

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK \_\_\_\_\_ ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_  
 APPLICABLE BOX \_\_\_\_\_ MANUALLY SUBMITTED COST REPORT TIME: \_\_\_\_\_

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY MORRIS HOSPITAL (14-0101) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
	1	2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	132245	136619	2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	132245	136619	100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.



HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?		NO		37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	NO	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47	HOSPITAL	N	N	N	N	47	
48	SUBPROVIDER I	N	N	N	N	48	
49	SKILLED NURSING FACILITY	N	N			49	
50	HOME HEALTH AGENCY	N	N			50	
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52	
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01	
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53	
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54	
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55	
			DATE	Y/N	LIMIT	Y/N	FEES
			0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO	57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO	58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO	59	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO						60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)							60.01
MULTICAMPUS								
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO						61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS			
	1	2	3	4	5			
SETTLEMENT DATA								
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO						63





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2393	436	5606	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2393	436	5606	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	40110916		40110916	1452755.20	27.61		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	266520		266520	2379.00	112.03	W/S A-8-2 W/P	4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1659472		1659472	17230.00	96.31	W/S A-8-2 W/P	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	135512	52602	188114	11273.60	16.69	FTE/HRS SUMMARY	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	812903		812903	14286.50	56.90	CONTRACT LBR WP	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	10905274		10905274			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	53990		53990			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	76493		76493			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	476307		476307			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	243910		243910	9380.00	26.00		21
22	ADMINISTRATIVE & GENERAL	6411896	44841	6456737	219419.20	29.43		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	647049		647049	25355.20	25.52		24
25	LAUNDRY & LINEN SERVICE	22312		22312	2121.60	10.52		25
26	HOUSEKEEPING	1088295		1088295	81016.00	13.43		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1020680	-619998	400682	19864.00	20.17		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		522555	522555	39936.00	13.08		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	496479		496479	15080.00	32.92		30
31	CENTRAL SERVICES AND SUPPLY	562220		562220	33924.80	16.57		31
32	PHARMACY	981891		981891	27892.80	35.20		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1372839		1372839	67038.40	20.48		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	38451444		38451444	1435525.20	26.79	1
2	EXCLUDED AREA SALARIES	135512	52602	188114	11273.60	16.69	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	38315932	-52602	38263330	1424251.60	26.87	3
4	SUBTOTAL OTHER WAGES & REL COSTS	812903		812903	14286.50	56.90	4
5	SUBTOTAL WAGE-RELATED COSTS	10981767		10981767		28.70%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	50110602	-52602	50058000	1438538.10	34.80	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	12847571	-52602	12794969	541028.00	23.65	13

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.361968 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT				159643	159643		159643	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				453	453		453	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				2637386	2637386	4668450	7305836	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				3318362	3318362		3318362	4
5	0500 EMPLOYEE BENEFITS	243910	11688811	11932721	-2444	11930277	-4006676	7923601	5
6	0600 ADMINISTRATIVE & GENERAL	6411896	20979812	27391708	-3171392	24220316	-7529852	16690464	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	647049	2234830	2881879	-18772	2863107		2863107	8
9	0900 LAUNDRY & LINEN SERVICE	22312	391815	414127	-1314	412813		412813	9
10	1000 HOUSEKEEPING	1088295	534801	1623096	-16871	1606225		1606225	10
11	1100 DIETARY	1020680	701819	1722499	-1151638	570861		570861	11
12	1200 CAFETERIA				935524	935524	-323771	611753	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	496479	4168	500647	-229	500418		500418	14
15	1500 CENTRAL SERVICES & SUPPLY	562220	3000336	3562556	-619305	2943251		2943251	15
16	1600 PHARMACY	981891	3363699	4345590	-37388	4308202		4308202	16
17	1700 MEDICAL RECORDS & LIBRARY	1372839	404368	1777207	-39556	1737651		1737651	17
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	7205731	706384	7912115	-1197037	6715078		6715078	25
26	2600 INTENSIVE CARE UNIT	2293861	274834	2568695	-949686	1619009		1619009	26
33	3300 NURSERY				715707	715707		715707	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	1916252	3453179	5369431	-259223	5110208		5110208	37
38	3800 RECOVERY ROOM	338632	12893	351525	-7409	344116		344116	38
39	3900 DELIVERY ROOM & LABOR ROOM				1037345	1037345		1037345	39
40	4000 ANESTHESIOLOGY		133654	133654	-27730	105924		105924	40
41	4100 RADIOLOGY-DIAGNOSTIC	2075394	2129196	4204590	-774085	3430505		3430505	41
41.01	4101 NUCLEAR MEDICINE	228565	603742	832307	-74954	757353		757353	41.01
41.02	4102 ULTRA SOUND	436752	207849	644601	-104220	540381		540381	41.02
41.03	4103 CT SCAN	558166	632404	1190570	-6071	1184499		1184499	41.03
41.04	4104 MRI UNIT	241431	257040	498471	-42862	455609		455609	41.04
44	4400 LABORATORY	3072518	4196837	7269355	-165337	7104018	-216955	6887063	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	904420	197204	1101624	619014	1720638	-13754	1706884	49
50	5000 PHYSICAL THERAPY	1268681	711341	1980022	-776066	1203956		1203956	50
50.01	5001 WOUND CARE	888055	84824	972879	-20462	952417		952417	50.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT								55
56	5600 DRUGS CHARGED TO PATIENTS								56
OUTPATIENT SERVICE COST CENTERS									
61	6100 EMERGENCY	2502653	853785	3356438	-53556	3302882		3302882	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63	6311 HOSPITAL BASED CLINICS	3196722	2473748	5670470		5670470	-1463343	4207127	63
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	39975404	60233373	100208777	-94173	100114604	-8885901	91228703	95
NONREIMBURSABLE COST CENTERS									
96.01	9601 MEAL ON WHEELS				94173	94173	-20396	73777	96.01
99.01	9901 PATIENT TRANSPORTATION	135512	112303	247815		247815		247815	99.01
101	TOTAL	40110916	60345676	100456592		100456592	-8906297	91550295	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 LDR & NURSERY	A	DELIVERY ROOM & LABOR ROOM	39	840251	197094 1
2	A	NURSERY	33	579724	135983 2
3 CAFETERIA RECLASS	A	CAFETERIA	12	522555	412969 3
4	A	ADMINISTRATIVE & GENERAL	6	44841	35437 4
5	A	MEAL ON WHEELS	96.01	52602	41571 5
6 DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		2444 6
7	A	NEW CAP REL COSTS-BLDG & FIXT	3		2794049 7
8	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1027660 8
9	A	NEW CAP REL COSTS-MVBLE EQUIP	4		18772 9
10	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1314 10
11	A	NEW CAP REL COSTS-MVBLE EQUIP	4		16871 11
12	A	NEW CAP REL COSTS-MVBLE EQUIP	4		41663 12
13	A	NEW CAP REL COSTS-MVBLE EQUIP	4		229 13
14	A	NEW CAP REL COSTS-MVBLE EQUIP	4		49266 14
15	A	NEW CAP REL COSTS-MVBLE EQUIP	4		37388 15
16	A	NEW CAP REL COSTS-MVBLE EQUIP	4		39556 16
17	A	NEW CAP REL COSTS-MVBLE EQUIP	4		239821 17
18	A	NEW CAP REL COSTS-MVBLE EQUIP	4		153850 18
19	A	NEW CAP REL COSTS-MVBLE EQUIP	4		259223 19
20	A	NEW CAP REL COSTS-MVBLE EQUIP	4		7409 20
21	A	NEW CAP REL COSTS-MVBLE EQUIP	4		27730 21
22	A	NEW CAP REL COSTS-MVBLE EQUIP	4		771105 22
23	A	NEW CAP REL COSTS-MVBLE EQUIP	4		74954 23
24	A	NEW CAP REL COSTS-MVBLE EQUIP	4		104220 24
25	A	NEW CAP REL COSTS-MVBLE EQUIP	4		6071 25
26	A	NEW CAP REL COSTS-MVBLE EQUIP	4		42862 26
27	A	NEW CAP REL COSTS-MVBLE EQUIP	4		165337 27
28	A	NEW CAP REL COSTS-MVBLE EQUIP	4		66492 28
29	A	NEW CAP REL COSTS-MVBLE EQUIP	4		90560 29
30	A	NEW CAP REL COSTS-MVBLE EQUIP	4		20462 30
31	A	NEW CAP REL COSTS-MVBLE EQUIP	4		53556 31
32	A	NEW CAP REL COSTS-BLDG & FIXT	3		2980 32
33 PURCHASING	A	ADMINISTRATIVE & GENERAL	6		570039 33
34 OLD CAPITOL DEPR	A	OLD CAP REL COSTS-BLDG & FIXT	1		159643 34
35	A	OLD CAP REL COSTS-MVBLE EQUIP	2		453 35
36 SUBTOTAL				2039973	7669033 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 LDR & NURSERY	A	ADULTS & PEDIATRICS	25	840251	197094	1
2	A	ADULTS & PEDIATRICS	25	579724	135983	2
3 CAFETERIA RECLASS	A	DIETARY	11	522555	412969	3
4	A	DIETARY	11	44841	35437	4
5	A	DIETARY	11	52602	41571	5
6 DEPRECIATION	A	EMPLOYEE BENEFITS	5		2444	9 6
7	A	ADMINISTRATIVE & GENERAL	6		2794049	9 7
8	A	ADMINISTRATIVE & GENERAL	6		1027660	9 8
9	A	OPERATION OF PLANT	8		18772	9 9
10	A	LAUNDRY & LINEN SERVICE	9		1314	9 10
11	A	HOUSEKEEPING	10		16871	9 11
12	A	DIETARY	11		41663	9 12
13	A	NURSING ADMINISTRATION	14		229	9 13
14	A	CENTRAL SERVICES & SUPPLY	15		49266	9 14
15	A	PHARMACY	16		37388	9 15
16	A	MEDICAL RECORDS & LIBRARY	17		39556	9 16
17	A	ADULTS & PEDIATRICS	25		239821	9 17
18	A	INTENSIVE CARE UNIT	26		153850	9 18
19	A	OPERATING ROOM	37		259223	9 19
20	A	RECOVERY ROOM	38		7409	9 20
21	A	ANESTHESIOLOGY	40		27730	9 21
22	A	RADIOLOGY-DIAGNOSTIC	41		771105	9 22
23	A	NUCLEAR MEDICINE	41.01		74954	9 23
24	A	ULTRA SOUND	41.02		104220	9 24
25	A	CT SCAN	41.03		6071	9 25
26	A	MRI UNIT	41.04		42862	9 26
27	A	LABORATORY	44		165337	9 27
28	A	RESPIRATORY THERAPY	49		66492	9 28
29	A	PHYSICAL THERAPY	50		90560	9 29
30	A	WOUND CARE	50.01		20462	9 30
31	A	EMERGENCY	61		53556	9 31
32	A	RADIOLOGY-DIAGNOSTIC	41		2980	9 32
33 PURCHASING	A	CENTRAL SERVICES & SUPPLY	15		570039	9 33
34 OLD CAPITOL DEPR	A	NEW CAP REL COSTS-BLDG & FIXT	3		159643	9 34
35	A	NEW CAP REL COSTS-MVBLE EQUIP	4		453	9 35
36 SUBTOTAL				2039973	7669033	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
			COST CENTER	LINE #	SALARY	OTHER	
			2	3	4	5	
1	RECLASS CARDIA TO CORRECT CC	A	RESPIRATORY THERAPY	49	541749	143757	1
2							2
3	RECLASS ICU INTERMEDIATE TO A&P	A	ADULTS & PEDIATRICS	25	710687	85149	3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				3292409	7897939	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
				LINE #	SALARY	OTHER	
		1	6	7	8	9	10
1	RECLASS CARDIA TO CORRECT CC	A	PHYSICAL THERAPY	50	541749	143757	1
2							2
3	RECLASS ICU INTERMEDIATE TO A&P	A	INTENSIVE CARE UNIT	26	710687	85149	9 3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				3292409	7897939	36

ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	619850					619850	1
2 LAND IMPROVEMENTS	1686761					1686761	2
3 BUILDINGS AND FIXTURES	8132075					8132075	3
4 BUILDING IMPROVEMENTS					1792	-1792	4
5 FIXED EQUIPMENT	5893030				64792	5828238	5
6 MOVABLE EQUIPMENT	4045836				414169	3631667	6
7 SUBTOTAL	20377552				480753	19896799	7
8 RECONCILING ITEMS	-290000					-290000	8
9 TOTAL	20667552				480753	20186799	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	3051527	2739890	54412	2794302		5845829	1
2 LAND IMPROVEMENTS	3475228	18097		18097		3493325	2
3 BUILDINGS AND FIXTURES	46491388	1391500	-34661	1356839	352000	47496227	3
4 BUILDING IMPROVEMENTS	1574290	3920		3920		1578210	4
5 FIXED EQUIPMENT	11832857	1733167	37043	1770210	20764	13582303	5
6 MOVABLE EQUIPMENT	37957510	4012842	157514	4170356	454389	41673477	6
7 SUBTOTAL	104382800	9899416	214308	10113724	827153	113669371	7
8 RECONCILING ITEMS	-641282					-641282	8
9 TOTAL	105024082	9899416	214308	10113724	827153	114310653	9



ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1680298			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-323771	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2946	ADMINISTRATIVE & GENERAL	6	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-9602	ADMINISTRATIVE & GENERAL	6	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES	A	1409173	NEW CAP REL COSTS-BLDG & FIXT	3	23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 BAD DEBT EXPENSE	A	-7161849	ADMINISTRATIVE & GENERAL	6	37
38 EMPLOYEE SELF INSURANCE	A	-4006676	EMPLOYEE BENEFITS	5	38
39 LIFELINE	A	-72286	ADMINISTRATIVE & GENERAL	6	39
40 FUNDED DEPR FEES	A	-67438	ADMINISTRATIVE & GENERAL	6	40
41 CHANGE IN CASH FLOW HEDGING DERIV	B	3014441	NEW CAP REL COSTS-BLDG & FIXT	3	10 41
42 LOSS ON ASSET DISPOSAL	B	244836	NEW CAP REL COSTS-BLDG & FIXT	3	10 42
43 ID BADGES	B	-210	ADMINISTRATIVE & GENERAL	6	43
44 CPR TRAINING	B	-13754	RESPIRATORY THERAPY	49	44
45 MEALS ON WHEELS	B	-20396	MEAL ON WHEELS	96.01	45
46 SALE OF SCRAP	B	-12113	ADMINISTRATIVE & GENERAL	6	46
47 MISC INCOME	B	-8976	ADMINISTRATIVE & GENERAL	6	47
48 PURCHASED DISCOUNTS	B	-194432	ADMINISTRATIVE & GENERAL	6	48
49					49
50 TOTAL		-8906297			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						1
2						2
3						3
4						4
5						5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.01  
 05/29/2009 00:48

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	44	LABORATORY			AGGREGATE - LAB				
			462649	196129	245694	215700	2379	246707	12335
2	63	HOSPITAL BASED CLINICS			AGGREGATE-CLINICS				
			1463343	1463343					
101		TOTAL	1925992	1659472	245694		2379	246707	12335

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.01  
05/29/2009 00:48

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
10	11	12	13	14	15	16	17	18
1 44	LABORATORY		AGGREGATE - LAB			246707		216955
2 63	HOSPITAL BASED CLINICS		AGGREGATE-CLINICS					1463343
101	TOTAL					246707		1680298

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT		5A	GENERAL
	0	1	2	3	4	5		6
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	159643	159643						1
2 OLD CAP REL COSTS-MVBLE EQUIP	453		453					2
3 NEW CAP REL COSTS-BLDG & FIXT	7305836			7305836				3
4 NEW CAP REL COSTS-MVBLE EQUIP	3318362				3318362			4
5 EMPLOYEE BENEFITS	7923601	520	1	23794	10808	7958724		5
6 ADMINISTRATIVE & GENERAL	16690464	36478	106	1669365	758237	1288971	20443621	20443621 6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	2863107	15575	44	712760	323740	129172	4044398	1162789 8
9 LAUNDRY & LINEN SERVICE	412813	1515	4	69324	31488	4454	519598	149388 9
10 HOUSEKEEPING	1606225	1171	3	53606	24348	217259	1902612	547012 10
11 DIETARY	570861	4720	13	216009	98113	79989	969705	278796 11
12 CAFETERIA	611753	2416	7	110578	50225	104319	879298	252803 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	500418	1319	4	60377	27423	99113	688654	197992 14
15 CENTRAL SERVICES & SUPPLY	2943251	5770	16	264033	119926	112237	3445233	990525 15
16 PHARMACY	4308202	940	3	42996	19529	196017	4567687	1313237 16
17 MEDICAL RECORDS & LIBRARY	1737651	3715	11	170004	77217	274063	2262661	650529 17
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	6715078	28845	82	1320048	599575	1296890	9960518	2863736 25
26 INTENSIVE CARE UNIT	1619009	2615	7	119684	54361	316052	2111728	607134 26
33 NURSERY	715707	493	1	22567	10250	115731	864749	248621 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	5110208	5006	14	229074	104047	382545	5830894	1676417 37
38 RECOVERY ROOM	344116	5258	15	240635	109298	67602	766924	220495 38
39 DELIVERY ROOM & LABOR ROOM	1037345	370	1	16945	7697	167741	1230099	353661 39
40 ANESTHESIOLOGY	105924	450	1	20587	9351		136313	39191 40
41 RADIOLOGY-DIAGNOSTIC	3430505	9043	26	413846	187972	414315	4455707	1281042 41
41.01 NUCLEAR MEDICINE	757353	374	1	17103	7768	45629	828228	238121 41.01
41.02 ULTRA SOUND	540381	678	2	31039	14098	87190	673388	193603 41.02
41.03 CT SCAN	1184499	1061	3	48539	22047	111428	1367577	393187 41.03
41.04 MRI UNIT	455609	6025	17	275713	125231	48197	910792	261858 41.04
44 LABORATORY	6887063	4698	13	214980	97645	613373	7817772	2247656 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1706884	4658	13	213159	96818	288702	2310234	664206 49
50 PHYSICAL THERAPY	1203956	4578	13	209516	95164	145119	1658346	476784 50
50.01 WOUND CARE	952417	1141	3	52221	23719	177284	1206785	346958 50.01
55 MEDICAL SUPPLIES CHARGED TO PAT								55
56 DRUGS CHARGED TO PATIENTS								56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	3302882	9543	27	436730	198366	499610	4447158	1278585 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63 HOSPITAL BASED CLINICS	4207127	561	2	25695	11671	638168	4883224	1403956 63
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	91228703	159536	453	7300927	3316132	7921170	91183903	20338282 95
NONREIMBURSABLE COST CENTERS								
96.01 MEAL ON WHEELS	73777					10501	84278	24230 96.01
99.01 PATIENT TRANSPORTATION	247815	107		4909	2230	27053	282114	81109 99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	91550295	159643	453	7305836	3318362	7958724	91550295	20443621 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY		
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &			
	8	9	10	11	12	TRATION	SUPPLY	16		
						14	15			
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT							1		
2	OLD CAP REL COSTS-MVBLE EQUIP							2		
3	NEW CAP REL COSTS-BLDG & FIXT							3		
4	NEW CAP REL COSTS-MVBLE EQUIP							4		
5	EMPLOYEE BENEFITS							5		
6	ADMINISTRATIVE & GENERAL							6		
7	MAINTENANCE & REPAIRS							7		
8	OPERATION OF PLANT	5207187						8		
9	LAUNDRY & LINEN SERVICE	73671	742657					9		
10	HOUSEKEEPING	56968		2506592				10		
11	DIETARY	229555		113345	1591401			11		
12	CAFETERIA	117512		58023		1307636		12		
13	MAINTENANCE OF PERSONNEL							13		
14	NURSING ADMINISTRATION	64163		31681		18823	1001313	14		
15	CENTRAL SERVICES & SUPPLY	280591		138544		42345	4897238	15		
16	PHARMACY	45692		22561		34816		16		
17	MEDICAL RECORDS & LIBRARY	180665		89205		8940		17		
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	1402827	607482	692658	1301743	110445	312912	25		
26	INTENSIVE CARE UNIT	127189	80102	62801	171646	88403	101323	26		
33	NURSERY	23982	55073	11841	118012	89156	26821	33		
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	243439		120200		72670	83443	37		
38	RECOVERY ROOM	255725		126267		10671	11920	38		
39	DELIVERY ROOM & LABOR ROOM	18008		8891		129242	38741	39		
40	ANESTHESIOLOGY	21878		10803				40		
41	RADIOLOGY-DIAGNOSTIC	439798		217154		95075	110264	41		
41.01	NUCLEAR MEDICINE	18176		8975		6802	8940	41.01		
41.02	ULTRA SOUND	32986		16287		13708	14900	41.02		
41.03	CT SCAN	51583		25469		20511	23841	41.03		
41.04	MRI UNIT	293002		144673		8568		41.04		
44	LABORATORY	228461		112805		126698		44		
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30		
49	RESPIRATORY THERAPY	226526		111849		60389	41721	49		
50	PHYSICAL THERAPY	222655		109938		28870	32781	50		
50.01	WOUND CARE	55495		27401		35906	41721	50.01		
55	MEDICAL SUPPLIES CHARGED TO PAT						4897238	55		
56	DRUGS CHARGED TO PATIENTS							56		
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY	464117		229162		96737	110264	61		
62	OBSERVATION BEDS (NON-DISTINCT							62		
63	HOSPITAL BASED CLINICS	27306		13483		125737	32781	63		
63.50	RHC							63.50		
63.60	FQHC							63.60		
OTHER REIMBURSABLE COST CENTERS										
71	HOME HEALTH AGENCY							71		
SPECIAL PURPOSE COST CENTERS										
95	SUBTOTALS	5201970	742657	2504016	1591401	1299250	1001313	4897238	5992933	95
NONREIMBURSABLE COST CENTERS										
96.01	MEAL ON WHEELS								96.01	
99.01	PATIENT TRANSPORTATION	5217		2576		8386			99.01	
101	CROSS FOOT ADJUSTMENTS								101	
102	NEGATIVE COST CENTER								102	
103	TOTAL	5207187	742657	2506592	1591401	1307636	1001313	4897238	5992933	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY	3266738			17
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	188957	17441278		17441278
26 INTENSIVE CARE UNIT	52433	3402759		3402759
33 NURSERY	12891	1451146		1451146
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	295422	8322485		8322485
38 RECOVERY ROOM	40366	1432368		1432368
39 DELIVERY ROOM & LABOR ROOM	19083	1797725		1797725
40 ANESTHESIOLOGY	29343	237528		237528
41 RADIOLOGY-DIAGNOSTIC	232812	6831852		6831852
41.01 NUCLEAR MEDICINE	64131	1173373		1173373
41.02 ULTRA SOUND	77001	1021873		1021873
41.03 CT SCAN	379867	2262035		2262035
41.04 MRI UNIT	98814	1717707		1717707
44 LABORATORY	803813	11337205		11337205
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	168078	3583003		3583003
50 PHYSICAL THERAPY	51344	2580718		2580718
50.01 WOUND CARE	28820	1743086		1743086
55 MEDICAL SUPPLIES CHARGED TO PAT	96070	4993308		4993308
56 DRUGS CHARGED TO PATIENTS	191579	6184512		6184512
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	343117	6969140		6969140
62 OBSERVATION BEDS (NON-DISTINCT				62
63 HOSPITAL BASED CLINICS	92797	6579284		6579284
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
95 SUBTOTALS	3266738	91062385		91062385
NONREIMBURSABLE COST CENTERS				
96.01 MEAL ON WHEELS		108508		108508
99.01 PATIENT TRANSPORTATION		379402		379402
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	3266738	91550295		91550295

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		520	1	521	521			5
6 ADMINISTRATIVE & GENERAL		36478	106	36584	86	36670		6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT		15575	44	15619	8	2087	17714	8
9 LAUNDRY & LINEN SERVICE		1515	4	1519		268	251	2038 9
10 HOUSEKEEPING		1171	3	1174	14	982	194	10
11 DIETARY		4720	13	4733	5	500	781	11
12 CAFETERIA		2416	7	2423	7	454	400	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		1319	4	1323	6	355	218	14
15 CENTRAL SERVICES & SUPPLY		5770	16	5786	7	1778	955	15
16 PHARMACY		940	3	943	13	2357	155	16
17 MEDICAL RECORDS & LIBRARY		3715	11	3726	18	1168	615	17
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		28845	82	28927	84	5117	4771	1667 25
26 INTENSIVE CARE UNIT		2615	7	2622	21	1090	433	220 26
33 NURSERY		493	1	494	8	446	82	151 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5006	14	5020	25	3009	828	37
38 RECOVERY ROOM		5258	15	5273	4	396	870	38
39 DELIVERY ROOM & LABOR ROOM		370	1	371	11	635	61	39
40 ANESTHESIOLOGY		450	1	451		70	74	40
41 RADIOLOGY-DIAGNOSTIC		9043	26	9069	27	2299	1496	41
41.01 NUCLEAR MEDICINE		374	1	375	3	427	62	41.01
41.02 ULTRA SOUND		678	2	680	6	347	112	41.02
41.03 CT SCAN		1061	3	1064	7	706	175	41.03
41.04 MRI UNIT		6025	17	6042	3	470	997	41.04
44 LABORATORY		4698	13	4711	40	4034	777	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		4658	13	4671	19	1192	771	49
50 PHYSICAL THERAPY		4578	13	4591	9	856	757	50
50.01 WOUND CARE		1141	3	1144	12	623	189	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT								55
56 DRUGS CHARGED TO PATIENTS								56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		9543	27	9570	33	2295	1579	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63 HOSPITAL BASED CLINICS		561	2	563	42	2520	93	63
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS		159536	453	159989	518	36481	17696	2038 95
NONREIMBURSABLE COST CENTERS								
96.01 MEAL ON WHEELS					1	43		96.01
99.01 PATIENT TRANSPORTATION		107		107	2	146	18	99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		159643	453	160096	521	36670	17714	2038 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	2364							10
11 DIETARY	107	6126						11
12 CAFETERIA	55		3339					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	30		48	1980				14
15 CENTRAL SERVICES & SUPPLY	131		108		8765			15
16 PHARMACY	21		89	18		3596		16
17 MEDICAL RECORDS & LIBRARY	84		214				5825	17
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	656	5011	282	619			335	47469 25
26 INTENSIVE CARE UNIT	59	661	226	200			93	5625 26
33 NURSERY	11	454	228	53			23	1950 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	113		186	165			523	9869 37
38 RECOVERY ROOM	119		27	24			71	6784 38
39 DELIVERY ROOM & LABOR ROOM	8		329	77			34	1526 39
40 ANESTHESIOLOGY	10						52	657 40
41 RADIOLOGY-DIAGNOSTIC	205		243	218			412	13969 41
41.01 NUCLEAR MEDICINE	8		17	18			114	1024 41.01
41.02 ULTRA SOUND	15		35	29			136	1360 41.02
41.03 CT SCAN	24		52	47			673	2748 41.03
41.04 MRI UNIT	136		22				175	7845 41.04
44 LABORATORY	106		324				1463	11455 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	105		154	82			298	7292 49
50 PHYSICAL THERAPY	104		74	65			91	6547 50
50.01 WOUND CARE	26		92	82			51	2219 50.01
55 MEDICAL SUPPLIES CHARGED TO PAT					8765		170	8935 55
56 DRUGS CHARGED TO PATIENTS						3596	339	3935 56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	216		247	218			608	14766 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63 HOSPITAL BASED CLINICS	13		321	65			164	3781 63
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	2362	6126	3318	1980	8765	3596	5825	159756 95
NONREIMBURSABLE COST CENTERS								
96.01 MEAL ON WHEELS								44 96.01
99.01 PATIENT TRANSPORTATION	2		21					296 99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2364	6126	3339	1980	8765	3596	5825	160096 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	47469		25
26 INTENSIVE CARE UNIT	5625		26
33 NURSERY	1950		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	9869		37
38 RECOVERY ROOM	6784		38
39 DELIVERY ROOM & LABOR ROOM	1526		39
40 ANESTHESIOLOGY	657		40
41 RADIOLOGY-DIAGNOSTIC	13969		41
41.01 NUCLEAR MEDICINE	1024		41.01
41.02 ULTRA SOUND	1360		41.02
41.03 CT SCAN	2748		41.03
41.04 MRI UNIT	7845		41.04
44 LABORATORY	11455		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	7292		49
50 PHYSICAL THERAPY	6547		50
50.01 WOUND CARE	2219		50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	8935		55
56 DRUGS CHARGED TO PATIENTS	3935		56
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	14766		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63 HOSPITAL BASED CLINICS	3781		63
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
95 SUBTOTALS	159756		95
NONREIMBURSABLE COST CENTERS			
96.01 MEAL ON WHEELS	44		96.01
99.01 PATIENT TRANSPORTATION	296		99.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	160096		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		23794	10808	34602	34602				5
6 ADMINISTRATIVE & GENERAL	1669365		758237	2427602	5604	2433206			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		712760	323740	1036500	562	138395	1175457		8
9 LAUNDRY & LINEN SERVICE		69324	31488	100812	19	17780	16630	135241	9
10 HOUSEKEEPING		53606	24348	77954	945	65105	12860		10
11 DIETARY		216009	98113	314122	348	33182	51819		11
12 CAFETERIA		110578	50225	160803	454	30089	26527		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		60377	27423	87800	431	23565	14484		14
15 CENTRAL SERVICES & SUPPLY		264033	119926	383959	488	117892	63340		15
16 PHARMACY		42996	19529	62525	852	156302	10314		16
17 MEDICAL RECORDS & LIBRARY		170004	77217	247221	1192	77426	40783		17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		1320048	599575	1919623	5637	340848	316670	110625	25
26 INTENSIVE CARE UNIT		119684	54361	174045	1374	72261	28711	14587	26
33 NURSERY		22567	10250	32817	503	29591	5414	10029	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		229074	104047	333121	1663	199527	54953		37
38 RECOVERY ROOM		240635	109298	349933	294	26243	57727		38
39 DELIVERY ROOM & LABOR ROOM		16945	7697	24642	729	42093	4065		39
40 ANESTHESIOLOGY		20587	9351	29938		4664	4939		40
41 RADIOLOGY-DIAGNOSTIC		413846	187972	601818	1801	152470	99279		41
41.01 NUCLEAR MEDICINE		17103	7768	24871	198	28341	4103		41.01
41.02 ULTRA SOUND		31039	14098	45137	379	23043	7446		41.02
41.03 CT SCAN		48539	22047	70586	484	46797	11644		41.03
41.04 MRI UNIT		275713	125231	400944	210	31166	66142		41.04
44 LABORATORY		214980	97645	312625	2667	267516	51572		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		213159	96818	309977	1255	79054	51135		49
50 PHYSICAL THERAPY		209516	95164	304680	631	56747	50262		50
50.01 WOUND CARE		52221	23719	75940	771	41295	12527		50.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		436730	198366	635096	2172	152177	104769		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63 HOSPITAL BASED CLINICS		25695	11671	37366	2775	167099	6164		63
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS		7300927	3316132	10617059	34438	2420668	1174279	135241	95
NONREIMBURSABLE COST CENTERS									
96.01 MEAL ON WHEELS					46	2884			96.01
99.01 PATIENT TRANSPORTATION		4909	2230	7139	118	9654	1178		99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		7305836	3318362	10624198	34602	2433206	1175457	135241	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	156864							10
11 DIETARY	7093	406564						11
12 CAFETERIA	3631		221504					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1983		3188	131451				14
15 CENTRAL SERVICES & SUPPLY	8670		7173		581522			15
16 PHARMACY	1412		5898	1174		238477		16
17 MEDICAL RECORDS & LIBRARY	5583		14174				386379	17
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	43346	332564	18709	41079			22352	3151453 25
26 INTENSIVE CARE UNIT	3930	43851	14975	13302			6202	373238 26
33 NURSERY	741	30149	15102	3521			1525	129392 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	7522		12310	10954			34946	654996 37
38 RECOVERY ROOM	7902		1808	1565			4775	450247 38
39 DELIVERY ROOM & LABOR ROOM	556		21893	5086			2257	101321 39
40 ANESTHESIOLOGY	676						3471	43688 40
41 RADIOLOGY-DIAGNOSTIC	13590		16105	14475			27539	927077 41
41.01 NUCLEAR MEDICINE	562		1152	1174			7586	67987 41.01
41.02 ULTRA SOUND	1019		2322	1956			9108	90410 41.02
41.03 CT SCAN	1594		3474	3130			44935	182644 41.03
41.04 MRI UNIT	9054		1451				11689	520656 41.04
44 LABORATORY	7059		21462				95040	757941 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	7000		10229	5477			19882	484009 49
50 PHYSICAL THERAPY	6880		4890	4303			6073	434466 50
50.01 WOUND CARE	1715		6082	5477			3409	147216 50.01
55 MEDICAL SUPPLIES CHARGED TO PAT					581522		11364	592886 55
56 DRUGS CHARGED TO PATIENTS						238477	22662	261139 56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	14341		16387	14475			40587	980004 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63 HOSPITAL BASED CLINICS	844		21299	4303			10977	250827 63
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
95 SPECIAL PURPOSE COST CENTERS								
SUBTOTALS	156703	406564	220083	131451	581522	238477	386379	10601597 95
NONREIMBURSABLE COST CENTERS								
96.01 MEAL ON WHEELS								2930 96.01
99.01 PATIENT TRANSPORTATION	161		1421					19671 99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	156864	406564	221504	131451	581522	238477	386379	10624198 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	3151453		25
26 INTENSIVE CARE UNIT	373238		26
33 NURSERY	129392		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	654996		37
38 RECOVERY ROOM	450247		38
39 DELIVERY ROOM & LABOR ROOM	101321		39
40 ANESTHESIOLOGY	43688		40
41 RADIOLOGY-DIAGNOSTIC	927077		41
41.01 NUCLEAR MEDICINE	67987		41.01
41.02 ULTRA SOUND	90410		41.02
41.03 CT SCAN	182644		41.03
41.04 MRI UNIT	520656		41.04
44 LABORATORY	757941		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	484009		49
50 PHYSICAL THERAPY	434466		50
50.01 WOUND CARE	147216		50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	592886		55
56 DRUGS CHARGED TO PATIENTS	261139		56
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	980004		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63 HOSPITAL BASED CLINICS	250827		63
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
95 SUBTOTALS	10601597		95
NONREIMBURSABLE COST CENTERS			
96.01 MEAL ON WHEELS	2930		96.01
99.01 PATIENT TRANSPORTATION	19671		99.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	10624198		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	184532						1
2 OLD CAP REL COSTS-MVBLE EQUIP		184532					2
3 NEW CAP REL COSTS-BLDG & FIXT			184532				3
4 NEW CAP REL COSTS-MVBLE EQUIP				184532			4
5 EMPLOYEE BENEFITS	601	601	601	601	39867006		5
6 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	42165	42165	42165	42165	6456737	-20443621	71106674 6
7 OPERATION OF PLANT	18003	18003	18003	18003	647049		4044398 7
9 LAUNDRY & LINEN SERVICE	1751	1751	1751	1751	22312		519598 9
10 HOUSEKEEPING	1354	1354	1354	1354	1088295		1902612 10
11 DIETARY	5456	5456	5456	5456	400682		969705 11
12 CAFETERIA	2793	2793	2793	2793	522555		879298 12
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION	1525	1525	1525	1525	496479		688654 14
15 CENTRAL SERVICES & SUPPLY	6669	6669	6669	6669	562220		3445233 15
16 PHARMACY	1086	1086	1086	1086	981891		4567687 16
17 MEDICAL RECORDS & LIBRARY	4294	4294	4294	4294	1372839		2262661 17
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	33342	33342	33342	33342	6496443		9960518 25
26 INTENSIVE CARE UNIT	3023	3023	3023	3023	1583174		2111728 26
33 NURSERY	570	570	570	570	579724		864749 33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	5786	5786	5786	5786	1916252		5830894 37
38 RECOVERY ROOM	6078	6078	6078	6078	338632		766924 38
39 DELIVERY ROOM & LABOR ROOM	428	428	428	428	840251		1230099 39
40 ANESTHESIOLOGY	520	520	520	520			136313 40
41 RADIOLOGY-DIAGNOSTIC	10453	10453	10453	10453	2075394		4455707 41
41.01 NUCLEAR MEDICINE	432	432	432	432	228565		828228 41.01
41.02 ULTRA SOUND	784	784	784	784	436752		673388 41.02
41.03 CT SCAN	1226	1226	1226	1226	558166		1367577 41.03
41.04 MRI UNIT	6964	6964	6964	6964	241431		910792 41.04
44 LABORATORY	5430	5430	5430	5430	3072518		7817772 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	5384	5384	5384	5384	1446169		2310234 49
50 PHYSICAL THERAPY	5292	5292	5292	5292	726932		1658346 50
50.01 WOUND CARE	1319	1319	1319	1319	888055		1206785 50.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	11031	11031	11031	11031	2502653		4447158 61
62 OBSERVATION BEDS (NON-DISTINC							62
63 HOSPITAL BASED CLINICS	649	649	649	649	3196722		4883224 63
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	184408	184408	184408	184408	39678892	-20443621	70740282 95
NONREIMBURSABLE COST CENTERS							
96.01 MEAL ON WHEELS					52602		84278 96.01
99.01 PATIENT TRANSPORTATION	124	124	124	124	135512		282114 99.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	159643	453	7305836	3318362	7958724		20443621 103
104 UNIT COST MULT-WS B PT I		.002455		17.982583			104
104 UNIT COST MULT-WS B PT I	.865124		39.591160		.199632		.287506 104
105 COST TO BE ALLOC PER B PT II					521		36670 105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II					.000013		.000516 106
107 COST TO BE ALLOC PER B PT III					34602		2433206 107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III					.000868		.034219 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	SQUARE FEET 8	PATIENT DAYS 9	SQUARE FEET 10	PATIENT DAYS 11	MEALS SERVED 12	DIRECT NRSING HRS 14	COSTED REQUIS. 15	COSTED REQUIS. 16
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT							3
4	NEW CAP REL COSTS-MVBLE EQUIP							4
5	EMPLOYEE BENEFITS							5
6	ADMINISTRATIVE & GENERAL							6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	123763						8
9	LAUNDRY & LINEN SERVICE	1751	18960					9
10	HOUSEKEEPING	1354		120658				10
11	DIETARY	5456		5456	18960			11
12	CAFETERIA	2793		2793		50366		12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1525		1525		725	336	14
15	CENTRAL SERVICES & SUPPLY	6669		6669		1631	100	15
16	PHARMACY	1086		1086		1341	3	100
17	MEDICAL RECORDS & LIBRARY	4294		4294		3223		
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	33342	15509	33342	15509	4254	105	25
26	INTENSIVE CARE UNIT	3023	2045	3023	2045	3405	34	26
33	NURSERY	570	1406	570	1406	3434	9	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	5786		5786		2799	28	37
38	RECOVERY ROOM	6078		6078		411	4	38
39	DELIVERY ROOM & LABOR ROOM	428		428		4978	13	39
40	ANESTHESIOLOGY	520		520				40
41	RADIOLOGY-DIAGNOSTIC	10453		10453		3662	37	41
41.01	NUCLEAR MEDICINE	432		432		262	3	41.01
41.02	ULTRA SOUND	784		784		528	5	41.02
41.03	CT SCAN	1226		1226		790	8	41.03
41.04	MRI UNIT	6964		6964		330		41.04
44	LABORATORY	5430		5430		4880		44
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
49	RESPIRATORY THERAPY	5384		5384		2326	14	49
50	PHYSICAL THERAPY	5292		5292		1112	11	50
50.01	WOUND CARE	1319		1319		1383	14	50.01
55	MEDICAL SUPPLIES CHARGED TO P						100	55
56	DRUGS CHARGED TO PATIENTS							100
OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY	11031		11031		3726	37	61
62	OBSERVATION BEDS (NON-DISTINC							62
63	HOSPITAL BASED CLINICS	649		649		4843	11	63
63.50	RHC							63.50
63.60	FQHC							63.60
OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	123639	18960	120534	18960	50043	336	100
NONREIMBURSABLE COST CENTERS								
96.01	MEAL ON WHEELS							96.01
99.01	PATIENT TRANSPORTATION	124		124		323		99.01
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	5207187	742657	2506592	1591401	1307636	1001313	4897238
104	UNIT COST MULT-WS B PT I	42.073859		20.774354		25.962673		48972.380000
104	UNIT COST MULT-WS B PT I		39.169673		83.934652		2980.098214	59929.330000
105	COST TO BE ALLOC PER B PT II	17714	2038	2364	6126	3339	1980	8765
106	UNIT COST MULT-WS B PT II	.143128		.019593		.066295		87.650000
106	UNIT COST MULT-WS B PT II		.107489		.323101		5.892857	35.960000
107	COST TO BE ALLOC PER B PT III	1175457	135241	156864	406564	221504	131451	581522
108	UNIT COST MULT-WS B PT III	9.497645		1.300071		4.397887		5815.220000
108	UNIT COST MULT-WS B PT III		7.132964		21.443249		391.223214	2384.770000

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
17		
GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6	ADMINISTRATIVE & GENERAL	6
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY 251575626	17
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS 14551913	25
26	INTENSIVE CARE UNIT 4037950	26
33	NURSERY 992751	33
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM 22750999	37
38	RECOVERY ROOM 3108631	38
39	DELIVERY ROOM & LABOR ROOM 1469599	39
40	ANESTHESIOLOGY 2259771	40
41	RADIOLOGY-DIAGNOSTIC 17929268	41
41.01	NUCLEAR MEDICINE 4938863	41.01
41.02	ULTRA SOUND 5929986	41.02
41.03	CT SCAN 29254286	41.03
41.04	MRI UNIT 7609883	41.04
44	LABORATORY 61901088	44
46.30	BLOOD CLOTTING FACTORS ADMIN 12944026	46.30
49	RESPIRATORY THERAPY 3954077	49
50	PHYSICAL THERAPY 2219476	50
50.01	WOUND CARE 7398528	50.01
55	MEDICAL SUPPLIES CHARGED TO P 14753880	55
56	DRUGS CHARGED TO PATIENTS	56
OUTPATIENT SERVICE COST CENTERS		
61	EMERGENCY 26424137	61
62	OBSERVATION BEDS (NON-DISTINC	62
63	HOSPITAL BASED CLINICS 7146514	63
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
95	SUBTOTALS 251575626	95
NONREIMBURSABLE COST CENTERS		
96.01	MEAL ON WHEELS	96.01
99.01	PATIENT TRANSPORTATION	99.01
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I 3266738	103
104	UNIT COST MULT-WS B PT I .012985	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II 5825	105
106	UNIT COST MULT-WS B PT II .000023	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III 386379	107
108	UNIT COST MULT-WS B PT III .001536	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	17441278		17441278		17441278	25
26 INTENSIVE CARE UNIT	3402759		3402759		3402759	26
33 NURSERY	1451146		1451146		1451146	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8322485		8322485		8322485	37
38 RECOVERY ROOM	1432368		1432368		1432368	38
39 DELIVERY ROOM & LABOR ROOM	1797725		1797725		1797725	39
40 ANESTHESIOLOGY	237528		237528		237528	40
41 RADIOLOGY-DIAGNOSTIC	6831852		6831852		6831852	41
41.01 NUCLEAR MEDICINE	1173373		1173373		1173373	41.01
41.02 ULTRA SOUND	1021873		1021873		1021873	41.02
41.03 CT SCAN	2262035		2262035		2262035	41.03
41.04 MRI UNIT	1717707		1717707		1717707	41.04
44 LABORATORY	11337205		11337205		11337205	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3583003		3583003		3583003	49
50 PHYSICAL THERAPY	2580718		2580718		2580718	50
50.01 WOUND CARE	1743086		1743086		1743086	50.01
55 MEDICAL SUPPLIES CHARGED TO	4993308		4993308		4993308	55
56 DRUGS CHARGED TO PATIENTS	6184512		6184512		6184512	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	6969140		6969140		6969140	61
62 OBSERVATION BEDS (NON-DISTI	2080008		2080008		2080008	62
63 HOSPITAL BASED CLINICS	6579284		6579284		6579284	63
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	93142393		93142393		93142393	101
102 LESS OBSERVATION BEDS	2080008		2080008		2080008	102
103 TOTAL	91062385		91062385		91062385	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	13080463		13080463			25
26 INTENSIVE CARE UNIT	4037950		4037950			26
33 NURSERY	992751		992751			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8448492	14302507	22750999	.365807	.365807	.365807 37
38 RECOVERY ROOM	1034921	2073710	3108631	.460771	.460771	.460771 38
39 DELIVERY ROOM & LABOR ROOM	1469599		1469599	1.223276	1.223276	1.223276 39
40 ANESTHESIOLOGY	892269	1367502	2259771	.105112	.105112	.105112 40
41 RADIOLOGY-DIAGNOSTIC	2434240	15495028	17929268	.381045	.381045	.381045 41
41.01 NUCLEAR MEDICINE	1186680	3752183	4938863	.237580	.237580	.237580 41.01
41.02 ULTRA SOUND	1317239	4612747	5929986	.172323	.172323	.172323 41.02
41.03 CT SCAN	7081448	22172838	29254286	.077323	.077323	.077323 41.03
41.04 MRI UNIT	1338363	6271520	7609883	.225721	.225721	.225721 41.04
44 LABORATORY	23475999	38425089	61901088	.183150	.183150	.183150 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	8131272	4812754	12944026	.276807	.276807	.276807 49
50 PHYSICAL THERAPY	1336026	2618051	3954077	.652673	.652673	.652673 50
50.01 WOUND CARE	77206	2142270	2219476	.785359	.785359	.785359 50.01
55 MEDICAL SUPPLIES CHARGED TO	4814918	2583610	7398528	.674906	.674906	.674906 55
56 DRUGS CHARGED TO PATIENTS	9741963	5011917	14753880	.419179	.419179	.419179 56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	6271584	20152553	26424137	.263741	.263741	.263741 61
62 OBSERVATION BEDS (NON-DISTI	281833	1189617	1471450	1.413577	1.413577	1.413577 62
63 HOSPITAL BASED CLINICS	13001	7133513	7146514	.920628	.920628	.920628 63
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	97458217	154117409	251575626			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	97458217	154117409	251575626			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	47469		47469	3151453		3151453
26 INTENSIVE CARE UNIT	5625		5625	373238		373238
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1950		1950	129392		129392
101 TOTAL	55044		55044	3654083		3654083

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	17609	9439	2.70	25485	178.97	1689298
26 INTENSIVE CARE UNIT	2045	1211	2.75	3330	182.51	221020
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1406		1.39		92.03	
101 TOTAL	21060	10650		28815		1910318

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0101) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	9869	654996	22750999	4086415	.000434	1774	.028790	117648 37
38 RECOVERY ROOM	6784	450247	3108631	575066	.002182	1255	.144838	83291 38
39 DELIVERY ROOM & LABOR ROOM	1526	101321	1469599	4634	.001038	5	.068945	319 39
40 ANESTHESIOLOGY	657	43688	2259771	402567	.000291	117	.019333	7783 40
41 RADIOLOGY-DIAGNOSTIC	13969	927077	17929268	1853412	.000779	1444	.051707	95834 41
41.01 NUCLEAR MEDICINE	1024	67987	4938863	702506	.000207	145	.013766	9671 41.01
41.02 ULTRA SOUND	1360	90410	5929986		.000229		.015246	41.02
41.03 CT SCAN	2748	182644	29254286	4339876	.000094	408	.006243	27094 41.03
41.04 MRI UNIT	7845	520656	7609883	1030075	.001031	1062	.068418	70476 41.04
44 LABORATORY	11455	757941	61901088	10311069	.000185	1908	.012244	126249 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	7292	484009	12944026	7862908	.000563	4427	.037392	294010 49
50 PHYSICAL THERAPY	6547	434466	3954077	1109454	.001656	1837	.109878	121905 50
50.01 WOUND CARE	2219	147216	2219476	20614	.001000	21	.066329	1367 50.01
55 MEDICAL SUPPLIES CHARGED TO P	8935	592886	7398528	4581956	.001208	5535	.080136	367180 55
56 DRUGS CHARGED TO PATIENTS	3935	261139	14753880	6612102	.000267	1765	.017700	117034 56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	14766	980004	26424137	2866291	.000559	1602	.037087	106302 61
62 OBSERVATION BEDS (NON-DISTINC	5662	375835	1471450	160632	.003848	618	.255418	41028 62
63 HOSPITAL BASED CLINICS	3781	250827	7146514		.000529		.035098	63
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	110374	7323349	233464462	46519577		23923		1587191 101

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01  
 05/29/2009 00:48

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					17609		9439	25
26 INTENSIVE CARE UNIT					2045		1211	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					1406			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					21060		10650	101

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01  
 05/29/2009 00:48

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0101) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 NUCLEAR MEDICINE							41.01
41.02 ULTRA SOUND							41.02
41.03 CT SCAN							41.03
41.04 MRI UNIT							41.04
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 WOUND CARE							50.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 HOSPITAL BASED CLINICS							63
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0101) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22750999			4086415		5274549 37
38 RECOVERY ROOM		3108631			575066		862658 38
39 DELIVERY ROOM & LABOR ROOM		1469599			4634		4634 39
40 ANESTHESIOLOGY		2259771			402567		303287 40
41 RADIOLOGY-DIAGNOSTIC		17929268			1853412		4007614 41
41.01 NUCLEAR MEDICINE		4938863			702506		1692440 41.01
41.02 ULTRA SOUND		5929986					5929986 41.02
41.03 CT SCAN		29254286			4339876		5838659 41.03
41.04 MRI UNIT		7609883			1030075		1707233 41.04
44 LABORATORY		61901088			10311069		1329045 44
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY		12944026			7862908		3037008 49
50 PHYSICAL THERAPY		3954077			1109454		150792 50
50.01 WOUND CARE		2219476			20614		336742 50.01
55 MEDICAL SUPPLIES CHARGED TO P		7398528			4581956		2350938 55
56 DRUGS CHARGED TO PATIENTS		14753880			6612102		2316599 56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		26424137			2866291		2791933 61
62 OBSERVATION BEDS (NON-DISTINC		1471450			160632		408149 62
63 HOSPITAL BASED CLINICS		7146514					532852 63
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		233464462			46519577		32940498 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0101)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 NUCLEAR MEDICINE					41.01
41.02 ULTRA SOUND					41.02
41.03 CT SCAN					41.03
41.04 MRI UNIT					41.04
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 WOUND CARE					50.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 HOSPITAL BASED CLINICS					63
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0101) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.365807	.365807	.365807			37
38 RECOVERY ROOM	.460771	.460771	.460771			38
39 DELIVERY ROOM & LABOR ROOM	1.223276	1.223276	1.223276			39
40 ANESTHESIOLOGY	.105112	.105112	.105112			40
41 RADIOLOGY-DIAGNOSTIC	.381045	.381045	.381045			41
41.01 NUCLEAR MEDICINE	.237580	.237580	.237580			41.01
41.02 ULTRA SOUND	.172323	.172323	.172323			41.02
41.03 CT SCAN	.077323	.077323	.077323			41.03
41.04 MRI UNIT	.225721	.225721	.225721			41.04
44 LABORATORY	.183150	.183150	.183150			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.276807	.276807	.276807			49
50 PHYSICAL THERAPY	.652673	.652673	.652673			50
50.01 WOUND CARE	.785359	.785359	.785359			50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.674906	.674906	.674906			55
56 DRUGS CHARGED TO PATIENTS	.419179	.419179	.419179			56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.263741	.263741	.263741			61
62 OBSERVATION BEDS (NON-DISTINCT	1.413577	1.413577	1.413577			62
63 HOSPITAL BASED CLINICS	.920628	.920628	.920628			63
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.419179	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0101) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5274549						37
38 RECOVERY ROOM		862658						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		303287						40
41 RADIOLOGY-DIAGNOSTIC		4007614						41
41.01 NUCLEAR MEDICINE		1692440						41.01
41.02 ULTRA SOUND								41.02
41.03 CT SCAN		5838659						41.03
41.04 MRI UNIT		1707233						41.04
44 LABORATORY		1329045						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		3037008						49
50 PHYSICAL THERAPY		150792						50
50.01 WOUND CARE		336742						50.01
55 MEDICAL SUPPLIES CHARGED TO PA		2350938						55
56 DRUGS CHARGED TO PATIENTS		2316599						56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		2791933						61
62 OBSERVATION BEDS (NON-DISTINCT		408149						62
63 HOSPITAL BASED CLINICS		532852						63
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		32940498						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		32940498						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0101) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1929467					37
38 RECOVERY ROOM		397488					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		31879					40
41 RADIOLOGY-DIAGNOSTIC		1527081					41
41.01 NUCLEAR MEDICINE		402090					41.01
41.02 ULTRA SOUND							41.02
41.03 CT SCAN		451463					41.03
41.04 MRI UNIT		385358					41.04
44 LABORATORY		243415					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		840665					49
50 PHYSICAL THERAPY		98418					50
50.01 WOUND CARE		264463					50.01
55 MEDICAL SUPPLIES CHARGED TO PAT		1586662					55
56 DRUGS CHARGED TO PATIENTS		971070					56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		736347					61
62 OBSERVATION BEDS (NON-DISTINCT		576950					62
63 HOSPITAL BASED CLINICS		490558					63
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		10933374					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		10933374					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	47469		47469	3151453		3151453
26 INTENSIVE CARE UNIT	5625		5625	373238		373238
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1950		1950	129392		129392
101 TOTAL	55044		55044	3654083		3654083

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	17609	451	2.70	1218	178.97	80715
26 INTENSIVE CARE UNIT	2045	170	2.75	468	182.51	31027
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1406	275	1.39	382	92.03	25308
101 TOTAL	21060	896		2068		137050

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0101) [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	9869	654996	22750999		.000434		.028790	37
38 RECOVERY ROOM	6784	450247	3108631		.002182		.144838	38
39 DELIVERY ROOM & LABOR ROOM	1526	101321	1469599		.001038		.068945	39
40 ANESTHESIOLOGY	657	43688	2259771		.000291		.019333	40
41 RADIOLOGY-DIAGNOSTIC	13969	927077	17929268		.000779		.051707	41
41.01 NUCLEAR MEDICINE	1024	67987	4938863		.000207		.013766	41.01
41.02 ULTRA SOUND	1360	90410	5929986		.000229		.015246	41.02
41.03 CT SCAN	2748	182644	29254286		.000094		.006243	41.03
41.04 MRI UNIT	7845	520656	7609883		.001031		.068418	41.04
44 LABORATORY	11455	757941	61901088		.000185		.012244	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	7292	484009	12944026		.000563		.037392	49
50 PHYSICAL THERAPY	6547	434466	3954077		.001656		.109878	50
50.01 WOUND CARE	2219	147216	2219476		.001000		.066329	50.01
55 MEDICAL SUPPLIES CHARGED TO P	8935	592886	7398528		.001208		.080136	55
56 DRUGS CHARGED TO PATIENTS	3935	261139	14753880		.000267		.017700	56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	14766	980004	26424137		.000559		.037087	61
62 OBSERVATION BEDS (NON-DISTINC	5662	375835	1471450		.003848		.255418	62
63 HOSPITAL BASED CLINICS	3781	250827	7146514		.000529		.035098	63
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	110374	7323349	233464462					101

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01  
 05/29/2009 00:48

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					17609		451	25
26 INTENSIVE CARE UNIT					2045		170	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					1406		275	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					21060		896	101

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01  
 05/29/2009 00:48

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0101) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 NUCLEAR MEDICINE							41.01
41.02 ULTRA SOUND							41.02
41.03 CT SCAN							41.03
41.04 MRI UNIT							41.04
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 WOUND CARE							50.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 HOSPITAL BASED CLINICS							63
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0101) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22750999					37
38 RECOVERY ROOM		3108631					38
39 DELIVERY ROOM & LABOR ROOM		1469599					39
40 ANESTHESIOLOGY		2259771					40
41 RADIOLOGY-DIAGNOSTIC		17929268					41
41.01 NUCLEAR MEDICINE		4938863					41.01
41.02 ULTRA SOUND		5929986					41.02
41.03 CT SCAN		29254286					41.03
41.04 MRI UNIT		7609883					41.04
44 LABORATORY		61901088					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		12944026					49
50 PHYSICAL THERAPY		3954077					50
50.01 WOUND CARE		2219476					50.01
55 MEDICAL SUPPLIES CHARGED TO P		7398528					55
56 DRUGS CHARGED TO PATIENTS		14753880					56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		26424137					61
62 OBSERVATION BEDS (NON-DISTINC		1471450					62
63 HOSPITAL BASED CLINICS		7146514					63
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		233464462					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0101)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 NUCLEAR MEDICINE					41.01
41.02 ULTRA SOUND					41.02
41.03 CT SCAN					41.03
41.04 MRI UNIT					41.04
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 WOUND CARE					50.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 HOSPITAL BASED CLINICS					63
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT                      [XX] TITLE XVIII-PART A                      [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	17609						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	17609						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17609						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9439						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT                      [XX] TITLE XVIII-PART A                      [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	17441278						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	17441278						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19512614						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1798600						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17714014						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.893846						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1005.96						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	17441278						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	990.48					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9349141					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9349141					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	3402759	2045	1663.94	1211	2015031	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	14901361					48
49 TOTAL PROGRAM INPATIENT COSTS	26265533					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1939133					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1611114					51
52 TOTAL PROGRAM EXCLUDABLE COST	3550247					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	22715286					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT                      [XX] TITLE XVIII-PART A                      [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01  
05/29/2009 00:48

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1	1	1	1	
83 TOTAL OBSERVATION BEDS	2100					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	990.48					84
85 OBSERVATION BED COST	2080008					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL  
 ROUTINE COST (FROM LINE 27)

	COST 1	(FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
--	-----------	---------------------	---	---	--	--

86 OLD CAPITAL-RELATED COST	47469	17441278	.002722	2080008	5662	86
87 NEW CAPITAL-RELATED COST	3151453	17441278	.180689	2080008	375835	87
88 NON PHYSICIAN ANESTHETIST		17441278		2080008		88
89 MEDICAL EDUCATION		17441278		2080008		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT                      [ ] TITLE XVIII-PART A                      [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	17609					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	17609					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17609					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	451					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	1406					15
16 TITLE V OR XIX NURSERY DAYS	275					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	17441278						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	17441278						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19512614						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1798600						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17714014						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.893846						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1005.96						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	17441278						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	990.48					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	446706					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	446706					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	1451146	1406	1032.11	275	283830	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	3402759	2045	1663.94	170	282870	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	1013406					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	139118					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	139118					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	874288					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01  
05/29/2009 00:48

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT                      [ ] TITLE XVIII-PART A                      [XX] TITLE XIX-INPT

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1	1	1	1	
83 TOTAL OBSERVATION BEDS	2100					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	990.48					84
85 OBSERVATION BED COST	2080008					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL  
 ROUTINE COST (FROM LINE 27)

	COST 1	(FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
--	-----------	---------------------	---	---	--	--

86 OLD CAPITAL-RELATED COST	47469	17441278	.002722	2080008	5662	86
87 NEW CAPITAL-RELATED COST	3151453	17441278	.180689	2080008	375835	87
88 NON PHYSICIAN ANESTHETIST		17441278		2080008		88
89 MEDICAL EDUCATION		17441278		2080008		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0101) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		8442258		25
26 INTENSIVE CARE UNIT		810025		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.365807	4086415	1494839	37
38 RECOVERY ROOM	.460771	575066	264974	38
39 DELIVERY ROOM & LABOR ROOM	1.223276	4634	5669	39
40 ANESTHESIOLOGY	.105112	402567	42315	40
41 RADIOLOGY-DIAGNOSTIC	.381045	1853412	706233	41
41.01 NUCLEAR MEDICINE	.237580	702506	166901	41.01
41.02 ULTRA SOUND	.172323			41.02
41.03 CT SCAN	.077323	4339876	335572	41.03
41.04 MRI UNIT	.225721	1030075	232510	41.04
44 LABORATORY	.183150	10311069	1888472	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.276807	7862908	2176508	49
50 PHYSICAL THERAPY	.652673	1109454	724111	50
50.01 WOUND CARE	.785359	20614	16189	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.674906	4581956	3092390	55
56 DRUGS CHARGED TO PATIENTS	.419179	6612102	2771654	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.263741	2866291	755958	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.413577	160632	227066	62
63 HOSPITAL BASED CLINICS	.920628			63
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		46519577	14901361	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		46519577		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0101)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.365807		37
38 RECOVERY ROOM	.460771		38
39 DELIVERY ROOM & LABOR ROOM	1.223276		39
40 ANESTHESIOLOGY	.105112		40
41 RADIOLOGY-DIAGNOSTIC	.381045		41
41.01 NUCLEAR MEDICINE	.237580		41.01
41.02 ULTRA SOUND	.172323		41.02
41.03 CT SCAN	.077323		41.03
41.04 MRI UNIT	.225721		41.04
44 LABORATORY	.183150		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.276807		49
50 PHYSICAL THERAPY	.652673		50
50.01 WOUND CARE	.785359		50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.674906		55
56 DRUGS CHARGED TO PATIENTS	.419179		56
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.263741		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.413577		62
63 HOSPITAL BASED CLINICS	.920628		63
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0101)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	11452220					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3817407					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	418563					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	81.36					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0101)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	15688190					6
7						7
7.01						7.01
8	15688190					8
9	1360529					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	17048719					16
17	1727					17
18	17046992					18
19	1640928					19
20	26864					20
21	188921					21
21.01	132245					21.01
21.02	119511					21.02
22	15511445					22

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2009.01  
05/29/2009 00:48

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0101)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	15511445				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	15379200				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	132245				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0101) 1	HOSPITAL (14-0101) 1.01	HOSPITAL (14-0101) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	10933374			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	7796886			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	7796886			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0101) 1	HOSPITAL (14-0101) 1.01	HOSPITAL (14-0101) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2048224		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	5748662		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	5748662		23
24 PRIMARY PAYER PAYMENTS	594		24
25 SUBTOTAL	5748068		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	196019		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	137213		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	144044		27.02
28 SUBTOTAL	5885281		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	5885281		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	5748662		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	136619		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01  
05/29/2009 00:48

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[ ] TITLE V            [XX] TITLE XVIII            [ ] TITLE XIX

	HOSPITAL (14-0101) OCTOBER 1, 1997 PRIOR TO    ON    OR    AFTER	
	1            1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01  
05/29/2009 00:48

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[ ] TITLE V            [XX] TITLE XVIII            [ ] TITLE XIX

HOSPITAL  
(14-0101)  
OCTOBER 1, 1997  
PRIOR TO    ON OR AFTER  
1            1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(14-0101)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0101)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		15379200		5748662
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		NONE
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		15379200		5748662
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			NF I	
		HOSPITAL (14-0101) (PPS)	SUB I	SUB II	SUB III	SUB IV	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES						1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL						6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL						9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES						23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0101) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST						34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2						59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	5690932			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	13847434			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	6654994			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	223394			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	26416754			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	70011525			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	70011525			21
OTHER ASSETS					
22	INVESTMENTS	2510640			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	31907807			25
26	TOTAL OTHER ASSETS	34418447			26
27	TOTAL ASSETS	130846726			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	12149472			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1811269			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	181602			34
35	OTHER CURRENT LIABILITIES	6977423			35
36	TOTAL CURRENT LIABILITIES	21119766			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	31730652			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	104062			41
42	TOTAL LONG TERM LIABILITIES	31834714			42
43	TOTAL LIABILITIES	52954480			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	77892246			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	77892246			51
52	TOTAL LIABILITIES AND FUND BALANCES	130846726			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	77688267			1
2 NET INCOME (LOSS)	626695			2
3 TOTAL	78314962			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	78314962			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CONSOLIDATION AMOUNT	422716			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	422716			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	77892246			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	12872221		12872221	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	12872221		12872221	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	5898045		5898045	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	5898045		5898045	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	18770266		18770266	18
18.50 ANCILLARY SERVICES	80230591	151891247	232121838	18.50
18.60 OUTPATIENT SERVICES	13338	7139954	7153292	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.05 HOSPICE				24.05
25 TOTAL PATIENT REVENUES	99014196	159031193	258045389	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		100456592	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35 ROUNDING	-119		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-119		39
40 TOTAL OPERATING EXPENSES		100456473	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	258045389	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	152293771	2
3	NET PATIENT REVENUES	105751618	3
4	LESS - TOTAL OPERATING EXPENSES	100456473	4
5	NET INCOME FROM SERVICE TO PATIENTS	5295145	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING		24
24.01	INVESTMENT (LOSS) INCOME	-1409173	24.01
24.02	GAIN (LOSS) ON DISPOSAL	-244836	24.02
24.03	CHANGE IN CASH FLOW HEDGING DERIVAT	-3014441	24.03
25	TOTAL OTHER INCOME	-4668450	25
26	TOTAL	626695	26
27	RECONCILIATION AMOUNT		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	626695	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0101)	HOSPITAL (14-0101)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	1360529				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI,LN.18]
4.01					4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	1360529				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0101)	HOSPITAL (14-0101)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 NUCLEAR MEDICINE					41.01
41.02 ULTRA SOUND					41.02
41.03 CT SCAN					41.03
41.04 MRI UNIT					41.04
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 WOUND CARE					50.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63 HOSPITAL BASED CLINICS					63
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96.01 MEAL ON WHEELS					96.01
99.01 PATIENT TRANSPORTATION					99.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	53.60		2.56				56.16 25
26 INTENSIVE CARE UNIT	59.22		8.31				67.53 26
33 NURSERY			19.56				19.56 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	17.96	23.18					41.14 37
38 RECOVERY ROOM	18.50	27.75					46.25 38
39 DELIVERY ROOM & LABOR ROOM	0.32						0.32 39
40 ANESTHESIOLOGY	17.81	13.42					31.23 40
41 RADIOLOGY-DIAGNOSTIC	10.34	22.35					32.69 41
41.01 NUCLEAR MEDICINE	14.22	34.27					48.49 41.01
41.03 CT SCAN	14.84	19.96					34.80 41.03
41.04 MRI UNIT	13.54	22.43					35.97 41.04
44 LABORATORY	16.66	2.15					18.81 44
49 RESPIRATORY THERAPY	60.75	23.46					84.21 49
50 PHYSICAL THERAPY	28.06	3.81					31.87 50
50.01 WOUND CARE	0.93	15.17					16.10 50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	61.93	31.78					93.71 55
56 DRUGS CHARGED TO PATIENTS	44.82	15.70					60.52 56
61 EMERGENCY	10.85	10.57					21.42 61
62 OBSERVATION BEDS (NON-DISTINCT	10.92	27.74					38.66 62
63 HOSPITAL BASED CLINICS		7.46					7.46 63
101 TOTAL CHARGES	18.49	13.09					31.58 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	159643	.17	-159643	-.31		1
2	OLD CAP REL COSTS-MVBLE EQUIP	453		-453			2
3	NEW CAP REL COSTS-BLDG & FIXT	7305836	7.98	-7305836	-14.34		3
4	NEW CAP REL COSTS-MVBLE EQUIP	3318362	3.62	-3318362	-6.51		4
5	EMPLOYEE BENEFITS	7923601	8.65	-7923601	-15.55		5
6	ADMINISTRATIVE & GENERAL	16690464	18.23	-16690464	-32.76		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	2863107	3.13	-2863107	-5.62		8
9	LAUNDRY & LINEN SERVICE	412813	.45	-412813	-.81		9
10	HOUSEKEEPING	1606225	1.75	-1606225	-3.15		10
11	DIETARY	570861	.62	-570861	-1.12		11
12	CAFETERIA	611753	.67	-611753	-1.20		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	500418	.55	-500418	-.98		14
15	CENTRAL SERVICES & SUPPLY	2943251	3.21	-2943251	-5.78		15
16	PHARMACY	4308202	4.71	-4308202	-8.46		16
17	MEDICAL RECORDS & LIBRARY	1737651	1.90	-1737651	-3.41		17
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	6715078	7.33	10726200	21.05	17441278	19.05
26	INTENSIVE CARE UNIT	1619009	1.77	1783750	3.50	3402759	3.72
33	NURSERY	715707	.78	735439	1.44	1451146	1.59
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	5110208	5.58	3212277	6.30	8322485	9.09
38	RECOVERY ROOM	344116	.38	1088252	2.14	1432368	1.56
39	DELIVERY ROOM & LABOR ROOM	1037345	1.13	760380	1.49	1797725	1.96
40	ANESTHESIOLOGY	105924	.12	131604	.26	237528	.26
41	RADIOLOGY-DIAGNOSTIC	3430505	3.75	3401347	6.68	6831852	7.46
41.01	NUCLEAR MEDICINE	757353	.83	416020	.82	1173373	1.28
41.02	ULTRA SOUND	540381	.59	481492	.94	1021873	1.12
41.03	CT SCAN	1184499	1.29	1077536	2.11	2262035	2.47
41.04	MRI UNIT	455609	.50	1262098	2.48	1717707	1.88
44	LABORATORY	6887063	7.52	4450142	8.73	11337205	12.38
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1706884	1.86	1876119	3.68	3583003	3.91
50	PHYSICAL THERAPY	1203956	1.32	1376762	2.70	2580718	2.82
50.01	WOUND CARE	952417	1.04	790669	1.55	1743086	1.90
55	MEDICAL SUPPLIES CHARGED TO PAT			4993308	9.80	4993308	5.45
56	DRUGS CHARGED TO PATIENTS			6184512	12.14	6184512	6.76
61	EMERGENCY	3302882	3.61	3666258	7.20	6969140	7.61
62	OBSERVATION BEDS (NON-DISTINCT						62
63	HOSPITAL BASED CLINICS	4207127	4.60	2372157	4.66	6579284	7.19
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY						71

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
96.01	MEAL ON WHEELS	73777	.08	34731	.07	108508	.12	96.01
99.01	PATIENT TRANSPORTATION	247815	.27	131587	.26	379402	.41	99.01
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	91550295	100.00	0	.00	91550295	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	664865	22750999	.029224	4086415	119422	37
38 RECOVERY ROOM	457031	3108631	.147020	575066	84546	38
39 DELIVERY ROOM & LABOR ROOM	102847	1469599	.069983	4634	324	39
40 ANESTHESIOLOGY	44345	2259771	.019624	402567	7900	40
41 RADIOLOGY-DIAGNOSTIC	941046	17929268	.052486	1853412	97278	41
41.01 NUCLEAR MEDICINE	69011	4938863	.013973	702506	9816	41.01
41.02 ULTRA SOUND	91770	5929986	.015475			41.02
41.03 CT SCAN	185392	29254286	.006337	4339876	27502	41.03
41.04 MRI UNIT	528501	7609883	.069449	1030075	71538	41.04
44 LABORATORY	769396	61901088	.012429	10311069	128157	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	491301	12944026	.037955	7862908	298437	49
50 PHYSICAL THERAPY	441013	3954077	.111534	1109454	123742	50
50.01 WOUND CARE	149435	2219476	.067329	20614	1388	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	601821	7398528	.081344	4581956	372715	55
56 DRUGS CHARGED TO PATIENTS	265074	14753880	.017967	6612202	118799	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	994770	26424137	.037646	2866291	107904	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	381497	1471450	.259266	160632	41646	62
63 HOSPITAL BASED CLINICS	254608	7146514	.035627			63
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	7433723	233464462		46519577	1611114	101

PROVIDER NO. 14-0101 MORRIS HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM

VERSION: 2009.01  
 05/29/2009

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT	DIEM	PROGRAM	INPATIENT
	COSTS	AMOUNT	COST	DAYS		DAYS	PPS CAPITAL
	1	2	3	4	5	6	COSTS
							7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	3198922		3198922	17609	181.67	9439	1714783 25
26 INTENSIVE CARE UNIT	378863		378863	2045	185.26	1211	224350 26
101 TOTAL	3577785		3577785			10650	1939133 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1939133

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1611114

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 3550247

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	22715286
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	55771860
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.407

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	3550247
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.064

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	10570493
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	32452964
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.326