) (1)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.1)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.2)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.3)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	1,316			
51.	PHYSICAL THERAPY	2,398			
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY				
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	916			
56.	CARDIOVASCULAR LAB	7,373			
57.	EP LAB	921			
58.	ELECTROENCEPHALOGRAPHY	402			
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS				
62.	RENAL DIALYSIS	772			
63.	AUDIOLOGY				
64.	CANCER CENTER	39,824			
65.	MENTAL HEALTH ANCILLARY	1,362			
66.	CARDIOPULMONARY	2,506			
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC	4,534			
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION	818			
71.	EMERGENCY ROOM	28,174			
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	420,255			
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN	838			
93.	PHYS PRIVATE OFFICES	2,064			
94.	NON-PAID WORKER	456			
95.	WEIGHT MANAGEMENT				
96.	FUND RAISING				
97.	CHIP	665			
98.	OB/PEDS CLINIC	177			
99.	447 SITE	4,476			
100.	COMMUNITY RELATIONS				
101.	PHYSICIAN RECRUITMENT	332			
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE				
106	CANCER CENTER-UNOCCUPIED SPAC	9,376			
107	CANCER CENTER-PHYSICIANS OFFIC	624			
108	EMS OUTREACH & ED				
109	RETAIL PHARMACY	599			
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS-BLDG & FIXTURES (SQ FT) (1)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.1)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.2)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.3)
112. NEGATIVE COST CENTER				
113. TOTAL STATISTIC	439,862			
114. COST TO BE ALLOCATED(B-2)	4,958,533			
115. UNIT COST MULTIPLIER (B-2)	11.272929			
116. COST TO BE ALLOCATED(B-3)				
117. UNIT COST MULTIPLIER (B-3)				

Lehigh Valley Hospital Pocono
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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG (SQ FT) (1.4)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.5)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.6)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.7)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY				
15. PHARMACY				
16. MEDICAL RECORDS LIBRARY				
17. SOCIAL SERVICE				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. CRITICAL CARE				
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. CAT SCAN				
43. MAGNETIC RESONANCE IMAGING				
44. RADIOLOGY-THERAPEUTIC				
45. RADIOISOTOPE				
46. LABORATORY				
47. WHOLE BLOOD				
48. BLOOD STOR PROC TRANS				

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FOR THE PERIOD: 7/1/2017 T0 6/30/2018
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG (SQ FT) (1.4)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.5)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.6)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.7)
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIOVASCULAR LAB				
57. EP LAB				
58. ELECTROENCEPHALOGRAPHY				
59. MEDICAL SUPPLIES				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUGS CHARGED TO PATIENTS				
62. RENAL DIALYSIS				
63. AUDIOLOGY				
64. CANCER CENTER				
65. MENTAL HEALTH ANCILLARY				
66. CARDIOPULMONARY				
67. OTHER (SPECIFY)				
68. OBSV BEDS DIST UNT-RTC				
OUTPATIENT SERVICES				
69. CLINIC				
70. DIABETES EDUCATION				
71. EMERGENCY ROOM				
72. PARTIAL HOSPITALZATION				
73. AMBULANCE SERVICES				
74. HOME PROGRAM DIALYSIS				
75. HOME HEALTH AGENCY				
76. SHORT PROCEDURE UNIT				
77. OBSERVATION BEDS				
78. INTEREST				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. SUBTOTAL				
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				
93. PHYS PRIVATE OFFICES				
94. NON-PAID WORKER				
95. WEIGHT MANAGEMENT				
96. FUND RAISING				
97. CHIP				
98. OB/PEDS CLINIC				
99. 447 SITE				
100. COMMUNITY RELATIONS				
101. PHYSICIAN RECRUITMENT				
102. WELLNESS INSTITUTE				
103 SPIRIT OF WOMEN				
104 COAG CLINIC				
105 CRITICAL CARE PRACTICE				
106 CANCER CENTER-UNOCCUPIED SPAC				
107 CANCER CENTER-PHYSICIANS OFFIC				
108 EMS OUTREACH & ED				
109 RETAIL PHARMACY				
110 GOOD SHEPHERD				
111. CROSSFOOT ADJUSTMENT				

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG (SQ FT) (1.4)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.5)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.6)	CAPITAL COSTS-NEW BLDG (SQ FT) (1.7)
112. NEGATIVE COST CENTER				
113. TOTAL STATISTIC				
114. COST TO BE ALLOCATED(B-2)				
115. UNIT COST MULTIPLIER (B-2)				
116. COST TO BE ALLOCATED(B-3)				
117. UNIT COST MULTIPLIER (B-3)				

Lehigh Valley Hospital Pocono
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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS-EQUIPMENT (SQ FT) (2.1)	CAPITAL COSTS-EQUIPMENT (DOLLAR VALUE) (2.2)	EMPLOYEE BENEFITS (GROSS SAL) (3)	NON-PATIENT TELEPHONE (# LINES) (4.1)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT		9,501,799		
3. EMPLOYEE BENEFITS		13,592	72,866,421	
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL		2,516,078	8,532,753	
5. MAINTENANCE AND REPAIRS		455,694	1,204,571	
6. OPERATION OF PLANT		75,777	574,088	
7. LAUNDRY & LINEN SERVICES		1,009		
8. HOUSEKEEPING		48,172	1,371,680	
9. DIETARY		40,339	652,840	
10. CAFETERIA			361,881	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		244,286	1,357,068	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY		277,747	659,855	
15. PHARMACY		57,219		
16. MEDICAL RECORDS LIBRARY		148	1,126,980	
17. SOCIAL SERVICE		16,165	1,730,424	
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		134,376	12,186,074	
27. NURSERY		14,219	21,732	
28. ICU		40,887	1,153,064	
29. NICU		44,765	879,337	
30. CCU		5,195	2,013,292	
31. CRITICAL CARE				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT			1,063,259	
35. PSYCH UNIT		6,390	1,706,553	
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		1,037,171	5,305,393	
38. RECOVERY ROOM		23,022	795,692	
39. DELIVERY ROOM		34,049	1,394,719	
40. ANESTHESIOLOGY		40,158	113,264	
41. RADIOLOGY-DIAGNOSTIC		1,343,946	5,500,632	
42. CAT SCAN		155,915	1,293,962	
43. MAGNETIC RESONANCE IMAGING		720,700	658,456	
44. RADIOLOGY-THERAPEUTIC				
45. RADIOISOTOPE		34,168	542,154	
46. LABORATORY		192,531	2,893,897	
47. WHOLE BLOOD				
48. BLOOD STOR PROC TRANS		5,819	374,495	

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

	COST CENTER DESCRIPTION	CAPITAL COSTS-EQUIPMENT (SQ FT) (2.1)	CAPITAL COSTS-EQUIPMENT (DOLLAR VALUE) (2.2)	EMPLOYEE BENEFITS (GROSS SAL) (3)	NON-PATIENT TELEPHONE (# LINES) (4.1)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY		39,034	1,164,392	
51.	PHYSICAL THERAPY			941,752	
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY			134,957	
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY		22,169	425,068	
56.	CARDIOVASCULAR LAB		25,630	882,787	
57.	EP LAB		31,124	148,583	
58.	ELECTROENCEPHALOGRAPHY		14,733	47,034	
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS			3,141,972	
62.	RENAL DIALYSIS			4	
63.	AUDIOLOGY				
64.	CANCER CENTER		1,520,702	2,304,448	
65.	MENTAL HEALTH ANCILLARY		309	585,063	
66.	CARDIOPULMONARY		30,570	593,826	
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC		2,505	8,236	
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION			124,595	
71.	EMERGENCY ROOM		219,169	5,464,575	
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL		9,485,482	71,435,407	
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN			39,388	
93.	PHYS PRIVATE OFFICES				
94.	NON-PAID WORKER		35	29,158	
95.	WEIGHT MANAGEMENT		371	194,408	
96.	FUND RAISING		6,331		
97.	CHIP		3,110		
98.	OB/PEDS CLINIC			465,645	
99.	447 SITE			16,537	
100.	COMMUNITY RELATIONS		4,180	106,858	
101.	PHYSICIAN RECRUITMENT		641		
102.	WELLNESS INSTITUTE		1,379	16,616	
103	SPIRIT OF WOMEN		270		
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE			236,767	
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED			133,184	
109	RETAIL PHARMACY			192,453	
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS-EQUIPMENT (SQ FT) (2.1)	CAPITAL COSTS-EQUIPMENT (DOLLAR VALUE) (2.2)	EMPLOYEE BENEFITS (GROSS SAL) (3)	NON-PATIENT TELEPHONE (# LINES) (4.1)
112. NEGATIVE COST CENTER				
113. TOTAL STATISTIC		9,501,799	72,866,421	
114. COST TO BE ALLOCATED(B-2)		8,394,577	24,996,601	
115. UNIT COST MULTIPLIER (B-2)		0.883472	0.343047	
116. COST TO BE ALLOCATED(B-3)			92,100	
117. UNIT COST MULTIPLIER (B-3)			0.001264	

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)	BILLING/ COLLECTIONS (CHARGES) (4.5)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY				
15. PHARMACY				
16. MEDICAL RECORDS LIBRARY				
17. SOCIAL SERVICE				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. CRITICAL CARE				
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. CAT SCAN				
43. MAGNETIC RESONANCE IMAGING				
44. RADIOLOGY-THERAPEUTIC				
45. RADIOISOTOPE				
46. LABORATORY				
47. WHOLE BLOOD				
48. BLOOD STOR PROC TRANS				

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)	BILLING/ COLLECTIONS (CHARGES) (4.5)
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIOVASCULAR LAB				
57. EP LAB				
58. ELECTROENCEPHALOGRAPHY				
59. MEDICAL SUPPLIES				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUGS CHARGED TO PATIENTS				
62. RENAL DIALYSIS				
63. AUDIOLOGY				
64. CANCER CENTER				
65. MENTAL HEALTH ANCILLARY				
66. CARDIOPULMONARY				
67. OTHER (SPECIFY)				
68. OBSV BEDS DIST UNT-RTC				
OUTPATIENT SERVICES				
69. CLINIC				
70. DIABETES EDUCATION				
71. EMERGENCY ROOM				
72. PARTIAL HOSPITALZATION				
73. AMBULANCE SERVICES				
74. HOME PROGRAM DIALYSIS				
75. HOME HEALTH AGENCY				
76. SHORT PROCEDURE UNIT				
77. OBSERVATION BEDS				
78. INTEREST				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
OTHER INPATIENT				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. SUBTOTAL				
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				
93. PHYS PRIVATE OFFICES				
94. NON-PAID WORKER				
95. WEIGHT MANAGEMENT				
96. FUND RAISING				
97. CHIP				
98. OB/PEDS CLINIC				
99. 447 SITE				
100. COMMUNITY RELATIONS				
101. PHYSICIAN RECRUITMENT				
102. WELLNESS INSTITUTE				
103 SPIRIT OF WOMEN				
104 COAG CLINIC				
105 CRITICAL CARE PRACTICE				
106 CANCER CENTER-UNOCCUPIED SPAC				
107 CANCER CENTER-PHYSICIANS OFFIC				
108 EMS OUTREACH & ED				
109 RETAIL PHARMACY				
110 GOOD SHEPHERD				
111. CROSSFOOT ADJUSTMENT				

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)	BILLING/ COLLECTIONS (CHARGES) (4.5)
112. NEGATIVE COST CENTER				
113. TOTAL STATISTIC				
114. COST TO BE ALLOCATED(B-2)				
115. UNIT COST MULTIPLIER (B-2)				
116. COST TO BE ALLOCATED(B-3)				
117. UNIT COST MULTIPLIER (B-3)				

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6)	MAINTENANCE AND REPAIRS (SQ FT) (5)	OPERATION OF PLANT (SQ FT) (6)	LAUNDRY & LINEN SERVICES (LBS OF LA) (7)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	173,998,217			
5. MAINTENANCE AND REPAIRS	4,704,835	351,108		
6. OPERATION OF PLANT	3,325,715	3,503	347,605	
7. LAUNDRY & LINEN SERVICES	20,650	1,608	1,608	633,837
8. HOUSEKEEPING	2,903,593	2,662	2,662	
9. DIETARY	1,964,717	4,595	4,595	7,721
10. CAFETERIA	560,165	6,577	6,577	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	2,577,014	671	671	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	1,847,503	10,114	10,114	8,778
15. PHARMACY	658,886	3,141	3,141	
16. MEDICAL RECORDS LIBRARY	1,681,188	5,995	5,995	
17. SOCIAL SERVICE	2,529,566	932	932	
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	15,692,902	61,802	61,802	230,337
27. NURSERY	77,247	528	528	8,293
28. ICU	1,954,831	8,138	8,138	19,000
29. NICU	1,396,980	2,409	2,409	221
30. CCU	3,284,890	7,970	7,970	25,285
31. CRITICAL CARE				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	1,680,193	10,221	10,221	12,441
35. PSYCH UNIT	2,412,487	6,510	6,510	7,809
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	16,396,948	40,165	40,165	122,307
38. RECOVERY ROOM	1,293,687	2,777	2,777	9,381
39. DELIVERY ROOM	2,433,995	5,130	5,130	11,836
40. ANESTHESIOLOGY	638,234	298	298	
41. RADIOLOGY-DIAGNOSTIC	11,209,045	34,397	34,397	42,303
42. CAT SCAN	2,686,384	3,734	3,734	
43. MAGNETIC RESONANCE IMAGING	2,044,147	4,254	4,254	
44. RADIOLOGY-THERAPEUTIC				
45. RADIOISOTOPE	1,869,115	3,723	3,723	
46. LABORATORY	12,613,625	7,263	7,263	
47. WHOLE BLOOD				
48. BLOOD STOR PROC TRANS	2,090,044	1,068	1,068	

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	COST CENTER DESCRIPTION	OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6)	MAINTENANCE AND REPAIRS (SQ FT) (5)	OPERATION OF PLANT (SQ FT) (6)	LAUNDRY & LINEN SERVICES (LBS OF LA) (7)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	1,773,321	1,316	1,316	
51.	PHYSICAL THERAPY	1,425,407	2,398	2,398	
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY	181,468			
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	611,326	916	916	1,420
56.	CARDIOVASCULAR LAB	2,196,189	7,373	7,373	14,149
57.	EP LAB	533,848	921	921	
58.	ELECTROENCEPHALOGRAPHY	79,429	402	402	
59.	MEDICAL SUPPLIES	237,718			
60.	IMPL. DEV. CHARGED TO PATIENT	6,448,499			
61.	DRUGS CHARGED TO PATIENTS	26,830,515			
62.	RENAL DIALYSIS	454,987	772	772	546
63.	AUDIOLOGY				
64.	CANCER CENTER	6,481,151	39,824	39,824	
65.	MENTAL HEALTH ANCILLARY	801,547	1,362	1,362	
66.	CARDIOPULMONARY	877,191	2,506	2,506	
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC	79,311	4,534	4,534	9,325
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION	180,654	818	818	
71.	EMERGENCY ROOM	14,117,367	28,174	28,174	102,685
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS	3,901,653			
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	169,760,167	331,501	327,998	633,837
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN	62,347	838	838	
93.	PHYS PRIVATE OFFICES	35,540	2,064	2,064	
94.	NON-PAID WORKER	51,182	456	456	
95.	WEIGHT MANAGEMENT	261,427			
96.	FUND RAISING	5,593			
97.	CHIP	10,244	665	665	
98.	OB/PEDS CLINIC	683,047	177	177	
99.	447 SITE	72,668	4,476	4,476	
100.	COMMUNITY RELATIONS	1,072,727			
101.	PHYSICIAN RECRUITMENT	64,130	332	332	
102.	WELLNESS INSTITUTE	24,647			
103	SPIRIT OF WOMEN	2,318			
104	COAG CLINIC	2,642			
105	CRITICAL CARE PRACTICE	328,241			
106	CANCER CENTER-UNOCCUPIED SPAC	105,695	9,376	9,376	
107	CANCER CENTER-PHYSICIANS OFFIC	7,034	624	624	
108	EMS OUTREACH & ED	339,342			
109	RETAIL PHARMACY	1,109,226	599	599	
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				

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COST CENTER DESCRIPTION	OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6)	MAINTENANCE AND REPAIRS (SQ FT) (5)	OPERATION OF PLANT (SQ FT) (6)	LAUNDRY & LINEN SERVICES (LBS OF LA) (7)
112. NEGATIVE COST CENTER				
113. TOTAL STATISTIC	173,998,217	351,108	347,605	633,837
114. COST TO BE ALLOCATED(B-2)	24,149,466	5,357,824	3,840,749	65,821
115. UNIT COST MULTIPLIER (B-2)	0.138791	15.259761	11.049177	0.103845
116. COST TO BE ALLOCATED(B-3)	1,799,743	535,755	79,958	21,165
117. UNIT COST MULTIPLIER (B-3)	0.010343	1.525898	0.230025	0.033392

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COST CENTER DESCRIPTION	HOUSEKEEPING (HSKPG HRS) (8)	DIETARY (MEALS SER) (9)	CAFETERIA (MEALS SER) (10)	MAINTENANCE OF PERSONNEL (NO. HOUSED) (11)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	20,583			
9. DIETARY	28	150,349		
10. CAFETERIA			932	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	21		21	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	123		24	
15. PHARMACY	72			
16. MEDICAL RECORDS LIBRARY	3		28	
17. SOCIAL SERVICE	3		21	
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	6,045	103,437	200	
27. NURSERY	168			
28. ICU	451	4,246	13	
29. NICU			12	
30. CCU	451	7,850	26	
31. CRITICAL CARE				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	315	7,552	17	
35. PSYCH UNIT	522	14,518	25	
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	3,560	19	79	
38. RECOVERY ROOM	192		9	
39. DELIVERY ROOM	521		23	
40. ANESTHESIOLOGY	15		2	
41. RADIOLOGY-DIAGNOSTIC	622		99	
42. CAT SCAN	63		18	
43. MAGNETIC RESONANCE IMAGING	18		10	
44. RADIOLOGY-THERAPEUTIC				
45. RADIOISOTOPE	123		6	
46. LABORATORY	219		60	
47. WHOLE BLOOD				
48. BLOOD STOR PROC TRANS	12		6	

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	COST CENTER DESCRIPTION	HOUSEKEEPING (HSKPG HRS) (8)	DIETARY (MEALS SER) (9)	CAFETERIA (MEALS SER) (10)	MAINTENANCE OF PERSONNEL (NO. HOUSED) (11)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	30		18	
51.	PHYSICAL THERAPY	5		11	
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY			3	
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	24		7	
56.	CARDIOVASCULAR LAB	205		11	
57.	EP LAB	30		1	
58.	ELECTROENCEPHALOGRAPHY	10		1	
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS			38	
62.	RENAL DIALYSIS	57			
63.	AUDIOLOGY				
64.	CANCER CENTER	1,296		25	
65.	MENTAL HEALTH ANCILLARY			12	
66.	CARDIOPULMONARY	40		9	
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC	418	113		
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION			2	
71.	EMERGENCY ROOM	4,588	12,614	82	
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	20,250	150,349	919	
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN			1	
93.	PHYS PRIVATE OFFICES	8			
94.	NON-PAID WORKER	10		1	
95.	WEIGHT MANAGEMENT			4	
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC			1	
99.	447 SITE			2	
100.	COMMUNITY RELATIONS			2	
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE			1	
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED				
109	RETAIL PHARMACY			1	
110	GOOD SHEPHERD	315			
111.	CROSSFOOT ADJUSTMENT				

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COST CENTER DESCRIPTION	HOUSEKEEPING (HSKPG HRS) (8)	DIETARY (MEALS SER) (9)	CAFETERIA (MEALS SER) (10)	MAINTENANCE OF PERSONNEL (NO. HOUSED) (11)
112. NEGATIVE COST CENTER				
113. TOTAL STATISTIC	20,583	150,349	932	
114. COST TO BE ALLOCATED(B-2)	3,376,620	2,363,687	810,944	
115. UNIT COST MULTIPLIER (B-2)	164.048972	15.721335	870.111588	
116. COST TO BE ALLOCATED(B-3)	66,449	102,524	91,942	
117. UNIT COST MULTIPLIER (B-3)	3.228344	0.681907	98.650215	

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COST CENTER DESCRIPTION	NURSING ADMINISTRATION (HOURS OF) (12)	INSERVICE EDUCATION (COST REQ) (13)	CENTRAL SERVICE & SUPPLY (COST REQ) (14)	PHARMACY (TIME) (15)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	1,024,569			
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY			8,026,258	
15. PHARMACY			89,592	23,736,313
16. MEDICAL RECORDS LIBRARY			2	
17. SOCIAL SERVICE			23	
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	415,040		1,048,928	
27. NURSERY			25,809	
28. ICU	26,175		196,928	
29. NICU	25,129		35,718	
30. CCU	54,439		297,875	
31. CRITICAL CARE				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	36,378		32,172	
35. PSYCH UNIT	52,340		10,438	
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	164,171		1,484,992	
38. RECOVERY ROOM	18,162		17,459	
39. DELIVERY ROOM	47,842		198,118	
40. ANESTHESIOLOGY			402,524	
41. RADIOLOGY-DIAGNOSTIC			807,087	
42. CAT SCAN			168,435	
43. MAGNETIC RESONANCE IMAGING			27,728	
44. RADIOLOGY-THERAPEUTIC				
45. RADIOISOTOPE			4,955	282,914
46. LABORATORY			1,634,454	
47. WHOLE BLOOD				
48. BLOOD STOR PROC TRANS			105,065	12,155

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	COST CENTER DESCRIPTION	NURSING ADMINISTRATION (HOURS OF) (12)	INSERVICE EDUCATION (COST REQ) (13)	CENTRAL SERVICE & SUPPLY (COST REQ) (14)	PHARMACY (TIME) (15)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY			39,129	
51.	PHYSICAL THERAPY			1,220	
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY			348	
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY			4,769	
56.	CARDIOVASCULAR LAB			191,522	11,868
57.	EP LAB			164,599	
58.	ELECTROENCEPHALOGRAPHY			774	
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS				22,617,591
62.	RENAL DIALYSIS			14,201	
63.	AUDIOLOGY				
64.	CANCER CENTER			195,004	
65.	MENTAL HEALTH ANCILLARY				
66.	CARDIOPULMONARY			10,480	
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC			983	
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION	3,798			
71.	EMERGENCY ROOM	181,095		803,090	
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	1,024,569		8,014,421	22,924,528
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN				
93.	PHYS PRIVATE OFFICES			68	
94.	NON-PAID WORKER			194	
95.	WEIGHT MANAGEMENT				
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC			44	
99.	447 SITE				
100.	COMMUNITY RELATIONS			1,059	
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN			1,195	
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE			7,757	
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED			573	
109	RETAIL PHARMACY			947	811,785
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				

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COST CENTER DESCRIPTION	NURSING ADMINISTRATION (HOURS OF) (12)	INSERVICE EDUCATION (COST REQ) (13)	CENTRAL SERVICE & SUPPLY (COST REQ) (14)	PHARMACY (TIME) (15)
112. NEGATIVE COST CENTER				
113. TOTAL STATISTIC	1,024,569		8,026,258	23,736,313
114. COST TO BE ALLOCATED(B-2)	2,974,050		2,411,981	871,704
115. UNIT COST MULTIPLIER (B-2)	2.902733		0.300511	0.036724
116. COST TO BE ALLOCATED(B-3)	39,251		154,774	49,699
117. UNIT COST MULTIPLIER (B-3)	0.038310		0.019283	0.002094

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COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (16)	SOCIAL SERVICE (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)	OTHER (SPECIFY) (SPECIFY) (19)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-NEW BLDG				
1.2. CAPITAL COSTS-NEW BLDG				
1.3. CAPITAL COSTS-NEW BLDG				
1.4. CAPITAL COSTS-NEW BLDG				
1.5. CAPITAL COSTS-NEW BLDG				
1.6. CAPITAL COSTS-NEW BLDG				
1.7. CAPITAL COSTS-NEW BLDG				
2.1. CAPITAL COSTS-EQUIPMENT				
2.2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY				
15. PHARMACY				
16. MEDICAL RECORDS LIBRARY	10,000			
17. SOCIAL SERVICE		11,491		
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	4,199	9,859		
27. NURSERY	61	1,094		
28. ICU	339	64		
29. NICU				
30. CCU	183	120		
31. CRITICAL CARE				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	340			
35. PSYCH UNIT	750	354		
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	2,335			
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. CAT SCAN				
43. MAGNETIC RESONANCE IMAGING				
44. RADIOLOGY-THERAPEUTIC				
45. RADIOISOTOPE				
46. LABORATORY				
47. WHOLE BLOOD				
48. BLOOD STOR PROC TRANS				

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	COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (16)	SOCIAL SERVICE (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)	OTHER (SPECIFY) (SPECIFY) (19)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY				
51.	PHYSICAL THERAPY	3			
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY				
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	160			
56.	CARDIOVASCULAR LAB				
57.	EP LAB				
58.	ELECTROENCEPHALOGRAPHY				
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS				
62.	RENAL DIALYSIS				
63.	AUDIOLOGY				
64.	CANCER CENTER				
65.	MENTAL HEALTH ANCILLARY				
66.	CARDIOPULMONARY				
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC				
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION				
71.	EMERGENCY ROOM	1,630			
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	10,000	11,491		
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN				
93.	PHYS PRIVATE OFFICES				
94.	NON-PAID WORKER				
95.	WEIGHT MANAGEMENT				
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC				
99.	447 SITE				
100.	COMMUNITY RELATIONS				
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE				
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED				
109	RETAIL PHARMACY				
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				

Lehigh Valley Hospital Pocono
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FOR THE PERIOD: 7/1/2017 T0 6/30/2018
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (16)	SOCIAL SERVICE (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)	OTHER (SPECIFY) (SPECIFY) (19)
112. NEGATIVE COST CENTER				
113. TOTAL STATISTIC	10,000	11,491		
114. COST TO BE ALLOCATED(B-2)	2,097,100	2,923,938		
115. UNIT COST MULTIPLIER (B-2)	209.710000	254.454617		
116. COST TO BE ALLOCATED(B-3)	99,694	42,574		
117. UNIT COST MULTIPLIER (B-3)	9.969400	3.704987		

Lehigh Valley Hospital Pocono
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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	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-NEW BLDG			
1.2. CAPITAL COSTS-NEW BLDG			
1.3. CAPITAL COSTS-NEW BLDG			
1.4. CAPITAL COSTS-NEW BLDG			
1.5. CAPITAL COSTS-NEW BLDG			
1.6. CAPITAL COSTS-NEW BLDG			
1.7. CAPITAL COSTS-NEW BLDG			
2.1. CAPITAL COSTS-EQUIPMENT			
2.2. CAPITAL COSTS-EQUIPMENT			
3. EMPLOYEE BENEFITS			
4.1. NON-PATIENT TELEPHONE			
4.2. DATA PROCESSING			
4.3. PURCHASING			
4.4. ADMISSIONS			
4.5. BILLING/ COLLECTIONS			
4.6. OTHER ADMIN. AND GENERAL			
5. MAINTENANCE AND REPAIRS			
6. OPERATION OF PLANT			
7. LAUNDRY & LINEN SERVICES			
8. HOUSEKEEPING			
9. DIETARY			
10. CAFETERIA			
11. MAINTENANCE OF PERSONNEL			
12. NURSING ADMINISTRATION			
13. INSERVICE EDUCATION			
14. CENTRAL SERVICE & SUPPLY			
15. PHARMACY			
16. MEDICAL RECORDS LIBRARY			
17. SOCIAL SERVICE			
18. OTHER (SPECIFY)			
19. OTHER (SPECIFY)			
20. OTHER (SPECIFY)			
21. NURSING SCHOOL			
22. INTERN RESIDENT APPROVED PROG			
23. PARAMEDICAL ED (SPECIFY)			
24. PARAMEDICAL ED (SPECIFY)			
25. PARAMEDICAL ED (SPECIFY)			
INPATIENT ROUTINE SERVICE			
26. GENERAL ROUTINE CARE			
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. CRITICAL CARE			
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. CAT SCAN			
43. MAGNETIC RESONANCE IMAGING			
44. RADIOLOGY-THERAPEUTIC			
45. RADIOISOTOPE			
46. LABORATORY			
47. WHOLE BLOOD			
48. BLOOD STOR PROC TRANS			

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER (SPECIFY) (SPECIFY) (20)	NURSING SCHOOL (TIME) (21)	INTERN RESIDENT APPROVED PROG (TIME) (22)
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY			
51. PHYSICAL THERAPY			
52. OCCUPATIONAL THERAPY			
53. SPEECH THERAPY			
54. OXYGEN THERAPY			
55. ELECTROCARDIOLOGY			
56. CARDIOVASCULAR LAB			
57. EP LAB			
58. ELECTROENCEPHALOGRAPHY			
59. MEDICAL SUPPLIES			
60. IMPL. DEV. CHARGED TO PATIENT			
61. DRUGS CHARGED TO PATIENTS			
62. RENAL DIALYSIS			
63. AUDIOLOGY			
64. CANCER CENTER			
65. MENTAL HEALTH ANCILLARY			
66. CARDIOPULMONARY			
67. OTHER (SPECIFY)			
68. OBSV BEDS DIST UNT-RTC			
OUTPATIENT SERVICES			
69. CLINIC			
70. DIABETES EDUCATION			
71. EMERGENCY ROOM			
72. PARTIAL HOSPITALZATION			
73. AMBULANCE SERVICES			
74. HOME PROGRAM DIALYSIS			
75. HOME HEALTH AGENCY			
76. SHORT PROCEDURE UNIT			
77. OBSERVATION BEDS			
78. INTEREST			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
OTHER INPATIENT			
86. SKILLED NURSING FACILITY			
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			
89. OTHER (SPECIFY)			
90. OTHER (SPECIFY)			
91. SUBTOTAL			
NON-REIMBURSABLE COST			
92. GIFT COFFEE SHOPS & CANTEEN			
93. PHYS PRIVATE OFFICES			
94. NON-PAID WORKER			
95. WEIGHT MANAGEMENT			
96. FUND RAISING			
97. CHIP			
98. OB/PEDS CLINIC			
99. 447 SITE			
100. COMMUNITY RELATIONS			
101. PHYSICIAN RECRUITMENT			
102. WELLNESS INSTITUTE			
103 SPIRIT OF WOMEN			
104 COAG CLINIC			
105 CRITICAL CARE PRACTICE			
106 CANCER CENTER-UNOCCUPIED SPAC			
107 CANCER CENTER-PHYSICIANS OFFIC			
108 EMS OUTREACH & ED			
109 RETAIL PHARMACY			
110 GOOD SHEPHERD			
111. CROSSFOOT ADJUSTMENT			

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER (SPECIFY) (SPECIFY) (20)	NURSING SCHOOL (TIME) (21)	INTERN RESIDENT APPROVED PROG (TIME) (22)
112. NEGATIVE COST CENTER			
113. TOTAL STATISTIC			
114. COST TO BE ALLOCATED(B-2)			
115. UNIT COST MULTIPLIER (B-2)			
116. COST TO BE ALLOCATED(B-3)			
117. UNIT COST MULTIPLIER (B-3)			

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
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-NEW BLDG			
1.2. CAPITAL COSTS-NEW BLDG			
1.3. CAPITAL COSTS-NEW BLDG			
1.4. CAPITAL COSTS-NEW BLDG			
1.5. CAPITAL COSTS-NEW BLDG			
1.6. CAPITAL COSTS-NEW BLDG			
1.7. CAPITAL COSTS-NEW BLDG			
2.1. CAPITAL COSTS-EQUIPMENT			
2.2. CAPITAL COSTS-EQUIPMENT			
3. EMPLOYEE BENEFITS			
4.1. NON-PATIENT TELEPHONE			
4.2. DATA PROCESSING			
4.3. PURCHASING			
4.4. ADMISSIONS			
4.5. BILLING/ COLLECTIONS			
4.6. OTHER ADMIN. AND GENERAL			
5. MAINTENANCE AND REPAIRS			
6. OPERATION OF PLANT			
7. LAUNDRY & LINEN SERVICES			
8. HOUSEKEEPING			
9. DIETARY			
10. CAFETERIA			
11. MAINTENANCE OF PERSONNEL			
12. NURSING ADMINISTRATION			
13. INSERVICE EDUCATION			
14. CENTRAL SERVICE & SUPPLY			
15. PHARMACY			
16. MEDICAL RECORDS LIBRARY			
17. SOCIAL SERVICE			
18. OTHER (SPECIFY)			
19. OTHER (SPECIFY)			
20. OTHER (SPECIFY)			
21. NURSING SCHOOL			
22. INTERN RESIDENT APPROVED PROG			
23. PARAMEDICAL ED (SPECIFY)			
24. PARAMEDICAL ED (SPECIFY)			
25. PARAMEDICAL ED (SPECIFY)			
INPATIENT ROUTINE SERVICE			
26. GENERAL ROUTINE CARE			
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. CRITICAL CARE			
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. CAT SCAN			
43. MAGNETIC RESONANCE IMAGING			
44. RADIOLOGY-THERAPEUTIC			
45. RADIOISOTOPE			
46. LABORATORY			
47. WHOLE BLOOD			
48. BLOOD STOR PROC TRANS			

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
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)
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY			
51. PHYSICAL THERAPY			
52. OCCUPATIONAL THERAPY			
53. SPEECH THERAPY			
54. OXYGEN THERAPY			
55. ELECTROCARDIOLOGY			
56. CARDIOVASCULAR LAB			
57. EP LAB			
58. ELECTROENCEPHALOGRAPHY			
59. MEDICAL SUPPLIES			
60. IMPL. DEV. CHARGED TO PATIENT			
61. DRUGS CHARGED TO PATIENTS			
62. RENAL DIALYSIS			
63. AUDIOLOGY			
64. CANCER CENTER			
65. MENTAL HEALTH ANCILLARY			
66. CARDIOPULMONARY			
67. OTHER (SPECIFY)			
68. OBSV BEDS DIST UNT-RTC			
OUTPATIENT SERVICES			
69. CLINIC			
70. DIABETES EDUCATION			
71. EMERGENCY ROOM			
72. PARTIAL HOSPITALZATION			
73. AMBULANCE SERVICES			
74. HOME PROGRAM DIALYSIS			
75. HOME HEALTH AGENCY			
76. SHORT PROCEDURE UNIT			
77. OBSERVATION BEDS			
78. INTEREST			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
OTHER INPATIENT			
86. SKILLED NURSING FACILITY			
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			
89. OTHER (SPECIFY)			
90. OTHER (SPECIFY)			
91. SUBTOTAL			
NON-REIMBURSABLE COST			
92. GIFT COFFEE SHOPS & CANTEEN			
93. PHYS PRIVATE OFFICES			
94. NON-PAID WORKER			
95. WEIGHT MANAGEMENT			
96. FUND RAISING			
97. CHIP			
98. OB/PEDS CLINIC			
99. 447 SITE			
100. COMMUNITY RELATIONS			
101. PHYSICIAN RECRUITMENT			
102. WELLNESS INSTITUTE			
103 SPIRIT OF WOMEN			
104 COAG CLINIC			
105 CRITICAL CARE PRACTICE			
106 CANCER CENTER-UNOCCUPIED SPAC			
107 CANCER CENTER-PHYSICIANS OFFIC			
108 EMS OUTREACH & ED			
109 RETAIL PHARMACY			
110 GOOD SHEPHERD			
111. CROSSFOOT ADJUSTMENT			

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
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)
112. NEGATIVE COST CENTER			
113. TOTAL STATISTIC			
114. COST TO BE ALLOCATED(B-2)			
115. UNIT COST MULTIPLIER (B-2)			
116. COST TO BE ALLOCATED(B-3)			
117. UNIT COST MULTIPLIER (B-3)			

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS-BLDG & FIXTURES	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG
		(0)	(1)	(1.1)	(1.2)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES	4,958,533	4,958,533		
1.1.	CAPITAL COSTS-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT	8,394,577			
3.	EMPLOYEE BENEFITS	24,892,493	92,100		
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	18,576,599	422,848		
5.	MAINTENANCE AND REPAIRS	3,403,448	485,570		
6.	OPERATION OF PLANT	3,022,340	39,489		
7.	LAUNDRY & LINEN SERVICES	1,632	18,127		
8.	HOUSEKEEPING	2,360,474	30,009		
9.	DIETARY	1,653,325	51,799		
10.	CAFETERIA	361,881	74,142		
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION	1,888,092	7,564		
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY	1,261,746	114,014		
15.	PHARMACY	572,927	35,408		
16.	MEDICAL RECORDS LIBRARY	1,226,869	67,581		
17.	SOCIAL SERVICE	1,911,162	10,506		
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	10,697,093	696,694		
27.	NURSERY	51,278	5,952		
28.	ICU	1,431,414	91,739		
29.	NICU	1,028,621	27,156		
30.	CCU	2,499,801	89,845		
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT	1,200,224	115,221		
35.	PSYCH UNIT	1,748,027	73,387		
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM	13,207,860	452,777		
38.	RECOVERY ROOM	969,083	31,305		
39.	DELIVERY ROOM	1,867,630	57,830		
40.	ANESTHESIOLOGY	560,542	3,359		
41.	RADIOLOGY-DIAGNOSTIC	7,746,976	387,755		
42.	CAT SCAN	2,062,654	42,093		
43.	MAGNETIC RESONANCE IMAGING	1,133,593	47,955		
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE	1,610,976	41,969		
46.	LABORATORY	11,368,911	81,875		
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS	1,944,395	12,039		

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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS-BLDG & FIXTURES	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG
		(0)	(1)	(1.1)	(1.2)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	1,324,560	14,835		
51.	PHYSICAL THERAPY	1,075,310	27,032		
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY	135,171			
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	435,596	10,326		
56.	CARDIOVASCULAR LAB	1,787,594	83,115		
57.	EP LAB	444,998	10,382		
58.	ELECTROENCEPHALOGRAPHY	45,746	4,532		
59.	MEDICAL SUPPLIES	237,718			
60.	IMPL. DEV. CHARGED TO PATIENT	6,448,499			
61.	DRUGS CHARGED TO PATIENTS	25,752,671			
62.	RENAL DIALYSIS	446,283	8,703		
63.	AUDIOLOGY				
64.	CANCER CENTER	3,898,186	448,933		
65.	MENTAL HEALTH ANCILLARY	585,216	15,354		
66.	CARDIOPULMONARY	618,223	28,250		
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC	23,162	51,111		
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION	128,691	9,221		
71.	EMERGENCY ROOM	11,731,527	317,604		
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS	3,901,653			
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	194,635,980	4,737,506		
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN	39,388	9,447		
93.	PHYS PRIVATE OFFICES	12,273	23,267		
94.	NON-PAID WORKER	36,008	5,140		
95.	WEIGHT MANAGEMENT	194,408			
96.	FUND RAISING				
97.	CHIP		7,496		
98.	OB/PEDS CLINIC	521,314	1,995		
99.	447 SITE	16,537	50,458		
100.	COMMUNITY RELATIONS	1,032,377			
101.	PHYSICIAN RECRUITMENT	59,821	3,743		
102.	WELLNESS INSTITUTE	17,729			
103	SPIRIT OF WOMEN	2,079			
104	COAG CLINIC	2,642			
105	CRITICAL CARE PRACTICE	247,019			
106	CANCER CENTER-UNOCCUPIED SPAC		105,695		
107	CANCER CENTER-PHYSICIANS OFFIC		7,034		
108	EMS OUTREACH & ED	293,654			
109	RETAIL PHARMACY	1,036,454	6,752		
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				
112.	NEGATIVE COST CENTER				

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS-BLDG & FIXTURES	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG
		(0)	(1)	(1.1)	(1.2)
113.	TOTAL	198,147,683	4,958,533		

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG (1.3)	CAPITAL COSTS-NEW BLDG (1.4)	CAPITAL COSTS-NEW BLDG (1.5)	CAPITAL COSTS-NEW BLDG (1.6)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES				
1.1.	CAPITAL COSTS-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS				
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL				
5.	MAINTENANCE AND REPAIRS				
6.	OPERATION OF PLANT				
7.	LAUNDRY & LINEN SERVICES				
8.	HOUSEKEEPING				
9.	DIETARY				
10.	CAFETERIA				
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION				
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY				
15.	PHARMACY				
16.	MEDICAL RECORDS LIBRARY				
17.	SOCIAL SERVICE				
18.	OTHER (SPECIFY)				
19.	OTHER (SPECIFY)				
20.	OTHER (SPECIFY)				
21.	NURSING SCHOOL				
22.	INTERN RESIDENT APPROVED PROG				
23.	PARAMEDICAL ED (SPECIFY)				
24.	PARAMEDICAL ED (SPECIFY)				
25.	PARAMEDICAL ED (SPECIFY)				
	INPATIENT ROUTINE SERVICE				
26.	GENERAL ROUTINE CARE				
27.	NURSERY				
28.	ICU				
29.	NICU				
30.	CCU				
31.	CRITICAL CARE				
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.	CAT SCAN				
43.	MAGNETIC RESONANCE IMAGING				
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE				
46.	LABORATORY				
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS				

Lehigh Valley Hospital Pocono
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ALLOCATION OF
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	COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG (1.3)	CAPITAL COSTS-NEW BLDG (1.4)	CAPITAL COSTS-NEW BLDG (1.5)	CAPITAL COSTS-NEW BLDG (1.6)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY				
51.	PHYSICAL THERAPY				
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY				
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY				
56.	CARDIOVASCULAR LAB				
57.	EP LAB				
58.	ELECTROENCEPHALOGRAPHY				
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS				
62.	RENAL DIALYSIS				
63.	AUDIOLOGY				
64.	CANCER CENTER				
65.	MENTAL HEALTH ANCILLARY				
66.	CARDIOPULMONARY				
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC				
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION				
71.	EMERGENCY ROOM				
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL				
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN				
93.	PHYS PRIVATE OFFICES				
94.	NON-PAID WORKER				
95.	WEIGHT MANAGEMENT				
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC				
99.	447 SITE				
100.	COMMUNITY RELATIONS				
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE				
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED				
109	RETAIL PHARMACY				
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				
112.	NEGATIVE COST CENTER				

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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG
		(1.3)	(1.4)	(1.5)	(1.6)
113.	TOTAL				

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	COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG (1.7)	CAPITAL COSTS-EQUIPMENT (2.1)	CAPITAL COSTS-EQUIPMENT (2.2)	EMPLOYEE BENEFITS (3)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES				
1.1.	CAPITAL COSTS-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT			8,394,577	
3.	EMPLOYEE BENEFITS			12,008	24,996,601
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL			2,222,884	2,927,135
5.	MAINTENANCE AND REPAIRS			402,593	413,224
6.	OPERATION OF PLANT			66,947	196,939
7.	LAUNDRY & LINEN SERVICES			891	
8.	HOUSEKEEPING			42,559	470,551
9.	DIETARY			35,638	223,955
10.	CAFETERIA				124,142
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION			215,820	465,538
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY			245,382	226,361
15.	PHARMACY			50,551	
16.	MEDICAL RECORDS LIBRARY			131	386,607
17.	SOCIAL SERVICE			14,281	593,617
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			118,721	4,180,394
27.	NURSERY			12,562	7,455
28.	ICU			36,123	395,555
29.	NICU			39,549	301,654
30.	CCU			4,590	690,654
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT				364,748
35.	PSYCH UNIT			5,645	585,428
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM			916,312	1,819,999
38.	RECOVERY ROOM			20,339	272,960
39.	DELIVERY ROOM			30,081	478,454
40.	ANESTHESIOLOGY			35,478	38,855
41.	RADIOLOGY-DIAGNOSTIC			1,187,339	1,886,975
42.	CAT SCAN			137,747	443,890
43.	MAGNETIC RESONANCE IMAGING			636,718	225,881
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE			30,186	185,984
46.	LABORATORY			170,096	992,743
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS			5,141	128,469

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	COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG (1.7)	CAPITAL COSTS-EQUIPMENT (2.1)	CAPITAL COSTS-EQUIPMENT (2.2)	EMPLOYEE BENEFITS (3)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY			34,485	399,441
51.	PHYSICAL THERAPY				323,065
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY				46,297
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY			19,586	145,818
56.	CARDIOVASCULAR LAB			22,643	302,837
57.	EP LAB			27,497	50,971
58.	ELECTROENCEPHALOGRAPHY			13,016	16,135
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS				1,077,844
62.	RENAL DIALYSIS				1
63.	AUDIOLOGY				
64.	CANCER CENTER			1,343,498	790,534
65.	MENTAL HEALTH ANCILLARY			273	200,704
66.	CARDIOPULMONARY			27,008	203,710
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC			2,213	2,825
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION				42,742
71.	EMERGENCY ROOM			193,630	1,874,606
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL			8,380,161	24,505,697
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN				13,512
93.	PHYS PRIVATE OFFICES				
94.	NON-PAID WORKER			31	10,003
95.	WEIGHT MANAGEMENT			328	66,691
96.	FUND RAISING			5,593	
97.	CHIP			2,748	
98.	OB/PEDS CLINIC				159,738
99.	447 SITE				5,673
100.	COMMUNITY RELATIONS			3,693	36,657
101.	PHYSICIAN RECRUITMENT			566	
102.	WELLNESS INSTITUTE			1,218	5,700
103	SPIRIT OF WOMEN			239	
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE				81,222
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED				45,688
109	RETAIL PHARMACY				66,020
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				
112.	NEGATIVE COST CENTER				

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	COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-EQUIPMENT	CAPITAL COSTS-EQUIPMENT	EMPLOYEE BENEFITS
		(1.7)	(2.1)	(2.2)	(3)
113.	TOTAL			8,394,577	24,996,601

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

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	COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)	ADMISSIONS (4.4)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY				
51.	PHYSICAL THERAPY				
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY				
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY				
56.	CARDIOVASCULAR LAB				
57.	EP LAB				
58.	ELECTROENCEPHALOGRAPHY				
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS				
62.	RENAL DIALYSIS				
63.	AUDIOLOGY				
64.	CANCER CENTER				
65.	MENTAL HEALTH ANCILLARY				
66.	CARDIOPULMONARY				
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC				
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION				
71.	EMERGENCY ROOM				
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL				
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN				
93.	PHYS PRIVATE OFFICES				
94.	NON-PAID WORKER				
95.	WEIGHT MANAGEMENT				
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC				
99.	447 SITE				
100.	COMMUNITY RELATIONS				
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE				
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED				
109	RETAIL PHARMACY				
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				
112.	NEGATIVE COST CENTER				

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

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	COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
		(4.5)	(4.6)	(5)	(6)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES				
1.1.	CAPITAL COSTS-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS				
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL		24,149,466		
5.	MAINTENANCE AND REPAIRS		652,989	5,357,824	
6.	OPERATION OF PLANT		461,579	53,455	3,840,749
7.	LAUNDRY & LINEN SERVICES		2,866	24,538	17,767
8.	HOUSEKEEPING		402,993	40,621	29,413
9.	DIETARY		272,685	70,119	50,771
10.	CAFETERIA		77,746	100,363	72,670
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION		357,666	10,239	7,414
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY		256,417	154,337	111,751
15.	PHARMACY		91,447	47,931	34,705
16.	MEDICAL RECORDS LIBRARY		233,334	91,482	66,240
17.	SOCIAL SERVICE		351,081	14,222	10,298
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		2,178,110	943,084	682,861
27.	NURSERY		10,721	8,057	5,834
28.	ICU		271,313	124,184	89,918
29.	NICU		193,888	36,761	26,617
30.	CCU		455,913	121,620	88,062
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT		233,196	155,970	112,934
35.	PSYCH UNIT		334,831	99,341	71,930
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM		2,275,749	612,908	443,790
38.	RECOVERY ROOM		179,552	42,376	30,684
39.	DELIVERY ROOM		337,817	78,283	56,682
40.	ANESTHESIOLOGY		88,581	4,547	3,293
41.	RADIOLOGY-DIAGNOSTIC		1,555,715	524,890	380,059
42.	CAT SCAN		372,846	56,980	41,258
43.	MAGNETIC RESONANCE IMAGING		283,709	64,915	47,003
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE		259,416	56,812	41,136
46.	LABORATORY		1,750,658	110,832	80,250
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS		290,079	16,297	11,801

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	COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
		(4.5)	(4.6)	(5)	(6)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY		246,121	20,082	14,541
51.	PHYSICAL THERAPY		197,834	36,593	26,496
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY		25,186		
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY		84,847	13,978	10,121
56.	CARDIOVASCULAR LAB		304,811	112,510	81,466
57.	EP LAB		74,093	14,054	10,176
58.	ELECTROENCEPHALOGRAPHY		11,024	6,134	4,442
59.	MEDICAL SUPPLIES		32,993		
60.	IMPL. DEV. CHARGED TO PATIENT		894,994		
61.	DRUGS CHARGED TO PATIENTS		3,723,834		
62.	RENAL DIALYSIS		63,148	11,781	8,530
63.	AUDIOLOGY				
64.	CANCER CENTER		899,525	607,705	440,022
65.	MENTAL HEALTH ANCILLARY		111,248	20,784	15,049
66.	CARDIOPULMONARY		121,746	38,241	27,689
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC		11,008	69,188	50,097
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION		25,073	12,482	9,038
71.	EMERGENCY ROOM		1,959,363	429,929	311,300
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS		541,514		
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL		23,561,259	5,058,625	3,624,108
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN		8,653	12,788	9,259
93.	PHYS PRIVATE OFFICES		4,933	31,496	22,806
94.	NON-PAID WORKER		7,104	6,958	5,038
95.	WEIGHT MANAGEMENT		36,284		
96.	FUND RAISING		776		
97.	CHIP		1,422	10,148	7,348
98.	OB/PEDS CLINIC		94,801	2,701	1,956
99.	447 SITE		10,086	68,303	49,456
100.	COMMUNITY RELATIONS		148,885		
101.	PHYSICIAN RECRUITMENT		8,901	5,066	3,668
102.	WELLNESS INSTITUTE		3,421		
103	SPIRIT OF WOMEN		322		
104	COAG CLINIC		367		
105	CRITICAL CARE PRACTICE		45,557		
106	CANCER CENTER-UNOCCUPIED SPAC		14,670	143,076	103,597
107	CANCER CENTER-PHYSICIANS OFFIC		976	9,522	6,895
108	EMS OUTREACH & ED		47,098		
109	RETAIL PHARMACY		153,951	9,141	6,618
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				
112.	NEGATIVE COST CENTER				

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	COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
		(4.5)	(4.6)	(5)	(6)
113.	TOTAL		24,149,466	5,357,824	3,840,749

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	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
		(7)	(8)	(9)	(10)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES				
1.1.	CAPITAL COSTS-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS				
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL				
5.	MAINTENANCE AND REPAIRS				
6.	OPERATION OF PLANT				
7.	LAUNDRY & LINEN SERVICES	65,821			
8.	HOUSEKEEPING		3,376,620		
9.	DIETARY	802	4,593	2,363,687	
10.	CAFETERIA				810,944
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION		3,445		18,272
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY	912	20,178		20,883
15.	PHARMACY		11,812		
16.	MEDICAL RECORDS LIBRARY		492		24,363
17.	SOCIAL SERVICE		492		18,272
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	23,920	991,680	1,626,167	174,025
27.	NURSERY	861	27,560		
28.	ICU	1,973	73,986	66,753	11,311
29.	NICU	23			10,441
30.	CCU	2,626	73,986	123,412	22,623
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT	1,292	51,675	118,728	14,792
35.	PSYCH UNIT	811	85,634	228,242	21,753
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM	12,701	584,014	299	68,739
38.	RECOVERY ROOM	974	31,497		7,831
39.	DELIVERY ROOM	1,229	85,470		20,013
40.	ANESTHESIOLOGY		2,461		1,740
41.	RADIOLOGY-DIAGNOSTIC	4,393	102,038		86,141
42.	CAT SCAN		10,335		15,662
43.	MAGNETIC RESONANCE IMAGING		2,953		8,701
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE		20,178		5,221
46.	LABORATORY		35,927		52,207
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS		1,969		5,221

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	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
		(7)	(8)	(9)	(10)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY		4,921		15,662
51.	PHYSICAL THERAPY		820		9,571
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY				2,610
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	147	3,937		6,091
56.	CARDIOVASCULAR LAB	1,469	33,630		9,571
57.	EP LAB		4,921		870
58.	ELECTROENCEPHALOGRAPHY		1,640		870
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS				33,064
62.	RENAL DIALYSIS	57	9,351		
63.	AUDIOLOGY				
64.	CANCER CENTER		212,607		21,753
65.	MENTAL HEALTH ANCILLARY				10,441
66.	CARDIOPULMONARY		6,562		7,831
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC	968	68,572	1,777	
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION				1,740
71.	EMERGENCY ROOM	10,663	752,657	198,309	71,349
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	65,821	3,321,993	2,363,687	799,634
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN				870
93.	PHYS PRIVATE OFFICES		1,312		
94.	NON-PAID WORKER		1,640		870
95.	WEIGHT MANAGEMENT				3,480
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC				870
99.	447 SITE				1,740
100.	COMMUNITY RELATIONS				1,740
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE				870
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED				
109	RETAIL PHARMACY				870
110	GOOD SHEPHERD		51,675		
111.	CROSSFOOT ADJUSTMENT				
112.	NEGATIVE COST CENTER				

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	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
		(7)	(8)	(9)	(10)
113.	TOTAL	65,821	3,376,620	2,363,687	810,944

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	COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	INSERVICE EDUCATION	CENTRAL SERVICE & SUPPLY
		(11)	(12)	(13)	(14)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES				
1.1.	CAPITAL COSTS-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS				
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL				
5.	MAINTENANCE AND REPAIRS				
6.	OPERATION OF PLANT				
7.	LAUNDRY & LINEN SERVICES				
8.	HOUSEKEEPING				
9.	DIETARY				
10.	CAFETERIA				
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION		2,974,050		
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY				2,411,981
15.	PHARMACY				26,923
16.	MEDICAL RECORDS LIBRARY				1
17.	SOCIAL SERVICE				7
18.	OTHER (SPECIFY)				
19.	OTHER (SPECIFY)				
20.	OTHER (SPECIFY)				
21.	NURSING SCHOOL				
22.	INTERN RESIDENT APPROVED PROG				
23.	PARAMEDICAL ED (SPECIFY)				
24.	PARAMEDICAL ED (SPECIFY)				
25.	PARAMEDICAL ED (SPECIFY)				
	INPATIENT ROUTINE SERVICE				
26.	GENERAL ROUTINE CARE		1,204,749		315,214
27.	NURSERY				7,756
28.	ICU		75,979		59,179
29.	NICU		72,943		10,734
30.	CCU		158,022		89,515
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT		105,596		9,668
35.	PSYCH UNIT		151,929		3,137
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM		476,545		446,256
38.	RECOVERY ROOM		52,719		5,247
39.	DELIVERY ROOM		138,873		59,537
40.	ANESTHESIOLOGY				120,963
41.	RADIOLOGY-DIAGNOSTIC				242,539
42.	CAT SCAN				50,617
43.	MAGNETIC RESONANCE IMAGING				8,333
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE				1,489
46.	LABORATORY				491,172
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS				31,573

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	COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	INSERVICE EDUCATION	CENTRAL SERVICE & SUPPLY
		(11)	(12)	(13)	(14)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY				11,759
51.	PHYSICAL THERAPY				367
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY				105
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY				1,433
56.	CARDIOVASCULAR LAB				57,554
57.	EP LAB				49,464
58.	ELECTROENCEPHALOGRAPHY				233
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS				
62.	RENAL DIALYSIS				4,268
63.	AUDIOLOGY				
64.	CANCER CENTER				58,601
65.	MENTAL HEALTH ANCILLARY				
66.	CARDIOPULMONARY				3,149
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC				295
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION		11,025		
71.	EMERGENCY ROOM		525,670		241,337
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL		2,974,050		2,408,425
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN				
93.	PHYS PRIVATE OFFICES				20
94.	NON-PAID WORKER				58
95.	WEIGHT MANAGEMENT				
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC				13
99.	447 SITE				
100.	COMMUNITY RELATIONS				318
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				359
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE				2,331
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED				172
109	RETAIL PHARMACY				285
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				
112.	NEGATIVE COST CENTER				

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	COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	INSERVICE EDUCATION	CENTRAL SERVICE & SUPPLY
		(11)	(12)	(13)	(14)
113.	TOTAL		2,974,050		2,411,981

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	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)
		(15)	(16)	(17)	(18)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES				
1.1.	CAPITAL COSTS-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS				
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL				
5.	MAINTENANCE AND REPAIRS				
6.	OPERATION OF PLANT				
7.	LAUNDRY & LINEN SERVICES				
8.	HOUSEKEEPING				
9.	DIETARY				
10.	CAFETERIA				
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION				
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY				
15.	PHARMACY	871,704			
16.	MEDICAL RECORDS LIBRARY		2,097,100		
17.	SOCIAL SERVICE			2,923,938	
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		880,572	2,508,668	
27.	NURSERY		12,792	278,373	
28.	ICU		71,092	16,285	
29.	NICU				
30.	CCU		38,377	30,535	
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT		71,301		
35.	PSYCH UNIT		157,283	90,077	
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM		489,673		
38.	RECOVERY ROOM				
39.	DELIVERY ROOM				
40.	ANESTHESIOLOGY				
41.	RADIOLOGY-DIAGNOSTIC				
42.	CAT SCAN				
43.	MAGNETIC RESONANCE IMAGING				
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE	10,390			
46.	LABORATORY				
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS	446			

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	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)
		(15)	(16)	(17)	(18)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY				
51.	PHYSICAL THERAPY		629		
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY				
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY		33,554		
56.	CARDIOVASCULAR LAB	436			
57.	EP LAB				
58.	ELECTROENCEPHALOGRAPHY				
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS	830,620			
62.	RENAL DIALYSIS				
63.	AUDIOLOGY				
64.	CANCER CENTER				
65.	MENTAL HEALTH ANCILLARY				
66.	CARDIOPULMONARY				
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC				
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION				
71.	EMERGENCY ROOM		341,827		
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	841,892	2,097,100	2,923,938	
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN				
93.	PHYS PRIVATE OFFICES				
94.	NON-PAID WORKER				
95.	WEIGHT MANAGEMENT				
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC				
99.	447 SITE				
100.	COMMUNITY RELATIONS				
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE				
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED				
109	RETAIL PHARMACY	29,812			
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				
112.	NEGATIVE COST CENTER				

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	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)
		(15)	(16)	(17)	(18)
113.	TOTAL	871,704	2,097,100	2,923,938	

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	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-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS				
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL				
5.	MAINTENANCE AND REPAIRS				
6.	OPERATION OF PLANT				
7.	LAUNDRY & LINEN SERVICES				
8.	HOUSEKEEPING				
9.	DIETARY				
10.	CAFETERIA				
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION				
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY				
15.	PHARMACY				
16.	MEDICAL RECORDS LIBRARY				
17.	SOCIAL SERVICE				
18.	OTHER (SPECIFY)				
19.	OTHER (SPECIFY)				
20.	OTHER (SPECIFY)				
21.	NURSING SCHOOL				
22.	INTERN RESIDENT APPROVED PROG				
23.	PARAMEDICAL ED (SPECIFY)				
24.	PARAMEDICAL ED (SPECIFY)				
25.	PARAMEDICAL ED (SPECIFY)				
	INPATIENT ROUTINE SERVICE				
26.	GENERAL ROUTINE CARE				
27.	NURSERY				
28.	ICU				
29.	NICU				
30.	CCU				
31.	CRITICAL CARE				
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.	CAT SCAN				
43.	MAGNETIC RESONANCE IMAGING				
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE				
46.	LABORATORY				
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS				

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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL	INTERN RESIDENT APPROVED PROG
		(19)	(20)	(21)	(22)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY				
51.	PHYSICAL THERAPY				
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY				
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY				
56.	CARDIOVASCULAR LAB				
57.	EP LAB				
58.	ELECTROENCEPHALOGRAPHY				
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS				
62.	RENAL DIALYSIS				
63.	AUDIOLOGY				
64.	CANCER CENTER				
65.	MENTAL HEALTH ANCILLARY				
66.	CARDIOPULMONARY				
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC				
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION				
71.	EMERGENCY ROOM				
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL				
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN				
93.	PHYS PRIVATE OFFICES				
94.	NON-PAID WORKER				
95.	WEIGHT MANAGEMENT				
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC				
99.	447 SITE				
100.	COMMUNITY RELATIONS				
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE				
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED				
109	RETAIL PHARMACY				
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				
112.	NEGATIVE COST CENTER				

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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL	INTERN RESIDENT APPROVED PROG
		(19)	(20)	(21)	(22)
113.	TOTAL				

Lehigh Valley Hospital Pocono
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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

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

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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY) (23)	PARAMEDICAL ED (SPECIFY) (24)	PARAMEDICAL ED (SPECIFY) (25)
49.	INTRAVENOUS THERAPY			
50.	RESPIRATORY THERAPY			
51.	PHYSICAL THERAPY			
52.	OCCUPATIONAL THERAPY			
53.	SPEECH THERAPY			
54.	OXYGEN THERAPY			
55.	ELECTROCARDIOLOGY			
56.	CARDIOVASCULAR LAB			
57.	EP LAB			
58.	ELECTROENCEPHALOGRAPHY			
59.	MEDICAL SUPPLIES			
60.	IMPL. DEV. CHARGED TO PATIENT			
61.	DRUGS CHARGED TO PATIENTS			
62.	RENAL DIALYSIS			
63.	AUDIOLOGY			
64.	CANCER CENTER			
65.	MENTAL HEALTH ANCILLARY			
66.	CARDIOPULMONARY			
67.	OTHER (SPECIFY)			
68.	OBSV BEDS DIST UNT-RTC			
	OUTPATIENT SERVICES			
69.	CLINIC			
70.	DIABETES EDUCATION			
71.	EMERGENCY ROOM			
72.	PARTIAL HOSPITALZATION			
73.	AMBULANCE SERVICES			
74.	HOME PROGRAM DIALYSIS			
75.	HOME HEALTH AGENCY			
76.	SHORT PROCEDURE UNIT			
77.	OBSERVATION BEDS			
78.	INTEREST			
79.	OTHER (SPECIFY)			
80.	OTHER (SPECIFY)			
81.	OTHER (SPECIFY)			
82.	OTHER (SPECIFY)			
83.	OTHER (SPECIFY)			
84.	OTHER (SPECIFY)			
85.	OTHER (SPECIFY)			
	OTHER INPATIENT			
86.	SKILLED NURSING FACILITY			
87.	INTERMEDIATE CARE FACILITY			
88.	RESIDENTIAL TREATMENT FACILITY			
89.	OTHER (SPECIFY)			
90.	OTHER (SPECIFY)			
91.	SUBTOTAL			
	NON-REIMBURSABLE COST			
92.	GIFT COFFEE SHOPS & CANTEEN			
93.	PHYS PRIVATE OFFICES			
94.	NON-PAID WORKER			
95.	WEIGHT MANAGEMENT			
96.	FUND RAISING			
97.	CHIP			
98.	OB/PEDS CLINIC			
99.	447 SITE			
100.	COMMUNITY RELATIONS			
101.	PHYSICIAN RECRUITMENT			
102.	WELLNESS INSTITUTE			
103	SPIRIT OF WOMEN			
104	COAG CLINIC			
105	CRITICAL CARE PRACTICE			
106	CANCER CENTER-UNOCCUPIED SPAC			
107	CANCER CENTER-PHYSICIANS OFFIC			
108	EMS OUTREACH & ED			
109	RETAIL PHARMACY			
110	GOOD SHEPHERD			
111.	CROSSFOOT ADJUSTMENT			
112.	NEGATIVE COST CENTER			

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GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)
		(23)	(24)	(25)
113.	TOTAL			

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FOR THE PERIOD: 7/1/2017 T0 6/30/2018
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-NEW BLDG		
1.2.	CAPITAL COSTS-NEW BLDG		
1.3.	CAPITAL COSTS-NEW BLDG		
1.4.	CAPITAL COSTS-NEW BLDG		
1.5.	CAPITAL COSTS-NEW BLDG		
1.6.	CAPITAL COSTS-NEW BLDG		
1.7.	CAPITAL COSTS-NEW BLDG		
2.1.	CAPITAL COSTS-EQUIPMENT		
2.2.	CAPITAL COSTS-EQUIPMENT		
3.	EMPLOYEE BENEFITS		
4.1.	NON-PATIENT TELEPHONE		
4.2.	DATA PROCESSING		
4.3.	PURCHASING		
4.4.	ADMISSIONS		
4.5.	BILLING/ COLLECTIONS		
4.6.	OTHER ADMIN. AND GENERAL		
5.	MAINTENANCE AND REPAIRS		
6.	OPERATION OF PLANT		
7.	LAUNDRY & LINEN SERVICES		
8.	HOUSEKEEPING		
9.	DIETARY		
10.	CAFETERIA		
11.	MAINTENANCE OF PERSONNEL		
12.	NURSING ADMINISTRATION		
13.	INSERVICE EDUCATION		
14.	CENTRAL SERVICE & SUPPLY		
15.	PHARMACY		
16.	MEDICAL RECORDS LIBRARY		
17.	SOCIAL SERVICE		
18.	OTHER (SPECIFY)		
19.	OTHER (SPECIFY)		
20.	OTHER (SPECIFY)		
21.	NURSING SCHOOL		
22.	INTERN RESIDENT APPROVED PROG		
23.	PARAMEDICAL ED (SPECIFY)		
24.	PARAMEDICAL ED (SPECIFY)		
25.	PARAMEDICAL ED (SPECIFY)		
	INPATIENT ROUTINE SERVICE		
26.	GENERAL ROUTINE CARE		27,221,952
27.	NURSERY		429,201
28.	ICU		2,816,804
29.	NICU		1,748,387
30.	CCU		4,489,581
31.	CRITICAL CARE		
32.	OTHER (SPECIFY)		
33.	OTHER (SPECIFY)		
34.	MED REHAB UNIT		2,555,345
35.	PSYCH UNIT		3,657,455
36.	DRUG & ALCOHOL REHAB UNIT		
	ANCILLARY SERVICES		
37.	OPERATING ROOM		21,807,622
38.	RECOVERY ROOM		1,644,567
39.	DELIVERY ROOM		3,211,899
40.	ANESTHESIOLOGY		859,819
41.	RADIOLOGY-DIAGNOSTIC		14,104,820
42.	CAT SCAN		3,234,082
43.	MAGNETIC RESONANCE IMAGING		2,459,761
44.	RADIOLOGY-THERAPEUTIC		
45.	RADIOISOTOPE		2,263,757
46.	LABORATORY		15,134,671
47.	WHOLE BLOOD		
48.	BLOOD STOR PROC TRANS		2,447,430

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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	TOTAL MED ED COST	TOTAL EXPENSES
		(26)	(27)
49.	INTRAVENOUS THERAPY		
50.	RESPIRATORY THERAPY		2,086,407
51.	PHYSICAL THERAPY		1,697,717
52.	OCCUPATIONAL THERAPY		
53.	SPEECH THERAPY		209,369
54.	OXYGEN THERAPY		
55.	ELECTROCARDIOLOGY		765,434
56.	CARDIOVASCULAR LAB		2,797,636
57.	EP LAB		687,426
58.	ELECTROENCEPHALOGRAPHY		103,772
59.	MEDICAL SUPPLIES		270,711
60.	IMPL. DEV. CHARGED TO PATIENT		7,343,493
61.	DRUGS CHARGED TO PATIENTS		31,418,033
62.	RENAL DIALYSIS		552,122
63.	AUDIOLOGY		
64.	CANCER CENTER		8,721,364
65.	MENTAL HEALTH ANCILLARY		959,069
66.	CARDIOPULMONARY		1,082,409
67.	OTHER (SPECIFY)		
68.	OBSV BEDS DIST UNT-RTC		281,216
	OUTPATIENT SERVICES		
69.	CLINIC		
70.	DIABETES EDUCATION		240,012
71.	EMERGENCY ROOM		18,959,771
72.	PARTIAL HOSPITALZATION		
73.	AMBULANCE SERVICES		
74.	HOME PROGRAM DIALYSIS		
75.	HOME HEALTH AGENCY		
76.	SHORT PROCEDURE UNIT		
77.	OBSERVATION BEDS		4,443,167
78.	INTEREST		
79.	OTHER (SPECIFY)		
80.	OTHER (SPECIFY)		
81.	OTHER (SPECIFY)		
82.	OTHER (SPECIFY)		
83.	OTHER (SPECIFY)		
84.	OTHER (SPECIFY)		
85.	OTHER (SPECIFY)		
	OTHER INPATIENT		
86.	SKILLED NURSING FACILITY		
87.	INTERMEDIATE CARE FACILITY		
88.	RESIDENTIAL TREATMENT FACILITY		
89.	OTHER (SPECIFY)		
90.	OTHER (SPECIFY)		
91.	SUBTOTAL		192,706,281
	NON-REIMBURSABLE COST		
92.	GIFT COFFEE SHOPS & CANTEEN		93,917
93.	PHYS PRIVATE OFFICES		96,107
94.	NON-PAID WORKER		72,850
95.	WEIGHT MANAGEMENT		301,191
96.	FUND RAISING		6,369
97.	CHIP		29,162
98.	OB/PEDS CLINIC		783,388
99.	447 SITE		202,253
100.	COMMUNITY RELATIONS		1,223,670
101.	PHYSICIAN RECRUITMENT		81,765
102.	WELLNESS INSTITUTE		28,068
103	SPIRIT OF WOMEN		2,999
104	COAG CLINIC		3,009
105	CRITICAL CARE PRACTICE		376,999
106	CANCER CENTER-UNOCCUPIED SPAC		367,038
107	CANCER CENTER-PHYSICIANS OFFIC		24,427
108	EMS OUTREACH & ED		386,612
109	RETAIL PHARMACY		1,309,903
110	GOOD SHEPHERD		51,675
111.	CROSSFOOT ADJUSTMENT		
112.	NEGATIVE COST CENTER		

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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

	COST CENTER DESCRIPTION	TOTAL MED ED COST	TOTAL EXPENSES
		(26)	(27)
113.	TOTAL		198,147,683

Lehigh Valley Hospital Pocono
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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

	COST CENTER DESCRIPTION	CAPITAL COSTS-BLDG & FIXTURES	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG
		(1)	(1.1)	(1.2)	(1.3)	(1.4)
	GENERAL SERVICE					
1.	CAPITAL COSTS-BLDG & FIXTURES	4,958,533				
1.1.	CAPITAL COSTS-NEW BLDG					
1.2.	CAPITAL COSTS-NEW BLDG					
1.3.	CAPITAL COSTS-NEW BLDG					
1.4.	CAPITAL COSTS-NEW BLDG					
1.5.	CAPITAL COSTS-NEW BLDG					
1.6.	CAPITAL COSTS-NEW BLDG					
1.7.	CAPITAL COSTS-NEW BLDG					
2.1.	CAPITAL COSTS-EQUIPMENT					
2.2.	CAPITAL COSTS-EQUIPMENT					
3.	EMPLOYEE BENEFITS	92,100				
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	422,848				
5.	MAINTENANCE AND REPAIRS	485,570				
6.	OPERATION OF PLANT	39,489				
7.	LAUNDRY & LINEN SERVICES	18,127				
8.	HOUSEKEEPING	30,009				
9.	DIETARY	51,799				
10.	CAFETERIA	74,142				
11.	MAINTENANCE OF PERSONNEL					
12.	NURSING ADMINISTRATION	7,564				
13.	INSERVICE EDUCATION					
14.	CENTRAL SERVICE & SUPPLY	114,014				
15.	PHARMACY	35,408				
16.	MEDICAL RECORDS LIBRARY	67,581				
17.	SOCIAL SERVICE	10,506				
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	696,694				
27.	NURSERY	5,952				
28.	ICU	91,739				
29.	NICU	27,156				
30.	CCU	89,845				
31.	CRITICAL CARE					
32.	OTHER (SPECIFY)					
33.	OTHER (SPECIFY)					
34.	MED REHAB UNIT	115,221				
35.	PSYCH UNIT	73,387				
36.	DRUG & ALCOHOL REHAB UNIT					
	ANCILLARY SERVICES					
37.	OPERATING ROOM	452,777				
38.	RECOVERY ROOM	31,305				
39.	DELIVERY ROOM	57,830				
40.	ANESTHESIOLOGY	3,359				
41.	RADIOLOGY-DIAGNOSTIC	387,755				
42.	CAT SCAN	42,093				
43.	MAGNETIC RESONANCE IMAGING	47,955				
44.	RADIOLOGY-THERAPEUTIC					
45.	RADIOISOTOPE	41,969				
46.	LABORATORY	81,875				
47.	WHOLE BLOOD					
48.	BLOOD STOR PROC TRANS	12,039				

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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

	COST CENTER DESCRIPTION	CAPITAL COSTS-BLDG & FIXTURES	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG
		(1)	(1.1)	(1.2)	(1.3)	(1.4)
49.	INTRAVENOUS THERAPY					
50.	RESPIRATORY THERAPY	14,835				
51.	PHYSICAL THERAPY	27,032				
52.	OCCUPATIONAL THERAPY					
53.	SPEECH THERAPY					
54.	OXYGEN THERAPY					
55.	ELECTROCARDIOLOGY	10,326				
56.	CARDIOVASCULAR LAB	83,115				
57.	EP LAB	10,382				
58.	ELECTROENCEPHALOGRAPHY	4,532				
59.	MEDICAL SUPPLIES					
60.	IMPL. DEV. CHARGED TO PATIENT					
61.	DRUGS CHARGED TO PATIENTS					
62.	RENAL DIALYSIS	8,703				
63.	AUDIOLOGY					
64.	CANCER CENTER	448,933				
65.	MENTAL HEALTH ANCILLARY	15,354				
66.	CARDIOPULMONARY	28,250				
67.	OTHER (SPECIFY)					
68.	OBSV BEDS DIST UNT-RTC	51,111				
	OUTPATIENT SERVICES					
69.	CLINIC					
70.	DIABETES EDUCATION	9,221				
71.	EMERGENCY ROOM	317,604				
72.	PARTIAL HOSPITALZATION					
73.	AMBULANCE SERVICES					
74.	HOME PROGRAM DIALYSIS					
75.	HOME HEALTH AGENCY					
76.	SHORT PROCEDURE UNIT					
77.	OBSERVATION BEDS					
78.	INTEREST					
79.	OTHER (SPECIFY)					
80.	OTHER (SPECIFY)					
81.	OTHER (SPECIFY)					
82.	OTHER (SPECIFY)					
83.	OTHER (SPECIFY)					
84.	OTHER (SPECIFY)					
85.	OTHER (SPECIFY)					
	OTHER INPATIENT					
86.	SKILLED NURSING FACILITY					
87.	INTERMEDIATE CARE FACILITY					
88.	RESIDENTIAL TREATMENT FACILITY					
89.	OTHER (SPECIFY)					
90.	OTHER (SPECIFY)					
91.	SUBTOTAL	4,737,506				
	NON-REIMBURSABLE COST					
92.	GIFT COFFEE SHOPS & CANTEEN	9,447				
93.	PHYS PRIVATE OFFICES	23,267				
94.	NON-PAID WORKER	5,140				
95.	WEIGHT MANAGEMENT					
96.	FUND RAISING					
97.	CHIP	7,496				
98.	OB/PEDS CLINIC	1,995				
99.	447 SITE	50,458				
100.	COMMUNITY RELATIONS					
101.	PHYSICIAN RECRUITMENT	3,743				
102.	WELLNESS INSTITUTE					
103	SPIRIT OF WOMEN					
104	COAG CLINIC					
105	CRITICAL CARE PRACTICE					
106	CANCER CENTER-UNOCCUPIED SPAC	105,695				
107	CANCER CENTER-PHYSICIANS OFFIC	7,034				
108	EMS OUTREACH & ED					
109	RETAIL PHARMACY	6,752				
110	GOOD SHEPHERD					
111.	CROSSFOOT ADJUSTMENT					

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

	COST CENTER DESCRIPTION	CAPITAL COSTS-BLDG & FIXTURES	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG	CAPITAL COSTS-NEW BLDG
		(1)	(1.1)	(1.2)	(1.3)	(1.4)
112.	NEGATIVE COST CENTER					
113.	TOTAL	4,958,533				

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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

	COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG (1.5)	CAPITAL COSTS-NEW BLDG (1.6)	CAPITAL COSTS-NEW BLDG (1.7)	CAPITAL COSTS-EQUIPMENT (2.1)	DIRECTLY ASSIGNED CAPITAL COST (2.2)
	GENERAL SERVICE					
1.	CAPITAL COSTS-BLDG & FIXTURES					
1.1.	CAPITAL COSTS-NEW BLDG					
1.2.	CAPITAL COSTS-NEW BLDG					
1.3.	CAPITAL COSTS-NEW BLDG					
1.4.	CAPITAL COSTS-NEW BLDG					
1.5.	CAPITAL COSTS-NEW BLDG					
1.6.	CAPITAL COSTS-NEW BLDG					
1.7.	CAPITAL COSTS-NEW BLDG					
2.1.	CAPITAL COSTS-EQUIPMENT					
2.2.	CAPITAL COSTS-EQUIPMENT					
3.	EMPLOYEE BENEFITS					
4.1.	NON-PATIENT TELEPHONE					
4.2.	DATA PROCESSING					
4.3.	PURCHASING					
4.4.	ADMISSIONS					
4.5.	BILLING/ COLLECTIONS					
4.6.	OTHER ADMIN. AND GENERAL					1,366,110
5.	MAINTENANCE AND REPAIRS					
6.	OPERATION OF PLANT					
7.	LAUNDRY & LINEN SERVICES					
8.	HOUSEKEEPING					
9.	DIETARY					21,162
10.	CAFETERIA					
11.	MAINTENANCE OF PERSONNEL					
12.	NURSING ADMINISTRATION					
13.	INSERVICE EDUCATION					
14.	CENTRAL SERVICE & SUPPLY					
15.	PHARMACY					
16.	MEDICAL RECORDS LIBRARY					
17.	SOCIAL SERVICE					
18.	OTHER (SPECIFY)					
19.	OTHER (SPECIFY)					
20.	OTHER (SPECIFY)					
21.	NURSING SCHOOL					
22.	INTERN RESIDENT APPROVED PROG					
23.	PARAMEDICAL ED (SPECIFY)					
24.	PARAMEDICAL ED (SPECIFY)					
25.	PARAMEDICAL ED (SPECIFY)					
	INPATIENT ROUTINE SERVICE					
26.	GENERAL ROUTINE CARE					
27.	NURSERY					
28.	ICU					
29.	NICU					
30.	CCU					
31.	CRITICAL CARE					
32.	OTHER (SPECIFY)					
33.	OTHER (SPECIFY)					
34.	MED REHAB UNIT					
35.	PSYCH UNIT					
36.	DRUG & ALCOHOL REHAB UNIT					
	ANCILLARY SERVICES					
37.	OPERATING ROOM					37,148
38.	RECOVERY ROOM					
39.	DELIVERY ROOM					72
40.	ANESTHESIOLOGY					2,467
41.	RADIOLOGY-DIAGNOSTIC					7,620
42.	CAT SCAN					
43.	MAGNETIC RESONANCE IMAGING					
44.	RADIOLOGY-THERAPEUTIC					
45.	RADIOISOTOPE					
46.	LABORATORY					24
47.	WHOLE BLOOD					
48.	BLOOD STOR PROC TRANS					

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	COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG (1.5)	CAPITAL COSTS-NEW BLDG (1.6)	CAPITAL COSTS-NEW BLDG (1.7)	CAPITAL COSTS-EQUIPMENT (2.1)	DIRECTLY ASSIGNED CAPITAL COST (2.2)
49.	INTRAVENOUS THERAPY					
50.	RESPIRATORY THERAPY					50,417
51.	PHYSICAL THERAPY					
52.	OCCUPATIONAL THERAPY					
53.	SPEECH THERAPY					
54.	OXYGEN THERAPY					
55.	ELECTROCARDIOLOGY					
56.	CARDIOVASCULAR LAB					
57.	EP LAB					
58.	ELECTROENCEPHALOGRAPHY					
59.	MEDICAL SUPPLIES					
60.	IMPL. DEV. CHARGED TO PATIENT					
61.	DRUGS CHARGED TO PATIENTS					
62.	RENAL DIALYSIS					
63.	AUDIOLOGY					
64.	CANCER CENTER					
65.	MENTAL HEALTH ANCILLARY					
66.	CARDIOPULMONARY					
67.	OTHER (SPECIFY)					
68.	OBSV BEDS DIST UNT-RTC					
	OUTPATIENT SERVICES					
69.	CLINIC					
70.	DIABETES EDUCATION					
71.	EMERGENCY ROOM					11
72.	PARTIAL HOSPITALZATION					
73.	AMBULANCE SERVICES					
74.	HOME PROGRAM DIALYSIS					
75.	HOME HEALTH AGENCY					
76.	SHORT PROCEDURE UNIT					
77.	OBSERVATION BEDS					
78.	INTEREST					
79.	OTHER (SPECIFY)					
80.	OTHER (SPECIFY)					
81.	OTHER (SPECIFY)					
82.	OTHER (SPECIFY)					
83.	OTHER (SPECIFY)					
84.	OTHER (SPECIFY)					
85.	OTHER (SPECIFY)					
	OTHER INPATIENT					
86.	SKILLED NURSING FACILITY					
87.	INTERMEDIATE CARE FACILITY					
88.	RESIDENTIAL TREATMENT FACILITY					
89.	OTHER (SPECIFY)					
90.	OTHER (SPECIFY)					
91.	SUBTOTAL					1,485,031
	NON-REIMBURSABLE COST					
92.	GIFT COFFEE SHOPS & CANTEEN					
93.	PHYS PRIVATE OFFICES					
94.	NON-PAID WORKER					
95.	WEIGHT MANAGEMENT					
96.	FUND RAISING					
97.	CHIP					
98.	OB/PEDS CLINIC					
99.	447 SITE					
100.	COMMUNITY RELATIONS					663
101.	PHYSICIAN RECRUITMENT					
102.	WELLNESS INSTITUTE					
103	SPIRIT OF WOMEN					
104	COAG CLINIC					
105	CRITICAL CARE PRACTICE					
106	CANCER CENTER-UNOCCUPIED SPAC					
107	CANCER CENTER-PHYSICIANS OFFIC					
108	EMS OUTREACH & ED					
109	RETAIL PHARMACY					
110	GOOD SHEPHERD					
111.	CROSSFOOT ADJUSTMENT					

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	COST CENTER DESCRIPTION	CAPITAL COSTS-NEW BLDG (1.5)	CAPITAL COSTS-NEW BLDG (1.6)	CAPITAL COSTS-NEW BLDG (1.7)	CAPITAL COSTS-EQUIPMENT (2.1)	DIRECTLY ASSIGNED CAPITAL COST (2.2)
112.	NEGATIVE COST CENTER					
113.	TOTAL					1,485,694

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	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-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS	92,100			
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	10,785			
5.	MAINTENANCE AND REPAIRS	1,523			
6.	OPERATION OF PLANT	726			
7.	LAUNDRY & LINEN SERVICES				
8.	HOUSEKEEPING	1,734			
9.	DIETARY	825			
10.	CAFETERIA	457			
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION	1,715			
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY	834			
15.	PHARMACY				
16.	MEDICAL RECORDS LIBRARY	1,425			
17.	SOCIAL SERVICE	2,187			
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	15,402			
27.	NURSERY	27			
28.	ICU	1,457			
29.	NICU	1,111			
30.	CCU	2,545			
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT	1,344			
35.	PSYCH UNIT	2,157			
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM	6,706			
38.	RECOVERY ROOM	1,006			
39.	DELIVERY ROOM	1,763			
40.	ANESTHESIOLOGY	143			
41.	RADIOLOGY-DIAGNOSTIC	6,953			
42.	CAT SCAN	1,636			
43.	MAGNETIC RESONANCE IMAGING	832			
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE	685			
46.	LABORATORY	3,658			
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS	473			

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	COST CENTER DESCRIPTION	EMPLOYEE BENEFITS (3)	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	1,472			
51.	PHYSICAL THERAPY	1,190			
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY	171			
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	537			
56.	CARDIOVASCULAR LAB	1,116			
57.	EP LAB	188			
58.	ELECTROENCEPHALOGRAPHY	59			
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS	3,971			
62.	RENAL DIALYSIS				
63.	AUDIOLOGY				
64.	CANCER CENTER	2,913			
65.	MENTAL HEALTH ANCILLARY	740			
66.	CARDIOPULMONARY	751			
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC	10			
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION	157			
71.	EMERGENCY ROOM	6,907			
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	90,291			
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN	50			
93.	PHYS PRIVATE OFFICES				
94.	NON-PAID WORKER	37			
95.	WEIGHT MANAGEMENT	246			
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC	589			
99.	447 SITE	21			
100.	COMMUNITY RELATIONS	135			
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE	21			
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE	299			
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED	168			
109	RETAIL PHARMACY	243			
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				

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	COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING
		(3)	(4.1)	(4.2)	(4.3)
112.	NEGATIVE COST CENTER				
113.	TOTAL	92,100			

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	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-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS				
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL			1,799,743	
5.	MAINTENANCE AND REPAIRS			48,662	535,755
6.	OPERATION OF PLANT			34,398	5,345
7.	LAUNDRY & LINEN SERVICES			214	2,454
8.	HOUSEKEEPING			30,032	4,062
9.	DIETARY			20,321	7,012
10.	CAFETERIA			5,794	10,036
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION			26,654	1,024
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY			19,109	15,433
15.	PHARMACY			6,815	4,793
16.	MEDICAL RECORDS LIBRARY			17,389	9,148
17.	SOCIAL SERVICE			26,163	1,422
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			162,387	94,302
27.	NURSERY			799	806
28.	ICU			20,219	12,418
29.	NICU			14,449	3,676
30.	CCU			33,976	12,161
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT			17,378	15,596
35.	PSYCH UNIT			24,952	9,934
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM			169,594	61,288
38.	RECOVERY ROOM			13,381	4,237
39.	DELIVERY ROOM			25,175	7,828
40.	ANESTHESIOLOGY			6,601	455
41.	RADIOLOGY-DIAGNOSTIC			115,935	52,486
42.	CAT SCAN			27,785	5,698
43.	MAGNETIC RESONANCE IMAGING			21,143	6,491
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE			19,332	5,681
46.	LABORATORY			130,463	11,083
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS			21,617	1,630

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	COST CENTER DESCRIPTION	ADMISSIONS (4.4)	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY			18,341	2,008
51.	PHYSICAL THERAPY			14,743	3,659
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY			1,877	
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY			6,323	1,398
56.	CARDIOVASCULAR LAB			22,715	11,250
57.	EP LAB			5,522	1,405
58.	ELECTROENCEPHALOGRAPHY			822	613
59.	MEDICAL SUPPLIES			2,459	
60.	IMPL. DEV. CHARGED TO PATIENT			66,697	
61.	DRUGS CHARGED TO PATIENTS			277,508	
62.	RENAL DIALYSIS			4,706	1,178
63.	AUDIOLOGY				
64.	CANCER CENTER			67,035	60,767
65.	MENTAL HEALTH ANCILLARY			8,290	2,078
66.	CARDIOPULMONARY			9,073	3,824
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC			820	6,918
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION			1,869	1,248
71.	EMERGENCY ROOM			146,016	42,991
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS			40,355	
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL			1,755,908	505,836
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN			645	1,279
93.	PHYS PRIVATE OFFICES			368	3,149
94.	NON-PAID WORKER			529	696
95.	WEIGHT MANAGEMENT			2,704	
96.	FUND RAISING			58	
97.	CHIP			106	1,015
98.	OB/PEDS CLINIC			7,065	270
99.	447 SITE			752	6,830
100.	COMMUNITY RELATIONS			11,095	
101.	PHYSICIAN RECRUITMENT			663	507
102.	WELLNESS INSTITUTE			255	
103	SPIRIT OF WOMEN			24	
104	COAG CLINIC			27	
105	CRITICAL CARE PRACTICE			3,395	
106	CANCER CENTER-UNOCCUPIED SPAC			1,093	14,307
107	CANCER CENTER-PHYSICIANS OFFIC			73	952
108	EMS OUTREACH & ED			3,510	
109	RETAIL PHARMACY			11,473	914
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				

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	COST CENTER DESCRIPTION	ADMISSIONS	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS
		(4.4)	(4.5)	(4.6)	(5)
112.	NEGATIVE COST CENTER				
113.	TOTAL			1,799,743	535,755

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	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-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS				
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL				
5.	MAINTENANCE AND REPAIRS				
6.	OPERATION OF PLANT	79,958			
7.	LAUNDRY & LINEN SERVICES	370	21,165		
8.	HOUSEKEEPING	612		66,449	
9.	DIETARY	1,057	258	90	102,524
10.	CAFETERIA	1,513			
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION	154		68	
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY	2,326	293	397	
15.	PHARMACY	723		232	
16.	MEDICAL RECORDS LIBRARY	1,379		10	
17.	SOCIAL SERVICE	214		10	
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	14,214	7,694	19,517	70,534
27.	NURSERY	121	277	542	
28.	ICU	1,872	634	1,456	2,895
29.	NICU	554	7		
30.	CCU	1,833	844	1,456	5,353
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT	2,351	415	1,017	5,150
35.	PSYCH UNIT	1,497	261	1,685	9,900
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM	9,239	4,084	11,493	13
38.	RECOVERY ROOM	639	313	620	
39.	DELIVERY ROOM	1,180	395	1,682	
40.	ANESTHESIOLOGY	69		48	
41.	RADIOLOGY-DIAGNOSTIC	7,912	1,413	2,008	
42.	CAT SCAN	859		203	
43.	MAGNETIC RESONANCE IMAGING	979		58	
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE	856		397	
46.	LABORATORY	1,671		707	
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS	246		39	

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	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
		(6)	(7)	(8)	(9)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	303		97	
51.	PHYSICAL THERAPY	552		16	
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY				
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	211	47	77	
56.	CARDIOVASCULAR LAB	1,696	472	662	
57.	EP LAB	212		97	
58.	ELECTROENCEPHALOGRAPHY	92		32	
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS				
62.	RENAL DIALYSIS	178	18	184	
63.	AUDIOLOGY				
64.	CANCER CENTER	9,161		4,184	
65.	MENTAL HEALTH ANCILLARY	313			
66.	CARDIOPULMONARY	576		129	
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC	1,043	311	1,349	77
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION	188			
71.	EMERGENCY ROOM	6,481	3,429	14,812	8,602
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	75,446	21,165	65,374	102,524
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN	193			
93.	PHYS PRIVATE OFFICES	475		26	
94.	NON-PAID WORKER	105		32	
95.	WEIGHT MANAGEMENT				
96.	FUND RAISING				
97.	CHIP	153			
98.	OB/PEDS CLINIC	41			
99.	447 SITE	1,030			
100.	COMMUNITY RELATIONS				
101.	PHYSICIAN RECRUITMENT	76			
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE				
106	CANCER CENTER-UNOCCUPIED SPAC	2,157			
107	CANCER CENTER-PHYSICIANS OFFIC	144			
108	EMS OUTREACH & ED				
109	RETAIL PHARMACY	138			
110	GOOD SHEPHERD			1,017	
111.	CROSSFOOT ADJUSTMENT				

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	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
		(6)	(7)	(8)	(9)
112.	NEGATIVE COST CENTER				
113.	TOTAL	79,958	21,165	66,449	102,524

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	COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	INSERVICE EDUCATION
		(10)	(11)	(12)	(13)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES				
1.1.	CAPITAL COSTS-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS				
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL				
5.	MAINTENANCE AND REPAIRS				
6.	OPERATION OF PLANT				
7.	LAUNDRY & LINEN SERVICES				
8.	HOUSEKEEPING				
9.	DIETARY				
10.	CAFETERIA	91,942			
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION	2,072		39,251	
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY	2,368			
15.	PHARMACY				
16.	MEDICAL RECORDS LIBRARY	2,762			
17.	SOCIAL SERVICE	2,072			
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	19,727		15,898	
27.	NURSERY				
28.	ICU	1,282		1,003	
29.	NICU	1,184		963	
30.	CCU	2,565		2,086	
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT	1,677		1,394	
35.	PSYCH UNIT	2,466		2,005	
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM	7,793		6,289	
38.	RECOVERY ROOM	888		696	
39.	DELIVERY ROOM	2,269		1,833	
40.	ANESTHESIOLOGY	197			
41.	RADIOLOGY-DIAGNOSTIC	9,766			
42.	CAT SCAN	1,776			
43.	MAGNETIC RESONANCE IMAGING	987			
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE	592			
46.	LABORATORY	5,919			
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS	592			

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	COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	INSERVICE EDUCATION
		(10)	(11)	(12)	(13)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	1,776			
51.	PHYSICAL THERAPY	1,085			
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY	296			
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	691			
56.	CARDIOVASCULAR LAB	1,085			
57.	EP LAB	99			
58.	ELECTROENCEPHALOGRAPHY	99			
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS	3,749			
62.	RENAL DIALYSIS				
63.	AUDIOLOGY				
64.	CANCER CENTER	2,466			
65.	MENTAL HEALTH ANCILLARY	1,184			
66.	CARDIOPULMONARY	888			
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC				
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION	197		146	
71.	EMERGENCY ROOM	8,089		6,938	
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	90,658		39,251	
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN	99			
93.	PHYS PRIVATE OFFICES				
94.	NON-PAID WORKER	99			
95.	WEIGHT MANAGEMENT	395			
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC	99			
99.	447 SITE	197			
100.	COMMUNITY RELATIONS	197			
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE	99			
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED				
109	RETAIL PHARMACY	99			
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				

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	COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	INSERVICE EDUCATION
		(10)	(11)	(12)	(13)
112.	NEGATIVE COST CENTER				
113.	TOTAL	91,942		39,251	

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	COST CENTER DESCRIPTION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE
		(14)	(15)	(16)	(17)
	GENERAL SERVICE				
1.	CAPITAL COSTS-BLDG & FIXTURES				
1.1.	CAPITAL COSTS-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS				
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL				
5.	MAINTENANCE AND REPAIRS				
6.	OPERATION OF PLANT				
7.	LAUNDRY & LINEN SERVICES				
8.	HOUSEKEEPING				
9.	DIETARY				
10.	CAFETERIA				
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION				
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY	154,774			
15.	PHARMACY	1,728	49,699		
16.	MEDICAL RECORDS LIBRARY			99,694	
17.	SOCIAL SERVICE				42,574
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	20,226		41,861	36,527
27.	NURSERY	498		608	4,053
28.	ICU	3,797		3,380	237
29.	NICU	689			
30.	CCU	5,744		1,824	445
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT	620		3,390	
35.	PSYCH UNIT	201		7,477	1,312
36.	DRUG & ALCOHOL REHAB UNIT				
	ANCILLARY SERVICES				
37.	OPERATING ROOM	28,635		23,279	
38.	RECOVERY ROOM	337			
39.	DELIVERY ROOM	3,820			
40.	ANESTHESIOLOGY	7,762			
41.	RADIOLOGY-DIAGNOSTIC	15,563			
42.	CAT SCAN	3,248			
43.	MAGNETIC RESONANCE IMAGING	535			
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE	96	592		
46.	LABORATORY	31,516			
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS	2,026	25		

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	COST CENTER DESCRIPTION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		(14)	(15)	(16)	(17)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	755			
51.	PHYSICAL THERAPY	24		30	
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY	7			
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	92		1,595	
56.	CARDIOVASCULAR LAB	3,693	25		
57.	EP LAB	3,174			
58.	ELECTROENCEPHALOGRAPHY	15			
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS		47,361		
62.	RENAL DIALYSIS	274			
63.	AUDIOLOGY				
64.	CANCER CENTER	3,760			
65.	MENTAL HEALTH ANCILLARY				
66.	CARDIOPULMONARY	202			
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC	19			
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION				
71.	EMERGENCY ROOM	15,486		16,250	
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL	154,542	48,003	99,694	42,574
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN				
93.	PHYS PRIVATE OFFICES	1			
94.	NON-PAID WORKER	4			
95.	WEIGHT MANAGEMENT				
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC	1			
99.	447 SITE				
100.	COMMUNITY RELATIONS	20			
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN	23			
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE	150			
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED	11			
109	RETAIL PHARMACY	18	1,700		
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				

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	COST CENTER DESCRIPTION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		(14)	(15)	(16)	(17)
112.	NEGATIVE COST CENTER	4	(4)		
113.	TOTAL	154,774	49,699	99,694	42,574

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	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-NEW BLDG				
1.2.	CAPITAL COSTS-NEW BLDG				
1.3.	CAPITAL COSTS-NEW BLDG				
1.4.	CAPITAL COSTS-NEW BLDG				
1.5.	CAPITAL COSTS-NEW BLDG				
1.6.	CAPITAL COSTS-NEW BLDG				
1.7.	CAPITAL COSTS-NEW BLDG				
2.1.	CAPITAL COSTS-EQUIPMENT				
2.2.	CAPITAL COSTS-EQUIPMENT				
3.	EMPLOYEE BENEFITS				
4.1.	NON-PATIENT TELEPHONE				
4.2.	DATA PROCESSING				
4.3.	PURCHASING				
4.4.	ADMISSIONS				
4.5.	BILLING/ COLLECTIONS				
4.6.	OTHER ADMIN. AND GENERAL				
5.	MAINTENANCE AND REPAIRS				
6.	OPERATION OF PLANT				
7.	LAUNDRY & LINEN SERVICES				
8.	HOUSEKEEPING				
9.	DIETARY				
10.	CAFETERIA				
11.	MAINTENANCE OF PERSONNEL				
12.	NURSING ADMINISTRATION				
13.	INSERVICE EDUCATION				
14.	CENTRAL SERVICE & SUPPLY				
15.	PHARMACY				
16.	MEDICAL RECORDS LIBRARY				
17.	SOCIAL SERVICE				
18.	OTHER (SPECIFY)				
19.	OTHER (SPECIFY)				
20.	OTHER (SPECIFY)				
21.	NURSING SCHOOL				
22.	INTERN RESIDENT APPROVED PROG				
23.	PARAMEDICAL ED (SPECIFY)				
24.	PARAMEDICAL ED (SPECIFY)				
25.	PARAMEDICAL ED (SPECIFY)				
	INPATIENT ROUTINE SERVICE				
26.	GENERAL ROUTINE CARE				
27.	NURSERY				
28.	ICU				
29.	NICU				
30.	CCU				
31.	CRITICAL CARE				
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.	CAT SCAN				
43.	MAGNETIC RESONANCE IMAGING				
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE				
46.	LABORATORY				
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS				

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	COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL
		(18)	(19)	(20)	(21)
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY				
51.	PHYSICAL THERAPY				
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY				
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY				
56.	CARDIOVASCULAR LAB				
57.	EP LAB				
58.	ELECTROENCEPHALOGRAPHY				
59.	MEDICAL SUPPLIES				
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS				
62.	RENAL DIALYSIS				
63.	AUDIOLOGY				
64.	CANCER CENTER				
65.	MENTAL HEALTH ANCILLARY				
66.	CARDIOPULMONARY				
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC				
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION				
71.	EMERGENCY ROOM				
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	SUBTOTAL				
	NON-REIMBURSABLE COST				
92.	GIFT COFFEE SHOPS & CANTEEN				
93.	PHYS PRIVATE OFFICES				
94.	NON-PAID WORKER				
95.	WEIGHT MANAGEMENT				
96.	FUND RAISING				
97.	CHIP				
98.	OB/PEDS CLINIC				
99.	447 SITE				
100.	COMMUNITY RELATIONS				
101.	PHYSICIAN RECRUITMENT				
102.	WELLNESS INSTITUTE				
103	SPIRIT OF WOMEN				
104	COAG CLINIC				
105	CRITICAL CARE PRACTICE				
106	CANCER CENTER-UNOCCUPIED SPAC				
107	CANCER CENTER-PHYSICIANS OFFIC				
108	EMS OUTREACH & ED				
109	RETAIL PHARMACY				
110	GOOD SHEPHERD				
111.	CROSSFOOT ADJUSTMENT				

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	COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL
		(18)	(19)	(20)	(21)
112.	NEGATIVE COST CENTER				
113.	TOTAL				

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	COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	TOTAL
		(22)	(23)	(24)	(25)	(26)
	GENERAL SERVICE					
1.	CAPITAL COSTS-BLDG & FIXTURES					
1.1.	CAPITAL COSTS-NEW BLDG					
1.2.	CAPITAL COSTS-NEW BLDG					
1.3.	CAPITAL COSTS-NEW BLDG					
1.4.	CAPITAL COSTS-NEW BLDG					
1.5.	CAPITAL COSTS-NEW BLDG					
1.6.	CAPITAL COSTS-NEW BLDG					
1.7.	CAPITAL COSTS-NEW BLDG					
2.1.	CAPITAL COSTS-EQUIPMENT					
2.2.	CAPITAL COSTS-EQUIPMENT					
3.	EMPLOYEE BENEFITS					
4.1.	NON-PATIENT TELEPHONE					
4.2.	DATA PROCESSING					
4.3.	PURCHASING					
4.4.	ADMISSIONS					
4.5.	BILLING/ COLLECTIONS					
4.6.	OTHER ADMIN. AND GENERAL					
5.	MAINTENANCE AND REPAIRS					
6.	OPERATION OF PLANT					
7.	LAUNDRY & LINEN SERVICES					
8.	HOUSEKEEPING					
9.	DIETARY					
10.	CAFETERIA					
11.	MAINTENANCE OF PERSONNEL					
12.	NURSING ADMINISTRATION					
13.	INSERVICE EDUCATION					
14.	CENTRAL SERVICE & SUPPLY					
15.	PHARMACY					
16.	MEDICAL RECORDS LIBRARY					
17.	SOCIAL SERVICE					
18.	OTHER (SPECIFY)					
19.	OTHER (SPECIFY)					
20.	OTHER (SPECIFY)					
21.	NURSING SCHOOL					
22.	INTERN RESIDENT APPROVED PROG					
23.	PARAMEDICAL ED (SPECIFY)					
24.	PARAMEDICAL ED (SPECIFY)					
25.	PARAMEDICAL ED (SPECIFY)					
	INPATIENT ROUTINE SERVICE					
26.	GENERAL ROUTINE CARE					1,214,983
27.	NURSERY					13,683
28.	ICU					142,389
29.	NICU					49,789
30.	CCU					160,677
31.	CRITICAL CARE					
32.	OTHER (SPECIFY)					
33.	OTHER (SPECIFY)					
34.	MED REHAB UNIT					165,553
35.	PSYCH UNIT					137,234
36.	DRUG & ALCOHOL REHAB UNIT					
	ANCILLARY SERVICES					
37.	OPERATING ROOM					818,338
38.	RECOVERY ROOM					53,422
39.	DELIVERY ROOM					103,847
40.	ANESTHESIOLOGY					21,101
41.	RADIOLOGY-DIAGNOSTIC					607,411
42.	CAT SCAN					83,298
43.	MAGNETIC RESONANCE IMAGING					78,980
44.	RADIOLOGY-THERAPEUTIC					
45.	RADIOISOTOPE					70,200
46.	LABORATORY					266,916
47.	WHOLE BLOOD					
48.	BLOOD STOR PROC TRANS					38,687

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CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

	COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	TOTAL
		(22)	(23)	(24)	(25)	(26)
49.	INTRAVENOUS THERAPY					
50.	RESPIRATORY THERAPY					90,004
51.	PHYSICAL THERAPY					48,331
52.	OCCUPATIONAL THERAPY					
53.	SPEECH THERAPY					2,351
54.	OXYGEN THERAPY					
55.	ELECTROCARDIOLOGY					21,297
56.	CARDIOVASCULAR LAB					125,829
57.	EP LAB					21,079
58.	ELECTROENCEPHALOGRAPHY					6,264
59.	MEDICAL SUPPLIES					2,459
60.	IMPL. DEV. CHARGED TO PATIENT					66,697
61.	DRUGS CHARGED TO PATIENTS					332,589
62.	RENAL DIALYSIS					15,241
63.	AUDIOLOGY					
64.	CANCER CENTER					599,219
65.	MENTAL HEALTH ANCILLARY					27,959
66.	CARDIOPULMONARY					43,693
67.	OTHER (SPECIFY)					
68.	OBSV BEDS DIST UNT-RTC					61,658
	OUTPATIENT SERVICES					
69.	CLINIC					
70.	DIABETES EDUCATION					13,026
71.	EMERGENCY ROOM					593,616
72.	PARTIAL HOSPITALZATION					
73.	AMBULANCE SERVICES					
74.	HOME PROGRAM DIALYSIS					
75.	HOME HEALTH AGENCY					
76.	SHORT PROCEDURE UNIT					
77.	OBSERVATION BEDS					40,355
78.	INTEREST					
79.	OTHER (SPECIFY)					
80.	OTHER (SPECIFY)					
81.	OTHER (SPECIFY)					
82.	OTHER (SPECIFY)					
83.	OTHER (SPECIFY)					
84.	OTHER (SPECIFY)					
85.	OTHER (SPECIFY)					
	OTHER INPATIENT					
86.	SKILLED NURSING FACILITY					
87.	INTERMEDIATE CARE FACILITY					
88.	RESIDENTIAL TREATMENT FACILITY					
89.	OTHER (SPECIFY)					
90.	OTHER (SPECIFY)					
91.	SUBTOTAL					6,138,175
	NON-REIMBURSABLE COST					
92.	GIFT COFFEE SHOPS & CANTEEN					11,713
93.	PHYS PRIVATE OFFICES					27,286
94.	NON-PAID WORKER					6,642
95.	WEIGHT MANAGEMENT					3,345
96.	FUND RAISING					58
97.	CHIP					8,770
98.	OB/PEDS CLINIC					10,060
99.	447 SITE					59,288
100.	COMMUNITY RELATIONS					12,110
101.	PHYSICIAN RECRUITMENT					4,989
102.	WELLNESS INSTITUTE					276
103	SPIRIT OF WOMEN					47
104	COAG CLINIC					27
105	CRITICAL CARE PRACTICE					3,943
106	CANCER CENTER-UNOCCUPIED SPAC					123,252
107	CANCER CENTER-PHYSICIANS OFFIC					8,203
108	EMS OUTREACH & ED					3,689
109	RETAIL PHARMACY					21,337
110	GOOD SHEPHERD					1,017
111.	CROSSFOOT ADJUSTMENT					

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	COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	TOTAL
		(22)	(23)	(24)	(25)	(26)
112.	NEGATIVE COST CENTER					
113.	TOTAL					6,444,227

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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	$80,301,163		$80,301,163		
27.	NURSERY	3,045,656		3,045,656		
28.	ICU	5,468,427		5,468,427		
29.	NICU	6,299,525		6,299,525		
30.	CCU	11,298,261		11,298,261		
31.	CRITICAL CARE					
32.	OTHER (SPECIFY)					
33.	OTHER (SPECIFY)					
34.	MED REHAB UNIT	5,301,120				
35.	PSYCH UNIT	10,139,435			10,139,435	
36.	DRUG & ALCOHOL REHAB UNIT					
	TOTAL ROUTINE CARE	121,853,587		106,413,032	10,139,435	
	ANCILLARY SERVICES					
37.	OPERATING ROOM	90,511,264	60,084,718	30,416,490	10,056	
38.	RECOVERY ROOM	13,772,658	8,821,286	4,948,568	2,804	
39.	DELIVERY ROOM	8,324,036	3,027,909	5,296,127		
40.	ANESTHESIOLOGY	8,830,677	4,710,574	4,119,507	596	
41.	RADIOLOGY-DIAGNOSTIC	99,266,221	78,893,851	20,091,162	58,346	
42.	CAT SCAN	94,957,823	69,071,443	25,612,449	153,407	
43.	MAGNETIC RESONANCE IMAGING	25,554,401	20,129,792	5,321,011	76,945	
44.	RADIOLOGY-THERAPEUTIC					
45.	RADIOISOTOPE	18,648,015	14,570,938	4,064,170	8,344	
46.	LABORATORY	134,103,213	92,402,823	40,520,061	780,560	
47.	WHOLE BLOOD					
48.	BLOOD STOR PROC TRANS	8,889,138	3,089,676	5,725,454	1,443	
49.	INTRAVENOUS THERAPY					
50.	RESPIRATORY THERAPY	14,467,804	2,865,228	11,519,864	14,702	
51.	PHYSICAL THERAPY	7,112,299	212,681	3,003,390	7,619	
52.	OCCUPATIONAL THERAPY					
53.	SPEECH THERAPY	361,495	60,380	298,736	1,507	
54.	OXYGEN THERAPY					
55.	ELECTROCARDIOLOGY	27,799,351	14,917,611	12,781,116	74,578	
56.	CARDIOVASCULAR LAB	21,540,906	8,649,682	12,845,335		
57.	EP LAB	9,221,454	5,029,648	4,191,806		
58.	ELECTROENCEPHALOGRAPHY	483,254	234,177	243,403	5,674	
59.	MEDICAL SUPPLIES	1,417,699	345,800	1,071,818		
60.	IMPL. DEV. CHARGED TO PATIENT	16,519,469	5,825,780	10,693,689		
61.	DRUGS CHARGED TO PATIENTS	146,244,717	105,629,745	39,139,358	726,667	
62.	RENAL DIALYSIS	1,268,556	53,509	1,175,706		
63.	AUDIOLOGY					
64.	CANCER CENTER	57,007,000	56,050,042	950,090	4,262	
65.	MENTAL HEALTH ANCILLARY	1,530,205			1,530,205	
66.	CARDIOPULMONARY	4,471,948	4,139,607	332,341		
67.	OTHER (SPECIFY)					
68.	OBSV BEDS DIST UNT-RTC	3,605,486	2,358,116	1,241,099	3,325	
	OUTPATIENT SERVICES					
69.	CLINIC					
70.	DIABETES EDUCATION	152,471	152,471			
71.	EMERGENCY ROOM	56,151,376	44,179,005	11,724,257	245,053	
72.	PARTIAL HOSPITALZATION					
73.	AMBULANCE SERVICES					
74.	HOME PROGRAM DIALYSIS					
75.	HOME HEALTH AGENCY					
76.	SHORT PROCEDURE UNIT					
77.	OBSERVATION BEDS	11,720,626	8,225,285	3,495,341		
78.	INTEREST					
79.	OTHER (SPECIFY)					
80.	OTHER (SPECIFY)					
81.	OTHER (SPECIFY)					
82.	OTHER (SPECIFY)					
83.	OTHER (SPECIFY)					
84.	OTHER (SPECIFY)					
85.	OTHER (SPECIFY)					
	OTHER INPATIENT					
86.	SKILLED NURSING FACILITY					
87.	INTERMEDIATE CARE FACILITY					
88.	RESIDENTIAL TREATMENT FACILITY					

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89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
80.	TOTAL ANCILLARY, O/P & OTHER	883,933,562	613,731,777	260,822,348	3,706,093
81.	TOTAL	$1,005,787,149	$613,731,777	$367,235,380	$13,845,528

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

	COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. UNIT CHARGES (6)	OTHER I/P CHARGES (SPECIFY) (7)	OUTPATIENT RATIO (Col. 2 ÷ Col. 1) (8)	I/P RATIO (Excluding units & other) (Col. 3 ÷ Col. 1) (9)	INPATIENT PSYCH. UNIT RATIO (Col. 4 ÷ Col. 1) (10)
	INPATIENT ROUTINE SERVICE					
26.	GENERAL ROUTINE CARE				100.000000%	
27.	NURSERY				100.000000%	
28.	ICU				100.000000%	
29.	NICU				100.000000%	
30.	CCU				100.000000%	
31.	CRITICAL CARE					
32.	OTHER (SPECIFY)					
33.	OTHER (SPECIFY)					
34.	MED REHAB UNIT	5,301,120				
35.	PSYCH UNIT					100.000000%
36.	DRUG & ALCOHOL REHAB UNIT					
	TOTAL ROUTINE CARE	5,301,120				
	ANCILLARY SERVICES					
37.	OPERATING ROOM			66.383691%	33.605199%	0.011110%
38.	RECOVERY ROOM			64.049263%	35.930378%	0.020359%
39.	DELIVERY ROOM			36.375491%	63.624509%	
40.	ANESTHESIOLOGY			53.343294%	46.649957%	0.006749%
41.	RADIOLOGY-DIAGNOSTIC	222,862		79.477037%	20.239677%	0.058777%
42.	CAT SCAN	120,524		72.739076%	26.972447%	0.161553%
43.	MAGNETIC RESONANCE IMAGING	26,653		78.772310%	20.822288%	0.301103%
44.	RADIOLOGY-THERAPEUTIC					
45.	RADIOISOTOPE	4,563		78.136670%	21.794116%	0.044745%
46.	LABORATORY	399,769		68.904257%	30.215579%	0.582059%
47.	WHOLE BLOOD					
48.	BLOOD STOR PROC TRANS	72,565		34.757881%	64.409553%	0.016233%
49.	INTRAVENOUS THERAPY					
50.	RESPIRATORY THERAPY	68,010		19.804167%	79.624136%	0.101619%
51.	PHYSICAL THERAPY	3,888,609		2.990327%	42.228118%	0.107124%
52.	OCCUPATIONAL THERAPY					
53.	SPEECH THERAPY	872		16.702859%	82.639041%	0.416880%
54.	OXYGEN THERAPY					
55.	ELECTROCARDIOLOGY	26,046		53.661724%	45.976311%	0.268272%
56.	CARDIOVASCULAR LAB	45,889		40.154681%	59.632287%	
57.	EP LAB			54.542895%	45.457105%	
58.	ELECTROENCEPHALOGRAPHY			48.458368%	50.367508%	1.174124%
59.	MEDICAL SUPPLIES	81		24.391637%	75.602650%	
60.	IMPL. DEV. CHARGED TO PATIENT			35.266146%	64.733854%	
61.	DRUGS CHARGED TO PATIENTS	748,947		72.228076%	26.762921%	0.496884%
62.	RENAL DIALYSIS	39,341		4.218103%	92.680654%	
63.	AUDIOLOGY					
64.	CANCER CENTER	2,606		98.321332%	1.666621%	0.007476%
65.	MENTAL HEALTH ANCILLARY					100.000000%
66.	CARDIOPULMONARY			92.568317%	7.431683%	
67.	OTHER (SPECIFY)					
68.	OBSV BEDS DIST UNT-RTC	2,946		65.403554%	34.422516%	0.092221%
	OUTPATIENT SERVICES					
69.	CLINIC					
70.	DIABETES EDUCATION			100.000000%		
71.	EMERGENCY ROOM	3,061		78.678401%	20.879733%	0.436415%
72.	PARTIAL HOSPITALZATION					
73.	AMBULANCE SERVICES					
74.	HOME PROGRAM DIALYSIS					
75.	HOME HEALTH AGENCY					
76.	SHORT PROCEDURE UNIT					
77.	OBSERVATION BEDS			70.177864%	29.822136%	
78.	INTEREST					
79.	OTHER (SPECIFY)					
80.	OTHER (SPECIFY)					
81.	OTHER (SPECIFY)					
82.	OTHER (SPECIFY)					
83.	OTHER (SPECIFY)					
84.	OTHER (SPECIFY)					
85.	OTHER (SPECIFY)					
	OTHER INPATIENT					
86.	SKILLED NURSING FACILITY					
87.	INTERMEDIATE CARE FACILITY					
88.	RESIDENTIAL TREATMENT FACILITY					

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89.	OTHER (SPECIFY)		
90.	OTHER (SPECIFY)		
80.	TOTAL ANCILLARY, O/P & OTHER	5,673,344	
81.	TOTAL	$10,974,464	

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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.	CRITICAL CARE			
32.	OTHER (SPECIFY)			
33.	OTHER (SPECIFY)			
34.	MED REHAB UNIT		100.000000%	
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		0.224509%	
42.	CAT SCAN		0.126924%	
43.	MAGNETIC RESONANCE IMAGING		0.104299%	
44.	RADIOLOGY-THERAPEUTIC			
45.	RADIOISOTOPE		0.024469%	
46.	LABORATORY		0.298105%	
47.	WHOLE BLOOD			
48.	BLOOD STOR PROC TRANS		0.816333%	
49.	INTRAVENOUS THERAPY			
50.	RESPIRATORY THERAPY		0.470078%	
51.	PHYSICAL THERAPY		54.674431%	
52.	OCCUPATIONAL THERAPY			
53.	SPEECH THERAPY		0.241220%	
54.	OXYGEN THERAPY			
55.	ELECTROCARDIOLOGY		0.093693%	
56.	CARDIOVASCULAR LAB		0.213032%	
57.	EP LAB			
58.	ELECTROENCEPHALOGRAPHY			
59.	MEDICAL SUPPLIES		0.005713%	
60.	IMPL. DEV. CHARGED TO PATIENT			
61.	DRUGS CHARGED TO PATIENTS		0.512119%	
62.	RENAL DIALYSIS		3.101243%	
63.	AUDIOLOGY			
64.	CANCER CENTER		0.004571%	
65.	MENTAL HEALTH ANCILLARY			
66.	CARDIOPULMONARY			
67.	OTHER (SPECIFY)			
68.	OBSV BEDS DIST UNT-RTC		0.081709%	
	OUTPATIENT SERVICES			
69.	CLINIC			
70.	DIABETES EDUCATION			
71.	EMERGENCY ROOM		0.005451%	
72.	PARTIAL HOSPITALZATION			
73.	AMBULANCE SERVICES			
74.	HOME PROGRAM DIALYSIS			
75.	HOME HEALTH AGENCY			
76.	SHORT PROCEDURE UNIT			
77.	OBSERVATION BEDS			
78.	INTEREST			
79.	OTHER (SPECIFY)			
80.	OTHER (SPECIFY)			
81.	OTHER (SPECIFY)			
82.	OTHER (SPECIFY)			
83.	OTHER (SPECIFY)			
84.	OTHER (SPECIFY)			
85.	OTHER (SPECIFY)			
	OTHER INPATIENT			
86.	SKILLED NURSING FACILITY			
87.	INTERMEDIATE CARE FACILITY			
88.	RESIDENTIAL TREATMENT FACILITY			

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

89.	OTHER (SPECIFY)	
90.	OTHER (SPECIFY)	
80.	TOTAL ANCILLARY, O/P & OTHER	
81.	TOTAL	

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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	$27,221,952		$27,221,952		
27.	NURSERY	429,201		429,201		
28.	ICU	2,816,804		2,816,804		
29.	NICU	1,748,387		1,748,387		
30.	CCU	4,489,581		4,489,581		
31.	CRITICAL CARE					
32.	OTHER (SPECIFY)					
33.	OTHER (SPECIFY)					
34.	MED REHAB UNIT	2,440,124				
35.	PSYCH UNIT	3,657,455			3,657,455	
36.	DRUG & ALCOHOL REHAB UNIT					
	TOTAL ROUTINE CARE	42,803,504		36,705,925	3,657,455	
	ANCILLARY SERVICES					
37.	OPERATING ROOM	21,807,622	14,476,704	7,328,495	2,423	
38.	RECOVERY ROOM	1,644,567	1,053,333	590,899	335	
39.	DELIVERY ROOM	3,211,899	1,168,344	2,043,555		
40.	ANESTHESIOLOGY	859,819	458,656	401,105	58	
41.	RADIOLOGY-DIAGNOSTIC	14,104,820	11,210,093	2,854,770	8,290	
42.	CAT SCAN	3,234,082	2,352,441	872,311	5,225	
43.	MAGNETIC RESONANCE IMAGING	2,459,761	1,937,610	512,179	7,406	
44.	RADIOLOGY-THERAPEUTIC					
45.	RADIOISOTOPE	2,263,757	1,768,824	493,366	1,013	
46.	LABORATORY	15,134,671	10,428,433	4,573,028	88,093	
47.	WHOLE BLOOD					
48.	BLOOD STOR PROC TRANS	2,447,430	850,675	1,576,379	397	
49.	INTRAVENOUS THERAPY					
50.	RESPIRATORY THERAPY	2,086,407	413,195	1,661,284	2,120	
51.	PHYSICAL THERAPY	1,697,717	50,767	716,914	1,819	
52.	OCCUPATIONAL THERAPY					
53.	SPEECH THERAPY	209,369	34,970	173,021	873	
54.	OXYGEN THERAPY					
55.	ELECTROCARDIOLOGY	765,434	410,746	351,918	2,053	
56.	CARDIOVASCULAR LAB	2,797,636	1,123,382	1,668,294		
57.	EP LAB	687,426	374,942	312,484		
58.	ELECTROENCEPHALOGRAPHY	103,772	50,287	52,267	1,218	
59.	MEDICAL SUPPLIES	270,711	66,031	204,665		
60.	IMPL. DEV. CHARGED TO PATIENT	7,343,493	2,589,767	4,753,726		
61.	DRUGS CHARGED TO PATIENTS	31,418,033	22,692,641	8,408,383	156,111	
62.	RENAL DIALYSIS	552,122	23,289	511,710		
63.	AUDIOLOGY					
64.	CANCER CENTER	8,721,364	8,574,961	145,352	652	
65.	MENTAL HEALTH ANCILLARY	959,069			959,069	
66.	CARDIOPULMONARY	1,082,409	1,001,968	80,441		
67.	OTHER (SPECIFY)					
68.	OBSV BEDS DIST UNT-RTC	281,216	183,925	96,802	259	
	OUTPATIENT SERVICES					
69.	CLINIC					
70.	DIABETES EDUCATION	240,012	240,012			
71.	EMERGENCY ROOM	18,959,771	14,917,245	3,958,750	82,743	
72.	PARTIAL HOSPITALZATION					
73.	AMBULANCE SERVICES					
74.	HOME PROGRAM DIALYSIS					
75.	HOME HEALTH AGENCY					
76.	SHORT PROCEDURE UNIT					
77.	OBSERVATION BEDS	4,443,167	3,118,120	1,325,047		
78.	INTEREST					
79.	OTHER (SPECIFY)					
80.	OTHER (SPECIFY)					
81.	OTHER (SPECIFY)					
82.	OTHER (SPECIFY)					
83.	OTHER (SPECIFY)					
84.	OTHER (SPECIFY)					
85.	OTHER (SPECIFY)					
	OTHER INPATIENT					
86.	SKILLED NURSING FACILITY					
87.	INTERMEDIATE CARE FACILITY					
88.	RESIDENTIAL TREATMENT FACILITY					

Lehigh Valley Hospital Pocono
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COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
80.	TOTAL ANCILLARY, O/P & OTHER	149,787,556	101,571,361	45,667,145	1,320,157
81.	TOTAL	$192,591,060	$101,571,361	$82,373,070	$4,977,612

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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			$80,301,163	$8,392,210	$858.14
27.	NURSERY			3,045,656	635,045	207.85
28.	ICU			5,468,427	2,056,672	1,090.52
29.	NICU			6,299,525	990,917	1,148.74
30.	CCU			11,298,261	342,741	3,213.73
31.	CRITICAL CARE					
32.	OTHER (SPECIFY)					
33.	OTHER (SPECIFY)					
34.	MED REHAB UNIT	2,440,124				
35.	PSYCH UNIT					
36.	DRUG & ALCOHOL REHAB UNIT					
	TOTAL ROUTINE CARE	2,440,124		106,413,032	12,417,585	
	ANCILLARY SERVICES					
37.	OPERATING ROOM			30,416,490	2,200,488	7.23%
38.	RECOVERY ROOM			4,948,568	273,616	5.53%
39.	DELIVERY ROOM			5,296,127	963,642	18.20%
40.	ANESTHESIOLOGY			4,119,507	260,116	6.31%
41.	RADIOLOGY-DIAGNOSTIC	31,667		20,091,162	2,341,576	11.65%
42.	CAT SCAN	4,105		25,612,449	2,404,990	9.39%
43.	MAGNETIC RESONANCE IMAGING	2,566		5,321,011	842,311	15.83%
44.	RADIOLOGY-THERAPEUTIC					
45.	RADIOISOTOPE	554		4,064,170	556,390	13.69%
46.	LABORATORY	45,117		40,520,061	4,499,265	11.10%
47.	WHOLE BLOOD					
48.	BLOOD STOR PROC TRANS	19,979		5,725,454	451,647	7.89%
49.	INTRAVENOUS THERAPY					
50.	RESPIRATORY THERAPY	9,808		11,519,864	1,591,075	13.81%
51.	PHYSICAL THERAPY	928,217		3,003,390	183,789	6.12%
52.	OCCUPATIONAL THERAPY					
53.	SPEECH THERAPY	505		298,736	11,952	4.00%
54.	OXYGEN THERAPY					
55.	ELECTROCARDIOLOGY	717		12,781,116	1,327,580	10.39%
56.	CARDIOVASCULAR LAB	5,960		12,845,335	2,459,677	19.15%
57.	EP LAB			4,191,806	241,370	5.76%
58.	ELECTROENCEPHALOGRAPHY			243,403	13,743	5.65%
59.	MEDICAL SUPPLIES	15		1,071,818	203,287	18.97%
60.	IMPL. DEV. CHARGED TO PATIENT			10,693,689	529,183	4.95%
61.	DRUGS CHARGED TO PATIENTS	160,898		39,139,358	5,210,729	13.31%
62.	RENAL DIALYSIS	17,123		1,175,706	52,501	4.47%
63.	AUDIOLOGY					
64.	CANCER CENTER	399		950,090	97,674	10.28%
65.	MENTAL HEALTH ANCILLARY					
66.	CARDIOPULMONARY			332,341	52,320	15.74%
67.	OTHER (SPECIFY)					
68.	OBSV BEDS DIST UNT-RTC	230		1,241,099	44,522	3.59%
	OUTPATIENT SERVICES					
69.	CLINIC					
70.	DIABETES EDUCATION					
71.	EMERGENCY ROOM	1,033		11,724,257	1,511,290	12.89%
72.	PARTIAL HOSPITALZATION					
73.	AMBULANCE SERVICES					
74.	HOME PROGRAM DIALYSIS					
75.	HOME HEALTH AGENCY					
76.	SHORT PROCEDURE UNIT					
77.	OBSERVATION BEDS			3,495,341		
78.	INTEREST					
79.	OTHER (SPECIFY)					
80.	OTHER (SPECIFY)					
81.	OTHER (SPECIFY)					
82.	OTHER (SPECIFY)					
83.	OTHER (SPECIFY)					
84.	OTHER (SPECIFY)					
85.	OTHER (SPECIFY)					
	OTHER INPATIENT					
86.	SKILLED NURSING FACILITY					
87.	INTERMEDIATE CARE FACILITY					
88.	RESIDENTIAL TREATMENT FACILITY					

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COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
80.	TOTAL ANCILLARY, O/P & OTHER	1,228,893	260,822,348	28,324,733	
81.	TOTAL	$3,669,017	$367,235,380	$40,742,318	

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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	$3,535,537	31,722	4,120.0
27.	NURSERY	23,695	2,065	114.0
28.	ICU	83,970	2,583	77.0
29.	NICU	81,561	1,522	71.0
30.	CCU	61,061	1,397	19.0
31.	CRITICAL CARE			
32.	OTHER (SPECIFY)			
33.	OTHER (SPECIFY)			
34.	MED REHAB UNIT			
35.	PSYCH UNIT			
36.	DRUG & ALCOHOL REHAB UNIT			
	TOTAL ROUTINE CARE	3,785,824	39,289	4,401.0
	ANCILLARY SERVICES			
37.	OPERATING ROOM	529,850		
38.	RECOVERY ROOM	32,677		
39.	DELIVERY ROOM	371,927		
40.	ANESTHESIOLOGY	25,310		
41.	RADIOLOGY-DIAGNOSTIC	332,581		
42.	CAT SCAN	81,910		
43.	MAGNETIC RESONANCE IMAGING	81,078		
44.	RADIOLOGY-THERAPEUTIC			
45.	RADIOISOTOPE	67,542		
46.	LABORATORY	507,606		
47.	WHOLE BLOOD			
48.	BLOOD STOR PROC TRANS	124,376		
49.	INTRAVENOUS THERAPY			
50.	RESPIRATORY THERAPY	229,423		
51.	PHYSICAL THERAPY	43,875		
52.	OCCUPATIONAL THERAPY			
53.	SPEECH THERAPY	6,921		
54.	OXYGEN THERAPY			
55.	ELECTROCARDIOLOGY	36,564		
56.	CARDIOVASCULAR LAB	319,478		
57.	EP LAB	17,999		
58.	ELECTROENCEPHALOGRAPHY	2,953		
59.	MEDICAL SUPPLIES	38,825		
60.	IMPL. DEV. CHARGED TO PATIENT	235,309		
61.	DRUGS CHARGED TO PATIENTS	1,119,156		
62.	RENAL DIALYSIS	22,873		
63.	AUDIOLOGY			
64.	CANCER CENTER	14,942		
65.	MENTAL HEALTH ANCILLARY			
66.	CARDIOPULMONARY	12,661		
67.	OTHER (SPECIFY)			
68.	OBSV BEDS DIST UNT-RTC	3,475		
	OUTPATIENT SERVICES			
69.	CLINIC			
70.	DIABETES EDUCATION			
71.	EMERGENCY ROOM	510,283		
72.	PARTIAL HOSPITALZATION			
73.	AMBULANCE SERVICES			
74.	HOME PROGRAM DIALYSIS			
75.	HOME HEALTH AGENCY			
76.	SHORT PROCEDURE UNIT			
77.	OBSERVATION BEDS			
78.	INTEREST			
79.	OTHER (SPECIFY)			
80.	OTHER (SPECIFY)			
81.	OTHER (SPECIFY)			
82.	OTHER (SPECIFY)			
83.	OTHER (SPECIFY)			
84.	OTHER (SPECIFY)			
85.	OTHER (SPECIFY)			
	OTHER INPATIENT			
86.	SKILLED NURSING FACILITY			
87.	INTERMEDIATE CARE FACILITY			
88.	RESIDENTIAL TREATMENT FACILITY			

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COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

89.	OTHER (SPECIFY)	
90.	OTHER (SPECIFY)	
80.	TOTAL ANCILLARY, O/P & OTHER	4,769,594
81.	TOTAL	$8,555,418

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COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
PSYCHIATRIC UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-3

COST CENTER DESCRIPTION	TOTAL I/P PSYCH. COSTS (From Wkst. C-2, Col. 4) (1)	TOTAL I/P PSYCH. CHARGES (From Wkst. C-1, Col. 4) (2)	PA M.A. I/P PSYCH. CHARGES (3)	I/P PSYCH. PER DIEM (Col. 1 ÷ Col. 6) or M.A. I/P RATIO (Col 3 ÷ Col 2) (4)
35. PSYCH UNIT	$3,657,455	$10,139,435	$1,164,322	$765.64
ANCILLARY SERVICES				
37. OPERATING ROOM	2,423	10,056		
38. RECOVERY ROOM	335	2,804		
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	58	596		
41. RADIOLOGY-DIAGNOSTIC	8,290	58,346	9,847	16.88%
42. CAT SCAN	5,225	153,407	11,853	7.73%
43. MAGNETIC RESONANCE IMAGING	7,406	76,945	11,537	14.99%
44. RADIOLOGY-THERAPEUTIC				
45. RADIOISOTOPE	1,013	8,344	5,435	65.14%
46. LABORATORY	88,093	780,560	115,709	14.82%
47. WHOLE BLOOD				
48. BLOOD STOR PROC TRANS	397	1,443	75	5.20%
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY	2,120	14,702		
51. PHYSICAL THERAPY	1,819	7,619		
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY	873	1,507		
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY	2,053	74,578	12,456	16.70%
56. CARDIOVASCULAR LAB				
57. EP LAB				
58. ELECTROENCEPHALOGRAPHY	1,218	5,674		
59. MEDICAL SUPPLIES				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUGS CHARGED TO PATIENTS	156,111	726,667	69,814	9.61%
62. RENAL DIALYSIS				
63. AUDIOLOGY				
64. CANCER CENTER	652	4,262		
65. MENTAL HEALTH ANCILLARY	959,069	1,530,205	202,168	13.21%
66. CARDIOPULMONARY				
67. OTHER (SPECIFY)				
68. OBSV BEDS DIST UNT-RTC	259	3,325	69	2.08%
OUTPATIENT SERVICES				
69. CLINIC				
70. DIABETES EDUCATION				
71. EMERGENCY ROOM	82,743	245,053	47,919	19.55%
72. PARTIAL HOSPITALZATION				
73. AMBULANCE SERVICES				
74. HOME PROGRAM DIALYSIS				
75. HOME HEALTH AGENCY				
76. SHORT PROCEDURE UNIT				
77. OBSERVATION BEDS				
78. INTEREST				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
91. TOTAL ANCILLARY, O/P & OTHER	1,320,157	3,706,093	486,882	
92. TOTAL	$4,977,612	$13,845,528	$1,651,204	

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PSYCHIATRIC UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-3

COST CENTER DESCRIPTION	PA M.A. I/P PSYCH. COSTS (Col. 4 x Col. 7) (Col. 1 x Col. 4) (5)	TOTAL PSYCH. DAYS (6)	PA M.A. PSYCH. DAYS (7)
35. PSYCH UNIT	$438,712	4,777	573.0
ANCILLARY SERVICES			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC	1,399		
42. CAT SCAN	404		
43. MAGNETIC RESONANCE IMAGING	1,110		
44. RADIOLOGY-THERAPEUTIC			
45. RADIOISOTOPE	660		
46. LABORATORY	13,055		
47. WHOLE BLOOD			
48. BLOOD STOR PROC TRANS	21		
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY			
51. PHYSICAL THERAPY			
52. OCCUPATIONAL THERAPY			
53. SPEECH THERAPY			
54. OXYGEN THERAPY			
55. ELECTROCARDIOLOGY	343		
56. CARDIOVASCULAR LAB			
57. EP LAB			
58. ELECTROENCEPHALOGRAPHY			
59. MEDICAL SUPPLIES			
60. IMPL. DEV. CHARGED TO PATIENT			
61. DRUGS CHARGED TO PATIENTS	15,002		
62. RENAL DIALYSIS			
63. AUDIOLOGY			
64. CANCER CENTER			
65. MENTAL HEALTH ANCILLARY	126,693		
66. CARDIOPULMONARY			
67. OTHER (SPECIFY)			
68. OBSV BEDS DIST UNT-RTC	5		
OUTPATIENT SERVICES			
69. CLINIC			
70. DIABETES EDUCATION			
71. EMERGENCY ROOM	16,176		
72. PARTIAL HOSPITALZATION			
73. AMBULANCE SERVICES			
74. HOME PROGRAM DIALYSIS			
75. HOME HEALTH AGENCY			
76. SHORT PROCEDURE UNIT			
77. OBSERVATION BEDS			
78. INTEREST			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
91. TOTAL ANCILLARY, O/P & OTHER	174,868		
92. TOTAL	$613,580		

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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	$1,214,983	$1,214,983	$80,301,163	$8,392,210
27.	NURSERY	13,683	13,683	3,045,656	635,045
28.	ICU	142,389	142,389	5,468,427	2,056,672
29.	NICU	49,789	49,789	6,299,525	990,917
30.	CCU	160,677	160,677	11,298,261	342,741
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT	165,553			
35.	PSYCH UNIT	137,234			
36.	DRUG & ALCOHOL REHAB UNIT				
	TOTAL ROUTINE CARE	1,884,308	1,581,521	106,413,032	12,417,585
	ANCILLARY SERVICES				
37.	OPERATING ROOM	818,338	275,004	30,416,490	2,200,488
38.	RECOVERY ROOM	53,422	19,195	4,948,568	273,616
39.	DELIVERY ROOM	103,847	66,072	5,296,127	963,642
40.	ANESTHESIOLOGY	21,101	9,844	4,119,507	260,116
41.	RADIOLOGY-DIAGNOSTIC	607,411	122,938	20,091,162	2,341,576
42.	CAT SCAN	83,298	22,468	25,612,449	2,404,990
43.	MAGNETIC RESONANCE IMAGING	78,980	16,445	5,321,011	842,311
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE	70,200	15,299	4,064,170	556,390
46.	LABORATORY	266,916	80,650	40,520,061	4,499,265
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS	38,687	24,918	5,725,454	451,647
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	90,004	71,665	11,519,864	1,591,075
51.	PHYSICAL THERAPY	48,331	20,409	3,003,390	183,789
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY	2,351	1,943	298,736	11,952
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	21,297	9,792	12,781,116	1,327,580
56.	CARDIOVASCULAR LAB	125,829	75,035	12,845,335	2,459,677
57.	EP LAB	21,079	9,582	4,191,806	241,370
58.	ELECTROENCEPHALOGRAPHY	6,264	3,155	243,403	13,743
59.	MEDICAL SUPPLIES	2,459	1,859	1,071,818	203,287
60.	IMPL. DEV. CHARGED TO PATIENT	66,697	43,176	10,693,689	529,183
61.	DRUGS CHARGED TO PATIENTS	332,589	89,011	39,139,358	5,210,729
62.	RENAL DIALYSIS	15,241	14,125	1,175,706	52,501
63.	AUDIOLOGY				
64.	CANCER CENTER	599,219	9,987	950,090	97,674
65.	MENTAL HEALTH ANCILLARY	27,959			
66.	CARDIOPULMONARY	43,693	3,247	332,341	52,320
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC	61,658	21,224	1,241,099	44,522
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION	13,026			
71.	EMERGENCY ROOM	593,616	123,945	11,724,257	1,511,290
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS	40,355	12,035	3,495,341	
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				

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COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY
AMENDED WORKSHEET C-5

89.	OTHER (SPECIFY)				
90.	OTHER (SPECIFY)				
91.	TOTAL ANCILLARY, O/P & OTHER	4,253,867	1,163,023	260,822,348	28,324,733
92.	TOTAL	$6,138,175	$2,744,544	$367,235,380	$40,742,318

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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	$38.30	$157,796	31,722	4,120.0
27.	NURSERY	6.63	756	2,065	114.0
28.	ICU	55.13	4,245	2,583	77.0
29.	NICU	32.71	2,322	1,522	71.0
30.	CCU	115.02	2,185	1,397	19.0
31.	CRITICAL CARE				
32.	OTHER (SPECIFY)				
33.	OTHER (SPECIFY)				
34.	MED REHAB UNIT				
35.	PSYCH UNIT				
36.	DRUG & ALCOHOL REHAB UNIT				
	TOTAL ROUTINE CARE		167,304	39,289	4,401.0
	ANCILLARY SERVICES				
37.	OPERATING ROOM	7.23%	19,883		
38.	RECOVERY ROOM	5.53%	1,061		
39.	DELIVERY ROOM	18.20%	12,025		
40.	ANESTHESIOLOGY	6.31%	621		
41.	RADIOLOGY-DIAGNOSTIC	11.65%	14,322		
42.	CAT SCAN	9.39%	2,110		
43.	MAGNETIC RESONANCE IMAGING	15.83%	2,603		
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE	13.69%	2,094		
46.	LABORATORY	11.10%	8,952		
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS	7.89%	1,966		
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	13.81%	9,897		
51.	PHYSICAL THERAPY	6.12%	1,249		
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY	4.00%	78		
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	10.39%	1,017		
56.	CARDIOVASCULAR LAB	19.15%	14,369		
57.	EP LAB	5.76%	552		
58.	ELECTROENCEPHALOGRAPHY	5.65%	178		
59.	MEDICAL SUPPLIES	18.97%	353		
60.	IMPL. DEV. CHARGED TO PATIENT	4.95%	2,137		
61.	DRUGS CHARGED TO PATIENTS	13.31%	11,847		
62.	RENAL DIALYSIS	4.47%	631		
63.	AUDIOLOGY				
64.	CANCER CENTER	10.28%	1,027		
65.	MENTAL HEALTH ANCILLARY				
66.	CARDIOPULMONARY	15.74%	511		
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC	3.59%	762		
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION				
71.	EMERGENCY ROOM	12.89%	15,977		
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
	OTHER INPATIENT				
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970002
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY
AMENDED WORKSHEET C-5

89. OTHER (SPECIFY)		
90. OTHER (SPECIFY)		
91. TOTAL ANCILLARY, O/P & OTHER		126,222
92. TOTAL		$293,526

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970046
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
MEDICAL REHABILITATION UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-7

	COST CENTER DESCRIPTION	TOTAL I/P MED. REHAB. COSTS (From Wkst. C-2, Col. 6) (1)	TOTAL I/P MED. REHAB. CHARGES (From Wkst. C-1, Col. 6) (2)	PA M.A. I/P MED. REHAB. CHARGES (3)	I/P MED. REHAB. PER DIEM (Col. 1 ÷ Col. 6) or M.A. I/P RATIO (Col. 3 ÷ Col. 2) (4)
34.	MED REHAB UNIT	$2,440,124	$5,301,120		$977.61
	ANCILLARY SERVICES				
37.	OPERATING ROOM				
38.	RECOVERY ROOM				
39.	DELIVERY ROOM				
40.	ANESTHESIOLOGY				
41.	RADIOLOGY-DIAGNOSTIC	31,667	222,862		
42.	CAT SCAN	4,105	120,524		
43.	MAGNETIC RESONANCE IMAGING	2,566	26,653		
44.	RADIOLOGY-THERAPEUTIC				
45.	RADIOISOTOPE	554	4,563		
46.	LABORATORY	45,117	399,769		
47.	WHOLE BLOOD				
48.	BLOOD STOR PROC TRANS	19,979	72,565		
49.	INTRAVENOUS THERAPY				
50.	RESPIRATORY THERAPY	9,808	68,010		
51.	PHYSICAL THERAPY	928,217	3,888,609		
52.	OCCUPATIONAL THERAPY				
53.	SPEECH THERAPY	505	872		
54.	OXYGEN THERAPY				
55.	ELECTROCARDIOLOGY	717	26,046		
56.	CARDIOVASCULAR LAB	5,960	45,889		
57.	EP LAB				
58.	ELECTROENCEPHALOGRAPHY				
59.	MEDICAL SUPPLIES	15	81		
60.	IMPL. DEV. CHARGED TO PATIENT				
61.	DRUGS CHARGED TO PATIENTS	160,898	748,947		
62.	RENAL DIALYSIS	17,123	39,341		
63.	AUDIOLOGY				
64.	CANCER CENTER	399	2,606		
65.	MENTAL HEALTH ANCILLARY				
66.	CARDIOPULMONARY				
67.	OTHER (SPECIFY)				
68.	OBSV BEDS DIST UNT-RTC	230	2,946		
	OUTPATIENT SERVICES				
69.	CLINIC				
70.	DIABETES EDUCATION				
71.	EMERGENCY ROOM	1,033	3,061		
72.	PARTIAL HOSPITALZATION				
73.	AMBULANCE SERVICES				
74.	HOME PROGRAM DIALYSIS				
75.	HOME HEALTH AGENCY				
76.	SHORT PROCEDURE UNIT				
77.	OBSERVATION BEDS				
78.	INTEREST				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
80.	TOTAL ANCILLARY, O/P & OTHER	1,228,893	5,673,344		
81.	TOTAL	$3,669,017	$10,974,464		

Lehigh Valley Hospital Pocono
PROVIDER NUMBER: 1007723970046
FOR THE PERIOD: 7/1/2017 T0 6/30/2018
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
MEDICAL REHABILITATION UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-7

	COST CENTER DESCRIPTION	PA M.A. I/P MED. REHAB. COSTS (Col. 4 x Col. 7) or (Col. 1 x Col. 4) (5)	TOTAL MEDICAL REHAB. DAYS (6)	PA M.A. MEDICAL REHAB. DAYS (7)
34.	MED REHAB UNIT		2,496	
	ANCILLARY SERVICES			
37.	OPERATING ROOM			
38.	RECOVERY ROOM			
39.	DELIVERY ROOM			
40.	ANESTHESIOLOGY			
41.	RADIOLOGY-DIAGNOSTIC			
42.	CAT SCAN			
43.	MAGNETIC RESONANCE IMAGING			
44.	RADIOLOGY-THERAPEUTIC			
45.	RADIOISOTOPE			
46.	LABORATORY			
47.	WHOLE BLOOD			
48.	BLOOD STOR PROC TRANS			
49.	INTRAVENOUS THERAPY			
50.	RESPIRATORY THERAPY			
51.	PHYSICAL THERAPY			
52.	OCCUPATIONAL THERAPY			
53.	SPEECH THERAPY			
54.	OXYGEN THERAPY			
55.	ELECTROCARDIOLOGY			
56.	CARDIOVASCULAR LAB			
57.	EP LAB			
58.	ELECTROENCEPHALOGRAPHY			
59.	MEDICAL SUPPLIES			
60.	IMPL. DEV. CHARGED TO PATIENT			
61.	DRUGS CHARGED TO PATIENTS			
62.	RENAL DIALYSIS			
63.	AUDIOLOGY			
64.	CANCER CENTER			
65.	MENTAL HEALTH ANCILLARY			
66.	CARDIOPULMONARY			
67.	OTHER (SPECIFY)			
68.	OBSV BEDS DIST UNT-RTC			
	OUTPATIENT SERVICES			
69.	CLINIC			
70.	DIABETES EDUCATION			
71.	EMERGENCY ROOM			
72.	PARTIAL HOSPITALZATION			
73.	AMBULANCE SERVICES			
74.	HOME PROGRAM DIALYSIS			
75.	HOME HEALTH AGENCY			
76.	SHORT PROCEDURE UNIT			
77.	OBSERVATION BEDS			
78.	INTEREST			
79.	OTHER (SPECIFY)			
80.	OTHER (SPECIFY)			
81.	OTHER (SPECIFY)			
82.	OTHER (SPECIFY)			
83.	OTHER (SPECIFY)			
84.	OTHER (SPECIFY)			
85.	OTHER (SPECIFY)			
80.	TOTAL ANCILLARY, O/P & OTHER			
81.	TOTAL			

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).

LEHIGH VALLEY HOSPITAL - POCONO
REPORT DISTRIBUTION
FOR THE FISCAL YEAR ENDED JUNE 30, 2018

This report was initially distributed to:

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Department of Human Services

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Division of Audit and Review
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