

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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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: 05/30/2017 Time: 16:18 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 MORRIS HOSPITAL (14-0101) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 01/01/2016 and ending 12/31/2016, 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, and that the services identified in this cost report were provided in compliance with such laws and regulations.

ECR Encryption: 05/30/2017 16:18
 Up5oLQPjqlK6I3NjmTt6kuUjE1P10
 NTEDd0Xfhx83Qc88c:Cz9J.2yqVwrb
 hwYz0ZGXDt043o1Z

(Signed) _____
 Officer or Administrator of Provider(s)

CUR
Title

PI Encryption: 05/30/2017 16:18
 4gySsQHq5Jkbrf9aNirCPQV1mCZ:A0
 13o7T0RuAKIUg8VVSg2EHoUBiUSTsk
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 Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		210,009	278,324			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		210,009	278,324			200

The above amounts represent 'due to' or 'due from' the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions

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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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 150 WEST HIGH STREET	P.O. Box:		1
2	City: MORRIS	State: IL	ZIP Code: 60450	County: GRUNDY

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	MORRIS HOSPITAL	14-0101	16974	1	07/01/1966	O	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF	MORRIS HOSPITAL	14-U101	16974		10/07/1994	N	N	N	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: 01/01/2016	To: 12/31/2016	20
21	Type of control (see instructions)	2		21

Inpatient PPS Information		1	2	3	
22	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.	N	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.	3	N		23

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1	2	3	4	5	6	
24	If this provider is an IPSS 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.	1,849				185	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

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**WORKSHEET S-2
PART I**

36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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**WORKSHEET S-2
PART I**

		1	2	
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	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	40
		V	XVIII	XIX
	Prospective Payment System (PPS)-Capital	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

		1	2	3	
Teaching Hospitals					
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, chapter 21, 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)	Y			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
61.02	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)		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	Program Name	Program Code	1	2	3
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)		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	Program Name	Program Code	1	2	3
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, indicate which program year began during this cost reporting period. (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, indicate which program year began during this cost reporting period. (see instructions)				76

Long Term Care Hospital PPS			N		
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

TEFRA Providers			N		
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter 'Y' for yes or 'N' for no.		N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.		N		87

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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	N	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/IID 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 is not made on Wkst. B, Pt. I, col. 25 and the program is 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	
		Physical	Occupational	Speech	Respiratory
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.		N	N	N
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

115	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, chapter 22, 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
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				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.	Y			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.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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PART I**

All Providers

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 N	2	140
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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 Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	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, chapter 40, §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
161	CMHC		N			161
161.10	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.	N				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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)					169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					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 in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N			0	171

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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.	Y	A	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.	Y	
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	Y	
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N	
10	Was an approved Intern and Resident GME 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		Y/N
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		Y/N
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)	Y	03/02/2017	Y	03/02/2017
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)	N		N	
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	

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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

Home Office Costs		Y/N	Date	
		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
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.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: THOMAS	Last name: CURTIS	Title: CPA
42	Employer: THE CURTIS GROUP, INC.		
43	Phone number: 217-483-9092	E-mail Address: TOM@THECURTISGROUP.NET	

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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				
						Title V	Title XVIII	Title XIX	Total All Patients	
						5	6	7	8	
		1	2	3	4	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	81	29,565			7,542	1,743	12,500	1
2	HMO and other (see instructions)						520	185		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)		81	29,565			7,542	1,743	12,500	7
8	Intensive Care Unit	31	8	2,920			1,333	106	2,811	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							1,113	13
14	Total (see instructions)		89	32,485			8,875	1,849	16,424	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
22	Home Health Agency	101								22
23	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)		89							27
28	Observation Bed Days								1,703	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								207	30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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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)					2,093	665	4,695	1
2	HMO and other (see instructions)					128	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)		972.06			2,093	665	4,695	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)		972.06						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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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	
SALARIES							
1	Total salaries (see instructions)	200	68,033,400	68,033,400	2,021,947.00	33.65	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		11,386,869	11,386,869	74,450.00	152.95	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 and/or related organization personnel						8
9	SNF	44					9
10	Excluded area salaries (see instructions)		598,588	297,682	896,270	9,859.20	90.91
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		1,209,408		1,209,408	16,748.00	72.21
12	Contract management and administrative services		508,490		508,490	1,320.00	385.22
13	Contract labor: Physician-Part A - Administrative						13
14	Home office salaries & wage-related costs						14
14.01	Home office salaries						14.01
14.02	Related organization salaries						14.02
15	Home office: Physician Part A - Administrative						15
16	Home office & Contract Physicians Part A - Teaching						16
WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		14,463,877		14,463,877		17
18	Wage-related costs (other)(see instructions)						18
19	Excluded areas		154,473		154,473		19
20	Non-physician anesthetist Part A						20
21	Non-physician anesthetist Part B						21
22	Physician Part A - Administrative						22
22.01	Physician Part A - Teaching						22.01
23	Physician Part B		2,938,525		2,938,525		23
24	Wage-related costs (RHC/FQHC)						24
25	Interns & residents (in an approved program)						25
25.50	Home office wage-related						25.50
25.51	Related organization wage-related						25.51
25.52	Home office: Physician Part A - Administrative - wage-related						25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						25.53
OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		493,975		493,975	15,828.80	31.21
27	Administrative & General		8,960,821	60,110	9,020,931	338,478.40	26.65
28	Administrative & General under contract (see instructions)						28
29	Maintenance & Repairs						29
30	Operation of Plant		1,068,200		1,068,200	37,960.00	28.14
31	Laundry & Linen Service		29,527		29,527	2,121.60	13.92
32	Housekeeping		1,440,644		1,440,644	98,155.20	14.68
33	Housekeeping under contract (see instructions)						33
34	Dietary		1,056,458	-766,530	289,928	18,179.20	15.95
35	Dietary under contract (see instructions)						35
36	Cafeteria			665,452	665,452	41,704.00	15.96
37	Maintenance of Personnel						37
38	Nursing Administration		836,727		836,727	23,920.00	34.98
39	Central Services and Supply		775,473	-658,536	116,937		39
40	Pharmacy		1,918,865		1,918,865	40,726.40	47.12
41	Medical Records & Medical Records Library		1,669,791	-116,937	1,552,854	74,630.40	20.81
42	Social Service						42
43	Other General Service						43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	56,646,531		56,646,531	1,947,497.00	29.09	1
2	Excluded area salaries (see instructions)	598,588	297,682	896,270	9,859.20	90.91	2
3	Subtotal salaries (line 1 minus line 2)	56,047,943	-297,682	55,750,261	1,937,637.80	28.77	3
4	Subtotal other wages & related costs (see instructions)	1,717,898		1,717,898	18,068.00	95.08	4

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HOSPITAL WAGE INDEX INFORMATION

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

5	Subtotal wage-related costs (see instructions)		14,463,877		14,463,877		25.94%	5
6	Total (sum of lines 3 through 5)		72,229,718	-297,682	71,932,036	1,955,705.80	36.78	6
7	Total overhead cost (see instructions)		18,250,481	-816,441	17,434,040	691,704.00	25.20	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	1,262,440	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)	10,562,071	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	275,487	10
11	Life Insurance (If employee is owner or beneficiary)	78,366	11
12	Accident Insurance (If employee is owner or beneficiary)	259,111	12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	335,939	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	4,552,211	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	63,326	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	167,924	23
24	Total Wage Related cost (Sum of lines 1-23)	17,556,875	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTS (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract 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)	0.252744	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	17,083,683	2
3	Did you receive DSH or supplemental payments from Medicaid?		3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		5
6	Medicaid charges	62,536,616	6
7	Medicaid cost (line 1 times line 6)	15,805,754	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 fundng 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	7,457,632	1,316,053	8,773,685	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,884,872	332,624	2,217,496	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	1,884,872	332,624	2,217,496	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)	5,768,010	26
27	Medicare bad debts for the entire hospital complex (see instructions)	337,287	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	5,430,723	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,372,583	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	3,590,079	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	3,590,079	31

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RECLASSIFICATION 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	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				4,925,908	4,925,908		4,925,908	1
2	00200	Cap Rel Costs-Mvble Equip				4,847,846	4,847,846		4,847,846	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	493,975	18,153,517	18,647,492	-2,012	18,645,480	-10,334,796	8,310,684	4
5	00500	Administrative & General	8,960,821	20,682,138	29,642,959	-5,654,376	23,988,583	-3,976,900	20,011,683	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,068,200	2,366,755	3,434,955	-24,796	3,410,159		3,410,159	7
8	00800	Laundry & Linen Service	29,527	338,491	368,018	-181	367,837		367,837	8
9	00900	Housekeeping	1,440,644	482,870	1,923,514	-19,176	1,904,338		1,904,338	9
10	01000	Dietary	1,056,458	538,421	1,594,879	-1,199,874	395,005	-18,549	376,456	10
11	01100	Cafeteria				1,004,598	1,004,598	-429,067	575,531	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	836,727	73,281	910,008	-233	909,775		909,775	13
14	01400	Central Services & Supply	775,473	4,460,662	5,236,135	-5,039,418	196,717		196,717	14
15	01500	Pharmacy	1,918,865	5,974,733	7,893,598	-7,353	7,886,245	-63,909	7,822,336	15
16	01600	Medical Records & Library	1,669,791	248,197	1,917,988	-271,785	1,646,203		1,646,203	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
20.01	02001	ALLIED HEALTH EMS				440,745	440,745	-49,483	391,262	20.01
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	PARAMED ED PRGM.(SPECIFY)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	8,653,341	1,078,072	9,731,413	-1,004,885	8,726,528	-540,713	8,185,815	30
31	03100	Intensive Care Unit	3,256,507	816,620	4,073,127	-1,025,536	3,047,591		3,047,591	31
43	04300	Nursery				837,824	837,824		837,824	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	3,544,200	8,261,494	11,805,694	-5,730,333	6,075,361		6,075,361	50
51	05100	Recovery Room	437,676	37,640	475,316	-3,794	471,522		471,522	51
52	05200	Delivery Room & Labor Room				892,312	892,312		892,312	52
53	05300	Anesthesiology		142,281	142,281	-62,551	79,730		79,730	53
54	05400	Radiology-Diagnostic	2,294,495	733,793	3,028,288	-324,565	2,703,723		2,703,723	54
54.01	05401	NUCLEAR MEDICINE	323,044	346,189	669,233	-255	668,978		668,978	54.01
54.02	05402	ULTRASOUND	698,973	212,534	911,507	-116,554	794,953		794,953	54.02
55	05500	Radiology-Therapeutic	459,099	1,020,057	1,479,156	-26,444	1,452,712		1,452,712	55
57	05700	CT Scan	728,093	808,242	1,536,335	-386,494	1,149,841		1,149,841	57
58	05800	MRI	362,360	312,648	675,008	-131,715	543,293		543,293	58
59	05900	Cardiac Catheterization	938,753	1,730,300	2,669,053	-1,157,945	1,511,108		1,511,108	59
59.97	05901	CARDIAC REHAB	220,617	36,202	256,819	-23,076	233,743		233,743	59.97
60	06000	Laboratory	3,439,287	3,419,715	6,859,002	-127,483	6,731,519	-840,866	5,890,653	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,909,615	477,328	2,386,943	-116,696	2,270,247		2,270,247	65
66	06600	Physical Therapy	1,067,142	88,196	1,155,338	-17,481	1,137,857		1,137,857	66
67	06700	Occupational Therapy	707,552	185,114	892,666	-5,846	886,820		886,820	67
68	06800	Speech Pathology	159,015	3,426	162,441	-99	162,342		162,342	68
71	07100	Medical Supplies Charged to Patients				5,189,880	5,189,880		5,189,880	71
72	07200	Impl. Dev. Charged to Patients				6,313,501	6,313,501		6,313,501	72
73	07300	Drugs Charged to Patients								73
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	16,953,475	5,062,742	22,016,217	-925,903	21,090,314	-9,460,636	11,629,678	90
91	09100	Emergency	3,031,087	1,627,811	4,658,898	-499,808	4,159,090	-39,225	4,119,865	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		436,032	436,032	-436,032				113
118		SUBTOTALS (sum of lines 1-117)	67,434,812	80,155,501	147,590,313	109,915	147,700,228	-25,754,144	121,946,084	118
		NONREIMBURSABLE COST CENTERS								
190.0	19001	MEALS ON WHEELS				61,847	61,847		61,847	190.0

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RECLASSIFICATION 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	
191.0 1	19101	PATIENT TRANSPORTATION	213,771	177,990	391,761	-50,638	341,123		341,123	191.0 1
192	19200	Physicians' Private Offices	384,817	169,728	554,545		554,545	-544,653	9,892	192
193	19300	Nonpaid Workers		121,906	121,906	-121,124	782		782	193
200		TOTAL (sum of lines 118-199)	68,033,400	80,625,125	148,658,525		148,658,525	-26,298,797	122,359,728	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	CAFETERIA FOOD SERVICE	A	Cafeteria	11	665,452	339,146	1
2			Administrative & General	5	60,110	30,635	2
3			MEALS ON WHEELS	190.01	40,968	20,879	3
500	Total reclassifications				766,530	390,660	500
	Code Letter - A						
1	EMS PARAMEDICAL EDUCATION COST	B	ALLIED HEALTH EMS	20.01	256,714	184,031	1
500	Total reclassifications				256,714	184,031	500
	Code Letter - B						
1	IMPLANTABLE DEVICES RECLASS	C	Impl. Dev. Charged to Patient	72		5,356,883	1
2			Impl. Dev. Charged to Patient	72		910,363	2
3			Impl. Dev. Charged to Patient	72		46,255	3
500	Total reclassifications					6,313,501	500
	Code Letter - C						
1	CENTRAL SERVICES	D	Central Services & Supply	14	116,937	111,041	1
500	Total reclassifications				116,937	111,041	500
	Code Letter - D						
1	CHARGEABLE SUPPLY COST RECLASS	E	Medical Supplies Charged to P	71	775,473	4,460,662	1
500	Total reclassifications				775,473	4,460,662	500
	Code Letter - E						
1	ICU RECLASS	F	Adults & Pediatrics	30	751,296	113,876	1
500	Total reclassifications				751,296	113,876	500
	Code Letter - F						
1	BUILDING DEPR RECLASS	G	Cap Rel Costs-Bldg & Fixt	1		2,622,265	1
2							2
3							3
4							4
5							5
500	Total reclassifications					2,622,265	500
	Code Letter - G						
1	INTEREST RECLASS	H	Cap Rel Costs-Bldg & Fixt	1		994,386	1
500	Total reclassifications					994,386	500
	Code Letter - H						
1	DEPR LAND FIXED RECLASS	I	Cap Rel Costs-Bldg & Fixt	1		873,225	1
2							2
3							3
4							4
500	Total reclassifications					873,225	500
	Code Letter - I						
1	DEPR MOVEABLE EQUIP RECLASS	J	Cap Rel Costs-Mvble Equip	2		4,847,846	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
22							22
23							23

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
500	Total reclassifications					4,847,846	500
	Code Letter - J						
1	LDR & NURSERY	K	Delivery Room & Labor Room	52	805,447	86,865	1
2			Nursery	43	756,263	81,561	2
500	Total reclassifications				1,561,710	168,426	500
	Code Letter - K						
1	INTEREST EXPENSE	L	Cap Rel Costs-Bldg & Fixt	1		436,032	1
500	Total reclassifications					436,032	500
	Code Letter - L						
	GRAND TOTAL (Increases)				4,228,660	21,515,951	

(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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RECLASSIFICATIONS

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	CAFETERIA FOOD SERVICE	A	Dietary	10	665,452	339,146	1	
2			Dietary	10	60,110	30,635	2	
3			Dietary	10	40,968	20,879	3	
500	Total reclassifications				766,530	390,660	500	
	Code letter - A							
1	EMS PARAMEDICAL EDUCATION COST	B	Emergency	91	256,714	184,031	1	
500	Total reclassifications				256,714	184,031	500	
	Code letter - B							
1	IMPLANTABLE DEVICES RECLASS	C	Operating Room	50		5,356,883	1	
2			Cardiac Catheterization	59		910,363	2	
3			Medical Supplies Charged to P	71		46,255	3	
500	Total reclassifications					6,313,501	500	
	Code letter - C							
1	CENTRAL SERVICES	D	Medical Records & Library	16	116,937	111,041	1	
500	Total reclassifications				116,937	111,041	500	
	Code letter - D							
1	CHARGEABLE SUPPLY COST RECLASS	E	Central Services & Supply	14	775,473	4,460,662	1	
500	Total reclassifications				775,473	4,460,662	500	
	Code letter - E							
1	ICU RECLASS	F	Intensive Care Unit	31	751,296	113,876	1	
500	Total reclassifications				751,296	113,876	500	
	Code letter - F							
1	BUILDING DEPR RECLASS	G	Administrative & General	5		1,861,401	9	
2			Radiology-Therapeutic	55		336	9	
3			Clinic	90		639,404	9	
4							4	
5			Nonpaid Workers	193		121,124	9	
500	Total reclassifications					2,622,265	500	
	Code letter - G							
1	INTEREST RECLASS	H	Administrative & General	5		994,386	11	
500	Total reclassifications					994,386	500	
	Code letter - H							
1	DEPR LAND FIXED RECLASS	I	Administrative & General	5		785,035	9	
2			Medical Records & Library	16		1,157	9	
3			Radiology-Therapeutic	55		184	9	
4			Clinic	90		86,849	9	
500	Total reclassifications					873,225	500	
	Code letter - I							
1	DEPR MOVEABLE EQUIP RECLASS	J	Employee Benefits Department	4		2,012	9	
2			Administrative & General	5		2,104,299	9	
3			Operation of Plant	7		24,796	9	
4			Laundry & Linen Service	8		181	9	
5			Housekeeping	9		19,176	9	
6			Dietary	10		42,684	9	
7			Nursing Administration	13		233	9	
8			Central Services & Supply	14		31,261	9	
9			Pharmacy	15		7,353	9	
10			Medical Records & Library	16		42,650	9	
11			Adults & Pediatrics	30		139,921	9	
12			Intensive Care Unit	31		160,364	9	
13			Operating Room	50		373,450	9	
14			Recovery Room	51		3,794	9	
15			Anesthesiology	53		62,551	9	
16			Radiology-Diagnostic	54		324,565	9	
17			NUCLEAR MEDICINE	54.01		255	9	
18			ULTRASOUND	54.02		116,554	9	
19			Radiology-Therapeutic	55		25,924	9	
20			CT Scan	57		386,494	9	
21			MRI	58		131,715	9	
22			Cardiac Catheterization	59		247,582	9	

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RECLASSIFICATIONS

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	
23			CARDIAC REHAB	59.97		23,076	9	23
24			Laboratory	60		127,483	9	24
25			Respiratory Therapy	65		116,696	9	25
26			Physical Therapy	66		17,481	9	26
27			Occupational Therapy	67		5,846	9	27
28			Speech Pathology	68		99	9	28
29			Clinic	90		199,650	9	29
30			Emergency	91		59,063	9	30
31			PATIENT TRANSPORTATION	191.01		50,638	9	31
500	Total reclassifications					4,847,846		500
	Code letter - J							
1	LDR & NURSERY	K	Adults & Pediatrics	30	805,447	86,865		1
2			Adults & Pediatrics	30	756,263	81,561		2
500	Total reclassifications				1,561,710	168,426		500
	Code letter - K							
1	INTEREST EXPENSE	L	Interest Expense	113		436,032	11	1
500	Total reclassifications					436,032		500
	Code letter - L							
	GRAND TOTAL (Decreases)				4,228,660	21,515,951		

(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.

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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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	7,542,128	2,046,425		2,046,425		9,588,553	1
2	Land Improvements	6,586,215	190,880		190,880		6,777,095	2
3	Buildings and Fixtures	70,549,100	7,789,307		7,789,307		78,338,407	3
4	Building Improvements	1,584,302					1,584,302	4
5	Fixed Equipment	22,130,256	1,660,122		1,660,122		23,790,378	5
6	Movable Equipment	71,318,247	5,246,897		5,246,897		76,565,144	6
7	HIT-designated Assets							7
8	Subtotal (sum of lines 1-7)	179,710,248	16,933,631		16,933,631		196,643,879	8
9	Reconciling Items							9
10	Total (line 7 minus line 9)	179,710,248	16,933,631		16,933,631		196,643,879	10

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

	Description	SUMMARY OF CAPITAL							Total (!) (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
2	Cap Rel Costs-Mvble Equip								2
3	Total (sum of lines 1-2)								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 cost 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				0.000000					1
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	3,495,490		1,430,418				4,925,908	1
2	Cap Rel Costs-Mvble Equip	4,847,846						4,847,846	2
3	Total (sum of lines 1-2)	8,343,336		1,430,418				9,773,754	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.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)	B	-18,300	Administrative & General	5		4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)	B	-132,775	Administrative & General	5		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	-10,842,215				10
11	Sale of scrap, waste, etc. (chapter 23)	B	-1,600	Administrative & General	5		11
12	Related organization transactions (chapter 10)	Wkst A-8-1					12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-429,067	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	B	-63,909	Pharmacy	15		17
18	Sale of medical records and abstracts	B	-870	Administrative & General	5		18
19	Nursing school (tuition, fees, books, etc.)	B	-49,483	ALLIED HEALTH EMS	20.01		19
20	Vending machines						20
21	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	EMPLOYEE SELF INSURANCE	A	-10,334,796	Employee Benefits Department	4		33
34	LIFELINE	A	-74,852	Administrative & General	5		34
35	LOBBYING COSTS	A	-31,053	Administrative & General	5		35
36	EMS TRAINING REVENUE	B	-39,225	Emergency	91		36
37	MEALS ON WHEELS	B	-18,549	Dietary	10		37
38	MISC INCOME	B	-326,820	Administrative & General	5		38
39	PROFESSIONAL FEES CLINIC	A	-544,653	Physicians' Private Offices	192		39
40	MEDICAID ASSESSMENT TAX	B	-3,390,630	Administrative & General	5		40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-26,298,797				50

(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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

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

(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.

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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:

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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 GROUP A	540,713	540,713					1
2	60	Laboratory GROUP B	840,866	840,866					2
3	90	Clinic GROUP C	9,460,636	9,460,636					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
200		TOTAL	10,842,215	10,842,215					200

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	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 GROUP A							540,713	1
2	60	Laboratory GROUP B							840,866	2
3	90	Clinic GROUP C							9,460,636	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
200		TOTAL							10,842,215	200

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MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP	CAP	CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	
		FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	
		ALLOCATION	FIXTURES	EQUIPMENT	DEPARTMEN	(cols.0-4)	GENERAL	
		(from Wkst			T			
		A, col.7)	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	4,925,908	4,925,908					1
2	Cap Rel Costs-Mvble Equip	4,847,846		4,847,846				2
4	Employee Benefits Department	8,310,684	16,033	15,778	8,342,495			4
5	Administrative & General	20,011,683	1,124,808	1,106,984	1,114,265	23,357,740	23,357,740	5
6	Maintenance & Repairs							6
7	Operation of Plant	3,410,159	480,256	472,645	131,944	4,495,004	1,060,515	7
8	Laundry & Linen Service	367,837	46,710	45,970	3,647	464,164	109,511	8
9	Housekeeping	1,904,338	36,120	35,547	177,948	2,153,953	508,186	9
10	Dietary	376,456	145,547	143,240	35,812	701,055	165,401	10
11	Cafeteria	575,531	74,507	73,327	82,197	805,562	190,058	11
12	Maintenance of Personnel							12
13	Nursing Administration	909,775	40,682	40,037	103,353	1,093,847	258,074	13
14	Central Services & Supply	196,717	177,905	175,086	14,444	564,152	133,102	14
15	Pharmacy	7,822,336	28,971	28,511	237,018	8,116,836	1,915,021	15
16	Medical Records & Library	1,646,203	114,549	112,733	191,809	2,065,294	487,269	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
20.01	ALLIED HEALTH EMS	391,262			31,709	422,971	99,792	20.01
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	8,185,815	889,445	875,350	968,758	10,919,368	2,576,228	30
31	Intensive Care Unit	3,047,591	80,643	79,365	309,444	3,517,043	829,783	31
43	Nursery	837,824	15,206	14,965	93,414	961,409	226,827	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	6,075,361	154,350	151,904	437,780	6,819,395	1,608,914	50
51	Recovery Room	471,522	162,139	159,570	54,062	847,293	199,904	51
52	Delivery Room & Labor Room	892,312	11,418	11,237	99,489	1,014,456	239,343	52
53	Anesthesiology	79,730	13,872	13,652		107,254	25,305	53
54	Radiology-Diagnostic	2,703,723	278,849	274,430	283,416	3,540,418	835,298	54
54.01	NUCLEAR MEDICINE	668,978	11,524	11,342	39,902	731,746	172,642	54.01
54.02	ULTRASOUND	794,953	20,914	20,583	86,337	922,787	217,715	54.02
55	Radiology-Therapeutic	1,452,712			56,708	1,509,420	356,120	55
57	CT Scan	1,149,841	32,705	32,187	89,934	1,304,667	307,813	57
58	MRI	543,293	185,775	182,831	44,759	956,658	225,706	58
59	Cardiac Catheterization	1,511,108	41,722	41,061	115,955	1,709,846	403,407	59
59.97	CARDIAC REHAB	233,743			27,251	260,994	61,577	59.97
60	Laboratory	5,890,653	144,853	142,557	424,821	6,602,884	1,557,832	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,270,247	143,626	141,350	235,876	2,791,099	658,510	65
66	Physical Therapy	1,137,857	106,412	104,726	131,813	1,480,808	349,370	66
67	Occupational Therapy	886,820	28,517	28,065	87,397	1,030,799	243,198	67
68	Speech Pathology	162,342	6,269	6,170	19,642	194,423	45,871	68
71	Medical Supplies Charged to Patients	5,189,880			95,786	5,285,666	1,247,058	71
72	Impl. Dev. Charged to Patients	6,313,501				6,313,501	1,489,557	72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	11,629,678	17,313	17,039	2,094,116	13,758,146	3,245,989	90
91	Emergency	4,119,865	294,268	289,604	342,691	5,046,428	1,190,614	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	121,946,084	4,925,908	4,847,846	8,263,497	121,867,086	23,241,510	118
NONREIMBURSABLE COST CENTERS								
190.0	MEALS ON WHEELS	61,847			5,060	66,907	15,786	190.0
191.0	PATIENT TRANSPORTATION	341,123			26,405	367,528	86,712	191.0
192	Physicians' Private Offices	9,892			47,533	57,425	13,548	192
193	Nonpaid Workers	782				782	184	193

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	122,359,728	4,925,908	4,847,846	8,342,495	122,359,728	23,357,740	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	5,555,519						7
8	Laundry & Linen Service	78,522	652,197					8
9	Housekeeping	60,719		2,722,858				9
10	Dietary	244,670		123,000	1,234,126			10
11	Cafeteria	125,250		62,965		1,183,835		11
12	Maintenance of Personnel							12
13	Nursing Administration	68,387		34,380		20,065	1,474,753	13
14	Central Services & Supply	299,066		150,346		33,442		14
15	Pharmacy	48,701		24,483		33,442		15
16	Medical Records & Library	192,561		96,804		60,195		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
20.01	ALLIED HEALTH EMS							20.01
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,495,194	496,375	751,659	939,270	190,617	544,403	30
31	Intensive Care Unit	135,564	111,625	68,150	211,223	56,851	164,483	31
43	Nursery	25,561	44,197	12,850	83,633	16,721	46,743	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	259,468		130,439		80,260	227,444	50
51	Recovery Room	272,563		137,022		8,360	25,405	51
52	Delivery Room & Labor Room	19,193		9,649		16,721	49,805	52
53	Anesthesiology	23,319		11,723				53
54	Radiology-Diagnostic	468,756		235,652		70,227		54
54.01	NUCLEAR MEDICINE	19,373		9,739		5,016		54.01
54.02	ULTRASOUND	35,158		17,674		15,049		54.02
55	Radiology-Therapeutic							55
57	CT Scan	54,979		27,639		16,721		57
58	MRI	312,295		156,996		6,688		58
59	Cardiac Catheterization	70,136		35,259		20,065	55,449	59
59.97	CARDIAC REHAB					5,016		59.97
60	Laboratory	243,504		122,414		90,292		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	241,441		121,377		63,539	179,840	65
66	Physical Therapy	178,883		89,928		28,425		66
67	Occupational Therapy	47,938		24,099		11,705		67
68	Speech Pathology	10,538		5,298		3,344		68
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	29,104		14,631		249,143		90
91	Emergency	494,676		248,682		63,539	181,181	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	5,555,519	652,197	2,722,858	1,234,126	1,165,443	1,474,753	118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS					1,672		190.0
1								1
191.0	PATIENT TRANSPORTATION					8,360		191.0
1								1
192	Physicians' Private Offices					8,360		192
193	Nonpaid Workers							193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
202	TOTAL (sum of lines 118-201)	5,555,519	652,197	2,722,858	1,234,126	1,183,835	1,474,753	202

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	EMS ALLIED HEALTH	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	20.01	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
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	1,180,108						14
15	Pharmacy		10,138,483					15
16	Medical Records & Library			2,902,123				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
20.01	ALLIED HEALTH EMS				522,763			20.01
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			110,934		18,024,048		30
31	Intensive Care Unit			46,085		5,140,807		31
43	Nursery			5,876		1,423,817		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			342,589		9,468,509		50
51	Recovery Room			34,614		1,525,161		51
52	Delivery Room & Labor Room			6,274		1,355,441		52
53	Anesthesiology			39,519		207,120		53
54	Radiology-Diagnostic			120,809		5,271,160		54
54.01	NUCLEAR MEDICINE			41,440		979,956		54.01
54.02	ULTRASOUND			90,277		1,298,660		54.02
55	Radiology-Therapeutic			35,499		1,901,039		55
57	CT Scan			373,996		2,085,815		57
58	MRI			96,778		1,755,121		58
59	Cardiac Catheterization			82,749		2,376,911		59
59.97	CARDIAC REHAB			3,909		331,496		59.97
60	Laboratory			522,268		9,139,194		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			142,032		4,197,838		65
66	Physical Therapy			38,498		2,165,912		66
67	Occupational Therapy			14,775		1,372,514		67
68	Speech Pathology			4,154		263,628		68
71	Medical Supplies Charged to Patients	532,419		84,535		7,149,678		71
72	Impl. Dev. Charged to Patients	647,689		101,035		8,551,782		72
73	Drugs Charged to Patients		10,138,483	177,228		10,315,711		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			87,873		17,384,886		90
91	Emergency			298,377	522,763	8,046,260		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	1,180,108	10,138,483	2,902,123	522,763	121,732,464		118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS					84,365		190.0
1								1
191.0	PATIENT TRANSPORTATION					462,600		191.0
1								1
192	Physicians' Private Offices					79,333		192
193	Nonpaid Workers					966		193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	EMS ALLIED HEALTH	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	20.01	24	25	
202	TOTAL (sum of lines 118-201)	1,180,108	10,138,483	2,902,123	522,763	122,359,728		202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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
20.01	ALLIED HEALTH EMS						20.01
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	18,024,048					30
31	Intensive Care Unit	5,140,807					31
43	Nursery	1,423,817					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	9,468,509					50
51	Recovery Room	1,525,161					51
52	Delivery Room & Labor Room	1,355,441					52
53	Anesthesiology	207,120					53
54	Radiology-Diagnostic	5,271,160					54
54.01	NUCLEAR MEDICINE	979,956					54.01
54.02	ULTRASOUND	1,298,660					54.02
55	Radiology-Therapeutic	1,901,039					55
57	CT Scan	2,085,815					57
58	MRI	1,755,121					58
59	Cardiac Catheterization	2,376,911					59
59.97	CARDIAC REHAB	331,496					59.97
60	Laboratory	9,139,194					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	4,197,838					65
66	Physical Therapy	2,165,912					66
67	Occupational Therapy	1,372,514					67
68	Speech Pathology	263,628					68
71	Medical Supplies Charged to Patients	7,149,678					71
72	Impl. Dev. Charged to Patients	8,551,782					72
73	Drugs Charged to Patients	10,315,711					73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	17,384,886					90
91	Emergency	8,046,260					91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
118	SUBTOTALS (sum of lines 1-117)	121,732,464					118
	NONREIMBURSABLE COST CENTERS						
190.0	MEALS ON WHEELS	84,365					190.0
1							1
191.0	PATIENT TRANSPORTATION	462,600					191.0
1							1
192	Physicians' Private Offices	79,333					192
193	Nonpaid Workers	966					193
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
202	TOTAL (sum of lines 118-201)	122,359,728						202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		16,033	15,778	31,811	31,811		4
5	Administrative & General		1,124,808	1,106,984	2,231,792	4,249	2,236,041	5
6	Maintenance & Repairs							6
7	Operation of Plant		480,256	472,645	952,901	503	101,524	7
8	Laundry & Linen Service		46,710	45,970	92,680	14	10,484	8
9	Housekeeping		36,120	35,547	71,667	679	48,649	9
10	Dietary		145,547	143,240	288,787	137	15,834	10
11	Cafeteria		74,507	73,327	147,834	313	18,194	11
12	Maintenance of Personnel							12
13	Nursing Administration		40,682	40,037	80,719	394	24,706	13
14	Central Services & Supply		177,905	175,086	352,991	55	12,742	14
15	Pharmacy		28,971	28,511	57,482	904	183,327	15
16	Medical Records & Library		114,549	112,733	227,282	731	46,647	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
20.01	ALLIED HEALTH EMS					121	9,553	20.01
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		889,445	875,350	1,764,795	3,694	246,625	30
31	Intensive Care Unit		80,643	79,365	160,008	1,180	79,436	31
43	Nursery		15,206	14,965	30,171	356	21,714	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		154,350	151,904	306,254	1,669	154,023	50
51	Recovery Room		162,139	159,570	321,709	206	19,137	51
52	Delivery Room & Labor Room		11,418	11,237	22,655	379	22,913	52
53	Anesthesiology		13,872	13,652	27,524		2,422	53
54	Radiology-Diagnostic		278,849	274,430	553,279	1,081	79,964	54
54.01	NUCLEAR MEDICINE		11,524	11,342	22,866	152	16,527	54.01
54.02	ULTRASOUND		20,914	20,583	41,497	329	20,842	54.02
55	Radiology-Therapeutic					216	34,092	55
57	CT Scan		32,705	32,187	64,892	343	29,467	57
58	MRI		185,775	182,831	368,606	171	21,607	58
59	Cardiac Catheterization		41,722	41,061	82,783	442	38,619	59
59.97	CARDIAC REHAB					104	5,895	59.97
60	Laboratory		144,853	142,557	287,410	1,620	149,133	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		143,626	141,350	284,976	899	63,040	65
66	Physical Therapy		106,412	104,726	211,138	503	33,446	66
67	Occupational Therapy		28,517	28,065	56,582	333	23,282	67
68	Speech Pathology		6,269	6,170	12,439	75	4,391	68
71	Medical Supplies Charged to Patients					365	119,382	71
72	Impl. Dev. Charged to Patients						142,597	72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		17,313	17,039	34,352	7,986	310,721	90
91	Emergency		294,268	289,604	583,872	1,307	113,979	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)		4,925,908	4,847,846	9,773,754	31,510	2,224,914	118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS					19	1,511	190.0
191.0	PATIENT TRANSPORTATION					101	8,301	191.0
192	Physicians' Private Offices					181	1,297	192
193	Nonpaid Workers						18	193
200	Cross Foot Adjustments							200

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		4,925,908	4,847,846	9,773,754	31,811	2,236,041	202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	1,054,928						7
8	Laundry & Linen Service	14,910	118,088					8
9	Housekeeping	11,530		132,525				9
10	Dietary	46,460		5,987	357,205			10
11	Cafeteria	23,783		3,065		193,189		11
12	Maintenance of Personnel							12
13	Nursing Administration	12,986		1,673		3,274	123,752	13
14	Central Services & Supply	56,789		7,318		5,457		14
15	Pharmacy	9,248		1,192		5,457		15
16	Medical Records & Library	36,565		4,712		9,823		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
20.01	ALLIED HEALTH EMS							20.01
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	283,920	89,875	36,582	271,862	31,107	45,683	30
31	Intensive Care Unit	25,742	20,211	3,317	61,136	9,277	13,802	31
43	Nursery	4,854	8,002	625	24,207	2,729	3,922	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	49,270		6,349		13,098	19,086	50
51	Recovery Room	51,756		6,669		1,364	2,132	51
52	Delivery Room & Labor Room	3,645		470		2,729	4,179	52
53	Anesthesiology	4,428		571				53
54	Radiology-Diagnostic	89,011		11,469		11,460		54
54.01	NUCLEAR MEDICINE	3,679		474		819		54.01
54.02	ULTRASOUND	6,676		860		2,456		54.02
55	Radiology-Therapeutic							55
57	CT Scan	10,440		1,345		2,729		57
58	MRI	59,301		7,641		1,091		58
59	Cardiac Catheterization	13,318		1,716		3,274	4,653	59
59.97	CARDIAC REHAB					819		59.97
60	Laboratory	46,239		5,958		14,735		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	45,847		5,908		10,369	15,091	65
66	Physical Therapy	33,968		4,377		4,639		66
67	Occupational Therapy	9,103		1,173		1,910		67
68	Speech Pathology	2,001		258		546		68
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	5,526		712		40,657		90
91	Emergency	93,933		12,104		10,369	15,204	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	1,054,928	118,088	132,525	357,205	190,188	123,752	118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS					273		190.0
1								1
191.0	PATIENT TRANSPORTATION					1,364		191.0
1								1
192	Physicians' Private Offices					1,364		192
193	Nonpaid Workers							193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
202	TOTAL (sum of lines 118-201)	1,054,928	118,088	132,525	357,205	193,189	123,752	202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	EMS ALLIED HEALTH	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
		14	15	16	20.01	24	25
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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	435,352					14
15	Pharmacy		257,610				15
16	Medical Records & Library			325,760			16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
20.01	ALLIED HEALTH EMS				9,674		20.01
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics			12,447		2,786,590	30
31	Intensive Care Unit			5,171		379,280	31
43	Nursery			659		97,239	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room			38,438		588,187	50
51	Recovery Room			3,884		406,857	51
52	Delivery Room & Labor Room			704		57,674	52
53	Anesthesiology			4,434		39,379	53
54	Radiology-Diagnostic			13,555		759,819	54
54.01	NUCLEAR MEDICINE			4,650		49,167	54.01
54.02	ULTRASOUND			10,129		82,789	54.02
55	Radiology-Therapeutic			3,983		38,291	55
57	CT Scan			41,962		151,178	57
58	MRI			10,858		469,275	58
59	Cardiac Catheterization			9,284		154,089	59
59.97	CARDIAC REHAB			439		7,257	59.97
60	Laboratory			58,741		563,836	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy			15,936		442,066	65
66	Physical Therapy			4,319		292,390	66
67	Occupational Therapy			1,658		94,041	67
68	Speech Pathology			466		20,176	68
71	Medical Supplies Charged to Patients	196,416		9,485		325,648	71
72	Impl. Dev. Charged to Patients	238,936		11,336		392,869	72
73	Drugs Charged to Patients		257,610	19,885		277,495	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic			9,859		409,813	90
91	Emergency			33,478		864,246	91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
118	SUBTOTALS (sum of lines 1-117)	435,352	257,610	325,760		9,749,651	118
	NONREIMBURSABLE COST CENTERS						
190.0	MEALS ON WHEELS					1,803	190.0
1							1
191.0	PATIENT TRANSPORTATION					9,766	191.0
1							1
192	Physicians' Private Offices					2,842	192
193	Nonpaid Workers					18	193
200	Cross Foot Adjustments				9,674	9,674	200
201	Negative Cost Centers						201

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	EMS ALLIED HEALTH	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	20.01	24	25	
202	TOTAL (sum of lines 118-201)	435,352	257,610	325,760	9,674	9,773,754		202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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
20.01	ALLIED HEALTH EMS						20.01
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	2,786,590					30
31	Intensive Care Unit	379,280					31
43	Nursery	97,239					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	588,187					50
51	Recovery Room	406,857					51
52	Delivery Room & Labor Room	57,674					52
53	Anesthesiology	39,379					53
54	Radiology-Diagnostic	759,819					54
54.01	NUCLEAR MEDICINE	49,167					54.01
54.02	ULTRASOUND	82,789					54.02
55	Radiology-Therapeutic	38,291					55
57	CT Scan	151,178					57
58	MRI	469,275					58
59	Cardiac Catheterization	154,089					59
59.97	CARDIAC REHAB	7,257					59.97
60	Laboratory	563,836					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	442,066					65
66	Physical Therapy	292,390					66
67	Occupational Therapy	94,041					67
68	Speech Pathology	20,176					68
71	Medical Supplies Charged to Patients	325,648					71
72	Impl. Dev. Charged to Patients	392,869					72
73	Drugs Charged to Patients	277,495					73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	409,813					90
91	Emergency	864,246					91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
118	SUBTOTALS (sum of lines 1-117)	9,749,651					118
	NONREIMBURSABLE COST CENTERS						
190.0	MEALS ON WHEELS	1,803					190.0
1							1
191.0	PATIENT TRANSPORTATION	9,766					191.0
1							1
192	Physicians' Private Offices	2,842					192
193	Nonpaid Workers	18					193
200	Cross Foot Adjustments	9,674					200
201	Negative Cost Centers						201

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
202	TOTAL (sum of lines 118-201)	9,773,754					202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	184,654						1
2	Cap Rel Costs-Mvble Equip		184,654					2
4	Employee Benefits Department	601	601	67,539,425				4
5	Administrative & General	42,165	42,165	9,020,931	-23,357,740	99,001,988		5
6	Maintenance & Repairs						22,357	6
7	Operation of Plant	18,003	18,003	1,068,200		4,495,004		7
8	Laundry & Linen Service	1,751	1,751	29,527		464,164		8
9	Housekeeping	1,354	1,354	1,440,644		2,153,953		9
10	Dietary	5,456	5,456	289,928		701,055		10
11	Cafeteria	2,793	2,793	665,452		805,562		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,525	1,525	836,727		1,093,847		13
14	Central Services & Supply	6,669	6,669	116,937		564,152		14
15	Pharmacy	1,086	1,086	1,918,865		8,116,836		15
16	Medical Records & Library	4,294	4,294	1,552,854		2,065,294		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
20.01	ALLIED HEALTH EMS			256,714		422,971		20.01
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	33,342	33,342	7,842,927		10,919,368		30
31	Intensive Care Unit	3,023	3,023	2,505,211		3,517,043		31
43	Nursery	570	570	756,263		961,409		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	5,786	5,786	3,544,200		6,819,395		50
51	Recovery Room	6,078	6,078	437,676		847,293		51
52	Delivery Room & Labor Room	428	428	805,447		1,014,456		52
53	Anesthesiology	520	520			107,254		53
54	Radiology-Diagnostic	10,453	10,453	2,294,495		3,540,418		54
54.01	NUCLEAR MEDICINE	432	432	323,044		731,746		54.01
54.02	ULTRASOUND	784	784	698,973		922,787		54.02
55	Radiology-Therapeutic			459,099		1,509,420		55
57	CT Scan	1,226	1,226	728,093		1,304,667		57
58	MRI	6,964	6,964	362,360		956,658		58
59	Cardiac Catheterization	1,564	1,564	938,753		1,709,846		59
59.97	CARDIAC REHAB			220,617		260,994		59.97
60	Laboratory	5,430	5,430	3,439,287		6,602,884		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,384	5,384	1,909,615		2,791,099	5,384	65
66	Physical Therapy	3,989	3,989	1,067,142		1,480,808	3,989	66
67	Occupational Therapy	1,069	1,069	707,552		1,030,799	1,069	67
68	Speech Pathology	235	235	159,015		194,423	235	68
71	Medical Supplies Charged to Patients			775,473		5,285,666		71
72	Impl. Dev. Charged to Patients					6,313,501		72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	649	649	16,953,475		13,758,146	649	90
91	Emergency	11,031	11,031	2,774,373		5,046,428	11,031	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	184,654	184,654	66,899,869	-23,357,740	98,509,346	22,357	118
	NONREIMBURSABLE COST CENTERS							
190.01	MEALS ON WHEELS			40,968		66,907		190.01
191.01	PATIENT TRANSPORTATION			213,771		367,528		191.01
192	Physicians' Private Offices			384,817		57,425		192
193	Nonpaid Workers					782		193
200	Cross foot adjustments							200

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,925,908	4,847,846	8,342,495		23,357,740		202
203	Unit Cost Multiplier (Wkst. B, Part I)	26.676422	26.253674	0.123520		0.235932		203
204	Cost to be allocated (Per Wkst. B, Part II)			31,811		2,236,041		204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000471		0.022586		205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	
		SQUARE FEET	PATIENT DAYS	SQUARE FEET	PATIENT DAYS	FTE'S	SQUARE FEET	
		7	8	9	10	11	12	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	123,885						7
8	Laundry & Linen Service	1,751	16,424					8
9	Housekeeping	1,354		120,780				9
10	Dietary	5,456		5,456	16,424			10
11	Cafeteria	2,793		2,793		708		11
12	Maintenance of Personnel						112,531	12
13	Nursing Administration	1,525		1,525		12	1,525	13
14	Central Services & Supply	6,669		6,669		20	6,669	14
15	Pharmacy	1,086		1,086		20	1,086	15
16	Medical Records & Library	4,294		4,294		36	4,294	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
20.01	ALLIED HEALTH EMS							20.01
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	33,342	12,500	33,342	12,500	114	33,342	30
31	Intensive Care Unit	3,023	2,811	3,023	2,811	34	3,023	31
43	Nursery	570	1,113	570	1,113	10	570	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	5,786		5,786		48	5,786	50
51	Recovery Room	6,078		6,078		5	6,078	51
52	Delivery Room & Labor Room	428		428		10	428	52
53	Anesthesiology	520		520			520	53
54	Radiology-Diagnostic	10,453		10,453		42	10,453	54
54.01	NUCLEAR MEDICINE	432		432		3	432	54.01
54.02	ULTRASOUND	784		784		9	784	54.02
55	Radiology-Therapeutic							55
57	CT Scan	1,226		1,226		10	1,226	57
58	MRI	6,964		6,964		4	6,964	58
59	Cardiac Catheterization	1,564		1,564		12	1,564	59
59.97	CARDIAC REHAB					3		59.97
60	Laboratory	5,430		5,430		54	5,430	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,384		5,384		38	5,384	65
66	Physical Therapy	3,989		3,989		17	3,989	66
67	Occupational Therapy	1,069		1,069		7	1,069	67
68	Speech Pathology	235		235		2	235	68
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	649		649		149	649	90
91	Emergency	11,031		11,031		38	11,031	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	123,885	16,424	120,780	16,424	697	112,531	118
NONREIMBURSABLE COST CENTERS								
190.0	MEALS ON WHEELS					1		190.0
1								1
191.0	PATIENT TRANSPORTATION					5		191.0
1								1
192	Physicians' Private Offices					5		192
193	Nonpaid Workers							193
200	Cross foot adjustments							200
201	Negative cost centers							201

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	
		SQUARE FEET	PATIENT DAYS	SQUARE FEET	PATIENT DAYS	FTE'S	SQUARE FEET	
		7	8	9	10	11	12	
202	Cost to be allocated (Per Wkst. B, Part I)	5,555,519	652,197	2,722,858	1,234,126	1,183,835		202
203	Unit Cost Multiplier (Wkst. B, Part I)	44.844162	39.709998	22.543948	75.141622	1,672.083333		203
204	Cost to be allocated (Per Wkst. B, Part II)	1,054,928	118,088	132,525	357,205	193,189		204
205	Unit Cost Multiplier (Wkst. B, Part II)	8.515381	7.189966	1.097243	21.748965	272.865819		205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION DIRECT NRSGING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	EMS ALLIED HEALTH TIME SPENT	PARAMED EDUCATION ASSIGNED TIME	
	13	14	15	16	20.01	23	
GENERAL SERVICE COST CENTERS							
1 Cap Rel Costs-Bldg & Fixt							1
2 Cap Rel Costs-Mvble Equip							2
4 Employee Benefits Department							4
5 Administrative & General							5
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	641,160						13
14 Central Services & Supply		11,503,381					14
15 Pharmacy			100				15
16 Medical Records & Library				481,643,672			16
17 Social Service							17
19 Nonphysician Anesthetists							19
20 Nursing School							20
20.01 ALLIED HEALTH EMS					100		20.01
21 I&R Services-Salary & Fringes Apprvd							21
22 I&R Services-Other Prgm Costs Apprvd							22
23 PARAMED ED PRGM-(SPECIFY)						100	23
INPATIENT ROUTINE SERV COST CENTERS							
30 Adults & Pediatrics	236,683			18,412,312			30
31 Intensive Care Unit	71,510			7,648,905			31
43 Nursery	20,322			975,203			43
ANCILLARY SERVICE COST CENTERS							
50 Operating Room	98,883			56,861,236			50
51 Recovery Room	11,045			5,745,062			51
52 Delivery Room & Labor Room	21,653			1,041,249			52
53 Anesthesiology				6,559,183			53
54 Radiology-Diagnostic				20,051,292			54
54.01 NUCLEAR MEDICINE				6,878,010			54.01
54.02 ULTRASOUND				14,983,691			54.02
55 Radiology-Therapeutic				5,891,909			55
57 CT Scan				62,074,057			57
58 MRI				16,062,676			58
59 Cardiac Catheterization	24,107			13,734,286			59
59.97 CARDIAC REHAB				648,823			59.97
60 Laboratory				86,647,438			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 Respiratory Therapy	78,187			23,573,816			65
66 Physical Therapy				6,389,629			66
67 Occupational Therapy				2,452,333			67
68 Speech Pathology				689,388			68
71 Medical Supplies Charged to Patients		5,189,880		14,030,703			71
72 Impl. Dev. Charged to Patients		6,313,501		16,769,228			72
73 Drugs Charged to Patients			100	29,415,405			73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 Clinic				14,584,754			90
91 Emergency	78,770			49,523,084	100	100	91
92 Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
118 SUBTOTALS (sum of lines 1-117)	641,160	11,503,381	100	481,643,672	100	100	118
NONREIMBURSABLE COST CENTERS							
190.0 MEALS ON WHEELS							190.0
191.0 PATIENT TRANSPORTATION							191.0
192 Physicians' Private Offices							192
193 Nonpaid Workers							193

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	EMS ALLIED HEALTH TIME SPENT	PARAMED EDUCATION ASSIGNED TIME	
		13	14	15	16	20.01	23	
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,474,753	1,180,108	10,138,483	2,902,123	522,763		202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.300133	0.102588	101,384.830000	0.006025	5,227.630000		203
204	Cost to be allocated (Per Wkst. B, Part II)	123,752	435,352	257,610	325,760	9,674		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.193013	0.037846	2,576.100000	0.000676	96.740000		205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	18,024,048		18,024,048		18,024,048	30
31	Intensive Care Unit	5,140,807		5,140,807		5,140,807	31
43	Nursery	1,423,817		1,423,817		1,423,817	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	9,468,509		9,468,509		9,468,509	50
51	Recovery Room	1,525,161		1,525,161		1,525,161	51
52	Delivery Room & Labor Room	1,355,441		1,355,441		1,355,441	52
53	Anesthesiology	207,120		207,120		207,120	53
54	Radiology-Diagnostic	5,271,160		5,271,160		5,271,160	54
54.01	NUCLEAR MEDICINE	979,956		979,956		979,956	54.01
54.02	ULTRASOUND	1,298,660		1,298,660		1,298,660	54.02
55	Radiology-Therapeutic	1,901,039		1,901,039		1,901,039	55
57	CT Scan	2,085,815		2,085,815		2,085,815	57
58	MRI	1,755,121		1,755,121		1,755,121	58
59	Cardiac Catheterization	2,376,911		2,376,911		2,376,911	59
59.97	CARDIAC REHAB	331,496		331,496		331,496	59.97
60	Laboratory	9,139,194		9,139,194		9,139,194	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	4,197,838		4,197,838		4,197,838	65
66	Physical Therapy	2,165,912		2,165,912		2,165,912	66
67	Occupational Therapy	1,372,514		1,372,514		1,372,514	67
68	Speech Pathology	263,628		263,628		263,628	68
71	Medical Supplies Charged to Patients	7,149,678		7,149,678		7,149,678	71
72	Impl. Dev. Charged to Patients	8,551,782		8,551,782		8,551,782	72
73	Drugs Charged to Patients	10,315,711		10,315,711		10,315,711	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	17,384,886		17,384,886		17,384,886	90
91	Emergency	8,046,260		8,046,260		8,046,260	91
92	Observation Beds (Non-Distinct Part)	2,161,158		2,161,158		2,161,158	92
	OTHER REIMBURSABLE COST CENTERS						
113	Interest Expense						113
200	Subtotal (sum of lines 30 thru 199)	123,893,622		123,893,622		123,893,622	200
201	Less Observation Beds	2,161,158		2,161,158		2,161,158	201
202	Total (line 200 minus line 201)	121,732,464		121,732,464		121,732,464	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	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	14,086,463		14,086,463				30
31	Intensive Care Unit	7,648,905		7,648,905				31
43	Nursery	975,203		975,203				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	17,402,617	39,458,619	56,861,236	0.166520	0.166520	0.166520	50
51	Recovery Room	1,868,606	3,876,456	5,745,062	0.265473	0.265473	0.265473	51
52	Delivery Room & Labor Room	1,041,249		1,041,249	1.301745	1.301745	1.301745	52
53	Anesthesiology	2,321,806	4,237,377	6,559,183	0.031577	0.031577	0.031577	53
54	Radiology-Diagnostic	4,780,528	15,270,764	20,051,292	0.262884	0.262884	0.262884	54
54.01	NUCLEAR MEDICINE	1,035,987	5,842,023	6,878,010	0.142477	0.142477	0.142477	54.01
54.02	ULTRASOUND	1,944,853	13,038,838	14,983,691	0.086672	0.086672	0.086672	54.02
55	Radiology-Therapeutic	2,263	5,889,646	5,891,909	0.322652	0.322652	0.322652	55
57	CT Scan	10,524,594	51,549,463	62,074,057	0.033602	0.033602	0.033602	57
58	MRI	1,962,650	14,100,026	16,062,676	0.109267	0.109267	0.109267	58
59	Cardiac Catheterization	5,662,143	8,072,143	13,734,286	0.173064	0.173064	0.173064	59
59.97	CARDIAC REHAB	2,437	646,386	648,823	0.510919	0.510919	0.510919	59.97
60	Laboratory	24,396,880	62,250,558	86,647,438	0.105476	0.105476	0.105476	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	11,732,585	11,841,231	23,573,816	0.178072	0.178072	0.178072	65
66	Physical Therapy	2,736,815	3,652,814	6,389,629	0.338973	0.338973	0.338973	66
67	Occupational Therapy	1,301,460	1,150,873	2,452,333	0.559677	0.559677	0.559677	67
68	Speech Pathology	437,134	252,254	689,388	0.382409	0.382409	0.382409	68
71	Medical Supplies Charged to Patients	7,305,967	6,724,736	14,030,703	0.509574	0.509574	0.509574	71
72	Impl. Dev. Charged to Patients	12,478,792	4,290,436	16,769,228	0.509969	0.509969	0.509969	72
73	Drugs Charged to Patients	14,485,840	14,929,565	29,415,405	0.350691	0.350691	0.350691	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	23,320	14,561,434	14,584,754	1.191990	1.191990	1.191990	90
91	Emergency	10,579,974	38,943,110	49,523,084	0.162475	0.162475	0.162475	91
92	Observation Beds (Non-Distinct Part)	500,000	3,825,849	4,325,849	0.499592	0.499592	0.499592	92
	OTHER REIMBURSABLE COST CENTERS							
113	Interest Expense							113
200	Subtotal (sum of lines 30 thru 199)	157,239,071	324,404,601	481,643,672				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	157,239,071	324,404,601	481,643,672				202

KPMG LLP Compu-Max 2552-10

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APPORTIONMENT 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	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,786,590		2,786,590	14,203	196.20	7,542	1,479,740	30
31	Intensive Care Unit	379,280		379,280	2,811	134.93	1,333	179,862	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	97,239		97,239	1,113	87.37			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,263,109		3,263,109	18,127		8,875	1,659,602	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0101

**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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	588,187	56,861,236	0.010344	7,213,953	74,621	50
51	Recovery Room	406,857	5,745,062	0.070819	980,289	69,423	51
52	Delivery Room & Labor Room	57,674	1,041,249	0.055389	8,509	471	52
53	Anesthesiology	39,379	6,559,183	0.006004	1,066,845	6,405	53
54	Radiology-Diagnostic	759,819	20,051,292	0.037894	2,854,626	108,173	54
54.01	NUCLEAR MEDICINE	49,167	6,878,010	0.007148	742,491	5,307	54.01
54.02	ULTRASOUND	82,789	14,983,691	0.005525	499,901	2,762	54.02
55	Radiology-Therapeutic	38,291	5,891,909	0.006499			55
57	CT Scan	151,178	62,074,057	0.002435	7,239,029	17,627	57
58	MRI	469,275	16,062,676	0.029215	1,160,525	33,905	58
59	Cardiac Catheterization	154,089	13,734,286	0.011219	1,876,437	21,052	59
59.97	CARDIAC REHAB	7,257	648,823	0.011185	1,283	14	59.97
60	Laboratory	563,836	86,647,438	0.006507	16,210,553	105,482	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	442,066	23,573,816	0.018752	9,718,239	182,236	65
66	Physical Therapy	292,390	6,389,629	0.045760	1,850,971	84,700	66
67	Occupational Therapy	94,041	2,452,333	0.038348	901,368	34,566	67
68	Speech Pathology	20,176	689,388	0.029267	339,702	9,942	68
71	Medical Supplies Charged to Pat	325,648	14,030,703	0.023210	6,164,769	143,084	71
72	Impl. Dev. Charged to Patients	392,869	16,769,228	0.023428	4,899,754	114,791	72
73	Drugs Charged to Patients	277,495	29,415,405	0.009434	8,509,822	80,282	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	409,813	14,584,754	0.028099			90
91	Emergency	864,246	49,523,084	0.017451	5,971,812	104,214	91
92	Observation Beds (Non-Distinct	334,124	4,325,849	0.077239	212,364	16,403	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,820,666	458,933,101		78,423,242	1,215,460	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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APPORTIONMENT 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	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE SERVICE COST CENTERS					
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

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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APPORTIONMENT 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	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	14,203		7,542		30
31	Intensive Care Unit	2,811		1,333		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,113				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	18,127		8,875		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0101

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID 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	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	NUCLEAR MEDICINE							54.01
54.02	ULTRASOUND							54.02
55	Radiology-Therapeutic							55
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.97	CARDIAC REHAB							59.97
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency		522,763			522,763	522,763	91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)		522,763			522,763	522,763	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0101

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID 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	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	56,861,236			7,213,953		10,485,894		50
51	Recovery Room	5,745,062			980,289		1,748,890		51
52	Delivery Room & Labor Room	1,041,249			8,509				52
53	Anesthesiology	6,559,183			1,066,845		920,707		53
54	Radiology-Diagnostic	20,051,292			2,854,626		5,346,830		54
54.01	NUCLEAR MEDICINE	6,878,010			742,491		2,480,902		54.01
54.02	ULTRASOUND	14,983,691			499,901		1,302,786		54.02
55	Radiology-Therapeutic	5,891,909							55
57	CT Scan	62,074,057			7,239,029		15,851,409		57
58	MRI	16,062,676			1,160,525		3,862,368		58
59	Cardiac Catheterization	13,734,286			1,876,437		1,521,229		59
59.97	CARDIAC REHAB	648,823			1,283		317,795		59.97
60	Laboratory	86,647,438			16,210,553		8,347,281		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	23,573,816			9,718,239		4,039,757		65
66	Physical Therapy	6,389,629			1,850,971		100,413		66
67	Occupational Therapy	2,452,333			901,368		41,110		67
68	Speech Pathology	689,388			339,702		3,614		68
71	Medical Supplies Charged to Pat	14,030,703			6,164,769		3,098,093		71
72	Impl. Dev. Charged to Patients	16,769,228			4,899,754		1,425,507		72
73	Drugs Charged to Patients	29,415,405			8,509,822		5,487,832		73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	14,584,754					1,804,463		90
91	Emergency	49,523,084	0.010556	0.010556	5,971,812	63,038	8,440,107	89,094	91
92	Observation Beds (Non-Distinct	4,325,849			212,364		731,082		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	458,933,101			78,423,242	63,038	77,358,069	89,094	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0101

WORKSHEET D
PART V

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

(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	8	9	
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.166520	10,485,894			1,746,111		50	
51	Recovery Room	0.265473	1,748,890			464,283		51	
52	Delivery Room & Labor Room	1.301745						52	
53	Anesthesiology	0.031577	920,707			29,073		53	
54	Radiology-Diagnostic	0.262884	5,346,830			1,405,596		54	
54.01	NUCLEAR MEDICINE	0.142477	2,480,902			353,471		54.01	
54.02	ULTRASOUND	0.086672	1,302,786			112,915		54.02	
55	Radiology-Therapeutic	0.322652						55	
57	CT Scan	0.033602	15,851,409			532,639		57	
58	MRI	0.109267	3,862,368			422,029		58	
59	Cardiac Catheterization	0.173064	1,521,229			263,270		59	
59.97	CARDIAC REHAB	0.510919	317,795			162,368		59.97	
60	Laboratory	0.105476	8,347,281			880,438		60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	Respiratory Therapy	0.178072	4,039,757			719,368		65	
66	Physical Therapy	0.338973	100,413			34,037		66	
67	Occupational Therapy	0.559677	41,110			23,008		67	
68	Speech Pathology	0.382409	3,614			1,382		68	
71	Medical Supplies Charged to Pat	0.509574	3,098,093			1,578,708		71	
72	Impl. Dev. Charged to Patients	0.509969	1,425,507			726,964		72	
73	Drugs Charged to Patients	0.350691	5,487,832			1,924,533		73	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	1.191990	1,804,463			2,150,902		90	
91	Emergency	0.162475	8,440,107			1,371,306		91	
92	Observation Beds (Non-Distinct	0.499592	731,082			365,243		92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		77,358,069			15,267,644		200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		77,358,069			15,267,644		202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0101

WORKSHEET D-1
PART I

Check Title V - I/P Hospital SUB (Other) ICF/IID 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)	14,203	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,203	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)	12,500	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)	7,542	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)	18,024,048	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)	18,024,048	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)	18,024,048	37

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0101

**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

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,269.03	38
39	Program general inpatient routine service cost (line 9 x line 38)					9,571,024	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)					9,571,024	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	5,140,807	2,811	1,828.82	1,333	2,437,817	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,504,267	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					29,513,108	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,659,602	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,278,498	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,938,100	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					26,575,008	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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0101

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/IID 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)					1,703	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,269.03	88
89	Observation bed cost (line 87 x line 88) (see instructions)					2,161,158	89
		Cost	Routine Cost (from line 21)	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	2,786,590	18,024,048	0.154604	2,161,158	334,124	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0101

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/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics		8,530,511		30
31	Intensive Care Unit		1,244,320		31
ANCILLARY SERVICE COST CENTERS					
50	Operating Room	0.166520	7,213,953	1,201,267	50
51	Recovery Room	0.265473	980,289	260,240	51
52	Delivery Room & Labor Room	1.301745	8,509	11,077	52
53	Anesthesiology	0.031577	1,066,845	33,688	53
54	Radiology-Diagnostic	0.262884	2,854,626	750,436	54
54.01	NUCLEAR MEDICINE	0.142477	742,491	105,788	54.01
54.02	ULTRASOUND	0.086672	499,901	43,327	54.02
55	Radiology-Therapeutic	0.322652			55
57	CT Scan	0.033602	7,239,029	243,246	57
58	MRI	0.109267	1,160,525	126,807	58
59	Cardiac Catheterization	0.173064	1,876,437	324,744	59
59.97	CARDIAC REHAB	0.510919	1,283	656	59.97
60	Laboratory	0.105476	16,210,553	1,709,824	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.178072	9,718,239	1,730,546	65
66	Physical Therapy	0.338973	1,850,971	627,429	66
67	Occupational Therapy	0.559677	901,368	504,475	67
68	Speech Pathology	0.382409	339,702	129,905	68
71	Medical Supplies Charged to Patients	0.509574	6,164,769	3,141,406	71
72	Impl. Dev. Charged to Patients	0.509969	4,899,754	2,498,723	72
73	Drugs Charged to Patients	0.350691	8,509,822	2,984,318	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	Clinic	1.191990			90
91	Emergency	0.162475	5,971,812	970,270	91
92	Observation Beds (Non-Distinct Part)	0.499592	212,364	106,095	92
OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-94, and 96-98)		78,423,242	17,504,267	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		78,423,242		202

(A) Worksheet A line numbers

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CALCULATION 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)	17,430,593			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	2,071			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)	856,586			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	1,159,796			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	84.10			4
Indirect Medical Education Adjustment Calculation for Hospitals					
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(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
9	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
10	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
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
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
Disproportionate Share Adjustment					
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0148			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1223			31
32	Sum of lines 30 and 31	0.1371			32
33	Allowable disproportionate share percentage (see instructions)				33
34	Disproportionate share adjustment (see instructions)				34
		Prior to		On or after	
Uncompensated Care Adjustment		October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)				36
Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)					
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

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CALCULATION 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)	18,289,250			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)	18,289,250			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,469,882			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)	63,038			58
59	Total (sum of amounts on lines 49 through 58)	19,822,170			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	19,822,170			61
62	Deductibles billed to program beneficiaries	1,948,268			62
63	Coinsurance billed to program beneficiaries	45,724			63
64	Allowable bad debts (see instructions)	232,705			64
65	Adjusted reimbursable bad debts (see instructions)	151,258			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	136,498			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	17,979,436			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)	127,970			70.93
70.94	HRR adjustment amount (see instructions)	-72,129			70.94
71	Amount due provider (see instructions)	18,035,277			71
71.01	Sequestration adjustment (see instructions)	360,706			71.01
72	Interim payments	17,464,562			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	210,009			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	1,034,087			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0101

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)	15,178,550			2
3	PPS payments	11,099,399			3
4	Outlier payment (see instructions)	8,900			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	89,094			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
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
	CUSTOMARY CHARGES				
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
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	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)	11,197,393			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	2,315,619			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				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)	8,881,774			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)	8,881,774			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	8,881,774			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	286,199			34
35	Adjusted reimbursable bad debts (see instructions)	186,029			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	154,530			36
37	Subtotal (see instructions)	9,067,803			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)	9,067,803			40
40.01	Sequestration adjustment (see instructions)	181,356			40.01
41	Interim payments	8,608,123			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	278,324			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

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0101

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	AMOUNT	mm/dd/yyyy	AMOUNT	
	1	2	3	4	
1 Total interim payments paid to provider		17,464,562		8,608,123	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
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
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)		17,464,562		8,608,123	4
TO BE COMPLETED BY CONTRACTOR					
5 List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (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
Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6 Determined net settlement amount (balance due) based on the cost report (1)	.01				6.01
	.02				6.02
7 Total Medicare program liability (see instructions)					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

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check Hospital CAH
applicable box:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	4,695	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	8,875	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	520	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	15,311	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	481,643,672	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	8,773,685	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)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

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

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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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)

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
CURRENT ASSETS		1	2	3	4
1	Cash on hand and in banks	33,789,731			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	31,143,952			4
5	Other receivables				5
6	Allowances for uncollectible notes and accounts receivable				6
7	Inventory	5,876,435			7
8	Prepaid expenses				8
9	Other current assets	4,143			9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	70,814,261			11
FIXED ASSETS					
12	Land	9,588,553			12
13	Land improvements	6,777,095			13
14	Accumulated depreciation	-4,889,586			14
15	Buildings	78,338,407			15
16	Accumulated depreciation	-38,960,150			16
17	Leasehold improvements	1,584,302			17
18	Accumulated depreciation	-95,431			18
19	Fixed equipment	23,790,378			19
20	Accumulated depreciation	-17,700,214			20
21	Audomobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment	76,761,148			23
24	Accumulated depreciation	-59,854,692			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)	75,339,810			30
OTHER ASSETS					
31	Investments				31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets	61,001,491			34
35	Total other assets (sum of lines 31-34)	61,001,491			35
36	Total assets (sum of lines 11, 30 and 35)	207,155,562			36
Liabilities and Fund Balances (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
CURRENT LIABILITIES		1	2	3	4
37	Accounts payable	13,453,714			37
38	Salaries, wages and fees payable				38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)	2,321,310			40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds	212,873			43
44	Other current liabilities	7,291,456			44
45	Total current liabilities (sum of lines 37 thru 44)	23,279,353			45
LONG TERM LIABILITIES					
46	Mortgage payable				46
47	Notes payable	37,959,022			47
48	Unsecured loans				48
49	Other long term liabilities	8,880,797			49
50	Total long term liabilities (sum of lines 46 thru 49)	46,839,819			50
51	Total liabilities (sum of lines 45 and 50)	70,119,172			51
CAPITAL ACCOUNTS					
52	General fund balance	137,036,390			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

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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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	
	Assets (Omit Cents)	1	2	3	4	
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)	137,036,390				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	207,155,562				60

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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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		126,434,299			1
2	Net income (loss) (from Worksheet G-3, line 29)		10,602,091			2
3	Total (sum of line 1 and line 2)		137,036,390			3
4	Additions (credit adjustments) (specify)					4
5						5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		137,036,390			11
12	Deductions (debit adjustments) (specify)					12
13						13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		137,036,390			19

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

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	25,483,503		25,483,503	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)	25,483,503		25,483,503	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				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)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	25,483,503		25,483,503	17
18	Ancillary services	134,706,527	388,639,439	523,345,966	18
19	Outpatient services				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
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	160,190,030	388,639,439	548,829,469	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		148,658,525	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)		148,658,525	43

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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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)	548,829,469	1
2	Less contractual allowances and discounts on patients' accounts	393,535,965	2
3	Net patient revenues (line 1 minus line 2)	155,293,504	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	148,658,525	4
5	Net income from service to patients (line 3 minus line 4)	6,634,979	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	1,794,605	6
7	Income from investments	2,556,362	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		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr 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 hosptial space		22
23	Governmental appropriations		23
24	Other (ALL OTHER)	28,898	24
24.0	Other (NET SETTLEMENTS DERIVATIVES)	-558,354	24.0
1			1
24.0	Other (CHANGE IN VLAUE INT SWAP AGREEMENTS)	145,604	24.0
2			2
24.0	Other (ROUNDING)	-3	24.0
3			3
25	Total other income (sum of lines 6-24)	3,967,112	25
26	Total (line 5 plus line 25)	10,602,091	26
29	Net income (or loss) for the period (line 26 minus line 28)	10,602,091	29

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0101

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		1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	1,469,882	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)		3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)	1,469,882	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (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

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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ALLOCATION 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	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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
20.01	ALLIED HEALTH EMS						20.01
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	NUCLEAR MEDICINE						54.01
54.02	ULTRASOUND						54.02
55	Radiology-Therapeutic						55
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
59.97	CARDIAC REHAB						59.97
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190.0	MEALS ON WHEELS						190.0
1							1
191.0	PATIENT TRANSPORTATION						191.0
1							1
192	Physicians' Private Offices						192
193	Nonpaid Workers						193
200	Cross Foot Adjustments						200

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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ALLOCATION 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	
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/30/2017 Run Time: 16:18 Version: 2017.01 (05/23/2017)
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REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	Adults & Pediatrics	53.10		12.27				65.37	30
31	Intensive Care Unit	47.42		3.77				51.19	31
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	12.69	18.44					31.13	50
51	Recovery Room	17.06	30.44					47.50	51
52	Delivery Room & Labor Room	0.82						0.82	52
53	Anesthesiology	16.26	14.04					30.30	53
54	Radiology-Diagnostic	14.24	26.67					40.91	54
54.01	NUCLEAR MEDICINE	10.80	36.07					46.87	54.01
54.02	ULTRASOUND	3.34	8.69					12.03	54.02
57	CT Scan	11.66	25.54					37.20	57
58	MRI	7.22	24.05					31.27	58
59	Cardiac Catheterization	13.66	11.08					24.74	59
59.97	CARDIAC REHAB	0.20	48.98					49.18	59.97
60	Laboratory	18.71	9.63					28.34	60
65	Respiratory Therapy	41.22	17.14					58.36	65
66	Physical Therapy	28.97	1.57					30.54	66
67	Occupational Therapy	36.76	1.68					38.44	67
68	Speech Pathology	49.28	0.52					49.80	68
71	Medical Supplies Charged to Pat	43.94	22.08					66.02	71
72	Impl. Dev. Charged to Patients	29.22	8.50					37.72	72
73	Drugs Charged to Patients	28.93	18.66					47.59	73
90	Clinic		12.37					12.37	90
91	Emergency	12.06	17.04					29.10	91
92	Observation Beds (Non-Distinct	4.91	16.90					21.81	92
200	TOTAL CHARGES	17.09	16.86					33.95	200

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	4,925,908	4.03	-4,925,908	-8.84			1
2	Cap Rel Costs-Mvble Equip	4,847,846	3.96	-4,847,846	-8.70			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	8,310,684	6.79	-8,310,684	-14.92			4
5	Administrative & General	20,011,683	16.35	-20,011,683	-35.93			5
6	Maintenance & Repairs							6
7	Operation of Plant	3,410,159	2.79	-3,410,159	-6.12			7
8	Laundry & Linen Service	367,837	0.30	-367,837	-0.66			8
9	Housekeeping	1,904,338	1.56	-1,904,338	-3.42			9
10	Dietary	376,456	0.31	-376,456	-0.68			10
11	Cafeteria	575,531	0.47	-575,531	-1.03			11
12	Maintenance of Personnel							12
13	Nursing Administration	909,775	0.74	-909,775	-1.63			13
14	Central Services & Supply	196,717	0.16	-196,717	-0.35			14
15	Pharmacy	7,822,336	6.39	-7,822,336	-14.04			15
16	Medical Records & Library	1,646,203	1.35	-1,646,203	-2.96			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
20.01	ALLIED HEALTH EMS	391,262	0.32	-391,262	-0.70			20.01
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	8,185,815	6.69	9,838,233	17.66	18,024,048	14.73	30
31	Intensive Care Unit	3,047,591	2.49	2,093,216	3.76	5,140,807	4.20	31
43	Nursery	837,824	0.68	585,993	1.05	1,423,817	1.16	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	6,075,361	4.97	3,393,148	6.09	9,468,509	7.74	50
51	Recovery Room	471,522	0.39	1,053,639	1.89	1,525,161	1.25	51
52	Delivery Room & Labor Room	892,312	0.73	463,129	0.83	1,355,441	1.11	52
53	Anesthesiology	79,730	0.07	127,390	0.23	207,120	0.17	53
54	Radiology-Diagnostic	2,703,723	2.21	2,567,437	4.61	5,271,160	4.31	54
54.01	NUCLEAR MEDICINE	668,978	0.55	310,978	0.56	979,956	0.80	54.01
54.02	ULTRASOUND	794,953	0.65	503,707	0.90	1,298,660	1.06	54.02
55	Radiology-Therapeutic	1,452,712	1.19	448,327	0.80	1,901,039	1.55	55
57	CT Scan	1,149,841	0.94	935,974	1.68	2,085,815	1.70	57
58	MRI	543,293	0.44	1,211,828	2.18	1,755,121	1.43	58
59	Cardiac Catheterization	1,511,108	1.23	865,803	1.55	2,376,911	1.94	59
59.97	CARDIAC REHAB	233,743	0.19	97,753	0.18	331,496	0.27	59.97
60	Laboratory	5,890,653	4.81	3,248,541	5.83	9,139,194	7.47	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,270,247	1.86	1,927,591	3.46	4,197,838	3.43	65
66	Physical Therapy	1,137,857	0.93	1,028,055	1.85	2,165,912	1.77	66
67	Occupational Therapy	886,820	0.72	485,694	0.87	1,372,514	1.12	67
68	Speech Pathology	162,342	0.13	101,286	0.18	263,628	0.22	68
71	Medical Supplies Charged to Patients	5,189,880	4.24	1,959,798	3.52	7,149,678	5.84	71
72	Impl. Dev. Charged to Patients	6,313,501	5.16	2,238,281	4.02	8,551,782	6.99	72
73	Drugs Charged to Patients			10,315,711	18.52	10,315,711	8.43	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	11,629,678	9.50	5,755,208	10.33	17,384,886	14.21	90
91	Emergency	4,119,865	3.37	3,926,395	7.05	8,046,260	6.58	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190.01	MEALS ON WHEELS	61,847	0.05	22,518	0.04	84,365	0.07	190.01
191.01	PATIENT TRANSPORTATION	341,123	0.28	121,477	0.22	462,600	0.38	191.01
192	Physicians' Private Offices	9,892	0.01	69,441	0.12	79,333	0.06	192
193	Nonpaid Workers	782		184		966		193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	122,359,728	100.00			122,359,728	100.00	202

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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	588,187	56,861,236	0.010344	7,213,953	74,621	50
51	Recovery Room	406,857	5,745,062	0.070819	980,289	69,423	51
52	Delivery Room & Labor Room	57,674	1,041,249	0.055389	8,509	471	52
53	Anesthesiology	39,379	6,559,183	0.006004	1,066,845	6,405	53
54	Radiology-Diagnostic	759,819	20,051,292	0.037894	2,854,626	108,173	54
54.01	NUCLEAR MEDICINE	49,167	6,878,010	0.007148	742,491	5,307	54.01
54.02	ULTRASOUND	82,789	14,983,691	0.005525	499,901	2,762	54.02
55	Radiology-Therapeutic	38,291	5,891,909	0.006499			55
57	CT Scan	151,178	62,074,057	0.002435	7,239,029	17,627	57
58	MRI	469,275	16,062,676	0.029215	1,160,525	33,905	58
59	Cardiac Catheterization	154,089	13,734,286	0.011219	1,876,437	21,052	59
59.97	CARDIAC REHAB	7,257	648,823	0.011185	1,283	14	59.97
60	Laboratory	563,836	86,647,438	0.006507	16,210,553	105,482	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	442,066	23,573,816	0.018752	9,718,239	182,236	65
66	Physical Therapy	292,390	6,389,629	0.045760	1,850,971	84,700	66
67	Occupational Therapy	94,041	2,452,333	0.038348	901,368	34,566	67
68	Speech Pathology	20,176	689,388	0.029267	339,702	9,942	68
71	Medical Supplies Charged to Pat	325,648	14,030,703	0.023210	6,164,769	143,084	71
72	Impl. Dev. Charged to Patients	392,869	16,769,228	0.023428	4,899,754	114,791	72
73	Drugs Charged to Patients	277,495	29,415,405	0.009434	8,509,822	80,282	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	409,813	14,584,754	0.028099			90
91	Emergency	864,246	49,523,084	0.017451	5,971,812	104,214	91
92	Observation Beds (Non-Distinct	334,124	4,325,849	0.077239	212,364	16,403	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	6,820,666	458,933,101		78,423,242	1,215,460	200

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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUSTMENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	2,786,590		2,786,590	14,203	196.20	7,542	1,479,740	30
31	Intensive Care Unit	379,280		379,280	2,811	134.93	1,333	179,862	31
200	TOTAL	3,165,870		3,165,870	17,014		8,875	1,659,602	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,659,602
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,215,460
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,875,062
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	2,093
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	8,875
PER DISCHARGE CAPITAL COSTS	1,373.66

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I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	26,575,008
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	88,198,073
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.301

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	2,875,062
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.033

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01 & 2.02 x Worksheet B, Part I, column 26 - columns 20 & 23 / Worksheet C, Part I, column 8) less lines 61, 66-68, 74, 94, 95 & 96) (see CR 5999)	15,120,124
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	77,212,932
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.196