

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 XX ELECTRONICALLY FILED COST REPORT DATE: 05/26/2010
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 10:08

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 01/01/2009 AND ENDING 12/31/2009, 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.

ECR Encryption: 05/26/2010 10:08
 xLKxfbPajVH0n4sK8q0:QNNWNNW40
 AafX20oi:6p4UqrJjafPit17XmB8QY
 sUje0tkv9s0Aoq9z

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PI Encryption: 05/26/2010 10:08
 CKHqk2WmMPHsySx0L2fpSU37V:cBK0
 HmNea08Fsn5HE6KctBeTsUsq6qQAJv
 dsas7ty2UY0Bp2R2

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	1		4	1
2	SUBPROVIDER I				2
3	SWING BED - SNF	163380			3
4	SWING BED - NF		202261		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	163380	202261		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)

R INFORMATION				
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.06
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: 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	12/31/2000	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	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING *	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

JELLANEOUS 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

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		NO	NO	36.01
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?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	NO			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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	NO			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O. BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
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 NHCNQ 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
54.01	PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:				NO	54.01
55	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	55
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

	DATE	Y/N	LIMIT	Y/N	FEE\$
	0	1	2	3	4
	/ /	NO	0.00	NO	56
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.				
57		NO			57
58	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				
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.				
58.01					58.01
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)				
59		NO			59
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)				
60		NO			60
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)				
60.01					60.01
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.)				
MULTICAMPUS		NO			61
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.				
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1	2	3	4	5
LEMENT DATA		NO			63
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)				

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/26/2010 10:02

WORKSHEET S-3
 PART I
 (CONTINUED)

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14			
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2262	490	5274		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		2262	490	5274		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

WORKSHEET S-3
 PART II

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	
	1	2	3	4	5	6	
1 SALARIES							1
2 TOTAL SALARIES	43338084		43338084	1554259.20	27.88		2
3 NON-PHYSICIAN ANESTHETIST PART A							3
4 NON-PHYSICIAN ANESTHETIST PART B							4
4.01 PHYSICIAN - PART A	279192		279192	2379.00	117.36	W/S A-8-2 W/P	4.01
5 PHYSICIAN - PART B	2702873		2702873	24378.00	110.87	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	140339	71074	211413	12022.40	17.58	FTE/HRS SUMMARY	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	568957		568957	13471.00	42.24	CONTRACT LABOR	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)	12660551		12660551			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	66674		66674			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	88050		88050			CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	852416		852416			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	270001		270001	10275.20	26.28		21
22 ADMINISTRATIVE & GENERAL	6605249	56078	6661327	250702.40	26.57		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS				27414.40			23
24 OPERATION OF PLANT	717497		717497				24
LAUNDRY & LINEN SERVICE	23741		23741	2142.40	11.08		25
HOUSEKEEPING	1121205		1121205	81140.80	13.82		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1088285	-665524	422761	70012.80	6.04		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		538372	538372				28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	506219		506219	15371.20	32.93		30
31 CENTRAL SERVICES AND SUPPLY	591217		591217	34528.00	17.12		31
32 PHARMACY	1065990		1065990	28288.00	37.68		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1469707		1469707	74796.80	19.65		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

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)	
	1	2	3	4	5	
1 NET SALARIES	40635211		40635211	1529881.20	26.56	1
2 EXCLUDED AREA SALARIES	140339	71074	211413	12022.40	17.58	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	40494872	-71074	40423798	1517858.80	26.63	3
4 SUBTOTAL OTHER WAGES & REL COSTS	568957		568957	13471.00	42.24	4
5 SUBTOTAL WAGE-RELATED COSTS	12748601		12748601		31.54%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	53812430	-71074	53741356	1531329.80	35.09	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	13459111	-71074	13388037	594672.00	22.51	13

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
	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
	RESTRICTED GRANTS	20
	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	0.318555 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				2827321	2827321	-12534	2814787	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2275934	2275934		2275934	4
5	0500 EMPLOYEE BENEFITS	270001	13860802	14130803	-3030	14127773	-4809086	9318687	5
6	0600 ADMINISTRATIVE & GENERAL	6605249	22229516	28834765	-3455958	25378807	-10969949	14408858	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	717497	2175714	2893211	-22505	2870706		2870706	8
9	0900 LAUNDRY & LINEN SERVICE	23741	415111	438852	-1314	437538		437538	9
10	1000 HOUSEKEEPING	1121205	520152	1641357	-17659	1623698		1623698	10
11	1100 DIETARY	1088285	641569	1729854	-1160146	569708		569708	11
12	1200 CAFETERIA				903975	903975		573651	12
13	1300 MAINTENANCE OF PERSONNEL						-330324		13
14	1400 NURSING ADMINISTRATION	506219	3988	510207	-229	509978		509978	14
15	1500 CENTRAL SERVICES & SUPPLY	591217	3768107	4359324	-826995	3532329		3532329	15
16	1600 PHARMACY	1065990	3626839	4692829	-34724	4658105		4658105	16
17	1700 MEDICAL RECORDS & LIBRARY	1469707	433277	1902984	-55898	1847086		1847086	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	7060179	556610	7616789	-1191803	6424986		6424986	25
26	2600 INTENSIVE CARE UNIT	3011230	276681	3287911	-847003	2440908	-139399	2301509	26
33	3300 NURSERY				705010	705010		705010	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	1963503	4211597	6175100	-308315	5866785		5866785	37
38	3800 RECOVERY ROOM	382486	15475	397961	-9172	388789		388789	38
39	3900 DELIVERY ROOM & LABOR ROOM				943076	943076		943076	39
40	4000 ANESTHESIOLOGY		64155	64155		64155		64155	40
41	4100 RADIOLOGY-DIAGNOSTIC	2214756	1986914	4201670		4201670		4201670	41
41.01	4101 NUCLEAR MEDICINE	255711	521568	777279		777279		777279	41.01
41.02	4102 ULTRA SOUND	466476	145412	611888		611888		611888	41.02
41.03	4103 CT SCAN	583838	722191	1306029		1306029		1306029	41.03
41.04	4104 MRI UNIT	262556	211511	474067		474067		474067	41.04
4400	LABORATORY	3302839	5032415	8335254		8335254	-232991	8102263	44
30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
4900	RESPIRATORY THERAPY	1507633	320334	1827967		1827967	-17050	1810917	49
50	5000 PHYSICAL THERAPY	912275	456607	1368882		1368882		1368882	50
50.01	5001 WOUND CARE	952188	48722	1000910		1000910		1000910	50.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT								55
56	5600 DRUGS CHARGED TO PATIENTS								56
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	4301532	2494166	6795698		6795698	-2490915	4304783	60
61	6100 EMERGENCY	2561432	776802	3338234		3338234		3338234	61
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	43197745	65516235	108713980	-119339	108594641	-19002248	89592393	95
NONREIMBURSABLE COST CENTERS									
96.01	9601 MEALS ON WHEELS				119339	119339	-25016	94323	96.01
99.01	9901 PATIENT TRANSPORTATION	140339	78901	219240		219240		219240	99.01
101	TOTAL	43338084	65595136	108933220		108933220	-19027264	89905956	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	803833	139243 1
2	A	NURSERY	33	600917	104093 2
3 CAFETERIA RECLASS	A	CAFETERIA	12	538372	365603 3
4	A	ADMINISTRATIVE & GENERAL	6	56078	38082 4
5	A	MEALS ON WHEELS	96.01	71074	48265 5
6 DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		3030 6
7	A	NEW CAP REL COSTS-BLDG & FIXT	3		2986964 7
8	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1340276 8
9	A	NEW CAP REL COSTS-MVBLE EQUIP	4		22505 9
10	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1314 10
11	A	NEW CAP REL COSTS-MVBLE EQUIP	4		17659 11
12	A	NEW CAP REL COSTS-MVBLE EQUIP	4		42672 12
13	A	NEW CAP REL COSTS-MVBLE EQUIP	4		229 13
14	A	NEW CAP REL COSTS-MVBLE EQUIP	4		49873 14
15	A	NEW CAP REL COSTS-MVBLE EQUIP	4		34724 15
16	A	NEW CAP REL COSTS-MVBLE EQUIP	4		55898 16
17	A	NEW CAP REL COSTS-MVBLE EQUIP	4		238687 17
18	A	NEW CAP REL COSTS-MVBLE EQUIP	4		152033 18
19	A	NEW CAP REL COSTS-MVBLE EQUIP	4		308315 19
20	A	NEW CAP REL COSTS-MVBLE EQUIP	4		9172 20
21 PURCHASING	A	ADMINISTRATIVE & GENERAL	6		777122 21
22 OLD CAPITAL DEPR	A	OLD CAP REL COSTS-BLDG & FIXT	1		159643 22
23	A	OLD CAP REL COSTS-MVBLE EQUIP	2		453 23
24 RECLASS ICU INTERMEDIATE TO A&P	A	ADULTS & PEDIATRICS	25	632454	62516 24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
TOTAL RECLASSIFICATIONS				2702728	6958371 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1 LDR & NURSERY	A	ADULTS & PEDIATRICS	25	803833	139243	1
2	A	ADULTS & PEDIATRICS	25	600917	104093	2
3 CAFETERIA RECLASS	A	DIETARY	11	538372	365603	3
4	A	DIETARY	11	56078	38082	4
5	A	DIETARY	11	71074	48265	5
6 DEPRECIATION	A	EMPLOYEE BENEFITS	5		3030	9 6
7	A	ADMINISTRATIVE & GENERAL	6		2986964	9 7
8	A	ADMINISTRATIVE & GENERAL	6		1340276	9 8
9	A	OPERATION OF PLANT	8		22505	9 9
10	A	LAUNDRY & LINEN SERVICE	9		1314	9 10
11	A	HOUSEKEEPING	10		17659	9 11
12	A	DIETARY	11		42672	9 12
13	A	NURSING ADMINISTRATION	14		229	9 13
14	A	CENTRAL SERVICES & SUPPLY	15		49873	9 14
15	A	PHARMACY	16		34724	9 15
16	A	MEDICAL RECORDS & LIBRARY	17		55898	9 16
17	A	ADULTS & PEDIATRICS	25		238687	9 17
18	A	INTENSIVE CARE UNIT	26		152033	9 18
19	A	OPERATING ROOM	37		308315	9 19
20	A	RECOVERY ROOM	38		9172	9 20
21 PURCHASING	A	CENTRAL SERVICES & SUPPLY	15		777122	9 21
22 OLD CAPITAL DEPR	A	NEW CAP REL COSTS-BLDG & FIXT	3		159643	9 22
23	A	NEW CAP REL COSTS-MVBLE EQUIP	4		453	9 23
24 RECLASS ICU INTERMEDIATE TO A&P	A	INTENSIVE CARE UNIT	26	632454	62516	9 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				2702728	6958371	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

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	8130346					8130346	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	5828238					5828238	5
6 MOVABLE EQUIPMENT	3631666				17618	3614048	6
7 SUBTOTAL	19896861				17618	19879243	7
8 RECONCILING ITEMS	-290000					-290000	8
9 TOTAL	20186861				17618	20169243	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	5845829	28335		28335		5874164	1
2 LAND IMPROVEMENTS	3493325	45750		45750		3539075	2
3 BUILDINGS AND FIXTURES	47496227	6815626	45957	6861583	24470	54333340	3
4 BUILDING IMPROVEMENTS	1578210	2640	3574	6214		1584424	4
5 FIXED EQUIPMENT	13583303	947399	34828	982227	3000	14562530	5
6 MOVABLE EQUIPMENT	41673478	5667095	158648	5825743	1023713	46475508	6
7 SUBTOTAL	113670372	13506845	243007	13749852	1051183	126369041	7
8 RECONCILING ITEMS	-641282	-134183		-134183		-775465	8
9 TOTAL	114311654	13641028	243007	13884035	1051183	127144506	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
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	2827321	-12534					2814787 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2275934						2275934 4
5 TOTAL	5263351	-12534					5250817 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
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 TOTAL							5

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
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	-2863305			12
13 SALE OF SCRAP, WASTE, ETC.	B	-9174	ADMINISTRATIVE & GENERAL	6	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-330324	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	-2059	ADMINISTRATIVE & GENERAL	6	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-7546	ADMINISTRATIVE & GENERAL	6	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					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		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION	A-8-4		UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
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				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4				35
37 BAD DEBT EXPENSE	WKST				
38 EMPLOYEE SELF INSURANCE	WKST A-8-4				36
39 LIFELINE	A	-8346774	ADMINISTRATIVE & GENERAL	6	37
40 FUNDED DEPR FEES	A	-4809086	EMPLOYEE BENEFITS	5	38
41 CHANGE IN CASH FLOW HEDGING DERIV	A	-120713	ADMINISTRATIVE & GENERAL	6	39
42 LOSS OF ASSET DISPOSAL	A	-72893	ADMINISTRATIVE & GENERAL	6	40
43 ID BADGES	B	-2363145	ADMINISTRATIVE & GENERAL	6	10 41
44 CPR TRAINING	B	-12534	NEW CAP REL COSTS-BLDG & FIXT	3	10 42
45 MEALS ON WHEELS	B	-210	ADMINISTRATIVE & GENERAL	6	43
46 MISC INCOME	B	-17050	RESPIRATORY THERAPY	49	44
47 PURCHASED DISCOUNTS	B	-25016	MEALS ON WHEELS	96.01	45
48 ASSOC. DUES - LOBBYING COST	B	-2384	ADMINISTRATIVE & GENERAL	6	46
49	B	-16728	ADMINISTRATIVE & GENERAL	6	47
50 TOTAL	B	-28323	ADMINISTRATIVE & GENERAL	6	48
		-19027264			49
					50

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

WORKSHEET A-8-1

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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	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 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/26/2010 10:02

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	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	500925	232991	267934	260000	2236	279500	13975
2 60	CLINIC	AGGREGATE - CLINIC	2490915	2490915					
3 26	INTENSIVE CARE UNIT	AGGREGATE - HOSPITA	307026	139399	167627	260000	2184	273000	13650
101	TOTAL		3298866	2863305	435561		4420	552500	27625

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/26/2010 10:02

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

#KST 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
LINE NO.	11	12	13	14	15	16	17	18
1 44	LABORATORY		AGGREGATE - LAB			279500		232991
2 60	CLINIC		AGGREGATE - CLINIC					2490915
3 26	INTENSIVE CARE UNIT		AGGREGATE - HOSPITA			273000		139399
101	TOTAL					552500		2863305

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		SA	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	2814787			2814787					3
4 NEW CAP REL COSTS-MVBLE EQUIP	2275934				2275934				4
5 EMPLOYEE BENEFITS	9318687	520	1	9167	7412	9335787			5
6 ADMINISTRATIVE & GENERAL	14408858	36478	106	643171	520045	1443967	17052625	17052625	6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	2870706	15575	44	274611	222041	155530	3538507	828251	8
9 LAUNDRY & LINEN SERVICE	437538	1515	4	26709	21596	5146	492508	115280	9
10 HOUSEKEEPING	1623698	1171	3	20653	16700	243041	1905266	445962	10
11 DIETARY	569708	4720	13	83224	67292	91641	816598	191139	11
12 CAFETERIA	573651	2416	7	42603	34448	116702	769827	180192	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	509978	1319	4	23262	18809	109732	663104	155211	14
15 CENTRAL SERVICES & SUPPLY	3532329	5770	16	101727	82252	128157	3850251	901221	15
16 PHARMACY	4658105	940	3	16565	13394	231073	4920080	1151633	16
17 MEDICAL RECORDS & LIBRARY	1847086	3715	11	65499	52960	318585	2287856	535514	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	6424986	28845	82	508587	411225	1363012	8736737	2044991	25
26 INTENSIVE CARE UNIT	2301509	2615	7	46112	37284	515643	2903170	679539	26
33 NURSERY	705010	493	1	8695	7030	130260	851489	199306	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5866785	5006	14	88258	71362	425625	6457050	1511389	37
38 RECOVERY ROOM	388789	5258	15	92712	74963	82911	644648	150891	38
39 DELIVERY ROOM & LABOR ROOM	943076	370	1	6529	5279	174245	1129500	264380	39
40 ANESTHESIOLOGY	64155	450	1	7932	6413	78951	18480	18480	40
41 RADIOLOGY-DIAGNOSTIC	4201670	9043	26	159446	128923	480088	4979196	1165470	41
41.01 NUCLEAR MEDICINE	777279	374	1	6590	5328	55430	845002	197788	41.01
2 ULTRA SOUND	611888	678	2	11959	9670	101117	735314	172113	41.02
3 CT SCAN	1306029	1061	3	18701	15121	126557	1467472	343488	41.03
4 MRI UNIT	474067	6025	17	106226	85891	56914	729140	170668	41.04
4 LABORATORY	8102263	4698	13	82827	66971	715950	8972722	2100222	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1810917	4658	13	82126	66404	326807	2290925	536232	49
50 PHYSICAL THERAPY	1368882	4578	13	80722	65269	197752	1717216	401945	50
50.01 WOUND CARE	1000910	1141	3	20120	16268	206404	1244846	291379	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	4304783	561	2	9900	8004	932434	5255684	1230187	60
61 EMERGENCY	3338234	9543	27	168263	136051	555236	4207354	984807	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	89592393	159536	453	2812896	2274405	9289959	89543038	16967678	95
NONREIMBURSABLE COST CENTERS									
96.01 MEALS ON WHEELS	94323					15407	109730	25684	96.01
99.01 PATIENT TRANSPORTATION	219240	107		1891	1529	30421	253188	59263	99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	89905956	159643	453	2814787	2275934	9335787	89905956	17052625	103

COST ALLOCATION - GENERAL SERVICE COSTS

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	4366758								8
9 LAUNDRY & LINEN SERVICE	61781	669569							9
10 HOUSEKEEPING	47773		2399001						10
11 DIETARY	192505		108480	1308722					11
12 CAFETERIA	98546		55532		1104097				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	53807		30321		15254	917697			14
15 CENTRAL SERVICES & SUPPLY	235304		132597		34265		5153638		15
16 PHARMACY	38318		21593		28073			6159697	16
17 MEDICAL RECORDS & LIBRARY	151506		85376		74227	7777			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1176415	519482	662928	1015366	98770	267015			25
26 INTENSIVE CARE UNIT	106661	99797	60105	195060	84961	106287			26
33 NURSERY	20111	50290	11333	98296	68447	23331			33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	204149		115041		56785	72586			37
38 RECOVERY ROOM	214451		120847		9536	12962			38
39 DELIVERY ROOM & LABOR ROOM	15101		8510		85250	28516			39
40 ANESTHESIOLOGY	18347		10339						40
41 RADIOLOGY-DIAGNOSTIC	368816		207833		86757	108879			41
01 NUCLEAR MEDICINE	15242		8589		5738	7777			41.01
72 ULTRA SOUND	27662		15588		13231	15554			41.02
73 CT SCAN	43257		24376		16369	20739			41.03
41.04 MRI UNIT	245712		138463		7183	7777			41.04
44 LABORATORY	191588		107963		109565				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	189965		107048		49787	38885			49
50 PHYSICAL THERAPY	186719		105219		27123	33701			50
50.01 WOUND CARE	46539		26225		29559	36293			50.01
55 MEDICAL SUPPLIES CHARGED TO PAT							5153638		55
56 DRUGS CHARGED TO PATIENTS								6159697	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	22899		12904		118731	31108			60
61 EMERGENCY	389209		219326		77777	98510			61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4362383	669569	2396536	1308722	1097388	917697	5153638	6159697	95
NONREIMBURSABLE COST CENTERS									
96.01 MEALS ON WHEELS									96.01
99.01 PATIENT TRANSPORTATION	4375		2465		6709				99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4366758	669569	2399001	1308722	1104097	917697	5153638	6159697	103

COST ALLOCATION - GENERAL SERVICE COSTS

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	3142256				17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	167911	14689615		14689615	25
26 INTENSIVE CARE UNIT	60087	4295667		4295667	26
33 NURSERY	11061	1333664		1333664	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	312316	8729316		8729316	37
38 RECOVERY ROOM	40630	1193965		1193965	38
39 DELIVERY ROOM & LABOR ROOM	14131	1545388		1545388	39
40 ANESTHESIOLOGY	28887	155004		155004	40
41 RADIOLOGY-DIAGNOSTIC	193081	7110032		7110032	41
41.01 NUCLEAR MEDICINE	53232	1133368		1133368	41.01
41.02 ULTRA SOUND	75899	1055361		1055361	41.02
43 CT SCAN	386500	2302201		2302201	41.03
4 MRI UNIT	86653	1385596		1385596	41.04
LABORATORY	749023	12231083		12231083	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY	163373	3376215		3376215	49
50 PHYSICAL THERAPY	46007	2517930		2517930	50
50.01 WOUND CARE	26679	1701520		1701520	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	137695	5291333		5291333	55
56 DRUGS CHARGED TO PATIENTS	184759	6344456		6344456	56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	95730	6767243		6767243	60
61 EMERGENCY	308602	6285585		6285585	61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS	3142256	89444542		89444542	95
NONREIMBURSABLE COST CENTERS					
96.01 MEALS ON WHEELS		135414		135414	96.01
99.01 PATIENT TRANSPORTATION		326000		326000	99.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	3142256	89905956		89905956	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

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									1
2									2
3									3
4									4
5		520	1	521	521				5
6		36478	106	36584	82	36666			6
7									7
8		15575	44	15619	9	1780	17408		8
9		1515	4	1519		248	246	2013	9
10		1171	3	1174	13	958	190		10
11		4720	13	4733	5	411	767		11
12		2416	7	2423	6	387	393		12
13									13
14		1319	4	1323	6	334	215		14
15		5770	16	5786	7	1937	938		15
16		940	3	943	13	2475	153		16
17		3715	11	3726	18	1151	604		17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		28845	82	28927	75	4395	4691	1562	25
26		2615	7	2622	29	1460	425	300	26
33		493	1	494	7	428	80	151	33
ANCILLARY SERVICE COST CENTERS									
37		5006	14	5020	24	3248	814		37
38		5258	15	5273	5	324	855		38
39		370	1	371	10	568	60		39
40		450	1	451		40	73		40
41		9043	26	9069	27	2505	1470		41
41.01		374	1	375	3	425	61		41.01
2		678	2	680	6	370	110		41.02
3		1061	3	1064	7	738	172		41.03
41.04		6025	17	6042	3	367	980		41.04
44		4698	13	4711	40	4533	764		44
46.30									46.30
49		4658	13	4671	18	1152	757		49
50		4578	13	4591	11	864	744		50
50.01		1141	3	1144	11	626	186		50.01
55									55
56									56
OUTPATIENT SERVICE COST CENTERS									
60		561	2	563	52	2644	91		60
61		9543	27	9570	31	2116	1552		61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95		159536	453	159989	518	36484	17391	2013	95
NONREIMBURSABLE COST CENTERS									
96.01					1	55			96.01
99.01		107		107	2	127	17		99.01
101									101
102									102
103		159643	453	160096	521	36666	17408	2013	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 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	2335							10
11 DIETARY	106	6022						11
12 CAFETERIA	54		3263					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	30		45	1953				14
15 CENTRAL SERVICES & SUPPLY	129		101		8898			15
16 PHARMACY	21		83			3688		16
17 MEDICAL RECORDS & LIBRARY	83		219	17			5818	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	645	4672	292	566			315	46140 25
26 INTENSIVE CARE UNIT	59	898	251	226			113	6383 26
33 NURSERY	11	452	202	50			21	1896 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	112		168	154			586	10126 37
38 RECOVERY ROOM	118		28	28			76	6707 38
39 DELIVERY ROOM & LABOR ROOM	8		252	61			27	1357 39
40 ANESTHESIOLOGY	10						54	628 40
41 RADIOLOGY-DIAGNOSTIC	202		256	232			362	14123 41
41.01 NUCLEAR MEDICINE	8		17	17			100	1006 41.01
42 ULTRA SOUND	15		39	33			142	1395 41.02
3 CT SCAN	24		48	44			725	2822 41.03
4 MRI UNIT	135		21	17			163	7728 41.04
44 LABORATORY	105		324				1327	11804 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	104		147	83			307	7239 49
50 PHYSICAL THERAPY	102		80	72			86	6550 50
50.01 WOUND CARE	26		87	77			50	2207 50.01
55 MEDICAL SUPPLIES CHARGED TO PAT					8898		258	9156 55
56 DRUGS CHARGED TO PATIENTS						3688	347	4035 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	13		353	66			180	3962 60
61 EMERGENCY	213		230	210			579	14501 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	2333	6022	3243	1953	8898	3688	5818	159765 95
NONREIMBURSABLE COST CENTERS								
96.01 MEALS ON WHEELS								56 96.01
99.01 PATIENT TRANSPORTATION	2		20					275 99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2335	6022	3263	1953	8898	3688	5818	160096 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 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
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	46140		25
26 INTENSIVE CARE UNIT	6383		26
33 NURSERY	1896		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	10126		37
38 RECOVERY ROOM	6707		38
39 DELIVERY ROOM & LABOR ROOM	1357		39
40 ANESTHESIOLOGY	628		40
41 RADIOLOGY-DIAGNOSTIC	14123		41
41.01 NUCLEAR MEDICINE	1006		41.01
41.02 ULTRA SOUND	1395		41.02
03 CT SCAN	2822		41.03
4 MRI UNIT	7728		41.04
LABORATORY	11804		44
40.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	7239		49
50 PHYSICAL THERAPY	6550		50
50.01 WOUND CARE	2207		50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	9156		55
56 DRUGS CHARGED TO PATIENTS	4035		56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	3962		60
61 EMERGENCY	14501		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	159765		95
NONREIMBURSABLE COST CENTERS			
96.01 MEALS ON WHEELS	56		96.01
99.01 PATIENT TRANSPORTATION	275		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
1 OLD CAP REL COSTS-BLDG & FIXT									2
2 OLD CAP REL COSTS-MVBLE EQUIP									3
3 NEW CAP REL COSTS-BLDG & FIXT									4
4 NEW CAP REL COSTS-MVBLE EQUIP									5
5 EMPLOYEE BENEFITS		9167	7412	16579	16579				6
6 ADMINISTRATIVE & GENERAL		643171	520045	1163216	2563	1165779			7
7 MAINTENANCE & REPAIRS									8
8 OPERATION OF PLANT		274611	222041	496652	276	56623	553551		9
9 LAUNDRY & LINEN SERVICE		26709	21596	48305	9	7881	7832	64027	8
10 HOUSEKEEPING		20653	16700	37353	432	30488	6056		10
11 DIETARY		83224	67292	150516	163	13067	24403		11
12 CAFETERIA		42603	34448	77051	207	12319	12492		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		23262	18809	42071	195	10611	6821		14
15 CENTRAL SERVICES & SUPPLY		101727	82252	183979	228	61612	29828		15
16 PHARMACY		16565	13394	29959	410	78731	4857		16
17 MEDICAL RECORDS & LIBRARY		65499	52960	118459	566	36610	19206		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		508587	411225	919812	2421	139805	149127	49675	25
26 INTENSIVE CARE UNIT		46112	37284	83396	916	46457	13521	9543	26
33 NURSERY		8695	7030	15725	231	13626	2549	4809	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		88258	71362	159620	756	103326	25879		37
38 RECOVERY ROOM		92712	74963	167675	147	10316	27185		38
39 DELIVERY ROOM & LABOR ROOM		6529	5279	11808	309	18074	1914		39
40 ANESTHESIOLOGY		7932	6413	14345		1263	2326		40
41 RADIOLOGY-DIAGNOSTIC		159446	128923	288369	853	79677	46753		41
41.01 NUCLEAR MEDICINE		6590	5328	11918	98	13522	1932		41.01
41.02 ULTRA SOUND		11959	9670	21629	180	11766	3507		41.02
41.03 CT SCAN		18701	15121	33822	225	23482	5483		41.03
41.04 MRI UNIT		106226	85891	192117	101	11668	31148		41.04
44 LABORATORY		82827	66971	149798	1272	143562	24287		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		82126	66404	148530	580	36659	24081		49
50 PHYSICAL THERAPY		80722	65269	145991	351	24749	23669		50
50.01 WOUND CARE		20120	16268	36388	367	19920	5899		50.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		9900	8004	17904	1656	84101	2903		60
61 EMERGENCY		168263	136051	304314	986	67326	49338		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		2812896	2274405	5087301	16498	1159971	552996	64027	95
NONREIMBURSABLE COST CENTERS									
96.01 MEALS ON WHEELS					27	1756			96.01
99.01 PATIENT TRANSPORTATION		1891	1529	3420	54	4052	555		99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		2814787	2275934	5090721	16579	1165779	553551	64027	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	
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	74329							10
11 DIETARY	3361	191510						11
12 CAFETERIA	1721		103790					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	939		1434	62071				14
15 CENTRAL SERVICES & SUPPLY	4108				282976			15
16 PHARMACY	669		2639			117265		16
17 MEDICAL RECORDS & LIBRARY	2645		6978	526			184990	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	20542	148592	9285	18060			9888	1467197 25
26 INTENSIVE CARE UNIT	1862	28544	7987	7189			3538	202953 26
33 NURSERY	351	14384	6434	1578			651	60338 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3564		5338	4910			18391	321784 37
38 RECOVERY ROOM	3744		896	877			2393	213233 38
39 DELIVERY ROOM & LABOR ROOM	264		8014	1929			832	43144 39
40 ANESTHESIOLOGY	320						1701	19955 40
41 RADIOLOGY-DIAGNOSTIC	6439		8155	7364			11370	448980 41
41.01 NUCLEAR MEDICINE	266		539	526			3135	31936 41.01
41.02 ULTRA SOUND	483		1244	1052			4469	44330 41.02
41.03 CT SCAN	755		1539	1403			22760	89469 41.03
41.04 MRI UNIT	4290		675	526			5103	245628 41.04
41.30 LABORATORY	3345		10300				44062	376626 44
41.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	3317		4680	2630			9620	230097 49
50 PHYSICAL THERAPY	3260		2550	2279			2709	208288 50
50.01 WOUND CARE	813		2779	2455			1571	70192 50.01
55 MEDICAL SUPPLIES CHARGED TO PAT					282976		8108	291084 55
56 DRUGS CHARGED TO PATIENTS						117265	10880	128145 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	400		11161	2104			5637	125866 60
61 EMERGENCY	6795		7311	6663			18172	460905 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	74253	191510	103159	62071	282976	117265	184990	5080150 95
NONREIMBURSABLE COST CENTERS								
96.01 MEALS ON WHEELS								1783 96.01
99.01 PATIENT TRANSPORTATION	76		631					8788 99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	74329	191510	103790	62071	282976	117265	184990	5090721 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 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
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	1467197		25
26 INTENSIVE CARE UNIT	202953		26
33 NURSERY	60338		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	321784		37
38 RECOVERY ROOM	213233		38
39 DELIVERY ROOM & LABOR ROOM	43144		39
40 ANESTHESIOLOGY	19955		40
41 RADIOLOGY-DIAGNOSTIC	448980		41
41.01 NUCLEAR MEDICINE	31936		41.01
41.02 ULTRA SOUND	44330		41.02
41.03 CT SCAN	89469		41.03
41.04 MRI UNIT	245628		41.04
44 LABORATORY	376626		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	230097		49
50 PHYSICAL THERAPY	208288		50
50.01 WOUND CARE	70192		50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	291084		55
56 DRUGS CHARGED TO PATIENTS	128145		56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	125866		60
61 EMERGENCY	460905		61
62 OBSERVATION BEDS (NON-DISTINCT)			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	5080150		95
NONREIMBURSABLE COST CENTERS			
96.01 MEALS ON WHEELS	1783		96.01
99.01 PATIENT TRANSPORTATION	8788		99.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	5090721		103

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT SQUARE FEET	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	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	43068083			5
6 ADMINISTRATIVE & GENERAL	42165	42165	42165	42165	6661327	-17052625	72853331	6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	18003	18003	18003	18003	717497		3538507	8
9 LAUNDRY & LINEN SERVICE	1751	1751	1751	1751	23741		492508	9
10 HOUSEKEEPING	1354	1354	1354	1354	1121205		1905266	10
11 DIETARY	5456	5456	5456	5456	422761		816598	11
12 CAFETERIA	2793	2793	2793	2793	538372		769827	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1525	1525	1525	1525	506219		663104	14
15 CENTRAL SERVICES & SUPPLY	6669	6669	6669	6669	591217		3850251	15
16 PHARMACY	1086	1086	1086	1086	1065990		4920080	16
17 MEDICAL RECORDS & LIBRARY	4294	4294	4294	4294	1469707		2287856	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	33342	33342	33342	33342	6287883		8736737	25
26 INTENSIVE CARE UNIT	3023	3023	3023	3023	2378776		2903170	26
33 NURSERY	570	570	570	570	600917		851489	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	5786	5786	5786	5786	1963503		6457050	37
38 RECOVERY ROOM	6078	6078	6078	6078	382486		644648	38
39 DELIVERY ROOM & LABOR ROOM	428	428	428	428	803833		1129500	39
40 ANESTHESIOLOGY	520	520	520	520			78951	40
RADIOLOGY-DIAGNOSTIC	10453	10453	10453	10453	2214756		4979196	41
01 NUCLEAR MEDICINE	432	432	432	432	255711		845002	41.01
11.02 ULTRA SOUND	784	784	784	784	466476		735314	41.02
41.03 CT SCAN	1226	1226	1226	1226	583838		1467472	41.03
41.04 MRI UNIT	6964	6964	6964	6964	262556		729140	41.04
44 LABORATORY	5430	5430	5430	5430	3302839		8972722	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	5384	5384	5384	5384	1507633		2290925	49
50 PHYSICAL THERAPY	5292	5292	5292	5292	912275		1717216	50
50.01 WOUND CARE	1319	1319	1319	1319	952188		1244846	50.01
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	649	649	649	649	4301532		5255684	60
61 EMERGENCY	11031	11031	11031	11031	2561432		4207354	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	184408	184408	184408	184408	42856670	-17052625	72490413	95
NONREIMBURSABLE COST CENTERS								
96.01 MEALS ON WHEELS					71074		109730	96.01
99.01 PATIENT TRANSPORTATION	124	124	124	124	140339		253188	99.01

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.02
 05/26/2010 10:02

WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

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		CILIATION
	1	2	3	4	5	6A	6
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	159643	453	2814787	2275934	9335787		17052625 103
104 UNIT COST MULT-WS B PT I		.002455		12.333546			104
104 UNIT COST MULT-WS B PT I	.865124		15.253652		.216768		.234068 104
105 COST TO BE ALLOC PER B PT II					521		36666 105
106 UNIT COST MULT-WS B PT II					.000012		.000503 106
106 UNIT COST MULT-WS B PT II					16579		1165779 107
107 COST TO BE ALLOC PER B PT III							108
108 UNIT COST MULT-WS B PT III					.000385		.016002 108
108 UNIT COST MULT-WS B PT III							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE PATIENT DAYS 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY PATIENT DAYS 11	CAFETERIA MEALS SERVED 12	NURSING ADMINISTRATION DIRECT NRSNG HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7	141766								7
8	18003	123763							8
9	1751	1751	17934						9
10	1354	1354		120658					10
11	5456	5456		5456	17934				11
12	2793	2793		2793		53489			12
13									13
14	1525	1525		1525		739	354		14
15	6669	6669		6669		1660		100	15
16	1086	1086		1086		1360			16
17	4294	4294		4294		3596	3		17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	33342	33342	13914	33342	13914	4785	103		25
26	3023	3023	2673	3023	2673	4116	41		26
33	570	570	1347	570	1347	3316	9		33
ANCILLARY SERVICE COST CENTERS									
37	5786	5786		5786		2751	28		37
38	6078	6078		6078		462	5		38
39	428	428		428		4130	11		39
40	520	520		520					40
41	10453	10453		10453		4203	42		41
.01	432	432		432		278	3		41.01
.02	784	784		784		641	6		41.02
.03	1226	1226		1226		793	8		41.03
41.04	6964	6964		6964		348	3		41.04
44	5430	5430		5430		5308			44
46.30									46.30
49	5384	5384		5384		2412	15		49
50	5292	5292		5292		1314	13		50
50.01	1319	1319		1319		1432	14		50.01
55								100	55
56									56
OUTPATIENT SERVICE COST CENTERS									
60	649	649		649		5752	12		60
61	11031	11031		11031		3768	38		61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	141642	123639	17934	120534	17934	53164	354	100	95
NONREIMBURSABLE COST CENTERS									
96.01									96.01
99.01	124	124		124		325			99.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE PATIENT DAYS	KEEPING SQUARE FEET	PATIENT DAYS	MEALS SERVED	ADMINIS- TRATION DIRECT NRSING HRS	SUPPLY COSTED REQUIS.
	7	8	9	10	11	12	14	15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I		4366758	669569	2399001	1308722	1104097	917697	5153638 103
104 UNIT COST MULT-WS B PT I			37.335173		72.974350		2592.364407	104
104 UNIT COST MULT-WS B PT I		35.283227		19.882652		20.641571		51536.380000 104
105 COST TO BE ALLOC PER B PT II		17408	2013	2335	6022	3263	1953	8898 105
106 UNIT COST MULT-WS B PT II			.112245		.335787		5.516949	106
106 UNIT COST MULT-WS B PT II		.140656		.019352		.061003		88.980000 106
107 COST TO BE ALLOC PER B PT III		553551	64027	74329	191510	103790	62071	282976 107
108 UNIT COST MULT-WS B PT III			3.570146		10.678599		175.341808	108
108 UNIT COST MULT-WS B PT III		4.472670		.616030		1.940399		2829.760000 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	
	COSTED REQUIS. 16	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	100		16
17 MEDICAL RECORDS & LIBRARY		280781896	17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES			22
23 I&R SERVICES-OTHER PRGM COSTS			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS		15004129	25
26 INTENSIVE CARE UNIT		5369262	26
33 NURSERY		988382	33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM		27907787	37
38 RECOVERY ROOM		3630616	38
39 DELIVERY ROOM & LABOR ROOM		1262695	39
40 ANESTHESIOLOGY		2581229	40
41 RADIOLOGY-DIAGNOSTIC		17253208	41
.01 NUCLEAR MEDICINE		4756646	41.01
.02 ULTRA SOUND		6782108	41.02
.03 CT SCAN		34536690	41.03
41.04 MRI UNIT		7743074	41.04
44 LABORATORY		66928670	44
46.30 BLOOD CLOTTING FACTORS ADMIN			46.30
49 RESPIRATORY THERAPY		14598609	49
50 PHYSICAL THERAPY		4111060	50
50.01 WOUND CARE		2384002	50.01
55 MEDICAL SUPPLIES CHARGED TO P		12304050	55
56 DRUGS CHARGED TO PATIENTS	100	16509629	56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC		8554182	60
61 EMERGENCY		27575868	61
62 OBSERVATION BEDS (NON-DISTINC			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERA			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	100	280781896	95
NONREIMBURSABLE COST CENTERS			
96.01 MEALS ON WHEELS			96.01
99.01 PATIENT TRANSPORTATION			99.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	
	COSTED REQUIS. 16	RECORDS & LIBRARY GROSS REVENUE 17	
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	6159697	3142256	103
104 UNIT COST MULT-WS B PT I	61596.970000		104
104 UNIT COST MULT-WS B PT I		.011191	104
105 COST TO BE ALLOC PER B PT II	3688	5818	105
106 UNIT COST MULT-WS B PT II	36.880000		106
106 UNIT COST MULT-WS B PT II		.000021	106
107 COST TO BE ALLOC PER B PT III	117265	184990	107
108 UNIT COST MULT-WS B PT III	1172.650000		108
108 UNIT COST MULT-WS B PT III		.000659	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	14689615		14689615		14689615	25
26 INTENSIVE CARE UNIT	4295667		4295667		4295667	26
33 NURSERY	1333664		1333664		1333664	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8729316		8729316		8729316	37
38 RECOVERY ROOM	1193965		1193965		1193965	38
39 DELIVERY ROOM & LABOR ROOM	1545388		1545388		1545388	39
40 ANESTHESIOLOGY	155004		155004		155004	40
41 RADIOLOGY-DIAGNOSTIC	7110032		7110032		7110032	41
41.01 NUCLEAR MEDICINE	1133368		1133368		1133368	41.01
41.02 ULTRA SOUND	1055361		1055361		1055361	41.02
41.03 CT SCAN	2302201		2302201		2302201	41.03
41.04 MRI UNIT	1385596		1385596		1385596	41.04
44 LABORATORY	12231083		12231083		12231083	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3376215		3376215		3376215	49
50 PHYSICAL THERAPY	2517930		2517930		2517930	50
50.01 WOUND CARE	1701520		1701520		1701520	50.01
55 MEDICAL SUPPLIES CHARGED TO	5291333		5291333		5291333	55
56 DRUGS CHARGED TO PATIENTS	6344456		6344456		6344456	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	6767243		6767243		6767243	60
61 EMERGENCY	6285585		6285585		6285585	61
62 OBSERVATION BEDS (NON-DISTI	2124068		2124068		2124068	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	91568610		91568610		91568610	101
102 LESS OBSERVATION BEDS	2124068		2124068		2124068	102
103 TOTAL	89444542		89444542		89444542	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	13413297		13413297			25
26 INTENSIVE CARE UNIT	5369262		5369262			26
33 NURSERY	988382		988382			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10343427	17564360	27907787	.312791	.312791	.312791 37
38 RECOVERY ROOM	1158256	2472360	3630616	.328860	.328860	.328860 38
39 DELIVERY ROOM & LABOR ROOM	1262695		1262695	1.223881	1.223881	1.223881 39
40 ANESTHESIOLOGY	965114	1616115	2581229	.060050	.060050	.060050 40
41 RADIOLOGY-DIAGNOSTIC	2768444	14484764	17253208	.412099	.412099	.412099 41
41.01 NUCLEAR MEDICINE	1212495	3544151	4756646	.238270	.238270	.238270 41.01
41.02 ULTRA SOUND	1564751	5217357	6782108	.155610	.155610	.155610 41.02
41.03 CT SCAN	8038930	26497760	34536690	.066660	.066660	.066660 41.03
41.04 MRI UNIT	1334433	6408641	7743074	.178947	.178947	.178947 41.04
44 LABORATORY	23776003	43152667	66928670	.182748	.182748	.182748 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	8107908	6490701	14598609	.231270	.231270	.231270 49
50 PHYSICAL THERAPY	1527882	2583178	4111060	.612477	.612477	.612477 50
50.01 WOUND CARE	67100	2316902	2384002	.713724	.713724	.713724 50.01
55 MEDICAL SUPPLIES CHARGED TO	6574210	5729840	12304050	.430048	.430048	.430048 55
56 DRUGS CHARGED TO PATIENTS	10614996	5894633	16509629	.384288	.384288	.384288 56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3354	8550828	8554182	.791103	.791103	.791103 60
61 EMERGENCY	5880509	21695359	27575868	.227938	.227938	.227938 61
62 OBSERVATION BEDS (NON-DISTI	254841	1335991	1590832	1.335193	1.335193	1.335193 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	105226289	175555607	280781896			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	105226289	175555607	280781896			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

.K [] 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	
25 INPAT ROUTINE SERV COST CTRS			46140	1467197		1467197	25
26 ADULTS & PEDIATRICS	46140		46140	1467197		1467197	25
26 INTENSIVE CARE UNIT	6383		6383	202953		202953	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	1896		1896	60338		60338	33
101 TOTAL	54419		54419	1730488		1730488	101

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	
25 INPAT ROUTINE SERV COST CTRS				23791	90.20	755605	25
26 ADULTS & PEDIATRICS	16266	8377	2.84	23791	90.20	755605	25
26 INTENSIVE CARE UNIT	2673	1299	2.39	3105	75.93	98633	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	1347		1.41		44.79		33
101 TOTAL	20286	9676		26896		854238	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

.K [] 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 CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	RELATED COST	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	10126	321784	27907787	8990043	.000363	3263	.011530	103655 37
38 RECOVERY ROOM	6707	213233	3630616	680328	.001847	1257	.058732	39957 38
39 DELIVERY ROOM & LABOR ROOM	1357	43144	1262695	2428	.001075	3	.034168	83 39
40 ANESTHESIOLOGY	628	19955	2581229	441222	.000243	107	.007731	3411 40
41 RADIOLOGY-DIAGNOSTIC	14123	448980	17253208	1933617	.000819	1584	.026023	50319 41
41.01 NUCLEAR MEDICINE	1006	31936	4756646	764337	.000211	161	.006714	5132 41.01
41.02 ULTRA SOUND	1395	44330	6782108		.000206		.006536	41.02
41.03 CT SCAN	2822	89469	34536690	4929612	.000082	404	.002591	12773 41.03
41.04 MRI UNIT	7728	245628	7743074	1001981	.000998	1000	.031722	31785 41.04
44 LABORATORY	11804	376626	66928670	10917325	.000176	1921	.005627	61432 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	7239	230097	14598609	8029270	.000496	3983	.015762	126557 49
50 PHYSICAL THERAPY	6550	208288	4111060	1194909	.001593	1903	.050665	60540 50
50.01 WOUND CARE	2207	70192	2384002	13635	.000926	13	.029443	401 50.01
55 MEDICAL SUPPLIES CHARGED TO P	9156	291084	12304050	1779613	.000744	1324	.023658	42102 55
56 DRUGS CHARGED TO PATIENTS	4035	128145	16509629	6708027	.000244	1637	.007762	52068 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3962	125866	8554182		.000463		.014714	60
61 EMERGENCY	14501	460905	27575868	2741733	.000526	1442	.016714	45825 61
62 OBSERVATION BEDS (NON-DISTINC	6672	212152	1590832	160028	.004194	671	.133359	21341 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	112018	3561814	261010955	50288108		20673		657381 101

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					16266		8377	25
26	INTENSIVE CARE UNIT					2673		1299	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					1347			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					20286		9676	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
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							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CaseCK [] 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 PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		27907787			8990043		6218350	37
38 RECOVERY ROOM		3630616			680328		956723	38
39 DELIVERY ROOM & LABOR ROOM		1262695			2428			39
40 ANESTHESIOLOGY		2581229			441222		333522	40
41 RADIOLOGY-DIAGNOSTIC		17253208			1933617		4210400	41
41.01 NUCLEAR MEDICINE		4756646			764337		1521624	41.01
41.02 ULTRA SOUND		6782108						41.02
41.03 CT SCAN		34536690			4929612		6905680	41.03
41.04 MRI UNIT		7743074			1001981		1719775	41.04
44 LABORATORY		66928670			10917325		1176783	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		14598609			8029270		3769317	49
50 PHYSICAL THERAPY		4111060			1194909		174233	50
50.01 WOUND CARE		2384002			13635		323400	50.01
55 MEDICAL SUPPLIES CHARGED TO P		12304050			1779613		3819928	55
56 DRUGS CHARGED TO PATIENTS		16509629			6708027		2624278	56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		8554182					551970	60
61 EMERGENCY		27575868			2741733		3067074	61
62 OBSERVATION BEDS (NON-DISTINC		1590832			160028		475382	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		261010955			50288108		37848439	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

X	[]	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 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
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					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
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

X	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0101)	[]	SNF
ICABLE	[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

----- PROGRAM CHARGES -----

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			OUTPATIENT	OUTPATIENT	OTHER
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	AMBULATORY SURGICAL CENTER 2	RADIOLOGY 3	OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.312791	.312791	.312791			37
38 RECOVERY ROOM	.328860	.328860	.328860			38
39 DELIVERY ROOM & LABOR ROOM	1.223881	1.223881	1.223881			39
40 ANESTHESIOLOGY	.060050	.060050	.060050			40
41 RADIOLOGY-DIAGNOSTIC	.412099	.412099	.412099			41
41.01 NUCLEAR MEDICINE	.238270	.238270	.238270			41.01
41.02 ULTRA SOUND	.155610	.155610	.155610			41.02
41.03 CT SCAN	.066660	.066660	.066660			41.03
41.04 MRI UNIT	.178947	.178947	.178947			41.04
44 LABORATORY	.182748	.182748	.182748			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.231270	.231270	.231270			49
50 PHYSICAL THERAPY	.612477	.612477	.612477			50
50.01 WOUND CARE	.713724	.713724	.713724			50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.430048	.430048	.430048			55
56 DRUGS CHARGED TO PATIENTS	.384288	.384288	.384288			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.791103	.791103	.791103			60
61 EMERGENCY	.227938	.227938	.227938			61
62 OBSERVATION BEDS (NON-DISTINCT	1.335193	1.335193	1.335193			62
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
CRNA CHARGES						102
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	.384288	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

K [] TITLE V - O/P [XX] HOSPITAL (14-0101) [] SNF
 LICABLE [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)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.) 5	(SEE INSTRU.) 5.01	(SEE INSTRU.) 5.02	(SEE INSTRU.) 5.03	(SEE INSTRU.) 5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6218350						37
38 RECOVERY ROOM		956723						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		333522						40
41 RADIOLOGY-DIAGNOSTIC		4210400						41
41.01 NUCLEAR MEDICINE		1521624						41.01
41.02 ULTRA SOUND								41.02
41.03 CT SCAN		6905680						41.03
41.04 MRI UNIT		1719775						41.04
44 LABORATORY		1176783						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		3769317						49
50 PHYSICAL THERAPY		174233						50
50.01 WOUND CARE		323400						50.01
55 MEDICAL SUPPLIES CHARGED TO PA		3819928						55
56 DRUGS CHARGED TO PATIENTS		2624278						56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		551970						60
61 EMERGENCY		3067074						61
62 OBSERVATION BEDS (NON-DISTINCT		475382						62
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		37848439						101
CRNA CHARGES								102
PBP CLINIC LAB								103
NET CHARGES		37848439						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

K	[]	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)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1945044					37
38 RECOVERY ROOM		314628					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		20028					40
41 RADIOLOGY-DIAGNOSTIC		1735102					41
41.01 NUCLEAR MEDICINE		362557					41.01
41.02 ULTRA SOUND							41.02
41.03 CT SCAN		460333					41.03
41.04 MRI UNIT		307749					41.04
44 LABORATORY		215055					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		871730					49
50 PHYSICAL THERAPY		106714					50
50.01 WOUND CARE		230818					50.01
55 MEDICAL SUPPLIES CHARGED TO PAT		1642752					55
56 DRUGS CHARGED TO PATIENTS		1008479					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		436665					60
61 EMERGENCY		699103					61
62 OBSERVATION BEDS (NON-DISTINCT		634727					62
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		10991484					101
CRNA CHARGES							102
LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
NET CHARGES		10991484					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHK [] 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	46140		46140	1467197		1467197
26 INTENSIVE CARE UNIT	6383		6383	202953		202953
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1896		1896	60338		60338
101 TOTAL	54419		54419	1730488		1730488

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	16266	895	2.84	2542	90.20	80729
26 INTENSIVE CARE UNIT	2673	280	2.39	669	75.93	21260
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1347	441	1.41	622	44.79	19752
101 TOTAL	20286	1616		3833		121741

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

APPLICABLE
 BOXES

[] TITLE V
 [] TITLE XVIII-PT A
 [XX] TITLE XIX

[XX] HOSPITAL (14-0101) [] SUB III
 [] SUB I [] SUB IV
 [] SUB II [] OTHER

[XX] PPS
 [] TEFRA

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	10126	321784	27907787		.000363		.011530		37
38 RECOVERY ROOM	6707	213233	3630616		.001847		.058732		38
39 DELIVERY ROOM & LABOR ROOM	1357	43144	1262695		.001075		.034168		39
40 ANESTHESIOLOGY	628	19955	2581229		.000243		.007731		40
41 RADIOLOGY-DIAGNOSTIC	14123	448980	17253208		.000819		.026023		41
41.01 NUCLEAR MEDICINE	1006	31936	4756646		.000211		.006714		41.01
41.02 ULTRA SOUND	1395	44330	6782108		.000206		.006536		41.02
41.03 CT SCAN	2822	89469	34536690		.000082		.002591		41.03
41.04 MRI UNIT	7728	245628	7743074		.000998		.031722		41.04
44 LABORATORY	11804	376626	66928670		.000176		.005627		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	7239	230097	14598609		.000496		.015762		49
50 PHYSICAL THERAPY	6550	208288	4111060		.001593		.050665		50
50.01 WOUND CARE	2207	70192	2384002		.000926		.029443		50.01
55 MEDICAL SUPPLIES CHARGED TO P	9156	291084	12304050		.000744		.023658		55
56 DRUGS CHARGED TO PATIENTS	4035	128145	16509629		.000244		.007762		56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	3962	125866	8554182		.000463		.014714		60
61 EMERGENCY	14501	460905	27575868		.000526		.016714		61
62 OBSERVATION BEDS (NON-DISTINC	6672	212152	1590832		.004194		.133359		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	112018	3561814	261010955						101

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/26/2010 10:02

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	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
25	INPAT ROUTINE SERV COST CTRS								
	ADULTS & PEDIATRICS					16266		895	25
26	INTENSIVE CARE UNIT					2673		280	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					1347		441	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					20286		1616	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

K	[]	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 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							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/26/2010 10:02

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	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		27907787					37
38 RECOVERY ROOM		3630616					38
39 DELIVERY ROOM & LABOR ROOM		1262695					39
40 ANESTHESIOLOGY		2581229					40
41 RADIOLOGY-DIAGNOSTIC		17253208					41
41.01 NUCLEAR MEDICINE		4756646					41.01
41.02 ULTRA SOUND		6782108					41.02
41.03 CT SCAN		34536690					41.03
41.04 MRI UNIT		7743074					41.04
44 LABORATORY		66928670					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14598609					49
50 PHYSICAL THERAPY		4111060					50
50.01 WOUND CARE		2384002					50.01
55 MEDICAL SUPPLIES CHARGED TO P		12304050					55
56 DRUGS CHARGED TO PATIENTS		16509629					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		8554182					60
61 EMERGENCY		27575868					61
62 OBSERVATION BEDS (NON-DISTINC		1590832					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		261010955					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
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					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
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

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)	16266						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	16266						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16266						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)	8377						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	14689615						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	14689615						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19123993						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1162850						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17961143						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.768125						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1104.21						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	14689615						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	903.09						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7565185						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7565185						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	4295667	2673	1607.06	1299	2087571		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	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	13327455						48
49	TOTAL PROGRAM INPATIENT COSTS	22980211						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	881134						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	678054						51
	TOTAL PROGRAM EXCLUDABLE COST	1559188						52
	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	21421023						53

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
	1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2352	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	903.09	84
85 OBSERVATION BED COST	2124068	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL ROUTINE COST (FROM LINE 27)		COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
COST 1	COST 2	3	4	5	
86 OLD CAPITAL-RELATED COST	46140	.003141	2124068	6672	86
87 NEW CAPITAL-RELATED COST	1467197	.099880	2124068	212152	87
88 NON PHYSICIAN ANESTHETIST			2124068		88
89 MEDICAL EDUCATION			2124068		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)	16266						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	16266						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16266						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)	895						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	1347						15
16 TITLE V OR XIX NURSERY DAYS	441						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

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	14689615						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	14689615						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19123993						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1162850						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17961143						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.768125						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1104.21						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	14689615						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	903.09					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	808266					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	808266					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)	1333664	1347	990.10	441	436634	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4295667	2673	1607.06	280	449977	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 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	1694877					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	125574					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
TOTAL PROGRAM EXCLUDABLE COST	125574					52
TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	1569303					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						
54	1	1	1	1	1	54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
						65

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						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
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
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0101 MORRIS HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
05/26/2010 10:02

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

INPATIENT ANCILLARY COST APPORTIONMENT

TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0101)	<input type="checkbox"/>	SNF	<input checked="" type="checkbox"/>	PPS
[] TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	NF	<input type="checkbox"/>	TEFRA
[] 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		7657026		25
26 INTENSIVE CARE UNIT		1046820		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.312791	8990043	2812005	37
38 RECOVERY ROOM	.328860	680328	223733	38
39 DELIVERY ROOM & LABOR ROOM	1.223881	2428	2972	39
40 ANESTHESIOLOGY	.060050	441222	26495	40
41 RADIOLOGY-DIAGNOSTIC	.412099	1933617	796842	41
41.01 NUCLEAR MEDICINE	.238270	764337	182119	41.01
41.02 ULTRA SOUND	.155610			41.02
41.03 CT SCAN	.066660	4929612	328608	41.03
41.04 MRI UNIT	.178947	1001981	179301	41.04
44 LABORATORY	.182748	10917325	1995119	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.231270	8029270	1856929	49
50 PHYSICAL THERAPY	.612477	1194909	731854	50
50.01 WOUND CARE	.713724	13635	9732	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.430048	1779613	765319	55
56 DRUGS CHARGED TO PATIENTS	.384288	6708027	2577814	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.791103			60
61 EMERGENCY	.227938	2741733	624945	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.335193	160028	213668	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		50288108	13327455	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		50288108		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
TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
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	.312791		37
38 RECOVERY ROOM	.328860		38
39 DELIVERY ROOM & LABOR ROOM	1.223881		39
40 ANESTHESIOLOGY	.060050		40
41 RADIOLOGY-DIAGNOSTIC	.412099		41
41.01 NUCLEAR MEDICINE	.238270		41.01
41.02 ULTRA SOUND	.155610		41.02
41.03 CT SCAN	.066660		41.03
41.04 MRI UNIT	.178947		41.04
44 LABORATORY	.182748		44
46.30 BLOOD CLOTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.231270		49
50 PHYSICAL THERAPY	.612477		50
50.01 WOUND CARE	.713724		50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.430048		55
56 DRUGS CHARGED TO PATIENTS	.384288		56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.791103		60
61 EMERGENCY	.227938		61
62 OBSERVATION BEDS (NON-DISTINCT	1.335193		62
OTHER REIMBURSABLE COST CENTERS			
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

	HOSPITAL (14-0101)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						1
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	11111794					1.01
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3703931					1.02
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.03
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.04
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.05
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.06
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.07
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						2
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2.01
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997	694943					3
INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	80.84					3.02
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.03
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.04
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.05
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.06
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)						3.06
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)						3.07
3.07 SUM OF LINES 3.04-3.06	0.00					3.08
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.09
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.10
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.11
1 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.12
2 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.13
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.14
3.14 CURRENT YEAR ALLOWABLE FTE						3.15
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
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
3.17 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	15510668					6
7						7
7.01						7.01
8	15510668					8
9	1321945					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	16832613					16
17	6707					17
18	16825906					18
19	1677036					19
20	22428					20
21	233400					21
21.01	163380					21.01
21.02	176938					21.02
22	15289822					22

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	15289822				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	15126442				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	163380				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

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	10991484			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8410820			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
6 ANCILLARY SERVICE CHARGES				7
7 INTERNS AND RESIDENTS SERVICE CHARGES				8
8 ORGAN ACQUISITION CHARGES				9
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				10
10 TOTAL REASONABLE CHARGES				11
CUSTOMARY CHARGES				11
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				12
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)				13
RATIO OF LINE 11 TO LINE 12				14
TOTAL CUSTOMARY CHARGES				15
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				16
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				17
17 LESSER OF COST OR CHARGES				17.01
17.01 TOTAL PPS PAYMENTS	8410820			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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	1985820		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	6425000		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	6425000		23
24 PRIMARY PAYER PAYMENTS	681		24
25 SUBTOTAL	6424319		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	288944		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	202261		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	229229		27.02
28 SUBTOTAL	6626580		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	6626580		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6424319		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	202261		35
PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		15126442		6424319	1
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	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM	.01				3.01
TO PROVIDER	.02				3.02
PROGRAM	.03	NONE		NONE	3.03
TO PROVIDER	.04				3.04
PROGRAM	.05				3.05
TO PROVIDER	.50				3.50
PROGRAM	.51				3.51
TO PROVIDER	.52	NONE		NONE	3.52
PROGRAM	.53				3.53
PROGRAM	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		15126442		6424319	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM	.01				5.01
TO PROVIDER	.02				5.02
PROGRAM	.03				5.03
TO PROVIDER	.50				5.50
PROGRAM	.51				5.51
TO PROVIDER	.52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO PROVIDER	.01				6.01
PROGRAM TO PROVIDER	.02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

S OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

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

	[] 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	
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
	PROGRAM CAPITAL PAYMENTS							26
	CAPITAL EXCEPTION PAYMENTS							27
	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			NF I
	HOSPITAL (14-0101) (PPS)	SUB I	SUB II	SUB III	SUB IV	
	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, REIMBURSABLE BAD DEBTS					37
38.01	REDUCED REIMBURSABLE BAD DEBTS					38
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.01
39	UTILIZATION REVIEW					39.02
40	SUBTOTAL					39
41	INPATIENT ROUTINE SERVICE COST					40
42	MEDICARE INPATIENT ROUTINE CHARGES					41
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					42
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					43
45	RATIO OF LINE 43 TO LINE 44					44
46	TOTAL CUSTOMARY CHARGES					45
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					46
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					47
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					48
50	OTHER ADJUSTMENTS					49
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					50
52	SUBTOTAL					51
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					52
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					53
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					54
56	SEQUESTRATION ADJUSTMENT					55
57	INTERIM PAYMENTS					56
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57
58	BALANCE DUE PROVIDER/PROGRAM					57.01
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)					58
						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	6416217			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	13415628			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES	5428625			8
9	OTHER CURRENT ASSETS	4467500			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	29727970			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	76326646			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	76326646			21
OTHER ASSETS					
22	INVESTMENTS	3241490			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	42344537			25
26	TOTAL OTHER ASSETS	45586027			26
27	TOTAL ASSETS	151640643			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	10206489			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	6887190			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	150404			34
35	OTHER CURRENT LIABILITIES	1370000			35
36	TOTAL CURRENT LIABILITIES	18614083			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	45369104			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	66840			41
42	TOTAL LONG TERM LIABILITIES	45435944			42
43	TOTAL LIABILITIES	64050027			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	87590616			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	87590616			51
	TOTAL LIABILITIES AND FUND BALANCES	151640643			52

PROVIDER NO. 14-0101 MORRIS HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
05/26/2010 10:02

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	77892246			1
2 NET INCOME (LOSS)	9454972			2
3 TOTAL	87347218			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSETS RELEASED	90947			5
6 OTHER NON HOSPITAL	183472			6
7 CONTRIBUTIONS	83784			7
8				8
9				9
10 TOTAL ADDITIONS	358203			10
11 SUBTOTAL	87705421			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 INVESTMENT RETURN	1076			13
14 RELEASED RESTRICTIONS	113729			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	114805			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	87590616			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	14179970		14179970	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	14179970		14179970	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	7056068		7056068	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	7056068		7056068	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	21236038		21236038	18
19 ANCILLARY SERVICES	85774572	179386329	265160901	19
20 OUTPATIENT SERVICES				20
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 TOTAL PATIENT REVENUES	107010605	179386329	286396934	26

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		108933220	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 ROUNDING	-105		34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-105		39
40 TOTAL OPERATING EXPENSES		108933115	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
	TOTAL PATIENT REVENUES	286396934	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	174983506	2
3	NET PATIENT REVENUES	111413428	3
4	LESS - TOTAL OPERATING EXPENSES	108933115	4
5	NET INCOME FROM SERVICE TO PATIENTS	2480313	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2384	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	2149894	24
24.01	NON OPERATING INVESTMENT INCOME	2299946	24.01
24.02	NON OPERATING GAIN ON DISPOSAL	12534	24.02
24.03	CHANGE IN CASH FLOW HEDGING DER.	2363145	24.03
24.04	NET ASSETS RELEASED FROM RESTRICT	90947	24.04
24.05	NET ASSETS TRANSFERS	55809	24.05
25	TOTAL OTHER INCOME	6974659	25
26	TOTAL	9454972	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	9454972	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
2					2
3	1321945				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	1321945				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
					2
					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

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						1
1 OLD CAP REL COSTS-BLDG & FIXT						2
2 OLD CAP REL COSTS-MVBLE EQUIP						3
3 NEW CAP REL COSTS-BLDG & FIXT						4
4 NEW CAP REL COSTS-MVBLE EQUIP						5
5 EMPLOYEE BENEFITS						6
6 ADMINISTRATIVE & GENERAL						7
7 MAINTENANCE & REPAIRS						8
8 OPERATION OF PLANT						9
9 LAUNDRY & LINEN SERVICE						10
10 HOUSEKEEPING						11
11 DIETARY						12
12 CAFETERIA						13
13 MAINTENANCE OF PERSONNEL						14
14 NURSING ADMINISTRATION						15
15 CENTRAL SERVICES & SUPPLY						16
16 PHARMACY						17
17 MEDICAL RECORDS & LIBRARY						18
18 SOCIAL SERVICE						20
20 NONPHYSICIAN ANESTHETISTS						21
21 NURSING SCHOOL						22
22 I&R SERVICES-SALARY & FRINGES						23
23 I&R SERVICES-OTHER PRGM COSTS						24
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						25
25 ADULTS & PEDIATRICS						26
26 INTENSIVE CARE UNIT						33
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						37
37 OPERATING ROOM						38
38 RECOVERY ROOM						39
39 DELIVERY ROOM & LABOR ROOM						40
40 ANESTHESIOLOGY						41
41 RADIOLOGY-DIAGNOSTIC						41
41.01 NUCLEAR MEDICINE						41.01
.02 ULTRA SOUND						41.02
.03 CT SCAN						41.03
41.04 MRI UNIT						41.04
44 LABORATORY						44
44.30 BLOOD CLOTTING FACTORS ADMIN C						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 WOUND CARE						50.01
55 MEDICAL SUPPLIES CHARGED TO PA						55
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						60
60 CLINIC						61
61 EMERGENCY						62
62 OBSERVATION BEDS (NON-DISTINCT						63.50
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						69.10
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						85.01
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						96.01
96.01 MEALS 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