

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:18 Version: 2018.04 (05/29/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 05/31/2018 Time: 09:18 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MORRIS HOSPITAL (14-0101) {{Provider Name(s) and Number(s)}} for the cost reporting period beginning 01/01/2017 and ending 12/31/2017, 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.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

ECR Encryption: 05/31/2018 09:18
 Sfa01CkkCepc:KZ9teglLiUuJiWC0
 VK8Hk08kE8GZ0P2IGUFepNURwOyobR
 bpmv0d3hJQ0nF.mr

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

PI Encryption: 05/31/2018 09:18
 aT:swRECJK9V1eXebzK035E0PKGdV0
 N5Xah0Snmvrtu6Rw9TdhSBBDXVeIP8
 6WXo0gFZRm0yXV6E

P
 Title
 05/31/2018 09:18
 Date

PART III - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		HIT	TITLE XIX	
		PART A	PART B			
	1	2	3	4	5	
1	HOSPITAL					1
2	SUBPROVIDER - IPF		334,790	405,816		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		334,790	405,816		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

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

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	MORRIS HOSPITAL	14-0101	16974	1	07/01/1966	O	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF	MORRIS HOSPITAL	14-UI01	16974		10/07/1994	N	N	N	7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 01/01/2017	To: 12/31/2017	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.	N	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPSS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,701				156	250	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35

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WORKSHEET S-2
PART I

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

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**WORKSHEET S-2
PART I**

			1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (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)(i) or (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
		1		2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	N	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48

	Teaching Hospitals		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
		NAHE 413.85 Y/N 1		Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	Y				60
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			20.01	1	60.01
		Y/N 1		IME 4	Direct GME 5	
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. Enter in column 4, the 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. Enter in column 4 direct the 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 through 67. (see instructions)	N			63
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**WORKSHEET S-2
PART I**

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

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

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

Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67					67

Inpatient Psychiatric Facility PPS		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N			70
71	If line 70 is 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 is 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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter 'Y' for yes and 'N' for no.		N		87

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**WORKSHEET S-2
PART I**

Title V and XIX Services		V	XIX	
		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	N	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
98	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06

Rural Providers		1	2		
105	Does this hospital qualify as a 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 Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110
		1	2	
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.			111

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118
		Premiums	Paid Losses	Self Insurance
118.01	List amounts of malpractice premiums and paid losses:	1,624,848		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	Y		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? 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 in column 2.			126

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.			132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date 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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

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

If this facility is part of a chain organization, enter the name of the home office, the home office contractor name, and home office contractor number on line 141. Enter the address of the home office on lines 142 and 143.

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				
		Part A	Part B	Title V	Title XIX	
		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.	N				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)					169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N			0	171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

Provider Organization and Operation		Y/N	Date	
		1	2	
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1
		Y/N	Date	V/I
		1	2	3
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N		2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3

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

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/17/2018	Y	05/17/2018
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

Capital Related Cost			
22	Have assets been relifed for Medicare purposes? If yes, see instructions.		22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.		24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.		27

Interest Expense			
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.		29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31

Purchased Services			
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33

Provider-Based Physicians			
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			
						Title V	Title XVIII	Title XIX	Total All Patients
						5	6	7	8
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	81	29,565		6,524	1,701	11,422	1
2	HMO and other (see instructions)					563	406		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		81	29,565		6,524	1,701	11,422	7
8	Intensive Care Unit	31	8	2,920		1,231		2,627	8
9	Coronary Care Unit	32							9
10	Burn Intensive Care Unit	33							10
11	Surgical Intensive Care Unit	34							11
12	Other Special Care (specify)	35							12
13	Nursery	43						1,099	13
14	Total (see instructions)		89	32,485		7,755	1,701	15,148	14
15	CAH Visits								15
16	Subprovider - IPF	40							16
17	Subprovider - IRF	41							17
18	Subprovider I	42							18
19	Skilled Nursing Facility	44							19
20	Nursing Facility	45							20
21	Other Long Term Care	46							21
22	Home Health Agency	101							22
23	ASC (Distinct Part)	115							23
24	Hospice (Distinct Part)	116							24
24.10	Hospice (non-distinct part)	30							24.10
25	CMHC	99							25
26	RHC	88							26
27	Total (sum of lines 14-26)		89						27
28	Observation Bed Days							1,974	28
29	Ambulance Trips								29
30	Employee discount days (see instructions)							263	30
31	Employee discount days-IRF								31
32	Labor & delivery (see instructions)		1						1 32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

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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)					1,910	624	4,508	1
2	HMO and other (see instructions)					148			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)		1,045.92			1,910	624	4,508	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)		1,045.92						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ÷ column 5)		
	1	2	3	4	5	6		
SALARIES								
1	Total salaries (see instructions)	200	73,534,014		73,534,014	2,175,513.00	33.80	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		12,842,272		12,842,272	87,874.00	146.14	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21						7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		1,812,365	308,546	2,120,911	58,843.00	36.04	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		1,687,676		1,687,676	21,091.00	80.02	11
12	Contract management and administrative services		713,570		713,570	1,764.43	404.42	12
13	Contract labor: Physician-Part A - Administrative							13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries							14.01
14.02	Related organization salaries							14.02
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		17,333,998		17,333,998			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		4,303,656		4,303,656			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative							22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)							25
25.50	Home office wage-related							25.50
25.51	Related organization wage-related							25.51
25.52	Home office: Physician Part A - Administrative - wage-related							25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related							25.53
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		575,506		575,506	17,305.00	33.26	26
27	Administrative & General		10,909,383	61,647	10,971,030	376,209.00	29.16	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs							29
30	Operation of Plant		1,147,591		1,147,591	41,662.00	27.55	30
31	Laundry & Linen Service		29,852		29,852	2,100.00	14.22	31
32	Housekeeping		1,469,333		1,469,333	99,819.00	14.72	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		1,089,189	-759,114	330,075	12,456.00	26.50	34
35	Dietary under contract (see instructions)							35
36	Cafeteria			655,452	655,452	25,111.00	26.10	36
37	Maintenance of Personnel							37
38	Nursing Administration		818,500		818,500	25,875.00	31.63	38
39	Central Services and Supply		779,548	-674,478	105,070	2,210.00	47.54	39
40	Pharmacy		2,049,376		2,049,376	42,432.00	48.30	40
41	Medical Records & Medical Records Library		1,725,638	-105,070	1,620,568	74,812.00	21.66	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	60,691,742		60,691,742	2,087,639.00	29.07	1
2	Excluded area salaries (see instructions)	1,812,365	308,546	2,120,911	58,843.00	36.04	2
3	Subtotal salaries (line 1 minus line 2)	58,879,377	-308,546	58,570,831	2,028,796.00	28.87	3
4	Subtotal other wages & related costs (see instructions)	2,401,246		2,401,246	22,855.43	105.06	4

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HOSPITAL WAGE INDEX INFORMATION

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

5	Subtotal wage-related costs (see instructions)		17,333,998		17,333,998		29.59%	5
6	Total (sum of lines 3 through 5)		78,614,621	-308,546	78,306,075	2,051,651.43	38.17	6
7	Total overhead cost (see instructions)		20,593,916	-821,563	19,772,353	719,991.00	27.46	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

	Amount Reported	
RETIREMENT COST		
1 401K Employer Contributions	1,784,832	1
2 Tax Sheltered Annuity (TSA) Employer Contribution		2
3 Nonqualified Defined Benefit Plan Cost (see instructions)		3
4 Qualified Defined Benefit Plan Cost (see instructions)		4
PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5 401k/TSA Plan Administration Fees		5
6 Legal/Accounting/Management Fees-Pension Plan		6
7 Employee Managed Care Program Administration Fees		7
HEALTH AND INSURANCE COST		
8 Health Insurance (Purchased or Self Funded)		8
8.01 Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02 Health Insurance (Self Funded with a Third Party Administrator)	13,629,498	8.02
8.03 Health Insurance (Purchased)		8.03
9 Prescription Drug Plan		9
10 Dental, Hearing and Vision Plan	330,268	10
11 Life Insurance (If employee is owner or beneficiary)	96,116	11
12 Accident Insurance (If employee is owner or beneficiary)	335,030	12
13 Disability Insurance (If employee is owner or beneficiary)		13
14 Long-Term Care Insurance (If employee is owner or beneficiary)		14
15 Workers' Compensation Insurance	342,446	15
16 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
TAXES		
17 FICA-Employers Portion Only	4,970,315	17
18 Medicare Taxes - Employers Portion Only		18
19 Unemployment Insurance	26,033	19
20 State or Federal Unemployment Taxes		20
OTHER		
21 Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22 Day Care Costs and Allowances		22
23 Tuition Reimbursement	123,116	23
24 Total Wage Related cost (Sum of lines 1-23)	21,637,654	24

Part B - Other Than Core Related Cost

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

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost			1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.248390	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	6,952,621	2
3	Did you receive DSH or supplemental payments from Medicaid?	N	3
4	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid		5
6	Medicaid charges	69,284,155	6
7	Medicaid cost (line 1 times line 6)	17,209,491	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.	10,256,870	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

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (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)	10,256,870	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	8,012,179		8,012,179	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,990,145		1,990,145	21
22	Payments received from patients for amounts previously written off as charity care				22
23	Cost of charity care (line 21 minus line 22)	1,990,145		1,990,145	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, charges for patient days beyond the indigent care program's length of stay limit		25
26	Total bad debt expense for the entire hospital complex (see instructions)	10,078,769	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	546,237	27
27.0	Medicare allowable bad debts for the entire hospital complex (see instructions)	840,365	27.0
1			1
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	9,238,404	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,588,855	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	4,579,000	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	14,835,870	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS										
1	00100	Cap Rel Costs-Bldg & Fixt				5,015,613	5,015,613		5,015,613	1
2	00200	Cap Rel Costs-Mvble Equip				5,363,012	5,363,012		5,363,012	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	575,506	22,094,547	22,670,053	-2,580	22,667,473	-12,588,871	10,078,602	4
5	00500	Administrative & General	10,909,383	23,450,067	34,359,450	-5,974,452	28,384,998	-120,261	28,264,737	5
7	00700	Operation of Plant	1,147,591	2,128,021	3,275,612	-26,947	3,248,665		3,248,665	7
8	00800	Laundry & Linen Service	29,852	358,440	388,292		388,292		388,292	8
9	00900	Housekeeping	1,469,333	531,962	2,001,295	-20,570	1,980,725		1,980,725	9
10	01000	Dietary	1,089,189	561,923	1,651,112	-1,182,161	468,951		468,951	10
11	01100	Cafeteria				989,502	989,502		989,502	11
13	01300	Nursing Administration	818,500	44,365	862,865	-223	862,642		862,642	13
14	01400	Central Services & Supply	779,548	4,314,608	5,094,156	-4,870,210	223,946		223,946	14
15	01500	Pharmacy	2,049,376	5,655,148	7,704,524	-5,163	7,699,361		7,699,361	15
16	01600	Medical Records & Library	1,725,638	289,779	2,015,417	-301,570	1,713,847		1,713,847	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20.01	02001	ALLIED HEALTH EMS				460,570	460,570		460,570	20.01
INPATIENT ROUTINE SERVICE COST CENTERS										
30	03000	Adults & Pediatrics	8,328,617	2,364,552	10,693,169	-841,470	9,851,699	-974,251	8,877,448	30
31	03100	Intensive Care Unit	3,382,496	886,369	4,268,865	-1,214,367	3,054,498		3,054,498	31
43	04300	Nursery				865,480	865,480		865,480	43
ANCILLARY SERVICE COST CENTERS										
50	05000	Operating Room	3,701,021	8,304,815	12,005,836	-5,842,609	6,163,227		6,163,227	50
51	05100	Recovery Room	456,391	51,530	507,921	-2,836	505,085		505,085	51
52	05200	Delivery Room & Labor Room				852,041	852,041		852,041	52
53	05300	Anesthesiology		185,925	185,925	-63,403	122,522		122,522	53
54	05400	Radiology-Diagnostic	2,400,865	976,298	3,377,163	-391,022	2,986,141		2,986,141	54
54.01	05401	NUCLEAR MEDICINE	308,386	425,276	733,662	-30,284	703,378		703,378	54.01
54.02	05402	ULTRASOUND	683,997	179,003	863,000	-136,466	726,534		726,534	54.02
55	05500	Radiology-Therapeutic	523,215	1,375,272	1,898,487	-317,386	1,581,101		1,581,101	55
57	05700	CT Scan	773,202	759,997	1,533,199	-354,226	1,178,973		1,178,973	57
58	05800	MRI	392,229	188,758	580,987	-4,306	576,681		576,681	58
59	05900	Cardiac Catheterization	848,153	2,328,035	3,176,188	-1,398,957	1,777,231		1,777,231	59
59.97	05901	CARDIAC REHAB	250,962	46,018	296,980	-23,470	273,510		273,510	59.97
60	06000	Laboratory	3,783,575	3,571,934	7,355,509	-125,116	7,230,393	-1,045,737	6,184,656	60
65	06500	Respiratory Therapy	1,985,491	522,885	2,508,376	-1,425,981	1,082,395		1,082,395	65
66	06600	Physical Therapy	1,278,294	139,610	1,417,904	-19,096	1,398,808		1,398,808	66
67	06700	Occupational Therapy	784,278	195,948	980,226	12,644	992,870		992,870	67
68	06800	Speech Pathology	182,257	2,808	185,065	-198	184,867		184,867	68
69	06900	Electrocardiology				1,237,669	1,237,669		1,237,669	69
71	07100	Medical Supplies Charged to Patients				5,094,156	5,094,156		5,094,156	71
72	07200	Impl. Dev. Charged to Patients				6,548,827	6,548,827		6,548,827	72
73	07300	Drugs Charged to Patients								73
76.97	07697	CARDIAC REHABILITATION								76.97
OUTPATIENT SERVICE COST CENTERS										
90	09000	Clinic	17,699,112	4,902,372	22,601,484	-1,014,823	21,586,661	-9,847,597	11,739,064	90
91	09100	Emergency	3,365,192	1,104,092	4,469,284	-528,177	3,941,107		3,941,107	91
92	09200	Observation Beds (Non-Distinct Part)								92
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM								93.99
OTHER REIMBURSABLE COST CENTERS										
SPECIAL PURPOSE COST CENTERS										
118		SUBTOTALS (sum of lines 1-117)	71,721,649	87,940,357	159,662,006	321,445	159,983,451	-24,576,717	135,406,734	118
NONREIMBURSABLE COST CENTERS										
190.01	19001	MEALS ON WHEELS				63,428	63,428		63,428	190.01
191.01	19101	PATIENT TRANSPORTATION	225,505	182,195	407,700	-62,236	345,464		345,464	191.01
192	19200	Physicians' Private Offices	1,557,889	1,241,710	2,799,599	-79,965	2,719,634	-974,686	1,744,948	192
193	19300	Nonpaid Workers		242,672	242,672	-242,672				193
194	07950	YOUTH CARDIOLOGY PROGRAM	28,971	13,591	42,562		42,562		42,562	194
200		TOTAL (sum of lines 118-199)	73,534,014	89,620,525	163,154,539		163,154,539	-25,551,403	137,603,136	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	CAFETERIA FOOD SERVICE	A	Cafeteria	11	655,452	334,050
2			Administrative & General	5	61,647	31,418
3			MEALS ON WHEELS	190.01	42,015	21,413
500	Total reclassifications				759,114	386,881
	Code Letter - A					
1	EMS PARAMEDICAL EDUCATION COST	B	ALLIED HEALTH EMS	20.01	266,531	194,039
500	Total reclassifications				266,531	194,039
	Code Letter - B					
1	IMPLANTABLE DEVICES RECLASS	C	Impl. Dev. Charged to Patient	72		1,162,154
2			Impl. Dev. Charged to Patient	72		5,386,673
500	Total reclassifications					6,548,827
	Code Letter - C					
1	CENTRAL SERVICES	D	Central Services & Supply	14	105,070	155,995
500	Total reclassifications				105,070	155,995
	Code Letter - D					
1	CHARGEABLE SUPPLY COST RECLASS	E	Medical Supplies Charged to P	71	779,548	4,314,608
500	Total reclassifications				779,548	4,314,608
	Code Letter - E					
1	ICU RECLASS	F	Adults & Pediatrics	30	841,513	220,515
500	Total reclassifications				841,513	220,515
	Code Letter - F					
1	BUILDING DEPR RECLASS	G	Cap Rel Costs-Bldg & Fixt	1		2,858,919
2						
3						
4						
5						
500	Total reclassifications					2,858,919
	Code Letter - G					
1	INTEREST RECLASS	H	Cap Rel Costs-Bldg & Fixt	1		1,198,939
500	Total reclassifications					1,198,939
	Code Letter - H					
1	DEPR LAND FIXED RECLASS	I	Cap Rel Costs-Bldg & Fixt	1		957,755
2						
3						
4						
5						
500	Total reclassifications					957,755
	Code Letter - I					
1	DEPR MOVEABLE EQUIP RECLASS	J	Cap Rel Costs-Mvble Equip	2		5,363,012
2						
3						
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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	
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
500	Total reclassifications					5,363,012	500
	Code Letter - J						
1	CARDIAC DIAG	K	Electrocardiology	69	954,317	283,352	1
500	Total reclassifications				954,317	283,352	500
	Code Letter - K						
1	LDR & NURSERY	L	Delivery Room & Labor Room	52	767,687	84,354	1
2			Nursery	43	779,795	85,685	2
500	Total reclassifications				1,547,482	170,039	500
	Code Letter - L						
1	RIDGE RD RECLASS	M	Radiology-Diagnostic	54	317	149	1
2			ULTRASOUND	54.02	750	354	2
3			CT Scan	57	1,547	729	3
4			Laboratory	60	12,571	5,928	4
5			Occupational Therapy	67	11,389	5,371	5
500	Total reclassifications				26,574	12,531	500
	Code Letter - M						
1	YORKVILLE RECLASS	N	Radiology-Diagnostic	54	1,857	1,021	1
2			CT Scan	57	511	281	2
3			Occupational Therapy	67	6,110	3,360	3
500	Total reclassifications				8,478	4,662	500
	Code Letter - N						
	GRAND TOTAL (Increases)				5,288,627	22,670,074	

(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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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		I	6	7	8	9	10	
1	CAFETERIA FOOD SERVICE	A	Dietary	10	655,452	334,050	1	
2			Dietary	10	61,647	31,418	2	
3			Dietary	10	42,015	21,413	3	
500	Total reclassifications				759,114	386,881	500	
	Code letter - A							
1	EMS PARAMEDICAL EDUCATION COST	B	Emergency	91	266,531	194,039	1	
500	Total reclassifications				266,531	194,039	500	
	Code letter - B							
1	IMPLANTABLE DEVICES RECLASS	C	Cardiac Catheterization	59		1,162,154	1	
2			Operating Room	50		5,386,673	2	
500	Total reclassifications					6,548,827	500	
	Code letter - C							
1	CENTRAL SERVICES	D	Medical Records & Library	16	105,070	155,995	1	
500	Total reclassifications				105,070	155,995	500	
	Code letter - D							
1	CHARGEABLE SUPPLY COST RECLASS	E	Central Services & Supply	14	779,548	4,314,608	1	
500	Total reclassifications				779,548	4,314,608	500	
	Code letter - E							
1	ICU RECLASS	F	Intensive Care Unit	31	841,513	220,515	1	
500	Total reclassifications				841,513	220,515	500	
	Code letter - F							
1	BUILDING DEPR RECLASS	G	Administrative & General	5		1,897,254	9	
2			Radiology-Therapeutic	55		9,784	9	
3			Clinic	90		653,533	9	
4			Physicians' Private Offices	192		55,676	9	
5			Nonpaid Workers	193		242,672	9	
500	Total reclassifications					2,858,919	500	
	Code letter - G							
1	INTEREST RECLASS	H	Administrative & General	5		1,198,939	11	
500	Total reclassifications					1,198,939	500	
	Code letter - H							
1	DEPR LAND FIXED RECLASS	I	Administrative & General	5		857,116	9	
2			Medical Records & Library	16		1,157	9	
3			Radiology-Therapeutic	55		1,894	9	
4			Clinic	90		90,161	9	
5			Physicians' Private Offices	192		7,427	9	
500	Total reclassifications					957,755	500	
	Code letter - I							
1	DEPR MOVEABLE EQUIP RECLASS	J	Employee Benefits Department	4		2,580	9	
2			Administrative & General	5		2,114,208	9	
3			Operation of Plant	7		26,947	9	
4			Housekeeping	9		20,570	9	
5			Dietary	10		36,166	9	
6			Nursing Administration	13		223	9	
7			Central Services & Supply	14		37,119	9	
8			Pharmacy	15		5,163	9	
9			Medical Records & Library	16		39,348	9	
10			Adults & Pediatrics	30		185,977	9	
11			Intensive Care Unit	31		152,339	9	
12			Operating Room	50		455,936	9	
13			Recovery Room	51		2,836	9	
14			Anesthesiology	53		63,403	9	
15			Radiology-Diagnostic	54		394,366	9	
16			NUCLEAR MEDICINE	54.01		30,284	9	
17			ULTRASOUND	54.02		137,570	9	
18			Radiology-Therapeutic	55		305,708	9	
19			CT Scan	57		357,294	9	
20			MRI	58		4,306	9	
21			Cardiac Catheterization	59		236,803	9	
22			CARDIAC REHAB	59.97		23,470	9	

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RECLASSIFICATIONS

WORKSHEET A-6

DECREASES							
EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
	1	6	7	8	9	10	
23		Laboratory	60		143,615	9	23
24		Respiratory Therapy	65		188,312	9	24
25		Physical Therapy	66		19,096	9	25
26		Occupational Therapy	67		13,586	9	26
27		Speech Pathology	68		198	9	27
28		Clinic	90		218,884	9	28
29		Emergency	91		67,607	9	29
30		PATIENT TRANSPORTATION	191.01		62,236	9	30
31		Physicians' Private Offices	192		16,862	9	31
500	Total reclassifications				5,363,012		500
	Code letter - J						
1	CARDIAC DIAG	K	Respiratory Therapy	65	954,317	283,352	1
500	Total reclassifications				954,317	283,352	500
	Code letter - K						
1	LDR & NURSERY	L	Adults & Pediatrics	30	767,687	84,354	1
2			Adults & Pediatrics	30	779,795	85,685	2
500	Total reclassifications				1,547,482	170,039	500
	Code letter - L						
1	RIDGE RD RECLASS	M	Clinic	90	317	149	1
2			Clinic	90	750	354	2
3			Clinic	90	1,547	729	3
4			Clinic	90	12,571	5,928	4
5			Clinic	90	11,389	5,371	5
500	Total reclassifications				26,574	12,531	500
	Code letter - M						
1	YORKVILLE RECLASS	N	Clinic	90	1,857	1,021	1
2			Clinic	90	511	281	2
3			Clinic	90	6,110	3,360	3
500	Total reclassifications				8,478	4,662	500
	Code letter - N						
	GRAND TOTAL (Decreases)				5,288,627	22,670,074	

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

KPMG LLP Compu-Max 2552-10

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	9,588,553	161,896		161,896		9,750,449		1
2	Land Improvements	6,777,095	114,331		114,331		6,891,426		2
3	Buildings and Fixtures	78,338,407	1,541,212		1,541,212		79,879,619		3
4	Building Improvements	1,584,302	457,578		457,578		2,041,880		4
5	Fixed Equipment	23,790,378	730,594		730,594		24,520,972		5
6	Movable Equipment	76,565,144	4,647,539		4,647,539		81,212,683		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	196,643,879	7,653,150		7,653,150		204,297,029		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	196,643,879	7,653,150		7,653,150		204,297,029		10

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

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

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may

have been included in Worksheet A, column 2, lines 1 and 2.

* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	3,816,674		1,198,939					5,015,613	1
2	Cap Rel Costs-Mvble Equip	5,363,012							5,363,012	2
3	Total (sum of lines 1-2)	9,179,686		1,198,939					10,378,625	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications,

Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

KPMG LLP Compu-Max 2552-10

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	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	-11,867,585				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						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 and allied health education (tuition, fees, books, etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33	LIFELINE	A	-93,560	Administrative & General	5		33
34	EMPLOYEE SELF INSURANCE	A	-12,588,871	Employee Benefits Department	4		34
35	LOBBYING COSTS	A	-26,701	Administrative & General	5		35
36	PROFESSIONAL FEES CLINIC	A	-974,686	Physicians' Private Offices	192		36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-25,551,403				50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

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

(3) Additional adjustments may be made on lines 33 thru 49 and subscripits 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	30	Adults & Pediatrics AGGREGATE	974,251	974,251						1
2	60	Laboratory AGGREGATE	1,045,737	1,045,737						2
3	90	Clinic AGGREGATE	9,847,597	9,847,597						3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	11,867,585	11,867,585						200

KPMG LLP Compu-Max 2552-10

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	30	Adults & Pediatrics AGGREGATE							974,251	1
2	60	Laboratory AGGREGATE							1,045,737	2
3	90	Clinic AGGREGATE							9,847,597	3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL							11,867,585	200

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	5,015,613	5,015,613					1
2	Cap Rel Costs-Mvble Equip	5,363,012		5,363,012				2
4	Employee Benefits Department	10,078,602	16,324	17,455	10,112,381			4
5	Administrative & General	28,264,737	1,145,298	1,224,622	1,520,640	32,155,297	32,155,297	5
7	Operation of Plant	3,248,665	489,001	522,871	159,062	4,419,599	1,347,713	7
8	Laundry & Linen Service	388,292	47,561	50,855	4,138	490,846	149,679	8
9	Housekeeping	1,980,725	36,778	39,325	203,657	2,260,485	689,312	9
10	Dietary	468,951	148,197	158,462	45,750	821,360	250,466	10
11	Cafeteria	989,502	75,864	81,119	90,849	1,237,334	377,313	11
13	Nursing Administration	862,642	41,422	44,291	113,448	1,061,803	323,786	13
14	Central Services & Supply	223,946	181,145	193,692	14,563	613,346	187,034	14
15	Pharmacy	7,699,361	29,498	31,541	284,054	8,044,454	2,453,076	15
16	Medical Records & Library	1,713,847	116,635	124,713	224,619	2,179,814	664,712	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20.01	ALLIED HEALTH EMS	460,570			36,943	497,513	151,712	20.01
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	8,877,448	905,643	968,371	1,056,537	11,807,999	3,600,731	30
31	Intensive Care Unit	3,054,498	82,111	87,799	352,193	3,576,601	1,090,649	31
43	Nursery	865,480	15,482	16,555	108,083	1,005,600	306,648	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	6,163,227	157,161	168,046	512,980	7,001,414	2,135,011	50
51	Recovery Room	505,085	165,092	176,527	63,258	909,962	277,484	51
52	Delivery Room & Labor Room	852,041	11,625	12,431	106,405	982,502	299,604	52
53	Anesthesiology	122,522	14,124	15,103		151,749	46,274	53
54	Radiology-Diagnostic	2,986,141	283,927	303,592	333,073	3,906,733	1,191,319	54
54.01	NUCLEAR MEDICINE	703,378	11,734	12,547	42,744	770,403	234,927	54.01
54.02	ULTRASOUND	726,534	21,295	22,770	94,909	865,508	263,928	54.02
55	Radiology-Therapeutic	1,581,101		72,520		1,653,621	504,255	55
57	CT Scan	1,178,973	33,301	35,607	107,455	1,355,336	413,296	57
58	MRI	576,681	189,158	202,259	54,365	1,022,463	311,790	58
59	Cardiac Catheterization	1,777,231	42,482	45,424	117,558	1,982,695	604,603	59
59.97	CARDIAC REHAB	273,510			34,785	308,295	94,011	59.97
60	Laboratory	6,184,656	147,491	157,707	526,165	7,016,019	2,139,465	60
65	Respiratory Therapy	1,082,395	146,241	156,371	142,926	1,527,933	465,928	65
66	Physical Therapy	1,398,808	108,350	115,855	177,178	1,800,191	548,950	66
67	Occupational Therapy	992,870	29,036	31,048	111,130	1,164,084	354,976	67
68	Speech Pathology	184,867	6,383	6,825	25,262	223,337	68,104	68
69	Electrocardiology	1,237,669			132,273	1,369,942	417,750	69
71	Medical Supplies Charged to Patients	5,094,156			108,049	5,202,205	1,586,360	71
72	Impl. Dev. Charged to Patients	6,548,827				6,548,827	1,996,999	72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	11,739,064	17,628	18,849	2,448,294	14,223,835	4,337,451	90
91	Emergency	3,941,107	299,626	320,380	429,490	4,990,603	1,521,834	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	135,406,734	5,015,613	5,363,012	9,855,355	135,149,708	31,407,150	118
NONREIMBURSABLE COST CENTERS								
190.01	MEALS ON WHEELS	63,428			5,823	69,251	21,117	190.01
191.01	PATIENT TRANSPORTATION	345,464			31,256	376,720	114,877	191.01
192	Physicians' Private Offices	1,744,948			215,931	1,960,879	597,950	192
193	Nonpaid Workers							193
194	YOUTH CARDIOLOGY PROGRAM	42,562			4,016	46,578	14,203	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	137,603,136	5,015,613	5,363,012	10,112,381	137,603,136	32,155,297	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant	5,767,312						7
8	Laundry & Linen Service	81,516	722,041					8
9	Housekeeping	63,034		3,012,831				9
10	Dietary	253,997		136,099	1,461,922			10
11	Cafeteria	130,025		69,671		1,814,343		11
13	Nursing Administration	70,994		38,041		28,685	1,523,309	13
14	Central Services & Supply	310,467		166,357		50,199		14
15	Pharmacy	50,557		27,090		47,809		15
16	Medical Records & Library	199,902		107,113		88,446		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20.01	ALLIED HEALTH EMS							20.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,552,197	544,438	831,708	1,102,328	282,072	573,651	30
31	Intensive Care Unit	140,732	125,218	75,408	253,530	83,665	170,168	31
43	Nursery	26,536	52,385	14,219	106,064	23,904		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	269,360		144,331		119,522	243,507	50
51	Recovery Room	282,954		151,614		14,343	27,082	51
52	Delivery Room & Labor Room	19,925		10,676		23,904	47,614	52
53	Anesthesiology	24,208		12,971				53
54	Radiology-Diagnostic	486,626		260,748		105,179		54
54.01	NUCLEAR MEDICINE	20,111		10,776		7,171		54.01
54.02	ULTRASOUND	36,498		19,557		21,514		54.02
55	Radiology-Therapeutic							55
57	CT Scan	57,075		30,582		23,904		57
58	MRI	324,200		173,715		11,952		58
59	Cardiac Catheterization	72,810		39,014		26,295	51,691	59
59.97	CARDIAC REHAB					7,171		59.97
60	Laboratory	252,787		135,450		133,865		60
65	Respiratory Therapy	250,645		134,303		98,008	198,319	65
66	Physical Therapy	185,703		99,505		43,028		66
67	Occupational Therapy	49,766		26,666		19,124		67
68	Speech Pathology	10,940		5,862		4,781		68
69	Electrocardiology							69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	30,213		16,189		365,739		90
91	Emergency	513,534		275,166		105,179	211,277	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	5,767,312	722,041	3,012,831	1,461,922	1,735,459	1,523,309	118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS					2,390		190.0
191.0	PATIENT TRANSPORTATION					11,952		191.0
192	Physicians' Private Offices					64,542		192
193	Nonpaid Workers							193
194	YOUTH CARDIOLOGY PROGRAM							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	5,767,312	722,041	3,012,831	1,461,922	1,814,343	1,523,309	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	EMS ALLIED HEALTH	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	20.01	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply	1,327,403						14
15	Pharmacy		10,622,986					15
16	Medical Records & Library			3,239,987				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20.01	ALLIED HEALTH EMS				649,225			20.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			121,739		20,416,863		30
31	Intensive Care Unit			44,618		5,560,589		31
43	Nursery			6,959		1,542,315		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			379,995		10,293,140		50
51	Recovery Room			34,075		1,697,514		51
52	Delivery Room & Labor Room			6,850		1,391,075		52
53	Anesthesiology			43,504		278,706		53
54	Radiology-Diagnostic			125,332		6,075,937		54
54.01	NUCLEAR MEDICINE			48,466		1,091,854		54.01
54.02	ULTRASOUND			100,835		1,307,840		54.02
55	Radiology-Therapeutic			47,976		2,205,852		55
57	CT Scan			395,958		2,276,151		57
58	MRI			108,007		1,952,127		58
59	Cardiac Catheterization			109,138		2,886,246		59
59.97	CARDIAC REHAB			4,472		413,949		59.97
60	Laboratory			591,667		10,269,253		60
65	Respiratory Therapy			49,084		2,724,220		65
66	Physical Therapy			42,321		2,719,698		66
67	Occupational Therapy			16,118		1,630,734		67
68	Speech Pathology			5,244		318,268		68
69	Electrocardiology			110,470		1,898,162		69
71	Medical Supplies Charged to Patients	578,351		96,337		7,463,253		71
72	Impl. Dev. Charged to Patients	749,052		74,913		9,369,791		72
73	Drugs Charged to Patients		10,622,986	173,370		10,796,356		73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			185,260		19,158,687		90
91	Emergency			317,279	649,225	8,584,097		91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,327,403	10,622,986	3,239,987	649,225	134,322,677		118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS					92,758		190.0
1								1
191.0	PATIENT TRANSPORTATION					503,549		191.0
1								1
192	Physicians' Private Offices					2,623,371		192
193	Nonpaid Workers							193
194	YOUTH CARDIOLOGY PROGRAM					60,781		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,327,403	10,622,986	3,239,987	649,225	137,603,136		202

MORRIS HOSPITAL
Provider CCN: 14-0101

In Lieu of Form
CMS-2552-10

Period :
From: 01/01/2017
To: 12/31/2017

Run Date: 05/31/2018
Run Time: 09:21
Version: 2018.04 (05/29/2018)

WORKSHEET B
PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTIONS		TOTAL				
		26				
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5	Administrative & General					5
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
19	Nonphysician Anesthetists					19
20.01	ALLIED HEALTH EMS					20.01
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	20,416,863				30
31	Intensive Care Unit	5,560,589				31
43	Nursery	1,542,315				43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	10,293,140				50
51	Recovery Room	1,697,514				51
52	Delivery Room & Labor Room	1,391,075				52
53	Anesthesiology	278,706				53
54	Radiology-Diagnostic	6,075,937				54
54.01	NUCLEAR MEDICINE	1,091,854				54.01
54.02	ULTRASOUND	1,307,840				54.02
55	Radiology-Therapeutic	2,205,852				55
57	CT Scan	2,276,151				57
58	MRI	1,952,127				58
59	Cardiac Catheterization	2,886,246				59
59.97	CARDIAC REHAB	413,949				59.97
60	Laboratory	10,269,253				60
65	Respiratory Therapy	2,724,220				65
66	Physical Therapy	2,719,698				66
67	Occupational Therapy	1,630,734				67
68	Speech Pathology	318,268				68
69	Electrocardiology	1,898,162				69
71	Medical Supplies Charged to Patients	7,463,253				71
72	Impl. Dev. Charged to Patients	9,369,791				72
73	Drugs Charged to Patients	10,796,356				73
76.97	CARDIAC REHABILITATION					76.97
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	19,158,687				90
91	Emergency	8,584,097				91
92	Observation Beds (Non-Distinct Part)					92
93.99	PARTIAL HOSPITALIZATION PROGRAM					93.99
	OTHER REIMBURSABLE COST CENTERS					
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (sum of lines 1-117)	134,322,677				118
	NONREIMBURSABLE COST CENTERS					
190.0	MEALS ON WHEELS	92,758				190.0
1						1
191.0	PATIENT TRANSPORTATION	503,549				191.0
1						1
192	Physicians' Private Offices	2,623,371				192
193	Nonpaid Workers					193
194	YOUTH CARDIOLOGY PROGRAM	60,781				194
200	Cross Foot Adjustments					200
201	Negative Cost Centers					201
202	TOTAL (sum of lines 118-201)	137,603,136				202

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		16,324	17,455	33,779	33,779		4
5	Administrative & General		1,145,298	1,224,622	2,369,920	5,080	2,375,000	5
7	Operation of Plant		489,001	522,871	1,011,872	531	99,543	7
8	Laundry & Linen Service		47,561	50,855	98,416	14	11,055	8
9	Housekeeping		36,778	39,325	76,103	680	50,913	9
10	Dietary		148,197	158,462	306,659	153	18,499	10
11	Cafeteria		75,864	81,119	156,983	303	27,868	11
13	Nursing Administration		41,422	44,291	85,713	379	23,915	13
14	Central Services & Supply		181,145	193,692	374,837	49	13,814	14
15	Pharmacy		29,498	31,541	61,039	949	181,185	15
16	Medical Records & Library		116,635	124,713	241,348	750	49,096	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20.01	ALLIED HEALTH EMS					123	11,205	20.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		905,643	968,371	1,874,014	3,529	265,952	30
31	Intensive Care Unit		82,111	87,799	169,910	1,176	80,556	31
43	Nursery		15,482	16,555	32,037	361	22,649	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		157,161	168,046	325,207	1,714	157,693	50
51	Recovery Room		165,092	176,527	341,619	211	20,495	51
52	Delivery Room & Labor Room		11,625	12,431	24,056	355	22,129	52
53	Anesthesiology		14,124	15,103	29,227		3,418	53
54	Radiology-Diagnostic		283,927	303,592	587,519	1,113	87,991	54
54.01	NUCLEAR MEDICINE		11,734	12,547	24,281	143	17,352	54.01
54.02	ULTRASOUND		21,295	22,770	44,065	317	19,494	54.02
55	Radiology-Therapeutic					242	37,245	55
57	CT Scan		33,301	35,607	68,908	359	30,526	57
58	MRI		189,158	202,259	391,417	182	23,029	58
59	Cardiac Catheterization		42,482	45,424	87,906	393	44,656	59
59.97	CARDIAC REHAB					116	6,944	59.97
60	Laboratory		147,491	157,707	305,198	1,758	158,022	60
65	Respiratory Therapy		146,241	156,371	302,612	477	34,414	65
66	Physical Therapy		108,350	115,855	224,205	592	40,546	66
67	Occupational Therapy		29,036	31,048	60,084	371	26,219	67
68	Speech Pathology		6,383	6,825	13,208	84	5,030	68
69	Electrocardiology					442	30,855	69
71	Medical Supplies Charged to Patients					361	117,169	71
72	Impl. Dev. Charged to Patients						147,499	72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		17,628	18,849	36,477	8,180	320,362	90
91	Emergency		299,626	320,380	620,006	1,435	112,403	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		5,015,613	5,363,012	10,378,625	32,922	2,319,741	118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS					19	1,560	190.0
1								1
191.0	PATIENT TRANSPORTATION					104	8,485	191.0
1								1
192	Physicians' Private Offices					721	44,165	192
193	Nonpaid Workers							193
194	YOUTH CARDIOLOGY PROGRAM					13	1,049	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		5,015,613	5,363,012	10,378,625	33,779	2,375,000	202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant	1,111,946						7
8	Laundry & Linen Service	15,716	125,201					8
9	Housekeeping	12,153		139,849				9
10	Dietary	48,971		6,317	380,599			10
11	Cafeteria	25,069		3,234		213,457		11
13	Nursing Administration	13,688		1,766		3,375	128,836	13
14	Central Services & Supply	59,858		7,722		5,906		14
15	Pharmacy	9,748		1,257		5,625		15
16	Medical Records & Library	38,541		4,972		10,406		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20.01	ALLIED HEALTH EMS							20.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	299,267	94,405	38,606	286,982	33,186	48,517	30
31	Intensive Care Unit	27,133	21,713	3,500	66,004	9,843	14,392	31
43	Nursery	5,116	9,083	660	27,613	2,812		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	51,933		6,700		14,062	20,595	50
51	Recovery Room	54,554		7,038		1,687	2,291	51
52	Delivery Room & Labor Room	3,842		496		2,812	4,027	52
53	Anesthesiology	4,667		602				53
54	Radiology-Diagnostic	93,822		12,103		12,374		54
54.01	NUCLEAR MEDICINE	3,877		500		844		54.01
54.02	ULTRASOUND	7,037		908		2,531		54.02
55	Radiology-Therapeutic							55
57	CT Scan	11,004		1,420		2,812		57
58	MRI	62,506		8,063		1,406		58
59	Cardiac Catheterization	14,038		1,811		3,094	4,372	59
59.97	CARDIAC REHAB					844		59.97
60	Laboratory	48,738		6,287		15,749		60
65	Respiratory Therapy	48,325		6,234		11,531	16,773	65
66	Physical Therapy	35,804		4,619		5,062		66
67	Occupational Therapy	9,595		1,238		2,250		67
68	Speech Pathology	2,109		272		562		68
69	Electrocardiology							69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	5,825		751		43,030		90
91	Emergency	99,010		12,773		12,374	17,869	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,111,946	125,201	139,849	380,599	204,177	128,836	118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS					281		190.0
191.0	PATIENT TRANSPORTATION					1,406		191.0
192	Physicians' Private Offices					7,593		192
193	Nonpaid Workers							193
194	YOUTH CARDIOLOGY PROGRAM							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,111,946	125,201	139,849	380,599	213,457	128,836	202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	EMS ALLIED HEALTH	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
		14	15	16	20.01	24	25
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply	462,186					14
15	Pharmacy		259,803				15
16	Medical Records & Library			345,113			16
17	Social Service						17
19	Nonphysician Anesthetists						19
20.01	ALLIED HEALTH EMS				11,328		20.01
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics			12,964		2,957,422	30
31	Intensive Care Unit			4,751		398,978	31
43	Nursery			741		101,072	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room			40,467		618,371	50
51	Recovery Room			3,629		431,524	51
52	Delivery Room & Labor Room			729		58,446	52
53	Anesthesiology			4,633		42,547	53
54	Radiology-Diagnostic			13,347		808,269	54
54.01	NUCLEAR MEDICINE			5,161		52,158	54.01
54.02	ULTRASOUND			10,738		85,090	54.02
55	Radiology-Therapeutic			5,109		42,596	55
57	CT Scan			42,167		157,196	57
58	MRI			11,502		498,105	58
59	Cardiac Catheterization			11,622		167,892	59
59.97	CARDIAC REHAB			476		8,380	59.97
60	Laboratory			63,088		598,840	60
65	Respiratory Therapy			5,227		425,593	65
66	Physical Therapy			4,507		315,335	66
67	Occupational Therapy			1,716		101,473	67
68	Speech Pathology			558		21,823	68
69	Electrocardiology			11,764		43,061	69
71	Medical Supplies Charged to Patients	201,377		10,259		329,166	71
72	Impl. Dev. Charged to Patients	260,809		7,978		416,286	72
73	Drugs Charged to Patients		259,803	18,463		278,266	73
76.97	CARDIAC REHABILITATION						76.97
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic			19,729		434,354	90
91	Emergency			33,788		909,658	91
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	462,186	259,803	345,113		10,301,901	118
	NONREIMBURSABLE COST CENTERS						
190.0	MEALS ON WHEELS					1,860	190.0
1							1
191.0	PATIENT TRANSPORTATION					9,995	191.0
1							1
192	Physicians' Private Offices					52,479	192
193	Nonpaid Workers						193
194	YOUTH CARDIOLOGY PROGRAM					1,062	194
200	Cross Foot Adjustments				11,328	11,328	200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	462,186	259,803	345,113	11,328	10,378,625	202

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20.01	ALLIED HEALTH EMS						20.01
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	2,957,422					30
31	Intensive Care Unit	398,978					31
43	Nursery	101,072					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	618,371					50
51	Recovery Room	431,524					51
52	Delivery Room & Labor Room	58,446					52
53	Anesthesiology	42,547					53
54	Radiology-Diagnostic	808,269					54
54.01	NUCLEAR MEDICINE	52,158					54.01
54.02	ULTRASOUND	85,090					54.02
55	Radiology-Therapeutic	42,596					55
57	CT Scan	157,196					57
58	MRI	498,105					58
59	Cardiac Catheterization	167,892					59
59.97	CARDIAC REHAB	8,380					59.97
60	Laboratory	598,840					60
65	Respiratory Therapy	425,593					65
66	Physical Therapy	315,335					66
67	Occupational Therapy	101,473					67
68	Speech Pathology	21,823					68
69	Electrocardiology	43,061					69
71	Medical Supplies Charged to Patients	329,166					71
72	Impl. Dev. Charged to Patients	416,286					72
73	Drugs Charged to Patients	278,266					73
76.97	CARDIAC REHABILITATION						76.97
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	434,354					90
91	Emergency	909,658					91
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	10,301,901					118
	NONREIMBURSABLE COST CENTERS						
190.0	MEALS ON WHEELS	1,860					190.0
1							1
191.0	PATIENT TRANSPORTATION	9,995					191.0
1							1
192	Physicians' Private Offices	52,479					192
193	Nonpaid Workers						193
194	YOUTH CARDIOLOGY PROGRAM	1,062					194
200	Cross Foot Adjustments	11,328					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	10,378,625					202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT T GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	184,654						1
2	Cap Rel Costs-Mvble Equip		184,654					2
4	Employee Benefits Department	601	601	72,958,508				4
5	Administrative & General	42,165	42,165	10,971,030	-32,155,297	105,447,839		5
7	Operation of Plant	18,003	18,003	1,147,591		4,419,599	123,885	7
8	Laundry & Linen Service	1,751	1,751	29,852		490,846	1,751	8
9	Housekeeping	1,354	1,354	1,469,333		2,260,485	1,354	9
10	Dietary	5,456	5,456	330,075		821,360	5,456	10
11	Cafeteria	2,793	2,793	655,452		1,237,334	2,793	11
13	Nursing Administration	1,525	1,525	818,500		1,061,803	1,525	13
14	Central Services & Supply	6,669	6,669	105,070		613,346	6,669	14
15	Pharmacy	1,086	1,086	2,049,376		8,044,454	1,086	15
16	Medical Records & Library	4,294	4,294	1,620,568		2,179,814	4,294	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20.01	ALLIED HEALTH EMS			266,531		497,513		20.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	33,342	33,342	7,622,648		11,807,999	33,342	30
31	Intensive Care Unit	3,023	3,023	2,540,983		3,576,601	3,023	31
43	Nursery	570	570	779,795		1,005,600	570	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	5,786	5,786	3,701,021		7,001,414	5,786	50
51	Recovery Room	6,078	6,078	456,391		909,962	6,078	51
52	Delivery Room & Labor Room	428	428	767,687		982,502	428	52
53	Anesthesiology	520	520			151,749	520	53
54	Radiology-Diagnostic	10,453	10,453	2,403,039		3,906,733	10,453	54
54.01	NUCLEAR MEDICINE	432	432	308,386		770,403	432	54.01
54.02	ULTRASOUND	784	784	684,747		865,508	784	54.02
55	Radiology-Therapeutic			523,215		1,653,621		55
57	CT Scan	1,226	1,226	775,260		1,355,336	1,226	57
58	MRI	6,964	6,964	392,229		1,022,463	6,964	58
59	Cardiac Catheterization	1,564	1,564	848,153		1,982,695	1,564	59
59.97	CARDIAC REHAB			250,962		308,295		59.97
60	Laboratory	5,430	5,430	3,796,146		7,016,019	5,430	60
65	Respiratory Therapy	5,384	5,384	1,031,174		1,527,933	5,384	65
66	Physical Therapy	3,989	3,989	1,278,294		1,800,191	3,989	66
67	Occupational Therapy	1,069	1,069	801,777		1,164,084	1,069	67
68	Speech Pathology	235	235	182,257		223,337	235	68
69	Electrocardiology			954,317		1,369,942		69
71	Medical Supplies Charged to Patients			779,548		5,202,205		71
72	Impl. Dev. Charged to Patients					6,548,827		72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	649	649	17,664,060		14,223,835	649	90
91	Emergency	11,031	11,031	3,098,661		4,990,603	11,031	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	184,654	184,654	71,104,128	-32,155,297	102,994,411	123,885	118
	NONREIMBURSABLE COST CENTERS							
190.01	MEALS ON WHEELS			42,015		69,251		190.01
191.01	PATIENT TRANSPORTATION			225,505		376,720		191.01
192	Physicians' Private Offices			1,557,889		1,960,879		192
193	Nonpaid Workers							193
194	YOUTH CARDIOLOGY PROGRAM			28,971		46,578		194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	5,015,613	5,363,012	10,112,381		32,155,297	5,767,312	202
203	Unit Cost Multiplier (Wkst. B, Part I)	27.162222	29.043573	0.138605		0.304940	46.553755	203
204	Cost to be allocated (Per Wkst. B, Part II)			33,779		2,375,000	1,111,946	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000463		0.022523	8.975631	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA FTES	MAINTENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION DIRECT NRSING HRS	
		8	9	10	11	12	13	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service	15,148						8
9	Housekeeping		120,780					9
10	Dietary		5,456	15,148				10
11	Cafeteria		2,793		759			11
13	Nursing Administration		1,525			12	1,525	652,808
14	Central Services & Supply		6,669		21	6,669		14
15	Pharmacy		1,086		20	1,086		15
16	Medical Records & Library		4,294		37	4,294		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20.01	ALLIED HEALTH EMS							20.01
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	11,422	33,342	11,422	118	33,342	245,835	30
31	Intensive Care Unit	2,627	3,023	2,627	35	3,023	72,925	31
43	Nursery	1,099	570	1,099	10	570		43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room		5,786		50	5,786	104,354	50
51	Recovery Room		6,078		6	6,078	11,606	51
52	Delivery Room & Labor Room		428		10	428	20,405	52
53	Anesthesiology		520			520		53
54	Radiology-Diagnostic		10,453		44	10,453		54
54.01	NUCLEAR MEDICINE		432		3	432		54.01
54.02	ULTRASOUND		784		9	784		54.02
55	Radiology-Therapeutic							55
57	CT Scan		1,226		10	1,226		57
58	MRI		6,964		5	6,964		58
59	Cardiac Catheterization		1,564		11	1,564	22,152	59
59.97	CARDIAC REHAB				3			59.97
60	Laboratory		5,430		56	5,430		60
65	Respiratory Therapy		5,384		41	5,384	84,989	65
66	Physical Therapy		3,989		18	3,989		66
67	Occupational Therapy		1,069		8	1,069		67
68	Speech Pathology		235		2	235		68
69	Electrocardiology							69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS								
90	Clinic		649		153	649		90
91	Emergency		11,031		44	11,031	90,542	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	15,148	120,780	15,148	726	112,531	652,808	118
NONREIMBURSABLE COST CENTERS								
190.01	MEALS ON WHEELS				1			190.01
191.01	PATIENT TRANSPORTATION				5			191.01
192	Physicians' Private Offices				27			192
193	Nonpaid Workers							193
194	YOUTH CARDIOLOGY PROGRAM							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	722,041	3,012,831	1,461,922	1,814,343		1,523,309	202
203	Unit Cost Multiplier (Wkst. B, Part I)	47.665764	24.944784	96.509242	2,390.438735		2,333472	203
204	Cost to be allocated (Per Wkst. B, Part II)	125,201	139,849	380,599	213,457		128,836	204
205	Unit Cost Multiplier (Wkst. B, Part II)	8.265184	1.157882	25.125363	281.234519		0.197357	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA FTES	MAINTENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION DIRECT NRSING HRS	
		8	9	10	11	12	13	
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	EMS ALLIED HEALTH TIME SPENT
	14	15	16	20.01

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply	11,642,983					14
15	Pharmacy		100				15
16	Medical Records & Library			540,772,528			16
17	Social Service						17
19	Nonphysician Anesthetists						19
20.01	ALLIED HEALTH EMS				100		20.01
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			20,320,269			30
31	Intensive Care Unit			7,447,466			31
43	Nursery			1,161,612			43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room			63,427,616			50
51	Recovery Room			5,687,652			51
52	Delivery Room & Labor Room			1,143,307			52
53	Anesthesiology			7,261,563			53
54	Radiology-Diagnostic			20,919,966			54
54.01	NUCLEAR MEDICINE			8,089,802			54.01
54.02	ULTRASOUND			16,831,022			54.02
55	Radiology-Therapeutic			8,008,013			55
57	CT Scan			66,092,094			57
58	MRI			18,028,148			58
59	Cardiac Catheterization			18,216,952			59
59.97	CARDIAC REHAB			746,371			59.97
60	Laboratory			98,723,334			60
65	Respiratory Therapy			8,193,030			65
66	Physical Therapy			7,064,068			66
67	Occupational Therapy			2,690,432			67
68	Speech Pathology			875,311			68
69	Electrocardiology			18,439,310			69
71	Medical Supplies Charged to Patients	5,072,850		16,080,311			71
72	Impl. Dev. Charged to Patients	6,570,133		12,504,206			72
73	Drugs Charged to Patients		100	28,938,361			73
76.97	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS							
90	Clinic			30,923,115			90
91	Emergency			52,959,197	100		91
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	11,642,983	100	540,772,528	100		118
NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS						190.0
1							1
191.0	PATIENT TRANSPORTATION						191.0
1							1
192	Physicians' Private Offices						192
193	Nonpaid Workers						193
194	YOUTH CARDIOLOGY PROGRAM						194
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	1,327,403	10,622,986	3,239,987	649,225		202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.114009	106,229.860000	0.005991	6,492.250000		203
204	Cost to be allocated (Per Wkst. B, Part II)	462,186	259,803	345,113	11,328		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.039697	2,598.030000	0.000638	113.280000		205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	EMS ALLIED HEALTH TIME SPENT			
		14	15	16	20.01			
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		CODE	LINE NO.	
	1	2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
				1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	20,416,863		20,416,863		20,416,863	30
31	Intensive Care Unit	5,560,589		5,560,589		5,560,589	31
43	Nursery	1,542,315		1,542,315		1,542,315	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,293,140		10,293,140		10,293,140	50
51	Recovery Room	1,697,514		1,697,514		1,697,514	51
52	Delivery Room & Labor Room	1,391,075		1,391,075		1,391,075	52
53	Anesthesiology	278,706		278,706		278,706	53
54	Radiology-Diagnostic	6,075,937		6,075,937		6,075,937	54
54.01	NUCLEAR MEDICINE	1,091,854		1,091,854		1,091,854	54.01
54.02	ULTRASOUND	1,307,840		1,307,840		1,307,840	54.02
55	Radiology-Therapeutic	2,205,852		2,205,852		2,205,852	55
57	CT Scan	2,276,151		2,276,151		2,276,151	57
58	MRI	1,952,127		1,952,127		1,952,127	58
59	Cardiac Catheterization	2,886,246		2,886,246		2,886,246	59
59.97	CARDIAC REHAB	413,949		413,949		413,949	59.97
60	Laboratory	10,269,253		10,269,253		10,269,253	60
65	Respiratory Therapy	2,724,220		2,724,220		2,724,220	65
66	Physical Therapy	2,719,698		2,719,698		2,719,698	66
67	Occupational Therapy	1,630,734		1,630,734		1,630,734	67
68	Speech Pathology	318,268		318,268		318,268	68
69	Electrocardiology	1,898,162		1,898,162		1,898,162	69
71	Medical Supplies Charged to Patients	7,463,253		7,463,253		7,463,253	71
72	Impl. Dev. Charged to Patients	9,369,791		9,369,791		9,369,791	72
73	Drugs Charged to Patients	10,796,356		10,796,356		10,796,356	73
76.97	CARDIAC REHABILITATION						76.97
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	19,158,687		19,158,687		19,158,687	90
91	Emergency	8,584,097		8,584,097		8,584,097	91
92	Observation Beds (Non-Distinct Part)	3,008,573		3,008,573		3,008,573	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Subtotal (sum of lines 30 thru 199)	137,331,250		137,331,250		137,331,250	200
201	Less Observation Beds	3,008,573		3,008,573		3,008,573	201
202	Total (line 200 minus line 201)	134,322,677		134,322,677		134,322,677	202

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES					TEFRA Inpatient Ratio	PPS Inpatient Ratio
		Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio			
		6	7	8	9	10		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	18,782,635		18,782,635			30	
31	Intensive Care Unit	7,447,466		7,447,466			31	
43	Nursery	1,161,612		1,161,612			43	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	21,072,259	42,355,357	63,427,616	0.162282	0.162282	0.162282 50	
51	Recovery Room	1,792,490	3,895,162	5,687,652	0.298456	0.298456	0.298456 51	
52	Delivery Room & Labor Room	1,143,307		1,143,307	1.216712	1.216712	1.216712 52	
53	Anesthesiology	2,380,927	4,880,636	7,261,563	0.038381	0.038381	0.038381 53	
54	Radiology-Diagnostic	4,567,891	16,352,075	20,919,966	0.290437	0.290437	0.290437 54	
54.01	NUCLEAR MEDICINE	998,331	7,091,471	8,089,802	0.134967	0.134967	0.134967 54.01	
54.02	ULTRASOUND	1,922,738	14,908,284	16,831,022	0.077704	0.077704	0.077704 54.02	
55	Radiology-Therapeutic	2,628	8,005,385	8,008,013	0.275456	0.275456	0.275456 55	
57	CT Scan	10,393,898	55,698,196	66,092,094	0.034439	0.034439	0.034439 57	
58	MRI	2,541,205	15,486,943	18,028,148	0.108282	0.108282	0.108282 58	
59	Cardiac Catheterization	6,599,206	11,617,746	18,216,952	0.158437	0.158437	0.158437 59	
59.97	CARDIAC REHAB	564	745,807	746,371	0.554616	0.554616	0.554616 59.97	
60	Laboratory	24,207,463	74,515,871	98,723,334	0.104021	0.104021	0.104021 60	
65	Respiratory Therapy	6,799,031	1,393,999	8,193,030	0.332505	0.332505	0.332505 65	
66	Physical Therapy	2,782,580	4,281,488	7,064,068	0.385005	0.385005	0.385005 66	
67	Occupational Therapy	1,501,929	1,188,503	2,690,432	0.606123	0.606123	0.606123 67	
68	Speech Pathology	516,492	358,819	875,311	0.363606	0.363606	0.363606 68	
69	Electrocardiology	5,406,019	13,033,291	18,439,310	0.102941	0.102941	0.102941 69	
71	Medical Supplies Charged to Patients	8,054,541	8,025,770	16,080,311	0.464124	0.464124	0.464124 71	
72	Impl. Dev. Charged to Patients	7,052,405	5,451,801	12,504,206	0.749331	0.749331	0.749331 72	
73	Drugs Charged to Patients	13,298,947	15,639,414	28,938,361	0.373081	0.373081	0.373081 73	
76.97	CARDIAC REHABILITATION						76.97	
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	33,786	30,889,329	30,923,115	0.619559	0.619559	0.619559 90	
91	Emergency	10,937,505	42,021,692	52,959,197	0.162089	0.162089	0.162089 91	
92	Observation Beds (Non-Distinct Part)	200,000	1,337,634	1,537,634	1.956625	1.956625	1.956625 92	
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99	
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	161,597,855	379,174,673	540,772,528			200	
201	Less Observation Beds						201	
202	Total (line 200 minus line 201)	161,597,855	379,174,673	540,772,528			202	

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,957,422		2,957,422	13,396	220.77	6,524	1,440,303	30
31	Intensive Care Unit	398,978		398,978	2,627	151.88	1,231	186,964	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	101,072		101,072	1,099	91.97			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,457,472		3,457,472	17,122		7,755	1,627,267	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0101

**WORKSHEET D
PART II**

Check [] Title V [XX] Hospital [] SUB (Other) [XX] PPS
Applicable [XX] Title XVIII, Part A [] IPF
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	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	618,371	63,427,616	0.009749	8,155,427	79,507	50
51	Recovery Room	431,524	5,687,652	0.075870	927,187	70,346	51
52	Delivery Room & Labor Room	58,446	1,143,307	0.051120	1,103	56	52
53	Anesthesiology	42,547	7,261,563	0.005859	1,127,986	6,609	53
54	Radiology-Diagnostic	808,269	20,919,966	0.038636	2,531,488	97,807	54
54.01	NUCLEAR MEDICINE	52,158	8,089,802	0.006447	561,395	3,619	54.01
54.02	ULTRASOUND	85,090	16,831,022	0.005056	446,814	2,259	54.02
55	Radiology-Therapeutic	42,596	8,008,013	0.005319			55
57	CT Scan	157,196	66,092,094	0.002378	7,049,696	16,764	57
58	MRI	498,105	18,028,148	0.027629	1,469,584	40,603	58
59	Cardiac Catheterization	167,892	18,216,952	0.009216	2,162,282	19,928	59
59.97	CARDIAC REHAB	8,380	746,371	0.011228	564	6	59.97
60	Laboratory	598,840	98,723,334	0.006066	15,289,017	92,743	60
65	Respiratory Therapy	425,593	8,193,030	0.051946	5,765,761	299,508	65
66	Physical Therapy	315,335	7,064,068	0.044639	1,916,290	85,541	66
67	Occupational Therapy	101,473	2,690,432	0.037716	1,061,539	40,037	67
68	Speech Pathology	21,823	875,311	0.024932	392,306	9,781	68
69	Electrocardiology	43,061	18,439,310	0.002335	3,480,863	8,128	69
71	Medical Supplies Charged to Pat	329,166	16,080,311	0.020470	5,622,329	115,089	71
72	Impl. Dev. Charged to Patients	416,286	12,504,206	0.033292	6,056,917	201,647	72
73	Drugs Charged to Patients	278,266	28,938,361	0.009616	7,618,396	73,258	73
76.97	CARDIAC REHABILITATION						76.97
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	434,354	30,923,115	0.014046			90
91	Emergency	909,658	52,959,197	0.017177	6,029,867	103,575	91
92	Observation Beds (Non-Distinct	435,798	1,537,634	0.283421	139,530	39,546	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	7,280,227	513,380,815		77,806,341	1,406,357	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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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

		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	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.)	
(A)	Cost Center Description	1A	1	2A	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)								30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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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)
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	13,396		6,524	30
31	Intensive Care Unit	2,627		1,231	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery	1,099			43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	17,122		7,755	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0101

WORKSHEET D
PART IV

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

(A)	Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
		1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	NUCLEAR MEDICINE									54.01
54.02	ULTRASOUND									54.02
55	Radiology-Therapeutic									55
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
59.97	CARDIAC REHAB									59.97
60	Laboratory									60
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
76.97	CARDIAC REHABILITATION									76.97
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
91	Emergency			649,225				649,225	649,225	91
92	Observation Beds (Non-Distinct									92
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)			649,225				649,225	649,225	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0101

WORKSHEET D
PART IV

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5+ col. 7)	Outpatient Ratio of Cost to Charges (col. 6+ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	63,427,616			8,155,427		12,375,673		50
51	Recovery Room	5,687,652			927,187		1,766,769		51
52	Delivery Room & Labor Room	1,143,307			1,103				52
53	Anesthesiology	7,261,563			1,127,986		1,132,140		53
54	Radiology-Diagnostic	20,919,966			2,531,488		5,750,699		54
54.01	NUCLEAR MEDICINE	8,089,802			561,395		3,170,804		54.01
54.02	ULTRASOUND	16,831,022			446,814		1,593,489		54.02
55	Radiology-Therapeutic	8,008,013							55
57	CT Scan	66,092,094			7,049,696		17,427,107		57
58	MRI	18,028,148			1,469,584		4,350,504		58
59	Cardiac Catheterization	18,216,952			2,162,282		2,882,625		59
59.97	CARDIAC REHAB	746,371			564		396,200		59.97
60	Laboratory	98,723,334			15,289,017		9,653,313		60
65	Respiratory Therapy	8,193,030			5,765,761		1,177,661		65
66	Physical Therapy	7,064,068			1,916,290		111,908		66
67	Occupational Therapy	2,690,432			1,061,539		55,320		67
68	Speech Pathology	875,311			392,306		4,254		68
69	Electrocardiology	18,439,310			3,480,863		4,098,897		69
71	Medical Supplies Charged to Pat	16,080,311			5,622,329		3,959,055		71
72	Impl. Dev. Charged to Patients	12,504,206			6,056,917		2,052,676		72
73	Drugs Charged to Patients	28,938,361			7,618,396		7,698,019		73
76.97	CARDIAC REHABILITATION								76.97
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	30,923,115					2,273,882		90
91	Emergency	52,959,197	0.012259	0.012259	6,029,867	73,920	9,263,981	113,567	91
92	Observation Beds (Non-Distinct)	1,537,634			139,530		606,708		92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	513,380,815			77,806,341	73,920	91,801,684	113,567	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0101

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.162282	12,375,673			2,008,349			50
51	Recovery Room	0.298456	1,766,769			527,303			51
52	Delivery Room & Labor Room	1.216712							52
53	Anesthesiology	0.038381	1,132,140			43,453			53
54	Radiology-Diagnostic	0.290437	5,750,699			1,670,216			54
54.01	NUCLEAR MEDICINE	0.134967	3,170,804			427,954			54.01
54.02	ULTRASOUND	0.077704	1,593,489			123,820			54.02
55	Radiology-Therapeutic	0.275456							55
57	CT Scan	0.034439	17,427,107			600,172			57
58	MRI	0.108282	4,350,504			471,081			58
59	Cardiac Catheterization	0.158437	2,882,625			456,714			59
59.97	CARDIAC REHAB	0.554616	396,200			219,739			59.97
60	Laboratory	0.104021	9,653,313			1,004,147			60
65	Respiratory Therapy	0.332505	1,177,661			391,578			65
66	Physical Therapy	0.385005	111,908			43,085			66
67	Occupational Therapy	0.606123	55,320			33,531			67
68	Speech Pathology	0.363606	4,254			1,547			68
69	Electrocardiology	0.102941	4,098,897			421,945			69
71	Medical Supplies Charged to Pat	0.464124	3,959,055			1,837,492			71
72	Impl. Dev. Charged to Patients	0.749331	2,052,676			1,538,134			72
73	Drugs Charged to Patients	0.373081	7,698,019			2,871,985			73
76.97	CARDIAC REHABILITATION								76.97
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.619559	2,273,882			1,408,804			90
91	Emergency	0.162089	9,263,981			1,501,589			91
92	Observation Beds (Non-Distinct	1.956625	606,708			1,187,100			92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		91,801,684			18,789,738			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		91,801,684			18,789,738			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0101

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,396	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,396	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)	11,422	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)	6,524	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)	20,416,863	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)	20,416,863	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)	20,416,863	37

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 09:21 Version: 2018.04 (05/29/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0101

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,524.10	38
39	Program general inpatient routine service cost (line 9 x line 38)					9,943,228	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					9,943,228	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	5,560,589	2,627	2,116.71	1,231	2,605,670	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,865,829	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					32,414,727	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,627,267	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,480,277	51
52	Total Program excludable cost (sum of lines 50 and 51)					3,107,544	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					29,307,183	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0101

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,974	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,524.10	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,008,573	89
		Cost	Routine Cost (from line 21)	col. 1+col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	2,957,422	20,416,863	0.144852	3,008,573	435,798	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0101

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		7,884,427		30
31	Intensive Care Unit		1,371,298		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.162282	8,155,427	1,323,479	50
51	Recovery Room	0.298456	927,187	276,725	51
52	Delivery Room & Labor Room	1.216712	1,103	1,342	52
53	Anesthesiology	0.038381	1,127,986	43,293	53
54	Radiology-Diagnostic	0.290437	2,531,488	735,238	54
54.01	NUCLEAR MEDICINE	0.134967	561,395	75,770	54.01
54.02	ULTRASOUND	0.077704	446,814	34,719	54.02
55	Radiology-Therapeutic	0.275456			55
57	CT Scan	0.034439	7,049,696	242,784	57
58	MRI	0.108282	1,469,584	159,129	58
59	Cardiac Catheterization	0.158437	2,162,282	342,585	59
59.97	CARDIAC REHAB	0.554616	564	313	59.97
60	Laboratory	0.104021	15,289,017	1,590,379	60
65	Respiratory Therapy	0.332505	5,765,761	1,917,144	65
66	Physical Therapy	0.385005	1,916,290	737,781	66
67	Occupational Therapy	0.606123	1,061,539	643,423	67
68	Speech Pathology	0.363606	392,306	142,645	68
69	Electrocardiology	0.102941	3,480,863	358,324	69
71	Medical Supplies Charged to Patients	0.464124	5,622,329	2,609,458	71
72	Impl. Dev. Charged to Patients	0.749331	6,056,917	4,538,636	72
73	Drugs Charged to Patients	0.373081	7,618,396	2,842,279	73
76.97	CARDIAC REHABILITATION				76.97
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.619559			90
91	Emergency	0.162089	6,029,867	977,375	91
92	Observation Beds (Non-Distinct Part)	1.956625	139,530	273,008	92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		77,806,341	19,865,829	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		77,806,341		202

(A) Worksheet A line numbers

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	16,414,725			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)				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)	1,096,631			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)	83.59			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(c)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0146			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1367			31
32	Sum of lines 30 and 31	0.1513			32
33	Allowable disproportionate share percentage (see instructions)				33
34	Disproportionate share adjustment (see instructions)				34
		Prior to		On or after	
		October 1 (1.00)	(1.01)	October 1 (2.00)	
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)				36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	17,511,356			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)	17,511,356			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,479,267			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	17,612			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)	73,920			58
59	Total (sum of amounts on lines 49 through 58)	19,082,155			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	19,082,155			61
62	Deductibles billed to program beneficiaries	1,889,356			62
63	Coinsurance billed to program beneficiaries	5,922			63
64	Allowable bad debts (see instructions)	377,949			64
65	Adjusted reimbursable bad debts (see instructions)	245,667			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)				66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	17,432,544			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
70.01	OTHER ADJUSTMENT	2,212			70.01
70.93	HVBP payment adjustment amount (see instructions)	424			70.93
70.94	HRR adjustment amount (see instructions)	-49,186			70.94
71	Amount due provider (see instructions)	17,385,994			71
71.01	Sequestration adjustment (see instructions)	347,720			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	16,703,484			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	334,790			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	500,896			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
HVBP Adjustment for HSP Bonus Payment			Prior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)	0.0000000000		0.0000000000	101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment			Prior to 10/1	On or After 10/1	
103	HRR adjustment factor (see instructions)	0.0000		0.0000	103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0101

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

	1	1.01	1.02	
1	Medical and other services (see instructions)			1
2	Medical and other services reimbursed under OPPS (see instructions)	18,676,171		2
3	OPPS payments	13,186,576		3
4	Outlier payment (see instructions)	74,495		4
4.01	Outlier reconciliation amount (see instructions)			4.01
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of lines 3, 4, and 4.01, 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	113,567		9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)			11
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
12	Ancillary service charges			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)			13
14	Total reasonable charges (sum of lines 12 and 13)			14
CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis			15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000		17
18	Total customary charges (see instructions)			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)			20
21	Lesser of cost or charges (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, 4.01, 8 and 9)	13,374,638		24
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	2,698,540		25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	10,676,098		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)	10,676,098		30
31	Primary payer payments	2,060		31
32	Subtotal (line 30 minus line 31)	10,674,038		32
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)			33
34	Allowable bad debts (see instructions)	462,416		34
35	Adjusted reimbursable bad debts (see instructions)	300,570		35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)			36
37	Subtotal (see instructions)	10,974,608		37
38	MSP-LCC reconciliation amount from PS&R	-311		38
39	Other adjustments (specify) (see instructions)			39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
40	Subtotal (see instructions)	10,974,919		40
40.01	Sequestration adjustment (see instructions)	219,498		40.01
40.02	Demonstration payment adjustment amount after sequestration			40.02
41	Interim payments	10,349,605		41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (see instructions)	405,816		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: 14-0101

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		16,703,484		10,349,605	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		16,703,484		10,349,605	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)					
		.01				6.01
		.02				6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

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BALANCE SHEET

WORKSHEET G

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

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	34,495,427			1
2	Temporary investments	38,061			2
3	Notes receivable				3
4	Accounts receivable	33,475,905			4
5	Other receivables				5
6	Allowances for uncollectible notes and accounts receivable				6
7	Inventory				7
8	Prepaid expenses				8
9	Other current assets	6,221,817			9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	74,231,210			11
FIXED ASSETS					
12	Land	9,750,449			12
13	Land improvements	6,891,426			13
14	Accumulated depreciation	-5,091,187			14
15	Buildings	79,879,619			15
16	Accumulated depreciation	-41,788,527			16
17	Leasehold improvements	2,041,880			17
18	Accumulated depreciation	-79,634			18
19	Fixed equipment	24,520,972			19
20	Accumulated depreciation	-18,456,069			20
21	Automobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment	81,212,683			23
24	Accumulated depreciation	-62,095,729			24
25	Minor equipment depreciable	196,004			25
26	Accumulated depreciation	-136,100			26
27	HIT designated assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable				29
30	Total fixed assets (sum of lines 12-29)	76,845,787			30
OTHER ASSETS					
31	Investments				31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets	67,630,612			34
35	Total other assets (sum of lines 31-34)	67,630,612			35
36	Total assets (sum of lines 11, 30 and 35)	218,707,609			36
Liabilities and Fund Balances (Omit Cents)					
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT LIABILITIES					
37	Accounts payable	14,085,703			37
38	Salaries, wages and fees payable				38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)				40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds				43
44	Other current liabilities	14,449,881			44
45	Total current liabilities (sum of lines 37 thru 44)	28,535,584			45
LONG TERM LIABILITIES					
46	Mortgage payable				46
47	Notes payable	35,432,214			47
48	Unsecured loans				48
49	Other long term liabilities	8,981,524			49
50	Total long term liabilities (sum of lines 46 thru 49)	44,413,738			50
51	Total liabilities (sum of lines 45 and 50)	72,949,322			51
CAPITAL ACCOUNTS					
52	General fund balance	145,758,287			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

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets (Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	145,758,287				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	218,707,609				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		135,997,592			1
2	Net income (loss) (from Worksheet G-3, line 29)		9,465,477			2
3	Total (sum of line 1 and line 2)		145,463,069			3
4	Additions (credit adjustments) (specify)					4
5	TRANSFER FROM AFFILIATE	295,218				5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)		295,218			10
11	Subtotal (line 3 plus line 10)		145,758,287			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)		145,758,287			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	TRANSFER FROM AFFILIATE					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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	20,201,541		20,201,541	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)	20,201,541		20,201,541	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	10,279,748		10,279,748	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)	10,279,748		10,279,748	16
17	Total inpatient routine care services (sum of lines 10 and 16)	30,481,289		30,481,289	17
18	Ancillary services	135,280,275	423,206,268	558,486,543	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
		-10,279,748		-10,279,748	
		-20,201,541		-20,201,541	
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	135,280,275	423,206,268	558,486,543	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		163,154,539	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)		163,154,539	43

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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)	558,486,543	1
2	Less contractual allowances and discounts on patients' accounts	383,573,388	2
3	Net patient revenues (line 1 minus line 2)	174,913,155	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	163,154,539	4
5	Net income from service to patients (line 3 minus line 4)	11,758,616	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		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space		22
23	Governmental appropriations		23
24	Other (specify)		24
24.0	Other (BAD DEBTS)	-10,075,769	24.0
1			1
24.0	Other (CONTRIBUTIONS AND OTHER)	1,629,120	24.0
2			2
24.0	Other (INVESTMENT RETURN)	6,411,078	24.0
3			3
24.0	Other (OTHER)	-4,982	24.0
4			4
24.0	Other (NET SETTLEMENT DERIVATIVES)	-648,157	24.0
5			5
24.0	Other (CHANGE IN VALUE INTEREST SWAP)	395,571	24.0
6			6
25	Total other income (sum of lines 6-24)	-2,293,139	25
26	Total (line 5 plus line 25)	9,465,477	26
29	Net income (or loss) for the period (line 26 minus line 28)	9,465,477	29

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0101

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier		1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	1,479,267	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)		3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)	1,479,267	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	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20.01	ALLIED HEALTH EMS						20.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	NUCLEAR MEDICINE						54.01
54.02	ULTRASOUND						54.02
55	Radiology-Therapeutic						55
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
59.97	CARDIAC REHAB						59.97
60	Laboratory						60
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
76.97	CARDIAC REHABILITATION						76.97
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190.0	MEALS ON WHEELS						190.0
1							1
191.0	PATIENT TRANSPORTATION						191.0
1							1
192	Physicians' Private Offices						192
193	Nonpaid Workers						193
194	YOUTH CARDIOLOGY PROGRAM						194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

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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		
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	Adults & Pediatrics	48.70		12.70				61.40	30
31	Intensive Care Unit	46.86						46.86	31
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	12.86	19.51					32.37	50
51	Recovery Room	16.30	31.06					47.36	51
52	Delivery Room & Labor Room	0.10						0.10	52
53	Anesthesiology	15.53	15.59					31.12	53
54	Radiology-Diagnostic	12.10	27.49					39.59	54
54.01	NUCLEAR MEDICINE	6.94	39.20					46.14	54.01
54.02	ULTRASOUND	2.65	9.47					12.12	54.02
57	CT Scan	10.67	26.37					37.04	57
58	MRI	8.15	24.13					32.28	58
59	Cardiac Catheterization	11.87	15.82					27.69	59
59.97	CARDIAC REHAB	0.08	53.08					53.16	59.97
60	Laboratory	15.49	9.78					25.27	60
65	Respiratory Therapy	70.37	14.37					84.74	65
66	Physical Therapy	27.13	1.58					28.71	66
67	Occupational Therapy	39.46	2.06					41.52	67
68	Speech Pathology	44.82	0.49					45.31	68
69	Electrocardiology	18.88	22.23					41.11	69
71	Medical Supplies Charged to Pat	34.96	24.62					59.58	71
72	Impl. Dev. Charged to Patients	48.44	16.42					64.86	72
73	Drugs Charged to Patients	26.33	26.60					52.93	73
90	Clinic		7.35					7.35	90
91	Emergency	11.39	17.49					28.88	91
92	Observation Beds (Non-Distinct	9.07	39.46					48.53	92
200	TOTAL CHARGES	15.16	17.88					33.04	200

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	5,015,613	3.64	-5,015,613	-7.51			1
2	Cap Rel Costs-Mvble Equip	5,363,012	3.90	-5,363,012	-8.03			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	10,078,602	7.32	-10,078,602	-15.10			4
5	Administrative & General	28,264,737	20.54	-28,264,737	-42.34			5
7	Operation of Plant	3,248,665	2.36	-3,248,665	-4.87			7
8	Laundry & Linen Service	388,292	0.28	-388,292	-0.58			8
9	Housekeeping	1,980,725	1.44	-1,980,725	-2.97			9
10	Dietary	468,951	0.34	-468,951	-0.70			10
11	Cafeteria	989,502	0.72	-989,502	-1.48			11
13	Nursing Administration	862,642	0.63	-862,642	-1.29			13
14	Central Services & Supply	223,946	0.16	-223,946	-0.34			14
15	Pharmacy	7,699,361	5.60	-7,699,361	-11.53			15
16	Medical Records & Library	1,713,847	1.25	-1,713,847	-2.57			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20.01	ALLIED HEALTH EMS	460,570	0.33	-460,570	-0.69			20.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	8,877,448	6.45	11,539,415	17.29	20,416,863	14.84	30
31	Intensive Care Unit	3,054,498	2.22	2,506,091	3.75	5,560,589	4.04	31
43	Nursery	865,480	0.63	676,835	1.01	1,542,315	1.12	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	6,163,227	4.48	4,129,913	6.19	10,293,140	7.48	50
51	Recovery Room	505,085	0.37	1,192,429	1.79	1,697,514	1.23	51
52	Delivery Room & Labor Room	852,041	0.62	539,034	0.81	1,391,075	1.01	52
53	Anesthesiology	122,522	0.09	156,184	0.23	278,706	0.20	53
54	Radiology-Diagnostic	2,986,141	2.17	3,089,796	4.63	6,075,937	4.42	54
54.01	NUCLEAR MEDICINE	703,378	0.51	388,476	0.58	1,091,854	0.79	54.01
54.02	ULTRASOUND	726,534	0.53	581,306	0.87	1,307,840	0.95	54.02
55	Radiology-Therapeutic	1,581,101	1.15	624,751	0.94	2,205,852	1.60	55
57	CT Scan	1,178,973	0.86	1,097,178	1.64	2,276,151	1.65	57
58	MRI	576,681	0.42	1,375,446	2.06	1,952,127	1.42	58
59	Cardiac Catheterization	1,777,231	1.29	1,109,015	1.66	2,886,246	2.10	59
59.97	CARDIAC REHAB	273,510	0.20	140,439	0.21	413,949	0.30	59.97
60	Laboratory	6,184,656	4.49	4,084,597	6.12	10,269,253	7.46	60
65	Respiratory Therapy	1,082,395	0.79	1,641,825	2.46	2,724,220	1.98	65
66	Physical Therapy	1,398,808	1.02	1,320,890	1.98	2,719,698	1.98	66
67	Occupational Therapy	992,870	0.72	637,864	0.96	1,630,734	1.19	67
68	Speech Pathology	184,867	0.13	133,401	0.20	318,268	0.23	68
69	Electrocardiology	1,237,669	0.90	660,493	0.99	1,898,162	1.38	69
71	Medical Supplies Charged to Patients	5,094,156	3.70	2,369,097	3.55	7,463,253	5.42	71
72	Impl. Dev. Charged to Patients	6,548,827	4.76	2,820,964	4.23	9,369,791	6.81	72
73	Drugs Charged to Patients			10,796,356	16.17	10,796,356	7.85	73
76.97	CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	11,739,064	8.53	7,419,623	11.11	19,158,687	13.92	90
91	Emergency	3,941,107	2.86	4,642,990	6.95	8,584,097	6.24	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190.01	MEALS ON WHEELS	63,428	0.05	29,330	0.04	92,758	0.07	190.01
191.01	PATIENT TRANSPORTATION	345,464	0.25	158,085	0.24	503,549	0.37	191.01
192	Physicians' Private Offices	1,744,948	1.27	878,423	1.32	2,623,371	1.91	192
193	Nonpaid Workers							193
194	YOUTH CARDIOLOGY PROGRAM	42,562	0.03	18,219	0.03	60,781	0.04	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	137,603,136	100.00			137,603,136	100.00	202

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

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	618,371	63,427,616	0.009749	8,155,427	79,507	50
51	Recovery Room	431,524	5,687,652	0.075870	927,187	70,346	51
52	Delivery Room & Labor Room	58,446	1,143,307	0.051120	1,103	56	52
53	Anesthesiology	42,547	7,261,563	0.005859	1,127,986	6,609	53
54	Radiology-Diagnostic	808,269	20,919,966	0.038636	2,531,488	97,807	54
54.01	NUCLEAR MEDICINE	52,158	8,089,802	0.006447	561,395	3,619	54.01
54.02	ULTRASOUND	85,090	16,831,022	0.005056	446,814	2,259	54.02
55	Radiology-Therapeutic	42,596	8,008,013	0.005319			55
57	CT Scan	157,196	66,092,094	0.002378	7,049,696	16,764	57
58	MRI	498,105	18,028,148	0.027629	1,469,584	40,603	58
59	Cardiac Catheterization	167,892	18,216,952	0.009216	2,162,282	19,928	59
59.97	CARDIAC REHAB	8,380	746,371	0.011228	564	6	59.97
60	Laboratory	598,840	98,723,334	0.006066	15,289,017	92,743	60
65	Respiratory Therapy	425,593	8,193,030	0.051946	5,765,761	299,508	65
66	Physical Therapy	315,335	7,064,068	0.044639	1,916,290	85,541	66
67	Occupational Therapy	101,473	2,690,432	0.037716	1,061,539	40,037	67
68	Speech Pathology	21,823	875,311	0.024932	392,306	9,781	68
69	Electrocardiology	43,061	18,439,310	0.002335	3,480,863	8,128	69
71	Medical Supplies Charged to Pat	329,166	16,080,311	0.020470	5,622,329	115,089	71
72	Impl. Dev. Charged to Patients	416,286	12,504,206	0.033292	6,056,917	201,647	72
73	Drugs Charged to Patients	278,266	28,938,361	0.009616	7,618,396	73,258	73
76.97	CARDIAC REHABILITATION						76.97
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	434,354	30,923,115	0.014046			90
91	Emergency	909,658	52,959,197	0.017177	6,029,867	103,575	91
92	Observation Beds (Non-Distinct	435,798	1,537,634	0.283421	139,530	39,546	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	7,280,227	513,380,815		77,806,341	1,406,357	200

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

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUSTMENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	2,957,422		2,957,422	13,396	220.77	6,524	1,440,303	30
31	Intensive Care Unit	398,978		398,978	2,627	151.88	1,231	186,964	31
200	TOTAL	3,356,400		3,356,400	16,023		7,755	1,627,267	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,627,267
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,406,357
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	3,033,624
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	1,910
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	7,755
PER DISCHARGE CAPITAL COSTS	1,588.28

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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-I, Part II, line 53)	29,307,183
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	87,062,066
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.337

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)	3,033,624
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.035

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01 & 2.02 x Worksheet B, Part I, column 26 - columns 20 & 23 / Worksheet C, Part I, column 8) less lines 61, 66-68, 74, 94, 95 & 96) (see CR 5999)	20,972,208
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)	91,630,202
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.229