

AMENDED FINANCIAL REPORT

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

Wellspan Ephrata Community Hospital

Report Period July 1, 2019 – June 30, 2020

August 2022



Commonwealth of Pennsylvania
Department of the Auditor General

Timothy L. DeFoor • Auditor General

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**Commonwealth of Pennsylvania
Department of the Auditor General
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**TIMOTHY L. DEFOOR
AUDITOR GENERAL**

August 17, 2022

Ms. Laura Buczkowski
Chief Financial Officer
Wellspan Health
3350 Whiteford Road
Post Office Box 2767
York, PA 17405

Dear Ms. Buczkowski:

At the request of the Department of Human Services (DHS), we have performed the procedures enumerated below on the submitted cost report (Form MA-336) of Wellspan Ephrata Community Hospital for the fiscal year ended June 30, 2020. The purpose of these procedures was to certify the costs detailed in the facility's submitted MA-336 cost report. The results of these procedures are detailed below and in the adjustments section of our issued final amended MA-336 cost report. DHS will use our final amended MA-336 cost report to set the Medical Assistance reimbursement rate for this facility which includes a new Medical Rehab Unit.

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

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

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

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 11/17/21.

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 10/5/21, 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 new Medical Rehab Unit detailed in the Cost Settlement Report, dated 10/5/21, provided by the DHS from PROMISe™. Refer to adjustments #1, #2, #6, #7, & #8 on the Amended Adjustment Report.
2. Compared total costs and total charges included in the facility's submitted MA-336 Cost Report to the total costs and total charges included in the facility's trial balance.
 - We determined adjustments were warranted to reclassify expenses for proper cost reporting. Refer to adjustment #3 on the Amended Adjustment Report.
3. Compared the number of beds available, number of bed days, and total inpatient days included in the facility's submitted MA-336 Cost Report to the corresponding numbers included in the facility's final accepted Medicare Cost Report.
 - No adjustments were warranted as a result of this procedure.
4. Compared the cost allocation statistics for the new Medical Rehab Unit, and in total, included on the facility's submitted MA-336 Cost Report to the cost allocation statistics included in the facility's final accepted Medicare Cost Report and the facility's documentation on statistics.
 - We determined that an adjustment was warranted to reclassify statistics due to the reclassification of expenses as noted above. Refer to adjustment #4 on the Amended Adjustment Report.
5. Determined whether any costs were included in the facility's submitted MA-336 Cost Report "Capital Costs-Bldg" cost center for the new 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 #5 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.

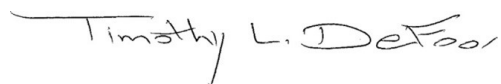
Based on the results of those procedures, and as communicated to DHS management, while we concluded that data related to paid MA charges as detailed in PROMISe™ were reliable, we concluded that the actual paid MA days and MA discharges data detailed in the PROMISe™ Cost Settlement Report, dated 10/5/21, 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 Wellspan Ephrata Community Hospital.

Sincerely,

A handwritten signature in black ink that reads "Timothy L. DeFoor". The signature is written in a cursive style with a long horizontal line extending from the start of the name.

Timothy L. DeFoor
Auditor General

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS:

Wellspan Ephrata Community Hospital
169 Martin Avenue, Post Office Box 1002
Ephrata, PA 17522

PROVIDER NO.:

1007464680006
1007454680064
1007464680151

PERIOD:

07/01/2019 to 06/30/2020

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	S-2	4	1	1	Inpatient Statistics MA Days			
			10		General Routine Care	212.0	671.0	883.0
			12		Psychiatric Unit	244.0	(91.0)	153.0
					Medical Rehab Unit	0.0	7.0	7.0
					To adjust the reported MA Days to the paid MA Days per the Cost Settlement Report, dated 10/5/2021. DHS 1163, Subchapter A, 1163.51 DHS 1151.41 DHS 1163, Subchapter B, 1163.451			
MA-336	S-2	10	9	2	MA Discharges			
			10		PA MA Discharges - DRG	64.0	187.0	251.0
			12		PA MA Discharges - Psych	10.0	(3.0)	7.0
					PA MA Discharges - MRU	1.0	0.0	1.0
					To adjust the reported MA Discharges to the paid MA Discharges per the Cost Settlement Report, dated 10/5/2021. DHS 1163, Subchapter A, 1163.51 DHS 1151.41 DHS 1163, Subchapter B, 1163.451			
MA336	A-1	64	8	3	A-1 Reclass Adjustments			
		69			Medical Oncology	\$ (258,194)	\$ 1,221,584	\$ 963,390
		70			Clinic	\$ 1,737,153	\$ (482,491)	\$ 1,254,662
		100			Wellness	\$ (482,491)	\$ 482,491	\$ -
		102			Contingency	\$ (19,694,337)	\$ 19,694,337	\$ -
					Contingency	\$ 23,374,021	\$ (20,915,921)	\$ 2,458,100
					Total		\$ -	
					To reclassify the expenses for proper cost reporting. DHS 1163, Subchapter A, 1163.51			
MA-336	B-1	100	7	4	B-1 Statistical Adjustment			
		102			Laundry and Linen - Contingency	284.0	(284.0)	-
					Laundry and Linen - Contingency	-	284.0	284.0
					To reclassify the Laundry and Linen statistic to the correct line for proper cost reporting. DHS 1163, Subchapter A, 1163.51			

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REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	C-2	34	1	5	C-2 Cost Adjustment			
					Medical Rehab Unit	\$ 2,473,800	\$ (98,313)	\$ 2,375,487
					To remove non-allowable Capital Costs for Buildings for the new Medical Rehab Unit.			
					DHS 1163, Subchapter B, 1163.453			
MA-336	C-2	26	9	6	Charge Adjustments DRG MA Charges			
					General Routine Care	\$ 605,407	\$ 1,298,883	\$ 1,904,290
					Nurse	\$ 128,257	\$ 275,173	\$ 403,430
					Intensive Care Unit	\$ 331,104	\$ 710,376	\$ 1,041,480
					Neonate ICU	\$ 203,867	\$ 437,392	\$ 641,259
					Operating Room	\$ 294,520	\$ 631,886	\$ 926,406
					Recovery Room	\$ 18,832	\$ 40,404	\$ 59,236
					Delivery & Labor Room	\$ 138,119	\$ 296,331	\$ 434,450
					Anesthesiology	\$ 21,079	\$ 45,225	\$ 66,304
					Radiology-Diagnostic	\$ 75,232	\$ 161,409	\$ 236,641
					Radioisotope	\$ 21,319	\$ 45,739	\$ 67,058
					CT Scan	\$ 99,099	\$ 212,615	\$ 311,714
					MRI	\$ 13,880	\$ 29,779	\$ 43,659
					Cardiac Catheterization	\$ 100,000	\$ 214,548	\$ 314,548
					Laboratory	\$ 327,997	\$ 703,710	\$ 1,031,707
					Blood Storage & Processing	\$ 13,548	\$ 29,067	\$ 42,615
					Respiratory Therapy	\$ 143,505	\$ 307,887	\$ 451,392
					Occupational Therapy	\$ 30,471	\$ 65,375	\$ 95,846
					Electrocardiology	\$ 90,727	\$ 194,653	\$ 285,380
					Cardiovascular Lab	\$ 5,684	\$ 12,195	\$ 17,879
					Electroencephalography	\$ 2,390	\$ 5,128	\$ 7,518
					Drugs Charged to Patients	\$ 213,535	\$ 458,135	\$ 671,670
					Clinic	\$ 786	\$ 1,686	\$ 2,472
					Emergency Room	\$ 271,869	\$ 583,291	\$ 855,160
					Total	\$ 3,151,227	\$ 6,760,887	\$ 9,912,114
					To adjust the MA Inpatient Charges to the paid MA Inpatient Charges per the Cost Settlement Report, dated 10/5/2021. 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

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PERIOD:

07/01/2019 to 06/30/2020

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	C-3	35	3	7	Charge Adjustments Psychiatric MA Charges			
		41			Psychiatric Unit	\$ 627,879	\$ (165,186)	\$ 462,693
		44			Radiology-Diagnostic	\$ 517	\$ (136)	\$ 381
		47			CT Scan	\$ 4,425	\$ (1,164)	\$ 3,261
		50			Laboratory	\$ 11,097	\$ (2,919)	\$ 8,178
		54			Respiratory Therapy	\$ 404	\$ (106)	\$ 298
		56			Occupational Therapy	\$ 735	\$ (193)	\$ 542
		61			Electrocardiology	\$ 960	\$ (253)	\$ 707
		69			Drugs Charged To Patient	\$ 17,997	\$ (4,735)	\$ 13,262
		71			Clinic	\$ 280	\$ (74)	\$ 206
		92			Emergency Room	\$ 27,064	\$ (7,120)	\$ 19,944
					Total	\$ 691,358	\$ (181,886)	\$ 509,472
					To adjust the MA Psychiatric Inpatient Charges to the paid MA Psychiatric Inpatient Charges per the Cost Settlement Report, dated 10/5/2021. The MA Psychiatric Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Psychiatric Inpatient Charges.			
					DHS 1151.41			
MA-336	C-7	34	3	8	Charge Adjustments MRU MA Charges			
		47			Medical Rehab Unit	\$ 17,451	\$ (42)	\$ 17,409
		54			Laboratory	\$ 688	\$ (2)	\$ 686
		61			Occupational Therapy	\$ 12,544	\$ (30)	\$ 12,514
		81			Drugs Charged To Patients	\$ 576	\$ (1)	\$ 575
					Total	\$ 31,259	\$ (75)	\$ 31,184
					To adjust the MA Medical Rehab Inpatient Charges to the paid MA Medical Rehab Inpatient Charges per the Cost Settlement Report, dated 10/5/2021. The MA Medical Rehab Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Medical Rehab Inpatient Charges.			
					DHS 1163, Subchapter B, 1163.451			

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

		PROVIDER NUMBER	PERIOD	
		1007464680006		7/1/19 to 6/30/20
PART I ACUTE CARE AND FREESTANDING COST - REIMBURSED HOSPITALS	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	(From Wkst. C-2, Col. 10) (2 decimal places)	(Col. 2 x Col. 3) (Round To Nearest \$)
	(1)	(2)	(3)	(4)
1. GENERAL ROUTINE CARE	13,377	883.0	\$1,406.60	\$1,242,028
2. NURSERY	1,334	82.0	\$147.78	\$12,118
3. INTENSIVE CARE UNIT	3,643	72.0	\$2,060.81	\$148,378
4. NEONATE INTENSIVE CARE UNIT	1,150	54.0	\$2,452.67	\$132,444
5. CORONARY CARE UNIT				
6. OTHER				
7. OTHER				
8. EXTENDED CARE PSYCHIATRIC UNIT				
9. SUB-TOTAL (1-8)	19,504	1,091.0		\$1,534,968
PA M.A. ANCILLARY				
10. SERVICE COST (From Wkst. C-2, Line 80, Col. 11)				\$1,103,199
TOTAL PA M.A.				
11. REIMBURSABLE COST (Sum of Lines 9 & 10, Col. 4)				\$2,638,167
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)				\$2,638,167

		PROVIDER NUMBER	PERIOD	
		1007454680064	7/1/19 to 6/30/20	
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	6,341	153.0	\$828.99	\$126,835
2. PSYCHIATRIC UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-3, Line 80, Col. 5)				\$7,766
3. TOTAL PA M.A. PSYCHIATRIC UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				\$134,601
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. PSYCHIATRIC UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				\$134,601

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

		PROVIDER NUMBER		PERIOD
				7/1/19 to 6/30/20
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
		1007464680151		7/1/19 to 6/30/20
PART IV MEDICAL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM (From Wkst. C-7, Col. 4, Line 34) (2 decimal places)	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS		
	(1)	(2)		
			(3)	(4)
1. MEDICAL REHABILITATION UNIT INPATIENT SERVICES				
2. MEDICAL REHABILITATION UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-7, Line 80, Col. 5)				
3. TOTAL PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				
PART V				
PA M.A. CAPITAL FOR ACUTE CARE & FREESTANDING HOSPITALS; MED. ED. & NURSING SCHOOL COSTS FOR ACUTE CARE HOSPITAL ONLY	CAPITAL	MEDICAL EDUCATION (Incl. Nursing School)	NURSING SCHOOL	
	(Round To Nearest \$)	(Round To Nearest \$)	(Round To Nearest \$)	
	(1)	(2)	(3)	
1. TOTAL PA M.A. REIMBURSABLE COSTS				
2. NET GAIN (or) LOSS FROM DISPOSAL OF CAPITAL ASSETS IN A PRIOR YEAR (See Instructions)				
3. OTHER ADJUSTMENTS (Specify)				
4. TOTAL ADJUSTMENTS (Sum of Lines 2 & 3)				
5. ADJUSTED PA M.A. REIMBURSABLE COST (Line 1 Plus or Minus Line 4)				
PART VI				
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)	D & A REHAB. UNIT (From Wkst C-6, Part III, Line 81, Column 6)	MED. REHAB. UNIT (From Wkst C-6, Part IV, Line 81, Column 6)	FREESTANDING HOSP (From Wkst C-6, Part V, Line 81, Column 6)
	(Round To Nearest \$)	(Round To Nearest \$)	(Round To Nearest \$)	(Round To Nearest \$)
	(1)	(2)	(3)	(4)

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN

PROVIDER NUMBER: 1007464680006

1007454680064 / 1007464680151

FOR THE PERIOD: 7/1/19 TO 6/30/20

HOSPITAL AND HOSPITAL - HEALTH
CARE COMPLEX STATISTICAL DATA

(Excluding SNF and ICF facility Data)

AMENDED WORKSHEET S-2

INPATIENT BED COMPLEMENT AND OCCUPANCY	GENERAL ROUTINE CARE (1)	NURSERY (2)	INTENSIVE CARE UNIT (3)	NEONATE INTENSIVE CARE UNIT (4)	CORONARY CARE UNIT (5)	OTHER (6)	OTHER (7)	EXTENDED CARE PSYCHIATRIC (8)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD)	91	12	19	5				
2. TOTAL BED DAYS AND BASSINET DAYS SET- UP AND STAFFED FOR THE REPORTING PERIOD	33,306	4,392	6,954	1,830				
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	13,377	1,334	3,643	1,150				
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	883.0	82.0	72.0	54.0				
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)	

**EPHRATA COMMUNITY HOSPITAL -
WELLSPAN**

PROVIDER NUMBER: 1007464680006

1007454680064 / 1007464680151

FOR THE PERIOD: 7/1/19 TO 6/30/20

**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	127	18		8	153
2. TOTAL BED DAYS AND BASSINET DAYS SET- UP AND STAFFED FOR THE REPORTING PERIOD	46,482	6,588		2,928	55,998
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	19,504	6,341		1,333	27,178
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	1,091.0	153.0		7.0	1,251.0
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	5,012	166		108	5,286
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD	64	10		1	75
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	5,012	166		108	5,286
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	251	7		1	259

STATISTICAL					
11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.)	0.0559	0.0241		0.0053	0.0460
12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.)	0.4196	0.9625		0.4553	0.4853
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	3.8915	38.1988		12.3426	5.1415
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0)	849.0	33.0		40.0	922.0

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
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FOR THE PERIOD: 7/1/19 TO 6/30/20
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
AMENDED WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)		DIRECT EXPENSES PER BOOKS			RECLASSI- FICATIONS INCREASES (DECREASES) (4)	RECLASSIFIED TRIAL BALANCE (Col. 3 +/- 4) (5)
		SALARIES	OTHER	TOTAL (Col. 1 + 2)		
		(1)	(2)	(3)		
GENERAL SERVICE						
1. CAPITAL COSTS-BLDG & FIXTURES		\$5,167,554	\$5,167,554	\$2,752,112	\$7,919,666	
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		4,181,623	4,181,623		4,181,623	
3. EMPLOYEE BENEFITS		23,893,244	23,893,244		23,893,244	
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	6,290,945	43,428,374	49,719,319	(2,587,620)	47,131,699	
5. MAINTENANCE AND REPAIRS		2,450,754	2,450,754	(15,014)	2,435,740	
6. OPERATION OF PLANT	1,018,864	3,884,189	4,903,053	(79,796)	4,823,257	
7. LAUNDRY & LINEN SERVICES	260,306	95,508	355,814		355,814	
8. HOUSEKEEPING	1,162,275	372,351	1,534,626		1,534,626	
9. DIETARY	1,341,376	906,334	2,247,710	(982,480)	1,265,230	
10. CAFETERIA				982,480	982,480	
11. MAINTENANCE OF PERSONNEL						
12. NURSING ADMINISTRATION	1,234,610	106,149	1,340,759		1,340,759	
13. INSERVICE EDUCATION						
14. CENTRAL SERVICE & SUPPLY	866,556	502,165	1,368,721		1,368,721	
15. PHARMACY	2,394,798	14,605,740	17,000,538	(14,669,479)	2,331,059	
16. MEDICAL RECORDS LIBRARY	375,156	3,145	378,301		378,301	
17. SOCIAL SERVICE						
18. NONPHYSICIAN ANESTHETISTS						
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	9,924,494	1,464,272	11,388,766	(3,367,127)	8,021,639	
27. NURSERY	11	45,422	45,433	(388)	45,045	
28. ICU	3,608,871	457,769	4,066,640	(493,185)	3,573,455	
29. NICU	919,781	762,163	1,681,944	(13,663)	1,668,281	
30. CCU						
31. OTHER (SPECIFY)						
32. OTHER (SPECIFY)						
33. EXTENDED CARE PSYCHIATRIC UNIT						
34. MED REHAB UNIT	1,005,273	97,755	1,103,028	(8,563)	1,094,465	
35. PSYCH UNIT	2,116,487	820,609	2,937,096	(941)	2,936,155	
36. DRUG & ALCOHOL REHAB UNIT						
ANCILLARY SERVICES						
37. OPERATING ROOM	3,469,382	13,649,084	17,118,466	(2,347,597)	14,770,869	
38. RECOVERY ROOM	2,246,380	196,961	2,443,341	2,725,945	5,169,286	
39. DELIVERY ROOM	737,605	125,099	862,704	(247,516)	615,188	
40. ANESTHESIOLOGY	285,025	4,524,390	4,809,415	4,626	4,814,041	
41. RADIOLOGY-DIAGNOSTIC	4,132,046	1,669,483	5,801,529	(628,789)	5,172,740	
42. RADIOLOGY-THERAPEUTIC				860,464	860,464	
43. RADIOISOTOPE	325,841	164,059	489,900	8,994	498,894	
44. CT SCAN	824,988	332,459	1,157,447	258,376	1,415,823	
45. MRI	496,409	502,216	998,625	133,498	1,132,123	
46. OTHER (CARDIAC CATHETERIZATION)				2,500,473	2,500,473	
47. LABORATORY	3,020,781	5,435,832	8,456,613	(84,069)	8,372,544	
48. BLOOD STOR PROC TRANS		10,152	10,152	133,320	143,472	

EPHRATA COMMUNITY HOSPITAL -
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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) (4)	RECLASSIFIED TRIAL BALANCE (Col. 3 +/- 4) (5)
	SALARIES (1)	OTHER (2)	TOTAL (Col. 1 + 2) (3)		
49. INTRAVENOUS THERAPY				2,148,626	2,148,626
50. RESPIRATORY THERAPY	1,438,313	372,417	1,810,730	82,084	1,892,814
51. SLEEP CENTERS	508,237	454,803	963,040	(10,199)	952,841
52. PHYSICAL THERAPY				508,490	508,490
53. EMG		10,671	10,671	(10,666)	5
54. OCCUPATIONAL THERAPY	1,912,437	277,932	2,190,369	(1,003,220)	1,187,149
55. SPEECH THERAPY				522,750	522,750
56. ELECTROCARDIOLOGY (EKG)	1,051,218	471,751	1,522,969	357,956	1,880,925
57. CARDIOVASCULAR LAB	787,619	1,930,090	2,717,709	(2,603,487)	114,222
58. ELECTROENCEPHALOGRAPHY	20,899	1,241	22,140	10,667	32,807
59. MED SUPP CHGD TO PATIENT				497,455	497,455
60. IMPL. DEV. CHARGED TO PATIENT				1,966,799	1,966,799
61. DRUG CHGD TO PATIENTS				14,768,628	14,768,628
62. OTHER					
63. RADIATION ONCOLOGY	237,704	148,117	385,821	(381,575)	4,246
64. MEDICAL ONCOLOGY	1,138,078	1,472,520	2,610,598	(1,647,208)	963,390
65. OTHER (GASTROINTESTINAL SERVICES)				1,049,384	1,049,384
66. CARDIAC REHABILITATION	232,833	74,972	307,805	(381)	307,424
67. OTHER					
68. OTHER					
OUTPATIENT SERVICES					
69. CLINIC	865,591	1,451,730	2,317,321	456,957	2,774,278
70. WELLNESS					
71. EMERGENCY ROOM	3,804,564	6,097,912	9,902,476	(1,546,352)	8,356,124
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS					
77. INTEREST					
78. OTHER (SPECIFY)					
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. AMBULANCE SERVICES					
90. ALSU	1,025,083	234,621	1,259,704	(769)	1,258,935
91. SUBTOTAL	61,080,836	142,853,632	203,934,468		203,934,468
NON-REIMBURSABLE COST					
92. GIFT COFFEE SHOPS & CANTEEN	30,780	39,510	70,290		70,290
93. INVESTMENT PROPERTY					
94. RESEARCH					
95. HEARING AID CENTER					
96. PHYS PRIVATE OFFICES					
97. INTERN/RES NON APP PRG					
98. NON-PAID WORKER					
99. COMMUNITY RELATIONS					
100. CONTINGENCY					
101. AMBULANCE SERVICES					
102. CONTINGENCY		23,374,021	23,374,021		23,374,021
103. OTHER (SPECIFY)					
104. OTHER (SPECIFY)					
105. TOTAL	\$61,111,616	\$166,267,163	\$227,378,779		\$227,378,779

**EPHRATA COMMUNITY HOSPITAL -
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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)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES	(\$2,012,165)	\$5,907,501		\$5,907,501
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	2,825,833	7,007,456		7,007,456
3. EMPLOYEE BENEFITS		23,893,244		23,893,244
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	(20,332,601)	26,799,098		26,799,098
5. MAINTENANCE AND REPAIRS	(47,544)	2,388,196		2,388,196
6. OPERATION OF PLANT	(388,822)	4,434,435		4,434,435
7. LAUNDRY & LINEN SERVICES	(1,104)	354,710		354,710
8. HOUSEKEEPING		1,534,626		1,534,626
9. DIETARY	(484,651)	780,579		780,579
10. CAFETERIA		982,480		982,480
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		1,340,759		1,340,759
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY		1,368,721		1,368,721
15. PHARMACY	(7,671)	2,323,388		2,323,388
16. MEDICAL RECORDS LIBRARY		378,301		378,301
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	(22,365)	7,999,274		7,999,274
27. NURSERY		45,045		45,045
28. ICU		3,573,455		3,573,455
29. NICU		1,668,281		1,668,281
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT		1,094,465		1,094,465
35. PSYCH UNIT	(766,835)	2,169,320		2,169,320
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		14,770,869		14,770,869
38. RECOVERY ROOM		5,169,286		5,169,286
39. DELIVERY ROOM		615,188		615,188
40. ANESTHESIOLOGY	(4,167,146)	646,895		646,895
41. RADIOLOGY-DIAGNOSTIC	(43,199)	5,129,541		5,129,541
42. RADIOLOGY-THERAPEUTIC		860,464		860,464
43. RADIOISOTOPE		498,894		498,894
44. CT SCAN		1,415,823		1,415,823
45. MRI	(11,368)	1,120,755		1,120,755
46. OTHER (CARDIAC CATHERIZATION)		2,500,473		2,500,473
47. LABORATORY	(1,063,540)	7,309,004		7,309,004
48. BLOOD STOR PROC TRANS		143,472		143,472

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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		2,148,626		2,148,626
50. RESPIRATORY THERAPY		1,892,814		1,892,814
51. SLEEP CENTERS		952,841		952,841
52. PHYSICAL THERAPY		508,490		508,490
53. EMG		5		5
54. OCCUPATIONAL THERAPY	(111,000)	1,076,149		1,076,149
55. SPEECH THERAPY		522,750		522,750
56. ELECTROCARDIOLOGY (EKG)	(2,140)	1,878,785		1,878,785
57. CARDIOVASCULAR LAB	(23,333)	90,889		90,889
58. ELECTROENCEPHALOGRAPHY		32,807		32,807
59. MED SUPP CHGD TO PATIENT		497,455		497,455
60. IMPL. DEV. CHARGED TO PATIENT		1,966,799		1,966,799
61. DRUG CHGD TO PATIENTS		14,768,628		14,768,628
62. OTHER				
63. RADIATION ONCOLOGY		4,246		4,246
64. MEDICAL ONCOLOGY	(1,221,584)	(258,194)	1,221,584	963,390
65. OTHER (GASTROINTESTINAL SERVICE)		1,049,384		1,049,384
66. CARDIAC REHABILITATION	(14,000)	293,424		293,424
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC	(1,037,125)	1,737,153	(482,491)	1,254,662
70. WELLNESS	(482,491)	(482,491)	482,491	
71. EMERGENCY ROOM	(5,162,815)	3,193,309		3,193,309
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU	(27,549)	1,231,386		1,231,386
91. SUBTOTAL	(34,605,215)	169,329,253	1,221,584	170,550,837
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN	(38,213)	32,077		32,077
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY	(19,694,337)	(19,694,337)	19,694,337	
101. AMBULANCE SERVICES				
102. CONTINGENCY		23,374,021	(20,915,921)	2,458,100
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. TOTAL	(\$54,337,765)	\$173,041,014		\$173,041,014

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES (SQ FT) (1)
<u>GENERAL SERVICE</u>	
1. CAPITAL COSTS-BLDG & FIXTURES	260,124
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	23,234
5. MAINTENANCE AND REPAIRS	25,104
6. OPERATION OF PLANT	25,147
7. LAUNDRY & LINEN SERVICES	2,543
8. HOUSEKEEPING	3,490
9. DIETARY	7,206
10. CAFETERIA	
11. MAINTENANCE OF PERSONNEL	
12. NURSING ADMINISTRATION	1,101
13. INSERVICE EDUCATION	
14. CENTRAL SERVICE & SUPPLY	8,531
15. PHARMACY	
16. MEDICAL RECORDS LIBRARY	3,523
17. SOCIAL SERVICE	
18. NONPHYSICIAN ANESTHETISTS	
19. OTHER (SPECIFY)	
20. OTHER (SPECIFY)	
21. NURSING SCHOOL	
22. INTERN RESIDENT APPROVED PROG	
23. PARAMEDICAL ED (SPECIFY)	
24. PARAMEDICAL ED (SPECIFY)	
25. PARAMEDICAL ED (SPECIFY)	
<u>INPATIENT ROUTINE SERVICE</u>	
26. GENERAL ROUTINE CARE	27,576
27. NURSERY	
28. ICU	7,885
29. NICU	1,326
30. CCU	
31. OTHER (SPECIFY)	
32. OTHER (SPECIFY)	
33. EXTENDED CARE PSYCHIATRIC UNIT	
34. MED REHAB UNIT	4,329
35. PSYCH UNIT	6,002
36. DRUG & ALCOHOL REHAB UNIT	
<u>ANCILLARY SERVICES</u>	
37. OPERATING ROOM	19,031
38. RECOVERY ROOM	15,520
39. DELIVERY ROOM	6,382
40. ANESTHESIOLOGY	1,699
41. RADIOLOGY-DIAGNOSTIC	9,645
42. RADIOLOGY-THERAPEUTIC	
43. RADIOISOTOPE	1,489
44. CT SCAN	1,594
45. MRI	1,405
46. OTHER (CARDIAC CATHERIZATION)	10,344
47. LABORATORY	7,358
48. BLOOD STOR PROC TRANS	358

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES (SQ FT) (1)
49. INTRAVENOUS THERAPY	4,387
50. RESPIRATORY THERAPY	2,778
51. SLEEP CENTERS	
52. PHYSICAL THERAPY	3,087
53. EMG	
54. OCCUPATIONAL THERAPY	
55. SPEECH THERAPY	69
56. ELECTROCARDIOLOGY (EKG)	4,570
57. CARDIOVASCULAR LAB	15
58. ELECTROENCEPHALOGRAPHY	
59. MED SUPP CHGD TO PATIENT	
60. IMPL. DEV. CHARGED TO PATIENT	
61. DRUG CHGD TO PATIENTS	
62. OTHER	
63. RADIATION ONCOLOGY	
64. MEDICAL ONCOLOGY	
65. OTHER (GASTROINTESTINAL SERVI	1,218
66. CARDIAC REHABILITATION	
67. OTHER	
68. OTHER	
OUTPATIENT SERVICES	
69. CLINIC	1,902
70. WELLNESS	
71. EMERGENCY ROOM	16,475
72. AMBULANCE	
73. HOME PROGRAM DIALYSIS	
74. HOME HEALTH AGENCY	
75. SHORT PROCEDURE UNIT	
76. OBSERVATION BEDS	
77. INTEREST	
78. OTHER (SPECIFY)	
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. AMBULANCE SERVICES	
90. ALSU	2,653
91. SUBTOTAL	258,976
NON-REIMBURSABLE COST	
92. GIFT COFFEE SHOPS & CANTEEN	1,148
93. INVESTMENT PROPERTY	
94. RESEARCH	
95. HEARING AID CENTER	
96. PHYS PRIVATE OFFICES	
97. INTERN/RES NON APP PRG	
98. NON-PAID WORKER	
99. COMMUNITY RELATIONS	
100. CONTINGENCY	
101. AMBULANCE SERVICES	
102. CONTINGENCY	
103. OTHER (SPECIFY)	
104. OTHER (SPECIFY)	
105. CROSSFOOT ADJUSTMENT	
106. NEGATIVE COST CENTER	
107. TOTAL STATISTIC	260,124
108. COST TO BE ALLOCATED(B-2)	5,907,501
109. UNIT COST MULTIPLIER (B-2)	22.710327
110. COST TO BE ALLOCATED(B-3)	
111. UNIT COST MULTIPLIER (B-3)	

EPHRATA COMMUNITY HOSPITAL -
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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION

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. NONPHYSICIAN ANESTHETISTS
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PROG
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. CT SCAN
45. MRI
46. OTHER (CARDIAC CATHERIZATION)
47. LABORATORY
48. BLOOD STOR PROC TRANS

**EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
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FOR THE PERIOD: 7/1/19 TO 6/30/20**

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

COST CENTER DESCRIPTION	
49.	INTRAVENOUS THERAPY
50.	RESPIRATORY THERAPY
51.	SLEEP CENTERS
52.	PHYSICAL THERAPY
53.	EMG
54.	OCCUPATIONAL THERAPY
55.	SPEECH THERAPY
56.	ELECTROCARDIOLOGY (EKG)
57.	CARDIOVASCULAR LAB
58.	ELECTROENCEPHALOGRAPHY
59.	MED SUPP CHGD TO PATIENT
60.	IMPL. DEV. CHARGED TO PATIENT
61.	DRUG CHGD TO PATIENTS
62.	OTHER
63.	RADIATION ONCOLOGY
64.	MEDICAL ONCOLOGY
65.	OTHER (GASTROINTESTINAL SERVI
66.	CARDIAC REHABILITATION
67.	OTHER
68.	OTHER
<u>OUTPATIENT SERVICES</u>	
69.	CLINIC
70.	WELLNESS
71.	EMERGENCY ROOM
72.	AMBULANCE
73.	HOME PROGRAM DIALYSIS
74.	HOME HEALTH AGENCY
75.	SHORT PROCEDURE UNIT
76.	OBSERVATION BEDS
77.	INTEREST
78.	OTHER (SPECIFY)
79.	OTHER (SPECIFY)
80.	OTHER (SPECIFY)
81.	OTHER (SPECIFY)
82.	OTHER (SPECIFY)
83.	OTHER (SPECIFY)
84.	OTHER (SPECIFY)
85.	OTHER (SPECIFY)
<u>OTHER INPATIENT</u>	
86.	SKILLED NURSING FACILITY
87.	INTERMEDIATE CARE FACILITY
88.	RESIDENTIAL TREATMENT FACILITY
89.	AMBULANCE SERVICES
90.	ALSU
91.	SUBTOTAL
<u>NON-REIMBURSABLE COST</u>	
92.	GIFT COFFEE SHOPS & CANTEEN
93.	INVESTMENT PROPERTY
94.	RESEARCH
95.	HEARING AID CENTER
96.	PHYS PRIVATE OFFICES
97.	INTERN/RES NON APP PRG
98.	NON-PAID WORKER
99.	COMMUNITY RELATIONS
100.	CONTINGENCY
101.	AMBULANCE SERVICES
102.	CONTINGENCY
103.	OTHER (SPECIFY)
104.	OTHER (SPECIFY)
105.	CROSSFOOT ADJUSTMENT
106.	NEGATIVE COST CENTER
107.	TOTAL STATISTIC
108.	COST TO BE ALLOCATED(B-2)
109.	UNIT COST MULTIPLIER (B-2)
110.	COST TO BE ALLOCATED(B-3)
111.	UNIT COST MULTIPLIER (B-3)

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- EQUIPMENT (DOLLAR VALUE) (2.2)	EMPLOYEE BENEFITS (GROSS SAL) (3)
<u>GENERAL SERVICE</u>		
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	8,106,249	
3. EMPLOYEE BENEFITS	334	61,111,434
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	535,443	6,290,945
5. MAINTENANCE AND REPAIRS	820,686	
6. OPERATION OF PLANT	2,808,702	1,018,864
7. LAUNDRY & LINEN SERVICES	16,365	260,306
8. HOUSEKEEPING	1,847	1,162,275
9. DIETARY	26,449	1,341,376
10. CAFETERIA		
11. MAINTENANCE OF PERSONNEL		
12. NURSING ADMINISTRATION	4,358	1,234,610
13. INSERVICE EDUCATION		
14. CENTRAL SERVICE & SUPPLY	62,449	866,556
15. PHARMACY		2,387,984
16. MEDICAL RECORDS LIBRARY	2,453	375,156
17. SOCIAL SERVICE		
18. NONPHYSICIAN ANESTHETISTS		
19. OTHER (SPECIFY)		
20. OTHER (SPECIFY)		
21. NURSING SCHOOL		
22. INTERN RESIDENT APPROVED PROG		
23. PARAMEDICAL ED (SPECIFY)		
24. PARAMEDICAL ED (SPECIFY)		
25. PARAMEDICAL ED (SPECIFY)		
<u>INPATIENT ROUTINE SERVICE</u>		
26. GENERAL ROUTINE CARE	138,848	6,893,227
27. NURSERY	5,796	11
28. ICU	19,858	3,170,773
29. NICU	16,361	912,450
30. CCU		
31. OTHER (SPECIFY)		
32. OTHER (SPECIFY)		
33. EXTENDED CARE PSYCHIATRIC UNIT		
34. MED REHAB UNIT	741	997,786
35. PSYCH UNIT	27,388	2,115,839
36. DRUG & ALCOHOL REHAB UNIT		
<u>ANCILLARY SERVICES</u>		
37. OPERATING ROOM	939,449	4,013,712
38. RECOVERY ROOM	68,174	4,708,432
39. DELIVERY ROOM	13,744	525,706
40. ANESTHESIOLOGY	101,552	299,393
41. RADIOLOGY-DIAGNOSTIC	536,605	3,830,765
42. RADIOLOGY-THERAPEUTIC	350,034	432,724
43. RADIOISOTOPE	7,052	320,954
44. CT SCAN	148,133	925,789
45. MRI	23,419	551,909
46. OTHER (CARDIAC CATHERIZATION)	374,290	821,294
47. LABORATORY	77,926	2,970,969
48. BLOOD STOR PROC TRANS	2,294	97,163

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- EQUIPMENT (DOLLAR VALUE) (2.2)	EMPLOYEE BENEFITS (GROSS SAL) (3)
49. INTRAVENOUS THERAPY	45,689	1,020,459
50. RESPIRATORY THERAPY	80,253	1,500,155
51. SLEEP CENTERS	28,623	508,210
52. PHYSICAL THERAPY	3,655	501,995
53. EMG	2	
54. OCCUPATIONAL THERAPY	5,156	1,016,850
55. SPEECH THERAPY	7,031	419,178
56. ELECTROCARDIOLOGY (EKG)	109,397	1,198,374
57. CARDIOVASCULAR LAB	583	111,602
58. ELECTROENCEPHALOGRAPHY	14,563	20,899
59. MED SUPP CHGD TO PATIENT	46,406	
60. IMPL. DEV. CHARGED TO PATIENT	204,187	
61. DRUG CHGD TO PATIENTS	30,249	
62. OTHER	4,099	2,758
63. RADIATION ONCOLOGY		
64. MEDICAL ONCOLOGY	6,332	581,928
65. OTHER (GASTROINTESTINAL SERVI	76,516	171,288
66. CARDIAC REHABILITATION	9,531	232,731
67. OTHER		
68. OTHER		
OUTPATIENT SERVICES		
69. CLINIC	36,164	1,030,424
70. WELLNESS	2,249	
71. EMERGENCY ROOM	231,970	3,211,752
72. AMBULANCE		
73. HOME PROGRAM DIALYSIS		
74. HOME HEALTH AGENCY		
75. SHORT PROCEDURE UNIT		
76. OBSERVATION BEDS		
77. INTEREST		
78. OTHER (SPECIFY)		
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. AMBULANCE SERVICES		
90. ALSU	32,844	1,025,083
91. SUBTOTAL	8,106,249	61,080,654
NON-REIMBURSABLE COST		
92. GIFT COFFEE SHOPS & CANTEEN		30,780
93. INVESTMENT PROPERTY		
94. RESEARCH		
95. HEARING AID CENTER		
96. PHYS PRIVATE OFFICES		
97. INTERN/RES NON APP PRG		
98. NON-PAID WORKER		
99. COMMUNITY RELATIONS		
100. CONTINGENCY		
101. AMBULANCE SERVICES		
102. CONTINGENCY		
103. OTHER (SPECIFY)		
104. OTHER (SPECIFY)		
105. CROSSFOOT ADJUSTMENT	=====	
106. NEGATIVE COST CENTER		
107. TOTAL STATISTIC	8,106,249	61,111,434
108. COST TO BE ALLOCATED(B-2)	7,007,456	23,893,533
109. UNIT COST MULTIPLIER (B-2)	0.864451	0.390983
110. COST TO BE ALLOCATED(B-3)	=====	
111. UNIT COST MULTIPLIER (B-3)	=====	

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STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION

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. NONPHYSICIAN ANESTHETISTS
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PROG
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. CT SCAN
45. MRI
46. OTHER (CARDIAC CATHERIZATION)
47. LABORATORY
48. BLOOD STOR PROC TRANS

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

COST CENTER DESCRIPTION	
49.	INTRAVENOUS THERAPY
50.	RESPIRATORY THERAPY
51.	SLEEP CENTERS
52.	PHYSICAL THERAPY
53.	EMG
54.	OCCUPATIONAL THERAPY
55.	SPEECH THERAPY
56.	ELECTROCARDIOLOGY (EKG)
57.	CARDIOVASCULAR LAB
58.	ELECTROENCEPHALOGRAPHY
59.	MED SUPP CHGD TO PATIENT
60.	IMPL. DEV. CHARGED TO PATIENT
61.	DRUG CHGD TO PATIENTS
62.	OTHER
63.	RADIATION ONCOLOGY
64.	MEDICAL ONCOLOGY
65.	OTHER (GASTROINTESTINAL SERVI
66.	CARDIAC REHABILITATION
67.	OTHER
68.	OTHER
<u>OUTPATIENT SERVICES</u>	
69.	CLINIC
70.	WELLNESS
71.	EMERGENCY ROOM
72.	AMBULANCE
73.	HOME PROGRAM DIALYSIS
74.	HOME HEALTH AGENCY
75.	SHORT PROCEDURE UNIT
76.	OBSERVATION BEDS
77.	INTEREST
78.	OTHER (SPECIFY)
79.	OTHER (SPECIFY)
80.	OTHER (SPECIFY)
81.	OTHER (SPECIFY)
82.	OTHER (SPECIFY)
83.	OTHER (SPECIFY)
84.	OTHER (SPECIFY)
85.	OTHER (SPECIFY)
<u>OTHER INPATIENT</u>	
86.	SKILLED NURSING FACILITY
87.	INTERMEDIATE CARE FACILITY
88.	RESIDENTIAL TREATMENT FACILITY
89.	AMBULANCE SERVICES
90.	ALSU
91.	SUBTOTAL
<u>NON-REIMBURSABLE COST</u>	
92.	GIFT COFFEE SHOPS & CANTEEN
93.	INVESTMENT PROPERTY
94.	RESEARCH
95.	HEARING AID CENTER
96.	PHYS PRIVATE OFFICES
97.	INTERN/RES NON APP PRG
98.	NON-PAID WORKER
99.	COMMUNITY RELATIONS
100.	CONTINGENCY
101.	AMBULANCE SERVICES
102.	CONTINGENCY
103.	OTHER (SPECIFY)
104.	OTHER (SPECIFY)
105.	CROSSFOOT ADJUSTMENT
106.	NEGATIVE COST CENTER
107.	TOTAL STATISTIC
108.	COST TO BE ALLOCATED(B-2)
109.	UNIT COST MULTIPLIER (B-2)
110.	COST TO BE ALLOCATED(B-3)
111.	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	142,791,747			
5. MAINTENANCE AND REPAIRS	3,667,759	211,786		
6. OPERATION OF PLANT	7,831,876	25,147	186,639	
7. LAUNDRY & LINEN SERVICES	528,384	2,543	2,543	766,448
8. HOUSEKEEPING	2,069,912	3,490	3,490	37,498
9. DIETARY	1,491,549	7,206	7,206	7,284
10. CAFETERIA	982,480			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	1,852,242	1,101	1,101	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	1,955,256	8,531	8,531	7,692
15. PHARMACY	3,257,049			
16. MEDICAL RECORDS LIBRARY	607,109	3,523	3,523	
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
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	11,440,699	27,576	27,576	251,445
27. NURSERY	50,059			7,655
28. ICU	5,009,410	7,885	7,885	30,877
29. NICU	2,069,290	1,326	1,326	423
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	1,583,536	4,329	4,329	12,813
35. PSYCH UNIT	3,156,560	6,002	6,002	19,813
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	17,584,470	19,031	19,031	70,664
38. RECOVERY ROOM	7,421,600	15,520	15,520	60,365
39. DELIVERY ROOM	977,548	6,382	6,382	43,685
40. ANESTHESIOLOGY	890,325	1,699	1,699	
41. RADIOLOGY-DIAGNOSTIC	7,310,215	9,645	9,645	58,538
42. RADIOLOGY-THERAPEUTIC	1,332,239			
43. RADIOISOTOPE	664,294	1,489	1,489	
44. CT SCAN	1,942,045	1,594	1,594	
45. MRI	1,388,695	1,405	1,405	
46. OTHER (CARDIAC CATHERIZATION)	3,380,056	10,344	10,344	
47. LABORATORY	8,705,068	7,358	7,358	
48. BLOOD STOR PROC TRANS	191,574	358	358	

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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)
49. INTRAVENOUS THERAPY	2,686,734	4,387	4,387	
50. RESPIRATORY THERAPY	2,611,813	2,778	2,778	998
51. SLEEP CENTERS	1,176,285			
52. PHYSICAL THERAPY	778,029	3,087	3,087	
53. EMG	7			
54. OCCUPATIONAL THERAPY	1,478,177			3,474
55. SPEECH THERAPY	694,286	69	69	
56. ELECTROCARDIOLOGY (EKG)	2,545,683	4,570	4,570	9,356
57. CARDIOVASCULAR LAB	135,368	15	15	9,964
58. ELECTROENCEPHALOGRAPHY	53,567			
59. MED SUPP CHGD TO PATIENT	537,571			
60. IMPL. DEV. CHARGED TO PATIENT	2,143,309			
61. DRUG CHGD TO PATIENTS	14,794,777			
62. OTHER	4,621			
63. RADIATION ONCOLOGY	4,246			
64. MEDICAL ONCOLOGY	1,196,388			
65. OTHER (GASTROINTESTINAL SERVI	1,210,160	1,218	1,218	
66. CARDIAC REHABILITATION	392,657			
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC	1,731,997	1,902	1,902	4,582
70. WELLNESS	1,944			
71. EMERGENCY ROOM	5,023,729	16,475	16,475	128,763
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU	1,720,818	2,653	2,653	275
91. SUBTOTAL	140,263,465	210,638	185,491	766,164
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN	70,182	1,148	1,148	
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY	2,458,100			284
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC	142,791,747	211,786	186,639	766,448
108. COST TO BE ALLOCATED(B-2)	30,249,267	4,444,744	10,018,755	830,196
109. UNIT COST MULTIPLIER (B-2)	0.211842	20.986959	53.679858	1.083173
110. COST TO BE ALLOCATED(B-3)	522,315	583,537	902,056	78,983
111. UNIT COST MULTIPLIER (B-3)	0.003658	2.755314	4.833159	0.103051

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

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	180,606			
9. DIETARY	7,206	143,907		
10. CAFETERIA			7,445	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	1,101		108	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	8,531		201	
15. PHARMACY			231	
16. MEDICAL RECORDS LIBRARY	3,523		89	
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
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	27,576	72,126	1,037	
27. NURSERY		6,938		
28. ICU	7,885	18,948	399	
29. NICU	1,326	5,981	99	
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	4,329	6,933	135	
35. PSYCH UNIT	6,002	32,981	359	
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	19,031		602	
38. RECOVERY ROOM	15,520		617	
39. DELIVERY ROOM	6,382		58	
40. ANESTHESIOLOGY	1,699		42	
41. RADIOLOGY-DIAGNOSTIC	9,645		603	
42. RADIOLOGY-THERAPEUTIC			45	
43. RADIOISOTOPE	1,489		43	
44. CT SCAN	1,594		122	
45. MRI	1,405		79	
46. OTHER (CARDIAC CATHERIZATION)	10,344		103	
47. LABORATORY	7,358		550	
48. BLOOD STOR PROC TRANS	358		14	

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STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSEKEEPING (HSKPG HRS) (8)	DIETARY (MEALS SER) (9)	CAFETERIA (MEALS SER) (10)	MAINTENANCE OF PERSONNEL (NO. HOUSED) (11)
49. INTRAVENOUS THERAPY	4,387		153	
50. RESPIRATORY THERAPY	2,778		199	
51. SLEEP CENTERS			81	
52. PHYSICAL THERAPY	3,087		63	
53. EMG				
54. OCCUPATIONAL THERAPY			143	
55. SPEECH THERAPY	69		61	
56. ELECTROCARDIOLOGY (EKG)	4,570		179	
57. CARDIOVASCULAR LAB	15		14	
58. ELECTROENCEPHALOGRAPHY			3	
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS				
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY			106	
65. OTHER (GASTROINTESTINAL SERVI	1,218		27	
66. CARDIAC REHABILITATION			31	
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC	1,902		147	
70. WELLNESS				
71. EMERGENCY ROOM	16,475		513	
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU	2,653		181	
91. SUBTOTAL	179,458	143,907	7,437	
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN	1,148		8	
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC	180,606	143,907	7,445	
108. COST TO BE ALLOCATED(B-2)	2,809,610	2,465,562	1,190,611	
109. UNIT COST MULTIPLIER (B-2)	15.556571	17.133023	159.920887	
110. COST TO BE ALLOCATED(B-3)	117,179	229,216	3,594	
111. UNIT COST MULTIPLIER (B-3)	0.648810	1.592806	0.482740	

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AMENDED WORKSHEET B-1

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	4,101			
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY			11,487,442	
15. PHARMACY				14,232,114
16. MEDICAL RECORDS LIBRARY			1,377	
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
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	1,037		397,496	303
27. NURSERY			18,832	
28. ICU	399		149,107	253
29. NICU	99		32,545	842
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT			16,050	
35. PSYCH UNIT	359		12,727	17
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM	602		5,387,121	30,481
38. RECOVERY ROOM	617		226,054	721
39. DELIVERY ROOM	58		53,863	
40. ANESTHESIOLOGY			229,011	174
41. RADIOLOGY-DIAGNOSTIC			101,080	52,053
42. RADIOLOGY-THERAPEUTIC	45		25,687	
43. RADIOISOTOPE			4,586	8,190
44. CT SCAN			72,815	32,704
45. MRI			23,470	2,927
46. OTHER (CARDIAC CATHERIZATION)			233,371	14,202
47. LABORATORY			1,730,077	19
48. BLOOD STOR PROC TRANS	14		6,293	6

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AMENDED WORKSHEET B-1

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	153		87,442	201
50. RESPIRATORY THERAPY			228,175	1,966
51. SLEEP CENTERS			65,838	
52. PHYSICAL THERAPY			1,441	
53. EMG			5	
54. OCCUPATIONAL THERAPY			7,878	
55. SPEECH THERAPY			5,603	1
56. ELECTROCARDIOLOGY (EKG)			46,551	56,800
57. CARDIOVASCULAR LAB			373	6
58. ELECTROENCEPHALOGRAPHY			11,163	
59. MED SUPP CHGD TO PATIENT			247,856	533
60. IMPL. DEV. CHARGED TO PATIENT			908,421	7,807
61. DRUG CHGD TO PATIENTS			157,155	13,980,707
62. OTHER			91	
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY			22,440	
65. OTHER (GASTROINTESTINAL SERVI	27		455,435	126
66. CARDIAC REHABILITATION	31		3,168	99
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC	147		81,301	31,818
70. WELLNESS				
71. EMERGENCY ROOM	513		369,099	1,180
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU			33,805	7,978
91. SUBTOTAL	4,101		11,454,802	14,232,114
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN			32,640	
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC	4,101		11,487,442	14,232,114
108. COST TO BE ALLOCATED(B-2)	2,361,233		3,179,633	3,983,971
109. UNIT COST MULTIPLIER (B-2)	575.770056		0.276792	0.279928
110. COST TO BE ALLOCATED(B-3)	40,901		275,840	238,653
111. UNIT COST MULTIPLIER (B-3)	9.973421		0.024012	0.016769

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AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS (TIME) (16)	SOCIAL SERVICE (SPECIFY) (17)	NONPHYSICIAN ANESTHETISTS (SPECIFY) (18)	OTHER (SPECIFY) (SPECIFY) (19)
<u>GENERAL SERVICE</u>				
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	651,527,369			
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	50,624,969			
27. NURSERY	2,498,792			
28. ICU	19,847,092			
29. NICU	5,044,839			
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	3,374,303			
35. PSYCH UNIT	21,744,213			
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	120,959,197			
38. RECOVERY ROOM	27,931,539			
39. DELIVERY ROOM	9,868,750			
40. ANESTHESIOLOGY	12,509,679			
41. RADIOLOGY-DIAGNOSTIC	44,646,895			
42. RADIOLOGY-THERAPEUTIC	7,858,179			
43. RADIOISOTOPE	5,487,973			
44. CT SCAN	32,028,618			
45. MRI	10,598,862			
46. OTHER (CARDIAC CATHERIZATION)	28,078,380			
47. LABORATORY	78,999,706			
48. BLOOD STOR PROC TRANS	1,725,053			

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AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS (TIME) (16)	SOCIAL SERVICE (SPECIFY) (17)	NONPHYSICIAN ANESTHETISTS (SPECIFY) (18)	OTHER (SPECIFY) (SPECIFY) (19)
49. INTRAVENOUS THERAPY	16,043,790			
50. RESPIRATORY THERAPY	17,449,920			
51. SLEEP CENTERS	4,230,517			
52. PHYSICAL THERAPY	3,674,275			
53. EMG	628			
54. OCCUPATIONAL THERAPY	7,051,061			
55. SPEECH THERAPY	2,721,879			
56. ELECTROCARDIOLOGY (EKG)	19,604,120			
57. CARDIOVASCULAR LAB	41,265			
58. ELECTROENCEPHALOGRAPHY	1,835,533			
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS				
62. OTHER	50,481			
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY	1,366,923			
65. OTHER (GASTROINTESTINAL SERVI	8,944,624			
66. CARDIAC REHABILITATION	730,110			
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC	6,644,693			
70. WELLNESS	160,660			
71. EMERGENCY ROOM	73,223,321			
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU	3,926,530			
91. SUBTOTAL	651,527,369			
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL STATISTIC	651,527,369			
108. COST TO BE ALLOCATED(B-2)	1,068,191			
109. UNIT COST MULTIPLIER (B-2)	0.001640			
110. COST TO BE ALLOCATED(B-3)	111,325			
111. UNIT COST MULTIPLIER (B-3)	0.000171			

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

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS-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. NONPHYSICIAN ANESTHETISTS
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PROG
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. CT SCAN
45. MRI
46. OTHER (CARDIAC CATHERIZATION)
47. LABORATORY
48. BLOOD STOR PROC TRANS

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COST CENTER DESCRIPTION	OTHER (SPECIFY) (SPECIFY) (20)	NURSING SCHOOL (TIME) (21)	INTERN RESIDENT APPROVED PROG (TIME) (22)
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY			
51. SLEEP CENTERS			
52. PHYSICAL THERAPY			
53. EMG			
54. OCCUPATIONAL THERAPY			
55. SPEECH THERAPY			
56. ELECTROCARDIOLOGY (EKG)			
57. CARDIOVASULAR LAB			
58. ELECTROENCEPHALOGRAPHY			
59. MED SUPP CHGD TO PATIENT			
60. IMPL. DEV. CHARGED TO PATIENT			
61. DRUG CHGD TO PATIENTS			
62. OTHER			
63. RADIATION ONCOLOGY			
64. MEDICAL ONCOLOGY			
65. OTHER (GASTROINTESTINAL SERVI			
66. CARDIAC REHABILITATION			
67. OTHER			
68. OTHER			
<u>OUTPATIENT SERVICES</u>			
69. CLINIC			
70. WELLNESS			
71. EMERGENCY ROOM			
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS			
77. INTEREST			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
86. SKILLED NURSING FACILITY			
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			
89. AMBULANCE SERVICES			
90. ALSU			
91. SUBTOTAL			
<u>NON-REIMBURSABLE COST</u>			
92. GIFT COFFEE SHOPS & CANTEEN			
93. INVESTMENT PROPERTY			
94. RESEARCH			
95. HEARING AID CENTER			
96. PHYS PRIVATE OFFICES			
97. INTERN/RES NON APP PRG			
98. NON-PAID WORKER			
99. COMMUNITY RELATIONS			
100. CONTINGENCY			
101. AMBULANCE SERVICES			
102. CONTINGENCY			
103. OTHER (SPECIFY)			
104. OTHER (SPECIFY)			
105. CROSSFOOT ADJUSTMENT			
106. NEGATIVE COST CENTER			
107. TOTAL STATISTIC			
108. COST TO BE ALLOCATED(B-2)			
109. UNIT COST MULTIPLIER (B-2)			
110. COST TO BE ALLOCATED(B-3)			
111. UNIT COST MULTIPLIER (B-3)			

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COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY) (TIME) (23)	PARAMEDICAL ED (SPECIFY) (TIME) (24)	PARAMEDICAL ED (SPECIFY) (TIME) (25)
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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. NONPHYSICIAN ANESTHETISTS
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PROG
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. CT SCAN
45. MRI
46. OTHER (CARDIAC CATHERIZATION)
47. LABORATORY
48. BLOOD STOR PROC TRANS

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
PROVIDER NUMBER: 1007464680006
FOR THE PERIOD: 7/1/19 TO 6/30/20

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. SLEEP CENTERS			
52. PHYSICAL THERAPY			
53. EMG			
54. OCCUPATIONAL THERAPY			
55. SPEECH THERAPY			
56. ELECTROCARDIOLOGY (EKG)			
57. CARDIOVASCULAR LAB			
58. ELECTROENCEPHALOGRAPHY			
59. MED SUPP CHGD TO PATIENT			
60. IMPL. DEV. CHARGED TO PATIENT			
61. DRUG CHGD TO PATIENTS			
62. OTHER			
63. RADIATION ONCOLOGY			
64. MEDICAL ONCOLOGY			
65. OTHER (GASTROINTESTINAL SERVI			
66. CARDIAC REHABILITATION			
67. OTHER			
68. OTHER			
<u>OUTPATIENT SERVICES</u>			
69. CLINIC			
70. WELLNESS			
71. EMERGENCY ROOM			
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS			
77. INTEREST			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
86. SKILLED NURSING FACILITY			
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			
89. AMBULANCE SERVICES			
90. ALSU			
91. SUBTOTAL			
<u>NON-REIMBURSABLE COST</u>			
92. GIFT COFFEE SHOPS & CANTEEN			
93. INVESTMENT PROPERTY			
94. RESEARCH			
95. HEARING AID CENTER			
96. PHYS PRIVATE OFFICES			
97. INTERN/RES NON APP PRG			
98. NON-PAID WORKER			
99. COMMUNITY RELATIONS			
100. CONTINGENCY			
101. AMBULANCE SERVICES			
102. CONTINGENCY			
103. OTHER (SPECIFY)			
104. OTHER (SPECIFY)			
105. CROSSFOOT ADJUSTMENT			
106. NEGATIVE COST CENTER			
107. TOTAL STATISTIC			
108. COST TO BE ALLOCATED(B-2)			
109. UNIT COST MULTIPLIER (B-2)			
110. COST TO BE ALLOCATED(B-3)			
111. UNIT COST MULTIPLIER (B-3)			

EPHRATA COMMUNITY HOSPITAL -
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FOR THE PERIOD: 7/1/19 TO 6/30/20

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)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	5,907,501	5,907,501		
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	7,007,456			
3. EMPLOYEE BENEFITS	23,893,244			
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	26,799,098	527,652		
5. MAINTENANCE AND REPAIRS	2,388,196	570,120		
6. OPERATION OF PLANT	4,434,435	571,097		
7. LAUNDRY & LINEN SERVICES	354,710	57,752		
8. HOUSEKEEPING	1,534,626	79,259		
9. DIETARY	780,579	163,651		
10. CAFETERIA	982,480			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	1,340,759	25,004		
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	1,368,721	193,742		
15. PHARMACY	2,323,388			
16. MEDICAL RECORDS LIBRARY	378,301	80,008		
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	7,999,274	626,261		
27. NURSERY	45,045			
28. ICU	3,573,455	179,071		
29. NICU	1,668,281	30,114		
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	1,094,465	98,313		
35. PSYCH UNIT	2,169,320	136,307		
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	14,770,869	432,200		
38. RECOVERY ROOM	5,169,286	352,464		
39. DELIVERY ROOM	615,188	144,937		
40. ANESTHESIOLOGY	646,895	38,585		
41. RADIOLOGY-DIAGNOSTIC	5,129,541	219,041		
42. RADIOLOGY-THERAPEUTIC	860,464			
43. RADIOISOTOPE	498,894	33,816		
44. CT SCAN	1,415,823	36,200		
45. MRI	1,120,755	31,908		
46. OTHER (CARDIAC CATHERIZATION)	2,500,473	234,916		
47. LABORATORY	7,309,004	167,103		
48. BLOOD STOR PROC TRANS	143,472	8,130		

EPHRATA COMMUNITY HOSPITAL -
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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	2,148,626	99,630		
50.	RESPIRATORY THERAPY	1,892,814	63,089		
51.	SLEEP CENTERS	952,841			
52.	PHYSICAL THERAPY	508,490	70,107		
53.	EMG	5			
54.	OCCUPATIONAL THERAPY	1,076,149			
55.	SPEECH THERAPY	522,750	1,567		
56.	ELECTROCARDIOLOGY (EKG)	1,878,785	103,786		
57.	CARDIOVASCULAR LAB	90,889	341		
58.	ELECTROENCEPHALOGRAPHY	32,807			
59.	MED SUPP CHGD TO PATIENT	497,455			
60.	IMPL. DEV. CHARGED TO PATIENT	1,966,799			
61.	DRUG CHGD TO PATIENTS	14,768,628			
62.	OTHER				
63.	RADIATION ONCOLOGY	4,246			
64.	MEDICAL ONCOLOGY	963,390			
65.	OTHER (GASTROINTESTINAL SERVI	1,049,384	27,661		
66.	CARDIAC REHABILITATION	293,424			
67.	OTHER				
68.	OTHER				
<u>OUTPATIENT SERVICES</u>					
69.	CLINIC	1,254,662	43,195		
70.	WELLNESS				
71.	EMERGENCY ROOM	3,193,309	374,153		
72.	AMBULANCE				
73.	HOME PROGRAM DIALYSIS				
74.	HOME HEALTH AGENCY				
75.	SHORT PROCEDURE UNIT				
76.	OBSERVATION BEDS				
77.	INTEREST				
78.	OTHER (SPECIFY)				
79.	OTHER (SPECIFY)				
80.	OTHER (SPECIFY)				
81.	OTHER (SPECIFY)				
82.	OTHER (SPECIFY)				
83.	OTHER (SPECIFY)				
84.	OTHER (SPECIFY)				
85.	OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>					
86.	SKILLED NURSING FACILITY				
87.	INTERMEDIATE CARE FACILITY				
88.	RESIDENTIAL TREATMENT FACILITY				
89.	AMBULANCE SERVICES				
90.	ALSU	1,231,386	60,250		
91.	SUBTOTAL	170,550,837	5,881,430		
<u>NON-REIMBURSABLE COST</u>					
92.	GIFT COFFEE SHOPS & CANTEEN	32,077	26,071		
93.	INVESTMENT PROPERTY				
94.	RESEARCH				
95.	HEARING AID CENTER				
96.	PHYS PRIVATE OFFICES				
97.	INTERN/RES NON APP PRG				
98.	NON-PAID WORKER				
99.	COMMUNITY RELATIONS				
100.	CONTINGENCY				
101.	AMBULANCE SERVICES				
102.	CONTINGENCY	2,458,100			
103.	OTHER (SPECIFY)				
104.	OTHER (SPECIFY)				
105.	CROSSFOOT ADJUSTMENT				
106.	NEGATIVE COST CENTER				
107.	TOTAL	173,041,014	5,907,501		

EPHRATA COMMUNITY HOSPITAL -
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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)
<u>GENERAL SERVICE</u>				
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. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. OTHER (CARDIAC CATHERIZATION)				
47. LABORATORY				
48. BLOOD STOR PROC TRANS				

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
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FOR THE PERIOD: 7/1/19 TO 6/30/20

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)
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. SLEEP CENTERS				
52. PHYSICAL THERAPY				
53. EMG				
54. OCCUPATIONAL THERAPY				
55. SPEECH THERAPY				
56. ELECTROCARDIOLOGY (EKG)				
57. CARDIOVASCULAR LAB				
58. ELECTROENCEPHALOGRAPHY				
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS				
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY				
65. OTHER (GASTROINTESTINAL SERVI				
66. CARDIAC REHABILITATION				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. WELLNESS				
71. EMERGENCY ROOM				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. AMBULANCE SERVICES				
90. ALSU				
91. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN				
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL				

EPHRATA COMMUNITY HOSPITAL -
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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	CAPITAL COSTS- NEW BLDG (1.7)	CAPITAL COSTS- EQUIPMENT (2.1)	CAPITAL COSTS- EQUIPMENT (2.2)	EMPLOYEE BENEFITS (3)
<u>GENERAL SERVICE</u>				
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			7,007,456	
3. EMPLOYEE BENEFITS			289	23,893,533
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			462,864	2,459,653
5. MAINTENANCE AND REPAIRS			709,443	
6. OPERATION OF PLANT			2,427,985	398,359
7. LAUNDRY & LINEN SERVICES			14,147	101,775
8. HOUSEKEEPING			1,597	454,430
9. DIETARY			22,864	524,455
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION			3,767	482,712
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY			53,984	338,809
15. PHARMACY				933,661
16. MEDICAL RECORDS LIBRARY			2,120	146,680
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE			120,027	2,695,137
27. NURSERY			5,010	4
28. ICU			17,166	1,239,718
29. NICU			14,143	356,752
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT			641	390,117
35. PSYCH UNIT			23,676	827,257
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM			812,108	1,569,293
38. RECOVERY ROOM			58,933	1,840,917
39. DELIVERY ROOM			11,881	205,542
40. ANESTHESIOLOGY			87,787	117,058
41. RADIOLOGY-DIAGNOSTIC			463,869	1,497,764
42. RADIOLOGY-THERAPEUTIC			302,587	169,188
43. RADIOISOTOPE			6,096	125,488
44. CT SCAN			128,054	361,968
45. MRI			20,245	215,787
46. OTHER (CARDIAC CATHETERIZATION)			323,555	321,112
47. LABORATORY			67,363	1,161,598
48. BLOOD STOR PROC TRANS			1,983	37,989

EPHRATA COMMUNITY HOSPITAL -
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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

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			39,496	398,982
50. RESPIRATORY THERAPY			69,375	586,535
51. SLEEP CENTERS			24,743	198,701
52. PHYSICAL THERAPY			3,160	196,272
53. EMG			2	
54. OCCUPATIONAL THERAPY			4,457	397,571
55. SPEECH THERAPY			6,078	163,891
56. ELECTROCARDIOLOGY (EKG)			94,568	468,544
57. CARDIOVASCULAR LAB			504	43,634
58. ELECTROENCEPHALOGRAPHY			12,589	8,171
59. MED SUPP CHGD TO PATIENT			40,116	
60. IMPL. DEV. CHARGED TO PATIENT			176,510	
61. DRUG CHGD TO PATIENTS			26,149	
62. OTHER			3,543	1,078
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY			5,474	227,524
65. OTHER (GASTROINTESTINAL SERV)			66,144	66,971
66. CARDIAC REHABILITATION			8,239	90,994
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC			31,262	402,878
70. WELLNESS			1,944	
71. EMERGENCY ROOM			200,527	1,255,740
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU			28,392	400,790
91. SUBTOTAL			7,007,456	23,881,499
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				12,034
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL			7,007,456	23,893,533

EPHRATA COMMUNITY HOSPITAL -
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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING	ADMISSIONS
	(4.1)	(4.2)	(4.3)	(4.4)
<u>GENERAL SERVICE</u>				
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. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. OTHER (CARDIAC CATHERIZATION)				
47. LABORATORY				
48. BLOOD STOR PROC TRANS				

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COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING	ADMISSIONS
	(4.1)	(4.2)	(4.3)	(4.4)
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. SLEEP CENTERS				
52. PHYSICAL THERAPY				
53. EMG				
54. OCCUPATIONAL THERAPY				
55. SPEECH THERAPY				
56. ELECTROCARDIOLOGY (EKG)				
57. CARDIOVASCULAR LAB				
58. ELECTROENCEPHALOGRAPHY				
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS				
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY				
65. OTHER (GASTROINTESTINAL SERVI				
66. CARDIAC REHABILITATION				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. WELLNESS				
71. EMERGENCY ROOM				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. AMBULANCE SERVICES				
90. ALSU				
91. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN				
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. 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)
<u>GENERAL SERVICE</u>				
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		30,249,267		
5. MAINTENANCE AND REPAIRS		776,985	4,444,744	
6. OPERATION OF PLANT		1,659,120	527,759	10,018,755
7. LAUNDRY & LINEN SERVICES		111,934	53,370	136,508
8. HOUSEKEEPING		438,494	73,244	187,343
9. DIETARY		315,973	151,232	386,817
10. CAFETERIA		208,131		
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		392,383	23,107	59,102
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY		414,205	179,040	457,943
15. PHARMACY		689,980		
16. MEDICAL RECORDS LIBRARY		128,611	73,937	189,114
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		2,423,597	578,735	1,480,276
27. NURSERY		10,605		
28. ICU		1,061,203	165,482	423,266
29. NICU		438,363	27,829	71,179
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT		335,459	90,853	232,380
35. PSYCH UNIT		668,692	125,964	322,187
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		3,725,129	399,403	1,021,581
38. RECOVERY ROOM		1,572,207	325,718	833,111
39. DELIVERY ROOM		207,086	133,939	342,585
40. ANESTHESIOLOGY		188,608	35,657	91,202
41. RADIOLOGY-DIAGNOSTIC		1,548,611	202,419	517,742
42. RADIOLOGY-THERAPEUTIC		282,224		
43. RADIOISOTOPE		140,725	31,250	79,929
44. CT SCAN		411,407	33,453	85,566
45. MRI		294,184	29,487	75,420
46. OTHER (CARDIAC CATHETERIZATION)		716,038	217,089	555,264
47. LABORATORY		1,844,099	154,422	394,976
48. BLOOD STOR PROC TRANS		40,583	7,513	19,217

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COST CENTER DESCRIPTION	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)	OPERATION OF PLANT (6)
49. INTRAVENOUS THERAPY		569,163	92,070	235,494
50. RESPIRATORY THERAPY		553,292	58,302	149,123
51. SLEEP CENTERS		249,187		
52. PHYSICAL THERAPY		164,819	64,787	165,710
53. EMG		1		
54. OCCUPATIONAL THERAPY		313,140		
55. SPEECH THERAPY		147,079	1,448	3,704
56. ELECTROCARDIOLOGY (EKG)		539,283	95,910	245,317
57. CARDIOVASCULAR LAB		28,677	315	805
58. ELECTROENCEPHALOGRAPHY		11,348		
59. MED SUPP CHGD TO PATIENT		113,880		
60. IMPL. DEV. CHARGED TO PATIENT		454,043		
61. DRUG CHGD TO PATIENTS		3,134,155		
62. OTHER		979		
63. RADIATION ONCOLOGY		899		
64. MEDICAL ONCOLOGY		253,445		
65. OTHER (GASTROINTESTINAL SERV)		256,363	25,562	65,382
66. CARDIAC REHABILITATION		83,181		
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC		366,910	39,917	102,099
70. WELLNESS		412		
71. EMERGENCY ROOM		1,064,237	345,760	884,376
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU		364,542	55,678	142,413
91. SUBTOTAL		29,713,671	4,420,651	9,957,131
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN		14,867	24,093	61,624
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY		520,729		
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL		30,249,267	4,444,744	10,018,755

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-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	830,196			
8. HOUSEKEEPING	40,617	2,809,610		
9. DIETARY	7,890	112,101	2,465,562	
10. CAFETERIA				1,190,611
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		17,128		17,271
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	8,332	132,713		32,144
15. PHARMACY				36,942
16. MEDICAL RECORDS LIBRARY		54,806		14,233
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	272,357	428,986	1,235,736	165,839
27. NURSERY	8,292		118,869	
28. ICU	33,445	122,664	324,637	63,808
29. NICU	458	20,628	102,473	15,832
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	13,879	67,344	118,783	21,589
35. PSYCH UNIT	21,461	93,371	565,064	57,412
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	76,541	296,057		96,272
38. RECOVERY ROOM	65,386	241,438		98,671
39. DELIVERY ROOM	47,318	99,282		9,275
40. ANESTHESIOLOGY		26,431		6,717
41. RADIOLOGY-DIAGNOSTIC	63,407	150,043		96,432
42. RADIOLOGY-THERAPEUTIC				7,196
43. RADIOISOTOPE		23,164		6,877
44. CT SCAN		24,797		19,510
45. MRI		21,857		12,634
46. OTHER (CARDIAC CATHETERIZATION)		160,917		16,472
47. LABORATORY		114,465		87,956
48. BLOOD STOR PROC TRANS		5,569		2,239

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
49. INTRAVENOUS THERAPY		68,247		24,468
50. RESPIRATORY THERAPY	1,081	43,216		31,824
51. SLEEP CENTERS				12,954
52. PHYSICAL THERAPY		48,023		10,075
53. EMG				
54. OCCUPATIONAL THERAPY	3,763			22,869
55. SPEECH THERAPY		1,073		9,755
56. ELECTROCARDIOLOGY (EKG)	10,134	71,094		28,626
57. CARDIOVASCULAR LAB	10,793	233		2,239
58. ELECTROENCEPHALOGRAPHY				480
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS				
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY				16,952
65. OTHER (GASTROINTESTINAL SERV)		18,948		4,318
66. CARDIAC REHABILITATION				4,958
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC	4,963	29,589		23,508
70. WELLNESS				
71. EMERGENCY ROOM	139,473	256,295		82,039
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU	298	41,272		28,946
91. SUBTOTAL	829,888	2,791,751	2,465,562	1,189,332
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN		17,859		1,279
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY	308			
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	830,196	2,809,610	2,465,562	1,190,611

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COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	INSERVICE EDUCATION	CENTRAL SERVICE & SUPPLY
	(11)	(12)	(13)	(14)
<u>GENERAL SERVICE</u>				
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		2,361,233		
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY				3,179,633
15. PHARMACY				
16. MEDICAL RECORDS LIBRARY				381
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		597,073		110,024
27. NURSERY				5,213
28. ICU		229,732		41,272
29. NICU		57,001		9,008
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				4,443
35. PSYCH UNIT		206,701		3,523
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		346,614		1,491,112
38. RECOVERY ROOM		355,250		62,570
39. DELIVERY ROOM		33,395		14,909
40. ANESTHESIOLOGY				63,388
41. RADIOLOGY-DIAGNOSTIC				27,978
42. RADIOLOGY-THERAPEUTIC		25,910		7,110
43. RADIOISOTOPE				1,269
44. CT SCAN				20,155
45. MRI				6,496
46. OTHER (CARDIAC CATHERIZATION)				64,595
47. LABORATORY				478,871
48. BLOOD STOR PROC TRANS		8,061		1,742

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COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	INSERVICE EDUCATION	CENTRAL SERVICE & SUPPLY
	(11)	(12)	(13)	(14)
49. INTRAVENOUS THERAPY		88,093		24,203
50. RESPIRATORY THERAPY				63,157
51. SLEEP CENTERS				18,223
52. PHYSICAL THERAPY				399
53. EMG				1
54. OCCUPATIONAL THERAPY				2,181
55. SPEECH THERAPY				1,551
56. ELECTROCARDIOLOGY (EKG)				12,885
57. CARDIOVASCULAR LAB				103
58. ELECTROENCEPHALOGRAPHY				3,090
59. MED SUPP CHGD TO PATIENT				68,605
60. IMPL. DEV. CHARGED TO PATIENT				251,444
61. DRUG CHGD TO PATIENTS				43,500
62. OTHER				25
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY				6,211
65. OTHER (GASTROINTESTINAL SERVI		15,546		126,061
66. CARDIAC REHABILITATION		17,849		877
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC		84,638		22,503
70. WELLNESS				
71. EMERGENCY ROOM		295,370		102,164
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU				9,357
91. SUBTOTAL		2,361,233		3,170,599
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				9,034
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL		2,361,233		3,179,633

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COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(15)	(16)	(17)	(18)
<u>GENERAL SERVICE</u>				
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	3,983,971			
16. MEDICAL RECORDS LIBRARY		1,068,191		
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	89	82,709		
27. NURSERY		4,098		
28. ICU	71	32,549		
29. NICU	236	8,274		
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT		5,534		
35. PSYCH UNIT	5	35,661		
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	8,532	198,373		
38. RECOVERY ROOM	202	45,808		
39. DELIVERY ROOM		16,185		
40. ANESTHESIOLOGY	49	20,516		
41. RADIOLOGY-DIAGNOSTIC	14,571	73,221		
42. RADIOLOGY-THERAPEUTIC		12,887		
43. RADIOISOTOPE	2,293	9,000		
44. CT SCAN	9,155	52,527		
45. MRI	819	17,382		
46. OTHER (CARDIAC CATHETERIZATION)	3,976	46,049		
47. LABORATORY	5	129,560		
48. BLOOD STOR PROC TRANS	2	2,829		

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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(15)	(16)	(17)	(18)
49. INTRAVENOUS THERAPY	56	26,312		
50. RESPIRATORY THERAPY	550	28,618		
51. SLEEP CENTERS		6,938		
52. PHYSICAL THERAPY		6,026		
53. EMG		1		
54. OCCUPATIONAL THERAPY		11,564		
55. SPEECH THERAPY		4,464		
56. ELECTROCARDIOLOGY (EKG)	15,900	32,151		
57. CARDIOVASCULAR LAB	2	68		
58. ELECTROENCEPHALOGRAPHY		3,010		
59. MED SUPP CHGD TO PATIENT	149			
60. IMPL. DEV. CHARGED TO PATIENT	2,185			
61. DRUG CHGD TO PATIENTS	3,913,591			
62. OTHER		83		
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY		2,242		
65. OTHER (GASTROINTESTINAL SERV)	35	14,669		
66. CARDIAC REHABILITATION	28	1,197		
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC	8,907	10,897		
70. WELLNESS		263		
71. EMERGENCY ROOM	330	120,086		
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU	2,233	6,440		
91. SUBTOTAL	3,983,971	1,068,191		
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	3,983,971	1,068,191		

EPHRATA COMMUNITY HOSPITAL -
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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)
<u>GENERAL SERVICE</u>				
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. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. OTHER (CARDIAC CATHERIZATION)				
47. LABORATORY				
48. BLOOD STOR PROC TRANS				

EPHRATA COMMUNITY HOSPITAL -
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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. SLEEP CENTERS				
52. PHYSICAL THERAPY				
53. EMG				
54. OCCUPATIONAL THERAPY				
55. SPEECH THERAPY				
56. ELECTROCARDIOLOGY (EKG)				
57. CARDIOVASCULAR LAB				
58. ELECTROENCEPHALOGRAPHY				
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS				
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY				
65. OTHER (GASTROINTESTINAL SERVI				
66. CARDIAC REHABILITATION				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC				
70. WELLNESS				
71. EMERGENCY ROOM				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				
89. AMBULANCE SERVICES				
90. ALSU				
91. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
92. GIFT COFFEE SHOPS & CANTEEN				
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL				

EPHRATA COMMUNITY HOSPITAL -
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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)
<u>GENERAL SERVICE</u>			
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. NONPHYSICIAN ANESTHETISTS			
19. OTHER (SPECIFY)			
20. OTHER (SPECIFY)			
21. NURSING SCHOOL			
22. INTERN RESIDENT APPROVED PROG			
23. PARAMEDICAL ED (SPECIFY)			
24. PARAMEDICAL ED (SPECIFY)			
25. PARAMEDICAL ED (SPECIFY)			
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE			
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT			
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC			
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. CT SCAN			
45. MRI			
46. OTHER (CARDIAC CATHERIZATION)			
47. LABORATORY			
48. BLOOD STOR PROC TRANS			

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
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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. SLEEP CENTERS			
52. PHYSICAL THERAPY			
53. EMG			
54. OCCUPATIONAL THERAPY			
55. SPEECH THERAPY			
56. ELECTROCARDIOLOGY (EKG)			
57. CARDIOVASCULAR LAB			
58. ELECTROENCEPHALOGRAPHY			
59. MED SUPP CHGD TO PATIENT			
60. IMPL. DEV. CHARGED TO PATIENT			
61. DRUG CHGD TO PATIENTS			
62. OTHER			
63. RADIATION ONCOLOGY			
64. MEDICAL ONCOLOGY			
65. OTHER (GASTROINTESTINAL SERVI			
66. CARDIAC REHABILITATION			
67. OTHER			
68. OTHER			
<u>OUTPATIENT SERVICES</u>			
69. CLINIC			
70. WELLNESS			
71. EMERGENCY ROOM			
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS			
77. INTEREST			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
86. SKILLED NURSING FACILITY			
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			
89. AMBULANCE SERVICES			
90. ALSU			
91. SUBTOTAL			
<u>NON-REIMBURSABLE COST</u>			
92. GIFT COFFEE SHOPS & CANTEEN			
93. INVESTMENT PROPERTY			
94. RESEARCH			
95. HEARING AID CENTER			
96. PHYS PRIVATE OFFICES			
97. INTERN/RES NON APP PRG			
98. NON-PAID WORKER			
99. COMMUNITY RELATIONS			
100. CONTINGENCY			
101. AMBULANCE SERVICES			
102. CONTINGENCY			
103. OTHER (SPECIFY)			
104. OTHER (SPECIFY)			
105. CROSSFOOT ADJUSTMENT			
106. NEGATIVE COST CENTER			
107. TOTAL			

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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	TOTAL MED ED COST	TOTAL EXPENSES
	(26)	(27)
<u>GENERAL SERVICE</u>		
1. CAPITAL COSTS-BLDG & FIXTURES		
1.1. CAPITAL COSTS-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. NONPHYSICIAN ANESTHETISTS		
19. OTHER (SPECIFY)		
20. OTHER (SPECIFY)		
21. NURSING SCHOOL		
22. INTERN RESIDENT APPROVED PROG		
23. PARAMEDICAL ED (SPECIFY)		
24. PARAMEDICAL ED (SPECIFY)		
25. PARAMEDICAL ED (SPECIFY)		
<u>INPATIENT ROUTINE SERVICE</u>		
26. GENERAL ROUTINE CARE		18,816,120
27. NURSERY		197,136
28. ICU		7,507,539
29. NICU		2,820,571
30. CCU		
31. OTHER (SPECIFY)		
32. OTHER (SPECIFY)		
33. EXTENDED CARE PSYCHIATRIC UNIT		
34. MED REHAB UNIT		2,473,800
35. PSYCH UNIT		5,256,601
36. DRUG & ALCOHOL REHAB UNIT		
<u>ANCILLARY SERVICES</u>		
37. OPERATING ROOM		25,244,084
38. RECOVERY ROOM		11,021,961
39. DELIVERY ROOM		1,881,522
40. ANESTHESIOLOGY		1,322,893
41. RADIOLOGY-DIAGNOSTIC		10,004,639
42. RADIOLOGY-THERAPEUTIC		1,667,566
43. RADIOISOTOPE		958,801
44. CT SCAN		2,598,615
45. MRI		1,846,974
46. OTHER (CARDIAC CATHERIZATION)		5,160,456
47. LABORATORY		11,909,422
48. BLOOD STOR PROC TRANS		279,329

EPHRATA COMMUNITY HOSPITAL -
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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		3,814,840
50. RESPIRATORY THERAPY		3,540,976
51. SLEEP CENTERS		1,463,587
52. PHYSICAL THERAPY		1,237,868
53. EMG		10
54. OCCUPATIONAL THERAPY		1,831,694
55. SPEECH THERAPY		863,360
56. ELECTROCARDIOLOGY (EKG)		3,596,983
57. CARDIOVASCULAR LAB		178,603
58. ELECTROENCEPHALOGRAPHY		71,495
59. MED SUPP CHGD TO PATIENT		720,205
60. IMPL. DEV. CHARGED TO PATIENT		2,850,981
61. DRUG CHGD TO PATIENTS		21,886,023
62. OTHER		5,708
63. RADIATION ONCOLOGY		5,145
64. MEDICAL ONCOLOGY		1,475,238
65. OTHER (GASTROINTESTINAL SERVI		1,737,044
66. CARDIAC REHABILITATION		500,747
67. OTHER		
68. OTHER		
<u>OUTPATIENT SERVICES</u>		
69. CLINIC		2,425,928
70. WELLNESS		2,619
71. EMERGENCY ROOM		8,313,859
72. AMBULANCE		
73. HOME PROGRAM DIALYSIS		
74. HOME HEALTH AGENCY		
75. SHORT PROCEDURE UNIT		
76. OBSERVATION BEDS		
77. INTEREST		
78. OTHER (SPECIFY)		
79. OTHER (SPECIFY)		
80. OTHER (SPECIFY)		
81. OTHER (SPECIFY)		
82. OTHER (SPECIFY)		
83. OTHER (SPECIFY)		
84. OTHER (SPECIFY)		
85. OTHER (SPECIFY)		
<u>OTHER INPATIENT</u>		
86. SKILLED NURSING FACILITY		
87. INTERMEDIATE CARE FACILITY		
88. RESIDENTIAL TREATMENT FACILITY		
89. AMBULANCE SERVICES		
90. ALSU		2,371,997
91. SUBTOTAL		169,862,939
<u>NON-REIMBURSABLE COST</u>		
92. GIFT COFFEE SHOPS & CANTEEN		198,938
93. INVESTMENT PROPERTY		
94. RESEARCH		
95. HEARING AID CENTER		
96. PHYS PRIVATE OFFICES		
97. INTERN/RES NON APP PRG		
98. NON-PAID WORKER		
99. COMMUNITY RELATIONS		
100. CONTINGENCY		
101. AMBULANCE SERVICES		
102. CONTINGENCY		2,979,137
103. OTHER (SPECIFY)		
104. OTHER (SPECIFY)		
105. CROSSFOOT ADJUSTMENT	=====	
106. NEGATIVE COST CENTER		
107. TOTAL		173,041,014

EPHRATA COMMUNITY HOSPITAL -
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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)
<u>GENERAL SERVICE</u>					
1. CAPITAL COSTS-BLDG & FIXTURES	5,907,501				
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	527,652				
5. MAINTENANCE AND REPAIRS	570,120				
6. OPERATION OF PLANT	571,097				
7. LAUNDRY & LINEN SERVICES	57,752				
8. HOUSEKEEPING	79,259				
9. DIETARY	163,651				
10. CAFETERIA					
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION	25,004				
13. INSERVICE EDUCATION					
14. CENTRAL SERVICE & SUPPLY	193,742				
15. PHARMACY					
16. MEDICAL RECORDS LIBRARY	80,008				
17. SOCIAL SERVICE					
18. NONPHYSICIAN ANESTHETISTS					
19. OTHER (SPECIFY)					
20. OTHER (SPECIFY)					
21. NURSING SCHOOL					
22. INTERN RESIDENT APPROVED PROG					
23. PARAMEDICAL ED (SPECIFY)					
24. PARAMEDICAL ED (SPECIFY)					
25. PARAMEDICAL ED (SPECIFY)					
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	626,261				
27. NURSERY					
28. ICU	179,071				
29. NICU	30,114				
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	98,313				
35. PSYCH UNIT	136,307				
36. DRUG & ALCOHOL REHAB UNIT					
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	432,200				
38. RECOVERY ROOM	352,464				
39. DELIVERY ROOM	144,937				
40. ANESTHESIOLOGY	38,585				
41. RADIOLOGY-DIAGNOSTIC	219,041				
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE	33,816				
44. CT SCAN	36,200				
45. MRI	31,908				
46. OTHER (CARDIAC CATHERIZATION)	234,916				
47. LABORATORY	167,103				
48. BLOOD STOR PROC TRANS	8,130				

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
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FOR THE PERIOD: 7/1/19 TO 6/30/20

ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES (1)	CAPITAL COSTS- NEW BLDG (1.1)	CAPITAL COSTS- NEW BLDG (1.2)	CAPITAL COSTS- NEW BLDG (1.3)	CAPITAL COSTS- NEW BLDG (1.4)
49. INTRAVENOUS THERAPY	99,630				
50. RESPIRATORY THERAPY	63,089				
51. SLEEP CENTERS					
52. PHYSICAL THERAPY	70,107				
53. EMG					
54. OCCUPATIONAL THERAPY					
55. SPEECH THERAPY	1,567				
56. ELECTROCARDIOLOGY (EKG)	103,786				
57. CARDIOVASCULAR LAB	341				
58. ELECTROENCEPHALOGRAPHY					
59. MED SUPP CHGD TO PATIENT					
60. IMPL. DEV. CHARGED TO PATIENT					
61. DRUG CHGD TO PATIENTS					
62. OTHER					
63. RADIATION ONCOLOGY					
64. MEDICAL ONCOLOGY					
65. OTHER (GASTROINTESTINAL SERVI	27,661				
66. CARDIAC REHABILITATION					
67. OTHER					
68. OTHER					
OUTPATIENT SERVICES					
69. CLINIC	43,195				
70. WELLNESS					
71. EMERGENCY ROOM	374,153				
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS					
77. INTEREST					
78. OTHER (SPECIFY)					
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. AMBULANCE SERVICES					
90. ALSU	60,250				
91. SUBTOTAL	5,881,430				
NON-REIMBURSABLE COST					
92. GIFT COFFEE SHOPS & CANTEEN	26,071				
93. INVESTMENT PROPERTY					
94. RESEARCH					
95. HEARING AID CENTER					
96. PHYS PRIVATE OFFICES					
97. INTERN/RES NON APP PRG					
98. NON-PAID WORKER					
99. COMMUNITY RELATIONS					
100. CONTINGENCY					
101. AMBULANCE SERVICES					
102. CONTINGENCY					
103. OTHER (SPECIFY)					
104. OTHER (SPECIFY)					
105. CROSSFOOT ADJUSTMENT					
106. NEGATIVE COST CENTER					
107. TOTAL	5,907,501				

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
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FOR THE PERIOD: 7/1/19 TO 6/30/20

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 COSTS (2.2)
<u>GENERAL SERVICE</u>					
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					(5,337)
5. MAINTENANCE AND REPAIRS					
6. OPERATION OF PLANT					233,022
7. LAUNDRY & LINEN SERVICES					
8. HOUSEKEEPING					
9. DIETARY					
10. CAFETERIA					
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION					
13. INSERVICE EDUCATION					
14. CENTRAL SERVICE & SUPPLY					3,783
15. PHARMACY					226,627
16. MEDICAL RECORDS LIBRARY					
17. SOCIAL SERVICE					
18. NONPHYSICIAN ANESTHETISTS					
19. OTHER (SPECIFY)					
20. OTHER (SPECIFY)					
21. NURSING SCHOOL					
22. INTERN RESIDENT APPROVED PROG					
23. PARAMEDICAL ED (SPECIFY)					
24. PARAMEDICAL ED (SPECIFY)					
25. PARAMEDICAL ED (SPECIFY)					
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE					28,658
27. NURSERY					
28. ICU					16,564
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT					3,831
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM					11,051
38. RECOVERY ROOM					1,177
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC					662,894
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. CT SCAN					
45. MRI					344,985
46. OTHER (CARDIAC CATHERIZATION)					
47. LABORATORY					39,062
48. BLOOD STOR PROC TRANS					

EPHRATA COMMUNITY HOSPITAL -
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FOR THE PERIOD: 7/1/19 TO 6/30/20

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 COST (2.2)
49. INTRAVENOUS THERAPY					
50. RESPIRATORY THERAPY					12,881
51. SLEEP CENTERS					8,029
52. PHYSICAL THERAPY					
53. EMG					
54. OCCUPATIONAL THERAPY					83,812
55. SPEECH THERAPY					
56. ELECTROCARDIOLOGY (EKG)					
57. CARDIOVASCULAR LAB					
58. ELECTROENCEPHALOGRAPHY					45,591
59. MED SUPP CHGD TO PATIENT					
60. IMPL. DEV. CHARGED TO PATIENT					
61. DRUG CHGD TO PATIENTS					
62. OTHER					
63. RADIATION ONCOLOGY					
64. MEDICAL ONCOLOGY					
65. OTHER (GASTROINTESTINAL SERVI					
66. CARDIAC REHABILITATION					
67. OTHER					
68. OTHER					
OUTPATIENT SERVICES					
69. CLINIC					90,115
70. WELLNESS					
71. EMERGENCY ROOM					
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS					
77. INTEREST					
78. OTHER (SPECIFY)					
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. AMBULANCE SERVICES					
90. ALSU					16,735
91. SUBTOTAL					1,823,480
NON-REIMBURSABLE COST					
92. GIFT COFFEE SHOPS & CANTEEN					
93. INVESTMENT PROPERTY					
94. RESEARCH					
95. HEARING AID CENTER					
96. PHYS PRIVATE OFFICES					
97. INTERN/RES NON APP PRG					
98. NON-PAID WORKER					
99. COMMUNITY RELATIONS					
100. CONTINGENCY					
101. AMBULANCE SERVICES					
102. CONTINGENCY					
103. OTHER (SPECIFY)					
104. OTHER (SPECIFY)					
105. CROSSFOOT ADJUSTMENT					
106. NEGATIVE COST CENTER					
107. TOTAL					1,823,480

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
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FOR THE PERIOD: 7/1/19 TO 6/30/20

ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING
	(3)	(4.1)	(4.2)	(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
- 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. NONPHYSICIAN ANESTHETISTS
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PROG
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. CT SCAN
45. MRI
46. OTHER (CARDIAC CATHERIZATION)
47. LABORATORY
48. BLOOD STOR PROC TRANS

EPHRATA COMMUNITY HOSPITAL -
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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING
	(3)	(4.1)	(4.2)	(4.3)
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. SLEEP CENTERS				
52. PHYSICAL THERAPY				
53. EMG				
54. OCCUPATIONAL THERAPY				
55. SPEECH THERAPY				
56. ELECTROCARDIOLOGY (EKG)				
57. CARDIOVASCULAR LAB				
58. ELECTROENCEPHALOGRAPHY				
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS				
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY				
65. OTHER (GASTROINTESTINAL SERVI				
66. CARDIAC REHABILITATION				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. WELLNESS				
71. EMERGENCY ROOM				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU				
91. SUBTOTAL				
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL				

EPHRATA COMMUNITY HOSPITAL -
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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	ADMISSIONS	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS
	(4.4)	(4.5)	(4.6)	(5)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-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			522,315	
5. MAINTENANCE AND REPAIRS			13,417	583,537
6. OPERATION OF PLANT			28,649	69,288
7. LAUNDRY & LINEN SERVICES			1,933	7,007
8. HOUSEKEEPING			7,572	9,616
9. DIETARY			5,456	19,855
10. CAFETERIA			3,594	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION			6,776	3,034
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY			7,152	23,506
15. PHARMACY			11,914	
16. MEDICAL RECORDS LIBRARY			2,221	9,707
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE			41,832	75,979
27. NURSERY			183	
28. ICU			18,324	21,726
29. NICU			7,569	3,654
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT			5,793	11,928
35. PSYCH UNIT			11,547	16,537
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM			64,324	52,436
38. RECOVERY ROOM			27,148	42,762
39. DELIVERY ROOM			3,576	17,584
40. ANESTHESIOLOGY			3,257	4,681
41. RADIOLOGY-DIAGNOSTIC			26,741	26,575
42. RADIOLOGY-THERAPEUTIC			4,873	
43. RADIOISOTOPE			2,430	4,103
44. CT SCAN			7,104	4,392
45. MRI			5,080	3,871
46. OTHER (CARDIAC CATHERIZATION)			12,364	28,501
47. LABORATORY			31,843	20,274
48. BLOOD STOR PROC TRANS			701	986

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CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	ADMISSIONS	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS
	(4.4)	(4.5)	(4.6)	(5)
49. INTRAVENOUS THERAPY			9,828	12,088
50. RESPIRATORY THERAPY			9,554	7,654
51. SLEEP CENTERS			4,303	
52. PHYSICAL THERAPY			2,846	8,506
53. EMG				
54. OCCUPATIONAL THERAPY			5,407	
55. SPEECH THERAPY			2,540	190
56. ELECTROCARDIOLOGY (EKG)			9,312	12,592
57. CARDIOVASCULAR LAB			495	41
58. ELECTROENCEPHALOGRAPHY			196	
59. MED SUPP CHGD TO PATIENT			1,966	
60. IMPL. DEV. CHARGED TO PATIENT			7,840	
61. DRUG CHGD TO PATIENTS			54,119	
62. OTHER			17	
63. RADIATION ONCOLOGY			16	
64. MEDICAL ONCOLOGY			4,376	
65. OTHER (GASTROINTESTINAL SERVI			4,427	3,356
66. CARDIAC REHABILITATION			1,436	
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC			6,336	5,241
70. WELLNESS			7	
71. EMERGENCY ROOM			18,377	45,394
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU			6,295	7,310
91. SUBTOTAL			513,066	580,374
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN			257	3,163
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY			8,992	
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL			522,315	583,537

EPHRATA COMMUNITY HOSPITAL -
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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS-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	902,056			
7. LAUNDRY & LINEN SERVICES	12,291	78,983		
8. HOUSEKEEPING	16,868	3,864	117,179	
9. DIETARY	34,828	751	4,675	229,216
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	5,321		714	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	41,232	793	5,535	
15. PHARMACY				
16. MEDICAL RECORDS LIBRARY	17,027		2,286	
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	133,278	25,911	17,892	114,883
27. NURSERY		789		11,051
28. ICU	38,109	3,182	5,116	30,180
29. NICU	6,409	44	860	9,527
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	20,923	1,320	2,809	11,043
35. PSYCH UNIT	29,009	2,042	3,894	52,532
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	91,980	7,282	12,348	
38. RECOVERY ROOM	75,011	6,221	10,070	
39. DELIVERY ROOM	30,845	4,502	4,141	
40. ANESTHESIOLOGY	8,212		1,102	
41. RADIOLOGY-DIAGNOSTIC	46,616	6,032	6,258	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE	7,197		966	
44. CT SCAN	7,704		1,034	
45. MRI	6,791		912	
46. OTHER (CARDIAC CATHERIZATION)	49,994		6,711	
47. LABORATORY	35,562		4,774	
48. BLOOD STOR PROC TRANS	1,730		232	

EPHRATA COMMUNITY HOSPITAL -
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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
49. INTRAVENOUS THERAPY	21,203		2,846	
50. RESPIRATORY THERAPY	13,427	103	1,802	
51. SLEEP CENTERS				
52. PHYSICAL THERAPY	14,920		2,003	
53. EMG				
54. OCCUPATIONAL THERAPY		358		
55. SPEECH THERAPY	333		45	
56. ELECTROCARDIOLOGY (EKG)	22,088	964	2,965	
57. CARDIOVASCULAR LAB	72	1,027	10	
58. ELECTROENCEPHALOGRAPHY				
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS				
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY				
65. OTHER (GASTROINTESTINAL SERVI	5,887		790	
66. CARDIAC REHABILITATION				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC	9,193	472	1,234	
70. WELLNESS				
71. EMERGENCY ROOM	79,626	13,269	10,689	
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU	12,822	28	1,721	
91. SUBTOTAL	896,508	78,954	116,434	229,216
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN	5,548		745	
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY		29		
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	902,056	78,983	117,179	229,216

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AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	CAFETERIA (10)	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	INSERVICE EDUCATION (13)
<u>GENERAL SERVICE</u>				
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	3,594			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	52		40,901	
13. INSERVICE EDUCATION				
14. CENTRAL SERVICE & SUPPLY	97			
15. PHARMACY	112			
16. MEDICAL RECORDS LIBRARY	43			
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	500		10,344	
27. NURSERY				
28. ICU	193		3,979	
29. NICU	48		987	
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	65			
35. PSYCH UNIT	173		3,580	
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	291		6,004	
38. RECOVERY ROOM	298		6,154	
39. DELIVERY ROOM	28		578	
40. ANESTHESIOLOGY	20			
41. RADIOLOGY-DIAGNOSTIC	291			
42. RADIOLOGY-THERAPEUTIC	22		449	
43. RADIOISOTOPE	21			
44. CT SCAN	59			
45. MRI	38			
46. OTHER (CARDIAC CATHETERIZATION)	50			
47. LABORATORY	266			
48. BLOOD STOR PROC TRANS	7		140	

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AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	CAFETERIA (10)	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	INSERVICE EDUCATION (13)
49. INTRAVENOUS THERAPY	74		1,526	
50. RESPIRATORY THERAPY	96			
51. SLEEP CENTERS	39			
52. PHYSICAL THERAPY	30			
53. EMG				
54. OCCUPATIONAL THERAPY	69			
55. SPEECH THERAPY	29			
56. ELECTROCARDIOLOGY (EKG)	86			
57. CARDIOVASCULAR LAB	7			
58. ELECTROENCEPHALOGRAPHY	1			
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS				
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY	51			
65. OTHER (GASTROINTESTINAL SERVI	13		269	
66. CARDIAC REHABILITATION	15		309	
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC	71		1,466	
70. WELLNESS				
71. EMERGENCY ROOM	248		5,116	
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU	87			
91. SUBTOTAL	3,590		40,901	
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN	4			
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	3,594		40,901	

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CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE
	(14)	(15)	(16)	(17)
<u>GENERAL SERVICE</u>				
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	275,840			
15. PHARMACY		238,653		
16. MEDICAL RECORDS LIBRARY	33		111,325	
17. SOCIAL SERVICE				
18. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	9,545	2	8,573	
27. NURSERY	452		427	
28. ICU	3,580	4	3,394	
29. NICU	781	14	863	
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	385		577	
35. PSYCH UNIT	306		3,718	
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	129,356	511	20,684	
38. RECOVERY ROOM	5,428	12	4,776	
39. DELIVERY ROOM	1,293		1,688	
40. ANESTHESIOLOGY	5,499	3	2,139	
41. RADIOLOGY-DIAGNOSTIC	2,427	873	7,635	
42. RADIOLOGY-THERAPEUTIC	617		1,344	
43. RADIOISOTOPE	110	137	938	
44. CT SCAN	1,748	548	5,477	
45. MRI	564	49	1,812	
46. OTHER (CARDIAC CATHERIZATION)	5,604	238	4,801	
47. LABORATORY	41,543		13,509	
48. BLOOD STOR PROC TRANS	151		295	

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CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS	SOCIAL SERVICE
	(14)	(15)	(16)	(17)
49. INTRAVENOUS THERAPY	2,100	3	2,743	
50. RESPIRATORY THERAPY	5,479	33	2,984	
51. SLEEP CENTERS	1,581		723	
52. PHYSICAL THERAPY	35		628	
53. EMG				
54. OCCUPATIONAL THERAPY	189		1,206	
55. SPEECH THERAPY	135		465	
56. ELECTROCARDIOLOGY (EKG)	1,118	952	3,352	
57. CARDIOVASCULAR LAB	9		7	
58. ELECTROENCEPHALOGRAPHY	268		314	
59. MED SUPP CHGD TO PATIENT	5,952	9		
60. IMPL. DEV. CHARGED TO PATIENT	21,813	131		
61. DRUG CHGD TO PATIENTS	3,775	234,442		
62. OTHER	2		9	
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY	539		234	
65. OTHER (GASTROINTESTINAL SERV)	10,936	2	1,530	
66. CARDIAC REHABILITATION	76	2	125	
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC	1,952	534	1,136	
70. WELLNESS			27	
71. EMERGENCY ROOM	8,863	20	12,521	
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU	812	134	671	
91. SUBTOTAL	275,056	238,653	111,325	
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN	784			
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. TOTAL	275,840	238,653	111,325	

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COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL
	(18)	(19)	(20)	(21)
<u>GENERAL SERVICE</u>				
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. NONPHYSICIAN ANESTHETISTS				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. OTHER (CARDIAC CATHERIZATION)				
47. LABORATORY				
48. BLOOD STOR PROC TRANS				

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COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS (18)	OTHER (SPECIFY) (19)	OTHER (SPECIFY) (20)	NURSING SCHOOL (21)
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. SLEEP CENTERS				
52. PHYSICAL THERAPY				
53. EMG				
54. OCCUPATIONAL THERAPY				
55. SPEECH THERAPY				
56. ELECTROCARDIOLOGY (EKG)				
57. CARDIOVASCULAR LAB				
58. ELECTROENCEPHALOGRAPHY				
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS				
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY				
65. OTHER (GASTROINTESTINAL SERVI				
66. CARDIAC REHABILITATION				
67. OTHER				
68. OTHER				
OUTPATIENT SERVICES				
69. CLINIC				
70. WELLNESS				
71. EMERGENCY ROOM				
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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. AMBULANCE SERVICES				
90. ALSU				
91. SUBTOTAL				
NON-REIMBURSABLE COST				
92. GIFT COFFEE SHOPS & CANTEEN				
93. INVESTMENT PROPERTY				
94. RESEARCH				
95. HEARING AID CENTER				
96. PHYS PRIVATE OFFICES				
97. INTERN/RES NON APP PRG				
98. NON-PAID WORKER				
99. COMMUNITY RELATIONS				
100. CONTINGENCY				
101. AMBULANCE SERVICES				
102. CONTINGENCY				
103. OTHER (SPECIFY)				
104. OTHER (SPECIFY)				
105. CROSSFOOT ADJUSTMENT				
106. NEGATIVE COST CENTER				
107. 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. NONPHYSICIAN ANESTHETISTS					
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					1,093,658
27. NURSERY					12,902
28. ICU					323,422
29. NICU					60,870
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT					156,987
35. PSYCH UNIT					259,645
36. DRUG & ALCOHOL REHAB UNIT					
ANCILLARY SERVICES					
37. OPERATING ROOM					828,467
38. RECOVERY ROOM					531,521
39. DELIVERY ROOM					209,172
40. ANESTHESIOLOGY					63,498
41. RADIOLOGY-DIAGNOSTIC					1,005,383
42. RADIOLOGY-THERAPEUTIC					7,305
43. RADIOISOTOPE					49,718
44. CT SCAN					64,266
45. MRI					396,010
46. OTHER (CARDIAC CATHETERIZATION)					343,179
47. LABORATORY					353,936
48. BLOOD STOR PROC TRANS					12,372

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COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG (22)	PARAMEDICAL ED (SPECIFY) (23)	PARAMEDICAL ED (SPECIFY) (24)	PARAMEDICAL ED (SPECIFY) (25)	TOTAL (26)
49. INTRAVENOUS THERAPY					152,041
50. RESPIRATORY THERAPY					117,102
51. SLEEP CENTERS					14,675
52. PHYSICAL THERAPY					99,075
53. EMG					
54. OCCUPATIONAL THERAPY					91,041
55. SPEECH THERAPY					5,304
56. ELECTROCARDIOLOGY (EKG)					157,215
57. CARDIOVASCULAR LAB					2,009
58. ELECTROENCEPHALOGRAPHY					46,370
59. MED SUPP CHGD TO PATIENT					7,927
60. IMPL. DEV. CHARGED TO PATIENT					29,784
61. DRUG CHGD TO PATIENTS					292,336
62. OTHER					28
63. RADIATION ONCOLOGY					16
64. MEDICAL ONCOLOGY					5,200
65. OTHER (GASTROINTESTINAL SERV)					54,871
66. CARDIAC REHABILITATION					1,963
67. OTHER					
68. OTHER					
OUTPATIENT SERVICES					
69. CLINIC					160,945
70. WELLNESS					34
71. EMERGENCY ROOM					568,276
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS					
77. INTEREST					
78. OTHER (SPECIFY)					
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. AMBULANCE SERVICES					
90. ALSU					106,865
91. SUBTOTAL					7,685,388
NON-REIMBURSABLE COST					
92. GIFT COFFEE SHOPS & CANTEEN					36,572
93. INVESTMENT PROPERTY					
94. RESEARCH					
95. HEARING AID CENTER					
96. PHYS PRIVATE OFFICES					
97. INTERN/RES NON APP PRG					
98. NON-PAID WORKER					
99. COMMUNITY RELATIONS					
100. CONTINGENCY					
101. AMBULANCE SERVICES					
102. CONTINGENCY					9,021
103. OTHER (SPECIFY)					
104. OTHER (SPECIFY)					
105. CROSSFOOT ADJUSTMENT					
106. NEGATIVE COST CENTER					
107. TOTAL					7,730,981

**EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
PROVIDER NUMBER: 1007464680006
FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF RATIO OF DEPARTMENTAL
CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1**

COST CENTER DESCRIPTION	TOTAL BILLED CHARGES	TOTAL O/P CHARGES	I/P CHARGES (Excluding units & other)	TOTAL I/P PSYCH. UNIT CHARGES	TOTAL I/P D & A UNIT CHARGES
	(1)	(2)	(3)	(4)	(5)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	\$40,705,455		\$40,705,455		
27. NURSERY	2,498,792		2,498,792		
28. ICU	19,847,092		19,847,092		
29. NICU	5,044,839		5,044,839		
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	3,438,766				
35. PSYCH UNIT	21,638,510			21,638,510	
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	93,173,454		68,096,178	21,638,510	
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	121,000,437	82,707,515	38,205,105		
38. RECOVERY ROOM	27,931,539	25,184,392	2,740,473		
39. DELIVERY ROOM	9,868,750	372,427	9,496,323		
40. ANESTHESIOLOGY	12,509,679	10,213,891	2,292,501		
41. RADIOLOGY-DIAGNOSTIC	44,646,895	39,857,608	4,711,360	37,992	
42. RADIOLOGY-THERAPEUTIC	7,858,179	7,836,281	21,898		
43. RADIOISOTOPE	5,487,972	4,905,086	582,886		
44. CT SCAN	32,028,617	25,827,043	6,148,287	20,343	
45. MRI	10,598,862	9,583,243	995,415	12,011	
46. OTHER (CARDIAC CATHETERIZATION)	28,024,854	13,137,942	14,886,912		
47. LABORATORY	78,999,706	59,140,548	19,058,812	453,664	
48. BLOOD STOR PROC TRANS	1,725,053	356,037	1,368,172		
49. INTRAVENOUS THERAPY	16,043,790	13,155,136	2,888,654		
50. RESPIRATORY THERAPY	17,449,920	4,140,637	13,023,324	37,180	
51. SLEEP CENTERS	4,230,517	4,224,687	5,830		
52. PHYSICAL THERAPY	3,674,275	717,071	2,957,204		
53. EMG	628	628			
54. OCCUPATIONAL THERAPY	7,051,061	3,990,209	893,593	43,942	
55. SPEECH THERAPY	2,721,879	1,878,313	843,566		
56. ELECTROCARDIOLOGY (EKG)	19,604,120	14,362,452	5,203,780	28,281	
57. CARDIOVASCULAR LAB	94,791	3,637	91,154		
58. ELECTROENCEPHALOGRAPHY	1,835,533	1,750,905	82,238	1,195	
59. MED SUPP CHGD TO PATIENT	5,509,265	2,645,611	2,863,654		
60. IMPL. DEV. CHARGED TO PATIENT	21,323,023	10,631,990	10,691,033		
61. DRUG CHGD TO PATIENTS	82,412,529	62,972,493	17,921,254	1,150,942	
62. OTHER	323		323		
63. RADIATION ONCOLOGY	62,736	50,158	12,578		
64. MEDICAL ONCOLOGY	1,354,345	1,354,345			
65. OTHER (GASTROINTESTINAL SERVICES)	8,944,624	7,162,834	1,781,790		
66. CARDIAC REHABILITATION	730,110	730,110			
67. OTHER					
68. OTHER					
<u>OUTPATIENT SERVICES</u>					
69. CLINIC	6,644,693	6,255,105	388,463	280	
70. WELLNESS	160,660	160,528	132		
71. EMERGENCY ROOM	73,223,321	62,086,528	11,024,474	104,009	
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS	9,919,514	9,919,514			
77. INTEREST					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
86. SKILLED NURSING FACILITY					
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					

EPHRATA COMMUNITY HOSPITAL -
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CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1

89. AMBULANCE SERVICES				
90. ALSU	3,926,530	3,926,530		
80. TOTAL ANCILLARY, O/P & OTHER	667,598,730	491,241,434	171,181,188	1,889,839
81. TOTAL	\$760,772,184	\$491,241,434	\$239,277,366	\$23,528,349

**EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
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FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF RATIO OF DEPARTMENTAL
CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1**

COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. UNIT CHARGES	OTHER I/P CHARGES (SPECIFY)	OUTPATIENT RATIO (Col. 2 ÷ Col. 1)	I/P RATIO (Excluding units & other) (Col. 3 ÷ Col. 1)	INPATIENT PSYCH. UNIT RATIO (Col. 4 ÷ Col. 1)
	(6)	(7)	(8)	(9)	(10)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE				100.000000%	
27. NURSERY				100.000000%	
28. ICU				100.000000%	
29. NICU				100.000000%	
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	3,438,766				
35. PSYCH UNIT					100.000000%
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	3,438,766				
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	87,817		68.353071%	31.574353%	
38. RECOVERY ROOM	6,674		90.164713%	9.811393%	
39. DELIVERY ROOM			3.773801%	96.226199%	
40. ANESTHESIOLOGY	3,287		81.647906%	18.325818%	
41. RADIOLOGY-DIAGNOSTIC	39,935		89.272967%	10.552493%	0.085094%
42. RADIOLOGY-THERAPEUTIC			99.721335%	0.278665%	
43. RADIOISOTOPE			89.378845%	10.621155%	
44. CT SCAN	32,944		80.637397%	19.196230%	0.063515%
45. MRI	8,193		90.417660%	9.391716%	0.113323%
46. OTHER (CARDIAC CATHETERIZATION)			46.879609%	53.120391%	
47. LABORATORY	346,682		74.861732%	24.125168%	0.574260%
48. BLOOD STOR PROC TRANS	844		20.639192%	79.311882%	
49. INTRAVENOUS THERAPY			81.995189%	18.004811%	
50. RESPIRATORY THERAPY	248,779		23.728688%	74.632571%	0.213067%
51. SLEEP CENTERS			99.862192%	0.137808%	
52. PHYSICAL THERAPY			19.515986%	80.484014%	
53. EMG			100.000000%		
54. OCCUPATIONAL THERAPY	2,123,317		56.590193%	12.673170%	0.623197%
55. SPEECH THERAPY			69.007954%	30.992046%	
56. ELECTROCARDIOLOGY (EKG)	9,607		73.262416%	26.544319%	0.144260%
57. CARDIOVASCULAR LAB			3.836862%	96.163138%	
58. ELECTROENCEPHALOGRAPHY	1,195		95.389459%	4.480333%	0.065104%
59. MED SUPP CHGD TO PATIENT			48.021124%	51.978876%	
60. IMPL. DEV. CHARGED TO PATIENT			49.861551%	50.138449%	
61. DRUG CHGD TO PATIENTS	367,840		76.411310%	21.745788%	1.396562%
62. OTHER				100.000000%	
63. RADIATION ONCOLOGY			79.950905%	20.049095%	
64. MEDICAL ONCOLOGY			100.000000%		
65. OTHER (GASTROINTESTINAL SERVICES)			80.079766%	19.920234%	
66. CARDIAC REHABILITATION			100.000000%		
67. OTHER					
68. OTHER					
<u>OUTPATIENT SERVICES</u>					
69. CLINIC	845		94.136855%	5.846214%	0.004214%
70. WELLNESS			99.917839%	0.082161%	
71. EMERGENCY ROOM	8,310		84.790648%	15.055959%	0.142044%
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS			100.000000%		
77. INTEREST					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
86. SKILLED NURSING FACILITY					
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					

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 CHARGES TO TOTAL CHARGES
 AMENDED WORKSHEET C-1

89. AMBULANCE SERVICES		
90. ALSU		100.000000%
80. TOTAL ANCILLARY, O/P & OTHER	3,286,269	
81. TOTAL	\$6,725,035	

**EPHRATA COMMUNITY HOSPITAL -
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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	I/P MEDICAL REHAB. UNIT RATIO	OTHER I/P RATIO
	(Col. 5 ÷ Col. 1) (11)	(Col. 6 ÷ Col. 1) (12)	(Col. 7 ÷ Col. 1) (13)
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE			
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT		100.000000%	
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE			
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM		0.072576%	
38. RECOVERY ROOM		0.023894%	
39. DELIVERY ROOM			
40. ANESTHESIOLOGY		0.026276%	
41. RADIOLOGY-DIAGNOSTIC		0.089446%	
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. CT SCAN		0.102858%	
45. MRI		0.077301%	
46. OTHER (CARDIAC CATHERIZATION)			
47. LABORATORY		0.438840%	
48. BLOOD STOR PROC TRANS		0.048926%	
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY		1.425674%	
51. SLEEP CENTERS			
52. PHYSICAL THERAPY			
53. EMG			
54. OCCUPATIONAL THERAPY		30.113440%	
55. SPEECH THERAPY			
56. ELECTROCARDIOLOGY (EKG)		0.049005%	
57. CARDIOVASCULAR LAB			
58. ELECTROENCEPHALOGRAPHY		0.065104%	
59. MED SUPP CHGD TO PATIENT			
60. IMPL. DEV. CHARGED TO PATIENT			
61. DRUG CHGD TO PATIENTS		0.446340%	
62. OTHER			
63. RADIATION ONCOLOGY			
64. MEDICAL ONCOLOGY			
65. OTHER (GASTROINTESTINAL SERVICES)			
66. CARDIAC REHABILITATION			
67. OTHER			
68. OTHER			
<u>OUTPATIENT SERVICES</u>			
69. CLINIC		0.012717%	
70. WELLNESS			
71. EMERGENCY ROOM		0.011349%	
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS			
77. INTEREST			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
86. SKILLED NURSING FACILITY			
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
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COMPUTATION OF RATIO OF DEPARTMENTAL
CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1

89.	AMBULANCE SERVICES	
90.	ALSU	
80.	TOTAL ANCILLARY, O/P & OTHER	
81.	TOTAL	

**EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
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FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2**

COST CENTER DESCRIPTION	TOTAL COSTS (From Wkst. B-2, Col. 27) (1)	TOTAL O/P COSTS (Col. 1 x Wkst. C-1, Col. 8) (2)	I/P COSTS (Excluding units & other) (Col. 1 x Wkst. C-1, Col. 9) (3)	TOTAL I/P PSYCH. UNIT COSTS (Col. 1 x Wkst. C-1, Col. 10) (4)	TOTAL I/P D & A UNIT COSTS (Col. 1 x Wkst. C-1, Col. 11) (5)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	\$18,816,120		\$18,816,120		
27. NURSERY	197,136		197,136		
28. ICU	7,507,539		7,507,539		
29. NICU	2,820,571		2,820,571		
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	2,375,487				
35. PSYCH UNIT	5,256,601			5,256,601	
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	36,973,454		29,341,366	5,256,601	
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	25,244,084	17,255,107	7,970,656		
38. RECOVERY ROOM	11,021,961	9,937,919	1,081,408		
39. DELIVERY ROOM	1,881,522	71,005	1,810,517		
40. ANESTHESIOLOGY	1,322,893	1,080,114	242,431		
41. RADIOLOGY-DIAGNOSTIC	10,004,639	8,931,438	1,055,739	8,513	
42. RADIOLOGY-THERAPEUTIC	1,667,566	1,662,919	4,647		
43. RADIOISOTOPE	958,801	856,965	101,836		
44. CT SCAN	2,598,615	2,095,455	498,836	1,651	
45. MRI	1,846,974	1,669,990	173,463	2,093	
46. OTHER (CARDIAC CATHERIZATION)	5,160,456	2,419,202	2,741,254		
47. LABORATORY	11,909,422	8,915,600	2,873,168	68,391	
48. BLOOD STOR PROC TRANS	279,329	57,651	221,541		
49. INTRAVENOUS THERAPY	3,814,840	3,127,985	686,855		
50. RESPIRATORY THERAPY	3,540,976	840,227	2,642,721	7,545	
51. SLEEP CENTERS	1,463,587	1,461,570	2,017		
52. PHYSICAL THERAPY	1,237,868	241,582	996,286		
53. EMG	10	10			
54. OCCUPATIONAL THERAPY	1,831,694	1,036,559	232,134	11,415	
55. SPEECH THERAPY	863,360	595,787	267,573		
56. ELECTROCARDIOLOGY (EKG)	3,596,983	2,635,236	954,795	5,189	
57. CARDIOVASCULAR LAB	178,603	6,853	171,750		
58. ELECTROENCEPHALOGRAPHY	71,495	68,198	3,203	47	
59. MED SUPP CHGD TO PATIENT	720,205	345,851	374,354		
60. IMPL. DEV. CHARGED TO PATIENT	2,850,981	1,421,543	1,429,438		
61. DRUG CHGD TO PATIENTS	21,886,023	16,723,397	4,759,288	305,652	
62. OTHER	5,708		5,708		
63. RADIATION ONCOLOGY	5,145	4,113	1,032		
64. MEDICAL ONCOLOGY	1,475,238	1,475,238			
65. OTHER (GASTROINTESTINAL SERVICES)	1,737,044	1,391,021	346,023		
66. CARDIAC REHABILITATION	500,747	500,747			
67. OTHER					
68. OTHER					
<u>OUTPATIENT SERVICES</u>					
69. CLINIC	2,425,928	2,283,692	141,825	102	
70. WELLNESS	2,619	2,617	2		
71. EMERGENCY ROOM	8,313,859	7,049,375	1,251,731	11,809	
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS					
77. INTEREST					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
86. SKILLED NURSING FACILITY					
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
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FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

89.	AMBULANCE SERVICES				
90.	ALSU	2,371,997	2,371,997		
80.	TOTAL ANCILLARY, O/P & OTHER	132,791,172	98,536,963	33,042,231	422,407
81.	TOTAL	\$169,764,626	\$98,536,963	\$62,383,597	\$5,679,008

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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)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE			\$40,705,455	\$1,904,290	\$1,406.60
27. NURSERY			2,498,792	403,430	147.78
28. ICU			19,847,092	1,041,480	2,060.81
29. NICU			5,044,839	641,259	2,452.67
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	2,375,487				
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	2,375,487		68,096,178	3,990,459	
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	18,321		38,205,105	926,406	2.42%
38. RECOVERY ROOM	2,634		2,740,473	59,236	2.16%
39. DELIVERY ROOM			9,496,323	434,450	4.57%
40. ANESTHESIOLOGY	348		2,292,501	66,304	2.89%
41. RADIOLOGY-DIAGNOSTIC	8,949		4,711,360	236,641	5.02%
42. RADIOLOGY-THERAPEUTIC			21,898		
43. RADIOISOTOPE			582,886	67,058	11.50%
44. CT SCAN	2,673		6,148,287	311,714	5.07%
45. MRI	1,428		995,415	43,659	4.39%
46. OTHER (CARDIAC CATHETERIZATION)			14,886,912	314,548	2.11%
47. LABORATORY	52,263		19,058,812	1,031,707	5.41%
48. BLOOD STOR PROC TRANS	137		1,368,172	42,615	3.11%
49. INTRAVENOUS THERAPY			2,888,654		
50. RESPIRATORY THERAPY	50,483		13,023,324	451,392	3.47%
51. SLEEP CENTERS			5,830		
52. PHYSICAL THERAPY			2,957,204		
53. EMG					
54. OCCUPATIONAL THERAPY	551,586		893,593	95,846	10.73%
55. SPEECH THERAPY			843,566		
56. ELECTROCARDIOLOGY (EKG)	1,763		5,203,780	285,380	5.48%
57. CARDIOVASCULAR LAB			91,154	17,879	19.61%
58. ELECTROENCEPHALOGRAPHY	47		82,238	7,518	9.14%
59. MED SUPP CHGD TO PATIENT			2,863,654		
60. IMPL. DEV. CHARGED TO PATIENT			10,691,033		
61. DRUG CHGD TO PATIENTS	97,686		17,921,254	671,670	3.75%
62. OTHER			323		
63. RADIATION ONCOLOGY			12,578		
64. MEDICAL ONCOLOGY					
65. OTHER (GASTROINTESTINAL SERVICES)			1,781,790		
66. CARDIAC REHABILITATION					
67. OTHER					
68. OTHER					
<u>OUTPATIENT SERVICES</u>					
69. CLINIC	309		388,463	2,472	0.64%
70. WELLNESS			132		
71. EMERGENCY ROOM	944		11,024,474	855,160	7.76%
72. AMBULANCE					
73. HOME PROGRAM DIALYSIS					
74. HOME HEALTH AGENCY					
75. SHORT PROCEDURE UNIT					
76. OBSERVATION BEDS					
77. INTEREST					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. OTHER (SPECIFY)					
81. OTHER (SPECIFY)					
82. OTHER (SPECIFY)					
83. OTHER (SPECIFY)					
84. OTHER (SPECIFY)					
85. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
86. SKILLED NURSING FACILITY					
87. INTERMEDIATE CARE FACILITY					
88. RESIDENTIAL TREATMENT FACILITY					

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
PROVIDER NUMBER: 1007464680006
FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS

AMENDED WORKSHEET C-2				
89. AMBULANCE SERVICES				
90. ALSU				
80. TOTAL ANCILLARY, O/P & OTHER	789,571	171,181,188	5,921,655	
81. TOTAL	\$3,165,058	\$239,277,366	\$9,912,114	

**EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
PROVIDER NUMBER: 1007464680006
FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2**

COST CENTER DESCRIPTION	PA M.A. I/P COSTS (Excl. units & other) (Col. 10 x Col. 13) or (Col. 3 x Col. 10) (11)	TOTAL ALL INPATIENT DAYS (Excluding units & other) (12)	PA M.A. INPATIENT DAYS (Excluding units & other) (13)
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE	\$1,242,028	13,377	883.0
27. NURSERY	12,118	1,334	82.0
28. ICU	148,378	3,643	72.0
29. NICU	132,444	1,150	54.0
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT			
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
<u>TOTAL ROUTINE CARE</u>	1,534,968	19,504	1,091.0
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM	192,890		
38. RECOVERY ROOM	23,358		
39. DELIVERY ROOM	82,741		
40. ANESTHESIOLOGY	7,006		
41. RADIOLOGY-DIAGNOSTIC	52,998		
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE	11,711		
44. CT SCAN	25,291		
45. MRI	7,615		
46. OTHER (CARDIAC CATHERIZATION)	57,840		
47. LABORATORY	155,438		
48. BLOOD STOR PROC TRANS	6,890		
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY	91,702		
51. SLEEP CENTERS			
52. PHYSICAL THERAPY			
53. EMG			
54. OCCUPATIONAL THERAPY	24,908		
55. SPEECH THERAPY			
56. ELECTROCARDIOLOGY (EKG)	52,323		
57. CARDIOVASCULAR LAB	33,680		
58. ELECTROENCEPHALOGRAPHY	293		
59. MED SUPP CHGD TO PATIENT			
60. IMPL. DEV. CHARGED TO PATIENT			
61. DRUG CHGD TO PATIENTS	178,473		
62. OTHER			
63. RADIATION ONCOLOGY			
64. MEDICAL ONCOLOGY			
65. OTHER (GASTROINTESTINAL SERVICES)			
66. CARDIAC REHABILITATION			
67. OTHER			
68. OTHER			
<u>OUTPATIENT SERVICES</u>			
69. CLINIC	908		
70. WELLNESS			
71. EMERGENCY ROOM	97,134		
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS			
77. INTEREST			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. OTHER (SPECIFY)			
81. OTHER (SPECIFY)			
82. OTHER (SPECIFY)			
83. OTHER (SPECIFY)			
84. OTHER (SPECIFY)			
85. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
86. SKILLED NURSING FACILITY			
87. INTERMEDIATE CARE FACILITY			
88. RESIDENTIAL TREATMENT FACILITY			

EPHRATA COMMUNITY HOSPITAL -
WELLSPAN
PROVIDER NUMBER: 1007464680006
FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

89.	AMBULANCE SERVICES		
90.	ALSU		
80.	TOTAL ANCILLARY, O/P & OTHER		1,103,199
81.	TOTAL		\$2,638,167

EPHRATA COMMUNITY HOSPITAL - WELLSPAN
PROVIDER NUMBER: 1007454680064
FOR THE PERIOD: 7/1/19 TO 6/30/20
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	\$5,256,601	\$21,638,510	\$462,693	\$828.99
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	8,513	37,992	381	1.00%
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN	1,651	20,343	3,261	16.03%
45. MRI	2,093	12,011		
46. OTHER (CARDIAC CATHETERIZATION)				
47. LABORATORY	68,391	453,664	8,178	1.80%
48. BLOOD STOR PROC TRANS				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY	7,545	37,180	298	0.80%
51. SLEEP CENTERS				
52. PHYSICAL THERAPY				
53. EMG				
54. OCCUPATIONAL THERAPY	11,415	43,942	542	1.23%
55. SPEECH THERAPY				
56. ELECTROCARDIOLOGY (EKG)	5,189	28,281	707	2.50%
57. CARDIOVASCULAR LAB				
58. ELECTROENCEPHALOGRAPHY	47	1,195		
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS	305,652	1,150,942	13,262	1.15%
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY				
65. OTHER (GASTROINTESTINAL SERVICES)				
66. CARDIAC REHABILITATION				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC	102	280	206	73.57%
70. WELLNESS				
71. EMERGENCY ROOM	11,809	104,009	19,944	19.18%
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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	422,407	1,889,839	46,779	
92. TOTAL	\$5,679,008	\$23,528,349	\$509,472	

EPHRATA COMMUNITY HOSPITAL - WELLSPAN
PROVIDER NUMBER: 1007454680064
FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
PSYCHIATRIC UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-3

COST CENTER DESCRIPTION	PA M.A. I/P PSYCH. COSTS (Col. 4 x Col. 7) (Col. 1 x Col. 4) (5)	TOTAL PSYCH. DAYS (6)	PA M.A. PSYCH. DAYS (7)
35. PSYCH UNIT	\$126,835	6,341	153.0
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC	85		
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. CT SCAN	265		
45. MRI			
46. OTHER (CARDIAC CATHERIZATION)			
47. LABORATORY	1,231		
48. BLOOD STOR PROC TRANS			
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY	60		
51. SLEEP CENTERS			
52. PHYSICAL THERAPY			
53. EMG			
54. OCCUPATIONAL THERAPY	140		
55. SPEECH THERAPY			
56. ELECTROCARDIOLOGY (EKG)	130		
57. CARDIOVASCULAR LAB			
58. ELECTROENCEPHALOGRAPHY			
59. MED SUPP CHGD TO PATIENT			
60. IMPL. DEV. CHARGED TO PATIENT			
61. DRUG CHGD TO PATIENTS	3,515		
62. OTHER			
63. RADIATION ONCOLOGY			
64. MEDICAL ONCOLOGY			
65. OTHER (GASTROINTESTINAL SERVICES)			
66. CARDIAC REHABILITATION			
67. OTHER			
68. OTHER			
<u>OUTPATIENT SERVICES</u>			
69. CLINIC	75		
70. WELLNESS			
71. EMERGENCY ROOM	2,265		
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS			
77. INTEREST			
78. OTHER (SPECIFY)			
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	7,766		
92. TOTAL	\$134,601		

EPHRATA COMMUNITY HOSPITAL - WELLSPAN
PROVIDER NUMBER: 1007464680006
FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY
AMENDED WORKSHEET C-5

COST CENTER DESCRIPTION	TOTAL CAPITAL COSTS (From Wkst. B-3, Col. 26) (1)	TOTAL I/P CAPITAL COSTS (Col. 1 x Wkst. C-1, Col. 9) (2)	TOTAL I/P CHARGES (Excl. units & other) (From Wkst. C-1, Col. 3) (3)	PA M.A. I/P CHARGES (Excl. units & other) (From Wkst. C-2, Col. 9) (4)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$1,093,658	\$1,093,658	\$40,705,455	\$1,904,290
27. NURSERY	12,902	12,902	2,498,792	403,430
28. ICU	323,422	323,422	19,847,092	1,041,480
29. NICU	60,870	60,870	5,044,839	641,259
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	156,987			
35. PSYCH UNIT	259,645			
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE	1,907,484	1,490,852	68,096,178	3,990,459
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	828,467	261,583	38,205,105	926,406
38. RECOVERY ROOM	531,521	52,150	2,740,473	59,236
39. DELIVERY ROOM	209,172	201,278	9,496,323	434,450
40. ANESTHESIOLOGY	63,498	11,637	2,292,501	66,304
41. RADIOLOGY-DIAGNOSTIC	1,005,383	106,093	4,711,360	236,641
42. RADIOLOGY-THERAPEUTIC	7,305	20	21,898	
43. RADIOISOTOPE	49,718	5,281	582,886	67,058
44. CT SCAN	64,266	12,337	6,148,287	311,714
45. MRI	396,010	37,192	995,415	43,659
46. OTHER (CARDIAC CATHETERIZATION)	343,179	182,298	14,886,912	314,548
47. LABORATORY	353,936	85,388	19,058,812	1,031,707
48. BLOOD STOR PROC TRANS	12,372	9,812	1,368,172	42,615
49. INTRAVENOUS THERAPY	152,041	27,375	2,888,654	
50. RESPIRATORY THERAPY	117,102	87,396	13,023,324	451,392
51. SLEEP CENTERS	14,675	20	5,830	
52. PHYSICAL THERAPY	99,075	79,740	2,957,204	
53. EMG				
54. OCCUPATIONAL THERAPY	91,041	11,538	893,593	95,846
55. SPEECH THERAPY	5,304	1,644	843,566	
56. ELECTROCARDIOLOGY (EKG)	157,215	41,732	5,203,780	285,380
57. CARDIOVASCULAR LAB	2,009	1,932	91,154	17,879
58. ELECTROENCEPHALOGRAPHY	46,370	2,078	82,238	7,518
59. MED SUPP CHGD TO PATIENT	7,927	4,120	2,863,654	
60. IMPL. DEV. CHARGED TO PATIENT	29,784	14,933	10,691,033	
61. DRUG CHGD TO PATIENTS	292,336	63,571	17,921,254	671,670
62. OTHER	28	28	323	
63. RADIATION ONCOLOGY	16	3	12,578	
64. MEDICAL ONCOLOGY	5,200			
65. OTHER (GASTROINTESTINAL SERVICES)	54,871	10,930	1,781,790	
66. CARDIAC REHABILITATION	1,963			
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC	160,945	9,409	388,463	2,472
70. WELLNESS	34		132	
71. EMERGENCY ROOM	568,276	85,559	11,024,474	855,160
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				

EPHRATA COMMUNITY HOSPITAL - WELLSPAN
PROVIDER NUMBER: 1007464680006
FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY
AMENDED WORKSHEET C-5

89. AMBULANCE SERVICES				
90. ALSU	106,865			
91. TOTAL ANCILLARY, O/P & OTHER	5,777,904	1,407,077	171,181,188	5,921,655
92. TOTAL	\$7,685,388	\$2,897,929	\$239,277,366	\$9,912,114

EPHRATA COMMUNITY HOSPITAL - WELLSPAN
PROVIDER NUMBER: 1007464680006
FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY
AMENDED WORKSHEET C-5

COST CENTER DESCRIPTION	I/P CAPITAL PER DIEM (Col. 2 ÷ Col. 7) or M.A. I/P RATIO (Col. 4 ÷ Col. 3) (5)	PA M.A. I/P CAPITAL COSTS (Col. 5 x Col. 8) or (Col. 2 x Col. 5) (6)	TOTAL DAYS (7)	M.A. DAYS (8)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$81.76	\$72,194	13,377	883.0
27. NURSERY	9.67	793	1,334	82.0
28. ICU	88.78	6,392	3,643	72.0
29. NICU	52.93	2,858	1,150	54.0
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE		82,237	19,504	1,091.0
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	2.42%	6,330		
38. RECOVERY ROOM	2.16%	1,126		
39. DELIVERY ROOM	4.57%	9,198		
40. ANESTHESIOLOGY	2.89%	336		
41. RADIOLOGY-DIAGNOSTIC	5.02%	5,326		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE	11.50%	607		
44. CT SCAN	5.07%	625		
45. MRI	4.39%	1,633		
46. OTHER (CARDIAC CATHETERIZATION)	2.11%	3,846		
47. LABORATORY	5.41%	4,619		
48. BLOOD STOR PROC TRANS	3.11%	305		
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY	3.47%	3,033		
51. SLEEP CENTERS				
52. PHYSICAL THERAPY				
53. EMG				
54. OCCUPATIONAL THERAPY	10.73%	1,238		
55. SPEECH THERAPY				
56. ELECTROCARDIOLOGY (EKG)	5.48%	2,287		
57. CARDIOVASCULAR LAB	19.61%	379		
58. ELECTROENCEPHALOGRAPHY	9.14%	190		
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS	3.75%	2,384		
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY				
65. OTHER (GASTROINTESTINAL SERVICES)				
66. CARDIAC REHABILITATION				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC	0.64%	60		
70. WELLNESS				
71. EMERGENCY ROOM	7.76%	6,639		
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. OTHER (SPECIFY)				
81. OTHER (SPECIFY)				
82. OTHER (SPECIFY)				
83. OTHER (SPECIFY)				
84. OTHER (SPECIFY)				
85. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
86. SKILLED NURSING FACILITY				
87. INTERMEDIATE CARE FACILITY				
88. RESIDENTIAL TREATMENT FACILITY				

EPHRATA COMMUNITY HOSPITAL - WELLSPAN
PROVIDER NUMBER: 1007464680006
FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY

AMENDED WORKSHEET C-5		
89. AMBULANCE SERVICES		
90. ALSU		
91. TOTAL ANCILLARY, O/P & OTHER		50,161
92. TOTAL		\$132,398

EPHRATA COMMUNITY HOSPITAL - WELLSPAN
PROVIDER NUMBER: 1007464680151
FOR THE PERIOD: 7/1/19 TO 6/30/20
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	\$2,375,487	\$3,438,766	\$17,409	\$1,782.06
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	18,321	87,817		
38. RECOVERY ROOM	2,634	6,674		
39. DELIVERY ROOM				
40. ANESTHESIOLOGY	348	3,287		
41. RADIOLOGY-DIAGNOSTIC	8,949	39,935		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN	2,673	32,944		
45. MRI	1,428	8,193		
46. OTHER (CARDIAC CATHERIZATION)				
47. LABORATORY	52,263	346,682	686	0.20%
48. BLOOD STOR PROC TRANS	137	844		
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY	50,483	248,779		
51. SLEEP CENTERS				
52. PHYSICAL THERAPY				
53. EMG				
54. OCCUPATIONAL THERAPY	551,586	2,123,317	12,514	0.59%
55. SPEECH THERAPY				
56. ELECTROCARDIOLOGY (EKG)	1,763	9,607		
57. CARDIOVASCULAR LAB				
58. ELECTROENCEPHALOGRAPHY	47	1,195		
59. MED SUPP CHGD TO PATIENT				
60. IMPL. DEV. CHARGED TO PATIENT				
61. DRUG CHGD TO PATIENTS	97,686	367,840	575	0.16%
62. OTHER				
63. RADIATION ONCOLOGY				
64. MEDICAL ONCOLOGY				
65. OTHER (GASTROINTESTINAL SERVICES)				
66. CARDIAC REHABILITATION				
67. OTHER				
68. OTHER				
<u>OUTPATIENT SERVICES</u>				
69. CLINIC	309	845		
70. WELLNESS				
71. EMERGENCY ROOM	944	8,310		
72. AMBULANCE				
73. HOME PROGRAM DIALYSIS				
74. HOME HEALTH AGENCY				
75. SHORT PROCEDURE UNIT				
76. OBSERVATION BEDS				
77. INTEREST				
78. OTHER (SPECIFY)				
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	789,571	3,286,269	13,775	
81. TOTAL	\$3,165,058	\$6,725,035	\$31,184	

EPHRATA COMMUNITY HOSPITAL - WELLSPAN
PROVIDER NUMBER: 1007464680151
FOR THE PERIOD: 7/1/19 TO 6/30/20
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
MEDICAL REHABILITATION UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-7

COST CENTER DESCRIPTION	PA M.A. I/P MED	TOTAL MEDICAL REHAB. DAYS	PA M.A. MEDICAL REHAB. DAYS
	REHAB. COSTS (Col. 4 x Col. 7) or (Col. 1 x Col. 4) (5)		
34. MED REHAB UNIT	\$12,474	1,333	7.0
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC			
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. CT SCAN			
45. MRI			
46. OTHER (CARDIAC CATHERIZATION)			
47. LABORATORY	105		
48. BLOOD STOR PROC TRANS			
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY			
51. SLEEP CENTERS			
52. PHYSICAL THERAPY			
53. EMG			
54. OCCUPATIONAL THERAPY	3,254		
55. SPEECH THERAPY			
56. ELECTROCARDIOLOGY (EKG)			
57. CARDIOVASCULAR LAB			
58. ELECTROENCEPHALOGRAPHY			
59. MED SUPP CHGD TO PATIENT			
60. IMPL. DEV. CHARGED TO PATIENT			
61. DRUG CHGD TO PATIENTS	156		
62. OTHER			
63. RADIATION ONCOLOGY			
64. MEDICAL ONCOLOGY			
65. OTHER (GASTROINTESTINAL SERVICES)			
66. CARDIAC REHABILITATION			
67. OTHER			
68. OTHER			
<u>OUTPATIENT SERVICES</u>			
69. CLINIC			
70. WELLNESS			
71. EMERGENCY ROOM			
72. AMBULANCE			
73. HOME PROGRAM DIALYSIS			
74. HOME HEALTH AGENCY			
75. SHORT PROCEDURE UNIT			
76. OBSERVATION BEDS			
77. INTEREST			
78. OTHER (SPECIFY)			
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	3,515		
81. TOTAL	\$15,989		

RIGHT OF APPEAL FROM COSTS DISALLOWANCE

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

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

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

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

Your **request for hearing** must:

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

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

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

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

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

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

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

⁴ See 55 Pa. Code § 41.32(b).

⁵ See 55 Pa. Code § 41.31(d).

**WELLSPAN EPHRATA COMMUNITY HOSPITAL
REPORT DISTRIBUTION
FOR THE FISCAL YEAR ENDED JUNE 30, 2020**

This report was initially distributed to:

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

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

Mr. R. Dennis Welker
Special Audit Services
Bureau of Audits
Office of the Budget

Ms. Tina Long
Director
Bureau of Financial Operations
Department of Human Services

Mr. David Bryan
Manager
Audit Resolution
Department of Human Services

Ms. Maranatha Perez
Director
Bureau of Fiscal Management
Department of Human Services

Ms. Michele Minter
Director
Division of Hospital and OP Rate Setting
Bureau of Fiscal Management
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Ms. Laura Buczkowski
Chief Financial Officer
Wellspan Health System

Ms. Karen Chavis
Senior Director of Reimbursement
Wellspan Health System

Mr. John Childress
Senior Financial Analyst
Wellspan Health System

Mr. Cameron Tome
Reimbursement Financial Analysis
Wellspan Health System

This report is a matter of public record and is available online at www.PaAuditor.gov. Media questions about the report can be directed to the Pennsylvania Department of the Auditor General, Office of Communications, 229 Finance Building, Harrisburg, PA 17120; via email to: news@PaAuditor.gov.