

AMENDED FINANCIAL REPORT

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

Kindred Hospital Havertown

Report Period July 1, 2022 – June 30, 2023

March 2026



Commonwealth of Pennsylvania
Department of the Auditor General
Timothy L. DeFoor • Auditor General

TABLE OF CONTENTS

	<u>PAGE</u>
Letter from the Auditor General	1
Amended Adjustment Report	4
Amended MA-336 Cost Report	
Amended Worksheet S-1 – Determination of PA MA Reimbursable Costs	8
Amended Worksheet S-2 – Statistical Data	10
Amended Worksheet A-1 – Reclassification and Adjustment of Trial Balance of Expenses	12
Amended Worksheet B-1 – Statistical Basis	16
Amended Worksheet B-2 – Allocation of General Service Costs	32
Amended Worksheet B-3 – Allocation of Capital-Related Costs	50
Amended Worksheet C-1 – Computation of Ratio of Departmental Charges to Total Charges	66
Amended Worksheet C-2 – Computation of PA MA Inpatient Care Costs	69
Amended Worksheet C-5– Computation of PA MA Capital Costs Buildings and Fixtures	72
Amended Worksheet C-7 – Computation of PA MA Rehabilitation Unit Inpatient Care Costs	74
Right of Appeal From Costs Disallowance	76
Report Distribution	77



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

February 19, 2026

Ms. Emily Dolle
Assistant Vice President, Reimbursement
Scion Health
680 South Fourth Street
Louisville, KY 40202

Dear Ms. Dolle:

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 Kindred Hospital Havertown for the fiscal year ended June 30, 2023. 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.

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

¹ PROMISE™ is a Web-based application for registered providers. PROMISE™ is a claims processing, provider enrollment, and user management information system. Source: <https://www.pa.gov/agencies/dhs/resources/providers/promise> (accessed 2/13/26)

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

1. Compared total paid MA days, MA charges, and MA discharges for the Diagnostic Related Groupings (DRG) and the new Medical Rehab Unit detailed on the facility's submitted MA-336 Cost Report to the actual data supplied in the Cost Settlement Report, dated 4/20/2025, and provided by the DHS from PROMISE™.
 - No adjustments were warranted as a result of this procedure.
2. Compared total costs and total charges included in the facility's submitted MA-336 Cost Report to the total costs and total charges included in the facility's trial balance.
 - No adjustments were warranted as a result of this procedure.
3. Compared the number of beds available, number of bed days, and total inpatient days included in the facility's submitted MA-336 Cost Report to the corresponding numbers included in the facility's licenses and census documentation.
 - 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 documentation on statistics.
 - We determined that adjustments were warranted as a result of this procedure; therefore, we adjusted the statistics for the Capital Cost Building and Fixtures, Capital Cost Equipment, Employee Benefits, Operation of Plant and Housekeeping cost centers to the correct amounts for proper cost reporting. Refer to adjustments #1, #2, #3, #4 & #5 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 #6 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

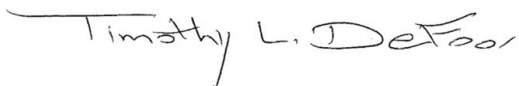
concluded that the actual paid MA days and MA discharges data detailed in the PROMISE™ Cost Settlement Report, dated 4/20/2025, is of undetermined reliability. However, the DHS confirmed that, for their purposes and use of our issued amended MA-336 cost reports, it was not necessary for us to conduct 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 Kindred Hospital Havertown.

Sincerely,

A handwritten signature in cursive script that reads "Timothy L. DeFoor". The signature is written in black ink and is positioned to the left of the typed name.

Timothy L. DeFoor
Auditor General

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS:

Kindred Hospital Havertown
2000 Old West Chester Pike
Havertown, PA 19083

PROVIDER NO.:

0017592160005
0017592160011

PERIOD:

7-1-22 to 6-30-23

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	B-1	4.6	1	1	B-1 Statistical Adjustments Capital Cost Building and Fixtures			
		6			Other Administration and General	2,813	175	2,988
		7			Operation of Plant	4,898	(1,600)	3,298
		8			Laundry and Linen Services	304	(54)	250
		9			Housekeeping	726	(461)	265
		10			Dietary	2,971	(267)	2,704
		12			Cafeteria	1,142	(71)	1,071
		13			Nursing Administration	624	(227)	397
		14			Central Service and Supply	1,558	132	1,690
		15			Pharmacy	1,059	55	1,114
		16			Medcial Records Library	648	(376)	272
		26			Social Services	511	76	587
		34			General Rountine Care	12,636	(1,426)	11,210
		41			Medical Rehab Unit	5,867	(192)	5,675
		44			Radiology-Diagnostic	685	(158)	527
		48			Laboratory	1,318	214	1,532
		49			Respiratory Therapy	407	(207)	200
		57			Physical Therapy	1,594	85	1,679
		90			Renal Dialysis	600	(400)	200
					Nonreimbursable	168	(8)	160
				40,529	(4,710)	35,819		
				To adjust the reported Capital Cost Building and Fixtures statistic based on the provider's detail.				
				DHS 1163, Subchapter A, 1163.51				

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PERIOD:

7-1-22 to 6-30-23

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	B-1	4.6	2	2	B-1 Statistical Adjustments (Continued) Capital Cost Equipment			
		6			Other Administration and General	2,813	175	2,988
		7			Operation of Plant	4,898	(1,600)	3,298
		8			Laundry and Linen Services	304	(54)	250
		9			Housekeeping	726	(461)	265
		10			Dietary	2,971	(267)	2,704
		12			Cafeteria	1,142	(71)	1,071
		13			Nursing Administration	624	(227)	397
		14			Central Service and Supply	1,558	132	1,690
		15			Pharmacy	1,059	55	1,114
		16			Medial Records Library	648	(376)	272
		26			Social Services	511	76	587
		34			General Rountine Care	12,636	(1,426)	11,210
		41			Medical Rehab Unit	5,867	(192)	5,675
		44			Radiology-Diagnostic	685	(158)	527
		48			Laboratory	1,318	214	1,532
		49			Respiratory Therapy	407	(207)	200
		57			Physical Therapy	1,594	85	1,679
		90			Renal Dialysis	600	(400)	200
					Nonreimbursable	168	(8)	160
					To adjust the reported Capital Cost Equipment statistic based on the provider's detail.			
					DHS 1163, Subchapter A, 1163.51			
MA-336	B-1	16	3	3	Employee Benefits			
					Social Services	\$ 667,076	\$ (168,786)	\$ 498,290
					To adjust the reported Social Services statistic for Employee Benefits based on the provider's detail.			
					DHS 1163, Subchapter A, 1163.51			

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PERIOD:

7-1-22 to 6-30-23

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL			
FORM	SCHEDULE	LINE	COLUMN								
MA-336	B-1	7	6	4	B-1 Statistical Adjustments (Continued) Operation of Plant						
		8			Laundry and Linen Services	304	(54)	250			
		9			Housekeeping	726	(461)	265			
		10			Dietary	2,971	(267)	2,704			
		12			Cafeteria	1,142	(71)	1,071			
		13			Nursing Administration	624	(227)	397			
		14			Central Service and Supply	1,558	132	1,690			
		15			Pharmacy	1,059	55	1,114			
		16			Medcial Records Library	648	(376)	272			
		26			Social Services	511	76	587			
		34			General Rountine Care	12,636	(1,426)	11,210			
		41			Medical Rehab Unit	5,867	(192)	5,675			
		44			Radiology-Diagnostic	685	(158)	527			
		48			Laboratory	1,318	214	1,532			
		49			Respiratory Therapy	407	(207)	200			
		57			Physical Therapy	1,594	85	1,679			
		90			Renal Dialysis	600	(400)	200			
					Nonreimbursable	168	(8)	160			
								32,818	(3,285)	29,533	
								To adjust the reported Operation of Plant statistic based on the provider's detail.			
				DHS 1163, Subchapter A, 1163.51							
MA-336	B-1	9	8	5	Housekeeping						
		10			Dietary	2,971	(267)	2,704			
		12			Cafeteria	1,142	(71)	1,071			
		13			Nursing Administration	624	(227)	397			
		14			Central Service and Supply	1,558	132	1,690			
		15			Pharmacy	1,059	55	1,114			
		16			Medcial Records Library	648	(376)	272			
		26			Social Services	511	76	587			
		34			General Rountine Care	12,636	(1,426)	11,210			
		41			Medical Rehab Unit	5,867	(192)	5,675			
		44			Radiology-Diagnostic	685	(158)	527			
		48			Laboratory	1,318	214	1,532			
		49			Respiratory Therapy	407	(207)	200			
		57			Physical Therapy	1,594	85	1,679			
		90			Renal Dialysis	600	(400)	200			
					Nonreimbursable	168	(8)	160			
								31,788	(2,770)	29,018	
								To adjust the reported Housekeeping statistic based on the provider's detail.			
								DHS 1163, Subchapter A, 1163.51			

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PROVIDER NO.:

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PERIOD:

7-1-22 to 6-30-23

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	6	<p>C-2 Cost Adjustment</p> <p>Medical Rehab Unit</p> <p>To remove non-allowable Capital Costs for Buildings for the new Medical Rehab Unit.</p> <p>DHS 1163, Subchapter B, 1163.453</p>	\$ 3,746,262	\$ (113,808)	\$ 3,632,454

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

		PROVIDER NUMBER	PERIOD
PART III			7/1/2022 to 6/30/2023
DRUG AND ALCOHOL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	(From Wkst C-4, Col. 4, Line 36) (2 decimal places)
	(1)	(2)	(3)
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	
		0017592160011	7/1/2022 to 6/30/2023	
PART IV	MEDICAL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM
		TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	(From Wkst. C-7, Col. 4, Line 34) (2 decimal places)
		(1)	(2)	(3)
1. MEDICAL REHABILITATION UNIT INPATIENT SERVICES	2,580		\$1,407.93	
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	MEDICAL EDUCATION (Incl. Nursing School)	NURSING SCHOOL
	CAPITAL	(Incl. Nursing School)	(Incl. Nursing School)
	(Round To Nearest \$)	(Round To Nearest \$)	(Round To Nearest \$)
	(1)	(2)	(3)
1. TOTAL PA M.A. REIMBURSABLE COSTS			
	From Wkst. C-5, Line 81, Col. 6	From Wkst. C-6, Part I Line 81, Col. 6	From Wkst. C-8, Line 81, Col. 6
2. NET GAIN (or) LOSS FROM DISPOSAL OF CAPITAL ASSETS IN A PRIOR YEAR (See Instructions)			
3. OTHER ADJUSTMENTS (Specify)			
4. TOTAL ADJUSTMENTS (Sum of Lines 2 & 3)			
5. ADJUSTED PA M.A. REIMBURSABLE COST (Line 1 Plus or Minus Line 4)			

PART VI	PSYCHIATRIC UNIT	D & A REHAB. UNIT	MED. REHAB. UNIT	FREESTANDING HOSP
	GENERAL HOSPITAL EXCLUDED UNITS & FREESTANDING SPECIALTY HOSPITALS PA M.A. MEDICAL EDUCATION COSTS			
	(From Wkst C-6, Part II, Line 81, Column 6)	(From Wkst C-6, Part III, Line 81, Column 6)	(From Wkst C-6, Part IV, Line 81, Column 6)	(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)

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
0017592160011
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
HOSPITAL AND HOSPITAL - HEALTH
CARE COMPLEX STATISTICAL DATA
(Excluding SNF and ICF facility Data)
Amended WORKSHEET S-2

INPATIENT BED COMPLEMENT AND OCCUPANCY	GENERAL ROUTINE CARE (1)	NURSERY (2)	INTENSIVE CARE UNIT (3)	NEONATE INTENSIVE CARE UNIT (4)	CORONARY CARE UNIT (5)	OTHER (6)	OTHER (7)	OTHER (8)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD)	57							
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	20,805							
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	12,523							
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)								
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)	

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
0017592160011
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
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)	57			9	66
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	20,805			3,285	24,090
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	12,523			2,580	15,103
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)					
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	471			215	686
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD					
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	480			215	695
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)					

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.)	0.6019			0.7854	0.6269
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	26.0896			12.0000	21.7309
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0)	131.0			18.0	149.0

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
Amended WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	DIRECT EXPENSES PER BOOKS			RECLASSI- FICATIONS INCREASES (DECREASES) (4)	RECLASSIFIED TRIAL BALANCE (Col. 3 +/- 4) (5)
	SALARIES (1)	OTHER (2)	TOTAL (Col. 1 + 2) (3)		
GENERAL SERVICE					
1. CAPITAL COSTS-BLDG & FIXTURES		\$362,260	\$362,260		\$362,260
1.1. CAPITAL COSTS					
2. CAPITAL COSTS-EQUIPMENT		791,745	791,745		791,745
3. EMPLOYEE BENEFITS		1,955,167	1,955,167	68,627	2,023,794
4.1. NON-PATIENT TELEPHONE					
4.2. DATA PROCESSING					
4.3. PURCHASING					
4.4. ADMISSIONS					
4.5. BILLING/ COLLECTIONS					
4.6. OTHER ADMIN. AND GENERAL	1,054,038	3,841,203	4,895,241		4,895,241
5. MAINTENANCE AND REPAIRS					
6. OPERATION OF PLANT	221,896	844,788	1,066,684	(30,953)	1,035,731
7. LAUNDRY & LINEN SERVICES		139,914	139,914		139,914
8. HOUSEKEEPING	296,692	183,175	479,867		479,867
9. DIETARY	57,601	600,600	658,201		658,201
10. CAFETERIA					
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION	1,127,359	36,345	1,163,704		1,163,704
13. CENTRAL SERVICE & SUPPLY	146,860	(35,749)	111,111		111,111
14. PHARMACY	541,846	78,319	620,165		620,165
15. MEDICAL RECORDS LIBRARY	409,858	13,993	423,851		423,851
16. SOCIAL SERVICE	667,076	80,868	747,944	(173,916)	574,028
17. OTHER (SPECIFY)					
18. OTHER (SPECIFY)					
19. OTHER (SPECIFY)					
20. OTHER (SPECIFY)					
21. NURSING SCHOOL					
22. INTERN RESIDENT APPROVED PROG					
23. PARAMEDICAL ED (SPECIFY)					
24. PARAMEDICAL ED (SPECIFY)					
25. PARAMEDICAL ED (SPECIFY)					
INPATIENT ROUTINE SERVICE					
26. GENERAL ROUTINE CARE	4,929,312	3,257,247	8,186,559		8,186,559
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT	998,052	1,513,950	2,512,002	(461,511)	2,050,491
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
ANCILLARY SERVICES					
37. OPERATING ROOM	160,348	271,536	431,884		431,884
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC		334,571	334,571	30,953	365,524
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY	344,356	391,911	736,267		736,267
45. WHOLE BLOOD					
46. BLOOD STORING					

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
Amended WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	DIRECT EXPENSES PER BOOKS			RECLASSI- FICATIONS INCREASES (DECREASES) (4)	RECLASSIFIED TRIAL BALANCE (Col. 3 +/- 4) (5)
	SALARIES (1)	OTHER (2)	TOTAL (Col. 1 + 2) (3)		
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY	1,422,213	441,726	1,863,939		1,863,939
49. PHYSICAL THERAPY		721,984	721,984	392,884	1,114,868
50. OCCUPATIONAL THERAPY					
51. SPEECH THERAPY					
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					
54. ELECTROENCEPHALOGRAPHY					
55. MED SUPP CHGD TO PATIENT		83,243	83,243		83,243
56. DRUG CHARGED TO PATIENT		915,247	915,247		915,247
57. RENAL DIALYSIS	362,317	205,889	568,206		568,206
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. SUBTOTAL	12,739,824	17,029,932	29,769,756	(173,916)	29,595,840
<u>NON-REIMBURSABLE COST</u>					
81. GIFT COFFEE SHOPS & CANTEEN					
82. INVESTMENT PROPERTY					
83. RESEARCH					
84. HEARING AID CENTER					
85. PHYSICIANS PRIVATE OFFICES					
86. INTERN/RES NON-APPRD PRGM SVS					
87. NON-PAID WORKER					
88. NONALLOW CASE MANAGER				75,092	75,092
89. VISITOR MEALS					
90. NONREIMB COST CENTER		1,473	1,473	98,824	100,297
91. TOTAL	\$12,739,824	\$17,031,405	\$29,771,229		\$29,771,229

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
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	\$356,067	\$718,327		\$718,327
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT	(128,128)	663,617		663,617
3. EMPLOYEE BENEFITS	(347,442)	1,676,352		1,676,352
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	(1,911,866)	2,983,375		2,983,375
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	(1,023)	1,034,708		1,034,708
7. LAUNDRY & LINEN SERVICES		139,914		139,914
8. HOUSEKEEPING		479,867		479,867
9. DIETARY	(3,542)	654,659		654,659
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		1,163,704		1,163,704
13. CENTRAL SERVICE & SUPPLY		111,111		111,111
14. PHARMACY		620,165		620,165
15. MEDICAL RECORDS LIBRARY	(3,602)	420,249		420,249
16. SOCIAL SERVICE		574,028		574,028
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE	(102,884)	8,083,675		8,083,675
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	(46,237)	2,004,254		2,004,254
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		431,884		431,884
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		365,524		365,524
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	14,085	750,352		750,352
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
Amended WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	ADJUSTMENTS TO EXPENSES INCREASES (DECREASES) (6)	NET EXPENSES FOR ALLOCATION (7)	AUDIT ADJUSTMENTS (8)	NET EXPENSES FOR ALLOCATION (9)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY		1,863,939		1,863,939
49. PHYSICAL THERAPY		1,114,868		1,114,868
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT		83,243		83,243
56. DRUG CHARGED TO PATIENT		915,247		915,247
57. RENAL DIALYSIS	10,149	578,355		578,355
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	(2,164,423)	27,431,417		27,431,417
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER		75,092		75,092
89. VISITOR MEALS				
90. NONREIMB COST CENTER		100,297		100,297
91. TOTAL	(\$2,164,423)	\$27,606,806		\$27,606,806

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023

COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS- EQUIPMENT	EMPLOYEE BENEFITS
	(SQ FT) (1)	(SQ FT) (1.1)	(SQ FT) (2)	(GROSS SAL) (3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	35,819			
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT			35,819	
3. EMPLOYEE BENEFITS				12,739,824
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	2,988		2,988	1,054,038
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	3,298		3,298	221,896
7. LAUNDRY & LINEN SERVICES	250		250	
8. HOUSEKEEPING	265		265	296,692
9. DIETARY	2,704		2,704	57,601
10. CAFETERIA	1,071		1,071	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	397		397	1,127,359
13. CENTRAL SERVICE & SUPPLY	1,690		1,690	146,860
14. PHARMACY	1,114		1,114	541,846
15. MEDICAL RECORDS LIBRARY	272		272	409,858
16. SOCIAL SERVICE	587		587	498,290
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	11,210		11,210	4,929,312
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	5,675		5,675	998,052
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				160,348
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	527		527	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	1,532		1,532	344,356
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS- EQUIPMENT	EMPLOYEE BENEFITS
	(SQ FT) (1)	(SQ FT) (1.1)	(SQ FT) (2)	(GROSS SAL) (3)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	200		200	1,422,213
49. PHYSICAL THERAPY	1,679		1,679	
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS	200		200	362,317
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	35,659		35,659	12,571,038
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				69,962
89. VISITOR MEALS				
90. NONREIMB COST CENTER	160		160	98,824
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	35,819		35,819	12,739,824
94. COST TO BE ALLOCATED(B-2)	718,327		663,617	1,676,352
95. UNIT COST MULTIPLIER (B-2)	20.054357		18.526955	0.131584
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING	ADMISSIONS
	(# LINES)	(MACH TIME)	(COST OF)	(GROSS I/P)
	(4.1)	(4.2)	(4.3)	(4.4)

GENERAL SERVICE

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

INPATIENT ROUTINE SERVICE

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

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (# LINES) (4.1)	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC				
94. COST TO BE ALLOCATED(B-2)				
95. UNIT COST MULTIPLIER (B-2)				
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

**Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023**

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

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS (CHARGES) (4.5)	OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6)	MAINTENANCE AND REPAIRS (SQ FT) (5)	OPERATION OF PLANT (SQ FT) (6)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL		24,369,455		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		1,191,147		29,533
7. LAUNDRY & LINEN SERVICES		149,560		250
8. HOUSEKEEPING		529,131		265
9. DIETARY		766,562		2,704
10. CAFETERIA		41,320		1,071
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		1,327,363		397
13. CENTRAL SERVICE & SUPPLY		195,638		1,690
14. PHARMACY		734,443		1,114
15. MEDICAL RECORDS LIBRARY		484,674		272
16. SOCIAL SERVICE		662,242		587
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		9,164,786		11,210
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT		2,354,530		5,675
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		452,983		
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		385,857		527
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		854,770		1,532
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS (CHARGES) (4.5)	OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6)	MAINTENANCE AND REPAIRS (SQ FT) (5)	OPERATION OF PLANT (SQ FT) (6)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY		2,058,795		200
49. PHYSICAL THERAPY		1,179,646		1,679
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT		83,243		
56. DRUG CHARGED TO PATIENT		915,247		
57. RENAL DIALYSIS		633,746		200
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		24,165,683		29,373
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER		84,298		
89. VISITOR MEALS				
90. NONREIMB COST CENTER		119,474		160
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC		24,369,455		29,533
94. COST TO BE ALLOCATED(B-2)		3,237,351		1,349,385
95. UNIT COST MULTIPLIER (B-2)		0.132845		45.690753
96. COST TO BE ALLOCATED(B-3)		98,799		70,968
97. UNIT COST MULTIPLIER (B-3)		0.004054		2.403007

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES (TOTAL IP DAYS) (7)	HOUSEKEEPING (SQ FT) (8)	DIETARY (MEALS SER) (9)	CAFETERIA (FTE) (10)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	15,103			
8. HOUSEKEEPING		29,018		
9. DIETARY		2,704	41,344	
10. CAFETERIA		1,071	18,037	127
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		397		9
13. CENTRAL SERVICE & SUPPLY		1,690		3
14. PHARMACY		1,114		6
15. MEDICAL RECORDS LIBRARY		272		5
16. SOCIAL SERVICE		587		5
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	12,523	11,210	15,717	59
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	2,580	5,675	7,590	12
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				2
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		527		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		1,532		4
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES (TOTAL IP DAYS) (7)	HOUSEKEEPING (SQ FT) (8)	DIETARY (MEALS SER) (9)	CAFETERIA (FTE) (10)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY		200		14
49. PHYSICAL THERAPY		1,679		4
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS		200		4
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	15,103	28,858	41,344	127
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER		160		
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	15,103	29,018	41,344	127
94. COST TO BE ALLOCATED(B-2)	180,851	611,531	1,048,929	575,927
95. UNIT COST MULTIPLIER (B-2)	11.974508	21.074195	25.370767	4534.858268
96. COST TO BE ALLOCATED(B-3)	6,221	8,096	64,587	52,696
97. UNIT COST MULTIPLIER (B-3)	0.411905	0.278999	1.562186	414.929134

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023

COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(NO. HOUSED) (11)	(FTE) (12)	(COST REQ) (13)	(COST REQ) (14)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		72		
13. CENTRAL SERVICE & SUPPLY			1,301,624	
14. PHARMACY			31,862	937,896
15. MEDICAL RECORDS LIBRARY			410	
16. SOCIAL SERVICE			341	
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		59	630,308	22,380
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT		12	37,843	295
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		1	1,025	
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC			736	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY			168,047	
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL (NO. HOUSED) (11)	NURSING ADMINISTRATION (FTE) (12)	CENTRAL SERVICE & SUPPLY (COST REQ) (13)	PHARMACY (COST REQ) (14)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY			259,228	
49. PHYSICAL THERAPY			14,858	
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT			83,243	
56. DRUG CHARGED TO PATIENT				915,221
57. RENAL DIALYSIS			73,723	
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		72	1,301,624	937,896
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC		72	1,301,624	937,896
94. COST TO BE ALLOCATED(B-2)		1,571,016	348,065	942,115
95. UNIT COST MULTIPLIER (B-2)		21819.666667	0.267408	1.004498
96. COST TO BE ALLOCATED(B-3)		18,142	40,463	31,786
97. UNIT COST MULTIPLIER (B-3)		251.972222	0.031087	0.033891

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023

COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TOTAL CHARGES) (15)	SOCIAL SERVICE (TOTAL IP DAYS) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	147,131,122			
16. SOCIAL SERVICE		15,103		
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	69,947,239	12,523		
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	2,788,980	2,580		
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	1,182,558			
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	2,328,242			
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	7,767,899			
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TOTAL CHARGES) (15)	SOCIAL SERVICE (TOTAL IP DAYS) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	38,906,594			
49. PHYSICAL THERAPY	3,925,419			
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT	166,528			
56. DRUG CHARGED TO PATIENT	19,075,430			
57. RENAL DIALYSIS	1,042,233			
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	147,131,122	15,103		
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	147,131,122	15,103		
94. COST TO BE ALLOCATED(B-2)	590,005	812,174		
95. UNIT COST MULTIPLIER (B-2)	0.004010	53.775674		
96. COST TO BE ALLOCATED(B-3)	10,238	18,118		
97. UNIT COST MULTIPLIER (B-3)	0.000070	1.199629		

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023

COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

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

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

INPATIENT ROUTINE SERVICE

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

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023

COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER (SPECIFY) (SPECIFY) (19)	OTHER (SPECIFY) (SPECIFY) (20)	NURSING SCHOOL (TIME) (21)	INTERN RESIDENT APPROVED PROG (TIME) (22)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC				
94. COST TO BE ALLOCATED(B-2)				
95. UNIT COST MULTIPLIER (B-2)				
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

**Kindred Hospital Havertown
 PROVIDER NUMBER: 0017592160005
 FOR THE PERIOD: 7/1/2022 TO 6/30/2023**

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

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

GENERAL SERVICE

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

INPATIENT ROUTINE SERVICE

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

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

**Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023**

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

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

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS- EQUIPMENT
	(0)	(1)	(1.1)	(2)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	718,327	718,327		
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT	663,617			663,617
3. EMPLOYEE BENEFITS	1,676,352			
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	2,983,375	59,922		55,359
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	1,034,708	66,139		61,102
7. LAUNDRY & LINEN SERVICES	139,914	5,014		4,632
8. HOUSEKEEPING	479,867	5,314		4,910
9. DIETARY	654,659	54,227		50,097
10. CAFETERIA		21,478		19,842
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	1,163,704	7,962		7,355
13. CENTRAL SERVICE & SUPPLY	111,111	33,892		31,311
14. PHARMACY	620,165	22,341		20,639
15. MEDICAL RECORDS LIBRARY	420,249	5,455		5,039
16. SOCIAL SERVICE	574,028	11,772		10,875
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	8,083,675	224,809		207,688
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	2,004,254	113,808		105,140
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	431,884			
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	365,524	10,569		9,764
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	750,352	30,723		28,383
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS- EQUIPMENT
	(0)	(1)	(1.1)	(2)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	1,863,939	4,011		3,705
49. PHYSICAL THERAPY	1,114,868	33,671		31,107
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT	83,243			
56. DRUG CHARGED TO PATIENT	915,247			
57. RENAL DIALYSIS	578,355	4,011		3,705
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	27,431,417	715,118		660,653
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER	75,092			
89. VISITOR MEALS				
90. NONREIMB COST CENTER	100,297	3,209		2,964
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	27,606,806	718,327		663,617

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING
	(3)	(4.1)	(4.2)	(4.3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS	1,676,352			
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	138,695			
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	29,198			
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	39,040			
9. DIETARY	7,579			
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	148,342			
13. CENTRAL SERVICE & SUPPLY	19,324			
14. PHARMACY	71,298			
15. MEDICAL RECORDS LIBRARY	53,931			
16. SOCIAL SERVICE	65,567			
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	648,614			
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	131,328			
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	21,099			
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	45,312			
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS (3)	NON-PATIENT TELEPHONE (4.1)	DATA PROCESSING (4.2)	PURCHASING (4.3)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	187,140			
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS	47,675			
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	1,654,142			
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER	9,206			
89. VISITOR MEALS				
90. NONREIMB COST CENTER	13,004			
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	1,676,352			

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	ADMISSIONS (4.4)	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL			3,237,351	
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT			158,238	
7. LAUNDRY & LINEN SERVICES			19,868	
8. HOUSEKEEPING			70,292	
9. DIETARY			101,834	
10. CAFETERIA			5,489	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION			176,334	
13. CENTRAL SERVICE & SUPPLY			25,990	
14. PHARMACY			97,567	
15. MEDICAL RECORDS LIBRARY			64,387	
16. SOCIAL SERVICE			87,976	
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE			1,217,484	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT			312,788	
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM			60,177	
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC			51,259	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY			113,552	
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	ADMISSIONS (4.4)	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY			273,501	
49. PHYSICAL THERAPY			156,710	
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT			11,058	
56. DRUG CHARGED TO PATIENT			121,586	
57. RENAL DIALYSIS			84,190	
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			3,210,280	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER			11,199	
89. VISITOR MEALS				
90. NONREIMB COST CENTER			15,872	
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL			3,237,351	

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	1,349,385			
7. LAUNDRY & LINEN SERVICES	11,423	180,851		
8. HOUSEKEEPING	12,108		611,531	
9. DIETARY	123,548		56,985	1,048,929
10. CAFETERIA	48,935		22,570	457,613
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	18,139		8,366	
13. CENTRAL SERVICE & SUPPLY	77,217		35,615	
14. PHARMACY	50,899		23,477	
15. MEDICAL RECORDS LIBRARY	12,428		5,732	
16. SOCIAL SERVICE	26,820		12,371	
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	512,194	149,957	236,241	398,752
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	259,295	30,894	119,596	192,564
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	24,079		11,106	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	69,998		32,286	
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	9,138		4,215	
49. PHYSICAL THERAPY	76,715		35,384	
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS	9,138		4,215	
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	1,342,074	180,851	608,159	1,048,929
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER	7,311		3,372	
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	1,349,385	180,851	611,531	1,048,929

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	CAFETERIA (10)	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	CENTRAL SERVICE & SUPPLY (13)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA	575,927			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	40,814		1,571,016	
13. CENTRAL SERVICE & SUPPLY	13,605			348,065
14. PHARMACY	27,209			8,520
15. MEDICAL RECORDS LIBRARY	22,674			110
16. SOCIAL SERVICE	22,674			91
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	267,558		1,287,360	168,549
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	54,418		261,836	10,120
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	9,070		21,820	274
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				197
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	18,139			44,937
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	CAFETERIA (10)	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	CENTRAL SERVICE & SUPPLY (13)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	63,488			69,320
49. PHYSICAL THERAPY	18,139			3,973
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				22,260
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS	18,139			19,714
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	575,927		1,571,016	348,065
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	575,927		1,571,016	348,065

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	PHARMACY (14)	MEDICAL RECORDS LIBRARY (15)	SOCIAL SERVICE (16)	OTHER (SPECIFY) (17)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY	942,115			
15. MEDICAL RECORDS LIBRARY		590,005		
16. SOCIAL SERVICE			812,174	
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	22,481	280,499	673,433	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	296	11,184	138,741	
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		4,742		
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		9,336		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		31,149		
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	PHARMACY (14)	MEDICAL RECORDS LIBRARY (15)	SOCIAL SERVICE (16)	OTHER (SPECIFY) (17)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY		156,015		
49. PHYSICAL THERAPY		15,741		
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT			668	
56. DRUG CHARGED TO PATIENT	919,338	76,492		
57. RENAL DIALYSIS		4,179		
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	942,115	590,005	812,174	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	942,115	590,005	812,174	

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL
	(18)	(19)	(20)	(21)

GENERAL SERVICE

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

INPATIENT ROUTINE SERVICE

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

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	OTHER (SPECIFY) (18)	OTHER (SPECIFY) (19)	OTHER (SPECIFY) (20)	NURSING SCHOOL (21)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)
	(22)	(23)	(24)	(25)

GENERAL SERVICE

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

INPATIENT ROUTINE SERVICE

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

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG (22)	PARAMEDICAL ED (SPECIFY) (23)	PARAMEDICAL ED (SPECIFY) (24)	PARAMEDICAL ED (SPECIFY) (25)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	TOTAL MED ED COST	TOTAL EXPENSES
	(26)	(27)
<u>GENERAL SERVICE</u>		
1. CAPITAL COSTS-BLDG & FIXTURES		
1.1. CAPITAL COSTS		
2. CAPITAL COSTS-EQUIPMENT		
3. EMPLOYEE BENEFITS		
4.1. NON-PATIENT TELEPHONE		
4.2. DATA PROCESSING		
4.3. PURCHASING		
4.4. ADMISSIONS		
4.5. BILLING/ COLLECTIONS		
4.6. OTHER ADMIN. AND GENERAL		
5. MAINTENANCE AND REPAIRS		
6. OPERATION OF PLANT		
7. LAUNDRY & LINEN SERVICES		
8. HOUSEKEEPING		
9. DIETARY		
10. CAFETERIA		
11. MAINTENANCE OF PERSONNEL		
12. NURSING ADMINISTRATION		
13. CENTRAL SERVICE & SUPPLY		
14. PHARMACY		
15. MEDICAL RECORDS LIBRARY		
16. SOCIAL SERVICE		
17. OTHER (SPECIFY)		
18. OTHER (SPECIFY)		
19. OTHER (SPECIFY)		
20. OTHER (SPECIFY)		
21. NURSING SCHOOL		
22. INTERN RESIDENT APPROVED PRC		
23. PARAMEDICAL ED (SPECIFY)		
24. PARAMEDICAL ED (SPECIFY)		
25. PARAMEDICAL ED (SPECIFY)		
<u>INPATIENT ROUTINE SERVICE</u>		
26. GENERAL ROUTINE CARE		14,379,294
27. NURSERY		
28. ICU		
29. NICU		
30. CCU		
31. OTHER (SPECIFY)		
32. OTHER (SPECIFY)		
33. OTHER (SPECIFY)		
34. MED REHAB UNIT		3,746,262
35. PSYCH UNIT		
36. DRUG & ALCOHOL REHAB UNIT		
<u>ANCILLARY SERVICES</u>		
37. OPERATING ROOM		549,066
38. RECOVERY ROOM		
39. DELIVERY ROOM		
40. ANESTHESIOLOGY		
41. RADIOLOGY-DIAGNOSTIC		481,834
42. RADIOLOGY-THERAPEUTIC		
43. RADIOISOTOPE		
44. LABORATORY		1,164,831
45. WHOLE BLOOD		
46. BLOOD STORING		

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	DIRECTLY ASSIGNED CAPITAL COST	EMPLOYEE BENEFITS
	(1)	(1.1)	(2)	(3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	718,327			
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	59,922		38,877	
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	66,139			
7. LAUNDRY & LINEN SERVICES	5,014			
8. HOUSEKEEPING	5,314			
9. DIETARY	54,227			
10. CAFETERIA	21,478			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	7,962			
13. CENTRAL SERVICE & SUPPLY	33,892			
14. PHARMACY	22,341			
15. MEDICAL RECORDS LIBRARY	5,455			
16. SOCIAL SERVICE	11,772			
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	224,809			
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	113,808			
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	10,569			
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	30,723			
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	DIRECTLY ASSIGNED CAPITAL COST	EMPLOYEE BENEFITS
	(1)	(1.1)	(2)	(3)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	4,011			
49. PHYSICAL THERAPY	33,671			
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS	4,011			
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	715,118		38,877	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER	3,209			
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	718,327		38,877	

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

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

GENERAL SERVICE

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

INPATIENT ROUTINE SERVICE

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

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING	ADMISSIONS
	(4.1)	(4.2)	(4.3)	(4.4)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(4.5)	(4.6)	(5)	(6)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL		98,799		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		4,829		70,968
7. LAUNDRY & LINEN SERVICES		606		601
8. HOUSEKEEPING		2,145		637
9. DIETARY		3,108		6,498
10. CAFETERIA		168		2,574
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		5,381		954
13. CENTRAL SERVICE & SUPPLY		793		4,061
14. PHARMACY		2,977		2,677
15. MEDICAL RECORDS LIBRARY		1,965		654
16. SOCIAL SERVICE		2,685		1,411
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		37,162		26,936
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT		9,545		13,637
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		1,836		
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		1,564		1,266
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		3,465		3,681
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(4.5)	(4.6)	(5)	(6)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY		8,346		481
49. PHYSICAL THERAPY		4,782		4,035
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT		337		
56. DRUG CHARGED TO PATIENT		3,710		
57. RENAL DIALYSIS		2,569		481
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		97,973		70,584
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER		342		
89. VISITOR MEALS				
90. NONREIMB COST CENTER		484		384
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		98,799		70,968

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	6,221			
8. HOUSEKEEPING		8,096		
9. DIETARY		754	64,587	
10. CAFETERIA		299	28,177	52,696
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		111		3,734
13. CENTRAL SERVICE & SUPPLY		472		1,245
14. PHARMACY		311		2,490
15. MEDICAL RECORDS LIBRARY		76		2,075
16. SOCIAL SERVICE		164		2,075
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	5,158	3,127	24,553	24,479
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	1,063	1,583	11,857	4,979
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				830
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		147		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		427		1,660
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY		56		5,809
49. PHYSICAL THERAPY		468		1,660
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS		56		1,660
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	6,221	8,051	64,587	52,696
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER		45		
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	6,221	8,096	64,587	52,696

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(11)	(12)	(13)	(14)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		18,142		
13. CENTRAL SERVICE & SUPPLY			40,463	
14. PHARMACY			990	31,786
15. MEDICAL RECORDS LIBRARY			13	
16. SOCIAL SERVICE			11	
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		14,866	19,594	758
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT		3,024	1,176	10
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		252	32	
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC			23	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY			5,224	
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	CENTRAL SERVICE & SUPPLY (13)	PHARMACY (14)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY			8,059	
49. PHYSICAL THERAPY			462	
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT			2,587	
56. DRUG CHARGED TO PATIENT				31,018
57. RENAL DIALYSIS			2,292	
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		18,142	40,463	31,786
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		18,142	40,463	31,786

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (15)	SOCIAL SERVICE (16)	OTHER (SPECIFY) (17)	OTHER (SPECIFY) (18)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	10,238			
16. SOCIAL SERVICE		18,118		
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	4,835		15,023	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	195		3,095	
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		83		
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		163		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		544		
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)	OTHER (SPECIFY)
	(15)	(16)	(17)	(18)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	2,723			
49. PHYSICAL THERAPY	275			
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT		12		
56. DRUG CHARGED TO PATIENT	1,335			
57. RENAL DIALYSIS	73			
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	10,238	18,118		
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				
89. VISITOR MEALS				
90. NONREIMB COST CENTER				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	10,238	18,118		

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

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

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	TOTAL
	(23)	(24)	(25)	(26)

GENERAL SERVICE

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

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE				401,300
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				163,972
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				

ANCILLARY SERVICES

37. OPERATING ROOM				3,033
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				13,732
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				45,724
45. WHOLE BLOOD				
46. BLOOD STORING				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	TOTAL
	(23)	(24)	(25)	(26)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				29,485
49. PHYSICAL THERAPY				45,353
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				2,936
56. DRUG CHARGED TO PATIENT				36,063
57. RENAL DIALYSIS				11,142
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				752,740
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. NONALLOW CASE MANAGER				342
89. VISITOR MEALS				
90. NONREIMB COST CENTER				4,122
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				757,204

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
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	\$69,947,239		\$69,947,239		
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT	2,788,980				
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	72,736,219		69,947,239		
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	1,182,558	19,118	1,151,241		
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC	2,328,242	73,680	2,068,124		
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY	7,767,899	175,554	6,901,774		
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY	38,906,594	275,068	38,530,328		
49. PHYSICAL THERAPY	3,925,419	43,568	1,968,822		
50. OCCUPATIONAL THERAPY					
51. SPEECH THERAPY					
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					
54. ELECTROENCEPHALOGRAPHY					
55. MED SUPP CHGD TO PATIENT	166,528		154,359		
56. DRUG CHARGED TO PATIENT	19,075,430		17,166,423		
57. RENAL DIALYSIS	1,042,233	27,530	893,382		
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	74,394,903	614,518	68,834,453		
81. TOTAL	\$147,131,122	\$614,518	\$138,781,692		

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
COMPUTATION OF RATIO OF DEPARTMENTAL
CHARGES TO TOTAL CHARGES
Amended WORKSHEET C-1

COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. UNIT CHARGES (6)	OTHER I/P CHARGES (SPECIFY) (7)	OUTPATIENT RATIO (Col. 2 ÷ Col. 1) (8)	I/P RATIO (Excluding units & other) (Col. 3 ÷ Col. 1) (9)	INPATIENT PSYCH. UNIT RATIO (Col. 4 ÷ Col. 1) (10)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE				100.000000%	
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT	2,788,980				
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	2,788,980				
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	12,199		1.616665%	97.351758%	
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC	186,438		3.164619%	88.827708%	
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY	690,571		2.259993%	88.849945%	
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY	101,198		0.706996%	99.032899%	
49. PHYSICAL THERAPY	1,913,029		1.109894%	50.155716%	
50. OCCUPATIONAL THERAPY					
51. SPEECH THERAPY					
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					
54. ELECTROENCEPHALOGRAPHY					
55. MED SUPP CHGD TO PATIENT	12,169			92.692520%	
56. DRUG CHARGED TO PATIENT	1,909,007			89.992325%	
57. RENAL DIALYSIS	121,321		2.641444%	85.718069%	
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	4,945,932				
81. TOTAL	\$7,734,912				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
COMPUTATION OF RATIO OF DEPARTMENTAL
CHARGES TO TOTAL CHARGES
Amended WORKSHEET C-1

COST CENTER DESCRIPTION	INPATIENT D & A UNIT RATIO (Col. 5 ÷ Col. 1) (11)	I/P MEDICAL REHAB. UNIT RATIO (Col. 6 ÷ Col. 1) (12)	OTHER I/P RATIO (Col. 7 ÷ Col. 1) (13)
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE			
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. OTHER (SPECIFY)			
34. MED REHAB UNIT		100.000000%	
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE			
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM		1.031577%	
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC		8.007673%	
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. LABORATORY		8.890062%	
45. WHOLE BLOOD			
46. BLOOD STORING			
47. INTRAVENOUS THERAPY			
48. RESPIRATORY THERAPY		0.260105%	
49. PHYSICAL THERAPY		48.734390%	
50. OCCUPATIONAL THERAPY			
51. SPEECH THERAPY			
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY			
54. ELECTROENCEPHALOGRAPHY			
55. MED SUPP CHGD TO PATIENT		7.307480%	
56. DRUG CHARGED TO PATIENT		10.007675%	
57. RENAL DIALYSIS		11.640487%	
58. AUDIOLOGY			
59. OTHER (SPECIFY)			
60. OTHER (SPECIFY)			
61. OTHER (SPECIFY)			
62. OTHER (SPECIFY)			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER			
81. TOTAL			

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
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	\$14,379,294		\$14,379,294		
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT	3,632,454				
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	18,011,748		14,379,294		
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	549,066	8,877	534,525		
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC	481,834	15,248	428,002		
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY	1,164,831	26,325	1,034,952		
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY	2,634,472	18,626	2,608,994		
49. PHYSICAL THERAPY	1,486,308	16,497	745,468		
50. OCCUPATIONAL THERAPY					
51. SPEECH THERAPY					
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					
54. ELECTROENCEPHALOGRAPHY					
55. MED SUPP CHGD TO PATIENT	117,229		108,663		
56. DRUG CHARGED TO PATIENT	2,032,663		1,829,241		
57. RENAL DIALYSIS	773,321	20,427	662,876		
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	9,239,724	106,000	7,952,721		
81. TOTAL	\$27,251,472	\$106,000	\$22,332,015		

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
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			\$69,947,239		\$1,148.23
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT	3,632,454				
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	3,632,454		69,947,239		
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	5,664		1,151,241		
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC	38,584		2,068,124		
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY	103,554		6,901,774		
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY	6,852		38,530,328		
49. PHYSICAL THERAPY	724,343		1,968,822		
50. OCCUPATIONAL THERAPY					
51. SPEECH THERAPY					
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					
54. ELECTROENCEPHALOGRAPHY					
55. MED SUPP CHGD TO PATIENT	8,566		154,359		
56. DRUG CHARGED TO PATIENT	203,422		17,166,423		
57. RENAL DIALYSIS	90,018		893,382		
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	1,181,003		68,834,453		
81. TOTAL	\$4,813,457		\$138,781,692		

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
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		12,523	
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. OTHER (SPECIFY)			
34. MED REHAB UNIT			
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE		12,523	
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC			
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. LABORATORY			
45. WHOLE BLOOD			
46. BLOOD STORING			
47. INTRAVENOUS THERAPY			
48. RESPIRATORY THERAPY			
49. PHYSICAL THERAPY			
50. OCCUPATIONAL THERAPY			
51. SPEECH THERAPY			
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY			
54. ELECTROENCEPHALOGRAPHY			
55. MED SUPP CHGD TO PATIENT			
56. DRUG CHARGED TO PATIENT			
57. RENAL DIALYSIS			
58. AUDIOLOGY			
59. OTHER (SPECIFY)			
60. OTHER (SPECIFY)			
61. OTHER (SPECIFY)			
62. OTHER (SPECIFY)			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER			
81. TOTAL			

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
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	\$401,300	\$401,300	\$69,947,239	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT	163,972			
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE	565,272	401,300	69,947,239	
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	3,033	2,953	1,151,241	
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	13,732	12,198	2,068,124	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	45,724	40,626	6,901,774	
45. WHOLE BLOOD				
46. BLOOD STORING				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	29,485	29,200	38,530,328	
49. PHYSICAL THERAPY	45,353	22,747	1,968,822	
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT	2,936	2,721	154,359	
56. DRUG CHARGED TO PATIENT	36,063	32,454	17,166,423	
57. RENAL DIALYSIS	11,142	9,551	893,382	
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER	187,468	152,450	68,834,453	
81. TOTAL	\$752,740	\$553,750	\$138,781,692	

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160005
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
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	\$32.05		12,523	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE			12,523	
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT				
56. DRUG CHARGED TO PATIENT				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER				
81. TOTAL				

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160011
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
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	\$3,632,454	\$2,788,980		\$1,407.93
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	5,664	12,199		
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	38,584	186,438		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	103,554	690,571		
45. WHOLE BLOOD				
46. BLOOD STORING				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY	6,852	101,198		
49. PHYSICAL THERAPY	724,343	1,913,029		
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MED SUPP CHGD TO PATIENT	8,566	12,169		
56. DRUG CHARGED TO PATIENT	203,422	1,909,007		
57. RENAL DIALYSIS	90,018	121,321		
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER	1,181,003	4,945,932		
81. TOTAL	\$4,813,457	\$7,734,912		

Kindred Hospital Havertown
PROVIDER NUMBER: 0017592160011
FOR THE PERIOD: 7/1/2022 TO 6/30/2023
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
MEDICAL REHABILITATION UNIT INPATIENT CARE COSTS
Amended WORKSHEET C-7

COST CENTER DESCRIPTION	PA M.A. I/P MED REHAB. COSTS (Col. 4 x Col. 7) or (Col. 1 x Col. 4) (5)	TOTAL MEDICAL REHAB. DAYS (6)	PA M.A. MEDICAL REHAB. DAYS (7)
34. MED REHAB UNIT		2,580	
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC			
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. LABORATORY			
45. WHOLE BLOOD			
46. BLOOD STORING			
47. INTRAVENOUS THERAPY			
48. RESPIRATORY THERAPY			
49. PHYSICAL THERAPY			
50. OCCUPATIONAL THERAPY			
51. SPEECH THERAPY			
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY			
54. ELECTROENCEPHALOGRAPHY			
55. MED SUPP CHGD TO PATIENT			
56. DRUG CHARGED TO PATIENT			
57. RENAL DIALYSIS			
58. AUDIOLOGY			
59. OTHER (SPECIFY)			
60. OTHER (SPECIFY)			
61. OTHER (SPECIFY)			
62. OTHER (SPECIFY)			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER			
81. TOTAL			

RIGHT OF APPEAL FROM COSTS DISALLOWANCE

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

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

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

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

Your **request for hearing** must:

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

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

- Department of Human Services, Bureau of Fiscal Management, Commonwealth Tower, 6th Floor, P.O. Box 2675, Harrisburg, PA 17105 and
- Department of Human Services, Office of General Counsel, Third Floor West, Health & Human Services 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).

**KINDRED HOSPITAL HAVERTOWN
REPORT DISTRIBUTION
FOR THE FISCAL YEAR ENDED JUNE 30, 2023**

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
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Audit Resolution
Department of Human Services

Ms. Michele Minter
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Bureau of Fiscal Management
Office of Medical Assistance Programs
Department of Human Services

Ms. Maki Traynor
Director
Division of Hospital and OP Rate Setting
Office of Medical Assistance Programs
Department of Human Services

Ms. Emily Dolle
Assistant Vice President, Reimbursement
Scion Health

Mr. Matthew Geiger
Reimbursement Consulting Manager
Scion Health

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.