

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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: _____	Time: _____
		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 checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status	6. Date Received: _____		10. NPR Date: _____
	(1) As Submitted	7. Contractor No.: _____		11. Contractor's Vendor Code: ____
	(2) Settled without audit	8. <input type="checkbox"/> Initial Report for this Provider CCN		12. <input type="checkbox"/> If line 5, column 1 is 4:
	(3) Settled with audit	9. <input type="checkbox"/> Final Report for this Provider CCN		Enter number of times reopened = 0-9.
	(4) Reopened			
	(5) Amended			

**PART II - CERTIFICATION**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ROSELAND COMMUNITY HOSPITAL (14-0068) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 04/01/2016 and ending 03/31/2017, 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.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-185,840	15,544	9,296		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		-185,840	15,544	9,296		200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. 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: 45 W. 111TH STREET	P.O. Box:								1
2	City: CHICAGO	State: IL	ZIP Code: 60628-	County: COOK						2

Hospital and Hospital-Based Component Identification:

Component	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	ROSELAND COMMUNITY HOSPITAL	14-0068	16974	1	06 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 04 / 01 / 2016	To: 03 / 31 / 2017							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.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	1	N		23

		In-State Medicaid paid days	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 IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,048		17		8,261	92	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
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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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

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

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, 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)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
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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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
65		1	2	3	4	5	65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
67		1	2	3	4	5	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**

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**

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**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/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.				109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

**Miscellaneous Cost Reporting Information**

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-I, 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:	601,646			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N			121
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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**WORKSHEET S-2  
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	N		140

If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name:	Contractor's Name:		Contractor's Number:	141
142	Street:	P.O. Box:			142
143	City:	State:	ZIP Code:		143
144	Are provider based physicians' costs included in Worksheet A?	Y			144
145	If costs for renal services are claimed on 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			
		1	2	3	4	
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.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
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)	0.25			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	04 / 01 / 2016	03 / 31 / 2017		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

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

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.  
Enter all dates in the mm/dd/yyyy format.**

**COMPLETED BY ALL HOSPITALS**

		Y/N	Date		
<b>Provider Organization and Operation</b>					
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	
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	
<b>Financial Data and Reports</b>					
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	N			4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
<b>Approved Educational Activities</b>				
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
<b>Bad Debts</b>			
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
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	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	07/10/2017	Y	07/10/2017
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.  
Enter all dates in the mm/dd/yyyy format.**

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

Capital Related Cost			
22	Have assets been relieved 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: RAJ	Last name: SHAH	Title: MANAGER
42	Employer: STRATEGIC REIMBURSEMENT GROUP LLC		
43	Phone number: 630-530-7100 X 107	E-mail Address: RAJ.SHAH@SRGROUPLLC.COM	

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

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		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	94	34,310			2,829	880	10,846	1
2	HMO and other (see instructions)						583	8,370		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)		94	34,310			2,829	880	10,846	7
8	Intensive Care Unit	31	10	3,650			539	168	1,759	8
9	Coronary Care Unit	32	30	10,950					2,329	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							407	13
14	Total (see instructions)		134	48,910			3,368	1,048	15,341	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)		134							27
28	Observation Bed Days							11	216	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									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

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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)					670	244	3,314	1
2	HMO and other (see instructions)					103	1,947		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)		407.42			670	244	3,314	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)		407.42						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**HOSPITAL WAGE INDEX INFORMATION**

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

**Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	200	25,299,958	-502,826	24,797,132	847,441.00	29.26	1
2							2
3							3
4		75,000		75,000	975.00	76.92	4
4.01							4.01
5		652,035		652,035	4,842.00	134.66	5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		223,525		223,525	6,773.00	33.00	10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11		715,274		715,274	8,930.00	80.10	11
12							12
13							13
14							14
14.01							14.01
14.02							14.02
15							15
16							16
<b>WAGE-RELATED COSTS</b>							
17		4,287,626		4,287,626			17
18							18
19		37,270		37,270			19
20							20
21							21
22		8,906		8,906			22
22.01							22.01
23		67,342		67,342			23
24							24
25							25
25.50							25.50
25.51							25.51
25.52							25.52
25.53							25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26		1,061,789	-855,383	206,406	9,851.00	20.95	26
27		5,814,495	352,557	6,167,052	208,948.00	29.51	27
28		173,818		173,818	2,601.00	66.83	28
29							29
30		769,938		769,938	23,526.00	32.73	30
31							31
32		653,895		653,895	51,079.00	12.80	32
33							33
34		579,139	-180,120	399,019	38,592.00	10.34	34
35							35
36			180,120	180,120			36
37							37
38		1,361,965		1,361,965	29,965.00	45.45	38
39		92,327		92,327	3,804.00	24.27	39
40		528,095		528,095	15,132.00	34.90	40
41		322,863		322,863	15,934.00	20.26	41
42		65,871		65,871	4,810.00	13.69	42
43							43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)	24,821,741	-502,826	24,318,915	845,200.00	28.77	1
2	Excluded area salaries (see instructions)	223,525		223,525	6,773.00	33.00	2
3	Subtotal salaries (line 1 minus line 2)	24,598,216	-502,826	24,095,390	838,427.00	28.74	3
4	Subtotal other wages & related costs (see instructions)	715,274		715,274	8,930.00	80.10	4
5	Subtotal wage-related costs (see instructions)	4,296,532		4,296,532		17.83%	5
6	Total (sum of lines 3 through 5)	29,610,022	-502,826	29,107,196	847,357.00	34.35	6
7	Total overhead cost (see instructions)	11,424,195	-502,826	10,921,369	404,242.00	27.02	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	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions	189,506	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)	2,005,312	8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	101,976	10
11	Life Insurance (If employee is owner or beneficiary)	32,371	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	85,080	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	248,335	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	1,743,302	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	-4,738	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement		23
24	Total Wage Related cost (Sum of lines 1-23)	4,401,144	24

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

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

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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	889,092	4,401,144	1
2	Hospital	889,092	4,401,144	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

# KPMG LLP Compu-Max 2552-10

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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)		0.351773	1
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### Medicaid (see instructions for each line)

2	Net revenue from Medicaid		33,257,613	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid			5
6	Medicaid charges		65,251,142	6
7	Medicaid cost (line 1 times line 6)		22,953,590	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	3,630,657		3,630,657	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,277,167		1,277,167	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	1,277,167		1,277,167	23
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)				25
26	Total bad debt expense for the entire hospital complex (see instructions)			24,112,384	26
27	Medicare bad debts for the entire hospital complex (see instructions)			168,648	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			23,943,736	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			8,422,760	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			9,699,927	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,699,927	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- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	Cap Rel Costs-Bldg & Fixt		1,011,434	1,011,434	-546,800	464,634	-161,823	302,811	1
2	00200	Cap Rel Costs-Mvble Equip				757,140	757,140		757,140	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,061,789	3,763,856	4,825,645		4,825,645		4,825,645	4
5.01	00540	NONPATIENT TELEPHONES	72,127	229,930	302,057		302,057		302,057	5.01
5.02	00550	DATA PROCESSING	639,042	774,969	1,414,011		1,414,011		1,414,011	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	273,947	39,506	313,453		313,453		313,453	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	653,915	188,296	842,211		842,211		842,211	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	4,175,464	4,243,483	8,418,947	-210,340	8,208,607	-490,575	7,718,032	5.05
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	769,938	1,859,290	2,629,228		2,629,228		2,629,228	7
8	00800	Laundry & Linen Service								8
9	00900	Housekeeping	653,895	538,486	1,192,381		1,192,381		1,192,381	9
10	01000	Dietary	579,139	563,350	1,142,489	-355,329	787,160	-2,432	784,728	10
11	01100	Cafeteria				355,329	355,329	-83,191	272,138	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,361,965	68,079	1,430,044		1,430,044		1,430,044	13
14	01400	Central Services & Supply	92,327	31,991	124,318		124,318		124,318	14
15	01500	Pharmacy	528,095	1,397,378	1,925,473	-1,183,825	741,648		741,648	15
16	01600	Medical Records & Library	322,863	455,430	778,293		778,293		778,293	16
17	01700	Social Service	65,871		65,871		65,871		65,871	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
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
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	4,491,620	1,001,453	5,493,073	-1,861,231	3,631,842	-748,299	2,883,543	30
31	03100	Intensive Care Unit	1,285,460	458,220	1,743,680	-71,213	1,672,467	-78,000	1,594,467	31
32	03200	Coronary Care Unit	1,001,453	774,238	1,775,691		1,775,691		1,775,691	32
43	04300	Nursery	372,535	13,782	386,317	-13,704	372,613		372,613	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	778,316	496,305	1,274,621	-262,169	1,012,452	-395,061	617,391	50
52	05200	Delivery Room & Labor Room					1,639,070		1,639,070	52
53	05300	Anesthesiology		1,116,557	1,116,557	-8,114	1,108,443	-1,073,496	34,947	53
54	05400	Radiology-Diagnostic	1,297,746	888,141	2,185,887	-77,908	2,107,979		2,107,979	54
60	06000	Laboratory	986,081	508,777	1,494,858	-120,321	1,374,537		1,374,537	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.				120,321	120,321		120,321	63
65	06500	Respiratory Therapy		2,152	2,152	-2,152				65
66	06600	Physical Therapy	125,450	71,482	196,932	-94	196,838		196,838	66
69.01	06901	CARDIOPULMONARY	997,354	712,735	1,710,089	-70,115	1,639,974	-174,000	1,465,974	69.01
71	07100	Medical Supplies Charged to Patients					1,008,810		1,008,810	71
73	07300	Drugs Charged to Patients				1,183,825	1,183,825		1,183,825	73
74	07400	Renal Dialysis		235,678	235,678	-1,495	234,183		234,183	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		6,518	6,518	-18	6,500		6,500	76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	09100	Emergency	2,490,041	2,061,901	4,551,942	-279,667	4,272,275	-1,205,832	3,066,443	91
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	23-HR OBSERVATION								92.01
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	25,076,433	23,513,417	48,589,850		48,589,850	-4,412,709	44,177,141	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
192	19200	Physicians' Private Offices	128,152	7,066	135,218		135,218		135,218	192
194	07950	FOUNDATION	95,373	15,081	110,454		110,454		110,454	194
200		TOTAL (sum of lines 118-199)	25,299,958	23,535,564	48,835,522		48,835,522	-4,412,709	44,422,813	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	OB DELIVERY	B	Delivery Room & Labor Room	52	761,130	877,940	1
500	Total reclassifications				761,130	877,940	500
	Code Letter - B						
1	PROPERTY INSURANCE RECLASS	C	Cap Rel Costs-Bldg & Fixt	1		205,399	1
2			Cap Rel Costs-Mvble Equip	2		4,941	2
500	Total reclassifications					210,340	500
	Code Letter - C						
1	CHARGEABLEMEDICAL SUPPLIES	D	Medical Supplies Charged to P	71		1,008,810	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
500	Total reclassifications					1,008,810	500
	Code Letter - D						
1	DRUGS SOLD RECLASS	E	Drugs Charged to Patients	73		1,183,825	1
500	Total reclassifications					1,183,825	500
	Code Letter - E						
1	DIETARY-CAFETERIA	F	Cafeteria	11	180,120	175,209	1
500	Total reclassifications				180,120	175,209	500
	Code Letter - F						
1	HEALTH INSURANCE EXP	G	Employee Benefits Department	4		855,383	1
500	Total reclassifications					855,383	500
	Code Letter - G						
1	BLOOD COST	H	Blood Storing, Processing & T	63		120,321	1
500	Total reclassifications					120,321	500
	Code Letter - H						
1	VACATION EXP	I	OTHER ADMINISTRATIVE AND GENE	5.05	352,557		1
500	Total reclassifications				352,557		500
	Code Letter - I						
1	DEPRECIATION EXPENSE	J	Cap Rel Costs-Mvble Equip	2		752,199	1
500	Total reclassifications					752,199	500
	Code Letter - J						
	<b>GRAND TOTAL (Increases)</b>				<b>1,293,807</b>	<b>5,184,027</b>	

(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	OB DELIVERY	B	Adults & Pediatrics	30	761,130	877,940		
500	Total reclassifications				761,130	877,940	1	
	Code letter - B						500	
1	PROPERTY INSURANCE RECLASS	C	OTHER ADMINISTRATIVE AND GENE	5.05		210,340	12	
2							12	
500	Total reclassifications					210,340	500	
	Code letter - C							
1	CHARGEABLEMEDICAL SUPPLIES	D	Adults & Pediatrics	30		222,161		
2			Intensive Care Unit	31		71,213		
3			Nursery	43		13,704		
4			Operating Room	50		262,169		
5			Anesthesiology	53		8,114		
6			Radiology-Diagnostic	54		77,908		
7			Respiratory Therapy	65		2,152		
8			Physical Therapy	66		94		
9			CARDIOPULMONARY	69.01		70,115		
10			Renal Dialysis	74		1,495		
11			HYPERBARIC OXYGEN THERAPY	76.98		18		
12			Emergency	91		279,667		
500	Total reclassifications					1,008,810	500	
	Code letter - D							
1	DRUGS SOLD RECLASS	E	Pharmacy	15		1,183,825		
500	Total reclassifications					1,183,825	1	
	Code letter - E						500	
1	DIETARY-CAFETERIA	F	Dietary	10	180,120	175,209		
500	Total reclassifications				180,120	175,209	1	
	Code letter - F						500	
1	HEALTH INSURANCE EXP	G	Employee Benefits Department	4	855,383			
500	Total reclassifications				855,383		1	
	Code letter - G						500	
1	BLOOD COST	H	Laboratory	60		120,321		
500	Total reclassifications					120,321	1	
	Code letter - H						500	
1	VACATION EXP	I	OTHER ADMINISTRATIVE AND GENE	5.05		352,557		
500	Total reclassifications					352,557	1	
	Code letter - I						500	
1	DEPRECIATION EXPENSE	J	Cap Rel Costs-Bldg & Fixt	1		752,199	9	
500	Total reclassifications					752,199	1	
	Code letter - J						500	
	GRAND TOTAL (Decreases)				1,796,633	4,681,201		

(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.

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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	934,453					934,453		1
2	Land Improvements								2
3	Buildings and Fixtures								3
4	Building Improvements	7,338					7,338		4
5	Fixed Equipment								5
6	Movable Equipment	22,468,365				40,045	22,428,320		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	23,410,156				40,045	23,370,111		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	23,410,156				40,045	23,370,111		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	752,199		259,235					1,011,434	1
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)	752,199		259,235					1,011,434	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 line 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	7,338		7,338	0.000327					1
2	Cap Rel Costs-Mvble Equip	22,428,320		22,428,320	0.999673					2
3	Total (sum of lines 1-2)	22,435,658		22,435,658	1.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt		-72,351	259,235	115,927				302,811	1
2	Cap Rel Costs-Mvble Equip	752,199			4,941				757,140	2
3	Total (sum of lines 1-2)	752,199	-72,351	259,235	120,868				1,059,951	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)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-3,932,618			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1				12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-83,191	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines	B	-2,432	Dietary	10	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	AHA/IHA/MCHC NON-ALLOWABLE	A	-3,085	OTHER ADMINISTRATIVE AND GENERAL	5.05	33
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41	RCH SUITE RENTAL	B	-72,351	Cap Rel Costs-Bldg & Fixt	1	10
42	MISC INCOME	B	-807	OTHER ADMINISTRATIVE AND GENERAL	5.05	42
43						43
44						44
45	INTEREST-TAX PENALTY	A	-89,472	Cap Rel Costs-Bldg & Fixt	1	12
45.04	MISC OTHER ADMIN REV	B	-228,753	OTHER ADMINISTRATIVE AND GENERAL	5.05	45.04
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-4,412,709			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
- (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:

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

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.05	OTHER ADMINISTRATIVE AGGREGATE	328,911	257,930	70,981	211,500	975	99,141	4,957	1
2	30	Adults & Pediatrics AGGREGATE	748,299	748,299						2
3	31	Intensive Care Unit AGGREGATE	78,000	78,000						3
4	50	Operating Room AGGREGATE	395,061	395,061						4
5										5
6	53	Anesthesiology AGGREGATE	1,073,496	1,073,496						6
7	69.01	CARDIOPULMONARY AGGREGATE	174,000	174,000						7
8	91	Emergency AGGREGATE	1,205,832	1,205,832						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	4,003,599	3,932,618	70,981		975	99,141	4,957	200

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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 Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.05	OTHER ADMINISTRATIVE AGGREGATE					99,141		257,930	1
2	30	Adults & Pediatrics AGGREGATE							748,299	2
3	31	Intensive Care Unit AGGREGATE							78,000	3
4	50	Operating Room AGGREGATE							395,061	4
5										5
6	53	Anesthesiology AGGREGATE							1,073,496	6
7	69.01	CARDIOPULMONARY AGGREGATE							174,000	7
8	91	Emergency AGGREGATE							1,205,832	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					99,141		3,932,618	200

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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 MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE S	DATA PROCE SSING	
		0	1	2	4	5.01	5.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	302,811	302,811					1
2	Cap Rel Costs-Mvble Equip	757,140		757,140				2
4	Employee Benefits Department	4,825,645	2,356	1,871	4,829,872			4
5.01	NONPATIENT TELEPHONES	302,057			14,166	316,223		5.01
5.02	DATA PROCESSING	1,414,011	1,478	239,700	125,514	34,814	1,815,517	5.02
5.03	PURCHASING RECEIVING AND STORES	313,453	4,312	987	53,806	8,703	49,740	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	842,211		9,793	128,435	16,440	161,656	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	7,718,032	86,511	18,575	889,356	90,903	584,448	5.05
6	Maintenance & Repairs							6
7	Operation of Plant	2,629,228	5,326	5,152	151,224	12,572	24,870	7
8	Laundry & Linen Service							8
9	Housekeeping	1,192,381	2,632	4,930	128,432	1,934		9
10	Dietary	784,728	8,891	8,820	78,371	9,670	24,870	10
11	Cafeteria	272,138			35,377			11
12	Maintenance of Personnel							12
13	Nursing Administration	1,430,044		5,754	267,504	3,868		13
14	Central Services & Supply	124,318	5,353	6,467	18,134		12,435	14
15	Pharmacy	741,648	1,529		103,723	8,703	49,740	15
16	Medical Records & Library	778,293	3,508	10,387	63,414	14,506	136,786	16
17	Social Service	65,871			12,938			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	2,883,543	49,701	121,995	732,706	26,110	335,746	30
31	Intensive Care Unit	1,594,467	6,224	19,117	252,477	1,934	12,435	31
32	Coronary Care Unit	1,775,691	29,189	71,651	196,695			32
43	Nursery	372,613	7,313	4,343	73,170			43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	617,391	17,676	79,254	152,869	27,077	24,870	50
52	Delivery Room & Labor Room	1,639,070	9,216	8,271	149,494			52
53	Anesthesiology	34,947		12,985				53
54	Radiology-Diagnostic	2,107,979	9,625	92,870	254,890	15,473		54
60	Laboratory	1,374,537	7,335		193,676	20,308	211,396	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	120,321						63
65	Respiratory Therapy							65
66	Physical Therapy	196,838		6,407	24,640	8,703		66
69.01	CARDIOPULMONARY	1,465,974	2,472	15,339	195,890	10,637	99,480	69.01
71	Medical Supplies Charged to Patients	1,008,810						71
73	Drugs Charged to Patients	1,183,825		74				73
74	Renal Dialysis	234,183						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	6,500				967		76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	3,066,443	33,343	12,398	489,069		87,045	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	44,177,141	293,990	757,140	4,785,970	313,322	1,815,517	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		774			2,901		190
192	Physicians' Private Offices	135,218	8,047		25,170			192
194	FOUNDATION	110,454			18,732			194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	44,422,813	302,811	757,140	4,829,872	316,223	1,815,517	202

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	PURCHASING RECEIVING AND STORE 5.03	CASHIERING /ACCOUNTS RECEIVABLE 5.04	SUBTOTAL (cols.0-4) 4A	OTHER ADMINISTRATIVE AND GENER 5.05	OPERATION OF PLANT 7	HOUSE-KEEPING 9	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES	431,001						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE		1,158,535					5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL			9,387,825	9,387,825			5.05
6	Maintenance & Repairs							6
7	Operation of Plant			2,828,372	757,879	3,586,251		7
8	Laundry & Linen Service							8
9	Housekeeping			1,330,309	356,464	46,535	1,733,308	9
10	Dietary			915,350	245,274	157,212	29,923	10
11	Cafeteria			307,515	82,400		29,923	11
12	Maintenance of Personnel							12
13	Nursing Administration			1,707,170	457,446		14,977	13
14	Central Services & Supply			166,707	44,670	94,642	36,354	14
15	Pharmacy			905,343	242,592	27,041	14,977	15
16	Medical Records & Library			1,006,894	269,803	62,020	25,665	16
17	Social Service			78,809	21,117			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	102,038	274,228	4,526,067	1,212,778	878,779	692,875	30
31	Intensive Care Unit	17,085	45,927	1,949,666	522,425	110,049	25,665	31
32	Coronary Care Unit	18,575	49,932	2,141,733	573,890	516,089	406,911	32
43	Nursery	990	2,661	461,090	123,552	129,307	14,977	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	4,631	12,449	936,217	250,865	312,538	85,511	50
52	Delivery Room & Labor Room	3,358	9,027	1,818,436	487,261	162,951	22,450	52
53	Anesthesiology	2,984	8,022	58,938	15,793		3,216	53
54	Radiology-Diagnostic	34,662	93,178	2,608,677	699,011	170,182	57,732	54
60	Laboratory	34,177	91,874	1,933,303	518,040	129,700	40,611	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,369	6,367	129,057	34,582			63
65	Respiratory Therapy							65
66	Physical Therapy	770	2,070	239,428	64,156		10,689	66
69.01	CARDIOPULMONARY	43,393	116,647	1,949,832	522,469	43,705	18,591	69.01
71	Medical Supplies Charged to Patients	48,807	131,201	1,188,818	318,551			71
73	Drugs Charged to Patients	34,373	92,400	1,310,672	351,202		3,216	73
74	Renal Dialysis	2,880	7,743	244,806	65,597			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	5	13	7,485	2,006			76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	Emergency	79,904	214,796	3,982,998	1,067,268	589,547	171,052	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
118	SUBTOTALS (sum of lines 1-117)	431,001	1,158,535	44,121,517	9,307,091	3,430,297	1,705,315	118
<b>NONREIMBURSABLE COST CENTERS</b>								
190	Gift, Flower, Coffee Shop & Canteen			3,675	985	13,677		190
192	Physicians' Private Offices			168,435	45,133	142,277	27,993	192
194	FOUNDATION			129,186	34,616			194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	431,001	1,158,535	44,422,813	9,387,825	3,586,251	1,733,308	202

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES							5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE							5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	1,347,759						10
11	Cafeteria		419,838					11
12	Maintenance of Personnel							12
13	Nursing Administration			24,557	2,204,150			13
14	Central Services & Supply			3,119		345,492		14
15	Pharmacy						1,202,359	15
16	Medical Records & Library							16
17	Social Service						1,377,436	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	790,971	97,837	807,328			326,028	30
31	Intensive Care Unit	92,268	31,306	258,327			54,606	31
32	Coronary Care Unit	464,520	57,464	474,186			59,367	32
43	Nursery		7,515	62,015			3,164	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		15,099	124,593			14,802	50
52	Delivery Room & Labor Room		937	7,734			10,733	52
53	Anesthesiology						9,538	53
54	Radiology-Diagnostic		34,424			130,175	110,785	54
60	Laboratory		38,224				109,235	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						7,570	63
65	Respiratory Therapy							65
66	Physical Therapy		3,357				2,461	66
69.01	CARDIOPULMONARY		16,582				138,689	69.01
71	Medical Supplies Charged to Patients				345,492		155,993	71
73	Drugs Charged to Patients					1,072,184	109,860	73
74	Renal Dialysis						9,206	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY						16	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency		56,953	469,967			255,383	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,347,759	416,771	2,204,150	345,492	1,202,359	1,377,436	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
194	FOUNDATION		3,067					194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,347,759	419,838	2,204,150	345,492	1,202,359	1,377,436	202

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		17	24	25	26		
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service	103,863					17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	80,151	9,412,814		9,412,814		30
31	Intensive Care Unit	6,501	3,050,813		3,050,813		31
32	Coronary Care Unit	17,211	4,711,371		4,711,371		32
43	Nursery		801,620		801,620		43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		1,739,625		1,739,625		50
52	Delivery Room & Labor Room		2,510,502		2,510,502		52
53	Anesthesiology		87,485		87,485		53
54	Radiology-Diagnostic		3,810,986		3,810,986		54
60	Laboratory		2,769,113		2,769,113		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		171,209		171,209		63
65	Respiratory Therapy						65
66	Physical Therapy		320,091		320,091		66
69.01	CARDIOPULMONARY		2,689,868		2,689,868		69.01
71	Medical Supplies Charged to Patients		2,008,854		2,008,854		71
73	Drugs Charged to Patients		2,847,134		2,847,134		73
74	Renal Dialysis		319,609		319,609		74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY		9,507		9,507		76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency		6,593,168		6,593,168		91
92	Observation Beds (Non-Distinct Part)						92
92.01	23-HR OBSERVATION						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	103,863	43,853,769		43,853,769		118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen		18,337		18,337		190
192	Physicians' Private Offices		383,838		383,838		192
194	FOUNDATION		166,869		166,869		194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	103,863	44,422,813		44,422,813		202

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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 MOVEABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE S	
		0	1	2	2A	4	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		2,356	1,871	4,227	4,227		4
5.01	NONPATIENT TELEPHONES	228,280			228,280	12	228,292	5.01
5.02	DATA PROCESSING	32,706	1,478	239,700	273,884	110	25,133	5.02
5.03	PURCHASING RECEIVING AND STORES	14,030	4,312	987	19,329	47	6,283	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE			9,793	9,793	112	11,868	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	688,128	86,511	18,575	793,214	777	65,627	5.05
6	Maintenance & Repairs							6
7	Operation of Plant		5,326	5,152	10,478	132	9,076	7
8	Laundry & Linen Service							8
9	Housekeeping		2,632	4,930	7,562	112	1,396	9
10	Dietary		8,891	8,820	17,711	69	6,981	10
11	Cafeteria					31		11
12	Maintenance of Personnel							12
13	Nursing Administration			5,754	5,754	234	2,793	13
14	Central Services & Supply		5,353	6,467	11,820	16		14
15	Pharmacy	17,565	1,529		19,094	91	6,283	15
16	Medical Records & Library		3,508	10,387	13,895	56	10,472	16
17	Social Service					11		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	2,411	49,701	121,995	174,107	642	18,850	30
31	Intensive Care Unit	1,620	6,224	19,117	26,961	221	1,396	31
32	Coronary Care Unit		29,189	71,651	100,840	172		32
43	Nursery		7,313	4,343	11,656	64		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	10,979	17,676	79,254	107,909	134	19,548	50
52	Delivery Room & Labor Room		9,216	8,271	17,487	131		52
53	Anesthesiology	7,184		12,985	20,169			53
54	Radiology-Diagnostic	90,785	9,625	92,870	193,280	223	11,170	54
60	Laboratory	169,822	7,335		177,157	170	14,661	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy	61,788		6,407	68,195	22	6,283	66
69.01	CARDIOPULMONARY	312,280	2,472	15,339	330,091	172	7,680	69.01
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients			74	74			73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY						698	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency		33,343	12,398	45,741	428		91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,637,578	293,990	757,140	2,688,708	4,189	226,198	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		774		774		2,094	190
192	Physicians' Private Offices		8,047		8,047	22		192
194	FOUNDATION					16		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,637,578	302,811	757,140	2,697,529	4,227	228,292	202

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DATA PROCES- SSING	PURCHASING RECEIVING AND STORE	CASHIERING /ACCOUNTS RECEIVABLE	OTHER ADMI- NISTRATIVE AND GENER	OPERATION OF PLANT	HOUSE- KEEPING	
		5.02	5.03	5.04	5.05	7	9	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING	299,127						5.02
5.03	PURCHASING RECEIVING AND STORES	8,195	33,854					5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	26,635		48,408				5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	96,292			955,910			5.05
6	Maintenance & Repairs							6
7	Operation of Plant	4,098			77,169	100,953		7
8	Laundry & Linen Service							8
9	Housekeeping				36,296	1,310	46,676	9
10	Dietary	4,098			24,974	4,426	806	10
11	Cafeteria				8,390		806	11
12	Maintenance of Personnel							12
13	Nursing Administration				46,578		403	13
14	Central Services & Supply	2,049			4,548	2,664	979	14
15	Pharmacy	8,195			24,701	761	403	15
16	Medical Records & Library	22,537			27,472	1,746	691	16
17	Social Service				2,150			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	55,318	7,973	11,486	123,508	24,737	18,656	30
31	Intensive Care Unit	2,049	1,344	1,918	53,195	3,098	691	31
32	Coronary Care Unit		1,461	2,085	58,435	14,528	10,958	32
43	Nursery		78	111	12,580	3,640	403	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	4,098	364	520	25,544	8,798	2,303	50
52	Delivery Room & Labor Room		264	377	49,614	4,587	605	52
53	Anesthesiology		235	335	1,608		87	53
54	Radiology-Diagnostic		2,727	3,890	71,175	4,791	1,555	54
60	Laboratory	34,830	2,689	3,836	52,748	3,651	1,094	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		186	266	3,521			63
65	Respiratory Therapy							65
66	Physical Therapy		61	86	6,533		288	66
69.01	CARDIOPULMONARY	16,391	3,414	4,870	53,199	1,230	501	69.01
71	Medical Supplies Charged to Patients		3,840	5,478	32,436			71
73	Drugs Charged to Patients		2,704	3,858	35,760		87	73
74	Renal Dialysis		227	323	6,679			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY			1	204			76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	14,342	6,287	8,968	108,672	16,596	4,606	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	299,127	33,854	48,408	947,689	96,563	45,922	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen				100	385		190
192	Physicians' Private Offices				4,596	4,005	754	192
194	FOUNDATION				3,525			194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	299,127	33,854	48,408	955,910	100,953	46,676	202

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES							5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE							5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	59,065						10
11	Cafeteria		9,227					11
12	Maintenance of Personnel							12
13	Nursing Administration		540	56,302				13
14	Central Services & Supply		69		22,145			14
15	Pharmacy		273			59,801		15
16	Medical Records & Library		287				77,156	16
17	Social Service		87					17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	34,664	2,148	20,621			18,253	30
31	Intensive Care Unit	4,044	688	6,599			3,059	31
32	Coronary Care Unit	20,357	1,263	12,112			3,326	32
43	Nursery		165	1,584			177	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		332	3,183			829	50
52	Delivery Room & Labor Room		21	198			601	52
53	Anesthesiology						534	53
54	Radiology-Diagnostic		757			6,474	6,207	54
60	Laboratory		840				6,120	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						424	63
65	Respiratory Therapy							65
66	Physical Therapy		74				138	66
69.01	CARDIOPULMONARY		364				7,770	69.01
71	Medical Supplies Charged to Patients				22,145		8,739	71
73	Drugs Charged to Patients					53,327	6,155	73
74	Renal Dialysis						516	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY						1	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency		1,252	12,005			14,307	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	59,065	9,160	56,302	22,145	59,801	77,156	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
194	FOUNDATION		67					194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	59,065	9,227	56,302	22,145	59,801	77,156	202

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		17	24	25	26		
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service	2,248					17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	1,734	512,697		512,697		30
31	Intensive Care Unit	141	105,404		105,404		31
32	Coronary Care Unit	373	225,910		225,910		32
43	Nursery		30,458		30,458		43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		173,562		173,562		50
52	Delivery Room & Labor Room		73,885		73,885		52
53	Anesthesiology		22,968		22,968		53
54	Radiology-Diagnostic		302,249		302,249		54
60	Laboratory		297,796		297,796		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
63	Blood Storing, Processing & Trans.		4,397		4,397		63
65	Respiratory Therapy						65
66	Physical Therapy		81,680		81,680		66
69.01	<b>CARDIOPULMONARY</b>		425,682		425,682		69.01
71	Medical Supplies Charged to Patients		72,638		72,638		71
73	Drugs Charged to Patients		101,965		101,965		73
74	Renal Dialysis		7,745		7,745		74
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>		904		904		76.98
76.99	<b>LITHOTRIPSY</b>						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency		233,204		233,204		91
92	Observation Beds (Non-Distinct Part)						92
92.01	<b>23-HR OBSERVATION</b>						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	2,248	2,673,144		2,673,144		118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen		3,353		3,353		190
192	Physicians' Private Offices		17,424		17,424		192
194	<b>FOUNDATION</b>		3,608		3,608		194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	<b>TOTAL (sum of lines 118-201)</b>	2,248	2,697,529		2,697,529		202

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVEABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NONPATIENT TELEPHONE S PHONES	DATA PROCESSING MACH	PURCHASING RECEIVING AND STORE GROSS REVENUE	
		1	2	4	5.01	5.02	5.03	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	136,225						1
2	Cap Rel Costs-Mvble Equip		101,982					2
4	Employee Benefits Department	1,060	252	24,590,726				4
5.01	NONPATIENT TELEPHONES			72,127	327			5.01
5.02	DATA PROCESSING	665	32,286	639,042	36	146		5.02
5.03	PURCHASING RECEIVING AND STORES	1,940	133	273,947	9	4	124,664,826	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE		1,319	653,915	17	13		5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	38,918	2,502	4,528,021	94	47		5.05
6	Maintenance & Repairs							6
7	Operation of Plant	2,396	694	769,938	13	2		7
8	Laundry & Linen Service							8
9	Housekeeping	1,184	664	653,895	2			9
10	Dietary	4,000	1,188	399,019	10	2		10
11	Cafeteria			180,120				11
12	Maintenance of Personnel							12
13	Nursing Administration		775	1,361,965	4			13
14	Central Services & Supply	2,408	871	92,327		1		14
15	Pharmacy	688		528,095	9	4		15
16	Medical Records & Library	1,578	1,399	322,863	15	11		16
17	Social Service			65,871				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	22,359	16,432	3,730,490	27	27	29,506,204	30
31	Intensive Care Unit	2,800	2,575	1,285,460	2	1	4,942,147	31
32	Coronary Care Unit	13,131	9,651	1,001,453			5,373,060	32
43	Nursery	3,290	585	372,535			286,335	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	7,952	10,675	778,316	28	2	1,339,649	50
52	Delivery Room & Labor Room	4,146	1,114	761,130			971,359	52
53	Anesthesiology		1,749				863,279	53
54	Radiology-Diagnostic	4,330	12,509	1,297,746	16		10,026,725	54
60	Laboratory	3,300		986,081	21	17	9,886,387	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						685,136	63
65	Respiratory Therapy							65
66	Physical Therapy		863	125,450	9		222,744	66
69.01	CARDIOPULMONARY	1,112	2,066	997,354	11	8	12,552,135	69.01
71	Medical Supplies Charged to Patients						14,118,296	71
73	Drugs Charged to Patients		10				9,943,004	73
74	Renal Dialysis						833,208	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY				1		1,440	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	15,000	1,670	2,490,041		7	23,113,718	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	132,257	101,982	24,367,201	324	146	124,664,826	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	348			3			190
192	Physicians' Private Offices	3,620		128,152				192
194	FOUNDATION			95,373				194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	302,811	757,140	4,829,872	316,223	1,815,517	431,001	202
203	Unit Cost Multiplier (Wkst. B, Part I)	2,222874	7,424251	0,196410	967,042813	12,435,047945	0,003457	203
204	Cost to be allocated (Per Wkst. B, Part II)			4,227	228,292	299,127	33,854	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0,000172	698,140673	2,048,815068	0,000272	205

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	
		5.04	5A.05	5.05	7	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES							5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	124,664,826						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL		-9,387,825	35,034,988				5.05
6	Maintenance & Repairs							6
7	Operation of Plant			2,828,372	91,246			7
8	Laundry & Linen Service							8
9	Housekeeping			1,330,309	1,184	56,594		9
10	Dietary			915,350	4,000	977	38,548	10
11	Cafeteria			307,515		977		11
12	Maintenance of Personnel							12
13	Nursing Administration			1,707,170		489		13
14	Central Services & Supply			166,707	2,408	1,187		14
15	Pharmacy			905,343	688	489		15
16	Medical Records & Library			1,006,894	1,578	838		16
17	Social Service			78,809				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	29,506,204		4,526,067	22,359	22,623	22,623	30
31	Intensive Care Unit	4,942,147		1,949,666	2,800	838	2,639	31
32	Coronary Care Unit	5,373,060		2,141,733	13,131	13,286	13,286	32
43	Nursery	286,335		461,090	3,290	489		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,339,649		936,217	7,952	2,792		50
52	Delivery Room & Labor Room	971,359		1,818,436	4,146	733		52
53	Anesthesiology	863,279		58,938		105		53
54	Radiology-Diagnostic	10,026,725		2,608,677	4,330	1,885		54
60	Laboratory	9,886,387		1,933,303	3,300	1,326		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	685,136		129,057				63
65	Respiratory Therapy							65
66	Physical Therapy	222,744		239,428		349		66
69.01	CARDIOPULMONARY	12,552,135		1,949,832	1,112	607		69.01
71	Medical Supplies Charged to Patients	14,118,296		1,188,818				71
73	Drugs Charged to Patients	9,943,004		1,310,672		105		73
74	Renal Dialysis	833,208		244,806				74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,440		7,485				76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	23,113,718		3,982,998	15,000	5,585		91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	124,664,826	-9,387,825	34,733,692	87,278	55,680	38,548	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen			3,675	348			190
192	Physicians' Private Offices			168,435	3,620	914		192
194	FOUNDATION			129,186				194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,158,535		9,387,825	3,586,251	1,733,308	1,347,759	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.009293		0.267956	39.303104	30.627063	34.963137	203
204	Cost to be allocated (Per Wkst. B, Part II)	48,408		955,910	100,953	46,676	59,065	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000388		0.027284	1.106383	0.824752	1.532246	205

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

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE ASSIGNED TIME	
		11	13	14	15	16	17	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES							5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE							5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	24,636						11
12	Maintenance of Personnel							12
13	Nursing Administration	1,441	15,674					13
14	Central Services & Supply	183		100				14
15	Pharmacy	728			1,327,555			15
16	Medical Records & Library	766				124,664,826		16
17	Social Service	231					42,164	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	5,741	5,741			29,506,204	32,538	30
31	Intensive Care Unit	1,837	1,837			4,942,147	2,639	31
32	Coronary Care Unit	3,372	3,372			5,373,060	6,987	32
43	Nursery	441	441			286,335		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	886	886			1,339,649		50
52	Delivery Room & Labor Room	55	55			971,359		52
53	Anesthesiology					863,279		53
54	Radiology-Diagnostic	2,020			143,730	10,026,725		54
60	Laboratory	2,243				9,886,387		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Trans.					685,136		63
65	Respiratory Therapy							65
66	Physical Therapy	197				222,744		66
69.01	<b>CARDIOPULMONARY</b>	973				12,552,135		69.01
71	Medical Supplies Charged to Patients			100		14,118,296		71
73	Drugs Charged to Patients				1,183,825	9,943,004		73
74	Renal Dialysis					833,208		74
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>					1,440		76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	3,342	3,342			23,113,718		91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	24,456	15,674	100	1,327,555	124,664,826	42,164	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
194	FOUNDATION	180						194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	419,838	2,204,150	345,492	1,202,359	1,377,436	103,863	202
203	Unit Cost Multiplier (Wkst. B, Part I)	17.041646	140.624601	3.454.920000	0.905694	0.011049	2.463310	203
204	Cost to be allocated (Per Wkst. B, Part II)	9,227	56,302	22,145	59,801	77,156	2,248	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.374533	3.592063	221.450000	0.045046	0.000619	0.053316	205

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS							
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	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES							5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE							5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
32	Coronary Care Unit							32
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
69.01	CARDIOPULMONARY							69.01
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)							118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
194	FOUNDATION							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)							202
203	Unit Cost Multiplier (Wkst. B, Part I)							203
204	Cost to be allocated (Per Wkst. B, Part II)							204
205	Unit Cost Multiplier (Wkst. B, Part II)							205

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**POST STEPDOWN ADJUSTMENTS**

**WORKSHEET B-2**

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	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	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics	9,412,814		9,412,814		9,412,814	30
31	Intensive Care Unit	3,050,813		3,050,813		3,050,813	31
32	Coronary Care Unit	4,711,371		4,711,371		4,711,371	32
43	Nursery	801,620		801,620		801,620	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,739,625		1,739,625		1,739,625	50
52	Delivery Room & Labor Room	2,510,502		2,510,502		2,510,502	52
53	Anesthesiology	87,485		87,485		87,485	53
54	Radiology-Diagnostic	3,810,986		3,810,986		3,810,986	54
60	Laboratory	2,769,113		2,769,113		2,769,113	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
63	Blood Storing, Processing & Trans.	171,209		171,209		171,209	63
65	Respiratory Therapy						65
66	Physical Therapy	320,091		320,091		320,091	66
69.01	<b>CARDIOPULMONARY</b>	2,689,868		2,689,868		2,689,868	69.01
71	Medical Supplies Charged to Patients	2,008,854		2,008,854		2,008,854	71
73	Drugs Charged to Patients	2,847,134		2,847,134		2,847,134	73
74	Renal Dialysis	319,609		319,609		319,609	74
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	HYPERBARIC OXYGEN THERAPY	9,507		9,507		9,507	76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency	6,593,168		6,593,168		6,593,168	91
92	Observation Beds (Non-Distinct Part)	183,797		183,797		183,797	92
92.01	23-HR OBSERVATION						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Subtotal (sum of lines 30 thru 199)	44,037,566		44,037,566		44,037,566	200
201	Less Observation Beds	183,797		183,797		183,797	201
202	Total (line 200 minus line 201)	43,853,769		43,853,769		43,853,769	202

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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				
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	29,309,591		29,309,591				30
31	Intensive Care Unit	4,942,147		4,942,147				31
32	Coronary Care Unit	5,373,060		5,373,060				32
43	Nursery	286,335		286,335				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	716,610	623,039	1,339,649	1.298568	1.298568	1.298568	50
52	Delivery Room & Labor Room	946,674	24,685	971,359	2.584525	2.584525	2.584525	52
53	Anesthesiology	496,771	366,508	863,279	0.101340	0.101340	0.101340	53
54	Radiology-Diagnostic	2,267,053	7,759,672	10,026,725	0.380083	0.380083	0.380083	54
60	Laboratory	4,494,842	5,391,545	9,886,387	0.280094	0.280094	0.280094	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Trans.	387,287	297,849	685,136	0.249891	0.249891	0.249891	63
65	Respiratory Therapy							65
66	Physical Therapy	204,027	18,717	222,744	1.437035	1.437035	1.437035	66
69.01	<b>CARDIOPULMONARY</b>	7,719,049	4,833,086	12,552,135	0.214296	0.214296	0.214296	69.01
71	Medical Supplies Charged to Patients	8,420,601	5,697,695	14,118,296	0.142287	0.142287	0.142287	71
73	Drugs Charged to Patients	8,035,077	1,907,927	9,943,004	0.286345	0.286345	0.286345	73
74	Renal Dialysis	761,910	71,298	833,208	0.383588	0.383588	0.383588	74
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,400	40	1,440	6.602083	6.602083	6.602083	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	5,598,875	17,514,843	23,113,718	0.285249	0.285249	0.285249	91
92	Observation Beds (Non-Distinct Part)	196,613		196,613	0.934816	0.934816	0.934816	92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (sum of lines 30 thru 199)	80,157,922	44,506,904	124,664,826				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	80,157,922	44,506,904	124,664,826				202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D  
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	512,697		512,697	11,062	46.35	2,829	131,124	30
31	Intensive Care Unit	105,404		105,404	1,759	59.92	539	32,297	31
32	Coronary Care Unit	225,910		225,910	2,329	97.00			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	30,458		30,458	407	74.84			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	874,469		874,469	15,557		3,368	163,421	200

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0068**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	173,562	1,339,649	0.129558	153,721	19,916	50
52	Delivery Room & Labor Room	73,885	971,359	0.076064	12,656	963	52
53	Anesthesiology	22,968	863,279	0.026606	95,173	2,532	53
54	Radiology-Diagnostic	302,249	10,026,725	0.030144	752,171	22,673	54
60	Laboratory	297,796	9,886,387	0.030122	1,299,350	39,139	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
63	Blood Storing, Processing & Tra	4,397	685,136	0.006418	61,746	396	63
65	Respiratory Therapy						65
66	Physical Therapy	81,680	222,744	0.366699	82,686	30,321	66
69.01	<b>CARDIOPULMONARY</b>	425,682	12,552,135	0.033913	2,235,757	75,821	69.01
71	Medical Supplies Charged to Pat	72,638	14,118,296	0.005145	2,391,557	12,305	71
73	Drugs Charged to Patients	101,965	9,943,004	0.010255	2,463,427	25,262	73
74	Renal Dialysis	7,745	833,208	0.009295	390,042	3,625	74
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	HYPERBARIC OXYGEN THERAPY	904	1,440	0.627778	1,398	878	76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency	233,204	23,113,718	0.010089	1,400,230	14,127	91
92	Observation Beds (Non-Distinct	10,011	196,613	0.050917	50,541	2,573	92
92.01	<b>23-HR OBSERVATION</b>						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	1,808,686	84,753,693		11,390,455	250,531	200

(A) Worksheet A line numbers

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

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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	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		6	7	8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	11,062		2,829		30
31	Intensive Care Unit	1,759		539		31
32	Coronary Care Unit	2,329				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	407				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	15,557		3,368		200

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0068**

**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	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
60	Laboratory							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
69.01	<b>CARDIOPULMONARY</b>							69.01
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency							91
92	Observation Beds (Non-Distinct							92
92.01	<b>23-HR OBSERVATION</b>							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0068**

**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			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	1,339,649			153,721		213,352		50
52	Delivery Room & Labor Room	971,359			12,656				52
53	Anesthesiology	863,279			95,173		34,937		53
54	Radiology-Diagnostic	10,026,725			752,171		732,843		54
60	Laboratory	9,886,387			1,299,350		468,533		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
63	Blood Storing, Processing & Tra	685,136			61,746		17,050		63
65	Respiratory Therapy								65
66	Physical Therapy	222,744			82,686				66
69.01	<b>CARDIOPULMONARY</b>	12,552,135			2,235,757		395,333		69.01
71	Medical Supplies Charged to Pat	14,118,296			2,391,557		630,506		71
73	Drugs Charged to Patients	9,943,004			2,463,427		233,098		73
74	Renal Dialysis	833,208			390,042		22,368		74
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	1,440			1,398				76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	Emergency	23,113,718			1,400,230		1,386,807		91
92	Observation Beds (Non-Distinct	196,613			50,541				92
92.01	<b>23-HR OBSERVATION</b>								92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	84,753,693			11,390,455		4,134,827		200

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0068

WORKSHEET D  
PART V

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] 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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	1.298568	213,352			277,052			50
52	Delivery Room & Labor Room	2.584525							52
53	Anesthesiology	0.101340	34,937			3,541			53
54	Radiology-Diagnostic	0.380083	732,843			278,541			54
60	Laboratory	0.280094	468,533			131,233			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
63	Blood Storing, Processing & Tra	0.249891	17,050			4,261			63
65	Respiratory Therapy								65
66	Physical Therapy	1.437035							66
69.01	<b>CARDIOPULMONARY</b>	0.214296	395,333			84,718			69.01
71	Medical Supplies Charged to Pat	0.142287	630,506			89,713			71
73	Drugs Charged to Patients	0.286345	233,098			66,746			73
74	Renal Dialysis	0.383588	22,368			8,580			74
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	6.602083							76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	Emergency	0.285249	1,386,807			395,585			91
92	Observation Beds (Non-Distinct	0.934816							92
92.01	<b>23-HR OBSERVATION</b>								92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		4,134,827			1,339,970			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		4,134,827			1,339,970			202

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D  
PART I**

Check            [ ] Title V  
Applicable    [ ] Title XVIII, Part A  
Boxes:         [XX] Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	512,697		512,697	11,062	46.35	880	40,788	30
31	Intensive Care Unit	105,404		105,404	1,759	59.92	168	10,067	31
32	Coronary Care Unit	225,910		225,910	2,329	97.00			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	30,458		30,458	407	74.84			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	874,469		874,469	15,557		1,048	50,855	200

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0068**

**WORKSHEET D  
PART II**

Check [ ] Title V [XX] Hospital [ ] SUB (Other)  
 Applicable [ ] Title XVIII, Part A [ ] IPF  
 Boxes: [XX] Title XIX [ ] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	173,562	1,339,649	0.129558	26,416	3,422	50
52	Delivery Room & Labor Room	73,885	971,359	0.076064	175,649	13,361	52
53	Anesthesiology	22,968	863,279	0.026606	24,816	660	53
54	Radiology-Diagnostic	302,249	10,026,725	0.030144	145,440	4,384	54
60	Laboratory	297,796	9,886,387	0.030122	332,783	10,024	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
63	Blood Storing, Processing & Tra	4,397	685,136	0.006418	37,281	239	63
65	Respiratory Therapy						65
66	Physical Therapy	81,680	222,744	0.366699	9,271	3,400	66
69.01	<b>CARDIOPULMONARY</b>	425,682	12,552,135	0.033913	440,802	14,949	69.01
71	Medical Supplies Charged to Pat	72,638	14,118,296	0.005145	518,780	2,669	71
73	Drugs Charged to Patients	101,965	9,943,004	0.010255	648,757	6,653	73
74	Renal Dialysis	7,745	833,208	0.009295	65,706	611	74
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	HYPERBARIC OXYGEN THERAPY	904	1,440	0.627778			76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency	233,204	23,113,718	0.010089	369,962	3,733	91
92	Observation Beds (Non-Distinct	10,011	196,613	0.050917	9,690	493	92
92.01	<b>23-HR OBSERVATION</b>						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	1,808,686	84,753,693		2,805,353	64,598	200

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	11,062		880		30
31	Intensive Care Unit	1,759		168		31
32	Coronary Care Unit	2,329				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	407				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	15,557		1,048		200

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0068**

**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	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
60	Laboratory							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
69.01	<b>CARDIOPULMONARY</b>							69.01
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency							91
92	Observation Beds (Non-Distinct							92
92.01	<b>23-HR OBSERVATION</b>							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0068**

**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)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	1,339,649			26,416				50
52	Delivery Room & Labor Room	971,359			175,649				52
53	Anesthesiology	863,279			24,816				53
54	Radiology-Diagnostic	10,026,725			145,440				54
60	Laboratory	9,886,387			332,783				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
63	Blood Storing, Processing & Tra	685,136			37,281				63
65	Respiratory Therapy								65
66	Physical Therapy	222,744			9,271				66
69.01	<b>CARDIOPULMONARY</b>	12,552,135			440,802				69.01
71	Medical Supplies Charged to Pat	14,118,296			518,780				71
73	Drugs Charged to Patients	9,943,004			648,757				73
74	Renal Dialysis	833,208			65,706				74
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	1,440							76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	Emergency	23,113,718			369,962				91
92	Observation Beds (Non-Distinct	196,613			9,690				92
92.01	<b>23-HR OBSERVATION</b>								92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	84,753,693			2,805,353				200

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0068

WORKSHEET D  
PART V

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [ ] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [XX] 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
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1.298568						50
52	Delivery Room & Labor Room	2.584525						52
53	Anesthesiology	0.101340						53
54	Radiology-Diagnostic	0.380083						54
60	Laboratory	0.280094						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.249891						63
65	Respiratory Therapy							65
66	Physical Therapy	1.437035						66
69.01	CARDIOPULMONARY	0.214296						69.01
71	Medical Supplies Charged to Pat	0.142287						71
73	Drugs Charged to Patients	0.286345						73
74	Renal Dialysis	0.383588						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	6.602083						76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	0.285249						91
92	Observation Beds (Non-Distinct	0.934816						92
92.01	23-HR OBSERVATION							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0068**

**WORKSHEET D-1  
PART I**

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/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)	11,062	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,062	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)	10,846	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)	2,829	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)	9,412,814	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)	9,412,814	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)	9,412,814	37

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0068**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

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

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						850.91	38
39	Program general inpatient routine service cost (line 9 x line 38)						2,407,224	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)						2,407,224	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
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	3,050,813	1,759	1,734.40	539	934,842	43	
44	Coronary Care Unit	4,711,371	2,329	2,022.92			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)						3,156,349	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						6,498,415	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						163,421	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						250,531	51
52	Total Program excludable cost (sum of lines 50 and 51)						413,952	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						6,084,463	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges							54
55	Target amount per discharge							55
56	Target amount (line 54 x line 55)							56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57
58	Bonus payment (see instructions)							58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.							59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.							60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61
62	Relief payment (see instructions)							62
63	Allowable Inpatient cost plus incentive payment (see instructions)							63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)							64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)							65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)							66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0068

WORKSHEET D-1  
PARTS III & IV

Check             Title V - I/P                     Hospital             SUB (Other)                     ICF/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)					216	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					850.91	88
89	Observation bed cost (line 87 x line 88) (see instructions)					183,797	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	512,697	9,412,814	0.054468	183,797	10,011	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0068**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,062	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,062	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)	10,846	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)	880	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)	407	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)	9,412,814	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)	9,412,814	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)	9,412,814	37

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0068**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

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

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					850.91	38	
39	Program general inpatient routine service cost (line 9 x line 38)					748,801	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)					748,801	41	
42	Nursery (Titles V and XIX only)	801,620	407	1,969.58			42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	3,050,813	1,759	1,734.40	168	291,379	43	
44	Coronary Care Unit	4,711,371	2,329	2,022.92			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)					1,155,755	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					2,195,935	49	

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50,855	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					64,598	51
52	Total Program excludable cost (sum of lines 50 and 51)					115,453	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0068

WORKSHEET D-1  
PARTS III & IV

Check             Title V - I/P                     Hospital             SUB (Other)                     ICF/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)					216	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		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						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0068

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		7,435,940		30
31	Intensive Care Unit		1,584,660		31
32	Coronary Care Unit				32
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	1.298568	153,721	199,617	50
52	Delivery Room & Labor Room	2.584525	12,656	32,710	52
53	Anesthesiology	0.101340	95,173	9,645	53
54	Radiology-Diagnostic	0.380083	752,171	285,887	54
60	Laboratory	0.280094	1,299,350	363,940	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>				62.30
63	Blood Storing, Processing & Trans.	0.249891	61,746	15,430	63
65	Respiratory Therapy				65
66	Physical Therapy	1.437035	82,686	118,823	66
69.01	<b>CARDIOPULMONARY</b>	0.214296	2,235,757	479,114	69.01
71	Medical Supplies Charged to Patients	0.142287	2,391,557	340,287	71
73	Drugs Charged to Patients	0.286345	2,463,427	705,390	73
74	Renal Dialysis	0.383588	390,042	149,615	74
76.97	<b>CARDIAC REHABILITATION</b>				76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	6.602083	1,398	9,230	76.98
76.99	<b>LITHOTRIPSY</b>				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	Emergency	0.285249	1,400,230	399,414	91
92	Observation Beds (Non-Distinct Part)	0.934816	50,541	47,247	92
92.01	23-HR OBSERVATION				92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		11,390,455	3,156,349	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		11,390,455		202

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0068

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		6,010,960		30
31	Intensive Care Unit		226,380		31
32	Coronary Care Unit				32
43	Nursery		70,770		43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	1.298568	26,416	34,303	50
52	Delivery Room & Labor Room	2.584525	175,649	453,969	52
53	Anesthesiology	0.101340	24,816	2,515	53
54	Radiology-Diagnostic	0.380083	145,440	55,279	54
60	Laboratory	0.280094	332,783	93,211	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.249891	37,281	9,316	63
65	Respiratory Therapy				65
66	Physical Therapy	1.437035	9,271	13,323	66
69.01	CARDIOPULMONARY	0.214296	440,802	94,462	69.01
71	Medical Supplies Charged to Patients	0.142287	518,780	73,816	71
73	Drugs Charged to Patients	0.286345	648,757	185,768	73
74	Renal Dialysis	0.383588	65,706	25,204	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	6.602083			76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	Emergency	0.285249	369,962	105,531	91
92	Observation Beds (Non-Distinct Part)	0.934816	9,690	9,058	92
92.01	23-HR OBSERVATION				92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		2,805,353	1,155,755	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,805,353		202

(A) Worksheet A line numbers

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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)	2,187,004			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	2,187,004			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)	134,713			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				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	133.41			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
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
	<b>Indirect Medical Education Adjustment for Section 422 of the MMA</b>				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1864			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.6139			31
32	Sum of lines 30 and 31	0.8003			32
33	Allowable disproportionate share percentage (see instructions)	0.5524			33
34	Disproportionate share adjustment (see instructions)	604,050			34
		<b>Prior to</b>		<b>On or after</b>	
	<b>Uncompensated Care Adjustment</b>	<b>October 1 (1.00)</b>	<b>(1.01)</b>	<b>October 1 (2.00)</b>	
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)	2,275,173		1,994,753	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,137,587		994,644	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,132,231			36
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
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

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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

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

		1	1.01	1.02	
47	Subtotal (see instructions)	7,245,002			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)	7,245,002			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	421,394			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	7,666,396			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	7,666,396			61
62	Deductibles billed to program beneficiaries	463,048			62
63	Coinsurance billed to program beneficiaries	26,208			63
64	Allowable bad debts (see instructions)	235,059			64
65	Adjusted reimbursable bad debts (see instructions)	152,788			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	120,123			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	7,329,928			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)	-20,860			70.93
70.94	HRR adjustment amount (see instructions)	-58,662			70.94
71	Amount due provider (see instructions)	7,250,406			71
71.01	Sequestration adjustment (see instructions)	145,008			71.01
72	Interim payments	7,291,238			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-185,840			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	192,511			75

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

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96

**HSP Bonus Payment Amount**

**Prior to 10/1      On or After 10/1**

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

**Prior to 10/1      On or After 10/1**

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

**HRR Adjustment for HSP Bonus Payment**

**Prior to 10/1      On or After 10/1**

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

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

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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-0068**

**WORKSHEET E  
PART B**

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

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

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPSS (see instructions)	1,339,970			2
3	PPS payments	814,192			3
4	Outlier payment (see instructions)	6,176			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	<b>CUSTOMARY CHARGES</b>				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
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)	820,368			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	177,464			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)	642,904			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)	642,904			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	642,904			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	24,400			34
35	Adjusted reimbursable bad debts (see instructions)	15,860			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	20,473			36
37	Subtotal (see instructions)	658,764			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)	658,764			40
40.01	Sequestration adjustment (see instructions)	13,175			40.01
41	Interim payments	630,045			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	15,544			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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0068

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		7,215,927		630,045	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	11/08/2016	44,737		3.01
		.02	03/09/2017	30,574		3.02
		.03				3.03
		.04				3.04
		.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
		.52				3.52
		.53				3.53
		.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		75,311		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)			7,291,238	630,045	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
		.03				5.03
		.04				5.04
		.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
		.52				5.52
		.53				5.53
		.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			15,544	6.01
		.02		-185,840		6.02
7	Total Medicare program liability (see instructions)			7,105,398	645,589	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

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

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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**

**WORKSHEET E-1  
PART II**

Check applicable box:             Hospital             CAH

**TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS**

**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	3,314	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	3,368	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	583	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	14,934	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	124,664,826	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	3,630,657	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)	165,748	8
9	Sequestration adjustment amount (see instructions)	3,315	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	162,433	10

**INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH**

30	Initial/interim HIT payment(s)	153,137	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	9,296	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**

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0068

WORKSHEET E-3  
PART VII

Check [ ] Title V [XX] Hospital [ ] NF [ ] PPS  
 Applicable [XX] Title XIX [ ] SUB (Other) [ ] ICF/IID [ ] TEFRA  
 Boxes: [ ] SNF [XX] Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1 Inpatient hospital/SNF/NF services	2,195,935		1
2 Medical and other services			2
3 Organ acquisition (certified transplant centers only)			3
4 Subtotal (sum of lines 1, 2 and 3)	2,195,935		4
5 Inpatient primary payer payments			5
6 Outpatient primary payer payments			6
7 Subtotal (line 4 less sum of lines 5 and 6)	2,195,935		7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8 Routine service charges	6,308,110		8
9 Ancillary service charges	2,805,353		9
10 Organ acquisition charges, net of revenue			10
11 Incentive from target amount computation			11
12 Total reasonable charges (sum of lines 8-11)	9,113,463		12
<b>CUSTOMARY CHARGES</b>			
13 Amount actually collected from patients liable for payment for services on a cahrgre basis			13
14 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(c)			14
15 Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16 Total customary charges (see instructions)	9,113,463		16
17 Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	6,917,528		17
18 Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19 Interns and residents (see instructions)			19
20 Cost of physicians' services in a teaching hospital (see instructions)			20
21 Cost of covered services (lesser of line 4 or line 16)	2,195,935		21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22 Other than outlier payments			22
23 Outlier payments			23
24 Program capital payments			24
25 Capital exception payments (see instructions)			25
26 Routine and ancillary service other pass through costs			26
27 Subtotal (sum of lines 22 through 26)			27
28 Customary charges (Titles V or XIX PPS covered services only)			28
29 Titles V or XIX (sum of lines 21 and 27)	2,195,935		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30 Excess of reasonable cost (from line 18)			30
31 Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,195,935		31
32 Deductibles			32
33 Coinsurance			33
34 Allowable bad debts (see instructions)			34
35 Utilization review			35
36 Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	2,195,935		36
37 OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38 Subtotal (line 36 ± line 37)	2,195,935		38
39 Direct graduate medical education payments (from Wkst. E-4)			39
40 Total amount payable to the provider (sum of lines 38 and 39)	2,195,935		40
41 Interim payments	2,195,935		41
42 Balance due provider/program (line 40 minus line 41)			42
43 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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

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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	-149,596				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	136,854,368				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-128,728,819				6
7	Inventory	267,287				7
8	Prepaid expenses	180,574				8
9	Other current assets	14,399,871				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	22,823,685				11
<b>FIXED ASSETS</b>						
12	Land	934,453				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings					15
16	Accumulated depreciation					16
17	Leasehold improvements	7,338				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	19,510,639				23
24	Accumulated depreciation	-13,355,271				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)	7,097,159				30
<b>OTHER ASSETS</b>						
31	Investments	584,765				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	-664,348				34
35	Total other assets (sum of lines 31-34)	-79,583				35
36	Total assets (sum of lines 11, 30 and 35)	29,841,261				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	7,951,141				37
38	Salaries, wages and fees payable	1,674,926				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	143,072				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	6,139,858				44
45	Total current liabilities (sum of lines 37 thru 44)	15,908,997				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	12,849,771				49
50	Total long term liabilities (sum of lines 46 thru 49)	12,849,771				50
51	Total liabilities (sum of lines 45 and 50)	28,758,768				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	1,082,493				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
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)	1,082,493				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	29,841,261				60

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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		8,557,860		1
2	Net income (loss) (from Worksheet G-3, line 29)		-6,521,439		2
3	Total (sum of line 1 and line 2)		2,036,421		3
4	Additions (credit adjustments) (specify)				4
5	NET EQUITY ADJ	458			5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)		458		10
11	Subtotal (line 3 plus line 10)		2,036,879		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)		2,036,879		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	NET EQUITY ADJ				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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2  
PARTS I & II**

**PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	34,682,651		34,682,651	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)	34,682,651		34,682,651	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	4,980,458		4,980,458	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)	4,980,458		4,980,458	16
17	Total inpatient routine care services (sum of lines 10 and 16)	39,663,109		39,663,109	17
18	Ancillary services	40,161,924		40,161,924	18
19	Outpatient services		44,731,493	44,731,493	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)	79,825,033	44,731,493	124,556,526	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		48,835,522	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)		48,835,522	43

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

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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)	124,556,526	1
2	Less contractual allowances and discounts on patients' accounts	88,079,023	2
3	Net patient revenues (line 1 minus line 2)	36,477,503	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	48,835,522	4
5	Net income from service to patients (line 3 minus line 4)	-12,358,019	5

**OTHER INCOME**

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	83,191	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	2,432	21
22	Rental of hospial space		22
23	Governmental appropriations		23
24	Other (GAIN/LOSS - ACE OWNERSHIP)	1,692,593	24
24.01	Other (2016 MEDICARE TENTATIVE CR SETTLEME)	948,953	24.01
24.02	Other (ACA RETRO PYMT)	2,142,723	24.02
24.03	Other (HIT INCENTIVE PYMT)	386,859	24.03
24.04	Other (GRANT INCOME)	425,775	24.04
24.05	Other (OTHER MISC INCIOME)	154,054	24.05
25	Total other income (sum of lines 6-24)	5,836,580	25
26	Total (line 5 plus line 25)	-6,521,439	26
29	Net income (or loss) for the period (line 26 minus line 28)	-6,521,439	29

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

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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0068**

**WORKSHEET L**

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

**PART I - FULLY PROSPECTIVE METHOD**

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	352,451	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	6,912	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)	40.92	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)	0.1864	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.6139	8
9	Sum of lines 7 and 8	0.8003	9
10	Allowable disproportionate share percentage (see instructions)	0.1760	10
11	Disproportionate share adjustment (see instructions)	62,031	11
12	Total prospective capital payments (see instructions)	421,394	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

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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	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
43	Nursery						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
69.01	CARDIOPULMONARY						69.01
71	Medical Supplies Charged to Patients						71
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
92.01	23-HR OBSERVATION						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
194	FOUNDATION						194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

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

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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		
	<b>UTILIZATION PERCENTAGES BASED ON DAYS</b>								
30	Adults & Pediatrics	25.57		7.96				33.53	30
31	Intensive Care Unit	30.64		9.55				40.19	31
	<b>UTILIZATION PERCENTAGES BASED ON CHARGES</b>								
50	Operating Room	11.47	15.93	1.97				29.37	50
52	Delivery Room & Labor Room	1.30		18.08				19.38	52
53	Anesthesiology	11.02	4.05	2.87				17.94	53
54	Radiology-Diagnostic	7.50	7.31	1.45				16.26	54
60	Laboratory	13.14	4.74	3.37				21.25	60
63	Blood Storing, Processing & Tra	9.01	2.49	5.44				16.94	63
66	Physical Therapy	37.12		4.16				41.28	66
69.01	CARDIOPULMONARY	17.81	3.15	3.51				24.47	69.01
71	Medical Supplies Charged to Pat	16.94	4.47	3.67				25.08	71
73	Drugs Charged to Patients	24.78	2.34	6.52				33.64	73
74	Renal Dialysis	46.81	2.68	7.89				57.38	74
76.98	HYPERBARIC OXYGEN THERAPY	97.08						97.08	76.98
91	Emergency	6.06	6.00	1.60				13.66	91
92	Observation Beds (Non-Distinct	25.71		4.93				30.64	92
200	<b>TOTAL CHARGES</b>	13.44	4.88	3.31				21.63	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	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	302,811	0.68	-302,811	-1.24			1
2	Cap Rel Costs-Mvble Equip	757,140	1.70	-757,140	-3.09			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	4,825,645	10.86	-4,825,645	-19.70			4
5.01	NONPATIENT TELEPHONES	302,057	0.68	-302,057	-1.23			5.01
5.02	DATA PROCESSING	1,414,011	3.18	-1,414,011	-5.77			5.02
5.03	PURCHASING RECEIVING AND STORES	313,453	0.71	-313,453	-1.28			5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	842,211	1.90	-842,211	-3.44			5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	7,718,032	17.37	-7,718,032	-31.51			5.05
6	Maintenance & Repairs							6
7	Operation of Plant	2,629,228	5.92	-2,629,228	-10.73			7
8	Laundry & Linen Service							8
9	Housekeeping	1,192,381	2.68	-1,192,381	-4.87			9
10	Dietary	784,728	1.77	-784,728	-3.20			10
11	Cafeteria	272,138	0.61	-272,138	-1.11			11
12	Maintenance of Personnel							12
13	Nursing Administration	1,430,044	3.22	-1,430,044	-5.84			13
14	Central Services & Supply	124,318	0.28	-124,318	-0.51			14
15	Pharmacy	741,648	1.67	-741,648	-3.03			15
16	Medical Records & Library	778,293	1.75	-778,293	-3.18			16
17	Social Service	65,871	0.15	-65,871	-0.27			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	2,883,543	6.49	6,529,271	26.66	9,412,814	21.19	30
31	Intensive Care Unit	1,594,467	3.59	1,456,346	5.95	3,050,813	6.87	31
32	Coronary Care Unit	1,775,691	4.00	2,935,680	11.99	4,711,371	10.61	32
43	Nursery	372,613	0.84	429,007	1.75	801,620	1.80	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	617,391	1.39	1,122,234	4.58	1,739,625	3.92	50
52	Delivery Room & Labor Room	1,639,070	3.69	871,432	3.56	2,510,502	5.65	52
53	Anesthesiology	34,947	0.08	52,538	0.21	87,485	0.20	53
54	Radiology-Diagnostic	2,107,979	4.75	1,703,007	6.95	3,810,986	8.58	54
60	Laboratory	1,374,537	3.09	1,394,576	5.69	2,769,113	6.23	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	120,321	0.27	50,888	0.21	171,209	0.39	63
65	Respiratory Therapy							65
66	Physical Therapy	196,838	0.44	123,253	0.50	320,091	0.72	66
69.01	CARDIOPULMONARY	1,465,974	3.30	1,223,894	5.00	2,689,868	6.06	69.01
71	Medical Supplies Charged to Patients	1,008,810	2.27	1,000,044	4.08	2,008,854	4.52	71
73	Drugs Charged to Patients	1,183,825	2.66	1,663,309	6.79	2,847,134	6.41	73
74	Renal Dialysis	234,183	0.53	85,426	0.35	319,609	0.72	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	6,500	0.01	3,007	0.01	9,507	0.02	76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	Emergency	3,066,443	6.90	3,526,725	14.40	6,593,168	14.84	91
92	Observation Beds (Non-Distinct Part)							92
92.01	23-HR OBSERVATION							92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
<b>NONREIMBURSABLE COST CENTERS</b>								
190	Gift, Flower, Coffee Shop & Canteen			18,337	0.07	18,337	0.04	190
192	Physicians' Private Offices	135,218	0.30	248,620	1.02	383,838	0.86	192
194	FOUNDATION	110,454	0.25	56,415	0.23	166,869	0.38	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	44,422,813	100.00			44,422,813	100.00	202

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	173,562	1,339,649	0.129558	153,721	19,916	50
52	Delivery Room & Labor Room	73,885	971,359	0.076064	12,656	963	52
53	Anesthesiology	22,968	863,279	0.026606	95,173	2,532	53
54	Radiology-Diagnostic	302,249	10,026,725	0.030144	752,171	22,673	54
60	Laboratory	297,796	9,886,387	0.030122	1,299,350	39,139	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
63	Blood Storing, Processing & Tra	4,397	685,136	0.006418	61,746	396	63
65	Respiratory Therapy						65
66	Physical Therapy	81,680	222,744	0.366699	82,686	30,321	66
69.01	<b>CARDIOPULMONARY</b>	425,682	12,552,135	0.033913	2,235,757	75,821	69.01
71	Medical Supplies Charged to Pat	72,638	14,118,296	0.005145	2,391,557	12,305	71
73	Drugs Charged to Patients	101,965	9,943,004	0.010255	2,463,427	25,262	73
74	Renal Dialysis	7,745	833,208	0.009295	390,042	3,625	74
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	HYPERBARIC OXYGEN THERAPY	904	1,440	0.627778	1,398	878	76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency	233,204	23,113,718	0.010089	1,400,230	14,127	91
92	Observation Beds (Non-Distinct	10,011	196,613	0.050917	50,541	2,573	92
92.01	23-HR OBSERVATION						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	<b>TOTAL</b>	1,808,686	84,753,693		11,390,455	250,531	200

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	512,697		512,697	11,062	46.35	2,829	131,124	30
31	Intensive Care Unit	105,404		105,404	1,759	59.92	539	32,297	31
32	Coronary Care Unit	225,910		225,910	2,329	97.00			32
200	<b>TOTAL</b>	<b>844,011</b>		<b>844,011</b>	<b>15,150</b>		<b>3,368</b>	<b>163,421</b>	<b>200</b>

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	163,421
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	250,531
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	413,952
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	670
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	3,368
PER DISCHARGE CAPITAL COSTS	617.84

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

ROSELAND COMMUNITY HOSPITAL Provider CCN: 14-0068	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/29/2017 Run Time: 17:21 Version: 2017.01 (08/09/2017)
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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)	6,084,463
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	20,411,055
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.298

**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)	413,952
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.020

**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 column 1 less lines 61, 66-68, 74, 94, 95 & 96)	1,331,390
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)	4,112,459
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.324