

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**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. <input checked="" type="checkbox"/> Electronically filed cost report Date: 08/26/2015 Time: 18:08 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: _____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

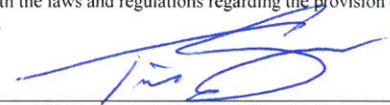
**PART II - CERTIFICATION**

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 WERE 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 certification 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 ROSELAND COMMUNITY HOSPITAL (14-0068) (Provider Name(s) and Number(s)) for the cost reporting period beginning 04/01/2014 and ending 03/31/2015, and to the best of my knowledge and belief, this report and statement are true, correct, complete and 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, at the services identified in this cost report were provided in compliance with such laws and regulations.

ECR Encryption: 08/26/2015 18:08  
 CY8dMSALw9tj.6biKXUZBIsOuZJ.N0  
 T4G6g0GJHcS5VP6Z4t0ku5OeQhaaeE  
 hkcN0Q43E80dkQaM

(Signed)   
 Officer or Administrator of Provider(s)  
 PRESIDENT + CEO  
 Title  
 8/27/15  
 Date

PI Encryption: 08/26/2015 18:08  
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 01:N:0IvrcRnGhN53frJNm6nwS9GMQ  
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**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII					
		TITLE V 1	PART A 2	PART B 3	HIT 4	TITLE XIX 5	
1	HOSPITAL		9,975	15,008	-78,195		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		9,975	15,008	-78,195		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 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

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY****WORKSHEET S  
PARTS I, II & III**

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. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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**PITAL 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. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	Date: 08/26/2015 Time: 18:08
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: _____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII					
		TITLE V	PART B		HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		9,975	15,008	-78,195		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
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12	OUTPATIENT REHABILITATION PROVIDER						12
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

**WORKSHEET S  
PARTS I, II & III**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 45 W. 111TH STREET	P.O. Box:		1
2	City: CHICAGO	State: IL	ZIP Code: 60628- County: COOK	2

Hospital and Hospital-Based Component Identification:

	Component 0	Component Name 1	CCN Number 2	CBSA Number 3	Provider Type 4	Date Certified 5	Payment System (P, T, O, or N)			
							V 6	XVIII 7	XIX 8	
3	Hospital	ROSELAND COMMUNITY HOSPITAL	14-0068	16974	1	06 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									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: 04 / 01 / 2014	To: 03 / 31 / 2015		20
21	Type of control (see instructions)	2			21

Inpatient PPS Information

		1	2	3	
	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or '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.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
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.	1	N		23

		In-State Medicaid paid days 1	In-State Medicaid eligible unpaid days 2	Out-of-State Medicaid paid days 3	Out-of-State Medicaid eligible unpaid days 4	Medicaid HMO days 5	Other Medicaid days 6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,887		12		4,850	576	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							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

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

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 of periods in excess of one and enter subsequent dates.	Beginning:	Ending:		38

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

		V	XVIII	XIX	
	Prospective Payment System (PPS)-Capital	I	2	3	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	N	40
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	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	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48

	Teaching Hospitals	I	2	3	
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 Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	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 Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. 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
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1. (see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

**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 Nonprovider Settings**

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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WORKSHEET S-2  
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
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 nonprovider 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)					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. 3/ col. 3 + col. 4))	
	1	2	3	4	5	
65						65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider 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)					66

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	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2	3	4	5	
67						67

Inpatient Psychiatric Facility PPS

		1	2	3	
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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)				71

Inpatient Rehabilitation Facility PPS

		1	2	3	
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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)				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
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.	N		81

A Providers

86	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.			86

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**WORKSHEET S-2  
PART I**

Title V and XIX Services		V	XIX	
		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	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	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		1	2			
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? (see instructions)			106		
107	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. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. 1, col. 25 and the program would be cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			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.	Physical	Occupational	Speech	Respiratory	109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.				N	110

Miscellaneous Cost Reporting Information					
	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 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 Pub. 15-1, Section 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.	N			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	Paid Losses	Self Insurance	
		1,014,873			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 high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N			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
	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

All Providers

		1	2	
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 (see instructions)	N		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 the 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		Title V	Title XIX	
		Part A	Part B	3	4	
		1	2			
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
	CMHC		N			161
	CORF					161.10

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. (see instructions)						166
	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 is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					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. (see instructions)	0.75				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01 / 27 / 2015	01 / 27 / 2016			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL 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	2	
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		1
		Y/N	Date	V/I
		1	2	3
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	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

		Y/N	Type	Date
Financial Data and Reports		1	2	3
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		4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N		5

		Y/N	Y/N
Approved Educational Activities		1	2
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N	
7	Are costs claimed for allied health programs? If yes, see instructions.	N	
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N	
9	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N	
10	Was an Intern-Resident program initiated or renewed in the current cost reporting period? If yes, see instructions.	N	
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	

		Y/N
Bad Debts		
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

		Y/N
Bed Complement		
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
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		N	
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	08/13/2015	Y	08/13/2014
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		N	
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		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL 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 relifed 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 capitalization 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

Office Costs			Y/N	Date
			1	2
36	Are home office costs claimed on the cost report?			
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			

Cost Report Preparer Contact Information			
41	First name: EMIL	Last name: MATOV	Title: MANAGER
42	Employer: STRATEGIC REIMBURSEMENT, INC.		
43	Phone number: 630 530-7100 X119	E-mail Address: EMIL.MATOV@SRGROUPLLC.COM	

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Total All Patients
						Title V	Title XVIII	Title XIX		
						5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	124	45,260		3,932	8,060	14,656	1	
2	HMO and other (see instructions)					50	1,805		2	
3	HMO IPF Subprovider								3	
4	HMO IRF Subprovider								4	
5	Hospital Adults & Peds. Swing Bed SNF								5	
6	Hospital Adults & Peds. Swing Bed NF								6	
7	Total Adults & Peds. (exclude observation beds) (see instructions)		124	45,260		3,932	8,060	14,656	7	
8	Intensive Care Unit	31	10	3,650		1,052	390	3,283	8	
9	Coronary Care Unit	32							9	
10	Burn Intensive Care Unit	33							10	
11	Surgical Intensive Care Unit	34							11	
12	Other Special Care (specify)	35							12	
13	Nursery	43					328	710	13	
14	Total (see instructions)		134	48,910		4,984	8,778	18,649	14	
15	CAH Visits								15	
16	Subprovider - IPF	40							16	
17	Subprovider - IRF	41							17	
18	Subprovider I	42							18	
19	Skilled Nursing Facility	44							19	
20	Nursing Facility	45							20	
21	Other Long Term Care	46							21	
	Home Health Agency	101							22	
	ASC (Distinct Part)	115							23	
24	Hospice (Distinct Part)	116							24	
24.10	Hospice (non-distinct part)	30							24.10	
25	CMHC	99							25	
26	RHC	88							26	
27	Total (sum of lines 14-26)		134						27	
28	Observation Bed Days							36	28	
29	Ambulance Trips								29	
30	Employee discount days (see instructions)								30	
31	Employee discount days-IRF								31	
32	Labor & delivery (see instructions)						70	70	32	
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01	
33	LTCH non-covered days								33	

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					841	913	3,694	1
2	HMO and other (see instructions)					50			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		428.00			841	913	3,694	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		428.00						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**HOSPITAL WAGE INDEX INFORMATION**

**WORKSHEET S-3  
PARTS II-III**

**Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)		
	1	2	3	4	5	6		
<b>SALARIES</b>								
1	Total salaries (see instructions)	200	24,495,415		24,495,415	889,828.00	27.53	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetist Part B							3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		471,606		471,606	3,046.00	154.83	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21						7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		108,961	2,077	111,038	429.00	258.83	10
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	Contract labor (see instructions)		2,477,268		2,477,268	30,047.00	82.45	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							16
<b>WAGE-RELATED COSTS</b>								
17	Wage-related costs (core)(see instructions)		3,840,319		3,840,319			17
18	Wage-related costs (other)(see instructions)							18
	Excluded areas		16,602		16,602			19
	Non-physician anesthetist Part A							20
	Non-physician anesthetist Part B							21
	Physician Part A - Administrative							22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B		56,180		56,180			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)							25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	Employee Benefits Department		277,258		277,258			26
27	Administrative & General		5,733,559	-153,968	5,579,591	197,581.00	28.24	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs							29
30	Operation of Plant		643,538	7,796	651,334	24,881.00	26.18	30
31	Laundry & Linen Service							31
32	Housekeeping		669,157	3,770	672,927	56,592.00	11.89	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		698,167	-174,904	523,263	34,532.00	15.15	34
35	Dietary under contract (see instructions)							35
36	Cafeteria			179,371	179,371	11,939.00	15.02	36
37	Maintenance of Personnel							37
38	Nursing Administration		1,168,325	14,614	1,182,939	29,899.00	39.56	38
39	Central Services and Supply		98,444	1,566	100,010	6,211.00	16.10	39
40	Pharmacy		549,366	3,229	552,595	16,873.00	32.75	40
41	Medical Records & Medical Records Library		390,197	2,415	392,612	21,371.00	18.37	41
42	Social Service							42
43	Other General Service							43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)		24,023,809		24,023,809	886,782.00	27.09	1
2	Excluded area salaries (see instructions)		108,961	2,077	111,038	429.00	258.83	2
3	Subtotal salaries (line 1 minus line 2)		23,914,848	-2,077	23,912,771	886,353.00	26.98	3
4	Subtotal other wages & related costs (see instructions)		2,477,268		2,477,268	30,047.00	82.45	4
5	Subtotal wage-related costs (see instructions)		3,840,319		3,840,319		16.06%	5
6	Total (sum of lines 3 through 5)		30,232,435	-2,077	30,230,358	916,400.00	32.99	6
	Total overhead cost (see instructions)		10,228,011	-116,111	10,111,900	399,879.00	25.29	7

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions	144,269	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
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)	1,324,674	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	57,260	10
11	Life Insurance (If employee is owner or beneficiary)	39,845	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	173,710	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	380,305	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	1,566,558	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	345,193	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
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	3,767	23
	Total Wage Related cost (Sum of lines 1-23)	4,035,581	24

**Part B - Other Than Core Related Cost**

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)**

**EXHIBIT 3**

<b>STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>			
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
<b>STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)</b>			
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**

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>			
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	<b>DEPOSIT DATE(S)</b>	<b>CONTRIBUTION(S)</b> 11
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
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>			
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

**KPMG LLP Compu-Max 2552-10**

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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 Labor	Benefit Cost	
	0	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 OLTC			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

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**HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA**

**WORKSHEET S-10**

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.323653	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	24,253,014	2
3	Did you receive DSH or supplemental payments from Medicaid?	Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?	Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		5
6	Medicaid charges	31,655,629	6
7	Medicaid cost (line 1 times line 6)	10,245,439	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.		8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP		9
10	Stand-alone SCHIP charges		10
11	Stand-alone SCHIP cost (line 1 times line 10)		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.		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 fundnig 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)			19	
		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		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	1,230,417		1,230,417	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	398,228		398,228	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	398,228		398,228	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?				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)			45,018,560	26
27	Medicare bad debts for the entire hospital complex (see instructions)			113,674	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			44,904,886	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			14,533,601	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			14,931,829	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,931,829	31

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CLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
<b>GENERAL SERVICE COST CENTERS</b>										
1	00100	Cap Rel Costs-Bldg & Fixt		1,496,677	1,496,677	-441,026	1,055,651	-30,814	1,024,837	1
2	00200	Cap Rel Costs-Mvble Equip				671,029	671,029		671,029	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	277,258	3,862,038	4,139,296		4,139,296		4,139,296	4
5.01	00540	NONPATIENT TELEPHONES	82,173	428,111	510,284	558	510,842		510,842	5.01
5.02	00550	DATA PROCESSING	265,745	160,175	425,920	3,544	429,464		429,464	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	392,947	596,324	989,271	4,460	993,731		993,731	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	666,449	266,196	932,645	8,360	941,005		941,005	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	4,326,245	3,404,659	7,730,904	17,940	7,748,844	-739,008	7,009,836	5.05
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	643,538	2,153,718	2,797,256	7,796	2,805,052		2,805,052	7
8	00800	Laundry & Linen Service								8
9	00900	Housekeeping	669,157	579,772	1,248,929	3,770	1,252,699		1,252,699	9
10	01000	Dietary	698,167	618,744	1,316,911	-333,870	983,041	-3,293	979,748	10
11	01100	Cafeteria				338,337	338,337	-72,979	265,358	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,168,325	221,106	1,389,431	14,614	1,404,045		1,404,045	13
14	01400	Central Services & Supply	98,444	43,154	141,598	-39,128	102,470		102,470	14
15	01500	Pharmacy	549,366	1,373,125	1,922,491	-772,109	1,150,382		1,150,382	15
16	01600	Medical Records & Library	390,197	78,221	468,418	2,415	470,833	-303	470,530	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
	02100	I&R Services-Salary & Fringes Apprvd								21
	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm--(specify)								23
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30	03000	Adults & Pediatrics	5,773,117	1,693,592	7,466,709	-430,193	7,036,516	-675,909	6,360,607	30
31	03100	Intensive Care Unit	1,531,728	40,145	1,571,873	-15,192	1,556,681		1,556,681	31
43	04300	Nursery	405,553	21,105	426,658	-17,439	409,219		409,219	43
<b>ANCILLARY SERVICE COST CENTERS</b>										
50	05000	Operating Room	475,012	428,028	903,040	-238,971	664,069	-56,750	607,319	50
51	05100	Recovery Room		262	262	103,442	103,704		103,704	51
52	05200	Delivery Room & Labor Room				193,358	193,358		193,358	52
53	05300	Anesthesiology		985,906	985,906	-9,463	976,443	-943,657	32,786	53
54	05400	Radiology-Diagnostic	1,314,085	876,611	2,190,696	-13,474	2,177,222		2,177,222	54
60	06000	Laboratory	906,397	1,419,811	2,326,208	-199,368	2,126,840		2,126,840	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.				210,327	210,327		210,327	63
66	06600	Physical Therapy	115,565	76,351	191,916	-52	191,864		191,864	66
69.01	06901	CARDIOPULMONARY	1,094,002	713,116	1,807,118	-82,584	1,724,534	-212,800	1,511,734	69.01
71	07100	Medical Supplies Charged to Patients				778,444	778,444		778,444	71
73	07300	Drugs Charged to Patients				775,338	775,338		775,338	73
74	07400	Renal Dialysis		115,793	115,793	-1,520	114,273		114,273	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		8,792	8,792	-792	8,000		8,000	76.98
76.99	07699	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>										
91	09100	Emergency	2,542,984	1,247,469	3,790,453	-121,795	3,668,658	-1,205,842	2,462,816	91
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	23-HR OBSERVATION								92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>										
<b>SPECIAL PURPOSE COST CENTERS</b>										
113	11300	Interest Expense		418,833	418,833	-418,833				113
118		SUBTOTALS (sum of lines 1-117)	24,386,454	23,327,834	47,714,288	-2,077	47,712,211	-3,941,355	43,770,856	118
<b>NONREIMBURSABLE COST CENTERS</b>										
190	19000	Gift, Flower, Coffee Shop & Canteen		5,067	5,067		5,067		5,067	190
192	19200	Physicians' Private Offices	108,961	11,543	120,504	2,077	122,581		122,581	192
		TOTAL (sum of lines 118-199)	24,495,415	23,344,444	47,839,859		47,839,859	-3,941,355	43,898,504	200

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**CLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	INTEREST EXPENSES	A	Cap Rel Costs-Bldg & Fixt	1		202,251	1
2			OTHER ADMINISTRATIVE AND GENE	5.05		216,582	2
500	Total reclassifications Code Letter - A					418,833	500
1	OB DELIVERY	B	Delivery Room & Labor Room	52	239,538		1
2			Adults & Pediatrics	30		46,180	2
500	Total reclassifications Code Letter - B				239,538	46,180	500
1	PROPERTY INSURANCE RECLASS	C	Cap Rel Costs-Bldg & Fixt	1		22,872	1
2			Cap Rel Costs-Mvble Equip	2		4,880	2
500	Total reclassifications Code Letter - C					27,752	500
1	CHARGEABEL MEDICAL SUPPLIES	D	Medical Supplies Charged to P	71		778,444	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
500	Total reclassifications Code Letter - D					778,444	500
1	DRUGS SOLD RECLASS	E	Drugs Charged to Patients	73		775,338	1
500	Total reclassifications Code Letter - E					775,338	500
1	DIETARY-CAFETERIA	F	Cafeteria	11	179,371	158,966	1
500	Total reclassifications Code Letter - F				179,371	158,966	500
1	RECOVERY ROOM	G	Recovery Room	51	103,704		1
500	Total reclassifications Code Letter - G				103,704		500
1	BLOOD COST	H	Blood Storing, Processing & T	63		210,327	1
500	Total reclassifications Code Letter - H					210,327	500
1	VACATION EXP	I	NONPATIENT TELEPHONES	5.01	558		1
2			DATA PROCESSING	5.02	3,544		2
3			PURCHASING RECEIVING AND STOR	5.03	4,460		3
4			CASHIERING/ACCOUNTS RECEIVABL	5.04	8,360		4
5			Operation of Plant	7	7,796		5
6			Housekeeping	9	3,770		6
7			Dietary	10	4,467		7
8			Nursing Administration	13	14,614		8
9			Central Services & Supply	14	1,566		9
10			Pharmacy	15	3,229		10
11			Medical Records & Library	16	2,415		11
12			Adults & Pediatrics	30	40,469		12
13			Intensive Care Unit	31	15,890		13
14			Nursery	43	3,645		14
15			Operating Room	50	2,965		15
16			Radiology-Diagnostic	54	18,789		16
17			Laboratory	60	10,959		17
18			Physical Therapy	66	162		18
19			CARDIOPULMONARY	69.01	9,454		19
20			Emergency	91	11,701		20
21			Physicians' Private Offices	192	2,077		21
500	Total reclassifications Code Letter - I				170,890		500

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**CLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DEPRECIATION EXPENSE	J	Cap Rel Costs-Mvble Equip	2		666,149	1
500	Total reclassifications					666,149	500
	Code Letter - J						
	GRAND TOTAL (Increases)				693,503	3,081,989	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

**KPMG LLP Compu-Max 2552-10**

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**CLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	INTEREST EXPENSES	A	Interest Expense	113		418,833	11	
2							2	
500	Total reclassifications					418,833	500	
	Code letter - A							
1	OB DELIVERY	B	Adults & Pediatrics	30	239,538		1	
2			Delivery Room & Labor Room	52		46,180	2	
500	Total reclassifications				239,538	46,180	500	
	Code letter - B							
1	PROPERTY INSURANCE RECLASS	C	OTHER ADMINISTRATIVE AND GENE	5.05		27,752	12	
2							12	
500	Total reclassifications					27,752	500	
	Code letter - C							
1	CHARGEABLE MEDICAL SUPPLIES	D	Adults & Pediatrics	30		277,304	1	
2			Intensive Care Unit	31		31,082	2	
3			Nursery	43		21,084	3	
4			Operating Room	50		138,232	4	
5			Recovery Room	51		262	5	
6			Anesthesiology	53		9,463	6	
7			Radiology-Diagnostic	54		32,263	7	
8			Physical Therapy	66		214	8	
9			CARDIOPULMONARY	69.01		92,038	9	
10			Renal Dialysis	74		1,520	10	
11			HYPERBARIC OXYGEN THERAPY	76.98		792	11	
12			Emergency	91		133,496	12	
13			Central Services & Supply	14		40,694	13	
500	Total reclassifications					778,444	500	
	Code letter - D							
1	DRUGS SOLD RECLASS	E	Pharmacy	15		775,338	1	
500	Total reclassifications					775,338	500	
	Code letter - E							
1	DIETARY-CAFETERIA	F	Dietary	10	179,371	158,966	1	
500	Total reclassifications				179,371	158,966	500	
	Code letter - F							
1	RECOVERY ROOM	G	Operating Room	50	103,704		1	
500	Total reclassifications				103,704		500	
	Code letter - G							
1	BLOOD COST	H	Laboratory	60		210,327	1	
500	Total reclassifications					210,327	500	
	Code letter - H							
1	VACATION EXP	I	OTHER ADMINISTRATIVE AND GENE	5.05	170,890		1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
11							11	
12							12	
13							13	
14							14	
15							15	
16							16	
17							17	
18							18	
19							19	
20							20	
21							21	
500	Total reclassifications				170,890		500	

**KPMG LLP Compu-Max 2552-10**

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**CLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
	Code letter - I							
1	DEPRECIATION EXPENSE	J	Cap Rel Costs-Bldg & Fixt	1		666,149	9 1	
500	Total reclassifications					666,149	500	
	Code letter - J							
	GRAND TOTAL (Decreases)				693,503	3,081,989		

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

**KPMG LLP Compu-Max 2552-10**

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**RECONCILIATION OF CAPITAL COST CENTERS**

**WORKSHEET A-7  
PARTS I, II & III**

**PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	933,453					933,453		1
2	Land Improvements	495,806					495,806		2
3	Buildings and Fixtures	26,534,825		3,481,338	3,481,338		30,016,163		3
4	Building Improvements								4
5	Fixed Equipment	7,229,777					7,229,777		5
6	Movable Equipment	19,555,808					19,555,808		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	54,749,669		3,481,338	3,481,338		58,231,007		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	54,749,669		3,481,338	3,481,338		58,231,007		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	1,496,677							1,496,677	1
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)	1,496,677							1,496,677	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned that may have been included in Worksheet A, column 2, lines 1 and 2.  
\* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

**PART III - RECONCILIATION OF CAPITAL COST CENTERS**

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	27,885,361		27,885,361	0.506286					1
2	Cap Rel Costs-Mvble Equip	27,192,963		27,192,963	0.493714					2
3	Total (sum of lines 1-2)	55,078,324		55,078,324	1.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	830,528		171,437	22,872				1,024,837	1
2	Cap Rel Costs-Mvble Equip	666,149			4,880				671,029	2
3	Total (sum of lines 1-2)	1,496,677		171,437	27,752				1,695,866	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

**KPMG LLP Compu-Max 2552-10**

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED					
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		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	Trace, 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	-3,094,958			10	
11	Sale of scrap, waste, etc. (chapter 23)					11	
12	Related organization transactions (chapter 10)	Wkst A-8-1				12	
13	Laundry and linen service					13	
14	Cafeteria - employees and guests	B	-72,979	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	-303	Medical Records & Library	16	18	
19	Nursing school (tuition,fees,books,etc.)					19	
20	Vending machines	B	-3,293	Dietary	10	20	
	Income from imposition of interest, finance or penalty charges (chapter 21)					21	
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					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					32	
33						33	
34						34	
35						35	
36						36	
37						37	
38						38	
39						39	
40						40	
41						41	
42						42	
43						43	
44						44	
45						45	
45.07	MEDICARE ADJ-BOND AMORTIZATION	A	-30,814	Cap Rel Costs-Bldg & Fixt	1	11	45.07
45.08	MEDICARE ADJ-MEDICARE AFFAIRS C	A	-23,523	OTHER ADMINISTRATIVE AND GENERAL	5.05		45.08
46	OTHER ADMIN EXPENSES	A	-480,000	OTHER ADMINISTRATIVE AND GENERAL	5.05		46
46.40	FOUNDATION EXP GL CC 9503	A	-201,584	OTHER ADMINISTRATIVE AND GENERAL	5.05		46.40
46.50	RECONCILIATION TO INCOME STMT VARI	B	-33,901	OTHER ADMINISTRATIVE AND GENERAL	5.05		46.50
47							47
							48
							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-3,941,355				50

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ADJUSTMENTS TO EXPENSES

**WORKSHEET A-8**

			EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
	1	2	3	4	5	

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
  - A. Costs - if cost, including applicable overhead, can be determined
  - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

**KPMG LLP Compu-Max 2552-10**

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**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 CLAIMED HOME OFFICE COSTS:**

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 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) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12					5

\* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the 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.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors 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	Percentage of Ownership	Related Organization(s) and/or Home Office			
			Name	Percentage 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:

**KPMG LLP Compu-Max 2552-10**

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	30	Adults & Pediatrics AGGREGATE	675,909	675,909						1
2	50	Operating Room AGGREGATE	56,750	56,750						2
3	53	Anesthesiology AGGREGATE	943,657	943,657						3
4	60	Laboratory AGGREGATE								4
5										5
6	66	Physical Therapy AGGREGATE								6
7	69.01	CARDIOPULMONARY AGGREGATE	212,800	212,800						7
8	91	Emergency AGGREGATE	1,205,842	1,205,842						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
200		TOTAL	3,094,958	3,094,958						200

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	30	Adults & Pediatrics	AGGREGATE						675,909	1
2	50	Operating Room	AGGREGATE						56,750	2
3	53	Anesthesiology	AGGREGATE						943,657	3
4	60	Laboratory	AGGREGATE							4
5										5
6	66	Physical Therapy	AGGREGATE							6
7	69.01	CARDIOPULMONARY	AGGREGATE						212,800	7
8	91	Emergency	AGGREGATE						1,205,842	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
200		TOTAL							3,094,958	200

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT TELEPHONE S	DATA PROCE SSING	
		0	1	2	4	5.01	5.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	1,024,837	1,024,837					1
2	Cap Rel Costs-Mvble Equip	671,029		671,029				2
4	Employee Benefits Department	4,139,296	7,975	1,658	4,148,929			4
5.01	NONPATIENT TELEPHONES	510,842			14,173	525,015		5.01
5.02	DATA PROCESSING	429,464	5,003	212,439	46,133	57,800	750,839	5.02
5.03	PURCHASING RECEIVING AND STORES	993,731	14,595	875	68,082	14,450	20,571	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	941,005		8,679	115,605	27,294	66,856	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	7,009,836	292,785	16,463	711,875	150,921	241,709	5.05
6	Maintenance & Repairs							6
7	Operation of Plant	2,805,052	18,025	4,566	111,583	20,872	10,285	7
8	Laundry & Linen Service							8
9	Housekeeping	1,252,699	8,907	4,369	115,282	3,211		9
10	Dietary	979,748	30,092	7,817	89,643	16,056	10,285	10
11	Cafeteria	265,358			30,729			11
12	Maintenance of Personnel							12
13	Nursing Administration	1,404,045		5,099	202,655	6,422		13
14	Central Services & Supply	102,470	18,116	5,731	17,133		5,143	14
15	Pharmacy	1,150,382	5,176		94,668	14,450	20,571	15
16	Medical Records & Library	470,530	11,871	9,205	67,260	24,083	56,570	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
	Adults & Pediatrics	6,360,607	266,996	171,623	954,914	43,350	138,854	30
31	Intensive Care Unit	1,556,681	21,065	16,943	265,130	3,211	5,143	31
43	Nursery	409,219	24,751	3,849	70,102			43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	607,319	54,828	60,147	64,119	44,955	10,285	50
51	Recovery Room	103,704	4,995	10,094	17,766			51
52	Delivery Room & Labor Room	193,358	31,191	7,330	41,036			52
53	Anesthesiology	32,786		11,508				53
54	Radiology-Diagnostic	2,177,222	32,575	82,308	228,341	25,689		54
60	Laboratory	2,126,840	24,826		157,157	33,717	87,426	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	210,327						63
66	Physical Therapy	191,864		5,678	19,826	14,450		66
69.01	CARDIOPULMONARY	1,511,734	8,366	13,594	189,039	17,661	41,142	69.01
71	Medical Supplies Charged to Patients	778,444						71
73	Drugs Charged to Patients	775,338		66				73
74	Renal Dialysis	114,273						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	8,000				1,606		76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	2,462,816	112,847	10,988	437,656		35,999	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	43,770,856	994,985	671,029	4,129,907	520,198	750,839	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	5,067	2,618			4,817		190
192	Physicians' Private Offices	122,581	27,234		19,022			192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	43,898,504	1,024,837	671,029	4,148,929	525,015	750,839	202

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	PURCHASING RECEIVING AND STORE 5.03	CASHIERING /ACCOUNTS RECEIVABLE 5.04	SUBTOTAL (cols.0-4) 4A	OTHER ADMI NISTRATIVE AND GENER 5.05	OPERATION OF PLANT 7	HOUSE- KEEPING 9	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES	1,112,304						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE		1,159,439					5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL			8,423,589	8,423,589			5.05
6	Maintenance & Repairs							6
7	Operation of Plant			2,970,383	705,323	3,675,706		7
8	Laundry & Linen Service							8
9	Housekeeping			1,384,468	328,745	47,696	1,760,909	9
10	Dietary			1,133,641	269,185	161,134	30,399	10
11	Cafeteria			296,087	70,306		30,399	11
12	Maintenance of Personnel							12
13	Nursing Administration			1,618,221	384,250		15,215	13
14	Central Services & Supply			148,593	35,284	97,003	36,933	14
15	Pharmacy			1,285,247	305,184	27,715	15,215	15
16	Medical Records & Library			639,519	151,855	63,567	26,074	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
	Adults & Pediatrics	315,563	328,918	8,580,825	2,037,533	1,429,661	1,117,302	30
	Intensive Care Unit	71,147	74,164	2,013,484	478,106	112,794	26,074	31
43	Nursery	4,009	4,179	516,109	122,551	132,533	15,215	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	9,191	9,581	860,425	204,310	293,586	79,280	50
51	Recovery Room	4,039	4,210	144,808	34,385	26,748	7,592	51
52	Delivery Room & Labor Room	5,613	5,851	284,379	67,526	167,015	22,807	52
53	Anesthesiology	8,212	8,560	61,066	14,500		3,267	53
54	Radiology-Diagnostic	84,838	88,435	2,719,408	645,729	174,427	58,651	54
60	Laboratory	89,594	93,393	2,612,953	620,451	132,935	41,258	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,144	8,489	226,960	53,892			63
66	Physical Therapy	1,817	1,894	235,529	55,927		10,859	66
69.01	CARDIOPULMONARY	118,326	123,343	2,023,205	480,414	44,795	18,887	69.01
71	Medical Supplies Charged to Patients	128,690	134,146	1,041,280	247,254			71
73	Drugs Charged to Patients	89,221	93,003	957,628	227,391		3,267	73
74	Renal Dialysis	6,053	6,310	126,636	30,070			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	24	25	9,655	2,293			76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	Emergency	167,823	174,938	3,403,067	808,065	604,252	173,776	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	1,112,304	1,159,439	43,717,165	8,380,529	3,515,861	1,732,470	118
<b>NONREIMBURSABLE COST CENTERS</b>								
190	Gift, Flower, Coffee Shop & Canteen			12,502	2,969	14,019		190
192	Physicians' Private Offices			168,837	40,091	145,826	28,439	192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,112,304	1,159,439	43,898,504	8,423,589	3,675,706	1,760,909	202

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form CMS-2552-10	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES							5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE							5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	1,594,359						10
11	Cafeteria		396,792					11
12	Maintenance of Personnel							12
13	Nursing Administration		21,396	2,039,082				13
14	Central Services & Supply		4,121		321,934			14
15	Pharmacy		13,389			1,646,750		15
16	Medical Records & Library		15,118				896,133	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
	Adults & Pediatrics	1,475,663	135,852	1,067,160	42,594	4,557	254,236	30
	Intensive Care Unit	118,696	26,329	226,604	4,774		57,320	31
43	Nursery		6,854	59,820	3,239		3,230	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		16,464	77,469			7,405	50
51	Recovery Room		4,655	39,801	40		3,254	51
52	Delivery Room & Labor Room		8,307	71,073			4,522	52
53	Anesthesiology				1,454		6,616	53
54	Radiology-Diagnostic		34,230		4,956	88,103	68,350	54
60	Laboratory		29,468		87,517		72,182	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						6,561	63
66	Physical Therapy		256		33		1,464	66
69.01	CARDIOPULMONARY		24,877		14,137	171	95,330	69.01
71	Medical Supplies Charged to Patients				140,804		103,679	71
73	Drugs Charged to Patients					1,553,919	71,881	73
74	Renal Dialysis				233		4,877	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY		256		122		19	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency		54,921	497,155	20,505		135,207	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	1,594,359	396,493	2,039,082	320,408	1,646,750	896,133	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		299					190
192	Physicians' Private Offices				1,526			192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,594,359	396,792	2,039,082	321,934	1,646,750	896,133	202

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		24	25	26		
<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5.01	NONPATIENT TELEPHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING RECEIVING AND STORES					5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL					5.05
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	Paramed Ed Prgm-(specify)					23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
	Adults & Pediatrics	16,145,383		16,145,383		30
	Intensive Care Unit	3,064,181		3,064,181		31
43	Nursery	859,551		859,551		43
<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,538,939		1,538,939		50
51	Recovery Room	261,283		261,283		51
52	Delivery Room & Labor Room	625,629		625,629		52
53	Anesthesiology	86,903		86,903		53
54	Radiology-Diagnostic	3,793,854		3,793,854		54
60	Laboratory	3,596,764		3,596,764		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	287,413		287,413		63
66	Physical Therapy	304,068		304,068		66
69.01	CARDIOPULMONARY	2,701,816		2,701,816		69.01
71	Medical Supplies Charged to Patients	1,533,017		1,533,017		71
73	Drugs Charged to Patients	2,814,086		2,814,086		73
74	Renal Dialysis	161,816		161,816		74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY	12,345		12,345		76.98
76.99	LITHOTRIPSY					76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency	5,696,948		5,696,948		91
92	Observation Beds (Non-Distinct Part)					92
92.01	23-HR OBSERVATION					92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
<b>SPECIAL PURPOSE COST CENTERS</b>						
113	Interest Expense					113
118	SUBTOTALS (sum of lines 1-117)	43,483,996		43,483,996		118
<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	29,789		29,789		190
192	Physicians' Private Offices	384,719		384,719		192
200	Cross Foot Adjustments					200
201	Negative Cost Centers					201
202	TOTAL (sum of lines 118-201)	43,898,504		43,898,504		202

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**LOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVEABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT TELEPHONE S	
		0	1	2	2A	4	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		7,975	1,658	9,633	9,633		4
5.01	NONPATIENT TELEPHONES	200,307			200,307	33	200,340	5.01
5.02	DATA PROCESSING	21,817	5,003	212,439	239,259	107	22,056	5.02
5.03	PURCHASING RECEIVING AND STORES	24,237	14,595	875	39,707	158	5,514	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	891		8,679	9,570	269	10,415	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	2,419	292,785	16,463	311,667	1,654	57,589	5.05
6	Maintenance & Repairs							6
7	Operation of Plant		18,025	4,566	22,591	259	7,965	7
8	Laundry & Linen Service							8
9	Housekeeping		8,907	4,369	13,276	268	1,225	9
10	Dietary	1,164	30,092	7,817	39,073	208	6,127	10
11	Cafeteria					71		11
12	Maintenance of Personnel							12
13	Nursing Administration			5,099	5,099	471	2,451	13
14	Central Services & Supply		18,116	5,731	23,847	40		14
15	Pharmacy	965	5,176		6,141	220	5,514	15
16	Medical Records & Library		11,871	9,205	21,076	156	9,190	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
	Adults & Pediatrics	28,130	266,996	171,623	466,749	2,214	16,542	30
31	Intensive Care Unit	7,614	21,065	16,943	45,622	616	1,225	31
43	Nursery		24,751	3,849	28,600	163		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		54,828	60,147	114,975	149	17,154	50
51	Recovery Room		4,995	10,094	15,089	41		51
52	Delivery Room & Labor Room		31,191	7,330	38,521	95		52
53	Anesthesiology	19,821		11,508	31,329			53
54	Radiology-Diagnostic	204,758	32,575	82,308	319,641	530	9,803	54
60	Laboratory	72,721	24,826		97,547	365	12,866	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
66	Physical Therapy	66,537		5,678	72,215	46	5,514	66
69.01	CARDIOPULMONARY	220,016	8,366	13,594	241,976	439	6,739	69.01
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients			66	66			73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY						613	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	5,788	112,847	10,988	129,623	1,017		91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	877,185	994,985	671,029	2,543,199	9,589	198,502	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		2,618		2,618		1,838	190
192	Physicians' Private Offices		27,234		27,234	44		192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	877,185	1,024,837	671,029	2,573,051	9,633	200,340	202

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**LOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORE 5.03	CASHIERING /ACCOUNTS RECEIVABLE 5.04	OTHER ADMINISTRATIVE AND GENER 5.05	OPERATION OF PLANT 7	HOUSE-KEEPING 9	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING	261,422						5.02
5.03	PURCHASING RECEIVING AND STORES	7,162	52,541					5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	23,277		43,531				5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	84,157			455,067			5.05
6	Maintenance & Repairs							6
7	Operation of Plant	3,581			38,104	72,500		7
8	Laundry & Linen Service							8
9	Housekeeping				17,760	941	33,470	9
10	Dietary	3,581			14,542	3,178	578	10
11	Cafeteria				3,798		578	11
12	Maintenance of Personnel							12
13	Nursing Administration				20,759		289	13
14	Central Services & Supply	1,791			1,906	1,913	702	14
15	Pharmacy	7,162			16,487	547	289	15
16	Medical Records & Library	19,696			8,204	1,254	496	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
	Adults & Pediatrics	48,345	14,912	12,350	110,069	28,198	21,237	30
	Intensive Care Unit	1,791	3,360	2,784	25,829	2,225	496	31
43	Nursery		189	157	6,621	2,614	289	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	3,581	434	360	11,038	5,791	1,507	50
51	Recovery Room		191	158	1,858	528	144	51
52	Delivery Room & Labor Room		265	220	3,648	3,294	433	52
53	Anesthesiology		388	321	783		62	53
54	Radiology-Diagnostic		4,007	3,320	34,885	3,440	1,115	54
60	Laboratory	30,440	4,231	3,506	33,519	2,622	784	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		385	319	2,911			63
66	Physical Therapy		86	71	3,021		206	66
69.01	CARDIOPULMONARY	14,324	5,588	4,631	25,954	884	359	69.01
71	Medical Supplies Charged to Patients		6,078	5,036	13,358			71
73	Drugs Charged to Patients		4,214	3,492	12,284		62	73
74	Renal Dialysis		286	237	1,624			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY		1	1	124			76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	Emergency	12,534	7,926	6,568	43,655	11,918	3,303	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	261,422	52,541	43,531	452,741	69,347	32,929	118
<b>NONREIMBURSABLE COST CENTERS</b>								
190	Gift, Flower, Coffee Shop & Canteen				160	277		190
192	Physicians' Private Offices				2,166	2,876	541	192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	261,422	52,541	43,531	455,067	72,500	33,470	202

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**LOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES							5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE							5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	67,287						10
11	Cafeteria		4,447					11
12	Maintenance of Personnel							12
13	Nursing Administration		240	29,309				13
14	Central Services & Supply		46		30,245			14
15	Pharmacy		150			36,510		15
16	Medical Records & Library		169				60,241	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
	Adults & Pediatrics	62,278	1,522	15,338	4,002	101	17,127	30
	Intensive Care Unit	5,009	295	3,257	449		3,850	31
43	Nursery		77	860	304		217	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room		185	1,114			497	50
51	Recovery Room		52	572	4		219	51
52	Delivery Room & Labor Room		93	1,022			304	52
53	Anesthesiology				137		444	53
54	Radiology-Diagnostic		384		466	1,953	4,591	54
60	Laboratory		330		8,222		4,848	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						441	63
66	Physical Therapy		3		3		98	66
69.01	CARDIOPULMONARY		279		1,328	4	6,403	69.01
71	Medical Supplies Charged to Patients				13,228		6,964	71
73	Drugs Charged to Patients					34,452	4,828	73
74	Renal Dialysis				22		328	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY		3		11		1	76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	Emergency		616	7,146	1,926		9,081	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	67,287	4,444	29,309	30,102	36,510	60,241	118
<b>NONREIMBURSABLE COST CENTERS</b>								
190	Gift, Flower, Coffee Shop & Canteen		3					190
192	Physicians' Private Offices				143			192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	67,287	4,447	29,309	30,245	36,510	60,241	202

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**LOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		24	25	26		
	<b>GENERAL SERVICE COST CENTERS</b>					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5.01	NONPATIENT TELEPHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING RECEIVING AND STORES					5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL					5.05
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	Paramed Ed Prgm-(specify)					23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
	Adults & Pediatrics	820,984		820,984		30
	Intensive Care Unit	96,808		96,808		31
43	Nursery	40,091		40,091		43
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	156,785		156,785		50
51	Recovery Room	18,856		18,856		51
52	Delivery Room & Labor Room	47,895		47,895		52
53	Anesthesiology	33,464		33,464		53
54	Radiology-Diagnostic	384,135		384,135		54
60	Laboratory	199,280		199,280		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	4,056		4,056		63
66	Physical Therapy	81,263		81,263		66
69.01	CARDIOPULMONARY	308,908		308,908		69.01
71	Medical Supplies Charged to Patients	44,664		44,664		71
73	Drugs Charged to Patients	59,398		59,398		73
74	Renal Dialysis	2,497		2,497		74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY	754		754		76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
91	Emergency	235,313		235,313		91
92	Observation Beds (Non-Distinct Part)					92
92.01	23-HR OBSERVATION					92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
	<b>SPECIAL PURPOSE COST CENTERS</b>					
113	Interest Expense					113
118	SUBTOTALS (sum of lines 1-117)	2,535,151		2,535,151		118
	<b>NONREIMBURSABLE COST CENTERS</b>					
190	Gift, Flower, Coffee Shop & Canteen	4,896		4,896		190
192	Physicians' Private Offices	33,004		33,004		192
200	Cross Foot Adjustments					200
201	Negative Cost Centers					201
202	TOTAL (sum of lines 118-201)	2,573,051		2,573,051		202

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVEABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NONPATIENT TELEPHONE S PHONES	DATA PROCESSING MACH	PURCHASING RECEIVING AND STORE GROSS REVENUE	
		1	2	4	5.01	5.02	5.03	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	136,225						1
2	Cap Rel Costs-Mvble Equip		101,982					2
4	Employee Benefits Department	1,060	252	24,218,157				4
5.01	NONPATIENT TELEPHONES			82,731	327			5.01
5.02	DATA PROCESSING	665	32,286	269,289	36	146		5.02
5.03	PURCHASING RECEIVING AND STORES	1,940	133	397,407	9	4	134,353,885	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE		1,319	674,809	17	13		5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	38,918	2,502	4,155,355	94	47		5.05
6	Maintenance & Repairs							6
7	Operation of Plant	2,396	694	651,334	13	2		7
8	Laundry & Linen Service							8
9	Housekeeping	1,184	664	672,927	2			9
10	Dietary	4,000	1,188	523,263	10	2		10
11	Cafeteria			179,371				11
12	Maintenance of Personnel							12
13	Nursing Administration		775	1,182,939	4			13
14	Central Services & Supply	2,408	871	100,010		1		14
15	Pharmacy	688		552,595	9	4		15
16	Medical Records & Library	1,578	1,399	392,612	15	11		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	35,490	26,083	5,574,048	27	27	38,117,501	30
31	Intensive Care Unit	2,800	2,575	1,547,618	2	1	8,593,697	31
43	Nursery	3,290	585	409,198			484,214	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	7,288	9,141	374,273	28	2	1,110,157	50
51	Recovery Room	664	1,534	103,704			487,804	51
52	Delivery Room & Labor Room	4,146	1,114	239,538			677,997	52
53	Anesthesiology		1,749				991,882	53
54	Radiology-Diagnostic	4,330	12,509	1,332,874	16		10,247,421	54
60	Laboratory	3,300		917,356	21	17	10,821,883	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						983,667	63
66	Physical Therapy		863	115,727	9		219,442	66
69.01	CARDIOPULMONARY	1,112	2,066	1,103,456	11	8	14,292,346	69.01
71	Medical Supplies Charged to Patients						15,544,117	71
73	Drugs Charged to Patients		10				10,776,752	73
74	Renal Dialysis						731,154	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY				1		2,916	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	15,000	1,670	2,554,685		7	20,270,935	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	132,257	101,982	24,107,119	324	146	134,353,885	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	348			3			190
192	Physicians' Private Offices	3,620		111,038				192
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,024,837	671,029	4,148,929	525,015	750,839	1,112,304	202
203	Unit Cost Multiplier (Wkst. B, Part I)	7.523120	6.579877	0.171315	1,605.550459	5,142.732877	0.008279	203
204	Cost to be allocated (Per Wkst. B, Part II)			9,633	200,340	261,422	52,541	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000398	612.660550	1,790.561644	0.000391	205

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	
		5.04	5A.05	5.05	7	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES							5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	134,353,885						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL		-8,423,589	35,474,915				5.05
6	Maintenance & Repairs							6
7	Operation of Plant			2,970,383	91,246			7
8	Laundry & Linen Service							8
9	Housekeeping			1,384,468	1,184	56,594		9
10	Dietary			1,133,641	4,000	977	49,310	10
11	Cafeteria			296,087		977		11
12	Maintenance of Personnel							12
13	Nursing Administration			1,618,221		489		13
14	Central Services & Supply			148,593	2,408	1,187		14
15	Pharmacy			1,285,247	688	489		15
16	Medical Records & Library			639,519	1,578	838		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
	Adults & Pediatrics	38,117,501		8,580,825	35,490	35,909	45,639	30
31	Intensive Care Unit	8,593,697		2,013,484	2,800	838	3,671	31
43	Nursery	484,214		516,109	3,290	489		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,110,157		860,425	7,288	2,548		50
51	Recovery Room	487,804		144,808	664	244		51
52	Delivery Room & Labor Room	677,997		284,379	4,146	733		52
53	Anesthesiology	991,882		61,066		105		53
54	Radiology-Diagnostic	10,247,421		2,719,408	4,330	1,885		54
60	Laboratory	10,821,883		2,612,953	3,300	1,326		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	983,667		226,960				63
66	Physical Therapy	219,442		235,529		349		66
69.01	CARDIOPULMONARY	14,292,346		2,023,205	1,112	607		69.01
71	Medical Supplies Charged to Patients	15,544,117		1,041,280				71
73	Drugs Charged to Patients	10,776,752		957,628		105		73
74	Renal Dialysis	731,154		126,636				74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,916		9,655				76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	20,270,935		3,403,067	15,000	5,585		91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	134,353,885	-8,423,589	35,293,576	87,278	55,680	49,310	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen			12,502	348			190
192	Physicians' Private Offices			168,837	3,620	914		192
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,159,439		8,423,589	3,675,706	1,760,909	1,594,359	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.008630		0.237452	40.283475	31.114765	32.333381	203
204	Cost to be allocated (Per Wkst. B, Part II)	43,531		455,067	72,500	33,470	67,287	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000324		0.012828	0.794555	0.591405	1.364571	205

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

COST CENTER DESCRIPTIONS	CAFETERIA MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSING	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE		
	11	13	14	15	16		

<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria	18,582					11
12	Maintenance of Personnel						12
13	Nursing Administration	1,002	17,214				13
14	Central Services & Supply	193		2,095,892			14
15	Pharmacy	627			820,315		15
16	Medical Records & Library	708				134,353,885	16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	6,362	9,009	277,304	2,270	38,117,501	30
31	Intensive Care Unit	1,233	1,913	31,082		8,593,697	31
43	Nursery	321	505	21,084		484,214	43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	771	654			1,110,157	50
51	Recovery Room	218	336	262		487,804	51
52	Delivery Room & Labor Room	389	600			677,997	52
53	Anesthesiology			9,463		991,882	53
54	Radiology-Diagnostic	1,603		32,263	43,888	10,247,421	54
60	Laboratory	1,380		569,763		10,821,883	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.					983,667	63
66	Physical Therapy	12		214		219,442	66
69.01	CARDIOPULMONARY	1,165		92,038	85	14,292,346	69.01
71	Medical Supplies Charged to Patients			916,676		15,544,117	71
73	Drugs Charged to Patients				774,072	10,776,752	73
74	Renal Dialysis			1,520		731,154	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	12		792		2,916	76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	2,572	4,197	133,496		20,270,935	91
92	Observation Beds (Non-Distinct Part)						92
92.01	23-HR OBSERVATION						92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	18,568	17,214	2,085,957	820,315	134,353,885	118
<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	14					190
192	Physicians' Private Offices			9,935			192
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	396,792	2,039,082	321,934	1,646,750	896,133	202
203	Unit Cost Multiplier (Wkst. B, Part I)	21.353568	118.454862	0.153602	2.007461	0.006670	203
204	Cost to be allocated (Per Wkst. B, Part II)	4,447	29,309	30,245	36,510	60,241	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.239318	1.702626	0.014431	0.044507	0.000448	205

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NET STEPDOWN ADJUSTMENTS

**WORKSHEET B-2**

		WORKSHEET		
	DESCRIPTION	PART	LINE NO.	AMOUNT
	1	2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C  
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics	16,145,383		16,145,383		16,145,383	30
31	Intensive Care Unit	3,064,181		3,064,181		3,064,181	31
43	Nursery	859,551		859,551		859,551	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,538,939		1,538,939		1,538,939	50
51	Recovery Room	261,283		261,283		261,283	51
52	Delivery Room & Labor Room	625,629		625,629		625,629	52
53	Anesthesiology	86,903		86,903		86,903	53
54	Radiology-Diagnostic	3,793,854		3,793,854		3,793,854	54
60	Laboratory	3,596,764		3,596,764		3,596,764	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
63	Blood Storing, Processing & Trans.	287,413		287,413		287,413	63
66	Physical Therapy	304,068		304,068		304,068	66
69.01	<b>CARDIOPULMONARY</b>	2,701,816		2,701,816		2,701,816	69.01
71	Medical Supplies Charged to Patients	1,533,017		1,533,017		1,533,017	71
73	Drugs Charged to Patients	2,814,086		2,814,086		2,814,086	73
74	Renal Dialysis	161,816		161,816		161,816	74
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	HYPERBARIC OXYGEN THERAPY	12,345		12,345		12,345	76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency	5,696,948		5,696,948		5,696,948	91
92	Observation Beds (Non-Distinct Part)	39,561		39,561		39,561	92
92.01	23-HR OBSERVATION						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	Interest Expense						113
200	Subtotal (sum of lines 30 thru 199)	43,523,557		43,523,557		43,523,557	200
201	Less Observation Beds	39,561		39,561		39,561	201
202	Total (line 200 minus line 201)	43,483,996		43,483,996		43,483,996	202

**KPMG LLP Compu-Max 2552-10**

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**COMPUTATION OF RATIO OF COST TO CHARGES**

**WORKSHEET C  
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	38,085,366		38,085,366				30
31	Intensive Care Unit	8,593,697		8,593,697				31
43	Nursery	484,214		484,214				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	796,735	313,422	1,110,157	1.386235	1.386235	1.386235	50
51	Recovery Room	314,663	173,141	487,804	0.535631	0.535631	0.535631	51
52	Delivery Room & Labor Room	650,785	27,212	677,997	0.922761	0.922761	0.922761	52
53	Anesthesiology	715,022	276,860	991,882	0.087614	0.087614	0.087614	53
54	Radiology-Diagnostic	3,034,720	7,212,701	10,247,421	0.370225	0.370225	0.370225	54
60	Laboratory	6,026,115	4,795,768	10,821,883	0.332360	0.332360	0.332360	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	644,378	339,289	983,667	0.292185	0.292185	0.292185	63
66	Physical Therapy	214,977	4,465	219,442	1.385642	1.385642	1.385642	66
69.01	CARDIOPULMONARY	10,584,138	3,708,208	14,292,346	0.189039	0.189039	0.189039	69.01
71	Medical Supplies Charged to Patients	9,664,699	5,879,418	15,544,117	0.098624	0.098624	0.098624	71
73	Drugs Charged to Patients	8,821,895	1,954,857	10,776,752	0.261126	0.261126	0.261126	73
74	Renal Dialysis	704,592	26,562	731,154	0.221316	0.221316	0.221316	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,788	128	2,916	4.233539	4.233539	4.233539	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	4,883,080	15,387,855	20,270,935	0.281040	0.281040	0.281040	91
92	Observation Beds (Non-Distinct Part)		32,135	32,135	1.231088	1.231088	1.231088	92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	Interest Expense							113
200	Subtotal (sum of lines 30 thru 199)	94,221,864	40,132,021	134,353,885				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	94,221,864	40,132,021	134,353,885				202

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**PORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	820,984		820,984	14,692	55.88	3,932	219,720	30
31	Intensive Care Unit	96,808		96,808	3,283	29.49	1,052	31,023	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	40,091		40,091	710	56.47			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	957,883		957,883	18,685		4,984	250,743	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**PORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0068**

**WORKSHEET D  
PART II**

Check  Title V  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	156,785	1,110,157	0.141228	133,754	18,890	50
51	Recovery Room	18,856	487,804	0.038655	56,336	2,178	51
52	Delivery Room & Labor Room	47,895	677,997	0.070642	4,984	352	52
53	Anesthesiology	33,464	991,882	0.033738	122,456	4,131	53
54	Radiology-Diagnostic	384,135	10,247,421	0.037486	964,370	36,150	54
60	Laboratory	199,280	10,821,883	0.018415	1,965,353	36,192	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	4,056	983,667	0.004123	39,609	163	63
66	Physical Therapy	81,263	219,442	0.370317	103,777	38,430	66
69.01	CARDIOPULMONARY	308,908	14,292,346	0.021614	3,270,345	70,685	69.01
71	Medical Supplies Charged to Patients	44,664	15,544,117	0.002873	2,687,168	7,720	71
73	Drugs Charged to Patients	59,398	10,776,752	0.005512	2,633,858	14,518	73
74	Renal Dialysis	2,497	731,154	0.003415	276,804	945	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	754	2,916	0.258573	1,398	361	76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
	Emergency	235,313	20,270,935	0.011608	1,272,618	14,773	91
	Observation Beds (Non-Distinct Part)	2,012	32,135	0.062611			92
92.01	23-HR OBSERVATION						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	1,579,280	87,190,608		13,532,830	245,488	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**PORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX  Other

(A)	Cost Center Description	Nursing School 1	Allied Health Cost 2	All Other Medical Education Cost 3	Swing-Bed Adjustment Amount (see instructions) 4	Total Costs (sum of cols. 1 through 3 minus col 4.) 5
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics General Routine Care)					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 (lines 30-199)					200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form CMS-2552-10	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**PORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX  Other

		Total Patient Days	Per Diem (col. 5+ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)
(A)	Cost Center Description	6	7	8	9
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics (General Routine Care)	14,692		3,932	30
31	Intensive Care Unit	3,283		1,052	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	710			43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	18,685		4,984	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**PORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0068

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Non Physician Anesth- etist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)
		1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
66	Physical Therapy						66
69.01	CARDIOPULMONARY						69.01
71	Medical Supplies Charged to Patients						71
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency						91
	Observation Beds (Non-Distinct Part)						92
	23-HR OBSERVATION						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**PORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0068**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		7	8	9	10	11	12	13
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,110,157			133,754		14,474	50
51	Recovery Room	487,804			56,336		11,776	51
52	Delivery Room & Labor Room	677,997			4,984			52
53	Anesthesiology	991,882			122,456		22,508	53
54	Radiology-Diagnostic	10,247,421			964,370		591,737	54
60	Laboratory	10,821,883			1,965,353		433,028	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Trans.	983,667			39,609		333	63
66	Physical Therapy	219,442			103,777			66
69.01	<b>CARDIOPULMONARY</b>	14,292,346			3,270,345		271,266	69.01
71	Medical Supplies Charged to Patients	15,544,117			2,687,168		592,713	71
73	Drugs Charged to Patients	10,776,752			2,633,858		135,336	73
74	Renal Dialysis	731,154			276,804			74
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	2,916			1,398			76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
	Emergency	20,270,935			1,272,618		1,170,411	91
	Observation Beds (Non-Distinct Part)	32,135					1,386	92
92.01	<b>23-HR OBSERVATION</b>							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)	87,190,608			13,532,830		3,244,968	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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PORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0068

WORKSHEET D  
PART V

Check  Title V - O/P       Hospital       SUB (Other)       Swing Bed SNF  
 Applicable  Title XVIII, Part B       IPF       SNF  
 Boxes:  Title XIX - O/P       IRF       NF       ICF/MR

(A)	Cost Center Description	Program Charges			Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1.386235	14,474			20,064		50
51	Recovery Room	0.535631	11,776			6,308		51
52	Delivery Room & Labor Room	0.922761						52
53	Anesthesiology	0.087614	22,508			1,972		53
54	Radiology-Diagnostic	0.370225	591,737			219,076		54
60	Laboratory	0.332360	433,028			143,921		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Trans.	0.292185	333			97		63
66	Physical Therapy	1.385642						66
69.01	<b>CARDIOPULMONARY</b>	0.189039	271,266			51,280		69.01
71	Medical Supplies Charged to Patients	0.098624	592,713			58,456		71
73	Drugs Charged to Patients	0.261126	135,336			35,340		73
74	Renal Dialysis	0.221316						74
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	HYPERBARIC OXYGEN THERAPY	4.233539						76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	0.281040	1,170,411			328,932		91
92	Observation Beds (Non-Distinct Part)	1.231088	1,386			1,706		92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (see instructions)		3,244,968			867,152		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		3,244,968			867,152		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0068**

**WORKSHEET D-1  
PART I**

Check  Title V - I/P  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  NF  Other

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	14,692	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,692	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	14,656	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,932	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 XIX only)		15
16	Nursery days (title V or 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)	16,145,383	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 (line 21 minus line 26)	16,145,383	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation 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 minus line 36)	16,145,383	37

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0068**

**WORKSHEET D-1  
PART II**

Check  Title V - I/P  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  Other

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

						1	
		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	
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,098.92	38
39	Program general inpatient routine service cost (line 9 x line 38)					4,320,953	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)					4,320,953	41
42	Nursery (Titles V and XIX only)						42
	<b>Intensive Care Type Inpatient Hospital Units</b>						
43	Intensive Care Unit	3,064,181	3,283	933.35	1,052	981,884	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)					3,392,374	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					8,695,211	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					250,743	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					245,488	51
	Total Program excludable cost (sum of lines 50 and 51)					496,231	52
	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					8,198,980	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 (line 56 minus line 53)						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 (line 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

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0068**

**WORKSHEET D-1  
PARTS III & IV**

Check  Title V - I/P  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  NF  Other

**PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST**

87	Total observation bed days (see instructions)					36	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,098.92	88
89	Observation bed cost (line 87 x line 88) (see instructions)					39,561	89
		Cost	Routine Cost (from line 27)	col. 1+col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	820,984	16,145,383	0.050849	39,561	2,012	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**PATIENT ANCILLARY SERVICE COST APPORTIONMENT**

**COMPONENT CCN: 14-0068**

**WORKSHEET D-3**

Check  Title V  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/MR  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		10,106,778		30
31	Intensive Care Unit		3,040,450		31
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	1.386235	133,754	185,414	50
51	Recovery Room	0.535631	56,336	30,175	51
52	Delivery Room & Labor Room	0.922761	4,984	4,599	52
53	Anesthesiology	0.087614	122,456	10,729	53
54	Radiology-Diagnostic	0.370225	964,370	357,034	54
60	Laboratory	0.332360	1,965,353	653,205	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.292185	39,609	11,573	63
66	Physical Therapy	1.385642	103,777	143,798	66
69.01	CARDIOPULMONARY	0.189039	3,270,345	618,223	69.01
71	Medical Supplies Charged to Patients	0.098624	2,687,168	265,019	71
73	Drugs Charged to Patients	0.261126	2,633,858	687,769	73
74	Renal Dialysis	0.221316	276,804	61,261	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	4.233539	1,398	5,918	76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
	Emergency	0.281040	1,272,618	357,657	91
92	Observation Beds (Non-Distinct Part)	1.231088			92
92.01	23-HR OBSERVATION				92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		13,532,830	3,392,374	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		13,532,830		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

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**STATEMENT OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	2,596,605			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	2,622,570			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	194,181			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	27,918			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	133.90			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
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)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 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
	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental 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
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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 factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1672			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.5516			31
32	Sum of lines 30 and 31	0.7188			32
33	Allowable disproportionate share percentage (see instructions)	0.4852			33
34	Disproportionate share adjustment (see instructions)	633,086			34
		<b>Prior to October 1</b>	<b>On or after October 1</b>		
	<b>Uncompensated Care Adjustment</b>				
35	Total uncompensated care amount (see instructions)	9,046,380,143	7,647,644,885		35
	Factor 3 (see instructions)	0.000353777	0.000371663		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,200,401	2,842,347		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,604,585	1,417,279		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,021,864			36
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

**KPMG LLP Compu-Max 2552-10**

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**...CULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
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 41.01 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 41.01)				46
47	Subtotal (see instructions)	9,068,306			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 (see instructions)	9,068,306			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	478,907			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. 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 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	9,547,213			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	9,547,213			61
62	Deductibles billed to program beneficiaries	593,252			62
63	Coinsurance billed to program beneficiaries	58,229			63
64	Allowable bad debts (see instructions)	151,324			64
65	Adjusted reimbursable bad debts (see instructions)	98,361			65
	Allowable bad debts for dual eligible beneficiaries (see instructions)	151,324			66
	Subtotal (line 61 plus line 65 minus lines 62 and 63)	8,994,093			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-40,157			70.93
70.94	HRR adjustment amount (see instructions)	-68,351			70.94
71	Amount due provider (see instructions)	8,885,585			71
71.01	Sequestration adjustment (see instructions)	177,712			71.01
72	Interim payments	8,697,898			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	9,975			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	64,431			75

**TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)**

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. 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

**HSP Bonus Payment Amount**

Prior to 10/1      On or After 10/1

100	HSP bonus amount (see instructions)				100
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**HVBP Adjustment for HSP Bonus Payment**

Prior to 10/1      On or After 10/1

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

**HRR Adjustment for HSP Bonus Payment**

Prior to 10/1      On or After 10/1

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

**KPMG LLP Compu-Max 2552-10**

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**COMPUTATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-0068**

**WORKSHEET E  
PART B**

Check applicable box:     Hospital     IPF     IRF     SUB (Other)     SNF

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	867,152			2
3	PPS payments	669,520			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	<b>CUSTOMARY CHARGES</b>				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions))				20
	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	669,520			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	154,729			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	514,791			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	514,791			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	514,791			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. 1-5, line 11)				33
34	Allowable bad debts (see instructions)	23,559			34
35	Adjusted reimbursable bad debts (see instructions)	15,313			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	23,559			36
37	Subtotal (see instructions)	530,104			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	530,104			40
40.01	Sequestration adjustment (see instructions)	10,602			40.01
41	Interim payments	504,494			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	15,008			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (see instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

**KPMG LLP Compu-Max 2552-10**

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**ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**

**COMPONENT CCN: 14-0068**

**WORKSHEET E-1  
PART I**

Check  Hospital  SUB (Other)  
 Applicable  IPF  SNF  
 Boxes:  IRF  Swing Bed SNF

DESCRIPTION	INPATIENT PART A		PART B		
	mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1 Total interim payments paid to provider		8,697,898		504,494	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					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. (1)					
	.01				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
		.10			3.10
		.50			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 Wkst. E-3, line and column as appropriate)		8,697,898		504,494	4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
5 List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
	.01				5.01
	.02				5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.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 Determined net settlement amount (balance due) based on the cost report (1)		187,687		25,610	6.01
	.01				6.01
	.02				6.02
7 Total Medicare program liability (see instructions)		8,885,585		530,104	7
8 Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

**KPMG LLP Compu-Max 2552-10**

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**...CULATION OF REIMBURSEMENT SETTLEMENT FOR HIT****WORKSHEET E-1  
PART II**

Check applicable box:       Hospital       CAH

**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 (Wkst. S-3, Pt. I, col. 15, line 14)	3,694	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	4,984	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	50	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	17,939	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	134,353,885	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	1,230,417	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	532,912	8
9	Sequestration adjustment amount (see instructions)	10,658	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	522,254	10

**INPATIENT HOSPITAL SERVICES UNDER PPS & CAH**

30	Initial/interim HIT payment(s)	600,449	30
31	OTHER ADJUSTMENTS ( )		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-78,195	32

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**BALANCE SHEET**

**WORKSHEET G**

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
<b>Assets</b> (Omit Cents)		1	2	3	4
<b>CURRENT ASSETS</b>					
1	Cash on hand and in banks	726,403			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	75,647,356			4
5	Other receivables	1,223,891			5
6	Allowances for uncollectible notes and accounts receivable	-75,120,241			6
7	Inventory	242,323			7
8	Prepaid expenses	111,567			8
9	Other current assets				9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	2,831,299			11
<b>FIXED ASSETS</b>					
12	Land	933,453			12
13	Land improvements	496,806			13
14	Accumulated depreciation				14
15	Buildings	34,479,783			15
16	Accumulated depreciation	-28,931,218			16
17	Leasehold improvements	779,926			17
18	Accumulated depreciation				18
19	Fixed equipment				19
20	Accumulated depreciation				20
21	Automobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment	18,729,229			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)	26,487,979			30
<b>OTHER ASSETS</b>					
31	Investments	605,090			31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets	15,940			34
35	Total other assets (sum of lines 31-34)	621,030			35
36	Total assets (sum of lines 11, 30 and 35)	29,940,308			36
<b>Liabilities and Fund Balances</b> (Omit Cents)					
		1	2	3	4
<b>CURRENT LIABILITIES</b>					
37	Accounts payable	7,566,858			37
38	Salaries, wages and fees payable	957,972			38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)				40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds				43
44	Other current liabilities	7,217,812			44
45	Total current liabilities (sum of lines 37 thru 44)	15,742,642			45
<b>LONG TERM LIABILITIES</b>					
46	Mortgage payable				46
47	Notes payable	13,553,533			47
48	Unsecured loans				48
49	Other long term liabilities				49
50	Total long term liabilities (sum of lines 46 thru 49)	13,553,533			50
51	Total liabilities (sum of lines 45 and 50)	29,296,175			51
<b>CAPITAL ACCOUNTS</b>					
52	General fund balance	644,133			52
53	Specific purpose fund				53
54	Donor created - endowment fund balance - restricted				54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56

**KPMG LLP Compu-Max 2552-10**

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**BALANCE SHEET**

**WORKSHEET G**

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	<b>Assets</b>	1	2	3	4	
	(Omit Cents)					
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 thru 58)	644,133				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	29,940,308				60

**KPMG LLP Compu-Max 2552-10**

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**STATEMENT OF CHANGES IN FUND BALANCES**

**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		1,761,342		
2	Net income (loss) (from Worksheet G-3, line 29)		-1,117,209		
3	Total (sum of line 1 and line 2)		644,133		
4	Additions (credit adjustments) (specify)				
5					
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)		644,133		
12	Deductions (debit adjustments) (specify)				
13	NET EQUITY ADJUSTMENTS				
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		644,133		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period				
2	Net income (loss) (from Worksheet G-3, line 29)				
3	Total (sum of line 1 and line 2)				
4	Additions (credit adjustments) (specify)				
5					
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)				
12	Deductions (debit adjustments) (specify)				
13	NET EQUITY ADJUSTMENTS				
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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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	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	48,455,688		48,455,688	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	48,455,688		48,455,688	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	11,763,867		11,763,867	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,763,867		11,763,867	16
17	Total inpatient routine care services (sum of lines 10 and 16)	60,219,555		60,219,555	17
18	Ancillary services				18
19	Outpatient services		74,155,230	74,155,230	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
	Other (specify)				27
	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	60,219,555	74,155,230	134,374,785	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		47,839,859	29
30	Add (specify)			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 Worksheet G-3, line 4)		47,839,859	43

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**STATEMENT OF REVENUES AND EXPENSES**

**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	134,374,785	1
2	Less contractual allowances and discounts on patients' accounts	107,038,258	2
3	Net patient revenues (line 1 minus line 2)	27,336,527	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	47,839,859	4
5	Net income from service to patients (line 3 minus line 4)	-20,503,332	5

**OTHER INCOME**

6	Contributions, donations, bequests, etc.	303	6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		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	72,979	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space		22
23	Governmental appropriations		23
24	Other (OTHER OPERATING REVENUE)		24
24.0	Other (CHAP/HARDSHIP PAYMENTS)	11,634,202	24.0
			1
	Other (PROVIDER TAX REVENUE - NET)	6,713,961	24.0
2			2
24.0	Other (ENHANCED PAYMENTS)		24.0
3			3
24.0	Other (GRANT INCOME)	964,678	24.0
4			4
25	Total other income (sum of lines 6-24)	19,386,123	25
26	Total (line 5 plus line 25)	-1,117,209	26
29	Net income (or loss) for the period (line 26 minus line 28)	-1,117,209	29

**KPMG LLP Compu-Max 2552-10**

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/26/2015 Run Time: 18:08 Version: 2015.03 (08/20/2015)
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**COMPUTATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0068**

**WORKSHEET L**

Check  Title V  Hospital  PPS  
 Applicable  Title XVIII, Part A  SUB (Other)  Cost Method  
 Boxes:  Title XIX

**PART I - FULLY PROSPECTIVE METHOD**

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	413,435	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	687	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	49.34	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1672	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.5516	8
9	Sum of lines 7 and 8	0.7188	9
10	Allowable disproportionate share percentage (see instructions)	0.1567	10
11	Disproportionate share adjustment (line 10 times column 1, sum of lines 1 and 1.01)	64,785	11
12	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	478,907	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**

	Program inpatient capital costs (see instructions)		1
	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (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 (from prior year Worksheet 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

**KPMG LLP Compu-Max 2552-10**

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**LOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
66	Physical Therapy						66
69.01	CARDIOPULMONARY						69.01
71	Medical Supplies Charged to Patients						71
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
92.01	23-HR OBSERVATION						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	Interest Expense						113
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202