

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:50 Version: 2018.12 (03/07/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 05/30/2019 Time: 13:50 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 01/01/2018 and ending 12/31/2018, 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: 05/30/2019 13:50
 1C5mBTczExtjn11w99CroeSRc.fG0
 ZBqb50AhOj2opn51wT9a9DRzOfeDd.
 PCh50fMu5905x6pn

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

 Title

PI Encryption: 05/30/2019 13:50
 nPH14swLtkTHEiV4:yy0sJ0b6ka10
 rhlay0d7STt.CisEDaFkGBY9FOWTL.
 bbky0XwPej06Ys1q

05/30/2019 13:50
 Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX
		1	2	3	4	5
1	HOSPITAL		951,784	187,480		1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL		951,784	187,480		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-U101	16974		10/07/1994	N	N	N	7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 01/01/2018	To: 12/31/2018	20
21	Type of control (see instructions)	2		21

Inpatient PPS Information		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	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.	2	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,003				1,107	246	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)			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**

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

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)	N			60
		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 osteopathci 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					
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	
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		
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Physical	Occupational	Speech	Respiratory	109

		1	2	
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
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.	1	2	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
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance	
		1,513,792			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 §1903(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

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

If this facility is part of a chain organization, enter 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.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)					169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2017	09/30/2018	170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N			0	171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	04/16/2019	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/21/2019	Y	05/21/2019
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 relieved for Medicare purposes? If yes, see instructions.		22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.		24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.		27

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

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

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

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

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

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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	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	81	29,565			6,586	653	11,130	1
2	HMO and other (see instructions)							1,353		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			6,586	653	11,130	7
8	Intensive Care Unit	31	8	2,920			1,143	127	2,592	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						223	1,230	13
14	Total (see instructions)		89	32,485			7,729	1,003	14,952	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								1,978	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									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)					1,958	526	4,547	1
2	HMO and other (see instructions)								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)		1,086.15			1,958	526	4,547	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)		1,086.15						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	Reclass- ification 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	200	77,906,163		77,906,163	2,172,581.00	35.86	1
2							2
3							3
4							4
4.01							4.01
5		14,202,026		14,202,026	84,557.00	167.96	5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		2,491,377	39,337	2,530,714	86,611.00	29.22	10
OTHER WAGES & RELATED COSTS							
11		518,343		518,343	6,873.00	75.42	11
12		534,631		534,631	1,303.75	410.07	12
13							13
14							14
14.01							14.01
14.02							14.02
15							15
16							16
WAGE-RELATED COSTS							
17		19,007,866		19,007,866			17
18							18
19		754,877		754,877			19
20							20
21							21
22							22
22.01							22.01
23		4,405,854		4,405,854			23
24							24
25							25
25.50							25.50
25.51							25.51
25.52							25.52
25.53							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26		613,411		613,411	18,886.40	32.48	26
27		12,662,294	52,412	12,714,706	397,987.20	31.95	27
28							28
29							29
30		1,078,637		1,078,637	40,331.20	26.74	30
31		30,177		30,177	2,121.60	14.22	31
32		1,489,433		1,489,433	101,545.00	14.67	32
33							33
34		1,070,608	-749,059	321,549	12,694.00	25.33	34
35							35
36			657,310	657,310	25,950.00	25.33	36
37							37
38		782,135		782,135	24,148.00	32.39	38
39		814,089	-704,099	109,990	2,314.00	47.53	39
40		2,122,276		2,122,276			40
41		1,741,418	-109,990	1,631,428	74,708.00	21.84	41
42							42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	63,704,137		63,704,137	2,088,024.00	30.51	1
2	Excluded area salaries (see instructions)	2,491,377	39,337	2,530,714	86,611.00	29.22	2
3	Subtotal salaries (line 1 minus line 2)	61,212,760	-39,337	61,173,423	2,001,413.00	30.57	3
4	Subtotal other wages & related costs (see instructions)	1,052,974		1,052,974	8,176.75	128.78	4

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HOSPITAL WAGE INDEX INFORMATION

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

5	Subtotal wage-related costs (see instructions)		19,007,866		19,007,866		31.07%	5
6	Total (sum of lines 3 through 5)		81,273,600	-39,337	81,234,263	2,009,589.75	40.42	6
7	Total overhead cost (see instructions)		22,404,478	-853,426	21,551,052	700,685.40	30.76	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	1,490,379	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)	15,948,280	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	397,405	10
11	Life Insurance (If employee is owner or beneficiary)	92,709	11
12	Accident Insurance (If employee is owner or beneficiary)	300,528	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	617,490	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	5,164,292	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	42,161	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	115,362	23
24	Total Wage Related cost (Sum of lines 1-23)	24,168,606	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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**WORKSHEET S-3
PART V**

HOSPITAL CONTRACT LABOR AND BENEFIT COST

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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MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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)	0.241266	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		2
3	Did you receive DSH or supplemental payments from Medicaid?		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		6
7	Medicaid cost (line 1 times line 6)		7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		8

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

9	Net revenue from stand-alone SCHIP		9
10	Stand-alone SCHIP charges		10
11	Stand-alone SCHIP cost (line 1 times line 10)		11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.		12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)		13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)		14
15	State or local indigent care program cost (line 1 times line 14)		15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.		16

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)		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)	7,052,565	1,611,558	8,664,123	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,701,544	1,611,558	3,313,102	21
22	Payments received from patients for amounts previously written off as charity care	57,147	178,187	235,334	22
23	Cost of charity care (line 21 minus line 22)	1,644,397	1,433,371	3,077,768	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)			7,378,759	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			331,596	27
27.0	Medicare allowable bad debts for the entire hospital complex (see instructions)			510,148	27.0
1					1
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			6,868,611	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,835,714	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			4,913,482	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			4,913,482	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				2,817,679	2,817,679		2,817,679	1
2	00200	Cap Rel Costs-Mvble Equip				5,763,127	5,763,127		5,763,127	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	613,411	24,578,740	25,192,151	-2,596	25,189,555	-15,112,278	10,077,277	4
5	00500	Administrative & General	12,662,294	25,105,302	37,767,596	-3,772,077	33,995,519	-162,916	33,832,603	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,078,637	2,250,973	3,329,610	-29,563	3,300,047		3,300,047	7
8	00800	Laundry & Linen Service	30,177	332,435	362,612	-188	362,424		362,424	8
9	00900	Housekeeping	1,489,433	681,132	2,170,565	-22,751	2,147,814		2,147,814	9
10	01000	Dietary	1,070,608	347,409	1,418,017	-1,328,854	89,163		89,163	10
11	01100	Cafeteria				1,137,703	1,137,703		1,137,703	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	782,135	30,890	813,025	-180	812,845		812,845	13
14	01400	Central Services & Supply	814,089	5,970,499	6,784,588	-6,615,160	169,428		169,428	14
15	01500	Pharmacy	2,122,276	6,192,566	8,314,842	-5,481	8,309,361	-6,376	8,302,985	15
16	01600	Medical Records & Library	1,741,418	137,410	1,878,828	-249,287	1,629,541	-826	1,628,715	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm-(specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS										
30	03000	Adults & Pediatrics	9,372,395	1,234,285	10,606,680	-900,827	9,705,853	-1,051,881	8,653,972	30
31	03100	Intensive Care Unit	3,574,245	694,207	4,268,452	-1,248,334	3,020,118		3,020,118	31
43	04300	Nursery				914,157	914,157		914,157	43
ANCILLARY SERVICE COST CENTERS										
50	05000	Operating Room	3,660,851	8,194,929	11,855,780	-5,775,626	6,080,154		6,080,154	50
51	05100	Recovery Room	431,758	23,704	455,462	-1,359	454,103		454,103	51
52	05200	Delivery Room & Labor Room				853,685	853,685		853,685	52
53	05300	Anesthesiology		167,946	167,946	-63,977	103,969		103,969	53
54	05400	Radiology-Diagnostic	2,433,001	1,024,259	3,457,260	-489,826	2,967,434		2,967,434	54
54.01	05401	NUCLEAR MEDICINE	323,042	486,978	810,020	-60,212	749,808		749,808	54.01
54.02	05402	ULTRASOUND	777,312	139,727	917,039	-116,474	800,565		800,565	54.02
55	05500	Radiology-Therapeutic	615,935	1,892,154	2,508,089	-583,326	1,924,763		1,924,763	55
57	05700	CT Scan	843,773	724,477	1,568,250	-205,190	1,363,060		1,363,060	57
58	05800	MRI	407,232	199,430	606,662	-22,796	583,866		583,866	58
59	05900	Cardiac Catheterization	964,105	1,954,605	2,918,710	-1,268,795	1,649,915		1,649,915	59
59.97	05901	CARDIAC REHAB	270,312	44,204	314,516	-16,116	298,400		298,400	59.97
60	06000	Laboratory	3,680,562	3,919,824	7,600,386	-173,828	7,426,558		7,426,558	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,026,812	292,075	1,318,887	-25,566	1,293,321		1,293,321	65
66	06600	Physical Therapy	1,341,551	114,643	1,456,194	-16,204	1,439,990		1,439,990	66
67	06700	Occupational Therapy	900,509	167,290	1,067,799	-18,374	1,049,425		1,049,425	67
68	06800	Speech Pathology	185,426	5,956	191,382	-198	191,184		191,184	68
69	06900	Electrocardiology	903,168	379,032	1,282,200	-208,055	1,074,145		1,074,145	69
71	07100	Medical Supplies Charged to Patients				6,784,588	6,784,588		6,784,588	71
72	07200	Impl. Dev. Charged to Patients				6,328,443	6,328,443		6,328,443	72
73	07300	Drugs Charged to Patients								73
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS										
90	09000	Clinic	17,760,880	4,599,059	22,359,939	-952,204	21,407,735	-11,262,387	10,145,348	90
91	09100	Emergency	3,537,439	1,132,117	4,669,556	-73,640	4,595,916	-121,891	4,474,025	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)	75,414,786	93,018,257	168,433,043	352,318	168,785,361	-28,647,888	140,137,473	118
NONREIMBURSABLE COST CENTERS										
190.0	19001	MEALS ON WHEELS				68,086	68,086		68,086	190.0
191.0	19101	PATIENT TRANSPORTATION	227,429	198,380	425,809	-75,272	350,537		350,537	191.0

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
192	19200	Physicians' Private Offices	2,205,905	1,550,981	3,756,886	-98,437	3,658,449	-958,426	2,700,023	192
193	19300	Nonpaid Workers	27,854	247,134	274,988	-246,695	28,293		28,293	193
194	07950	YOUTH CARDIOLOGY PROGRAM	30,189	16,759	46,948		46,948		46,948	194
200		TOTAL (sum of lines 118-199)	77,906,163	95,031,511	172,937,674		172,937,674	-29,606,314	143,331,360	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	657,310	480,393	1
2			Administrative & General	5	52,412	38,305	2
3			MEALS ON WHEELS	190.01	39,337	28,749	3
500	Total reclassifications				749,059	547,447	500
	Code Letter - A						
1	IMPLANTABLE DEVICES RECLASS	C	Impl. Dev. Charged to Patient	72		1,052,336	1
2			Impl. Dev. Charged to Patient	72		5,276,107	2
500	Total reclassifications					6,328,443	500
	Code Letter - C						
1	CENTRAL SERVICES	D	Central Services & Supply	14	109,990	104,945	1
500	Total reclassifications				109,990	104,945	500
	Code Letter - D						
1	CHARGEABLE SUPPLY COST RECLASS	E	Medical Supplies Charged to P	71	814,089	5,970,499	1
500	Total reclassifications				814,089	5,970,499	500
	Code Letter - E						
1	BUILDING DEP RECLASS	F	Cap Rel Costs-Bldg & Fixt	1		2,907,894	1
2							2
3							3
4							4
5							5
500	Total reclassifications					2,907,894	500
	Code Letter - F						
1	INTEREST RECLASS	G	Administrative & General	5		1,149,474	1
500	Total reclassifications					1,149,474	500
	Code Letter - G						
1	DEPR LAND FIXED RECLASS	H	Cap Rel Costs-Bldg & Fixt	1		1,059,259	1
2							2
3							3
4							4
5							5
6							6
500	Total reclassifications					1,059,259	500
	Code Letter - H						
1	DEPR MOVEABLE EQUIP RECLASS	I	Cap Rel Costs-Mvble Equip	2		5,763,127	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
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30							30

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MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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	
31							31
32							32
33							33
34							34
500	Total reclassifications					5,763,127	500
	Code Letter - I						
1	LDR & NURSERY	J	Delivery Room & Labor Room	52	752,805	100,880	1
2			Nursery	43	806,131	108,026	2
500	Total reclassifications				1,558,936	208,906	500
	Code Letter - J						
1	ICU RECLASS	K	Adults & Pediatrics	30	912,049	177,142	1
500	Total reclassifications				912,049	177,142	500
	Code Letter - K						
	GRAND TOTAL (Increases)				4,144,123	24,217,136	

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

KPMG LLP Compu-Max 2552-10

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		I	6	7	8	9	10	
1	CAFETERIA FOOD SERVICE	A	Dietary	10	657,310	480,393		
2			Dietary	10	52,412	38,305		
3			Dietary	10	39,337	28,749		
500	Total reclassifications				749,059	547,447	500	
	Code letter - A							
1	IMPLANTABLE DEVICES RECLASS	C	Cardiac Catheterization	59		1,052,336		
2			Operating Room	50		5,276,107		
500	Total reclassifications					6,328,443	500	
	Code letter - C							
1	CENTRAL SERVICES	D	Medical Records & Library	16	109,990	104,945		
500	Total reclassifications				109,990	104,945	500	
	Code letter - D							
1	CHARGEABLE SUPPLY COST RECLASS	E	Central Services & Supply	14	814,089	5,970,499		
500	Total reclassifications				814,089	5,970,499	500	
	Code letter - E							
1	BUILDING DEP RECLASS	F	Administrative & General	5		1,962,368	9	
2			Radiology-Therapeutic	55		19,232	9	
3			Clinic	90		623,532	9	
4			Physicians' Private Offices	192		58,027	9	
5			Nonpaid Workers	193		244,735	9	
500	Total reclassifications					2,907,894	500	
	Code letter - F							
1	INTEREST RECLASS	G	Cap Rel Costs-Bldg & Fixt	1		1,149,474	11	
500	Total reclassifications					1,149,474	500	
	Code letter - G							
1	DEPR LAND FIXED RECLASS	H	Administrative & General	5		951,836	9	
2			Medical Records & Library	16		1,157	9	
3			Radiology-Therapeutic	55		3,605	9	
4			Clinic	90		91,611	9	
5			Physicians' Private Offices	192		9,103	9	
6			Nonpaid Workers	193		1,947	9	
500	Total reclassifications					1,059,259	500	
	Code letter - H							
1	DEPR MOVEABLE EQUIP RECLASS	I	Employee Benefits Department	4		2,596	9	
2			Administrative & General	5		2,098,064	9	
3			Operation of Plant	7		29,563	9	
4			Laundry & Linen Service	8		188	9	
5			Housekeeping	9		22,751	9	
6			Dietary	10		32,348	9	
7			Nursing Administration	13		180	9	
8			Central Services & Supply	14		45,507	9	
9			Pharmacy	15		5,481	9	
10			Medical Records & Library	16		33,195	9	
11			Adults & Pediatrics	30		222,176	9	
12			Intensive Care Unit	31		159,143	9	
13			Operating Room	50		499,519	9	
14			Recovery Room	51		1,359	9	
15			Anesthesiology	53		63,977	9	
16			Radiology-Diagnostic	54		489,826	9	
17			NUCLEAR MEDICINE	54.01		60,212	9	
18			ULTRASOUND	54.02		116,474	9	
19			Radiology-Therapeutic	55		560,489	9	
20			CT Scan	57		205,190	9	
21			MRI	58		22,796	9	
22			Cardiac Catheterization	59		216,459	9	
23			CARDIAC REHAB	59.97		16,116	9	
24			Laboratory	60		173,828	9	
25			Respiratory Therapy	65		25,566	9	
26			Physical Therapy	66		16,204	9	
27			Occupational Therapy	67		18,374	9	
28			Speech Pathology	68		198	9	
29			Electrocardiology	69		208,055	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	
30			Clinic	90		237,061	9 30	
31			Emergency	91		73,640	9 31	
32			PATIENT TRANSPORTATION	191.01		75,272	9 32	
33			Physicians' Private Offices	192		31,307	9 33	
34			Nonpaid Workers	193		13	9 34	
500	Total reclassifications Code letter - I					5,763,127	500	
1	LDR & NURSERY	J	Adults & Pediatrics	30	752,805	100,880	1	
2			Adults & Pediatrics	30	806,131	108,026	2	
500	Total reclassifications Code letter - J				1,558,936	208,906	500	
1	ICU RECLASS	K	Intensive Care Unit	31	912,049	177,142	1	
500	Total reclassifications Code letter - K				912,049	177,142	500	
	GRAND TOTAL (Decreases)				4,144,123	24,217,136		

(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	9,750,449	257,059		257,059		10,007,508		1
2	Land Improvements	6,891,426	340,125		340,125		7,231,551		2
3	Buildings and Fixtures	79,879,619	5,088,768		5,088,768		84,968,387		3
4	Building Improvements	2,041,880	300,027		300,027		2,341,907		4
5	Fixed Equipment	24,520,972	637,415		637,415		25,158,387		5
6	Movable Equipment	81,212,683	3,396,410		3,396,410		84,609,093		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	204,297,029	10,019,804		10,019,804		214,316,833		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	204,297,029	10,019,804		10,019,804		214,316,833		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				Total (sum of cols. 5 through 7)	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs			
*		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							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	3,967,153		-1,149,474				2,817,679	1	
2	Cap Rel Costs-Mvble Equip	5,763,127						5,763,127	2	
3	Total (sum of lines 1-2)	9,730,280		-1,149,474				8,580,806	3	

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

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)	B	-4,363	Employee Benefits Department	4	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	-13,243,601			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	B	-6,376	Pharmacy	15	17
18	Sale of medical records and abstracts	B	-826	Medical Records & Library	16	18
19	Nursing and allied health education (tuition, fees, books, etc.)	B	-121,891	Emergency	91	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	-118,382	Administrative & General	5	33
34	EMPLOYEE SELF INSURANCE	A	-15,107,915	Employee Benefits Department	4	34
35	LOBBYING COSTS	A	-25,490	Administrative & General	5	35
36	PROFESSIONAL FEES CLINIC	A	-958,426	Physicians' Private Offices	192	36
37	OTHER INCOME	B	-19,044	Administrative & General	5	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)		-29,606,314			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		LINE#	Wkst. A-7 Ref.
				COST CENTER			
		1	2	3		4	5

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS **WORKSHEET A-8-1**

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12					5

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

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
			Name	Percentage of Ownership	Type of Business
1	2	3	4	5	6
6					6
7					7
8					8
9					9
10					10

(1) Use the following symbols to indicate the interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial Or non-financial) specify:

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	30	Adults & Pediatrics AGGREGATE	1,051,881	1,051,881						1
2	60	Laboratory AGGREGATE	929,333	929,333						2
3	90	Clinic AGGREGATE	11,262,387	11,262,387						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	13,243,601	13,243,601						200

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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							1,051,881	1
2	60	Laboratory AGGREGATE							929,333	2
3	90	Clinic AGGREGATE							11,262,387	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							13,243,601	200

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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)	ADMINIS-TRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	2,817,679	2,817,679					1
2	Cap Rel Costs-Mvble Equip	5,763,127		5,763,127				2
4	Employee Benefits Department	10,077,277	9,171	18,757	10,105,205			4
5	Administrative & General	33,832,603	643,405	1,315,988	1,662,308	37,454,304	37,454,304	5
6	Maintenance & Repairs							6
7	Operation of Plant	3,300,047	274,712	561,881	141,020	4,277,660	1,513,235	7
8	Laundry & Linen Service	362,424	26,719	54,649	3,945	447,737	158,388	8
9	Housekeeping	2,147,814	20,661	42,259	194,727	2,405,461	850,939	9
10	Dietary	89,163	83,254	170,284	42,039	384,740	136,103	10
11	Cafeteria	1,137,703	42,619	87,171	85,936	1,353,429	478,780	11
12	Maintenance of Personnel							12
13	Nursing Administration	812,845	23,270	47,596	102,256	985,967	348,789	13
14	Central Services & Supply	169,428	101,764	208,142	14,380	493,714	174,653	14
15	Pharmacy	8,302,985	16,572	33,895	277,464	8,630,916	3,053,212	15
16	Medical Records & Library	1,628,715	65,523	134,018	213,291	2,041,547	722,203	16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	8,653,972	508,773	1,040,617	1,140,764	11,344,126	4,013,019	30
31	Intensive Care Unit	3,020,118	46,129	94,349	348,053	3,508,649	1,241,195	31
43	Nursery	914,157	8,698	17,790	105,393	1,046,038	370,039	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	6,080,154	88,290	180,583	478,616	6,827,643	2,415,299	50
51	Recovery Room	454,103	92,746	189,697	56,448	792,994	280,524	51
52	Delivery Room & Labor Room	853,685	6,531	13,358	98,421	971,995	343,846	52
53	Anesthesiology	103,969	7,935	16,229		128,133	45,327	53
54	Radiology-Diagnostic	2,967,434	159,505	326,242	318,088	3,771,269	1,334,098	54
54.01	NUCLEAR MEDICINE	749,808	6,592	13,483	42,234	812,117	287,289	54.01
54.02	ULTRASOUND	800,565	11,963	24,469	101,625	938,622	332,040	54.02
55	Radiology-Therapeutic	1,924,763			80,527	2,005,290	709,377	55
57	CT Scan	1,363,060	18,708	38,264	110,314	1,530,346	541,364	57
58	MRI	583,866	106,265	217,349	53,241	960,721	339,858	58
59	Cardiac Catheterization	1,649,915	23,865	48,813	126,046	1,848,639	653,962	59
59.97	CARDIAC REHAB	298,400			35,340	333,740	118,062	59.97
60	Laboratory	6,497,225	82,858	169,473	481,193	7,230,749	2,557,899	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,293,321	82,156	168,037	134,244	1,677,758	593,512	65
66	Physical Therapy	1,439,990	60,869	124,498	175,393	1,800,750	637,021	66
67	Occupational Therapy	1,049,425	16,312	33,364	117,732	1,216,833	430,458	67
68	Speech Pathology	191,184	3,586	7,334	24,242	226,346	80,071	68
69	Electrocardiology	1,074,145			118,079	1,192,224	421,753	69
71	Medical Supplies Charged to Patients	6,784,588			106,433	6,891,021	2,437,719	71
72	Impl. Dev. Charged to Patients	6,328,443				6,328,443	2,238,706	72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	10,145,348	9,903	20,256	2,322,068	12,497,575	4,421,033	90
91	Emergency	4,474,025	168,325	344,282	462,481	5,449,113	1,927,640	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)	140,137,473	2,817,679	5,763,127	9,774,341	139,806,609	36,207,413	118
NONREIMBURSABLE COST CENTERS								
190.0	MEALS ON WHEELS	68,086			5,143	73,229	25,905	190.0
191.0	PATIENT TRANSPORTATION	350,537			29,734	380,271	134,522	191.0
192	Physicians' Private Offices	2,700,023			288,398	2,988,421	1,057,163	192
193	Nonpaid Workers	28,293			3,642	31,935	11,297	193
194	YOUTH CARDIOLOGY PROGRAM	46,948			3,947	50,895	18,004	194

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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) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (cols.0-4) 4A	ADMINISTRATIVE & GENERAL 5	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	143,331,360	2,817,679	5,763,127	10,105,205	143,331,360	37,454,304	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
6	Maintenance & Repairs							6
7	Operation of Plant	5,790,895						7
8	Laundry & Linen Service	81,849	687,974					8
9	Housekeeping	63,292		3,319,692				9
10	Dietary	255,036		149,961	925,840			10
11	Cafeteria	130,556		76,767		2,039,532		11
12	Maintenance of Personnel							12
13	Nursing Administration	71,285		41,915		31,059	1,479,015	13
14	Central Services & Supply	311,737		183,300		56,941		14
15	Pharmacy	50,764		29,849		54,353		15
16	Medical Records & Library	200,719		118,023		98,353		16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,558,545	512,115	916,418	689,178	305,412	529,910	30
31	Intensive Care Unit	141,307	119,264	83,089	160,499	93,177	163,780	31
43	Nursery	26,644	56,595	15,667	76,163	25,882	46,537	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	270,461		159,031		129,412	225,664	50
51	Recovery Room	284,111		167,057		12,941	23,358	51
52	Delivery Room & Labor Room	20,006		11,764		25,882	43,432	52
53	Anesthesiology	24,307		14,292				53
54	Radiology-Diagnostic	488,616		287,305		124,235		54
54.01	NUCLEAR MEDICINE	20,193		11,874		7,765		54.01
54.02	ULTRASOUND	36,647		21,549		25,882		54.02
55	Radiology-Therapeutic							55
57	CT Scan	57,308		33,697		28,471		57
58	MRI	325,526		191,409		12,941		58
59	Cardiac Catheterization	73,108		42,987		31,059	52,478	59
59.97	CARDIAC REHAB					10,353		59.97
60	Laboratory	253,821		149,246		142,353		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	251,670		147,982		106,118	184,483	65
66	Physical Therapy	186,462		109,639		49,177		66
67	Occupational Therapy	49,969		29,382		31,059		67
68	Speech Pathology	10,985		6,459		5,176		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
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	30,337		17,838		401,179		90
91	Emergency	515,634		303,192		121,647	209,373	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)	5,790,895	687,974	3,319,692	925,840	1,930,827	1,479,015	118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS					2,588		190.0
1								1
191.0	PATIENT TRANSPORTATION					12,941		191.0
1								1
192	Physicians' Private Offices					90,588		192
193	Nonpaid Workers							193
194	YOUTH CARDIOLOGY PROGRAM					2,588		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
202	TOTAL (sum of lines 118-201)	5,790,895	687,974	3,319,692	925,840	2,039,532	1,479,015	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	14	15	16	24	25	26	
GENERAL SERVICE COST CENTERS							
1							1
2							2
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14	1,220,345						14
15		11,819,094					15
16			3,180,845				16
17							17
19							19
21							21
22							22
23							23
INPATIENT ROUTINE SERV COST CENTERS							
30			128,431	19,997,154		19,997,154	30
31			40,635	5,551,595		5,551,595	31
43			4,354	1,667,919		1,667,919	43
ANCILLARY SERVICE COST CENTERS							
50			329,765	10,357,275		10,357,275	50
51			28,951	1,589,936		1,589,936	51
52			4,595	1,421,520		1,421,520	52
53			43,213	255,272		255,272	53
54			123,193	6,128,716		6,128,716	54
54.01			52,090	1,191,328		1,191,328	54.01
54.02			100,898	1,455,638		1,455,638	54.02
55			62,859	2,777,526		2,777,526	55
57			388,991	2,580,177		2,580,177	57
58			99,159	1,929,614		1,929,614	58
59			126,447	2,828,680		2,828,680	59
59.97			4,320	466,475		466,475	59.97
60			588,424	10,922,492		10,922,492	60
62.30							62.30
65			39,224	3,000,747		3,000,747	65
66			40,503	2,823,552		2,823,552	66
67			15,103	1,772,804		1,772,804	67
68			4,956	333,993		333,993	68
69			111,992	1,725,969		1,725,969	69
71	631,395		89,200	10,049,335		10,049,335	71
72	588,950		96,377	9,252,476		9,252,476	72
73		11,819,094	175,516	11,994,610		11,994,610	73
76.97							76.97
76.98							76.98
76.99							76.99
OUTPATIENT SERVICE COST CENTERS							
90			171,830	17,539,792		17,539,792	90
91			309,819	8,836,418		8,836,418	91
92							92
93.99							93.99
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
118	1,220,345	11,819,094	3,180,845	138,451,013		138,451,013	118
NONREIMBURSABLE COST CENTERS							
190.0				101,722		101,722	190.0
1							1
191.0				527,734		527,734	191.0
1							1
192				4,136,172		4,136,172	192
193				43,232		43,232	193
194				71,487		71,487	194
200							200
201							201

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		14	15	16	24	25	26	
202	TOTAL (sum of lines 118-201)	1,220,345	11,819,094	3,180,845	143,331,360		143,331,360	202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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		9,171	18,757	27,928	27,928		4
5	Administrative & General		643,405	1,315,988	1,959,393	4,590	1,963,983	5
6	Maintenance & Repairs							6
7	Operation of Plant		274,712	561,881	836,593	389	79,351	7
8	Laundry & Linen Service		26,719	54,649	81,368	11	8,306	8
9	Housekeeping		20,661	42,259	62,920	538	44,621	9
10	Dietary		83,254	170,284	253,538	116	7,137	10
11	Cafeteria		42,619	87,171	129,790	237	25,106	11
12	Maintenance of Personnel							12
13	Nursing Administration		23,270	47,596	70,866	282	18,290	13
14	Central Services & Supply		101,764	208,142	309,906	40	9,158	14
15	Pharmacy		16,572	33,895	50,467	766	160,103	15
16	Medical Records & Library		65,523	134,018	199,541	589	37,871	16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		508,773	1,040,617	1,549,390	3,150	210,434	30
31	Intensive Care Unit		46,129	94,349	140,478	961	65,085	31
43	Nursery		8,698	17,790	26,488	291	19,404	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		88,290	180,583	268,873	1,322	126,653	50
51	Recovery Room		92,746	189,697	282,443	156	14,710	51
52	Delivery Room & Labor Room		6,531	13,358	19,889	272	18,031	52
53	Anesthesiology		7,935	16,229	24,164		2,377	53
54	Radiology-Diagnostic		159,505	326,242	485,747	878	69,957	54
54.01	NUCLEAR MEDICINE		6,592	13,483	20,075	117	15,065	54.01
54.02	ULTRASOUND		11,963	24,469	36,432	281	17,411	54.02
55	Radiology-Therapeutic					222	37,198	55
57	CT Scan		18,708	38,264	56,972	305	28,388	57
58	MRI		106,265	217,349	323,614	147	17,821	58
59	Cardiac Catheterization		23,865	48,813	72,678	348	34,292	59
59.97	CARDIAC REHAB					98	6,191	59.97
60	Laboratory		82,858	169,473	252,331	1,329	134,130	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		82,156	168,037	250,193	371	31,122	65
66	Physical Therapy		60,869	124,498	185,367	484	33,404	66
67	Occupational Therapy		16,312	33,364	49,676	325	22,572	67
68	Speech Pathology		3,586	7,334	10,920	67	4,199	68
69	Electrocardiology					326	22,116	69
71	Medical Supplies Charged to Patients					294	127,828	71
72	Impl. Dev. Charged to Patients						117,393	72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		9,903	20,256	30,159	6,436	231,795	90
91	Emergency		168,325	344,282	512,607	1,277	101,081	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)		2,817,679	5,763,127	8,580,806	27,015	1,898,600	118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS					14	1,358	190.0
191.0	PATIENT TRANSPORTATION					82	7,054	191.0
192	Physicians' Private Offices					796	55,435	192
193	Nonpaid Workers					10	592	193
194	YOUTH CARDIOLOGY PROGRAM					11	944	194
200	Cross Foot Adjustments							200

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		2,817,679	5,763,127	8,580,806	27,928	1,963,983	202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	916,333						7
8	Laundry & Linen Service	12,952	102,637					8
9	Housekeeping	10,015		118,094				9
10	Dietary	40,356		5,335	306,482			10
11	Cafeteria	20,659		2,731		178,523		11
12	Maintenance of Personnel							12
13	Nursing Administration	11,280		1,491		2,719	104,928	13
14	Central Services & Supply	49,328		6,521		4,984		14
15	Pharmacy	8,033		1,062		4,758		15
16	Medical Records & Library	31,761		4,199		8,609		16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	246,620	76,401	32,600	228,140	26,733	37,594	30
31	Intensive Care Unit	22,360	17,793	2,956	53,130	8,156	11,619	31
43	Nursery	4,216	8,443	557	25,212	2,266	3,302	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	42,797		5,657		11,328	16,010	50
51	Recovery Room	44,957		5,943		1,133	1,657	51
52	Delivery Room & Labor Room	3,166		418		2,266	3,081	52
53	Anesthesiology	3,846		508				53
54	Radiology-Diagnostic	77,317		10,221		10,874		54
54.01	NUCLEAR MEDICINE	3,195		422		680		54.01
54.02	ULTRASOUND	5,799		767		2,266		54.02
55	Radiology-Therapeutic							55
57	CT Scan	9,068		1,199		2,492		57
58	MRJ	51,510		6,809		1,133		58
59	Cardiac Catheterization	11,568		1,529		2,719	3,723	59
59.97	CARDIAC REHAB					906		59.97
60	Laboratory	40,164		5,309		12,460		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	39,824		5,264		9,289	13,088	65
66	Physical Therapy	29,505		3,900		4,304		66
67	Occupational Therapy	7,907		1,045		2,719		67
68	Speech Pathology	1,738		230		453		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
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	4,800		635		35,112		90
91	Emergency	81,592		10,786		10,648	14,854	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)	916,333	102,637	118,094	306,482	169,007	104,928	118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS					227		190.0
1								1
191.0	PATIENT TRANSPORTATION					1,133		191.0
1								1
192	Physicians' Private Offices					7,929		192
193	Nonpaid Workers							193
194	YOUTH CARDIOLOGY PROGRAM					227		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
202	TOTAL (sum of lines 118-201)	916,333	102,637	118,094	306,482	178,523	104,928	202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	379,937						14
15	Pharmacy		225,189					15
16	Medical Records & Library			282,570				16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics			11,400	2,422,462		2,422,462	30
31	Intensive Care Unit			3,607	326,145		326,145	31
43	Nursery			386	90,565		90,565	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room			29,270	501,910		501,910	50
51	Recovery Room			2,570	353,569		353,569	51
52	Delivery Room & Labor Room			408	47,531		47,531	52
53	Anesthesiology			3,836	34,731		34,731	53
54	Radiology-Diagnostic			10,935	665,929		665,929	54
54.01	NUCLEAR MEDICINE			4,624	44,178		44,178	54.01
54.02	ULTRASOUND			8,956	71,912		71,912	54.02
55	Radiology-Therapeutic			5,579	42,999		42,999	55
57	CT Scan			34,527	132,951		132,951	57
58	MRI			8,801	409,835		409,835	58
59	Cardiac Catheterization			11,223	138,080		138,080	59
59.97	CARDIAC REHAB			383	7,578		7,578	59.97
60	Laboratory			52,465	498,188		498,188	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			3,482	352,633		352,633	65
66	Physical Therapy			3,595	260,559		260,559	66
67	Occupational Therapy			1,341	85,585		85,585	67
68	Speech Pathology			440	18,047		18,047	68
69	Electrocardiology			9,940	32,382		32,382	69
71	Medical Supplies Charged to Patients	196,577		7,917	332,616		332,616	71
72	Impl. Dev. Charged to Patients	183,360		8,554	309,307		309,307	72
73	Drugs Charged to Patients		225,189	15,579	240,768		240,768	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic			15,252	324,189		324,189	90
91	Emergency			27,500	760,345		760,345	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)	379,937	225,189	282,570	8,504,994		8,504,994	118
NONREIMBURSABLE COST CENTERS								
190.0	MEALS ON WHEELS				1,599		1,599	190.0
191.0	PATIENT TRANSPORTATION				8,269		8,269	191.0
192	Physicians' Private Offices				64,160		64,160	192
193	Nonpaid Workers				602		602	193
194	YOUTH CARDIOLOGY PROGRAM				1,182		1,182	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		14	15	16	24	25	26	
202	TOTAL (sum of lines 118-201)	379,937	225,189	282,570	8,580,806		8,580,806	202

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	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	77,292,752				4
5	Administrative & General	42,165	42,165	12,714,706	-37,454,304	105,877,056		5
6	Maintenance & Repairs							6
7	Operation of Plant	18,003	18,003	1,078,637		4,277,660	123,885	7
8	Laundry & Linen Service	1,751	1,751	30,177		447,737	1,751	8
9	Housekeeping	1,354	1,354	1,489,433		2,405,461	1,354	9
10	Dietary	5,456	5,456	321,549		384,740	5,456	10
11	Cafeteria	2,793	2,793	657,310		1,353,429	2,793	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,525	1,525	782,135		985,967	1,525	13
14	Central Services & Supply	6,669	6,669	109,990		493,714	6,669	14
15	Pharmacy	1,086	1,086	2,122,276		8,630,916	1,086	15
16	Medical Records & Library	4,294	4,294	1,631,428		2,041,547	4,294	16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	33,342	33,342	8,725,508		11,344,126	33,342	30
31	Intensive Care Unit	3,023	3,023	2,662,196		3,508,649	3,023	31
43	Nursery	570	570	806,131		1,046,038	570	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	5,786	5,786	3,660,851		6,827,643	5,786	50
51	Recovery Room	6,078	6,078	431,758		792,994	6,078	51
52	Delivery Room & Labor Room	428	428	752,805		971,995	428	52
53	Anesthesiology	520	520			128,133	520	53
54	Radiology-Diagnostic	10,453	10,453	2,433,001		3,771,269	10,453	54
54.01	NUCLEAR MEDICINE	432	432	323,042		812,117	432	54.01
54.02	ULTRASOUND	784	784	777,312		938,622	784	54.02
55	Radiology-Therapeutic			615,935		2,005,290		55
57	CT Scan	1,226	1,226	843,773		1,530,346	1,226	57
58	MRI	6,964	6,964	407,232		960,721	6,964	58
59	Cardiac Catheterization	1,564	1,564	964,105		1,848,639	1,564	59
59.97	CARDIAC REHAB			270,312		333,740		59.97
60	Laboratory	5,430	5,430	3,680,562		7,230,749	5,430	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,384	5,384	1,026,812		1,677,758	5,384	65
66	Physical Therapy	3,989	3,989	1,341,551		1,800,750	3,989	66
67	Occupational Therapy	1,069	1,069	900,509		1,216,833	1,069	67
68	Speech Pathology	235	235	185,426		226,346	235	68
69	Electrocardiology			903,168		1,192,224		69
71	Medical Supplies Charged to Patients			814,089		6,891,021		71
72	Impl. Dev. Charged to Patients					6,328,443		72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	649	649	17,760,880		12,497,575	649	90
91	Emergency	11,031	11,031	3,537,439		5,449,113	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	74,762,038	-37,454,304	102,352,305	123,885	118
NONREIMBURSABLE COST CENTERS								
190.0	MEALS ON WHEELS			39,337		73,229		190.0
1								1
191.0	PATIENT TRANSPORTATION			227,429		380,271		191.0
1								1
192	Physicians' Private Offices			2,205,905		2,988,421		192
193	Nonpaid Workers			27,854		31,935		193
194	YOUTH CARDIOLOGY PROGRAM			30,189		50,895		194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,817,679	5,763,127	10,105,205		37,454,304	5,790,895	202
203	Unit Cost Multiplier (Wkst. B, Part I)	15.259236	31.210410	0.130739		0.353753	46.744118	203
204	Cost to be allocated (Per Wkst. B, Part II)			27,928		1,963,983	916,333	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000361		0.018550	7.396642	205
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	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	14,952						8
9	Housekeeping		120,780					9
10	Dietary		5,456	14,952				10
11	Cafeteria		2,793		788			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,525			683,529		13
14	Central Services & Supply		6,669				13,113,028	14
15	Pharmacy		1,086					15
16	Medical Records & Library		4,294					16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	11,130	33,342	11,130	118	244,899		30
31	Intensive Care Unit	2,592	3,023	2,592	36	75,691		31
43	Nursery	1,230	570	1,230	10	21,507		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		5,786		50	104,291		50
51	Recovery Room		6,078		5	10,795		51
52	Delivery Room & Labor Room		428		10	20,072		52
53	Anesthesiology		520					53
54	Radiology-Diagnostic		10,453		48			54
54.01	NUCLEAR MEDICINE		432		3			54.01
54.02	ULTRASOUND		784		10			54.02
55	Radiology-Therapeutic							55
57	CT Scan		1,226		11			57
58	MRI		6,964		5			58
59	Cardiac Catheterization		1,564		12	24,253		59
59.97	CARDIAC REHAB				4			59.97
60	Laboratory		5,430		55			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		5,384		41	85,259		65
66	Physical Therapy		3,989		19			66
67	Occupational Therapy		1,069		12			67
68	Speech Pathology		235		2			68
69	Electrocardiology							69
71	Medical Supplies Charged to Patients						6,784,585	71
72	Impl. Dev. Charged to Patients						6,328,443	72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		649		155			90
91	Emergency		11,031		47	96,762		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)	14,952	120,780	14,952	746	683,529	13,113,028	118
	NONREIMBURSABLE COST CENTERS							
190.0	MEALS ON WHEELS				1			190.0
191.0	PATIENT TRANSPORTATION				5			191.0
192	Physicians' Private Offices				35			192
193	Nonpaid Workers							193
194	YOUTH CARDIOLOGY PROGRAM				1			194
200	Cross foot adjustments							200

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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	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	687,974	3,319,692	925,840	2,039,532	1,479,015	1,220,345	202
203	Unit Cost Multiplier (Wkst. B, Part I)	46.012172	27.485445	61.920813	2,588.238579	2.163793	0.093064	203
204	Cost to be allocated (Per Wkst. B, Part II)	102,637	118,094	306,482	178,523	104,928	379,937	204
205	Unit Cost Multiplier (Wkst. B, Part II)	6.864433	0.977761	20.497726	226.552030	0.153509	0.028974	205
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

COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE					
	15	16					

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy	100					15
16	Medical Records & Library		573,851,972				16
17	Social Service						17
19	Nonphysician Anesthetists						19
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		23,169,973				30
31	Intensive Care Unit		7,330,852				31
43	Nursery		785,409				43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		59,492,074				50
51	Recovery Room		5,222,984				51
52	Delivery Room & Labor Room		828,907				52
53	Anesthesiology		7,796,035				53
54	Radiology-Diagnostic		22,224,980				54
54.01	NUCLEAR MEDICINE		9,397,518				54.01
54.02	ULTRASOUND		18,202,735				54.02
55	Radiology-Therapeutic		11,340,338				55
57	CT Scan		70,176,910				57
58	MRI		17,889,030				58
59	Cardiac Catheterization		22,811,986				59
59.97	CARDIAC REHAB		779,340				59.97
60	Laboratory		106,159,393				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		7,076,333				65
66	Physical Therapy		7,307,016				66
67	Occupational Therapy		2,724,712				67
68	Speech Pathology		894,134				68
69	Electrocardiology		20,204,243				69
71	Medical Supplies Charged to Patients		16,092,338				71
72	Impl. Dev. Charged to Patients		17,387,191				72
73	Drugs Charged to Patients	100	31,664,478				73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic		30,999,393				90
91	Emergency		55,893,670				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)	100	573,851,972				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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE				
		15	16				
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)	11,819,094	3,180,845				202
203	Unit Cost Multiplier (Wkst. B, Part I)	118,190.940000	0.005543				203
204	Cost to be allocated (Per Wkst. B, Part II)	225,189	282,570				204
205	Unit Cost Multiplier (Wkst. B, Part II)	2,251.890000	0.000492				205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)						206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)						207

KPMG LLP Compu-Max 2552-10

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		CODE	LINE NO.	AMOUNT
	1	2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part 1, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	19,997,154		19,997,154		19,997,154	30
31	Intensive Care Unit	5,551,595		5,551,595		5,551,595	31
43	Nursery	1,667,919		1,667,919		1,667,919	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,357,275		10,357,275		10,357,275	50
51	Recovery Room	1,589,936		1,589,936		1,589,936	51
52	Delivery Room & Labor Room	1,421,520		1,421,520		1,421,520	52
53	Anesthesiology	255,272		255,272		255,272	53
54	Radiology-Diagnostic	6,128,716		6,128,716		6,128,716	54
54.01	NUCLEAR MEDICINE	1,191,328		1,191,328		1,191,328	54.01
54.02	ULTRASOUND	1,455,638		1,455,638		1,455,638	54.02
55	Radiology-Therapeutic	2,777,526		2,777,526		2,777,526	55
57	CT Scan	2,580,177		2,580,177		2,580,177	57
58	MRI	1,929,614		1,929,614		1,929,614	58
59	Cardiac Catheterization	2,828,680		2,828,680		2,828,680	59
59.97	CARDIAC REHAB	466,475		466,475		466,475	59.97
60	Laboratory	10,922,492		10,922,492		10,922,492	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,000,747		3,000,747		3,000,747	65
66	Physical Therapy	2,823,552		2,823,552		2,823,552	66
67	Occupational Therapy	1,772,804		1,772,804		1,772,804	67
68	Speech Pathology	333,993		333,993		333,993	68
69	Electrocardiology	1,725,969		1,725,969		1,725,969	69
71	Medical Supplies Charged to Patients	10,049,335		10,049,335		10,049,335	71
72	Impl. Dev. Charged to Patients	9,252,476		9,252,476		9,252,476	72
73	Drugs Charged to Patients	11,994,610		11,994,610		11,994,610	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	17,539,792		17,539,792		17,539,792	90
91	Emergency	8,836,418		8,836,418		8,836,418	91
92	Observation Beds (Non-Distinct Part)	3,017,577		3,017,577		3,017,577	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Subtotal (sum of lines 30 thru 199)	141,468,590		141,468,590		141,468,590	200
201	Less Observation Beds	3,017,577		3,017,577		3,017,577	201
202	Total (line 200 minus line 201)	138,451,013		138,451,013		138,451,013	202

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	16,407,675		16,407,675				30
31	Intensive Care Unit	7,330,852		7,330,852				31
43	Nursery	785,409		785,409				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	14,551,111	44,940,963	59,492,074	0.174095	0.174095	0.174095	50
51	Recovery Room	1,548,873	3,674,111	5,222,984	0.304411	0.304411	0.304411	51
52	Delivery Room & Labor Room	828,907		828,907	1.714933	1.714933	1.714933	52
53	Anesthesiology	2,400,389	5,395,646	7,796,035	0.032744	0.032744	0.032744	53
54	Radiology-Diagnostic	4,719,152	17,505,828	22,224,980	0.275758	0.275758	0.275758	54
54.01	NUCLEAR MEDICINE	1,438,223	7,959,295	9,397,518	0.126770	0.126770	0.126770	54.01
54.02	ULTRASOUND	2,027,902	16,174,833	18,202,735	0.079968	0.079968	0.079968	54.02
55	Radiology-Therapeutic	803	11,339,535	11,340,338	0.244924	0.244924	0.244924	55
57	CT Scan	11,417,712	58,759,198	70,176,910	0.036767	0.036767	0.036767	57
58	MRI	2,635,023	15,254,007	17,889,030	0.107866	0.107866	0.107866	58
59	Cardiac Catheterization	8,094,452	14,717,534	22,811,986	0.124000	0.124000	0.124000	59
59.97	CARDIAC REHAB	870	778,470	779,340	0.598551	0.598551	0.598551	59.97
60	Laboratory	25,532,520	80,626,873	106,159,393	0.102888	0.102888	0.102888	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,368,854	1,707,479	7,076,333	0.424054	0.424054	0.424054	65
66	Physical Therapy	2,608,656	4,698,360	7,307,016	0.386417	0.386417	0.386417	66
67	Occupational Therapy	1,498,947	1,225,765	2,724,712	0.650639	0.650639	0.650639	67
68	Speech Pathology	561,270	332,864	894,134	0.373538	0.373538	0.373538	68
69	Electrocardiology	5,666,478	14,537,765	20,204,243	0.085426	0.085426	0.085426	69
71	Medical Supplies Charged to Patients	7,242,136	8,850,202	16,092,338	0.624479	0.624479	0.624479	71
72	Impl. Dev. Charged to Patients	11,451,873	5,935,318	17,387,191	0.532143	0.532143	0.532143	72
73	Drugs Charged to Patients	13,292,940	18,371,538	31,664,478	0.378803	0.378803	0.378803	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	28,952	30,970,441	30,999,393	0.565811	0.565811	0.565811	90
91	Emergency	12,338,911	43,554,759	55,893,670	0.158093	0.158093	0.158093	91
92	Observation Beds (Non-Distinct Part)	1,648,640	5,113,658	6,762,298	0.446235	0.446235	0.446235	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	161,427,530	412,424,442	573,851,972				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	161,427,530	412,424,442	573,851,972				202

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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE V (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	Total Cost (B Part I col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	19,997,154		19,997,154		19,997,154	30
31	Intensive Care Unit	5,551,595		5,551,595		5,551,595	31
43	Nursery	1,667,919		1,667,919		1,667,919	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,357,275		10,357,275		10,357,275	50
51	Recovery Room	1,589,936		1,589,936		1,589,936	51
52	Delivery Room & Labor Room	1,421,520		1,421,520		1,421,520	52
53	Anesthesiology	255,272		255,272		255,272	53
54	Radiology-Diagnostic	6,128,716		6,128,716		6,128,716	54
54.01	NUCLEAR MEDICINE	1,191,328		1,191,328		1,191,328	54.01
54.02	ULTRASOUND	1,455,638		1,455,638		1,455,638	54.02
55	Radiology-Therapeutic	2,777,526		2,777,526		2,777,526	55
57	CT Scan	2,580,177		2,580,177		2,580,177	57
58	MRI	1,929,614		1,929,614		1,929,614	58
59	Cardiac Catheterization	2,828,680		2,828,680		2,828,680	59
59.97	CARDIAC REHAB	466,475		466,475		466,475	59.97
60	Laboratory	10,922,492		10,922,492		10,922,492	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,000,747		3,000,747		3,000,747	65
66	Physical Therapy	2,823,552		2,823,552		2,823,552	66
67	Occupational Therapy	1,772,804		1,772,804		1,772,804	67
68	Speech Pathology	333,993		333,993		333,993	68
69	Electrocardiology	1,725,969		1,725,969		1,725,969	69
71	Medical Supplies Charged to Patients	10,049,335		10,049,335		10,049,335	71
72	Impl. Dev. Charged to Patients	9,252,476		9,252,476		9,252,476	72
73	Drugs Charged to Patients	11,994,610		11,994,610		11,994,610	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	17,539,792		17,539,792		17,539,792	90
91	Emergency	8,836,418		8,836,418		8,836,418	91
92	Observation Beds (Non-Distinct Part)	3,017,577		3,017,577		3,017,577	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Subtotal (sum of lines 30 thru 199)	141,468,590		141,468,590		141,468,590	200
201	Less Observation Beds	3,017,577		3,017,577		3,017,577	201
202	Total (line 200 minus line 201)	138,451,013		138,451,013		138,451,013	202

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE V (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	NUCLEAR MEDICINE							54.01
54.02	ULTRASOUND							54.02
55	Radiology-Therapeutic							55
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.97	CARDIAC REHAB							59.97
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
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
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)							200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)							202

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	Total Cost (B Part I col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
				1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	19,997,154		19,997,154		19,997,154	30
31	Intensive Care Unit	5,551,595		5,551,595		5,551,595	31
43	Nursery	1,667,919		1,667,919		1,667,919	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,357,275		10,357,275		10,357,275	50
51	Recovery Room	1,589,936		1,589,936		1,589,936	51
52	Delivery Room & Labor Room	1,421,520		1,421,520		1,421,520	52
53	Anesthesiology	255,272		255,272		255,272	53
54	Radiology-Diagnostic	6,128,716		6,128,716		6,128,716	54
54.01	NUCLEAR MEDICINE	1,191,328		1,191,328		1,191,328	54.01
54.02	ULTRASOUND	1,455,638		1,455,638		1,455,638	54.02
55	Radiology-Therapeutic	2,777,526		2,777,526		2,777,526	55
57	CT Scan	2,580,177		2,580,177		2,580,177	57
58	MRI	1,929,614		1,929,614		1,929,614	58
59	Cardiac Catheterization	2,828,680		2,828,680		2,828,680	59
59.97	CARDIAC REHAB	466,475		466,475		466,475	59.97
60	Laboratory	10,922,492		10,922,492		10,922,492	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,000,747		3,000,747		3,000,747	65
66	Physical Therapy	2,823,552		2,823,552		2,823,552	66
67	Occupational Therapy	1,772,804		1,772,804		1,772,804	67
68	Speech Pathology	333,993		333,993		333,993	68
69	Electrocardiology	1,725,969		1,725,969		1,725,969	69
71	Medical Supplies Charged to Patients	10,049,335		10,049,335		10,049,335	71
72	Impl. Dev. Charged to Patients	9,252,476		9,252,476		9,252,476	72
73	Drugs Charged to Patients	11,994,610		11,994,610		11,994,610	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	17,539,792		17,539,792		17,539,792	90
91	Emergency	8,836,418		8,836,418		8,836,418	91
92	Observation Beds (Non-Distinct Part)	3,017,577		3,017,577		3,017,577	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Subtotal (sum of lines 30 thru 199)	141,468,590		141,468,590		141,468,590	200
201	Less Observation Beds	3,017,577		3,017,577		3,017,577	201
202	Total (line 200 minus line 201)	138,451,013		138,451,013		138,451,013	202

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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	NUCLEAR MEDICINE							54.01
54.02	ULTRASOUND							54.02
55	Radiology-Therapeutic							55
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.97	CARDIAC REHAB							59.97
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
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
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)							200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)							202

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MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,422,462		2,422,462	13,108	184.81	6,586	1,217,159	30
31	Intensive Care Unit	326,145		326,145	2,592	125.83	1,143	143,824	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	90,565		90,565	1,230	73.63			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	2,839,172		2,839,172	16,930		7,729	1,360,983	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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0101

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	501,910	59,492,074	0.008437	7,852,733	66,254	50
51	Recovery Room	353,569	5,222,984	0.067695	836,842	56,650	51
52	Delivery Room & Labor Room	47,531	828,907	0.057342			52
53	Anesthesiology	34,731	7,796,035	0.004455	1,329,943	5,925	53
54	Radiology-Diagnostic	665,929	22,224,980	0.029963	2,565,919	76,883	54
54.01	NUCLEAR MEDICINE	44,178	9,397,518	0.004701	924,723	4,347	54.01
54.02	ULTRASOUND	71,912	18,202,735	0.003951	533,114	2,106	54.02
55	Radiology-Therapeutic	42,999	11,340,338	0.003792			55
57	CT Scan	132,951	70,176,910	0.001895	7,621,340	14,442	57
58	MRI	409,835	17,889,030	0.022910	1,612,467	36,942	58
59	Cardiac Catheterization	138,080	22,811,986	0.006053	2,688,296	16,272	59
59.97	CARDIAC REHAB	7,578	779,340	0.009724	580	6	59.97
60	Laboratory	498,188	106,159,393	0.004693	16,168,877	75,881	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	352,633	7,076,333	0.049833	5,125,649	255,426	65
66	Physical Therapy	260,559	7,307,016	0.035659	1,858,531	66,273	66
67	Occupational Therapy	85,585	2,724,712	0.031411	1,073,072	33,706	67
68	Speech Pathology	18,047	894,134	0.020184	391,059	7,893	68
69	Electrocardiology	32,382	20,204,243	0.001603	3,658,090	5,864	69
71	Medical Supplies Charged to Pat	332,616	16,092,338	0.020669	5,083,495	105,071	71
72	Impl. Dev. Charged to Patients	309,307	17,387,191	0.017789	4,730,109	84,144	72
73	Drugs Charged to Patients	240,768	31,664,478	0.007604	7,576,636	57,613	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	324,189	30,999,393	0.010458			90
91	Emergency	760,345	55,893,670	0.013603	7,084,667	96,373	91
92	Observation Beds (Non-Distinct	365,549	6,762,298	0.054057	177,343	9,587	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,031,371	549,328,036		78,893,485	1,077,658	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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	13,108		6,586		30
31	Intensive Care Unit	2,592		1,143		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	1,230				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	16,930		7,729		200

(A) Worksheet A line numbers

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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 TEERA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	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
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
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
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic								90
91	Emergency								91
92	Observation Beds (Non-Distinct								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0101

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	59,492,074			7,852,733		13,543,064	50
51	Recovery Room	5,222,984			836,842		1,896,481	51
52	Delivery Room & Labor Room	828,907						52
53	Anesthesiology	7,796,035			1,329,943		2,236,963	53
54	Radiology-Diagnostic	22,224,980			2,565,919		6,467,554	54
54.01	NUCLEAR MEDICINE	9,397,518			924,723		3,735,647	54.01
54.02	ULTRASOUND	18,202,735			533,114		1,727,756	54.02
55	Radiology-Therapeutic	11,340,338						55
57	CT Scan	70,176,910			7,621,340		18,411,448	57
58	MRI	17,889,030			1,612,467		4,572,946	58
59	Cardiac Catheterization	22,811,986			2,688,296		3,324,358	59
59.97	CARDIAC REHAB	779,340			580		422,620	59.97
60	Laboratory	106,159,393			16,168,877		10,521,709	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	7,076,333			5,125,649		1,222,918	65
66	Physical Therapy	7,307,016			1,858,531		171,927	66
67	Occupational Therapy	2,724,712			1,073,072		75,690	67
68	Speech Pathology	894,134			391,059		7,733	68
69	Electrocardiology	20,204,243			3,658,090		4,312,135	69
71	Medical Supplies Charged to Pat	16,092,338			5,083,495		4,820,087	71
72	Impl. Dev. Charged to Patients	17,387,191			4,730,109		2,931,225	72
73	Drugs Charged to Patients	31,664,478			7,576,636		9,911,405	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	30,999,393					1,950,598	90
91	Emergency	55,893,670			7,084,667		9,662,408	91
92	Observation Beds (Non-Distinct	6,762,298			177,343		562,428	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	549,328,036			78,893,485		102,489,100	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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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	0.174095	13,543,064			2,357,780			50
51	Recovery Room	0.304411	1,896,481			577,310			51
52	Delivery Room & Labor Room	1.714933							52
53	Anesthesiology	0.032744	2,236,963			73,247			53
54	Radiology-Diagnostic	0.275758	6,467,554			1,783,480			54
54.01	NUCLEAR MEDICINE	0.126770	3,735,647			473,568			54.01
54.02	ULTRASOUND	0.079968	1,727,756			138,165			54.02
55	Radiology-Therapeutic	0.244924							55
57	CT Scan	0.036767	18,411,448			676,934			57
58	MRI	0.107866	4,572,946			493,265			58
59	Cardiac Catheterization	0.124000	3,324,358			412,220			59
59.97	CARDIAC REHAB	0.598551	422,620			252,960			59.97
60	Laboratory	0.102888	10,521,709			1,082,558			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.424054	1,222,918			518,583			65
66	Physical Therapy	0.386417	171,927			66,436			66
67	Occupational Therapy	0.650639	75,690			49,247			67
68	Speech Pathology	0.373538	7,733			2,889			68
69	Electrocardiology	0.085426	4,312,135			368,368			69
71	Medical Supplies Charged to Pat	0.624479	4,820,087			3,010,043			71
72	Impl. Dev. Charged to Patients	0.532143	2,931,225			1,559,831			72
73	Drugs Charged to Patients	0.378803	9,911,405			3,754,470			73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.565811	1,950,598			1,103,670			90
91	Emergency	0.158093	9,662,408			1,527,559			91
92	Observation Beds (Non-Distinct	0.446235	562,428			250,975			92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		102,489,100			20,533,558			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		102,489,100			20,533,558			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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,422,462		2,422,462	13,108	184.81	653	120,681	30
31	Intensive Care Unit	326,145		326,145	2,592	125.83	127	15,980	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	90,565		90,565	1,230	73.63	223	16,419	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	2,839,172		2,839,172	16,930		1,003	153,080	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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0101

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	501,910	59,492,074	0.008437		50
51	Recovery Room	353,569	5,222,984	0.067695		51
52	Delivery Room & Labor Room	47,531	828,907	0.057342		52
53	Anesthesiology	34,731	7,796,035	0.004455		53
54	Radiology-Diagnostic	665,929	22,224,980	0.029963		54
54.01	NUCLEAR MEDICINE	44,178	9,397,518	0.004701		54.01
54.02	ULTRASOUND	71,912	18,202,735	0.003951		54.02
55	Radiology-Therapeutic	42,999	11,340,338	0.003792		55
57	CT Scan	132,951	70,176,910	0.001895		57
58	MRI	409,835	17,889,030	0.022910		58
59	Cardiac Catheterization	138,080	22,811,986	0.006053		59
59.97	CARDIAC REHAB	7,578	779,340	0.009724		59.97
60	Laboratory	498,188	106,159,393	0.004693		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	352,633	7,076,333	0.049833		65
66	Physical Therapy	260,559	7,307,016	0.035659		66
67	Occupational Therapy	85,585	2,724,712	0.031411		67
68	Speech Pathology	18,047	894,134	0.020184		68
69	Electrocardiology	32,382	20,204,243	0.001603		69
71	Medical Supplies Charged to Pat	332,616	16,092,338	0.020669		71
72	Impl. Dev. Charged to Patients	309,307	17,387,191	0.017789		72
73	Drugs Charged to Patients	240,768	31,664,478	0.007604		73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	324,189	30,999,393	0.010458		90
91	Emergency	760,345	55,893,670	0.013603		91
92	Observation Beds (Non-Distinct	365,549	6,762,298	0.054057		92
93.99	PARTIAL HOSPITALIZATION PROGRAM					93.99
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	6,031,371	549,328,036			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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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 XLX Other

(A)	Cost Center Description	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.)
	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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Total Patient Days	Per Diem (col. 5+ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	13,108		653		30
31	Intensive Care Unit	2,592		127		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	1,230		223		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	16,930		1,003		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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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	1	2A	2	3A	3	4	5	6	
		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)	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	NUCLEAR MEDICINE									54.01
54.02	ULTRASOUND									54.02
55	Radiology-Therapeutic									55
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
59.97	CARDIAC REHAB									59.97
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
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
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
91	Emergency									91
92	Observation Beds (Non-Distinct									92
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0101

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5+ col. 7)	Outpatient Ratio of Cost to Charges (col. 6+ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7		8		9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
51	Recovery Room								51
52	Delivery Room & Labor Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
54.01	NUCLEAR MEDICINE								54.01
54.02	ULTRASOUND								54.02
55	Radiology-Therapeutic								55
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
59.97	CARDIAC REHAB								59.97
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy								65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
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
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic								90
91	Emergency								91
92	Observation Beds (Non-Distinct)								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								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: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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.)	
1	2	3	4	5	6	7		
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room						50	
51	Recovery Room						51	
52	Delivery Room & Labor Room						52	
53	Anesthesiology						53	
54	Radiology-Diagnostic						54	
54.01	NUCLEAR MEDICINE						54.01	
54.02	ULTRASOUND						54.02	
55	Radiology-Therapeutic						55	
57	CT Scan						57	
58	MRI						58	
59	Cardiac Catheterization						59	
59.97	CARDIAC REHAB						59.97	
60	Laboratory						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30	
65	Respiratory Therapy						65	
66	Physical Therapy						66	
67	Occupational Therapy						67	
68	Speech Pathology						68	
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	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY						76.99	
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic						90	
91	Emergency						91	
92	Observation Beds (Non-Distinct						92	
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99	
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)						200	
201	Less PBP Clinic Lab. Services-Program Only Charges						201	
202	Net Charges (line 200 - line 201)						202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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)	13,108	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,108	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)	11,130	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)	6,586	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)	19,997,154	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)	19,997,154	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)	19,997,154	37

KPMG LLP Compu-Max 2552-10

MORRIS HOSPITAL Provider CCN: 14-0101	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 13:49 Version: 2018.12 (03/07/2019)
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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)					1,525.57	38
39	Program general inpatient routine service cost (line 9 x line 38)					10,047,404	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)					10,047,404	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	5,551,595	2,592	2,141.82	1,143	2,448,100	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)					18,793,597	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					31,289,101	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,360,983	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,077,658	51
52	Total Program excludable cost (sum of lines 50 and 51)	2,438,641	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	28,850,460	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

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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

						1,978	87
		Cost	Routine Cost (from line 21)	col. 1+col. 2	Total Observation Bed Cost (from line 89)	1,525.57	88
		1	2	3	4	3,017,577	89
						Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
87	Total observation bed days (see instructions)						
88	Adjusted general inpatient routine cost per diem (line 27 + line 2)						
89	Observation bed cost (line 87 x line 88) (see instructions)						
		2,422,462	19,997,154	0.121140	3,017,577	365,549	90
90	Capital-related cost						91
91	Nursing School						92
92	Allied Health						93
93	Other Medical Education						

KPMG LLP Compu-Max 2552-10

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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)	13,108	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,108	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)	11,130	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)	653	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)	1,230	15
16	Nursery days (title V or XIX only)	223	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)	19,997,154	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)	19,997,154	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)	19,997,154	37

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0101

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,525.57	38
39	Program general inpatient routine service cost (line 9 x line 38)					996,197	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)					996,197	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)	1,667,919	1,230	1,356.03	223	302,395	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	5,551,595	2,592	2,141.82	127	272,011	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					1,570,603	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					153,080	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51
52	Total Program excludable cost (sum of lines 50 and 51)					153,080	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					1,417,523	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)					1,978	87
88	Adjusted general inpatient routine cost per diem (line 27 + line 2)					1,525.57	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,017,577	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	2,422,462	19,997,154	0.121140	3,017,577	365,549	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)	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		8,353,430		30
31	Intensive Care Unit		1,655,321		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.174095	7,852,733	1,367,122	50
51	Recovery Room	0.304411	836,842	254,744	51
52	Delivery Room & Labor Room	1.714933			52
53	Anesthesiology	0.032744	1,329,943	43,548	53
54	Radiology-Diagnostic	0.275758	2,565,919	707,573	54
54.01	NUCLEAR MEDICINE	0.126770	924,723	117,227	54.01
54.02	ULTRASOUND	0.079968	533,114	42,632	54.02
55	Radiology-Therapeutic	0.244924			55
57	CT Scan	0.036767	7,621,340	280,214	57
58	MRI	0.107866	1,612,467	173,930	58
59	Cardiac Catheterization	0.124000	2,688,296	333,349	59
59.97	CARDIAC REHAB	0.598551	580	347	59.97
60	Laboratory	0.102888	16,168,877	1,663,583	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.424054	5,125,649	2,173,552	65
66	Physical Therapy	0.386417	1,858,531	718,168	66
67	Occupational Therapy	0.650639	1,073,072	698,182	67
68	Speech Pathology	0.373538	391,059	146,075	68
69	Electrocardiology	0.085426	3,658,090	312,496	69
71	Medical Supplies Charged to Patients	0.624479	5,083,495	3,174,536	71
72	Impl. Dev. Charged to Patients	0.532143	4,730,109	2,517,094	72
73	Drugs Charged to Patients	0.378803	7,576,636	2,870,052	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.565811			90
91	Emergency	0.158093	7,084,667	1,120,036	91
92	Observation Beds (Non-Distinct Part)	0.446235	177,343	79,137	92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		78,893,485	18,793,597	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		78,893,485		202

(A) Worksheet A line numbers

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**WORKSHEET E
PART A**

CALCULATION OF REIMBURSEMENT SETTLEMENT

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)				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	16,683,629			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)	555,478			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
2.03	Outlier payment for discharges occurring prior to October 1 (see instructions)				2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)				2.04
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	83.58			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0152			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1576			31
32	Sum of lines 30 and 31	0.1728			32
33	Allowable disproportionate share percentage (see instructions)	0.0375			33
34	Disproportionate share adjustment (see instructions)	156,409			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	6,766,695,164		8,272,872,447	35
35.01	Factor 3 (see instructions)	0.000089666		0.000129175	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	606,742		1,068,648	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	453,810		269,358	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	723,168			36

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		I	1.01	1.02	
	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
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	18,118,684			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	18,118,684			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,453,963			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	19,572,647			59
60	Primary payer payments	13,158			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	19,559,489			61
62	Deductibles billed to program beneficiaries	1,867,528			62
63	Coinsurance billed to program beneficiaries	12,060			63
64	Allowable bad debts (see instructions)	215,843			64
65	Adjusted reimbursable bad debts (see instructions)	140,298			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	107,078			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	17,820,199			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	16,672			70.93
70.94	HRR adjustment amount (see instructions)	-121,865			70.94
71	Amount due provider (see instructions)	17,715,006			71
71.01	Sequestration adjustment (see instructions)	354,300			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	16,408,922			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	951,784			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2				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)	20,533,558			2
3	OPPS payments	14,292,676			3
4	Outlier payment (see instructions)	71,039			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				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)	14,363,715			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	2,800,492			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)	11,563,223			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)	11,563,223			30
31	Primary payer payments	96			31
32	Subtotal (line 30 minus line 31)	11,563,127			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)	294,305			34
35	Adjusted reimbursable bad debts (see instructions)	191,298			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	148,617			36
37	Subtotal (see instructions)	11,754,425			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	11,754,425			40
40.01	Sequestration adjustment (see instructions)	235,089			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	11,331,856			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	187,480			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0101

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	Total interim payments paid to provider		16,361,229		11,331,856	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	07/30/2018	47,693		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		47,693		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)			16,408,922		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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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0101

WORKSHEET E-3
PART VII

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

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

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

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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	
CURRENT ASSETS						
1	Cash on hand and in banks	26,641,615				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	28,370,942				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	7,312,667				7
8	Prepaid expenses					8
9	Other current assets	15,274,684				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	77,599,908				11
FIXED ASSETS						
12	Land	10,007,508				12
13	Land improvements	7,231,551				13
14	Accumulated depreciation	-5,313,178				14
15	Buildings	83,419,784				15
16	Accumulated depreciation	-44,715,359				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	109,963,484				19
20	Accumulated depreciation	-84,232,127				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment					23
24	Accumulated depreciation					24
25	Minor equipment depreciable	3,890,510				25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	80,252,173				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	134,274,426				34
35	Total other assets (sum of lines 31-34)	134,274,426				35
36	Total assets (sum of lines 11, 30 and 35)	292,126,507				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	48,968,926				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					44
45	Total current liabilities (sum of lines 37 thru 44)	48,968,926				45
LONG TERM LIABILITIES						
46	Mortgage payable	92,785,159				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	7,028,834				49
50	Total long term liabilities (sum of lines 46 thru 49)	99,813,993				50
51	Total liabilities (sum of lines 45 and 50)	148,782,919				51
CAPITAL ACCOUNTS						
52	General fund balance	143,343,588				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56

KPMG LLP Compu-Max 2552-10

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets	1	2	3	4	
	(Omit Cents)					
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	143,343,588				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	292,126,507				60

KPMG LLP Compu-Max 2552-10

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		
	1	2	3	4	
1	Fund balances at beginning of period		145,758,287		1
2	Net income (loss) (from Worksheet G-3, line 29)		-2,489,687		2
3	Total (sum of line 1 and line 2)		143,268,600		3
4	Additions (credit adjustments) (specify)				4
5					5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)		143,268,600		11
12	Deductions (debit adjustments) (specify)				12
13	TRANSFER BETWEEN FUNDS	-74,988			13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		-74,988		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		143,343,588		19

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

KPMG LLP Compu-Max 2552-10

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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	18,664,632		18,664,632	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)	18,664,632		18,664,632	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	7,507,944		7,507,944	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)	7,507,944		7,507,944	16
17	Total inpatient routine care services (sum of lines 10 and 16)	26,172,576		26,172,576	17
18	Ancillary services	123,387,091	332,285,584	455,672,675	18
19	Outpatient services	12,367,863	79,638,858	92,006,721	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	161,927,530	411,924,442	573,851,972	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		172,937,674	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)		172,937,674	43

KPMG LLP Compu-Max 2552-10

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	573,851,972	1
2	Less contractual allowances and discounts on patients' accounts	403,150,433	2
3	Net patient revenues (line 1 minus line 2)	170,701,539	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	172,937,674	4
5	Net income from service to patients (line 3 minus line 4)	-2,236,135	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	1,111,462	6
7	Income from investments	-2,060,274	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 other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space	770,248	22
23	Governmental appropriations		23
24	Other (specify)		24
24.0	Other (TRANSFER BETWEEN FUNDS)	-74,988	24.0
1			1
25	Total other income (sum of lines 6-24)	-253,552	25
26	Total (line 5 plus line 25)	-2,489,687	26
29	Net income (or loss) for the period (line 26 minus line 28)	-2,489,687	29

KPMG LLP Compu-Max 2552-10

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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	1,453,963	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)	1,453,963	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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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		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)		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
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	NUCLEAR MEDICINE						54.01
54.02	ULTRASOUND						54.02
55	Radiology-Therapeutic						55
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
59.97	CARDIAC REHAB						59.97
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
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
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	2A	24	25	26	
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

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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	50.24		4.98				55.22	30
31	Intensive Care Unit	44.10		4.90				49.00	31
43	Nursery			18.13				18.13	43
UTILIZATION PERCENTAGES BASED ON CHARGES									
50	Operating Room	13.20	22.76					35.96	50
51	Recovery Room	16.02	36.31					52.33	51
53	Anesthesiology	17.06	28.69					45.75	53
54	Radiology-Diagnostic	11.55	29.10					40.65	54
54.01	NUCLEAR MEDICINE	9.84	39.75					49.59	54.01
54.02	ULTRASOUND	2.93	9.49					12.42	54.02
57	CT Scan	10.86	26.24					37.10	57
58	MRI	9.01	25.56					34.57	58
59	Cardiac Catheterization	11.78	14.57					26.35	59
59.97	CARDIAC REHAB	0.07	54.23					54.30	59.97
60	Laboratory	15.23	9.91					25.14	60
65	Respiratory Therapy	72.43	17.28					89.71	65
66	Physical Therapy	25.43	2.35					27.78	66
67	Occupational Therapy	39.38	2.78					42.16	67
68	Speech Pathology	43.74	0.86					44.60	68
69	Electrocardiology	18.11	21.34					39.45	69
71	Medical Supplies Charged to Pat	31.59	29.95					61.54	71
72	Impl. Dev. Charged to Patients	27.20	16.86					44.06	72
73	Drugs Charged to Patients	23.93	31.30					55.23	73
90	Clinic		6.29					6.29	90
91	Emergency	12.68	17.29					29.97	91
92	Observation Beds (Non-Distinct	2.62	8.32					10.94	92
200	TOTAL CHARGES	14.36	18.66					33.02	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	2,817,679	1.97	-2,817,679	-4.00			1
2	Cap Rel Costs-Mvble Equip	5,763,127	4.02	-5,763,127	-8.18			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	10,077,277	7.03	-10,077,277	-14.31			4
5	Administrative & General	33,832,603	23.60	-33,832,603	-48.03			5
6	Maintenance & Repairs							6
7	Operation of Plant	3,300,047	2.30	-3,300,047	-4.68			7
8	Laundry & Linen Service	362,424	0.25	-362,424	-0.51			8
9	Housekeeping	2,147,814	1.50	-2,147,814	-3.05			9
10	Dietary	89,163	0.06	-89,163	-0.13			10
11	Cafeteria	1,137,703	0.79	-1,137,703	-1.62			11
12	Maintenance of Personnel							12
13	Nursing Administration	812,845	0.57	-812,845	-1.15			13
14	Central Services & Supply	169,428	0.12	-169,428	-0.24			14
15	Pharmacy	8,302,985	5.79	-8,302,985	-11.79			15
16	Medical Records & Library	1,628,715	1.14	-1,628,715	-2.31			16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	8,653,972	6.04	11,343,182	16.10	19,997,154	13.95	30
31	Intensive Care Unit	3,020,118	2.11	2,531,477	3.59	5,551,595	3.87	31
43	Nursery	914,157	0.64	753,762	1.07	1,667,919	1.16	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	6,080,154	4.24	4,277,121	6.07	10,357,275	7.23	50
51	Recovery Room	454,103	0.32	1,135,833	1.61	1,589,936	1.11	51
52	Delivery Room & Labor Room	853,685	0.60	567,835	0.81	1,421,520	0.99	52
53	Anesthesiology	103,969	0.07	151,303	0.21	255,272	0.18	53
54	Radiology-Diagnostic	2,967,434	2.07	3,161,282	4.49	6,128,716	4.28	54
54.01	NUCLEAR MEDICINE	749,808	0.52	441,520	0.63	1,191,328	0.83	54.01
54.02	ULTRASOUND	800,565	0.56	655,073	0.93	1,455,638	1.02	54.02
55	Radiology-Therapeutic	1,924,763	1.34	852,763	1.21	2,777,526	1.94	55
57	CT Scan	1,363,060	0.95	1,217,117	1.73	2,580,177	1.80	57
58	MRI	583,866	0.41	1,345,748	1.91	1,929,614	1.35	58
59	Cardiac Catheterization	1,649,915	1.15	1,178,765	1.67	2,828,680	1.97	59
59.97	CARDIAC REHAB	298,400	0.21	168,075	0.24	466,475	0.33	59.97
60	Laboratory	6,497,225	4.53	4,425,267	6.28	10,922,492	7.62	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,293,321	0.90	1,707,426	2.42	3,000,747	2.09	65
66	Physical Therapy	1,439,990	1.00	1,383,562	1.96	2,823,552	1.97	66
67	Occupational Therapy	1,049,425	0.73	723,379	1.03	1,772,804	1.24	67
68	Speech Pathology	191,184	0.13	142,809	0.20	333,993	0.23	68
69	Electrocardiology	1,074,145	0.75	651,824	0.93	1,725,969	1.20	69
71	Medical Supplies Charged to Patients	6,784,588	4.73	3,264,747	4.63	10,049,335	7.01	71
72	Impl. Dev. Charged to Patients	6,328,443	4.42	2,924,033	4.15	9,252,476	6.46	72
73	Drugs Charged to Patients			11,994,610	17.03	11,994,610	8.37	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	10,145,348	7.08	7,394,444	10.50	17,539,792	12.24	90
91	Emergency	4,474,025	3.12	4,362,393	6.19	8,836,418	6.17	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	68,086	0.05	33,636	0.05	101,722	0.07	190.01
191.01	PATIENT TRANSPORTATION	350,537	0.24	177,197	0.25	527,734	0.37	191.01
192	Physicians' Private Offices	2,700,023	1.88	1,436,149	2.04	4,136,172	2.89	192
193	Nonpaid Workers	28,293	0.02	14,939	0.02	43,232	0.03	193
194	YOUTH CARDIOLOGY PROGRAM	46,948	0.03	24,539	0.03	71,487	0.05	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	143,331,360	100.00			143,331,360	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	501,910	59,492,074	0.008437	7,852,733	66,254	50
51	Recovery Room	353,569	5,222,984	0.067695	836,842	56,650	51
52	Delivery Room & Labor Room	47,531	828,907	0.057342			52
53	Anesthesiology	34,731	7,796,035	0.004455	1,329,943	5,925	53
54	Radiology-Diagnostic	665,929	22,224,980	0.029963	2,565,919	76,883	54
54.01	NUCLEAR MEDICINE	44,178	9,397,518	0.004701	924,723	4,347	54.01
54.02	ULTRASOUND	71,912	18,202,735	0.003951	533,114	2,106	54.02
55	Radiology-Therapeutic	42,999	11,340,338	0.003792			55
57	CT Scan	132,951	70,176,910	0.001895	7,621,340	14,442	57
58	MRI	409,835	17,889,030	0.022910	1,612,467	36,942	58
59	Cardiac Catheterization	138,080	22,811,986	0.006053	2,688,296	16,272	59
59.97	CARDIAC REHAB	7,578	779,340	0.009724	580	6	59.97
60	Laboratory	498,188	106,159,393	0.004693	16,168,877	75,881	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	352,633	7,076,333	0.049833	5,125,649	255,426	65
66	Physical Therapy	260,559	7,307,016	0.035659	1,858,531	66,273	66
67	Occupational Therapy	85,585	2,724,712	0.031411	1,073,072	33,706	67
68	Speech Pathology	18,047	894,134	0.020184	391,059	7,893	68
69	Electrocardiology	32,382	20,204,243	0.001603	3,658,090	5,864	69
71	Medical Supplies Charged to Pat	332,616	16,092,338	0.020669	5,083,495	105,071	71
72	Impl. Dev. Charged to Patients	309,307	17,387,191	0.017789	4,730,109	84,144	72
73	Drugs Charged to Patients	240,768	31,664,478	0.007604	7,576,636	57,613	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	324,189	30,999,393	0.010458			90
91	Emergency	760,345	55,893,670	0.013603	7,084,667	96,373	91
92	Observation Beds (Non-Distinct	365,549	6,762,298	0.054057	177,343	9,587	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	6,031,371	549,328,036		78,893,485	1,077,658	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	2,422,462		2,422,462	13,108	184.81	6,586	1,217,159	30
31	Intensive Care Unit	326,145		326,145	2,592	125.83	1,143	143,824	31
200	TOTAL	2,748,607		2,748,607	15,700		7,729	1,360,983	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,360,983
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,077,658
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,438,641
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	1,958
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	7,729
PER DISCHARGE CAPITAL COSTS	1,245.48

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I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	28,850,460
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	88,902,236
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.325

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	2,438,641
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.027

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01, 2.02 x column 1 less lines 61, 66-68, 74, 94, 95 & 96)	20,414,986
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)	102,233,750
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.200