

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 APPLICABLE BOX XX ELECTRONICALLY FILED COST REPORT DATE: 05/25/2011
 MANUALLY SUBMITTED COST REPORT TIME: 14:02

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 01/01/2010 AND ENDING 12/31/2010, 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: 05/25/2011 14:02
 d7rbqkv9BT2TSfJxK0Q:cw1RsMjgb0
 G:clY0yHVvkzWdTUX7XS9N2FSUzyd:
 MY6W0uTBPT0cajpp

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PI Encryption: 05/25/2011 14:02
 EexrDEJhaSfcl0adRwAxgaVu:Zeit0
 Lcxjc04U5tNmjG8E1RhOVA8wFQNg6cx
 BAiZ7kmky90E6BSE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
	1	2	3	4
1 HOSPITAL		163380	178532	1
2 SUBPROVIDER I				2
3 SWING BED - SNF				3
SWING BED - NF				4
SKILLED NURSING FACILITY				5
NURSING FACILITY				6
7 HOME HEALTH AGENCY				7
8 OUTPATIENT REHABILITATION PROVIDER				8
9 HEALTH CLINIC				9
100 TOTAL		163380	178532	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:
 1 STREET: 150 WEST HIGH STREET
 1.01 CITY: MORRIS STATE: IL

P.O. BOX: 1
 ZIP CODE: 60450 COUNTY: GRUNDY 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0101	07/01/1966	N	P	P	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF	MORRIS HOSPITAL	14-U101	10/07/1994	N	N	5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 01/01/2010 TO: 12/31/2010				17
18	TYPE OF CONTROL		1 2				18
19	HOSPITAL		1				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.		NO	NO			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	12/31/2000	Y	16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO.		NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).		NO	NO			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.				NO		21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER 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
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	NO		25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.	0.00		25.08
			PROGRAM NAME(1) PROGRAM CODE(2)	RESIDENT FTEs(3)
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
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
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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
MISCELLANEOUS COST REPORTING INFORMATION				
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO		33
	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO		34
	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO		35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL				
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	V 1	XVIII 2
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES NO	XIX 3 NO
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?			
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

- 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? NO 45
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.
 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	N	47
48 SUBPROVIDER I	N	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
 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 54
 PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:
 53.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. NO 54.01
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. NO 55
- 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. DATE Y/N LIMIT Y/N FEES
 0 1 2 3 4
 / / NO 0.00 NO 56
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? NO 57
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? NO 58
 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 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 58.01
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? NO 59
 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)

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		60.01
MULTICAMPUS			
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO	61
	COUNTY: 1	STATE: 2	ZIP CODE 3
		CBSA 4	FTE/ CAMPUS 5
SETTLEMENT DATA			
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO	63
MISCELLANEOUS DATA			
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.	NO	64

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE	TITLE	TITLE			
	V 12	XVIII 13	XIX 14	15		
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2242	610	4988		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		2242	610	4988		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

II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL. 1 + COL. 2)	PAID HOURS RELATED TO SALARY IN COL. 3	AVERAGE HOURLY WAGE (COL. 3 / COL. 4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	43988496		43988496	1585230.40	27.75		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	492040		492040	4316.00	114.00	W/S A-8-2 W/P	4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	3308906		3308906	33413.00	99.03	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	136058	72607	208665	12043.00	17.33	FTE/HRS SUMMARY	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	312416		312416	4481.00	69.72	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)	13171666		13171666			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	68748		68748			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	162110		162110			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	1090171		1090171			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	281620		281620	11107.20	25.35		21
22	ADMINISTRATIVE & GENERAL	6453594	396862	6850456	252491.20	27.13		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS				27352.00			23
24	OPERATION OF PLANT	735316		735316				24
25	LAUNDRY & LINEN SERVICE	24807		24807	2163.20	11.47		25
26	HOUSEKEEPING	1096553		1096553	80412.80	13.64		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1071176	-655768	415408	69388.80	5.99		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		516261	516261				28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	531005		531005	16224.00	32.73		30
31	CENTRAL SERVICES AND SUPPLY	587386	-329962	257424	34736.00	7.41		31
32	PHARMACY	1202076		1202076	31491.20	38.17		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1415009		1415009	72363.20	19.55		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		1	2	3	4	5	
1	NET SALARIES	40679590		40679590	1551817.40	26.21	1
2	EXCLUDED AREA SALARIES	136058	72607	208665	12043.00	17.33	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	40543532	-72607	40470925	1539774.40	26.28	3
4	SUBTOTAL OTHER WAGES & REL COSTS	312416		312416	4481.00	69.72	4
5	SUBTOTAL WAGE-RELATED COSTS	13333776		13333776		32.95	5
6	TOTAL (SUM OF LINES 3 THRU 5)	54189724	-72607	54117117	1544255.40	35.04	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	13398542	-72607	13325935	597729.60	22.29	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 WRITS-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	4644385	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	106342	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	80730	19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4831457	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	611770	23
24	COST TO CHARGE RATIO	0.320321	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	195963	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	198363	26
27	TOTAL SCHIP COST	63540	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	30596468	28
29	TOTAL GROSS MEDICAID COST	9800691	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	18065994	30
31	UNCOMPENSATED CARE COST	5786917	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	10060194	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					128419		128419	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				2983368	2983368	186437	3169805	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4027426	4027426		4027426	4
5	0500 EMPLOYEE BENEFITS	281620	14631134	14912754	-6722	14906032	-6358145	8547887	5
6	0600 ADMINISTRATIVE & GENERAL	6453594	22324322	28777916	-3906917	24870999	-5594390	19276609	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	735316	2187118	2922434	-25357	2897077		2897077	8
9	0900 LAUNDRY & LINEN SERVICE	24807	394531	419338	-740	418598		418598	9
10	1000 HOUSEKEEPING	1096553	536522	1633075	-16337	1616738		1616738	10
11	1100 DIETARY	1071176	613149	1684325	-1138223	546102		546102	11
12	1200 CAFETERIA				858046	858046			12
13	1300 MAINTENANCE OF PERSONNEL						-318344	539702	13
14	1400 NURSING ADMINISTRATION	531005	33696	564701	-229	564472		564472	14
15	1500 CENTRAL SERVICES & SUPPLY	587386	4426049	5013435	-889271	4124164		4124164	15
16	1600 PHARMACY	1202076	4318128	5520204	-31825	5488379		5488379	16
17	1700 MEDICAL RECORDS & LIBRARY	1415009	550627	1965636	-83490	1882146		1882146	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	7178117	662954	7841071	-1076530	6764541		6764541	25
26	2600 INTENSIVE CARE UNIT	3203711	473966	3677677	-1003047	2674630	-230901	2443729	26
33	3300 NURSERY				660791	660791		660791	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	1899597	4884676	6784273	-340540	6443733		6443733	37
38	3800 RECOVERY ROOM	392845	24121	416966	-10555	406411		406411	38
39	3900 DELIVERY ROOM & LABOR ROOM				1044348	1044348		1044348	39
40	4000 ANESTHESIOLOGY		35935	35935	-26972	8963		8963	40
41	4100 RADIOLOGY-DIAGNOSTIC	2156881	1777395	3934276	-704226	3230050		3230050	41
41.01	4101 NUCLEAR MEDICINE	294163	404785	698948	-706	698242		698242	41.01
41.02	4102 ULTRA SOUND	483278	136849	620127	-70099	550028		550028	41.02
41.03	4103 CT SCAN	582615	722745	1305360	-4396	1300964		1300964	41.03
41.04	4104 MRI UNIT	240582	284261	524843	-45447	479396		479396	41.04
44	4400 LABORATORY	3300792	4883038	8183830	-216285	7967545	-244903	7722642	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1394009	359389	1753398	-43566	1709832		1709832	49
50	5000 PHYSICAL THERAPY	858914	330293	1189207	-97182	1092025		1092025	50
50.01	5001 WOUND CARE	884546	63248	947794	-21235	926559		926559	50.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT								55
56	5600 DRUGS CHARGED TO PATIENTS								56
59	3950 OTHER ANCILLARY								59
59.97	3997 CARDIAC REHABILITATION	133455	38267	171722		171722		171722	59.97
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	5014384	2223847	7238231	-9276	7228955	-2803996	4424959	60
61	6100 EMERGENCY	2436007	826208	3262215	-40846	3221369		3221369	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	43852438	68147253	111999691	-107621	111892070	-15364242	96527828	95
	NONREIMBURSABLE COST CENTERS								
96.01	9601 MEALS ON WHEELS				120676	120676	-27286	93390	96.01
99.01	9901 PATIENT TRANSPORTATION	136058	120586	256644	-13055	243589		243589	99.01
101	TOTAL	43988496	68267839	112256335		112256335	-15391528	96864807	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1	2	3	4	5		
1 LDR & NURSERY	A	DELIVERY ROOM & LABOR ROOM	39	885731	158617	1
2	A	NURSERY	33	560429	100362	2
3 CAFETERIA RECLASS	A	CAFETERIA	12	516261	341785	3
4	A	ADMINISTRATIVE & GENERAL	6	66900	44291	4
5	A	MEALS ON WHEELS	96.01	72607	48069	5
6 DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		6722	6
7	A	NEW CAP REL COSTS-BLDG & FIXT	3		3108775	7
8	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1748337	8
9	A	NEW CAP REL COSTS-MVBLE EQUIP	4		25357	9
10	A	NEW CAP REL COSTS-MVBLE EQUIP	4		740	10
11	A	NEW CAP REL COSTS-MVBLE EQUIP	4		16337	11
12	A	NEW CAP REL COSTS-MVBLE EQUIP	4		48310	12
13	A	NEW CAP REL COSTS-MVBLE EQUIP	4		229	13
14	A	NEW CAP REL COSTS-MVBLE EQUIP	4		50267	14
15	A	NEW CAP REL COSTS-MVBLE EQUIP	4		31825	15
16	A	NEW CAP REL COSTS-MVBLE EQUIP	4		83490	16
17	A	NEW CAP REL COSTS-MVBLE EQUIP	4		230901	17
18	A	NEW CAP REL COSTS-MVBLE EQUIP	4		143537	18
19	A	NEW CAP REL COSTS-MVBLE EQUIP	4		340540	19
20	A	NEW CAP REL COSTS-MVBLE EQUIP	4		10555	20
21	A	NEW CAP REL COSTS-MVBLE EQUIP	4		26972	21
22	A	NEW CAP REL COSTS-BLDG & FIXT	3		3012	22
23	A	NEW CAP REL COSTS-MVBLE EQUIP	4		701214	23
24	A	NEW CAP REL COSTS-MVBLE EQUIP	4		706	24
25	A	NEW CAP REL COSTS-MVBLE EQUIP	4		70099	25
26	A	NEW CAP REL COSTS-MVBLE EQUIP	4		4396	26
27	A	NEW CAP REL COSTS-MVBLE EQUIP	4		45447	27
28	A	NEW CAP REL COSTS-MVBLE EQUIP	4		216285	28
29	A	NEW CAP REL COSTS-MVBLE EQUIP	4		43566	29
30	A	NEW CAP REL COSTS-MVBLE EQUIP	4		97182	30
31	A	NEW CAP REL COSTS-MVBLE EQUIP	4		21235	31
32	A	NEW CAP REL COSTS-MVBLE EQUIP	4		9276	32
33	A	NEW CAP REL COSTS-MVBLE EQUIP	4		40846	33
34	A	NEW CAP REL COSTS-MVBLE EQUIP	4		13055	34
35 PURCHASING	A	ADMINISTRATIVE & GENERAL	6	329962	509042	35
36 SUBTOTAL				2431890	8341379	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER 6	DECREASE		OTHER 9	WKST A-7 REF. 10
			LINE # 7	SALARY 8		
1 LDR & NURSERY	A	ADULTS & PEDIATRICS	25	885731	158617	1
2	A	ADULTS & PEDIATRICS	25	560429	100362	2
3 CAFETERIA RECLASS	A	DIETARY	11	516261	341785	3
4	A	DIETARY	11	66900	44291	4
5	A	DIETARY	11	72607	48069	5
6 DEPRECIATION	A	EMPLOYEE BENEFITS	5		6722	9 6
7	A	ADMINISTRATIVE & GENERAL	6		3108775	9 7
8	A	ADMINISTRATIVE & GENERAL	6		1748337	9 8
9	A	OPERATION OF PLANT	8		25357	9 9
10	A	LAUNDRY & LINEN SERVICE	9		740	9 10
11	A	HOUSEKEEPING	10		16337	9 11
12	A	DIETARY	11		48310	9 12
13	A	NURSING ADMINISTRATION	14		229	9 13
14	A	CENTRAL SERVICES & SUPPLY	15		50267	9 14
15	A	PHARMACY	16		31825	9 15
16	A	MEDICAL RECORDS & LIBRARY	17		83490	9 16
17	A	ADULTS & PEDIATRICS	25		230901	9 17
18	A	INTENSIVE CARE UNIT	26		143537	9 18
19	A	OPERATING ROOM	37		340540	9 19
20	A	RECOVERY ROOM	38		10555	9 20
21	A	ANESTHESIOLOGY	40		26972	9 21
22	A	RADIOLOGY-DIAGNOSTIC	41		3012	9 22
23	A	RADIOLOGY-DIAGNOSTIC	41		701214	9 23
24	A	NUCLEAR MEDICINE	41.01		706	9 24
25	A	ULTRA SOUND	41.02		70099	9 25
26	A	CT SCAN	41.03		4396	9 26
27	A	MRI UNIT	41.04		45447	9 27
28	A	LABORATORY	44		216285	9 28
29	A	RESPIRATORY THERAPY	49		43566	9 29
30	A	PHYSICAL THERAPY	50		97182	9 30
31	A	WOUND CARE	50.01		21235	9 31
32	A	CLINIC	60		9276	9 32
33	A	EMERGENCY	61		40846	9 33
34	A	PATIENT TRANSPORTATION	99.01		13055	9 34
35 PURCHASING	A	CENTRAL SERVICES & SUPPLY	15	329962	509042	9 35
36 SUBTOTAL				2431890	8341379	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			2	
			COST CENTER	LINE #	SALARY		OTHER
3	4	5	6	7	8	9	
1	OLD CAPITAL DEPR	A	OLD CAP REL COSTS-BLEDG & FIXT	1		128419	1
2		A					2
3	RECLASS ICU INTERMEDIATE TO A&P	A	ADULTS & PEDIATRICS	25	748739	110771	3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				3180629	8580569	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	619850					619850	1
2 LAND IMPROVEMENTS	1686761					1686761	2
3 BUILDINGS AND FIXTURES	8130346				15652	8114694	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	5828238					5828238	5
6 MOVABLE EQUIPMENT	3614048				41901	3572147	6
7 SUBTOTAL	19879243				57553	19821690	7
8 RECONCILING ITEMS	-290000					-290000	8
9 TOTAL	20169243				57553	20111690	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	5874164		56083	56083		5930247	1
2 LAND IMPROVEMENTS	3539075	97147		97147		3636222	2
3 BUILDINGS AND FIXTURES	54333340	155516	255942	411458	171465	54573333	3
4 BUILDING IMPROVEMENTS	1584424	1310		1310		1585734	4
5 FIXED EQUIPMENT	14562530	229095	11156	240251	73500	14729281	5
6 MOVABLE EQUIPMENT	46493126	4625826	92372	4718198	2145253	49066071	6
7 SUBTOTAL	126386659	5108894	415553	5524447	2390218	129520888	7
8 RECONCILING ITEMS	-775465					-775465	8
9 TOTAL	127162124	5108894	415553	5524447	2390218	130296353	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	128419						128419
2 OLD CAP REL COSTS-MVBLE EQUIP							
3 NEW CAP REL COSTS-BLDG & FIXT	2983368	186437					3169805
4 NEW CAP REL COSTS-MVBLE EQUIP	4027426						4027426
5 TOTAL	7139213	186437					7325650

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							
2 OLD CAP REL COSTS-MVBLE EQUIP							
3 NEW CAP REL COSTS-BLDG & FIXT							
4 NEW CAP REL COSTS-MVBLE EQUIP							
5 TOTAL							

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3279800			12
13 SALE OF SCRAP, WASTE, ETC.	B	-76462	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	-318344	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	-2260	ADMINISTRATIVE & GENERAL	6	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-7530	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-8-3		UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 BAD DEBT EXPENSE	A	-6431245	ADMINISTRATIVE & GENERAL	6	37
38 EMPLOYEE SELF INSURANCE	A	-6358145	EMPLOYEE BENEFITS	5	38
39 LIFELINE	A	-54631	ADMINISTRATIVE & GENERAL	6	39
40 FUNDED DEPR FEES	A	-80164	ADMINISTRATIVE & GENERAL	6	40
41 CHANGE IN CASH FLOW HEDGING DERIV	B	1102586	ADMINISTRATIVE & GENERAL	6	41
42 LOSS OF ASSET DISPOSAL	B	186437	NEW CAP REL COSTS-BLDG & FIXT	3	42
43 ID BADGES	B	-180	ADMINISTRATIVE & GENERAL	6	43
44					44
45 MEALS ON WHEELS	B	-27286	MEALS ON WHEELS	96.01	45
46 MISC INCOME	B	-736	ADMINISTRATIVE & GENERAL	6	46
47 PURCHASED DISCOUNTS	B	-15445	ADMINISTRATIVE & GENERAL	6	47
48 ASSOC. DUES - LOBBYING COST	B	-28323	ADMINISTRATIVE & GENERAL	6	48
49					49
50 TOTAL		-15391528			50

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

WORKSHEET A-8-1

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

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

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1					
2					
3					
4					
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 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/25/2011 14:01

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	438377	244903	243474	260000	2132	13325
2 60	CLINIC	AGGREGATE - CLINIC	2803996	2803996			266500	
3 26	INTENSIVE CARE UNIT	AGGREGATE - HOSPITA	461803	230901	230902	260000	2080	13000
101	TOTAL		3754176	3279800	474376		4212	26325

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT	128419	128419							1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	3169805		3169805						3
4 NEW CAP REL COSTS-MVBLE EQUIP	4027426			4027426					4
5 EMPLOYEE BENEFITS	8547887	418	10324	13117	8571746				5
6 ADMINISTRATIVE & GENERAL	19276609	29341	724291	920257	1343501	22293999	22293999		6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	2897077	12529	309247	392917	144209	3755979	1122903	4878882	8
9 LAUNDRY & LINEN SERVICE	418598	1219	30078	38216	4865	492976	147382	69026	9
10 HOUSEKEEPING	1616738	942	23258	29551	215055	1885544	563710	53376	10
11 DIETARY	546102	3797	93721	119078	81469	844167	252376	215082	11
12 CAFETERIA	539702	1944	47977	60957	101249	751829	224770	110103	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	564472	1061	26196	33283	104140	729152	217990	60117	14
15 CENTRAL SERVICES & SUPPLY	4124164	4641	114557	145551	50486	4439399	1327220	262900	15
16 PHARMACY	5488379	756	18655	23702	235750	5767242	1724198	42811	16
17 MEDICAL RECORDS & LIBRARY	1882146	2988	73760	93717	277510	2330121	696622	169274	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	6764541	23203	572733	727692	1270988	9359157	2798064	1314383	25
26 INTENSIVE CARE UNIT	2443729	2104	51928	65977	481467	3045205	910407	119170	26
33 NURSERY	660791	397	9791	12440	109911	793330	237177	22470	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	6443733	4027	99389	126280	372547	7045976	2106493	228091	37
38 RECOVERY ROOM	406411	4230	104405	132653	77044	724743	216672	239602	38
39 DELIVERY ROOM & LABOR ROOM	1044348	298	7352	9341	173709	1235048	369235	16872	39
40 ANESTHESIOLOGY	8963	362	8932	11349		29606	8851	20499	40
41 RADIOLOGY-DIAGNOSTIC	3230050	7274	179557	228138	423005	4068024	1216193	412069	41
41.01 NUCLEAR MEDICINE	698242	301	7421	9428	57691	773083	231124	17030	41.01
41.02 ULTRA SOUND	550028	546	13467	17111	94780	675932	202079	30906	41.02
41.03 CT SCAN	1300964	853	21060	26758	114262	1463897	437653	48330	41.03
41.04 MRI UNIT	479396	4846	119624	151990	47183	803039	240080	274529	41.04
44 LABORATORY	7722642	3779	93274	118510	647348	8585553	2566771	214057	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1709832	3747	92484	117506	273392	2196961	656812	212244	49
50 PHYSICAL THERAPY	1092025	3683	90904	115498	168449	1470559	439644	208617	50
50.01 WOUND CARE	926559	918	22657	28787	173476	1152397	344525	51997	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
59 OTHER ANCILLARY									59
59.97 CARDIAC REHABILITATION	171722				26173	197895	59163		59.97
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	4424959	452	11148	14164	983416	5434139	1624612	25584	60
61 EMERGENCY	3221369	7677	189485	240752	477747	4137030	1236823	434855	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	96527828	128333	3167675	4024720	8530822	96481982	22179549	4873994	95
NONREIMBURSABLE COST CENTERS									
96.01 MEALS ON WHEELS	93390				14240	107630	32177		96.01
99.01 PATIENT TRANSPORTATION	243589	86	2130	2706	26684	275195	82273	4888	99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	96864807	128419	3169805	4027426	8571746	96864807	22293999	4878882	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 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	709384								9
10 HOUSEKEEPING		2502630							10
11 DIETARY		113166	1424791						11
12 CAFETERIA		57931		1144633					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		31631		17052	1055942				14
15 CENTRAL SERVICES & SUPPLY		138325		36236	65755	6269835			15
16 PHARMACY		22525		31973	58019		7646768		16
17 MEDICAL RECORDS & LIBRARY		89064		74604				3359685	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	546931	691565	1098506	240862	437074			137489	25
26 INTENSIVE CARE UNIT	109238	62702	219403	68209	123773			82021	26
33 NURSERY	53215	11823	106882	17052	30943			9720	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		120010		57551	104434			339925	37
38 RECOVERY ROOM		126067		10658				45262	38
39 DELIVERY ROOM & LABOR ROOM		8877		27710				15933	39
40 ANESTHESIOLOGY		10786						32295	40
41 RADIOLOGY-DIAGNOSTIC		216811		78867				213504	41
41.01 NUCLEAR MEDICINE		8960		6395				49511	41.01
41.01 ULTRA SOUND		16261		12789				85343	41.02
41.01 CT SCAN		25429		17052				406782	41.03
41.01 MRI UNIT		144444		6395				89218	41.04
44 LABORATORY		112626		112971	205000			626921	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		111672		46894				360702	49
50 PHYSICAL THERAPY		109764		27710				47590	50
50.01 WOUND CARE		27358		29841				29695	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT						6269835		151691	55
56 DRUGS CHARGED TO PATIENTS							7646768	192407	56
59 OTHER ANCILLARY									59
59.97 CARDIAC REHABILITATION					7736			3779	59.97
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		13461		134287				99031	60
61 EMERGENCY		228800		76735				340866	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	709384	2500058	1424791	1131843	1032734	6269835	7646768	3359685	95
NONREIMBURSABLE COST CENTERS									
96.01 MEALS ON WHEELS				6395	11604				96.01
99.01 PATIENT TRANSPORTATION		2572		6395	11604				99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	709384	2502630	1424791	1144633	1055942	6269835	7646768	3359685	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
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	16624031		16624031	25
26 INTENSIVE CARE UNIT	4740128		4740128	26
33 NURSERY	1282612		1282612	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	10002480		10002480	37
38 RECOVERY ROOM	1363004		1363004	38
39 DELIVERY ROOM & LABOR ROOM	1673675		1673675	39
40 ANESTHESIOLOGY	102037		102037	40
41 RADIOLOGY-DIAGNOSTIC	6205468		6205468	41
41.01 NUCLEAR MEDICINE	1086103		1086103	41.01
4 ULTRA SOUND	1023310		1023310	41.02
4 CT SCAN	2399143		2399143	41.03
41.04 MRI UNIT	1557705		1557705	41.04
44 LABORATORY	12423899		12423899	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	3585285		3585285	49
50 PHYSICAL THERAPY	2303884		2303884	50
50.01 WOUND CARE	1635813		1635813	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	6421526		6421526	55
56 DRUGS CHARGED TO PATIENTS	7839175		7839175	56
59 OTHER ANCILLARY				59
59.97 CARDIAC REHABILITATION	268573		268573	59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	7331114		7331114	60
61 EMERGENCY	6455109		6455109	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	96324074		96324074	95
NONREIMBURSABLE COST CENTERS				
96.01 MEALS ON WHEELS	157806		157806	96.01
99.01 PATIENT TRANSPORTATION	382927		382927	99.01
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	96864807		96864807	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	CAP REL	EMPLOYEE	ADMINIS-	OPERATION	LAUNDRY	HOUSE-
	CAP-REL	BLDGS &	COST TO	BENEFITS	TRATIVE &	OF PLANT	& LINEN	KEEPING
	COSTS	FIXTURES	BE ALLOC		GENERAL		SERVICE	
	0	1	4A	5	6	8	9	10
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5		418	418	418				5
6		29341	29341	49	29390			6
7								7
8		12529	12529	7	1480	14016		8
9		1219	1219		194	198		9
10		942	942	11	743	153	1611	1849
11		3797	3797	4	333	618		84
12		1944	1944	5	296	316		43
13								13
14		1061	1061	5	287	173		23
15		4641	4641	3	1749	755		102
16		756	756	12	2272	123		17
17		2988	2988	14	918	486		66
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25		23203	23203	65	3696	3778	1242	509
26		2104	2104	25	1200	342	248	46
33		397	397	6	313	65	121	9
ANCILLARY SERVICE COST CENTERS								
37		4027	4027	19	2776	655		89
38		4230	4230	4	286	688		93
39		298	298	9	487	48		7
40		362	362		12	59		8
41		7274	7274	22	1603	1184		160
41.01		301	301	3	305	49		7
41.04		546	546	5	266	89		12
41.04		853	853	6	577	139		19
44		4846	4846	2	316	789		107
44		3779	3779	33	3383	615		83
46.30								46.30
49		3747	3747	14	866	610		83
50		3683	3683	9	579	599		81
50.01		918	918	9	454	149		20
55								55
56								56
59								59
59.97				1	78			59.97
OUTPATIENT SERVICE COST CENTERS								
60		452	452	50	2141	73		10
61		7677	7677	24	1630	1249		169
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		128333	128333	416	29240	14002	1611	1847
NONREIMBURSABLE COST CENTERS								
96.01				1	42			96.01
99.01		86	86	1	108	14		2
101								101
102								102
103		128419	128419	418	29390	14016	1611	1849

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
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	4836							11
12 CAFETERIA		2604						12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		39	1588					14
15 CENTRAL SERVICES & SUPPLY		82	99	7431				15
16 PHARMACY		73	87		3340			16
17 MEDICAL RECORDS & LIBRARY		170				4642		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	3728	546	658			185	37610	25
26 INTENSIVE CARE UNIT	745	155	186			110	5161	26
33 NURSERY	363	39	47			13	1373	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		131	157			456	8310	37
38 RECOVERY ROOM		24				61	5386	38
39 DELIVERY ROOM & LABOR ROOM		63				21	933	39
40 ANESTHESIOLOGY						43	484	40
41 RADIOLOGY-DIAGNOSTIC		179				287	10709	41
41.01 NUCLEAR MEDICINE		15				66	746	41.01
ULTRA SOUND		29				115	1062	41.02
CT SCAN		39				546	2179	41.03
41.04 MRI UNIT		15				120	6195	41.04
44 LABORATORY		257	308			973	9431	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		107				484	5911	49
50 PHYSICAL THERAPY		63				64	5078	50
50.01 WOUND CARE		68				40	1658	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT				7431		204	7635	55
56 DRUGS CHARGED TO PATIENTS					3340	258	3598	56
59 OTHER ANCILLARY								59
59.97 CARDIAC REHABILITATION			12			5	96	59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		305				133	3164	60
61 EMERGENCY		175				458	11382	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	4836	2574	1554	7431	3340	4642	128101	95
NONREIMBURSABLE COST CENTERS								
96.01 MEALS ON WHEELS		15	17				75	96.01
99.01 PATIENT TRANSPORTATION		15	17				243	99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	4836	2604	1588	7431	3340	4642	128419	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		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	37610	25
26	INTENSIVE CARE UNIT	5161	26
33	NURSERY	1373	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	8310	37
38	RECOVERY ROOM	5386	38
39	DELIVERY ROOM & LABOR ROOM	933	39
40	ANESTHESIOLOGY	484	40
41	RADIOLOGY-DIAGNOSTIC	10709	41
41.01	NUCLEAR MEDICINE	746	41.01
?	ULTRA SOUND	1062	41.02
	CT SCAN	2179	41.03
41.04	MRI UNIT	6195	41.04
44	LABORATORY	9431	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	5911	49
50	PHYSICAL THERAPY	5078	50
50.01	WOUND CARE	1658	50.01
55	MEDICAL SUPPLIES CHARGED TO PAT	7635	55
56	DRUGS CHARGED TO PATIENTS	3598	56
59	OTHER ANCILLARY		59
59.97	CARDIAC REHABILITATION	96	59.97
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	3164	60
61	EMERGENCY	11382	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	128101	95
NONREIMBURSABLE COST CENTERS			
96.01	MEALS ON WHEELS	75	96.01
99.01	PATIENT TRANSPORTATION	243	99.01
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	128419	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		10324	13117	23441	23441			5
6 ADMINISTRATIVE & GENERAL		724291	920257	1644548	3685	1648233		6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT		309247	392917	702164	394	83018	785576	8
9 LAUNDRY & LINEN SERVICE		30078	38216	68294	13	10896	11114	90317 9
10 HOUSEKEEPING		23258	29551	52809	588	41676	8594	10
11 DIETARY		93721	119078	212799	223	18659	34632	11
12 CAFETERIA		47977	60957	108934	277	16618	17728	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		26196	33283	59479	285	16116	9680	14
15 CENTRAL SERVICES & SUPPLY		114557	145551	260108	138	98124	42331	15
16 PHARMACY		18655	23702	42357	644	127473	6893	16
17 MEDICAL RECORDS & LIBRARY		73760	93717	167477	758	51503	27256	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		572733	727692	1300425	3474	206861	211636	69634 25
26 INTENSIVE CARE UNIT		51928	65977	117905	1316	67308	19188	13908 26
33 NURSERY		9791	12440	22231	300	17535	3618	6775 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		99389	126280	225669	1018	155737	36726	37
38 RECOVERY ROOM		104405	132653	237058	211	16019	38580	38
39 DELIVERY ROOM & LABOR ROOM		7352	9341	16693	475	27298	2717	39
40 ANESTHESIOLOGY		8932	11349	20281		654	3301	40
41 RADIOLOGY-DIAGNOSTIC		179557	228138	407695	1156	89916	66350	41
41.01 NUCLEAR MEDICINE		7421	9428	16849	158	17087	2742	41.01
41.02 ULTRA SOUND		13467	17111	30578	259	14940	4976	41.02
41.03 CT SCAN		21060	26758	47818	312	32357	7782	41.03
41.04 MRI UNIT		119624	151990	271614	129	17750	44203	41.04
44 LABORATORY		93274	118510	211784	1769	189766	34467	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		92484	117506	209990	747	48559	34175	49
50 PHYSICAL THERAPY		90904	115498	206402	460	32504	33591	50
50.01 WOUND CARE		22657	28787	51444	474	25471	8372	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT								55
56 DRUGS CHARGED TO PATIENTS								56
59 OTHER ANCILLARY								59
59.97 CARDIAC REHABILITATION					72	4374		59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		11148	14164	25312	2688	120111	4119	60
61 EMERGENCY		189485	240752	430237	1306	91441	70018	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		3167675	4024720	7192395	23329	1639771	784789	90317 95
NONREIMBURSABLE COST CENTERS								
96.01 MEALS ON WHEELS					39	2379		96.01
99.01 PATIENT TRANSPORTATION		2130	2706	4836	73	6083	787	99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		3169805	4027426	7197231	23441	1648233	785576	90317 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	103667							10
11 DIETARY	4688	271001						11
12 CAFETERIA	2400		145957					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1310		2174	89044				14
15 CENTRAL SERVICES & SUPPLY	5730		4621	5545	416597			15
16 PHARMACY	933		4077	4893		187270		16
17 MEDICAL RECORDS & LIBRARY	3689		9513				260196	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	28646	208941	30716	36856			10645	2107834 25
26 INTENSIVE CARE UNIT	2597	41731	8698	10437			6351	289439 26
33 NURSERY	490	20329	2174	2609			753	76814 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	4971		7339	8807			26319	466586 37
38 RECOVERY ROOM	5222		1359				3504	301953 38
39 DELIVERY ROOM & LABOR ROOM	368		3533				1234	52318 39
40 ANESTHESIOLOGY	447						2500	27183 40
41 RADIOLOGY-DIAGNOSTIC	8981		10057				16531	600686 41
41.01 NUCLEAR MEDICINE	371		815				3833	41855 41.01
41.02 ULTRA SOUND	674		1631				6608	59666 41.02
41.03 CT SCAN	1053		2174				31495	122991 41.03
41.04 MRI UNIT	5983		815				6908	347402 41.04
44 LABORATORY	4665		14405	17287			48608	522751 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	4626		5980				27928	332005 49
50 PHYSICAL THERAPY	4547		3533				3685	284722 50
50.01 WOUND CARE	1133		3805				2299	92998 50.01
55 MEDICAL SUPPLIES CHARGED TO PAT					416597		11745	428342 55
56 DRUGS CHARGED TO PATIENTS						187270	14897	202167 56
59 OTHER ANCILLARY								59
59.97 CARDIAC REHABILITATION				652			293	5391 59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	558		17123				7668	177579 60
61 EMERGENCY	9478		9785				26392	638657 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	103560	271001	144327	87086	416597	187270	260196	7179339 95
NONREIMBURSABLE COST CENTERS								
96.01 MEALS ON WHEELS			815	979				4212 96.01
99.01 PATIENT TRANSPORTATION	107		815	979				13680 99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	103667	271001	145957	89044	416597	187270	260196	7197231 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

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	2107834		25
26 INTENSIVE CARE UNIT	289439		26
33 NURSERY	76814		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	466586		37
38 RECOVERY ROOM	301953		38
39 DELIVERY ROOM & LABOR ROOM	52318		39
40 ANESTHESIOLOGY	27183		40
41 RADIOLOGY-DIAGNOSTIC	600686		41
41.01 NUCLEAR MEDICINE	41855		41.01
41.02 ULTRA SOUND	59666		41.02
41.03 CT SCAN	122991		41.03
41.04 MRI UNIT	347402		41.04
44 LABORATORY	522751		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	332005		49
50 PHYSICAL THERAPY	284722		50
50.01 WOUND CARE	92998		50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	428342		55
56 DRUGS CHARGED TO PATIENTS	202167		56
59 OTHER ANCILLARY			59
59.97 CARDIAC REHABILITATION	5391		59.97
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	177579		60
61 EMERGENCY	638657		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	7179339		95
NONREIMBURSABLE COST CENTERS			
96.01 MEALS ON WHEELS	4212		96.01
99.01 PATIENT TRANSPORTATION	13680		99.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	7197231		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES	
	1	2	3	4	5	6A
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	43706876	5
6 ADMINISTRATIVE & GENERAL	42165	42165	42165	42165	6850456	-22293999
7 MAINTENANCE & REPAIRS						6
8 OPERATION OF PLANT	18003	18003	18003	18003	735316	7
9 LAUNDRY & LINEN SERVICE	1751	1751	1751	1751	24807	8
10 HOUSEKEEPING	1354	1354	1354	1354	1096553	9
11 DIETARY	5456	5456	5456	5456	415408	10
12 CAFETERIA	2793	2793	2793	2793	516261	11
13 MAINTENANCE OF PERSONNEL						12
14 NURSING ADMINISTRATION	1525	1525	1525	1525	531005	13
15 CENTRAL SERVICES & SUPPLY	6669	6669	6669	6669	257424	14
16 PHARMACY	1086	1086	1086	1086	1202076	15
17 MEDICAL RECORDS & LIBRARY	4294	4294	4294	4294	1415009	16
18 SOCIAL SERVICE						17
20 NONPHYSICIAN ANESTHETISTS						18
21 NURSING SCHOOL						20
22 I&R SERVICES-SALARY & FRINGES						21
23 I&R SERVICES-OTHER PRGM COSTS						22
24 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	33342	33342	33342	33342	6480696	24
26 INTENSIVE CARE UNIT	3023	3023	3023	3023	2454972	25
33 NURSERY	570	570	570	570	560429	26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5786	5786	5786	5786	1899597	27
38 RECOVERY ROOM	6078	6078	6078	6078	392845	28
39 DELIVERY ROOM & LABOR ROOM	428	428	428	428	885731	29
40 ANESTHESIOLOGY	520	520	520	520		30
RADIOLOGY-DIAGNOSTIC						
1 NUCLEAR MEDICINE	10453	10453	10453	10453	2156881	31
41.02 ULTRA SOUND	432	432	432	432	294163	41.01
41.03 CT SCAN	784	784	784	784	483278	41.02
41.04 MRI UNIT	1226	1226	1226	1226	582615	41.03
44 LABORATORY	6964	6964	6964	6964	240582	41.04
46.30 BLOOD CLOTTING FACTORS ADMIN	5430	5430	5430	5430	3300792	44
49 RESPIRATORY THERAPY	5384	5384	5384	5384	1394009	46.30
50 PHYSICAL THERAPY	5292	5292	5292	5292	858914	49
50.01 WOUND CARE	1319	1319	1319	1319	884546	50
55 MEDICAL SUPPLIES CHARGED TO P						50.01
56 DRUGS CHARGED TO PATIENTS						55
59 OTHER ANCILLARY						56
59.97 CARDIAC REHABILITATION					133455	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	649	649	649	649	5014384	59.97
61 EMERGENCY	11031	11031	11031	11031	2436007	60
62 OBSERVATION BEDS (NON-DISTINC						61
63.50 RHC						62
63.60 FQHC						63.50
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						63.60
69.20 OUTPATIENT PHYSICAL THERAPY						69.10
69.30 OUTPATIENT OCCUPATIONAL THERA						69.20
69.40 OUTPATIENT SPEECH PATHOLOGY						69.30
71 HOME HEALTH AGENCY						69.40
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						71
85.02 INTESTINAL ACQUISITION						85.01
85.03 ISLET CELL ACQUISITION						85.02
95 SUBTOTALS	184408	184408	184408	184408	43498211	-22293999
NONREIMBURSABLE COST CENTERS						
96.01 MEALS ON WHEELS					72607	95
99.01 PATIENT TRANSPORTATION	124	124	124	124	136058	96.01
						99.01

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/25/2011 14:01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES	
	1	2	3	4	5	6A
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	128419		3169805	4027426	8571746	103
104 UNIT COST MULT-WS B PT I				21.825082		
104 UNIT COST MULT-WS B PT I	.695917		17.177536		.196119	104
105 COST TO BE ALLOC PER B PT II					418	104
106 UNIT COST MULT-WS B PT II						105
106 UNIT COST MULT-WS B PT II					.000010	106
107 COST TO BE ALLOC PER B PT III					23441	106
108 UNIT COST MULT-WS B PT III						107
108 UNIT COST MULT-WS B PT III					.000536	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	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 FTE'S 12		
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	74570808								6
7 MAINTENANCE & REPAIRS		141766							7
8 OPERATION OF PLANT	3755979	18003	123763						8
9 LAUNDRY & LINEN SERVICE	492976	1751	1751	17183					9
10 HOUSEKEEPING	1885544	1354	1354		120658				10
11 DIETARY	844167	5456	5456		5456	17183			11
12 CAFETERIA	751829	2793	2793		2793		537		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	729152	1525	1525		1525		8		14
15 CENTRAL SERVICES & SUPPLY	4439399	6669	6669		6669		17		15
16 PHARMACY	5767242	1086	1086		1086		15		16
17 MEDICAL RECORDS & LIBRARY	2330121	4294	4294		4294		35		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	9359157	33342	33342	13248	33342	13248	113	25	25
26 INTENSIVE CARE UNIT	3045205	3023	3023	2646	3023	2646	32	26	26
33 NURSERY	793330	570	570	1289	570	1289	8	33	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	7045976	5786	5786		5786		27	37	37
38 RECOVERY ROOM	724743	6078	6078		6078		5	38	38
39 DELIVERY ROOM & LABOR ROOM	1235048	428	428		428		13	39	39
40 ANESTHESIOLOGY	29606	520	520		520			40	40
RADIOLOGY-DIAGNOSTIC	4068024	10453	10453		10453		37	41	41
1 NUCLEAR MEDICINE	773083	432	432		432		3	41.01	41.01
41.02 ULTRA SOUND	675932	784	784		784		6	41.02	41.02
41.03 CT SCAN	1463897	1226	1226		1226		8	41.03	41.03
41.04 MRI UNIT	803039	6964	6964		6964		3	41.04	41.04
44 LABORATORY	8585553	5430	5430		5430		53	44	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	2196961	5384	5384		5384		22	49	49
50 PHYSICAL THERAPY	1470559	5292	5292		5292		13	50	50
50.01 WOUND CARE	1152397	1319	1319		1319		14	50.01	50.01
55 MEDICAL SUPPLIES CHARGED TO P									55
56 DRUGS CHARGED TO PATIENTS									56
59 OTHER ANCILLARY									59
59.97 CARDIAC REHABILITATION	197895								59.97
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	5434139	649	649		649		63	60	60
61 EMERGENCY	4137030	11031	11031		11031		36	61	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	74187983	141642	123639	17183	120534	17183	531	95	95
NONREIMBURSABLE COST CENTERS									
96.01 MEALS ON WHEELS	107630						3	96.01	96.01
99.01 PATIENT TRANSPORTATION	275195	124	124		124		3	99.01	99.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	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 FTE'S 12
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	22293999		4978882	709384	2502630	1424791	1144633
104 UNIT COST MULT-WS B PT I	.298964		39.421168		20.741517		2131.532588
104 UNIT COST MULT-WS B PT I				41.284060		82.918641	
105 COST TO BE ALLOC PER B PT II	29390		14016	1611	1849	4836	2604
106 UNIT COST MULT-WS B PT II	.000394		.113249		.015324		4.849162
106 UNIT COST MULT-WS B PT II				.093755		.281441	
107 COST TO BE ALLOC PER B PT III	1648233		785576	90317	103667	271001	145957
108 UNIT COST MULT-WS B PT III	.022103		6.347422		.859180		271.800745
108 UNIT COST MULT-WS B PT III				5.256183		15.771460	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION	273				14
15 CENTRAL SERVICES & SUPPLY	17	100			15
16 PHARMACY	15		100		16
17 MEDICAL RECORDS & LIBRARY				300710855	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	113			12306594	25
26 INTENSIVE CARE UNIT	32			7341640	26
33 NURSERY	8			870001	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	27			30426530	37
38 RECOVERY ROOM				4051380	38
39 DELIVERY ROOM & LABOR ROOM				1426138	39
40 ANESTHESIOLOGY				2890677	40
41 RADIOLOGY-DIAGNOSTIC				19110615	41
41.01 NUCLEAR MEDICINE				4431749	41.01
41.02 ULTRA SOUND				7639039	41.02
41.03 CT SCAN				36410821	41.03
41.04 MRI UNIT				7985849	41.04
44 LABORATORY	53			56102593	44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY				32286278	49
50 PHYSICAL THERAPY				4259717	50
50.01 WOUND CARE				2657954	50.01
55 MEDICAL SUPPLIES CHARGED TO P		100		13577809	55
56 DRUGS CHARGED TO PATIENTS			100	17222270	56
59 OTHER ANCILLARY					59
59.97 CARDIAC REHABILITATION	2			338292	59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC				8864207	60
61 EMERGENCY				30510702	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	267	100	100	300710855	95
NONREIMBURSABLE COST CENTERS					
96.01 MEALS ON WHEELS	3				96.01
99.01 PATIENT TRANSPORTATION	3				99.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					101
103 COST TO BE ALLOC PER B PT I	1055942	6269835	7646768	3359635	102
104 UNIT COST MULT-WS B PT I	3867.919414		76467.680000		103
104 UNIT COST MULT-WS B PT I		62698.350000		.011172	104
105 COST TO BE ALLOC PER B PT II	1588	7431	3340	4642	104
106 UNIT COST MULT-WS B PT II	5.816850		33.400000		105
106 UNIT COST MULT-WS B PT II		74.310000		.000015	106
107 COST TO BE ALLOC PER B PT III	89044	416597	187270	260196	106
108 UNIT COST MULT-WS B PT III	326.168498		1872.700000		107
108 UNIT COST MULT-WS B PT III		4165.970000		.000865	108
					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	16624031		16624031		16624031	25
26 INTENSIVE CARE UNIT	4740128		4740128		4740128	26
33 NURSERY	1282612		1282612		1282612	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10002480		10002480		10002480	37
38 RECOVERY ROOM	1363004		1363004		1363004	38
39 DELIVERY ROOM & LABOR ROOM	1673675		1673675		1673675	39
40 ANESTHESIOLOGY	102037		102037		102037	40
41 RADIOLOGY-DIAGNOSTIC	6205468		6205468		6205468	41
41.01 NUCLEAR MEDICINE	1086103		1086103		1086103	41.01
41.02 ULTRA SOUND	1023310		1023310		1023310	41.02
41.03 CT SCAN	2399143		2399143		2399143	41.03
41.04 MRI UNIT	1557705		1557705		1557705	41.04
44 LABORATORY	12423899		12423899		12423899	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3585285		3585285		3585285	49
50 PHYSICAL THERAPY	2303884		2303884		2303884	50
50.01 WOUND CARE	1635813		1635813		1635813	50.01
55 MEDICAL SUPPLIES CHARGED TO	6421526		6421526		6421526	55
56 DRUGS CHARGED TO PATIENTS	7839175		7839175		7839175	56
59 OTHER ANCILLARY						59
59.97 CARDIAC REHABILITATION	268573		268573		268573	59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	7331114		7331114		7331114	60
61 EMERGENCY	6455109		6455109		6455109	61
62 OBSERVATION BEDS (NON-DISTI	2506385		2506385		2506385	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	98830459		98830459		98830459	101
102 LESS OBSERVATION BEDS	2506385		2506385		2506385	102
103 TOTAL	96324074		96324074		96324074	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	9842943		9842943			25
26 INTENSIVE CARE UNIT	7341640		7341640			26
33 NURSERY	870001		870001			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	11494940	18931590	30426530	.328742	.328742	.328742 37
38 RECOVERY ROOM	1259772	2791608	4051380	.336430	.336430	.336430 38
39 DELIVERY ROOM & LABOR ROOM	1426138		1426138	1.173572	1.173572	1.173572 39
40 ANESTHESIOLOGY	1039423	1851254	2890677	.035299	.035299	.035299 40
41 RADIOLOGY-DIAGNOSTIC	2621541	16489074	19110615	.324713	.324713	.324713 41
41.01 NUCLEAR MEDICINE	861779	3569970	4431749	.245073	.245073	.245073 41.01
41.02 ULTRA SOUND	1463485	6175554	7639039	.133958	.133958	.133958 41.02
41.03 CT SCAN	7422129	28988692	36410821	.065891	.065891	.065891 41.03
41.04 MRI UNIT	1423095	6562754	7985849	.195058	.195058	.195058 41.04
44 LABORATORY	16587461	39515132	56102593	.221450	.221450	.221450 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	15704020	16582258	32286278	.111047	.111047	.111047 49
50 PHYSICAL THERAPY	1571762	2687955	4259717	.540854	.540854	.540854 50
50.01 WOUND CARE	80813	2577141	2657954	.615441	.615441	.615441 50.01
55 MEDICAL SUPPLIES CHARGED TO	6860046	6717763	13577809	.472943	.472943	.472943 55
56 DRUGS CHARGED TO PATIENTS	10562915	6659355	17222270	.455177	.455177	.455177 56
59 OTHER ANCILLARY						59
59.97 CARDIAC REHABILITATION	1756	336536	338292	.793909	.793909	.793909 59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	14079	8850128	8864207	.827047	.827047	.827047 60
61 EMERGENCY	6424544	24086158	30510702	.211569	.211569	.211569 61
62 OBSERVATION BEDS (NON-DISTI	1590038	873613	2463651	1.017346	1.017346	1.017346 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	106464320	194246535	300710855			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	106464320	194246535	300710855			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	37610		37610	2107834		2107834
26 INTENSIVE CARE UNIT	5161		5161	289439		289439
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1373		1373	76814		76814
101 TOTAL	44144		44144	2474087		2474087

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	15600	8356	2.41	20138	135.12	1129063
26 INTENSIVE CARE UNIT	2646	1503	1.95	2931	109.39	164413
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1289		1.07		59.59	
101 TOTAL	19535	9859		23069		1293476

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-G101) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			CHARGES	PROGRAM CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8310	466586	30426530	9971145	.000273	2722	.015335	152908 37
39 RECOVERY ROOM	5386	301953	4051380	777545	.001329	1033	.074531	57951 38
39 DELIVERY ROOM & LABOR ROOM	933	52318	1426138	4195	.000654	3	.036685	154 39
40 ANESTHESIOLOGY	484	27183	2890677	529342	.000167	88	.009404	4978 40
41 RADIOLOGY-DIAGNOSTIC	10709	600686	19110615	2097874	.000560	1175	.031432	65940 41
41.01 NUCLEAR MEDICINE	746	41855	4431749	619932	.000168	104	.009444	5855 41.01
41.02 ULTRA SOUND	1062	59666	7639039		.000139		.007811	41.02
41.03 CT SCAN	2179	122991	36410821	5213871	.000060	313	.003378	17612 41.03
41.04 MRI UNIT	6195	347402	7985849	1236581	.000776	960	.043502	53794 41.04
44 LABORATORY	9431	522751	56102593	11377165	.000168	1911	.009318	106012 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	5911	332005	32286278	9063101	.000183	1659	.010283	93196 49
50 PHYSICAL THERAPY	5078	284722	4259717	1253237	.001192	1494	.066841	83768 50
50.01 WOUND CARE	1658	92998	2657954	21520	.000624	13	.034989	753 50.01
55 MEDICAL SUPPLIES CHARGED TO P	7635	428342	13577809	2180514	.000562	1225	.031547	68789 55
56 DRUGS CHARGED TO PATIENTS	3598	202167	17222270	7488837	.000209	1565	.011739	87911 56
59 OTHER ANCILLARY								59
59.97 CARDIAC REHABILITATION	96	5391	338292	318	.000284		.015936	5 59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3164	177579	8864207		.000357		.020033	60
61 EMERGENCY	11382	638657	30510702	3107555	.000373	1159	.020932	65047 61
62 OBSERVATION BEDS (NON-DISTINC	5669	317795	2463651	244994	.002301	564	.128994	31603 62
63.50 RHC								63.50
63.60 FOHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	89626	5023047	282656271	55187726		15988		896276 101

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/99)

VERSION: 2011.03
 05/25/2011 14:01

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK () TITLE V
 APPLICABLE (XX) TITLE XVIII-PT A
 BOXES () TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					15600		8356	25
26 INTENSIVE CARE UNIT					2646		1503	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					1289			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					19535		9859	101

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/25/2011 14:01

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 NUCLEAR MEDICINE							41.01
41.02 ULTRA SOUND							41.02
41.03 CT SCAN							41.03
41.04 MRI UNIT							41.04
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 WOUND CARE							50.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 OTHER ANCILLARY							59
59.97 CARDIAC REHABILITATION							59.97
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 INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS 3.01		COST TO CHARGES 5	RATIO OF COST TO CHARGES 5.01	PROGRAM CHARGES 6	PROGRAM PASS THROUGH COSTS 7	PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		30426530			9971145		6614594 37
38 RECOVERY ROOM		4051380			777545		1167116 38
39 DELIVERY ROOM & LABOR ROOM		1426138			4195		39
40 ANESTHESIOLOGY		2890677			529342		426862 40
41 RADIOLOGY-DIAGNOSTIC		19110615			2097874		4465161 41
41.01 NUCLEAR MEDICINE		4431749			619932		1548544 41.01
41.02 ULTRA SOUND		7639039					41.02
41.03 CT SCAN		36410821			5213871		7656236 41.03
41.04 MRI UNIT		7985849			1236581		1611426 41.04
44 LABORATORY		56102593			11377165		1839829 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		32286278			9063101		4305623 49
50 PHYSICAL THERAPY		4259717			1253237		2261 50
50.01 WOUND CARE		2657954			21520		332200 50.01
55 MEDICAL SUPPLIES CHARGED TO P		13577809			2180514		4359534 55
56 DRUGS CHARGED TO PATIENTS		17222270			7488837		3008856 56
59 OTHER ANCILLARY							59
59.97 CARDIAC REHABILITATION		338292			318		179988 59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		8864207					674929 60
61 EMERGENCY		30510702			3107555		3823570 61
62 OBSERVATION BEDS (NON-DISTINC		2463651			244994		636874 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		282656271			55187726		42653603 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PRCGRAM 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
59 OTHER ANCILLARY						59
59.97 CARDIAC REHABILITATION						59.97
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

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

[] SNF
 [] NF
 [] S/B-SNF
 [] S/B-NF
 [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.328742	.328742	.328742				37
38 RECOVERY ROOM	.336430	.336430	.336430				38
39 DELIVERY ROOM & LABOR ROOM	1.173572	1.173572	1.173572				39
40 ANESTHESIOLOGY	.035299	.035299	.035299				40
41 RADIOLOGY-DIAGNOSTIC	.324713	.324713	.324713				41
41.01 NUCLEAR MEDICINE	.245073	.245073	.245073				41.01
41.02 ULTRA SOUND	.133958	.133958	.133958				41.02
41.03 CT SCAN	.065891	.065891	.065891				41.03
41.04 MRI UNIT	.195058	.195058	.195058				41.04
44 LABORATORY	.221450	.221450	.221450				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.111047	.111047	.111047				49
50 PHYSICAL THERAPY	.540854	.540854	.540854				50
50.01 WOUND CARE	.615441	.615441	.615441				50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.472943	.472943	.472943				55
56 DRUGS CHARGED TO PATIENTS	.455177	.455177	.455177				56
59 OTHER ANCILLARY							59
59.97 CARDIAC REHABILITATION	.793909	.793909	.793909				59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.827047	.827047	.827047				60
61 EMERGENCY	.211569	.211569	.211569				61
62 OBSERVATION BEDS (NON-DISTINCT	1.017346	1.017346	1.017346				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
72 AMBULANCE CHARGES (S-2 LINE 56.							65.02
3 AMBULANCE CHARGES (S-2 LINE 56.							65.03
1 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.455177	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	3		
3.01 PROGRAM COSTS	3.01		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6614594						37
38 RECOVERY ROOM		1167116						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		426862						40
41 RADIOLOGY-DIAGNOSTIC		4465161						41
41.01 NUCLEAR MEDICINE		1548544						41.01
41.02 ULTRA SOUND								41.02
41.03 CT SCAN		7656236						41.03
41.04 MRI UNIT		1611426						41.04
44 LABORATORY		1839829						44
46.30 BLOOD CLOTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		4305623						49
50 PHYSICAL THERAPY		2261						50
50.01 WOUND CARE		332200						50.01
55 MEDICAL SUPPLIES CHARGED TO PA		4359534						55
56 DRUGS CHARGED TO PATIENTS		3008856						56
59 OTHER ANCILLARY								59
59.97 CARDIAC REHABILITATION		179988						59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		674929						60
61 EMERGENCY		3823570						61
62 OBSERVATION BEDS (NON-DISTINCT		636874						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 71 AMBULANCE CHARGES (S-2 LINE 56								65.01
2 AMBULANCE CHARGES (S-2 LINE 56								65.02
3 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		42653603						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		42653603						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	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 I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		2174495				37
38 RECOVERY ROOM		392653				38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY		15068				40
41 RADIOLOGY-DIAGNOSTIC		1449896				41
41.01 NUCLEAR MEDICINE		379506				41.01
41.02 ULTRA SOUND						41.02
41.03 CT SCAN		504477				41.03
41.04 MRI UNIT		314322				41.04
44 LABORATORY		407430				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		478127				49
50 PHYSICAL THERAPY		1223				50
50.01 WOUND CARE		204450				50.01
55 MEDICAL SUPPLIES CHARGED TO PAT		2061811				55
56 DRUGS CHARGED TO PATIENTS		1369562				56
59 OTHER ANCILLARY						59
59.97 CARDIAC REHABILITATION		142894				59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		558198				60
61 EMERGENCY		808949				61
62 OBSERVATION BEDS (NON-DISTINCT)		647921				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
2 AMBULANCE CHARGES (S-2 LINE 56.						65.02
3 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL		11910982				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		11910982				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	37610		37610	2107834		2107834
26 INTENSIVE CARE UNIT	5161		5161	289439		289439
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1373		1373	76814		76814
101 TOTAL	44144		44144	2474087		2474087

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						
25 ADULTS & PEDIATRICS	15600	820	2.41	1976	135.12	110798
26 INTENSIVE CARE UNIT	2646	82	1.95	160	109.39	8970
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1289	438	1.07	469	59.59	26100
101 TOTAL	19535	1340		2605		145868

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	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	8310	466586	30426530		.000273		.015335	37
38 RECOVERY ROOM	5386	301953	4051380		.001329		.074531	38
39 DELIVERY ROOM & LABOR ROOM	933	52318	1426138		.000654		.036685	39
40 ANESTHESIOLOGY	484	27183	2890677		.000167		.009404	40
41 RADIOLOGY-DIAGNOSTIC	10709	600686	19110615		.000560		.031432	41
41.01 NUCLEAR MEDICINE	746	41855	4431749		.000168		.009444	41.01
41.02 ULTRA SOUND	1062	59666	7639039		.000139		.007811	41.02
41.03 CT SCAN	2179	122991	36410821		.000060		.003378	41.03
41.04 MRI UNIT	6195	347402	7985849		.000776		.043502	41.04
44 LABORATORY	9431	522751	56102593		.000168		.009318	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	5911	332005	32286278		.000183		.010283	49
50 PHYSICAL THERAPY	5078	284722	4259717		.001192		.066841	50
50.01 WOUND CARE	1658	92998	2657954		.000624		.034989	50.01
55 MEDICAL SUPPLIES CHARGED TO P	7635	428342	13577809		.000562		.031547	55
56 DRUGS CHARGED TO PATIENTS	3598	202167	17222270		.000209		.011739	56
59 OTHER ANCILLARY								59
59.97 CARDIAC REHABILITATION	96	5391	338292		.000284		.015936	59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3164	177579	8864207		.000357		.020033	60
61 EMERGENCY	11382	638657	30510702		.000373		.020932	61
62 OBSERVATION BEDS (NON-DISTINC	5669	317795	2463651		.002301		.128994	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	89626	5023047	282656271					101

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/25/2011 14:01

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		PATIENT			
		COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					15600		820	25
26	INTENSIVE CARE UNIT					2646		82	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					1289		438	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					19535		1340	101

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/25/2011 14:01

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST 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
59 OTHER ANCILLARY							59
59.97 CARDIAC REHABILITATION							59.97
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 INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0101) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] 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		30426530					37
38 RECOVERY ROOM		4051380					38
39 DELIVERY ROOM & LABOR ROOM		1426138					39
40 ANESTHESIOLOGY		2890677					40
41 RADIOLOGY-DIAGNOSTIC		19110615					41
41.01 NUCLEAR MEDICINE		4431749					41.01
41.02 ULTRA SOUND		7639039					41.02
41.03 CT SCAN		36410821					41.03
41.04 MRI UNIT		7985849					41.04
44 LABORATORY		56102593					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		32286278					49
50 PHYSICAL THERAPY		4259717					50
50.01 WOUND CARE		2657954					50.01
55 MEDICAL SUPPLIES CHARGED TO P		13577809					55
56 DRUGS CHARGED TO PATIENTS		17222270					56
59 OTHER ANCILLARY							59
59.97 CARDIAC REHABILITATION		338292					59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		8864207					60
61 EMERGENCY		30510702					61
62 OBSERVATION BEDS (NON-DISTINC		2463651					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		282656271					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0101) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BCKES (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
59 OTHER ANCILLARY						59
59.97 CARDIAC REHABILITATION						59.97
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 [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	15600						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	15600						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15600						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)	8356						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							
17		1	1	1	1	1	17
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	16624031						21
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
26 TOTAL SWING-BED COST							
27	16624031						27
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	19123993						28
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29	1162850						29
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	17961143						30
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.869276						31
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1151.36						33
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	16624031						37
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
) PRIVATE ROOM COST DIFFERENTIAL							

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	1065.64						38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8904488						39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8904488						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	4740128	2646	1791.43	1503	2692519		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	14544947						48
49 TOTAL PROGRAM INPATIENT COSTS	26141954						49
PASS THROUGH COST ADJUSTMENTS							
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1316545						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	912264						51
TOTAL PROGRAM EXCLUDABLE COST	2228809						52
5. TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS.	23913145						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 (PFS) (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
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0101 MORRIS HOSPITAL
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/25/2011 14:01

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 SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0101)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BEDS		2352				83
94	ADJUSTED GENERAL INFANTIENT ROUTINE COST PER DIEM		1065.64				84
85	OBSERVATION BED COST		2506385				85

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

86	OLD CAPITAL-RELATED COST	37610	16624031	.002262	2506385	5669	86
87	NEW CAPITAL-RELATED COST	2107834	16624031	.126794	2506385	317795	87
88	NON PHYSICIAN ANESTHETIST		16624031		2506385		88
89	MEDICAL EDUCATION		16624031		2506385		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)	15600						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	15600						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15600						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)	820						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	1289						15
16 TITLE V OR XIX NURSERY DAYS	438						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16624031						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	16624031						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	.869276						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1151.36						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	16624031						37
D PRIVATE ROOM COST DIFFERENTIAL							

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	1065.64					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	873825					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	873825					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)	1282612	1289	995.04	438	435828	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4740128	2646	1791.43	82	146897	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	1456550					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	148473					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
TOTAL PROGRAM EXCLUDABLE COST	148473					52
TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	1308077					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0101)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
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
6						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0101 MORRIS HOSPITAL
PERIOD FROM 01/01/2010 TO 12/31/2010

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

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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

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (2PS)
 (14-0101)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2332	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1065.64	84
85 OBSERVATION BED COST	2506385	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	37610	16624031	.002262	2506385	5669	86
87 NEW CAPITAL-RELATED COST	2107834	16624031	.126794	2506385	317795	87
88 NON PHYSICIAN ANESTHETIST		16624031		2506385		88
89 MEDICAL EDUCATION		16624031		2506385		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		8086855		25
26 INTENSIVE CARE UNIT		953610		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.328742	9971145	3277934	37
38 RECOVERY ROOM	.336430	777545	261589	38
39 DELIVERY ROOM & LABOR ROOM	1.173572	4195	4923	39
40 ANESTHESIOLOGY	.035299	529342	18685	40
41 RADIOLOGY-DIAGNOSTIC	.324713	2097874	681207	41
41.01 NUCLEAR MEDICINE	.245073	619932	151929	41.01
41.02 ULTRA SOUND	.133958			41.02
41.03 CT SCAN	.065891	5213871	343547	41.03
41.04 MRI UNIT	.195058	1236581	241205	41.04
44 LABORATORY	.221450	11377165	2519473	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.111047	9063101	1006430	49
50 PHYSICAL THERAPY	.540854	1253237	677818	50
50.01 WOUND CARE	.615441	21520	13244	50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.472943	2180514	1031259	55
56 DRUGS CHARGED TO PATIENTS	.455177	7488837	3408746	56
59 OTHER ANCILLARY				59
59.97 CARDIAC REHABILITATION	.793909	318	252	59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.827047			60
61 EMERGENCY	.211569	3107555	657462	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.017346	244994	249244	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		55187726	14544947	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
NET CHARGES		55187726		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.328742		37
39 RECOVERY ROOM	.336430		38
39 DELIVERY ROOM & LABOR ROOM	1.173572		39
40 ANESTHESIOLOGY	.035299		40
41 RADIOLOGY-DIAGNOSTIC	.324713		41
41.01 NUCLEAR MEDICINE	.245073		41.01
41.02 ULTRA SOUND	.133958		41.02
41.03 CT SCAN	.065891		41.03
41.04 MRI UNIT	.195058		41.04
44 LABORATORY	.221450		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.111047		49
50 PHYSICAL THERAPY	.540854		50
50.01 WOUND CARE	.615441		50.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.472943		55
56 DRUGS CHARGED TO PATIENTS	.455177		56
59 OTHER ANCILLARY			59
59.97 CARDIAC REHABILITATION	.793909		59.97
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.827047		60
61 EMERGENCY	.211569		61
62 OBSERVATION BEDS (NON-DISTINCT	1.017346		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FOHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
1 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	11482526					1.01
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3827509					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 INDIRECT MEDICAL EDUCATION ADJUSTMENT	972273					3
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	79.56					3.01
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.02
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.03
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.04
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.05
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 SUM OF LINES 3.04-3.06	0.00					0.00
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
FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.12
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	16282308					6
7						7
7.01						7.01
8	16282308					8
9	1470388					9
10						10
11						11
1						11.01
1.						11.02
12						12
13						13
14						14
15						15
16	17752696					16
17	1340					17
18	17751356					18
19	1738492					19
20	23100					20
21	233400					21
21.01	163380					21.01
21.02	176938					21.02
22	16153144					22

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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	16153144				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	15989764				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					29.01
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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					52
53	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)					54
55	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0101) 1	HOSPITAL (14-0101) 1.01	HOSPITAL (14-0101) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	11910982			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	9310052			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
1 TOTAL CUSTOMARY CHARGES				14
1. EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	9310052			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0101) 1	HOSPITAL (14-0101) 1.01	HOSPITAL (14-0101) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
19	DEDUCTIBLES AND COINSURANCE	2191960	18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01		18.01
19	SUBTOTAL	7118092	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	7118092	23
24	PRIMARY PAYER PAYMENTS	1192	24
25	SUBTOTAL	7116900	25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		26
27	BAD DEBTS	255045	27
27.01	REDUCED REIMBURSABLE BAD DEBTS	178532	27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	229229	27.02
28	SUBTOTAL	7295432	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	7295432	32
33	SEQUESTRATION ADJUSTMENT		33
34	INTERIM PAYMENTS	7116900	34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		34.01
35	BALANCE DUE PROVIDER/PROGRAM	178532	35
36	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 RECONILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION		53
54	TOTAL (SUM OF LINES 51 AND 53)		54

PROVIDER NO. 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/25/2011 14:01

WORKSHEET E-1

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		15989764		7116900
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT 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	.02			3.02
PROVIDER	.03	NONE		3.03
TO	.04			3.04
PROVIDER	.05			3.05
TO	.50			3.50
PROVIDER	.51			3.51
TO	.52	NONE		3.52
PROGRAM	.53			3.53
PROGRAM	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		15989764		7116900
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	.02			5.02
PROVIDER	.03			5.03
PROVIDER	.50			5.50
TO	.51			5.51
PROGRAM	.52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
PROGRAM TO				6.01
PROVIDER	.01			6.02
PROVIDER TO	.02			
PROGRAM				7
7 TOTAL MEDICARE PROGRAM LIABILITY				
N F 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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (14-0101) (PPS)	SUB I	SUB II	SUB III	
		SUB IV	NF I		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES				1
3	MEDICAL AND OTHER SERVICES				2
4	INTERNS AND RESIDENTS				3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				4
6	COST OF TEACHING PHYSICIANS				5
7	SUBTOTAL				6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
	SUBTOTAL				9
	COMPUTATION OF LESSER OF COST OR CHARGES				
10	ROUTINE SERVICE CHARGES				10
11	ANCILLARY SERVICE CHARGES				11
12	INTERNS AND RESIDENTS SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
14	TEACHING PHYSICIANS				14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
16	TOTAL REASONABLE CHARGES				16
	CUSTOMARY CHARGES				
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				18
19	RATIO OF LINE 17 TO LINE 18				19
20	TOTAL CUSTOMARY CHARGES				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				22
23	COST OF COVERED SERVICES				23
	PROSPECTIVE PAYMENT AMOUNT				
24	OTHER THAN OUTLIER PAYMENTS				24
25	OUTLIER PAYMENTS				25
26	PROGRAM CAPITAL PAYMENTS				26
	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
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT				34
35	EXCESS OF REASONABLE COST				35
36	SUBTOTAL				36
37	COINSURANCE				37
38	SUM OF AMOUNTS FROM WKST E, PARTS C, D AND E,				38
38.01	REIMBURSABLE BAD DEBTS				38.01
38.02	REDUCED REIMBURSABLE BAD DEBTS				38.02
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				
39	UTILIZATION REVIEW				39
40	SUBTOTAL				40
41	INPATIENT ROUTINE SERVICE COST				41
42	MEDICARE INPATIENT ROUTINE CHARGES				42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				44
45	RATIO OF LINE 43 TO LINE 44				45
46	TOTAL CUSTOMARY CHARGES				46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION				49
50	OTHER ADJUSTMENTS				50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS				51
52	SUBTOTAL				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT				53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER				55
56	SEQUESTRATION ADJUSTMENT				56
57	INTERIM PAYMENTS				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				57.01
58	BALANCE DUE PROVIDER/PROGRAM				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)				59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7981089			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	14124116			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES	7818024			8
9	OTHER CURRENT ASSETS	3361265			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	33284494			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	75244375			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	75244375			21
OTHER ASSETS					
22	INVESTMENTS	3229168			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	46679115			25
26	TOTAL OTHER ASSETS	49908283			26
27	TOTAL ASSETS	158437152			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	11861381			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	8750891			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	174238			34
35	OTHER CURRENT LIABILITIES	1521964			35
36	TOTAL CURRENT LIABILITIES	22308474			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	44148808			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66				40
	.02 ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	65239			41
42	TOTAL LONG TERM LIABILITIES	44214047			42
43	TOTAL LIABILITIES	66522521			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	91914631			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 EXPANSTION				50
51	TOTAL FUND BALANCES	91914631			51
TOTAL LIABILITIES AND FUND BALANCES		158437152			52

PROVIDER NO. 14-0101 MORRIS HOSPITAL
PERIOD FROM 01/01/2010 TO 12/31/2010

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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	87776964			1
2 NET INCOME (LOSS)	4230941			2
3 TOTAL	92007805			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSETS RELEASED				5
6 OTHER NON HOSPITAL				6
7 CONTRIBUTIONS				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	92007805			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 INVESTMENT RETURN	2918			13
14 RELEASED RESTRICTIONS	90256			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	93174			18
19 FUND BALANCE AT END OF PERIOD	91914631			19
NR BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	14319097		14319097	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	14319097		14319097	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	7425395		7425395	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	7425395		7425395	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	21744492		21744492	18
19 ANCILLARY SERVICES	86339905	197432605	283772510	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
24 AMBULANCE				24
25 CORF				25
26 ASC				26
27 HOSPICE				27
28 TOTAL PATIENT REVENUES	108084397	197432605	305517002	28

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		112256335	26
27 FOUNDATION EXPENSE	207847		27
28 AUXILARY EXPENSE	278708		28
29			29
30			30
31			31
32 TOTAL ADDITIONS		486555	32
33 ROUNDING	-118		33
34			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-118		39
40 TOTAL OPERATING EXPENSES		112742772	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	305517002	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	191410816	2
3	NET PATIENT REVENUES	114106186	3
4	LESS - TOTAL OPERATING EXPENSES	112742772	4
5	NET INCOME FROM SERVICE TO PATIENTS	1363414	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	260395	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		24
24.01	NON OPERATING INVESTMENT INCOME	2016808	24.01
24.02	NON OPERATING LOSS ON DISPOSAL	-186437	24.02
24.03	CHANGE IN CAH FLOW HEDGING DER.	-1102586	24.03
24.04	NET ASSETS RELEASED FROM RESTRICT	14002	24.04
24.05	NET ASSETS TRANSFERS		24.05
24.06	OTHER	1865245	24.06
25	TOTAL OTHER INCOME	2867427	25
26	TOTAL	4230841	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	4230841	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0101) (14-0101)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	1470388			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
	[E-3,PT VI,LN.18]				
	[E, PT A, LN.3.17] [x E-3, PT VI, LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	0.00			4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT				4.03
	DISPROPORTIONATE SHARE ADJUSTMENT				
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1470388			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					1
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					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41 NUCLEAR MEDICINE					41.01
41.01 NUCLEAR MEDICINE					41.02
41.02 ULTRA SOUND					41.03
41.03 CT SCAN					41.04
41.04 MRI UNIT					44
44 LABORATORY					46.30
46.30 BLOOD CLOTTING FACTORS ADMIN C					49
49 RESPIRATORY THERAPY					50
50 PHYSICAL THERAPY					50.01
50.01 WOUND CARE					55
55 MEDICAL SUPPLIES CHARGED TO PA					56
56 DRUGS CHARGED TO PATIENTS					59
59 OTHER ANCILLARY					59.97
59.97 CARDIAC REHABILITATION					60
OUTPATIENT SERVICE COST CENTERS					60
60 CLINIC					61
61 EMERGENCY					62
62 OBSERVATION BEDS (NON-DISTINCT					63.50
63.50 RHC					63.60
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					69.10
69.10 CMHC					69.20
69.20 OUTPATIENT PHYSICAL THERAPY					69.30
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.40
69.40 OUTPATIENT SPEECH PATHOLOGY					71
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					85.01
85.01 PANCREAS ACQUISITION					85.02
85.02 INTESTINAL ACQUISITION					85.03
85.03 ISLET CELL ACQUISITION					95
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					96.01
96.01 MEALS ON WHEELS					99.01
99.01 PATIENT TRANSPORTATION					101
101 CROSS FOOT ADJUSTMENTS					102
102 NEGATIVE COST CENTER					103
103 TOTAL					104
104 TOTAL STATISTICAL BASIS					105
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105