

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 05-29-2013 TIME: 16:03
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

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 01/01/2012 AND ENDING 12/31/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		178,042	214,899	55,929		1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		178,042	214,899	55,929		200

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 150 WEST HIGH STREET
 2 CITY: MORRIS

STATE: IL

P.O. BOX:
 ZIP CODE: 60450

COUNTY: GRUNDY

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	MORRIS HOSPITAL	14-0101	16974	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF	MORRIS HOSPITAL	14-U101	16974		10/07/1994	N		N	8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2012				TO: 12/31/2012				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.	1	2
22		N	N
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.	3	N

24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	IN-STATE	IN-STATE	OUT-OF	OUT-OF	MEDICAID	OTHER
		MEDICAID	MEDICAID	STATE	STATE		
		PAID	ELIGIBLE	PAID	ELIGIBLE	HMO	MEDICAID
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS
		1	2	3	4	5	6
24		1,656	390	18		34	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.			1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	1	2
39		N	N

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	V	XVIII	XIX
		1	2	3
45		N	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	56
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5							
INPATIENT PSYCHIATRIC FACILITY PPS											
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	70						
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				71						
INPATIENT REHABILITATION FACILITY PPS											
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	75						
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				76						
LONG TERM CARE HOSPITAL PPS											
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80						
TEFRA PROVIDERS											
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N	85						
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N	86						
TITLE V AND XIX INPATIENT SERVICES											
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 N	XIX 2 Y 90						
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 91						
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 92						
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 93						
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 94						
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95						
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 96						
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97						
RURAL PROVIDERS											
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			N	105						
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106						
107	COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107						
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N	108						
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.			PHY- N	OCCUP- N	RESPI- N	SICAL N	ATIONAL N	SPEECH N	RATORY N	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 715,261 PAID LOSSES: 50,939 SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S)(MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 N	2	140
-----	--	--------	---	-----

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.		N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	TITLE XVIII PART A	TITLE XVIII PART B	TITLE V	TITLE XIX
155	HOSPITAL	N	N	N
156	SUBPROVIDER - IPF	N	N	N
157	SUBPROVIDER - IRF	N	N	N
158	SUBPROVIDER - (OTHER)	N	N	N
159	SNF	N	N	N
160	HHA	N	N	N
161	CMHC	N	N	N

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs?
ENTER 'Y' FOR YES OR 'N' FOR NO. N 165

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN
COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. Y 167

168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),
ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 1.00 169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	N	2	3
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
APPROVED EDUCATIONAL ACTIVITIES				
		Y/N	1	Y/N
			2	2
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			N
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			12
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15
PART A				
		Y/N	DATE	
PS&R REPORT DATA				
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N	2	3
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	05/21/2013	4
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

22	HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	27

INTEREST EXPENSE

28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.	29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.	30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.	31

PURCHASED SERVICES

32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.	32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.	33

PROVIDER-BASED PHYSICIANS

34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.	34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	35

HOME OFFICE COSTS

	Y/N	DATE	
36	1	2	36
37			37
38	N		38
39			39
40			40

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: THOMAS	LAST NAME: CURTIS, CPA	TITLE: PRESIDENT	41
42	EMPLOYER: THE CURTIS GROUP, INC.			42
43	PHONE NUMBER: 217-483-9092	E-MAIL ADDRESS: TOM@THECURTISGROUP.NET		43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	48,149,836		48,149,836	1,603,243.20	30.03	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE	520,218		520,218	4,212.00	123.51	4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B	3,800,376		3,800,376	33,567.00	113.22	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	143,689	65,941	209,630	10,690.00	19.61	10
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)	239,897		239,897	4,120.00	58.23	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)	11,683,157		11,683,157			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	56,063		56,063			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE	139,126		139,126			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B	1,016,363		1,016,363			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES						25
26	EMPLOYEE BENEFITS	336,427		336,427			26
27	ADMINISTRATIVE & GENERAL	7,026,595	427,004	7,453,599			27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT	729,626		729,626			30
31	LAUNDRY & LINEN SERVICE	24,872		24,872			31
32	HOUSEKEEPING	1,145,133		1,145,133			32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY	1,090,125	-759,871	330,254			34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA		620,935	620,935			36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION	663,114		663,114			38
39	CENTRAL SERVICES AND SUPPLY	638,768	-251,250	387,518			39
40	PHARMACY	1,525,912		1,525,912			40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,313,031	-102,759	1,210,272			41
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	44,349,460		44,349,460	1,569,676.20	28.25	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	143,689	65,941	209,630	10,690.00	19.61	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	44,205,771	-65,941	44,139,830	1,558,986.20	28.31	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	239,897		239,897	4,120.00	58.23	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	11,822,283		11,822,283		26.78%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	56,267,951	-65,941	56,202,010	1,563,106.20	35.96	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	14,493,603	-65,941	14,427,662			7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	812,457	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	7,521,785	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	342,700	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	84,542	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	300,117	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	351,891	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	3,336,678	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	51,279	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	75,625	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	12,877,074	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTG		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.280986	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				5,802,399	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				36,818,664	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				10,345,529	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				4,543,130	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP				56,710	9
10	STAND-ALONE SCHIP CHARGES				442,569	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				124,356	11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.				67,646	12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				4,610,776	19
			UNINSURED PATIENTS	INSURED PATIENTS		TOTAL
			1	2		3
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	11,451,958	1,272,440		12,724,398	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,217,840	357,538		3,575,378	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	730,976	81,220		812,196	22
23	COST OF CHARITY CARE	2,486,864	276,318		2,763,182	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				6,802,503	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				392,941	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				6,409,562	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				1,800,997	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				4,564,179	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				9,174,955	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100				3,187,968	1
2	00200				4,520,587	2
3	00300					3
4	00400	336,427	13,012,440	13,348,867	-9,243	4
5	00500	7,026,595	23,846,180	30,872,775	-3,355,540	5
7	00700	729,626	1,736,172	2,465,798	-23,646	7
8	00800	24,872	433,768	458,640	-461	8
9	00900	1,145,133	491,311	1,636,444	-15,591	9
10	01000	1,090,125	591,407	1,681,532	-1,223,009	10
11	01100				957,800	11
13	01300	663,114	20,661	683,775	-869	13
14	01400	638,768	4,741,888	5,380,656	-1,170,897	14
15	01500	1,525,912	4,789,141	6,315,053	-31,695	15
16	01600	1,313,031	704,126	2,017,157	-298,395	16
19	01900					19
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	8,026,520	802,927	8,829,447	-1,079,485	30
31	03100	2,908,830	277,414	3,186,244	-945,678	31
43	04300				642,496	43
ANCILLARY SERVICE COST CENTERS						
50	05000	2,966,339	5,280,169	8,246,508	-3,153,127	50
51	05100	412,675	33,620	446,295	-10,948	51
52	05200				1,044,767	52
53	05300		28,553	28,553	-12,438	53
54	05400	2,000,090	1,051,947	3,052,037	-682,102	54
54.01	05401	288,123	335,040	623,163	-255	54.01
54.02	05402	549,949	94,718	644,667	-29,735	54.02
55	05500	465,368	969,900	1,435,268	-19,686	55
57	05700	551,807	684,786	1,236,593	-47,172	57
58	05800	292,260	433,574	725,834	-297,324	58
59	05900	697,334	1,426,934	2,124,268	-982,432	59
59.97	05901	159,453	36,166	195,619	-21,775	59.97
60	06000	2,838,385	3,033,234	5,871,619	-157,359	60
65	06500	1,427,814	272,210	1,700,024	-91,937	65
66	06600	708,265	83,453	791,718	-4,803	66
67	06700	189,140	209,575	398,715	-3,645	67
68	06800	45,044	1,697	46,741		68
71	07100					71
72	07200				3,610,754	72
73	07300					73
OUTPATIENT SERVICE COST CENTERS						
90	09000	6,074,450	2,550,040	8,624,490	-317,279	90
90.01	09001	172,943	39,776	212,719	-2,442	90.01
91	09100	2,737,755	796,077	3,533,832	-44,574	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118		48,006,147	68,808,904	116,815,051	-69,170	118
NONREIMBURSABLE COST CENTERS						
190.01	19001				101,715	190.01
192	19200					192
193.01	19301	143,689	148,691	292,380	-32,545	193.01
200		48,149,836	68,957,595	117,107,431		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	3,187,968		3,187,968	1
2	00200	CAP REL COSTS-MVBLE EQUIP	4,520,587		4,520,587	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	13,339,624	-7,516,608	5,823,016	4
5	00500	ADMINISTRATIVE & GENERAL	27,517,235	-9,318,200	18,199,035	5
7	00700	OPERATION OF PLANT	2,442,152		2,442,152	7
8	00800	LAUNDRY & LINEN SERVICE	458,179		458,179	8
9	00900	HOUSEKEEPING	1,620,853		1,620,853	9
10	01000	DIETARY	458,523		458,523	10
11	01100	CAFETERIA	957,800	-375,731	582,069	11
13	01300	NURSING ADMINISTRATION	682,906		682,906	13
14	01400	CENTRAL SERVICES & SUPPLY	4,209,759		4,209,759	14
15	01500	PHARMACY	6,283,358		6,283,358	15
16	01600	MEDICAL RECORDS & LIBRARY	1,718,762		1,718,762	16
19	01900	NONPHYSICIAN ANESTHETISTS				19
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	7,749,962		7,749,962	30
31	03100	INTENSIVE CARE UNIT	2,240,566	-238,430	2,002,136	31
43	04300	NURSERY	642,496		642,496	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	5,093,381		5,093,381	50
51	05100	RECOVERY ROOM	435,347		435,347	51
52	05200	DELIVERY ROOM & LABOR ROOM	1,044,767		1,044,767	52
53	05300	ANESTHESIOLOGY	16,115		16,115	53
54	05400	RADIOLOGY-DIAGNOSTIC	2,369,935		2,369,935	54
54.01	05401	NUCLEAR MEDICINE	622,908		622,908	54.01
54.02	05402	ULTRASOUND	614,932		614,932	54.02
55	05500	RADIOLOGY-THERAPEUTIC	1,415,582		1,415,582	55
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,189,421		1,189,421	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	428,510		428,510	58
59	05900	CARDIAC CATHETERIZATION	1,141,836		1,141,836	59
59.97	05901	CARDIAC REHAB	173,844		173,844	59.97
60	06000	LABORATORY	5,714,260	-253,528	5,460,732	60
65	06500	RESPIRATORY THERAPY	1,608,087		1,608,087	65
66	06600	PHYSICAL THERAPY	786,915		786,915	66
67	06700	OCCUPATIONAL THERAPY	395,070		395,070	67
68	06800	SPEECH PATHOLOGY	46,741		46,741	68
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS				71
72	07200	IMPL. DEV. CHARGED TO PATIENT	3,610,754		3,610,754	72
73	07300	DRUGS CHARGED TO PATIENTS				73
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	8,307,211	-3,184,136	5,123,075	90
90.01	09001	HOSPITAL SURGEON	210,277	-132,907	77,370	90.01
91	09100	EMERGENCY	3,489,258		3,489,258	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118		SUBTOTALS (SUM OF LINES 1-117)	116,745,881	-21,019,540	95,726,341	118
NONREIMBURSABLE COST CENTERS						
190.01	19001	MEALS ON WHEELS	101,715	-29,538	72,177	190.01
192	19200	PHYSICIANS' PRIVATE OFFICES				192
193.01	19301	PATIENT TRANSPORTATION	259,835		259,835	193.01
200		TOTAL (SUM OF LINES 118-199)	117,107,431	-21,049,078	96,058,353	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
1		2	3		4	5	
1 LDR & NURSERY	A	DELIVERY ROOM & LABOR ROOM	52		922,647	122,120	1
2		NURSERY	43		567,396	75,100	2
500 TOTAL RECLASSIFICATIONS					1,490,043	197,220	500
CODE LETTER - A							
1 CAFETERIA FOOD SERVICE	B	CAFETERIA	11		620,935	336,865	1
2		ADMINISTRATIVE & GENERAL	5		72,995	39,601	2
3		MEALS ON WHEELS	190.01		65,941	35,774	3
500 TOTAL RECLASSIFICATIONS					759,871	412,240	500
CODE LETTER - B							
1 DEPRECIATION	C	CAP REL COSTS-BLDG & FIXT	1			3,187,968	1
2							2
3							3
4							4
500 TOTAL RECLASSIFICATIONS						3,187,968	500
CODE LETTER - C							
1 DEPRECIATION - EQUIPMENT	D	CAP REL COSTS-MVBLE EQUIP	2			4,520,587	1
2 DEPRECIATION - EQUIPMENT	D						2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
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
500 TOTAL RECLASSIFICATIONS						4,520,587	500
CODE LETTER - D							
1 PURCHASING MATERIALS MANAGEMENT	E	ADMINISTRATIVE & GENERAL	5		354,009	973,470	1
500 TOTAL RECLASSIFICATIONS					354,009	973,470	500
CODE LETTER - E							
1 ICU RECLASS	F	ADULTS & PEDIATRICS	30		712,448	67,946	1
500 TOTAL RECLASSIFICATIONS					712,448	67,946	500
CODE LETTER - F							
1 IMPLANTABLE DEVICES	G	IMPL. DEV. CHARGED TO PATIENT	72			108,243	1
2 IMPLANTABLE DEVICES	G	IMPL. DEV. CHARGED TO PATIENT	72			717,845	2
3 IMPLANTABLE DEVICES	G	IMPL. DEV. CHARGED TO PATIENT	72			2,771,491	3
4 IMPLANTABLE DEVICES	G	IMPL. DEV. CHARGED TO PATIENT	72			13,175	4
500 TOTAL RECLASSIFICATIONS						3,610,754	500
CODE LETTER - G							

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 CENTRAL SERVICES	H	CENTRAL SERVICES & SUPPLY	14	102,759	95,086	1
500 TOTAL RECLASSIFICATIONS				102,759	95,086	500
CODE LETTER - H						
GRAND TOTAL (INCREASES)				3,419,130	13,065,271	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 LDR & NURSERY	A	ADULTS & PEDIATRICS	30	922,647	122,120	1
2 ADULTS & PEDIATRICS		ADULTS & PEDIATRICS	30	567,396	75,100	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				1,490,043	197,220	500
1 CAFETERIA FOOD SERVICE	B	DIETARY	10	620,935	336,865	1
2 DIETARY		DIETARY	10	72,995	39,601	2
3 DIETARY		DIETARY	10	65,941	35,774	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				759,871	412,240	500
1 DEPRECIATION	C	ADMINISTRATIVE & GENERAL	5		2,982,802	9 1
2 RADIOLOGY-THERAPEUTIC		RADIOLOGY-THERAPEUTIC	55		3,229	9 2
3 COMPUTED TOMOGRAPHY (CT) SCAN		COMPUTED TOMOGRAPHY (CT) SCAN	57		4,387	9 3
4 CLINIC		CLINIC	90		197,550	9 4
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					3,187,968	500
1 DEPRECIATION - EQUIPMENT	D					9 1
2 DEPRECIATION - EQUIPMENT	D	EMPLOYEE BENEFITS	4		9,243	9 2
3 ADMINISTRATIVE & GENERAL		ADMINISTRATIVE & GENERAL	5		1,812,813	9 3
4 OPERATION OF PLANT		OPERATION OF PLANT	7		23,646	9 4
5 LAUNDRY & LINEN SERVICE		LAUNDRY & LINEN SERVICE	8		461	9 5
6 HOUSEKEEPING		HOUSEKEEPING	9		15,591	9 6
7 DIETARY		DIETARY	10		50,898	9 7
8 NURSING ADMINISTRATION		NURSING ADMINISTRATION	13		869	9 8
9 CENTRAL SERVICES & SUPPLY		CENTRAL SERVICES & SUPPLY	14		28,088	9 9
10 PHARMACY		PHARMACY	15		31,695	9 10
11 MEDICAL RECORDS & LIBRARY		MEDICAL RECORDS & LIBRARY	16		100,550	9 11
12 ADULTS & PEDIATRICS		ADULTS & PEDIATRICS	30		172,616	9 12
13 INTENSIVE CARE UNIT		INTENSIVE CARE UNIT	31		165,284	9 13
14 OPERATING ROOM		OPERATING ROOM	50		381,636	9 14
15 RECOVERY ROOM		RECOVERY ROOM	51		10,948	9 15
16 ANESTHESIOLOGY		ANESTHESIOLOGY	53		12,438	9 16
17 RADIOLOGY-DIAGNOSTIC		RADIOLOGY-DIAGNOSTIC	54		682,102	9 17
18 NUCLEAR MEDICINE		NUCLEAR MEDICINE	54.01		255	9 18
19 ULTRASOUND		ULTRASOUND	54.02		29,735	9 19
20 RADIOLOGY-THERAPEUTIC		RADIOLOGY-THERAPEUTIC	55		16,457	9 20
21 COMPUTED TOMOGRAPHY (CT) SCAN		COMPUTED TOMOGRAPHY (CT) SCAN	57		42,785	9 21
22 MAGNETIC RESONANCE IMAGING (M		MAGNETIC RESONANCE IMAGING (M	58		297,324	9 22
23 CARDIAC CATHETERIZATION		CARDIAC CATHETERIZATION	59		156,344	9 23
24 CARDIAC REHAB		CARDIAC REHAB	59.97		21,775	9 24
25 LABORATORY		LABORATORY	60		157,359	9 25
26 RESPIRATORY THERAPY		RESPIRATORY THERAPY	65		91,937	9 26
27 PHYSICAL THERAPY		PHYSICAL THERAPY	66		4,803	9 27
28 OCCUPATIONAL THERAPY		OCCUPATIONAL THERAPY	67		3,645	9 28
29 HOSPITAL SURGEON		HOSPITAL SURGEON	90.01		2,442	9 29
30 CLINIC		CLINIC	90		119,729	9 30
31 EMERGENCY		EMERGENCY	91		44,574	9 31
32 PATIENT TRANSPORTATION		PATIENT TRANSPORTATION	193.01		32,545	9 32
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					4,520,587	500
1 PURCHASING MATERIALS MANAGEMENT	E	CENTRAL SERVICES & SUPPLY	14	354,009	973,470	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				354,009	973,470	500
1 ICU RECLASS	F	INTENSIVE CARE UNIT	31	712,448	67,946	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				712,448	67,946	500
1 IMPLANTABLE DEVICES	G	CARDIAC CATHETERIZATION	59		108,243	1
2 IMPLANTABLE DEVICES	G	CARDIAC CATHETERIZATION	59		717,845	2
3 IMPLANTABLE DEVICES	G	OPERATING ROOM	50		2,771,491	3
4 IMPLANTABLE DEVICES	G	CENTRAL SERVICES & SUPPLY	14		13,175	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					3,610,754	500

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CENTRAL SERVICES	H	MEDICAL RECORDS & LIBRARY	16	102,759	95,086	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				102,759	95,086	500
GRAND TOTAL (DECREASES)				3,419,130	13,065,271	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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	6,550,097					6,550,097	650,097	1
2 LAND IMPROVEMENTS	5,443,602	80,980		80,980		5,524,582	5,433,602	2
3 BUILDINGS AND FIXTURES	66,136,449	1,060,531		1,060,531		67,196,980	66,136,449	3
4 BUILDING IMPROVEMENTS	76,899,492	3,458,003		3,458,003		80,357,495		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	155,029,640	4,599,514		4,599,514		159,629,154	72,220,148	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	155,029,640	4,599,514		4,599,514		159,629,154	72,220,148	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

----- SUMMARY OF CAPITAL -----

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT							1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

----- COMPUTATION OF RATIOS ----- ALLOCATION OF OTHER CAPITAL -----

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7)
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

----- SUMMARY OF CAPITAL -----

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	3,187,968						3,187,968
2 CAP REL COSTS-MVBLE EQUIP	4,520,587						4,520,587
3 TOTAL	7,708,555						7,708,555

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-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,809,001			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-96,471	ADMINISTRATIVE & GENERAL	5	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-375,731	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1,858	ADMINISTRATIVE & GENERAL	5	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-1,319	ADMINISTRATIVE & GENERAL	5	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 PROVISION FOR UNCOLLECTIBLE ACCOUT	A	-6,802,543	ADMINISTRATIVE & GENERAL	5	33
34 EMPLOYEE SELF INSURANCE	A	-7,516,608	EMPLOYEE BENEFITS	4	34
35 MEALS ON WHEELS	B	-29,538	MEALS ON WHEELS	190.01	35
36 WELLNESS	B	-18,033	ADMINISTRATIVE & GENERAL	5	36
37 PHYSICIAN RECRUITMENT (BC ONLY)	A	-1,247,942	ADMINISTRATIVE & GENERAL	5	37
38 LOBBYING COST	A	-26,754	ADMINISTRATIVE & GENERAL	5	38
39 LIFELINE	B	-57,412	ADMINISTRATIVE & GENERAL	5	39
40 SERVICE FEES	A	-31,631	ADMINISTRATIVE & GENERAL	5	40
41 NET SETTLEMENT DERIVATIVES (BC ONL)	B	-1,034,237	ADMINISTRATIVE & GENERAL	5	41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-21,049,078			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5		TOTALS (SUM OF LINES 1-4)				5
		TRANSFER COL. 6, LINE 5 TO				
		WKST A-8, COL. 2, LINE 12.				

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	
6						6
7						7
8						8
9						9
10						10

- (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 CCN: 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11
 05/29/2013 16:03

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	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	1	2	3	4	5	6	7	8	9		
1	60	LABORATORY	AGGREGATE	526,691	244,903	281,788	266,500	2,132	273,163	13,658	1
2	31	INTENSIVE CARE UNIT	AGGREGATE	476,860	238,430	238,430	260,000	2,080	260,000	13,000	2
3	90	CLINIC	AGGREGATE	3,184,136	3,184,136						3
4	90.01	HOSPITAL SURGEON	AGGREGATE	132,907	132,907						4
200		TOTAL		4,320,594	3,800,376	520,218		4,212	533,163	26,658	200

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11
 05/29/2013 16:03

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.			12	13	14	15	16	17	18	
10	11									
1	60	LABORATORY					273,163	8,625	253,528	1
2	31	INTENSIVE CARE UNIT					260,000		238,430	2
3	90	CLINIC							3,184,136	3
4	90.01	HOSPITAL SURGEON							132,907	4
200		TOTAL					533,163	8,625	3,809,001	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	3,187,968	3,187,968				1
2 CAP REL COSTS-MVBLE EQUIP	4,520,587		4,520,587			2
4 EMPLOYEE BENEFITS	5,823,016	10,465	14,839	5,848,320		4
5 ADMINISTRATIVE & GENERAL	18,199,035	734,180	1,041,077	911,711	20,886,003	5
7 OPERATION OF PLANT	2,442,152	313,469	444,503	89,244	3,289,368	7
8 LAUNDRY & LINEN SERVICE	458,179	30,488	43,233	3,042	534,942	8
9 HOUSEKEEPING	1,620,853	23,576	33,431	140,067	1,817,927	9
10 DIETARY	458,523	95,000	134,711	40,395	728,629	10
11 CAFETERIA	582,069	48,632	68,961	75,950	775,612	11
13 NURSING ADMINISTRATION	682,906	26,553	37,653	81,109	828,221	13
14 CENTRAL SERVICES & SUPPLY	4,209,759	116,121	164,661	47,399	4,537,940	14
15 PHARMACY	6,283,358	18,909	26,814	186,642	6,515,723	15
16 MEDICAL RECORDS & LIBRARY	1,718,762	74,767	106,021	148,034	2,047,584	16
19 NONPHYSICIAN ANESTHETISTS						19
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,749,962	580,552	823,231	886,652	10,040,397	30
31 INTENSIVE CARE UNIT	2,002,136	52,637	74,639	268,650	2,398,062	31
43 NURSERY	642,496	9,925	14,074	69,401	735,896	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,093,381	100,746	142,859	362,828	5,699,814	50
51 RECOVERY ROOM	435,347	105,830	150,069	50,476	741,722	51
52 DELIVERY ROOM & LABOR ROOM	1,044,767	7,452	10,568	112,854	1,175,641	52
53 ANESTHESIOLOGY	16,115	9,054	12,839		38,008	53
54 RADIOLOGY-DIAGNOSTIC	2,369,935	182,008	258,090	244,641	3,054,674	54
54.01 NUCLEAR MEDICINE	622,908	7,522	10,666	35,242	676,338	54.01
54.02 ULTRASOUND	614,932	13,651	19,357	67,267	715,207	54.02
55 RADIOLOGY-THERAPEUTIC	1,415,582			56,921	1,472,503	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,189,421	21,347	30,271	67,494	1,308,533	57
58 MAGNETIC RESONANCE IMAGING (MRI)	428,510	121,257	171,945	35,748	757,460	58
59 CARDIAC CATHETERIZATION	1,141,836			85,294	1,227,130	59
59.97 CARDIAC REHAB	173,844			19,503	193,347	59.97
60 LABORATORY	5,460,732	94,547	134,070	347,177	6,036,526	60
65 RESPIRATORY THERAPY	1,608,087	93,746	132,934	174,643	2,009,410	65
66 PHYSICAL THERAPY	786,915	69,457	98,490	86,631	1,041,493	66
67 OCCUPATIONAL THERAPY	395,070	18,613	26,394	23,135	463,212	67
68 SPEECH PATHOLOGY	46,741	4,092	5,802	5,510	62,145	68
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT	3,610,754				3,610,754	72
73 DRUGS CHARGED TO PATIENTS						73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,123,075	11,300	16,024	742,996	5,893,395	90
90.01 HOSPITAL SURGEON	77,370	192,072	272,361	21,154	562,957	90.01
91 EMERGENCY	3,489,258			334,869	3,824,127	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	95,726,341	3,187,968	4,520,587	5,822,679	95,700,700	118
NONREIMBURSABLE COST CENTERS						
190.01 MEALS ON WHEELS	72,177			8,066	80,243	190.01
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 PATIENT TRANSPORTATION	259,835			17,575	277,410	193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	96,058,353	3,187,968	4,520,587	5,848,320	96,058,353	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	20,886,003					5
7 OPERATION OF PLANT	913,925	4,203,293				7
8 LAUNDRY & LINEN SERVICE	148,629	60,169	743,740			8
9 HOUSEKEEPING	505,096	46,527		2,369,550		9
10 DIETARY	202,444	187,483		108,444	1,227,000	10
11 CAFETERIA	215,498	95,975		55,514		11
13 NURSING ADMINISTRATION	230,115	52,403		30,311		13
14 CENTRAL SERVICES & SUPPLY	1,260,830	229,166		132,554		14
15 PHARMACY	1,810,342	37,318		21,585		15
16 MEDICAL RECORDS & LIBRARY	568,905	147,554		85,348		16
19 NONPHYSICIAN ANESTHETISTS						19
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,789,612	1,145,727	572,666	662,710	1,012,773	30
31 INTENSIVE CARE UNIT	666,282	103,879	121,133	60,085	214,227	31
43 NURSERY	204,463	19,587	49,941	11,329		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,583,648	198,823		115,003		50
51 RECOVERY ROOM	206,082	208,857		120,807		51
52 DELIVERY ROOM & LABOR ROOM	326,642	14,707		8,507		52
53 ANESTHESIOLOGY	10,560	17,869		10,336		53
54 RADIOLOGY-DIAGNOSTIC	848,717	359,194		207,765		54
54.01 NUCLEAR MEDICINE	187,915	14,845		8,586		54.01
54.02 ULTRASOUND	198,715	26,940		15,583		54.02
55 RADIOLOGY-THERAPEUTIC	409,123					55
57 COMPUTED TOMOGRAPHY (CT) SCAN	363,565	42,129		24,368		57
58 MAGNETIC RESONANCE IMAGING (MRI)	210,454	239,303		138,417		58
59 CARDIAC CATHETERIZATION	340,948					59
59.97 CARDIAC REHAB	53,720					59.97
60 LABORATORY	1,677,200	186,590		107,927		60
65 RESPIRATORY THERAPY	558,298	185,009		107,013		65
66 PHYSICAL THERAPY	289,370	137,073		79,286		66
67 OCCUPATIONAL THERAPY	128,700	36,734		21,248		67
68 SPEECH PATHOLOGY	17,266	8,075		4,671		68
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT	1,003,219					72
73 DRUGS CHARGED TO PATIENTS						73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,637,433	22,301		12,900		90
90.01 HOSPITAL SURGEON	156,413	379,056		219,253		90.01
91 EMERGENCY	1,062,503					91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	20,786,632	4,203,293	743,740	2,369,550	1,227,000	118
NONREIMBURSABLE COST CENTERS						
190.01 MEALS ON WHEELS	22,295					190.01
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 PATIENT TRANSPORTATION	77,076					193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	20,886,003	4,203,293	743,740	2,369,550	1,227,000	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,142,599					11
13 NURSING ADMINISTRATION	17,252	1,158,302				13
14 CENTRAL SERVICES & SUPPLY	35,400	67,038	6,262,928			14
15 PHARMACY	33,871	64,142	4,242,924	12,725,905		15
16 MEDICAL RECORDS & LIBRARY	66,151		82,896		2,998,438	16
19 NONPHYSICIAN ANESTHETISTS						19
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	232,143	439,611	202,710		135,400	30
31 INTENSIVE CARE UNIT	67,191	127,241	73,843		58,500	31
43 NURSERY	16,415	31,086			9,194	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	87,359	165,433	400,795		385,333	50
51 RECOVERY ROOM	10,114	19,154	4,035		62,749	51
52 DELIVERY ROOM & LABOR ROOM	83,260	50,549			14,950	52
53 ANESTHESIOLOGY			12,943		40,329	53
54 RADIOLOGY-DIAGNOSTIC	83,260		133,440		144,168	54
54.01 NUCLEAR MEDICINE	6,321		1,468		37,094	54.01
54.02 ULTRASOUND	12,031		1,428		77,332	54.02
55 RADIOLOGY-THERAPEUTIC			3,168		39,128	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	14,580		21,952		359,266	57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,606		2,874		95,328	58
59 CARDIAC CATHETERIZATION	15,763		189,903		98,612	59
59.97 CARDIAC REHAB	4,874		6,256		3,147	59.97
60 LABORATORY	96,087	181,961	276,480		564,901	60
65 RESPIRATORY THERAPY	45,780		48,468		145,634	65
66 PHYSICAL THERAPY	20,290		11,354		29,556	66
67 OCCUPATIONAL THERAPY	4,343		10,783		8,069	67
68 SPEECH PATHOLOGY	1,040				1,891	68
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	33,871				118,644	71
72 IMPL. DEV. CHARGED TO PATIENT					67,441	72
73 DRUGS CHARGED TO PATIENTS	66,151			12,725,905	176,417	73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			141,366			90
90.01 HOSPITAL SURGEON			15,615		283	90.01
91 EMERGENCY	75,063		369,587		325,072	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,136,216	1,146,215	6,254,288	12,725,905	2,998,438	118
NONREIMBURSABLE COST CENTERS						
190.01 MEALS ON WHEELS						190.01
192 PHYSICIANS' PRIVATE OFFICES	6,383	12,087				192
193.01 PATIENT TRANSPORTATION			8,640			193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,142,599	1,158,302	6,262,928	12,725,905	2,998,438	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
19 NONPHYSICIAN ANESTHETISTS				19
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	17,233,749		17,233,749	30
31 INTENSIVE CARE UNIT	3,890,443		3,890,443	31
43 NURSERY	1,077,911		1,077,911	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	8,636,208		8,636,208	50
51 RECOVERY ROOM	1,373,520		1,373,520	51
52 DELIVERY ROOM & LABOR ROOM	1,674,256		1,674,256	52
53 ANESTHESIOLOGY	130,045		130,045	53
54 RADIOLOGY-DIAGNOSTIC	4,831,218		4,831,218	54
54.01 NUCLEAR MEDICINE	932,567		932,567	54.01
54.02 ULTRASOUND	1,047,236		1,047,236	54.02
55 RADIOLOGY-THERAPEUTIC	1,923,922		1,923,922	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,134,393		2,134,393	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,451,442		1,451,442	58
59 CARDIAC CATHETERIZATION	1,872,356		1,872,356	59
59.97 CARDIAC REHAB	261,344		261,344	59.97
60 LABORATORY	9,127,672		9,127,672	60
65 RESPIRATORY THERAPY	3,099,612		3,099,612	65
66 PHYSICAL THERAPY	1,608,422		1,608,422	66
67 OCCUPATIONAL THERAPY	673,089		673,089	67
68 SPEECH PATHOLOGY	95,088		95,088	68
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	152,515		152,515	71
72 IMPL. DEV. CHARGED TO PATIENT	4,681,414		4,681,414	72
73 DRUGS CHARGED TO PATIENTS	12,968,473		12,968,473	73
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	7,707,395		7,707,395	90
90.01 HOSPITAL SURGEON	1,333,577		1,333,577	90.01
91 EMERGENCY	5,656,352		5,656,352	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	95,574,219		95,574,219	118
NONREIMBURSABLE COST CENTERS				
190.01 MEALS ON WHEELS	102,538		102,538	190.01
192 PHYSICIANS' PRIVATE OFFICES	18,470		18,470	192
193.01 PATIENT TRANSPORTATION	363,126		363,126	193.01
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	96,058,353		96,058,353	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS
	0	1	2	2A	4
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS		10,465	14,839	25,304	25,304
5 ADMINISTRATIVE & GENERAL		734,180	1,041,077	1,775,257	3,955
7 OPERATION OF PLANT		313,469	444,503	757,972	386
8 LAUNDRY & LINEN SERVICE		30,488	43,233	73,721	13
9 HOUSEKEEPING		23,576	33,431	57,007	606
10 DIETARY		95,000	134,711	229,711	175
11 CAFETERIA		48,632	68,961	117,593	328
13 NURSING ADMINISTRATION		26,553	37,653	64,206	351
14 CENTRAL SERVICES & SUPPLY		116,121	164,661	280,782	205
15 PHARMACY		18,909	26,814	45,723	807
16 MEDICAL RECORDS & LIBRARY		74,767	106,021	180,788	640
19 NONPHYSICIAN ANESTHETISTS					19
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		580,552	823,231	1,403,783	3,835
31 INTENSIVE CARE UNIT		52,637	74,639	127,276	1,162
43 NURSERY		9,925	14,074	23,999	300
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		100,746	142,859	243,605	1,569
51 RECOVERY ROOM		105,830	150,069	255,899	218
52 DELIVERY ROOM & LABOR ROOM		7,452	10,568	18,020	488
53 ANESTHESIOLOGY		9,054	12,839	21,893	53
54 RADIOLOGY-DIAGNOSTIC		182,008	258,090	440,098	1,058
54.01 NUCLEAR MEDICINE		7,522	10,666	18,188	152
54.02 ULTRASOUND		13,651	19,357	33,008	291
55 RADIOLOGY-THERAPEUTIC					246
57 COMPUTED TOMOGRAPHY (CT) SCAN		21,347	30,271	51,618	292
58 MAGNETIC RESONANCE IMAGING (MRI)		121,257	171,945	293,202	155
59 CARDIAC CATHETERIZATION					369
59.97 CARDIAC REHAB					84
60 LABORATORY		94,547	134,070	228,617	1,502
65 RESPIRATORY THERAPY		93,746	132,934	226,680	755
66 PHYSICAL THERAPY		69,457	98,490	167,947	375
67 OCCUPATIONAL THERAPY		18,613	26,394	45,007	100
68 SPEECH PATHOLOGY		4,092	5,802	9,894	24
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		11,300	16,024	27,324	3,213
90.01 HOSPITAL SURGEON		192,072	272,361	464,433	91
91 EMERGENCY					1,448
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)		3,187,968	4,520,587	7,708,555	25,193
NONREIMBURSABLE COST CENTERS					
190.01 MEALS ON WHEELS					35
192 PHYSICIANS' PRIVATE OFFICES					192
193.01 PATIENT TRANSPORTATION					76
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)		3,187,968	4,520,587	7,708,555	25,304

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	1,779,212					5
7 OPERATION OF PLANT	77,853	836,211				7
8 LAUNDRY & LINEN SERVICE	12,661	11,970	98,365			8
9 HOUSEKEEPING	43,027	9,256		109,896		9
10 DIETARY	17,245	37,298		5,029	289,458	10
11 CAFETERIA	18,357	19,094		2,575		11
13 NURSING ADMINISTRATION	19,602	10,425		1,406		13
14 CENTRAL SERVICES & SUPPLY	107,404	45,591		6,148		14
15 PHARMACY	154,214	7,424		1,001		15
16 MEDICAL RECORDS & LIBRARY	48,462	29,355		3,958		16
19 NONPHYSICIAN ANESTHETISTS						19
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	237,670	227,931	75,739	30,735	238,920	30
31 INTENSIVE CARE UNIT	56,757	20,666	16,021	2,787	50,538	31
43 NURSERY	17,417	3,897	6,605	525		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	134,903	39,554		5,334		50
51 RECOVERY ROOM	17,555	41,550		5,603		51
52 DELIVERY ROOM & LABOR ROOM	27,825	2,926		395		52
53 ANESTHESIOLOGY	900	3,555		479		53
54 RADIOLOGY-DIAGNOSTIC	72,298	71,459		9,636		54
54.01 NUCLEAR MEDICINE	16,008	2,953		398		54.01
54.02 ULTRASOUND	16,928	5,360		723		54.02
55 RADIOLOGY-THERAPEUTIC	34,851					55
57 COMPUTED TOMOGRAPHY (CT) SCAN	30,970	8,381		1,130		57
58 MAGNETIC RESONANCE IMAGING (MRI)	17,928	47,607		6,420		58
59 CARDIAC CATHETERIZATION	29,044					59
59.97 CARDIAC REHAB	4,576					59.97
60 LABORATORY	142,872	37,121		5,005		60
65 RESPIRATORY THERAPY	47,559	36,806		4,963		65
66 PHYSICAL THERAPY	24,650	27,270		3,677		66
67 OCCUPATIONAL THERAPY	10,963	7,308		985		67
68 SPEECH PATHOLOGY	1,471	1,607		217		68
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT	85,459					72
73 DRUGS CHARGED TO PATIENTS						73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	139,485	4,437		598		90
90.01 HOSPITAL SURGEON	13,324	75,410		10,169		90.01
91 EMERGENCY	90,509					91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,770,747	836,211	98,365	109,896	289,458	118
NONREIMBURSABLE COST CENTERS						
190.01 MEALS ON WHEELS	1,899					190.01
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 PATIENT TRANSPORTATION	6,566					193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,779,212	836,211	98,365	109,896	289,458	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	157,947					11
13 NURSING ADMINISTRATION	2,385	98,375				13
14 CENTRAL SERVICES & SUPPLY	4,894	5,694	450,718			14
15 PHARMACY	4,682	5,448	305,345	524,644		15
16 MEDICAL RECORDS & LIBRARY	9,144		5,966		278,313	16
19 NONPHYSICIAN ANESTHETISTS						19
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	32,093	37,335	14,588		12,565	30
31 INTENSIVE CARE UNIT	9,288	10,807	5,314		5,429	31
43 NURSERY	2,269	2,640			853	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,076	14,050	28,844		35,758	50
51 RECOVERY ROOM	1,398	1,627	290		5,823	51
52 DELIVERY ROOM & LABOR ROOM	11,509	4,293			1,387	52
53 ANESTHESIOLOGY			931		3,742	53
54 RADIOLOGY-DIAGNOSTIC	11,509		9,603		13,379	54
54.01 NUCLEAR MEDICINE	874		106		3,442	54.01
54.02 ULTRASOUND	1,663		103		7,176	54.02
55 RADIOLOGY-THERAPEUTIC			228		3,631	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,015		1,580		33,339	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,051		207		8,846	58
59 CARDIAC CATHETERIZATION	2,179		13,667		9,151	59
59.97 CARDIAC REHAB	674		450		292	59.97
60 LABORATORY	13,283	15,454	19,897		52,487	60
65 RESPIRATORY THERAPY	6,328		3,488		13,515	65
66 PHYSICAL THERAPY	2,805		817		2,743	66
67 OCCUPATIONAL THERAPY	600		776		749	67
68 SPEECH PATHOLOGY	144				175	68
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	4,682				11,010	71
72 IMPL. DEV. CHARGED TO PATIENT					6,258	72
73 DRUGS CHARGED TO PATIENTS	9,144			524,644	16,371	73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			10,174			90
90.01 HOSPITAL SURGEON			1,124		26	90.01
91 EMERGENCY	10,376		26,598		30,166	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	157,065	97,348	450,096	524,644	278,313	118
NONREIMBURSABLE COST CENTERS						
190.01 MEALS ON WHEELS						190.01
192 PHYSICIANS' PRIVATE OFFICES	882	1,027				192
193.01 PATIENT TRANSPORTATION			622			193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	157,947	98,375	450,718	524,644	278,313	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
19 NONPHYSICIAN ANESTHETISTS				19
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	2,315,194		2,315,194	30
31 INTENSIVE CARE UNIT	306,045		306,045	31
43 NURSERY	58,505		58,505	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	515,693		515,693	50
51 RECOVERY ROOM	329,963		329,963	51
52 DELIVERY ROOM & LABOR ROOM	66,843		66,843	52
53 ANESTHESIOLOGY	31,500		31,500	53
54 RADIOLOGY-DIAGNOSTIC	629,040		629,040	54
54.01 NUCLEAR MEDICINE	42,121		42,121	54.01
54.02 ULTRASOUND	65,252		65,252	54.02
55 RADIOLOGY-THERAPEUTIC	38,956		38,956	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	129,325		129,325	57
58 MAGNETIC RESONANCE IMAGING (MRI)	375,416		375,416	58
59 CARDIAC CATHETERIZATION	54,410		54,410	59
59.97 CARDIAC REHAB	6,076		6,076	59.97
60 LABORATORY	516,238		516,238	60
65 RESPIRATORY THERAPY	340,094		340,094	65
66 PHYSICAL THERAPY	230,284		230,284	66
67 OCCUPATIONAL THERAPY	66,488		66,488	67
68 SPEECH PATHOLOGY	13,532		13,532	68
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	15,692		15,692	71
72 IMPL. DEV. CHARGED TO PATIENT	91,717		91,717	72
73 DRUGS CHARGED TO PATIENTS	550,159		550,159	73
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	185,231		185,231	90
90.01 HOSPITAL SURGEON	564,577		564,577	90.01
91 EMERGENCY	159,097		159,097	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	7,697,448		7,697,448	118
NONREIMBURSABLE COST CENTERS				
190.01 MEALS ON WHEELS	1,934		1,934	190.01
192 PHYSICIANS' PRIVATE OFFICES	1,909		1,909	192
193.01 PATIENT TRANSPORTATION	7,264		7,264	193.01
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	7,708,555		7,708,555	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	183,090					1
2 CAP REL COSTS-MVBLE EQUIP		183,090				2
4 EMPLOYEE BENEFITS	601	601	47,813,409			4
5 ADMINISTRATIVE & GENERAL	42,165	42,165	7,453,599	-20,886,003	75,172,350	5
7 OPERATION OF PLANT	18,003	18,003	729,626		3,289,368	7
8 LAUNDRY & LINEN SERVICE	1,751	1,751	24,872		534,942	8
9 HOUSEKEEPING	1,354	1,354	1,145,133		1,817,927	9
10 DIETARY	5,456	5,456	330,254		728,629	10
11 CAFETERIA	2,793	2,793	620,935		775,612	11
13 NURSING ADMINISTRATION	1,525	1,525	663,114		828,221	13
14 CENTRAL SERVICES & SUPPLY	6,669	6,669	387,518		4,537,940	14
15 PHARMACY	1,086	1,086	1,525,912		6,515,723	15
16 MEDICAL RECORDS & LIBRARY	4,294	4,294	1,210,272		2,047,584	16
19 NONPHYSICIAN ANESTHETISTS						19
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	33,342	33,342	7,248,925		10,040,397	30
31 INTENSIVE CARE UNIT	3,023	3,023	2,196,382		2,398,062	31
43 NURSERY	570	570	567,396		735,896	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,786	5,786	2,966,339		5,699,814	50
51 RECOVERY ROOM	6,078	6,078	412,675		741,722	51
52 DELIVERY ROOM & LABOR ROOM	428	428	922,647		1,175,641	52
53 ANESTHESIOLOGY	520	520			38,008	53
54 RADIOLOGY-DIAGNOSTIC	10,453	10,453	2,000,090		3,054,674	54
54.01 NUCLEAR MEDICINE	432	432	288,123		676,338	54.01
54.02 ULTRASOUND	784	784	549,949		715,207	54.02
55 RADIOLOGY-THERAPEUTIC			465,368		1,472,503	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,226	1,226	551,807		1,308,533	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,964	6,964	292,260		757,460	58
59 CARDIAC CATHETERIZATION			697,334		1,227,130	59
59.97 CARDIAC REHAB			159,453		193,347	59.97
60 LABORATORY	5,430	5,430	2,838,385		6,036,526	60
65 RESPIRATORY THERAPY	5,384	5,384	1,427,814		2,009,410	65
66 PHYSICAL THERAPY	3,989	3,989	708,265		1,041,493	66
67 OCCUPATIONAL THERAPY	1,069	1,069	189,140		463,212	67
68 SPEECH PATHOLOGY	235	235	45,044		62,145	68
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT					3,610,754	72
73 DRUGS CHARGED TO PATIENTS						73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	649	649	6,074,450		5,893,395	90
90.01 HOSPITAL SURGEON	11,031	11,031	172,943		562,957	90.01
91 EMERGENCY			2,737,755		3,824,127	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	183,090	183,090	47,603,779	-20,886,003	74,814,697	118
NONREIMBURSABLE COST CENTERS						
190.01 MEALS ON WHEELS			65,941		80,243	190.01
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 PATIENT TRANSPORTATION			143,689		277,410	193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,187,968	4,520,587	5,848,320		20,886,003	202
203 UNIT COST MULT-WS B PT I	17.412027	24.690518	0.122315		0.277842	203
204 COST TO BE ALLOC PER B PT II			25,304		1,779,212	204
205 UNIT COST MULT-WS B PT II			0.000529		0.023668	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	PATIENT DAYS 8	SQUARE FEET 9	PATIENT DAYS 10	GROSS SALARIES 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
7 OPERATION OF PLANT	122,321					7
8 LAUNDRY & LINEN SERVICE	1,751	16,903				8
9 HOUSEKEEPING	1,354		119,216			9
10 DIETARY	5,456		5,456	15,768		10
11 CAFETERIA	2,793		2,793		56,032	11
13 NURSING ADMINISTRATION	1,525		1,525		846	13
14 CENTRAL SERVICES & SUPPLY	6,669		6,669		1,736	14
15 PHARMACY	1,086		1,086		1,661	15
16 MEDICAL RECORDS & LIBRARY	4,294		4,294		3,244	16
19 NONPHYSICIAN ANESTHETISTS						19
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	33,342	13,015	33,342	13,015	11,384	30
31 INTENSIVE CARE UNIT	3,023	2,753	3,023	2,753	3,295	31
43 NURSERY	570	1,135	570		805	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,786		5,786		4,284	50
51 RECOVERY ROOM	6,078		6,078		496	51
52 DELIVERY ROOM & LABOR ROOM	428		428		4,083	52
53 ANESTHESIOLOGY	520		520			53
54 RADIOLOGY-DIAGNOSTIC	10,453		10,453		4,083	54
54.01 NUCLEAR MEDICINE	432		432		310	54.01
54.02 ULTRASOUND	784		784		590	54.02
55 RADIOLOGY-THERAPEUTIC						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,226		1,226		715	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,964		6,964		373	58
59 CARDIAC CATHETERIZATION					773	59
59.97 CARDIAC REHAB					239	59.97
60 LABORATORY	5,430		5,430		4,712	60
65 RESPIRATORY THERAPY	5,384		5,384		2,245	65
66 PHYSICAL THERAPY	3,989		3,989		995	66
67 OCCUPATIONAL THERAPY	1,069		1,069		213	67
68 SPEECH PATHOLOGY	235		235		51	68
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					1,661	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					3,244	73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	649		649			90
90.01 HOSPITAL SURGEON	11,031		11,031			90.01
91 EMERGENCY					3,681	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	122,321	16,903	119,216	15,768	55,719	118
NONREIMBURSABLE COST CENTERS						
190.01 MEALS ON WHEELS						190.01
192 PHYSICIANS' PRIVATE OFFICES					313	192
193.01 PATIENT TRANSPORTATION						193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,203,293	743,740	2,369,550	1,227,000	1,142,599	202
203 UNIT COST MULT-WS B PT I	34,362808	44,000473	19,876107	77,815830	20,391901	203
204 COST TO BE ALLOC PER B PT II	836,211	98,365	109,896	289,458	157,947	204
205 UNIT COST MULT-WS B PT II	6,836201	5,819381	0,921823	18,357306	2,818871	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSNG HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
13 NURSING ADMINISTRATION	29,995				13
14 CENTRAL SERVICES & SUPPLY	1,736	4,406,675			14
15 PHARMACY	1,661	2,985,374	10,000		15
16 MEDICAL RECORDS & LIBRARY		58,327		336,873,380	16
19 NONPHYSICIAN ANESTHETISTS					19
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	11,384	142,629		15,211,827	30
31 INTENSIVE CARE UNIT	3,295	51,957		6,572,309	31
43 NURSERY	805			1,032,897	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	4,284	282,004		43,290,956	50
51 RECOVERY ROOM	496	2,839		7,049,645	51
52 DELIVERY ROOM & LABOR ROOM	1,309			1,679,602	52
53 ANESTHESIOLOGY		9,107		4,530,839	53
54 RADIOLOGY-DIAGNOSTIC		93,890		16,196,849	54
54.01 NUCLEAR MEDICINE		1,033		4,167,389	54.01
54.02 ULTRASOUND		1,005		8,688,042	54.02
55 RADIOLOGY-THERAPEUTIC		2,229		4,395,888	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		15,446		40,362,455	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,022		10,709,773	58
59 CARDIAC CATHETERIZATION		133,618		11,078,751	59
59.97 CARDIAC REHAB		4,402		353,567	59.97
60 LABORATORY	4,712	194,535		63,472,982	60
65 RESPIRATORY THERAPY		34,103		16,361,558	65
66 PHYSICAL THERAPY		7,989		3,320,497	66
67 OCCUPATIONAL THERAPY		7,587		906,477	67
68 SPEECH PATHOLOGY				212,458	68
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				13,329,241	71
72 IMPL. DEV. CHARGED TO PATIENT				7,576,793	72
73 DRUGS CHARGED TO PATIENTS			10,000	19,819,947	73
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		99,467			90
90.01 HOSPITAL SURGEON		10,987		31,797	90.01
91 EMERGENCY		260,046		36,520,841	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	29,682	4,400,596	10,000	336,873,380	118
NONREIMBURSABLE COST CENTERS					
190.01 MEALS ON WHEELS					190.01
192 PHYSICIANS' PRIVATE OFFICES	313				192
193.01 PATIENT TRANSPORTATION		6,079			193.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	1,158,302	6,262,928	12,725,905	2,998,438	202
203 UNIT COST MULT-WS B PT I	38.616503	1.421237	1,272.590500	0.008901	203
204 COST TO BE ALLOC PER B PT II	98,375	450,718	524,644	278,313	204
205 UNIT COST MULT-WS B PT II	3.279713	0.102281	52.464400	0.000826	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	17,233,749		17,233,749		17,233,749	30
31 INTENSIVE CARE UNIT	3,890,443		3,890,443		3,890,443	31
43 NURSERY	1,077,911		1,077,911		1,077,911	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,636,208		8,636,208		8,636,208	50
51 RECOVERY ROOM	1,373,520		1,373,520		1,373,520	51
52 DELIVERY ROOM & LABOR ROOM	1,674,256		1,674,256		1,674,256	52
53 ANESTHESIOLOGY	130,045		130,045		130,045	53
54 RADIOLOGY-DIAGNOSTIC	4,831,218		4,831,218		4,831,218	54
54.01 NUCLEAR MEDICINE	932,567		932,567		932,567	54.01
54.02 ULTRASOUND	1,047,236		1,047,236		1,047,236	54.02
55 RADIOLOGY-THERAPEUTIC	1,923,922		1,923,922		1,923,922	55
57 COMPUTED TOMOGRAPHY (CT) SC	2,134,393		2,134,393		2,134,393	57
58 MAGNETIC RESONANCE IMAGING	1,451,442		1,451,442		1,451,442	58
59 CARDIAC CATHETERIZATION	1,872,356		1,872,356		1,872,356	59
59.97 CARDIAC REHAB	261,344		261,344		261,344	59.97
60 LABORATORY	9,127,672		9,127,672	8,625	9,136,297	60
65 RESPIRATORY THERAPY	3,099,612		3,099,612		3,099,612	65
66 PHYSICAL THERAPY	1,608,422		1,608,422		1,608,422	66
67 OCCUPATIONAL THERAPY	673,089		673,089		673,089	67
68 SPEECH PATHOLOGY	95,088		95,088		95,088	68
71 MEDICAL SUPPLIES CHRGD TO	152,515		152,515		152,515	71
72 IMPL. DEV. CHARGED TO PATIE	4,681,414		4,681,414		4,681,414	72
73 DRUGS CHARGED TO PATIENTS	12,968,473		12,968,473		12,968,473	73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,707,395		7,707,395		7,707,395	90
90.01 HOSPITAL SURGEON	1,333,577		1,333,577		1,333,577	90.01
91 EMERGENCY	5,656,352		5,656,352		5,656,352	91
92 OBSERVATION BEDS	2,877,805		2,877,805		2,877,805	92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	98,452,024		98,452,024	8,625	98,460,649	200
201 LESS OBSERVATION BEDS	2,877,805		2,877,805		2,877,805	201
202 TOTAL (SEE INSTRUCTIONS)	95,574,219		95,574,219		95,582,844	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	12,778,582		12,778,582			30
31 INTENSIVE CARE UNIT	6,369,883		6,369,883			31
43 NURSERY	973,782		973,782			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,790,374	32,464,817	42,255,191	0.204382	0.204382	0.204382 50
51 RECOVERY ROOM	1,905,752	4,833,454	6,739,206	0.203810	0.203810	0.203810 51
52 DELIVERY ROOM & LABOR ROOM	1,628,249		1,628,249	1.028256	1.028256	1.028256 52
53 ANESTHESIOLOGY	1,502,940	2,889,602	4,392,542	0.029606	0.029606	0.029606 53
54 RADIOLOGY-DIAGNOSTIC	3,474,100	12,404,547	15,878,647	0.304259	0.304259	0.304259 54
54.01 NUCLEAR MEDICINE	893,400	3,205,187	4,098,587	0.227534	0.227534	0.227534 54.01
54.02 ULTRASOUND	1,537,643	6,986,785	8,524,428	0.122851	0.122851	0.122851 54.02
55 RADIOLOGY-THERAPEUTIC	3,072	4,364,211	4,367,283	0.440531	0.440531	0.440531 55
57 COMPUTED TOMOGRAPHY (CT) SC	7,487,033	32,062,314	39,549,347	0.053968	0.053968	0.053968 57
58 MAGNETIC RESONANCE IMAGING	1,362,627	8,905,039	10,267,666	0.141360	0.141360	0.141360 58
59 CARDIAC CATHETERIZATION	3,316,606	7,683,575	11,000,181	0.170211	0.170211	0.170211 59
59.97 CARDIAC REHAB	1,241	352,326	353,567	0.739164	0.739164	0.739164 59.97
60 LABORATORY	17,622,882	42,303,182	59,926,064	0.152316	0.152316	0.152316 60
65 RESPIRATORY THERAPY	9,151,935	6,974,486	16,126,421	0.192207	0.192207	0.192207 65
66 PHYSICAL THERAPY	1,604,561	1,578,126	3,182,687	0.505366	0.505366	0.505366 66
67 OCCUPATIONAL THERAPY	312,862	591,085	903,947	0.744611	0.744611	0.744611 67
68 SPEECH PATHOLOGY	168,291	42,556	210,847	0.450981	0.450981	0.450981 68
71 MEDICAL SUPPLIES CHRGD TO	6,222,748	6,737,575	12,960,323	0.011768	0.011768	0.011768 71
72 IMPL. DEV. CHARGED TO PATIE	5,532,572	1,923,267	7,455,839	0.627886	0.627886	0.627886 72
73 DRUGS CHARGED TO PATIENTS	11,187,691	8,131,632	19,319,323	0.671270	0.671270	0.671270 73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	12,813	11,991,859	12,004,672	0.642033	0.642033	0.642033 90
90.01 HOSPITAL SURGEON		31,797	31,797	41.940340	41.940340	41.940340 90.01
91 EMERGENCY	7,748,110	28,278,121	36,026,231	0.157006	0.157006	0.157006 91
92 OBSERVATION BEDS	1,346,600	1,467,138	2,813,738	1.022769	1.022769	1.022769 92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	113,936,349	226,202,681	340,139,030			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	113,936,349	226,202,681	340,139,030			202

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 PERIOD FROM 01/01/2012 TO 12/31/2012

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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	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)			
	1	2	3	4	5	6	7	
30 INPAT ROUTINE SERV COST CTRS								
31 ADULTS & PEDIATRICS	2,315,194		2,315,194	15,624	148.18	8,148	1,207,371	30
32 INTENSIVE CARE UNIT	306,045		306,045	2,753	111.17	1,389	154,415	31
33 CORONARY CARE UNIT								32
34 BURN INTENSIVE CARE UNIT								33
35 SURGICAL INTENSIVE CARE UNIT								34
40 OTHER SPECIAL CARE (SPECIFY)								35
41 SUBPROVIDER - IPF								40
42 SUBPROVIDER - IRF								41
43 SUBPROVIDER I								42
44 NURSERY	58,505		58,505	1,135	51.55			43
45 SKILLED NURSING FACILITY								44
200 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,679,744		2,679,744	19,512		9,537	1,361,786	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0101) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
	(FROM WKST B, PT. II, COL. 26) 1	(FROM WKST C, PT. I, COL. 8) 2	(COL.1 + COL.2) 3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	515,693	42,255,191	0.012204	5,921,269	72,263	50
51 RECOVERY ROOM	329,963	6,739,206	0.048962	1,084,751	53,112	51
52 DELIVERY ROOM & LABOR ROOM	66,843	1,628,249	0.041052	2,206	91	52
53 ANESTHESIOLOGY	31,500	4,392,542	0.007171	659,271	4,728	53
54 RADIOLOGY-DIAGNOSTIC	629,040	15,878,647	0.039615	2,191,967	86,835	54
54.01 NUCLEAR MEDICINE	42,121	4,098,587	0.010277	610,423	6,273	54.01
54.02 ULTRASOUND	65,252	8,524,428	0.007655	449,672	3,442	54.02
55 RADIOLOGY-THERAPEUTIC	38,956	4,367,283	0.008920			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	129,325	39,549,347	0.003270	5,236,766	17,124	57
58 MAGNETIC RESONANCE IMAGING (M	375,416	10,267,666	0.036563	902,770	33,008	58
59 CARDIAC CATHETERIZATION	54,410	11,000,181	0.004946			59
59.97 CARDIAC REHAB	6,076	353,567	0.017185			59.97
60 LABORATORY	516,238	59,926,064	0.008615	12,350,996	106,404	60
65 RESPIRATORY THERAPY	340,094	16,126,421	0.021089	8,779,299	185,147	65
66 PHYSICAL THERAPY	230,284	3,182,687	0.072355	1,278,114	92,478	66
67 OCCUPATIONAL THERAPY	66,488	903,947	0.073553	242,773	17,857	67
68 SPEECH PATHOLOGY	13,532	210,847	0.064179	143,592	9,216	68
71 MEDICAL SUPPLIES CHRGED TO PA	15,692	12,960,323	0.001211	4,160,491	5,038	71
72 IMPL. DEV. CHARGED TO PATIENT	91,717	7,455,839	0.012301	2,361,495	29,049	72
73 DRUGS CHARGED TO PATIENTS	550,159	19,319,323	0.028477	7,511,749	213,912	73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	185,231	12,004,672	0.015430			90
90.01 HOSPITAL SURGEON	564,577	31,797	17.755669			90.01
91 EMERGENCY	159,097	36,026,231	0.004416	3,698,593	16,333	91
92 OBSERVATION BEDS	386,607	2,813,738	0.137400	295,504	40,602	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	5,404,311	320,016,783		57,881,701	992,912	200

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KPMG LLP COMPU-MAX MICRO SYSTEM
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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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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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	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
30 INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	15,624		8,148		30
31 INTENSIVE CARE UNIT	2,753		1,389		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,135				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	19,512		9,537		200

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

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 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 NUCLEAR MEDICINE						54.01
54.02 ULTRASOUND						54.02
55 RADIOLOGY-THERAPEUTIC						55
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
59.97 CARDIAC REHAB						59.97
60 LABORATORY						60
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 HOSPITAL SURGEON						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	42,255,191			5,921,269		11,564,351	50
51 RECOVERY ROOM	6,739,206			1,084,751		2,137,944	51
52 DELIVERY ROOM & LABOR ROOM	1,628,249			2,206			52
53 ANESTHESIOLOGY	4,392,542			659,271		731,393	53
54 RADIOLOGY-DIAGNOSTIC	15,878,647			2,191,967		3,853,348	54
54.01 NUCLEAR MEDICINE	4,098,587			610,423		1,415,575	54.01
54.02 ULTRASOUND	8,524,428			449,672		877,328	54.02
55 RADIOLOGY-THERAPEUTIC	4,367,283						55
57 COMPUTED TOMOGRAPHY (CT) SCA	39,549,347			5,236,766		8,580,756	57
58 MAGNETIC RESONANCE IMAGING (10,267,666			902,770		2,511,639	58
59 CARDIAC CATHETERIZATION	11,000,181						59
59.97 CARDIAC REHAB	353,567					187,761	59.97
60 LABORATORY	59,926,064			12,350,996		1,402,708	60
65 RESPIRATORY THERAPY	16,126,421			8,779,299		3,598,753	65
66 PHYSICAL THERAPY	3,182,687			1,278,114		10,101	66
67 OCCUPATIONAL THERAPY	903,947			242,773			67
68 SPEECH PATHOLOGY	210,847			143,592			68
71 MEDICAL SUPPLIES CHRGED TO P	12,960,323			4,160,491		3,334,074	71
72 IMPL. DEV. CHARGED TO PATIEN	7,455,839			2,361,495		1,675,920	72
73 DRUGS CHARGED TO PATIENTS	19,319,323			7,511,749		4,025,421	73
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	12,004,672					869,922	90
90.01 HOSPITAL SURGEON	31,797						90.01
91 EMERGENCY	36,026,231			3,698,593		4,702,470	91
92 OBSERVATION BEDS	2,813,738			295,504		628,887	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	320,016,783			57,881,701		52,108,351	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0101) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST	COST	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.204382	11,564,351			2,363,545		50
51 RECOVERY ROOM	0.203810	2,137,944			435,734		51
52 DELIVERY ROOM & LABOR ROOM	1.028256						52
53 ANESTHESIOLOGY	0.029606	731,393			21,654		53
54 RADIOLOGY-DIAGNOSTIC	0.304259	3,853,348			1,172,416		54
54.01 NUCLEAR MEDICINE	0.227534	1,415,575			322,091		54.01
54.02 ULTRASOUND	0.122851	877,328			107,781		54.02
55 RADIOLOGY-THERAPEUTIC	0.440531						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053968	8,580,756			463,086		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.141360	2,511,639			355,045		58
59 CARDIAC CATHETERIZATION	0.170211						59
59.97 CARDIAC REHAB	0.739164	187,761			138,786		59.97
60 LABORATORY	0.152316	1,402,708			213,655		60
65 RESPIRATORY THERAPY	0.192207	3,598,753			691,706		65
66 PHYSICAL THERAPY	0.505366	10,101			5,105		66
67 OCCUPATIONAL THERAPY	0.744611						67
68 SPEECH PATHOLOGY	0.450981						68
71 MEDICAL SUPPLIES CHRGED TO PATI	0.011768	3,334,074			39,235		71
72 IMPL. DEV. CHARGED TO PATIENT	0.627886	1,675,920			1,052,287		72
73 DRUGS CHARGED TO PATIENTS	0.671270	4,025,421			2,702,144		73
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.642033	869,922			558,519		90
90.01 HOSPITAL SURGEON	41.940340						90.01
91 EMERGENCY	0.157006	4,702,470			738,316		91
92 OBSERVATION BEDS	1.022769	628,887			643,206		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		52,108,351			12,024,311		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		52,108,351			12,024,311		202

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11
 05/29/2013 16:03

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	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)			
	1	2	3	4	5	6	7	
30 INPAT ROUTINE SERV COST CTRS								
31 ADULTS & PEDIATRICS	2,315,194		2,315,194	15,624	148.18	1,290	191,152	30
32 INTENSIVE CARE UNIT	306,045		306,045	2,753	111.17	169	18,788	31
33 CORONARY CARE UNIT								32
34 BURN INTENSIVE CARE UNIT								33
35 SURGICAL INTENSIVE CARE UNIT								34
40 OTHER SPECIAL CARE (SPECIFY)								35
41 SUBPROVIDER - IPF								40
42 SUBPROVIDER - IRF								41
43 SUBPROVIDER I								42
44 NURSERY	58,505		58,505	1,135	51.55	587	30,260	43
45 SKILLED NURSING FACILITY								44
200 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,679,744		2,679,744	19,512		2,046	240,200	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0101) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	515,693	42,255,191	0.012204		50
51 RECOVERY ROOM	329,963	6,739,206	0.048962		51
52 DELIVERY ROOM & LABOR ROOM	66,843	1,628,249	0.041052		52
53 ANESTHESIOLOGY	31,500	4,392,542	0.007171		53
54 RADIOLOGY-DIAGNOSTIC	629,040	15,878,647	0.039615		54
54.01 NUCLEAR MEDICINE	42,121	4,098,587	0.010277		54.01
54.02 ULTRASOUND	65,252	8,524,428	0.007655		54.02
55 RADIOLOGY-THERAPEUTIC	38,956	4,367,283	0.008920		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	129,325	39,549,347	0.003270		57
58 MAGNETIC RESONANCE IMAGING (M	375,416	10,267,666	0.036563		58
59 CARDIAC CATHETERIZATION	54,410	11,000,181	0.004946		59
59.97 CARDIAC REHAB	6,076	353,567	0.017185		59.97
60 LABORATORY	516,238	59,926,064	0.008615		60
65 RESPIRATORY THERAPY	340,094	16,126,421	0.021089		65
66 PHYSICAL THERAPY	230,284	3,182,687	0.072355		66
67 OCCUPATIONAL THERAPY	66,488	903,947	0.073553		67
68 SPEECH PATHOLOGY	13,532	210,847	0.064179		68
71 MEDICAL SUPPLIES CHRGED TO PA	15,692	12,960,323	0.001211		71
72 IMPL. DEV. CHARGED TO PATIENT	91,717	7,455,839	0.012301		72
73 DRUGS CHARGED TO PATIENTS	550,159	19,319,323	0.028477		73
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	185,231	12,004,672	0.015430		90
90.01 HOSPITAL SURGEON	564,577	31,797	17.755669		90.01
91 EMERGENCY	159,097	36,026,231	0.004416		91
92 OBSERVATION BEDS	386,607	2,813,738	0.137400		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	5,404,311	320,016,783			200

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
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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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11
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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	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
30 INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	15,624		1,290		30
31 INTENSIVE CARE UNIT	2,753		169		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,135		587		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	19,512		2,046		200

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11
 05/29/2013 16:03

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 NUCLEAR MEDICINE						54.01
54.02 ULTRASOUND						54.02
55 RADIOLOGY-THERAPEUTIC						55
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
59.97 CARDIAC REHAB						59.97
60 LABORATORY						60
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 HOSPITAL SURGEON						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)	
	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	42,255,191							50
51 RECOVERY ROOM	6,739,206							51
52 DELIVERY ROOM & LABOR ROOM	1,628,249							52
53 ANESTHESIOLOGY	4,392,542							53
54 RADIOLOGY-DIAGNOSTIC	15,878,647							54
54.01 NUCLEAR MEDICINE	4,098,587							54.01
54.02 ULTRASOUND	8,524,428							54.02
55 RADIOLOGY-THERAPEUTIC	4,367,283							55
57 COMPUTED TOMOGRAPHY (CT) SCA	39,549,347							57
58 MAGNETIC RESONANCE IMAGING (10,267,666							58
59 CARDIAC CATHETERIZATION	11,000,181							59
59.97 CARDIAC REHAB	353,567							59.97
60 LABORATORY	59,926,064							60
65 RESPIRATORY THERAPY	16,126,421							65
66 PHYSICAL THERAPY	3,182,687							66
67 OCCUPATIONAL THERAPY	903,947							67
68 SPEECH PATHOLOGY	210,847							68
71 MEDICAL SUPPLIES CHRGED TO P	12,960,323							71
72 IMPL. DEV. CHARGED TO PATIEN	7,455,839							72
73 DRUGS CHARGED TO PATIENTS	19,319,323							73
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	12,004,672							90
90.01 HOSPITAL SURGEON	31,797							90.01
91 EMERGENCY	36,026,231							91
92 OBSERVATION BEDS	2,813,738							92
OTHER REIMBURSABLE COST CENTERS								
200 TOTAL (SUM OF LINES 50-199)	320,016,783							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0101) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	COST REIMB.	COST REIMB.	COST	COST		
	CHARGE RATIO	PPS	SVCES NOT	SVCES NOT	SVCES NOT	SVCES NOT	SVCES NOT
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.204382						50
51 RECOVERY ROOM	0.203810						51
52 DELIVERY ROOM & LABOR ROOM	1.028256						52
53 ANESTHESIOLOGY	0.029606						53
54 RADIOLOGY-DIAGNOSTIC	0.304259						54
54.01 NUCLEAR MEDICINE	0.227534						54.01
54.02 ULTRASOUND	0.122851						54.02
55 RADIOLOGY-THERAPEUTIC	0.440531						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053968						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.141360						58
59 CARDIAC CATHETERIZATION	0.170211						59
59.97 CARDIAC REHAB	0.739164						59.97
60 LABORATORY	0.152316						60
65 RESPIRATORY THERAPY	0.192207						65
66 PHYSICAL THERAPY	0.505366						66
67 OCCUPATIONAL THERAPY	0.744611						67
68 SPEECH PATHOLOGY	0.450981						68
71 MEDICAL SUPPLIES CHRGED TO PATI	0.011768						71
72 IMPL. DEV. CHARGED TO PATIENT	0.627886						72
73 DRUGS CHARGED TO PATIENTS	0.671270						73
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.642033						90
90.01 HOSPITAL SURGEON	41.940340						90.01
91 EMERGENCY	0.157006						91
92 OBSERVATION BEDS	1.022769						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0101) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	15,624	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,624	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,015	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,148	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	17,233,749	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	17,233,749	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	17,233,749	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0101) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,103.03 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,987,488 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 8,987,488 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	3,890,443	2,753	1,413.16	1,389	1,962,879	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					14,643,327	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					25,593,694	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,361,786 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 992,912 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,354,698 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 23,238,996 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,609 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,103.03 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,877,805 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,315,194	17,233,749	0.134341	2,877,805	386,607	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0101) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	15,624	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,624	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,015	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,290	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,135	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	587	16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	17,233,749	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	17,233,749	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	17,233,749	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0101) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

38	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					
	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)				1,103.03	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)				1,422,909	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)				1,422,909	41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)	
	1	2	3	4	5	
42	NURSERY (TITLES V AND XIX ONLY)	1,077,911	1,135	949.70	587	557,474 42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3,890,443	2,753	1,413.16	169	238,824 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					2,219,207 49

	PASS-THROUGH COST ADJUSTMENTS					
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)				240,200	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					51
52	TOTAL PROGRAM EXCLUDABLE COST				240,200	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)				1,979,007	53

	TARGET AMOUNT AND LIMIT COMPUTATION					
54	PROGRAM DISCHARGES					54
55	TARGET AMOUNT PER DISCHARGE					55
56	TARGET AMOUNT (LINE 54 x LINE 55)					56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58	BONUS PAYMENT (SEE INSTRUCTIONS)					58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET					59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)					61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)					62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					63
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)					64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)					65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)					66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)					67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)					68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)					69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)				2,609	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)					88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
		1	2	3	4	5
90	CAPITAL-RELATED COST					90
91	NURSING SCHOOL COST					91
92	ALLIED HEALTH COST					92
93	ALL OTHER MEDICAL EDUCATION					93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0101) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		8,646,701			30
31 INTENSIVE CARE UNIT		1,141,475			31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.204382	5,921,269	1,210,201		50
51 RECOVERY ROOM	0.203810	1,084,751	221,083		51
52 DELIVERY ROOM & LABOR ROOM	1.028256	2,206	2,268		52
53 ANESTHESIOLOGY	0.029606	659,271	19,518		53
54 RADIOLOGY-DIAGNOSTIC	0.304259	2,191,967	666,926		54
54.01 NUCLEAR MEDICINE	0.227534	610,423	138,892		54.01
54.02 ULTRASOUND	0.122851	449,672	55,243		54.02
55 RADIOLOGY-THERAPEUTIC	0.440531				55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053968	5,236,766	282,618		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.141360	902,770	127,616		58
59 CARDIAC CATHETERIZATION	0.170211				59
59.97 CARDIAC REHAB	0.739164				59.97
60 LABORATORY	0.152459	12,350,996	1,883,020		60
65 RESPIRATORY THERAPY	0.192207	8,779,299	1,687,443		65
66 PHYSICAL THERAPY	0.505366	1,278,114	645,915		66
67 OCCUPATIONAL THERAPY	0.744611	242,773	180,771		67
68 SPEECH PATHOLOGY	0.450981	143,592	64,757		68
71 MEDICAL SUPPLIES CHRGD TO PATI	0.011768	4,160,491	48,961		71
72 IMPL. DEV. CHARGED TO PATIENT	0.627886	2,361,495	1,482,750		72
73 DRUGS CHARGED TO PATIENTS	0.671270	7,511,749	5,042,412		73
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.642033				90
90.01 HOSPITAL SURGEON	41.940340				90.01
91 EMERGENCY	0.157006	3,698,593	580,701		91
92 OBSERVATION BEDS	1.022769	295,504	302,232		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		57,881,701	14,643,327		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		57,881,701			202

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

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VERSION: 2012.11
 05/29/2013 16:03

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0101) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
			COL.1	COL.2	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.204382				50
51 RECOVERY ROOM	0.203810				51
52 DELIVERY ROOM & LABOR ROOM	1.028256				52
53 ANESTHESIOLOGY	0.029606				53
54 RADIOLOGY-DIAGNOSTIC	0.304259				54
54.01 NUCLEAR MEDICINE	0.227534				54.01
54.02 ULTRASOUND	0.122851				54.02
55 RADIOLOGY-THERAPEUTIC	0.440531				55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053968				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.141360				58
59 CARDIAC CATHETERIZATION	0.170211				59
59.97 CARDIAC REHAB	0.739164				59.97
60 LABORATORY	0.152459				60
65 RESPIRATORY THERAPY	0.192207				65
66 PHYSICAL THERAPY	0.505366				66
67 OCCUPATIONAL THERAPY	0.744611				67
68 SPEECH PATHOLOGY	0.450981				68
71 MEDICAL SUPPLIES CHRGD TO PATI	0.011768				71
72 IMPL. DEV. CHARGED TO PATIENT	0.627886				72
73 DRUGS CHARGED TO PATIENTS	0.671270				73
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.642033				90
90.01 HOSPITAL SURGEON	41.940340				90.01
91 EMERGENCY	0.157006				91
92 OBSERVATION BEDS	1.022769				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0101)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	15,209,394	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	840,595	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	78.64	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	16,049,989	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	16,049,989	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,318,322	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0101)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	17,368,311	59
60	PRIMARY PAYER PAYMENTS	2,839	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	17,365,472	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,769,356	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	25,432	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	254,346	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	178,042	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	179,665	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	15,748,726	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-17,080	70.94
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	15,731,646	71
72	INTERIM PAYMENTS	15,553,604	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	178,042	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11
 05/29/2013 16:03

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0101) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		15,553,604		7,969,669	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
	.01	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		15,553,604		7,969,669	4

TO BE COMPLETED BY CONTRACTOR

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
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					
	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .02				6.02
	TO .01				6.01
	PROGRAM .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPUS-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0101) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	4,840	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	9,537	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	270	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	15,768	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	340,139,030	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	12,724,398	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	1,769,241	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	1,713,312	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	55,929	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0101) [] SNF [XX] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT	OUTPATIENT	
	TITLE V OR	TITLE V OR	
	TITLE XIX	TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18			18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

SECTION 115.2

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	15,378,088			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	19,024,165			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	6,857,210			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	1,547,639			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	42,807,102			11
FIXED ASSETS					
12	LAND				12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	69,004,162			15
16	ACCUMULATED DEPRECIATION				16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT				23
24	ACCUMULATED DEPRECIATION				24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	69,004,162			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	57,330,303			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	57,330,303			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	169,141,567			36
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	9,173,731			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	8,732,640			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	17,906,371			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	41,229,883			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	11,204,576			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	52,434,459			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	70,340,830			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	98,800,737			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	98,800,737			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	169,141,567			60

PROVIDER CCN: 14-0101 MORRIS HOSPITAL
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1 2	SPECIFIC PURPOSE FUND 3 4	ENDOWMENT FUND 5 6	PLANT FUND 7 8	
1 FUND BALANCES AT BEGINNING OF PERIOD	90,521,600				1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	8,279,137				2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	98,800,737				3
4 ADDITIONS (CREDIT ADJUSTMENTS)					4
5					5
6					6
7					7
8					8
9					9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)					10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	98,800,737				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13					13
14					14
15					15
16					16
17					17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)					18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	98,800,737				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	15,792,444		15,792,444	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	15,792,444		15,792,444	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	8,630,501		8,630,501	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	8,630,501		8,630,501	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	24,422,945		24,422,945	17
18 ANCILLARY SERVICES	76,233,639		76,233,639	18
19 OUTPATIENT SERVICES		215,869,670	215,869,670	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	100,656,584	215,869,670	316,526,254	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)			29
30 ADD (SPECIFY)		117,107,431	30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		117,107,431	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	316,526,254	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	196,481,426	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	120,044,828	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	117,107,431	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	2,937,397	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	14,394	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	2,597,692	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	375,731	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE 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	1,858	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	1,319	21
22	RENTAL OF HOSPITAL SPACE	135,975	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (SALE OF SCRAP)	96,471	24.01
24.02	OTHER (MEDICARE AND MEDICAID EHR INCENTIVE)	1,878,685	24.02
24.03	OTHER (OTHER)	581,235	24.03
24.04	OTHER (INCOME (LOSS) JOINT VENTURE)	-5,622	24.04
24.05	OTHER (SERVICE FEES)	31,631	24.05
24.06	OTHER (MORRIS MOBILE MEALS)	29,538	24.06
24.07	OTHER (OTHER LINE ITEMS)	-397,167	24.07
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	5,341,740	25
26	TOTAL (LINE 5 PLUS LINE 25)	8,279,137	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	8,279,137	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-010)) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	1
2	CAPITAL DRG OUTLIER PAYMENTS	2
		1,318,322
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	8
9	SUM OF LINES 7 AND 8	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	12
		1,318,322

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)	1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)	2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)	3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)	4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)	5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)	1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)	3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)	4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)	5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)	7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)	8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)	9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)	10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)	11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)	12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)	13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)	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 (SEE INSTRUCTIONS)	17

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-01) [XX] PPS
APPLICABLE [] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT	
1	CAPITAL DRG OTHER THAN OUTLIER	1
2	CAPITAL DRG OUTLIER PAYMENTS	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	8
9	SUM OF LINES 7 AND 8	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)	1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)	2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)	3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)	4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)	5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)	1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)	3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)	4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)	5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)	7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)	8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)	9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)	10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)	11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)	12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)	13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)	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 (SEE INSTRUCTIONS)	17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
19 NONPHYSICIAN ANESTHETISTS					19
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 NUCLEAR MEDICINE					54.01
54.02 ULTRASOUND					54.02
55 RADIOLOGY-THERAPEUTIC					55
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
59.97 CARDIAC REHAB					59.97
60 LABORATORY					60
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 HOSPITAL SURGEON					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190.01 MEALS ON WHEELS					190.01
192 PHYSICIANS' PRIVATE OFFICES					192
193.01 PATIENT TRANSPORTATION					193.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19