



COMPU-MAX

RML SPECIALTY HOSPITAL Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/06/2014 Run Time: 14:58 Version: 2014.03
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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 type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE:	TIME:
	2. <input checked="" 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	6. DATE RECEIVED: _____	10. NPR DATE: _____
	1 -AS SUBMITTED	7. CONTRACTOR NO: _____	11. CONTRACTOR'S VENDOR CODE: _____
	2 -SETTLED WITHOUT AUDIT	8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN	
	4 -REOPENED	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.	
	5 -AMENDED		

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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 RML SPECIALTY HOSPITAL (14-2010) {(PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2013 AND ENDING 05/31/2014, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART III - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		HIT	TITLE XIX	
		1	PART A 2	PART B 3	4	5	
1	HOSPITAL		2,135,214	-3			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		2,135,214	-3			200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.



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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: 5601 SOUTH COUNTY LINE ROAD			P.O. Box:					1	
2	City: HINSDALE			State: IL		ZIP Code: 60521		County: COOK		
Hospital and Hospital-Based Component Identification:										
						Payment System (P, T, O, or N)				
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	RML SPECIALTY HOSPITAL	14-2010	16974	2	06/01/1997	N	P	N	
4	Subprovider - IPF									
5	Subprovider - IRF									
6	Subprovider - (OTHER)									
7	Swing Beds - SNF									
8	Swing Beds - NF									
9	Hospital-Based SNF									
10	Hospital-Based NF									
11	Hospital-Based OLTC									
12	Hospital-Based HHA									
13	Separately Certified ASC									
14	Hospital-Based Hospice									
15	Hospital-Based Health Clinic - RHC									
16	Hospital-Based Health Clinic - FQHC									
17	Hospital-Based (CMHC)									
18	Renal Dialysis									
19	Other									
20	Cost Reporting Period (mm/dd/yyyy)		From: 06 / 01 / 2013		To: 05 / 31 / 2014					
21	Type of control (see instructions)		2							
Inpatient PPS Information								1	2	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							N	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	N	22.01
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 col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.								24	
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.								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					
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					
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									
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 in effect in the cost reporting period.									
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				Beginning:		Ending:		38	
								1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)							N	N	39



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	N	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N	N		57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.				
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1	2	3	4
	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.				
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63



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## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings-Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider 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 + 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
<b>Inpatient Psychiatric Facility PPS</b>				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						71
<b>Inpatient Rehabilitation Facility PPS</b>				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						76
<b>Long Term Care Hospital PPS</b>							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				Y		80
<b>TEFRA Providers</b>							
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



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## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
Rural Providers		1	2	
105	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106
107	Column 1: 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. If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes, complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter 'Y' for yes or 'N' for no in column 2.			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.	N	Physical Occupational Speech Respiratory	109
Miscellaneous Cost Reporting Information				
115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If 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'	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	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.	946,880	N	118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N		121
Transplant Center Information				
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N		125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134



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WORKSHEET S-2  
PART I

All Providers						
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)		1	2		140
			Y			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141	Name:	Contractor's Name:	Contractor's Number:			141
142	Street:	P.O. Box:				142
143	City:	State:	ZIP Code:			143
144	Are provider based physicians' costs included in Worksheet A?		Y			144
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.		Y			145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.		N			146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.		N			147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.		N			148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.		N			149
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)						
			Title XVIII		Title V	Title XIX
			Part A	Part B	2	3
155	Hospital		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.					166
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.		N			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)					169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170



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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)	Y			3
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	Y	A		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
		1	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT 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
BAD DEBTS				Y/N	
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.			Y	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	14
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y	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)	Y	08/31/2014	Y	08/31/2014
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		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 COSTS			
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 CAPITALIZED 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
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: THOMAS	LAST NAME: STITT	TITLE: VICE PRESIDENT OF FINANCE
42	EMPLOYER: HEALTH DIMENSIONS GROUP		
43	PHONE NUMBER: 763-225-8639	E-MAIL ADDRESS: TOM@HDGII.COM	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						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	168	59,307			22,623	11,846	44,744	1
2	HMO AND OTHER (see instructions)						713			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)		168	59,307			22,623	11,846	44,744	7
8	INTENSIVE CARE UNIT	31								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								13
14	TOTAL (see instructions)		168	59,307			22,623	11,846	44,744	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)		168							27
28	OBSERVATION BED DAYS									28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)									32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS						2,380			33



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					763	359	1,472	1
2	HMO AND OTHER (see instructions)					23			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)		618.24			763	359	1,472	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)		618.24						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32



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## HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PARTS II-III

## PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	TOTAL SALARIES (see instructions)	200	40,023,539		1,285,939.00		1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A - ADMINISTRATIVE						4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (in an approved program)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (see instructions)						10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11	CONTRACT LABOR (see instructions)		1,480,777		33,603.46		11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING						16
<b>WAGE-RELATED COSTS</b>							
17	WAGE-RELATED COSTS (core)(see instructions)		9,234,206				17
18	WAGE-RELATED COSTS (other)(see instructions)						18
19	EXCLUDED AREAS						19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE						22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FOHC)						24
25	INTERNS & RESIDENTS (in an approved program)						25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26	EMPLOYEE BENEFITS DEPARTMENT		439,146	11,888	11,856.00		26
27	ADMINISTRATIVE & GENERAL		7,978,781	-501,860	177,486.00		27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)						28
29	MAINTENANCE & REPAIRS		147,390	5,816	4,326.00		29
30	OPERATION OF PLANT		1,670,827	22,024	65,000.00		30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING		975,776	24,552	67,101.00		32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)						33
34	DIETARY		592,716	-197,022	19,070.00		34
35	DIETARY UNDER CONTRACT (see instructions)						35
36	CAFETERIA			213,726	10,300.00		36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		857,496	44,812	23,005.00		38
39	CENTRAL SERVICES AND SUPPLY						39
40	PHARMACY						40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		289,048	8,905	12,022.00		41
42	SOCIAL SERVICE		1,291,601	26,755	38,230.00		42
43	OTHER GENERAL SERVICE						43

## PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		40,023,539		40,023,539	1,285,939.00	31.12	1
2	EXCLUDED AREA SALARIES (see instructions)							2
3	SUBTOTAL SALARIES (line 1 minus line 2)		40,023,539		40,023,539	1,285,939.00	31.12	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		1,480,777		1,480,777	33,603.46	44.07	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		9,234,206		9,234,206		23.07%	5
6	TOTAL (sum of lines 3 through 5)		50,738,522		50,738,522	1,319,542.46	38.45	6
7	TOTAL OVERHEAD COST (see instructions)		14,242,781	-340,404	13,902,377	428,396.00	32.45	7



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## HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

## PART IV - WAGE RELATED COST

## PART A - CORE LIST

		AMOUNT REPORTED	
	<b>RETIREMENT COST</b>		
1	401K EMPLOYER CONTRIBUTIONS	1,542,602	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	<b>HEALTH AND INSURANCE COST</b>		
8	HEALTH INSURANCE (Purchased or Self Funded)	3,990,011	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	143,720	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	56,075	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	72,672	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	345,564	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-EMPLOYERS PORTION ONLY	2,830,860	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE		19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	90,635	20
	<b>OTHER</b>		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	162,067	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	9,234,206	24

## PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25
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## WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

<b>STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>				
1	WAGE INDEX FISCAL YEAR ENDING DATE			1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)			2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH			3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)			4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)			5
<b>STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)</b>				
6	EFFECTIVE DATE OF PENSION PLAN			6
7	FIRST DAY OF THE PROVIDER COST REPORTING PERIOD CONTAINING THE PENSION PLAN EFFECTIVE DATE			7
8	STARTING DATE OF THE ADJUSTED AVERAGING PERIOD (date on Line 7, adjusted to first of month)			8

## IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>				
9	BEGINNING DATE OF AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE			9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5			10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	<b>DEPOSIT DATE(S)</b>	<b>CONTRIBUTION(S)</b>	11
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)			12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD			13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)			14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2			15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)			16
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>				
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)			17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)			18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)			19



## COMPU-MAX

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## HOSPITAL CONTRACT LABOR AND BENEFIT COST

## WORKSHEET S-3

## PART V - CONTRACT LABOR AND BENEFIT COST

## PART V

## HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	1,480,777	9,234,206	1
2	HOSPITAL	1,480,777	9,234,206	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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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	CAP REL COSTS-BLDG & FIXT		3,114,747	3,114,747	57,666	3,172,413	-105,181	3,067,232	1
2	00200	CAP REL COSTS-MVBLE EQUIP		1,960,451	1,960,451	69,724	2,030,175		2,030,175	2
3	00300	OTHER CAP REL COSTS		127,390	127,390	-127,390			-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	439,146	6,809,009	7,248,155	12,797	7,260,952	-229,624	7,031,328	4
5.01	00541	PURCHASING	349,852	113,190	463,042	15,756	478,798	-17	478,781	5.01
5.02	00570	ADMITTING	1,300,740	188,382	1,489,122	16,788	1,505,910	-174	1,505,736	5.02
5.03	00580	PATIENT ACCOUNTS	377,454	52,671	430,125	13,073	443,198	-180	443,018	5.03
5.04	00590	OTHER A & G	5,950,735	6,849,019	12,799,754	-595,586	12,204,168	-1,925,211	10,278,957	5.04
6	00600	MAINTENANCE & REPAIRS	147,390	197,007	344,397	-135,320	209,077		209,077	6
7	00700	OPERATION OF PLANT	1,670,827	1,803,374	3,474,201	23,671	3,497,872	-40	3,497,832	7
8	00800	LAUNDRY & LINEN SERVICE		249,314	249,314		249,314		249,314	8
9	00900	HOUSEKEEPING	975,776	457,732	1,433,508	24,701	1,458,209	-69	1,458,140	9
10	01000	DIETARY	592,716	368,496	961,212	-394,540	566,672	-13,337	553,335	10
11	01100	CAFETERIA				305,851	305,851	-94,988	210,863	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	857,496	71,961	929,457	48,240	977,697	-22	977,675	13
14	01400	CENTRAL SERVICES & SUPPLY								14
15	01500	PHARMACY								15
16	01600	MEDICAL RECORDS & LIBRARY	289,048	116,382	405,430	9,586	415,016	-2,881	412,135	16
17	01700	SOCIAL SERVICE	1,291,601	220,686	1,512,287	28,802	1,541,089	-17	1,541,072	17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD								21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD								22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	03000	ADULTS & PEDIATRICS	14,954,217	6,107,072	21,061,289	-2,056,268	19,005,021	-693,793	18,311,228	30
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	OPERATING ROOM	402,795	465,845	868,640	-228,609	640,031		640,031	50
54	05400	RADIOLOGY-DIAGNOSTIC	626,719	163,043	789,762	-4,487	785,275	-557	784,718	54
56	05600	RADIOISOTOPE		31,919	31,919	-7,919	24,000		24,000	56
57	05700	CT SCAN		175,558	175,558		175,558		175,558	57
60	06000	LABORATORY	103,783	1,253,690	1,357,473	-37,732	1,319,741	-17	1,319,724	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	6,211,545	2,307,254	8,518,799	-923,568	7,595,231	-1,412,358	6,182,873	65
66	06600	PHYSICAL THERAPY	945,309	235,285	1,180,594	-3,030	1,177,564	-17	1,177,547	66
67	06700	OCCUPATIONAL THERAPY	501,071	125,275	626,346	3,293	629,639		629,639	67
68	06800	SPEECH PATHOLOGY	391,360	63,149	454,509	2,302	456,811		456,811	68
68.01	06801	PSYCHOLOGY	211,914	29,933	241,847	6,712	248,559	-248,558	1	68.01
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,707,915	3,707,915		3,707,915	71
73	07300	DRUGS CHARGED TO PATIENTS	1,361,222	2,838,447	4,199,669	169,275	4,368,944	-600	4,368,344	73
74	07400	RENAL DIALYSIS		1,492,432	1,492,432	-2,005	1,490,427		1,490,427	74
75.01	03630	ULTRASOUND	70,823	11,805	82,628	302	82,930		82,930	75.01
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	40,023,539	38,000,518	78,024,057		78,024,057	-4,727,641	73,296,416	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190.01	19002	IDLE SPACE								190.01
200		TOTAL (sum of lines 118-199)	40,023,539	38,000,518	78,024,057		78,024,057	-4,727,641	73,296,416	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	RECLASS CAFETERIA COSTS FROM DIETAR	A	CAFETERIA	11	207,868	91,677	1
500	TOTAL RECLASSIFICATIONS				207,868	91,677	500
	CODE LETTER - A						
1	MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	71		3,707,915	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12	65	B					12
13							13
14							14
15							15
16							16
17							17
500	TOTAL RECLASSIFICATIONS					3,707,915	500
	CODE LETTER - B						
1	DRUGS	C	DRUGS CHARGED TO PATIENTS	73		146,670	1
2							2
3							3
4							4
5							5
500	TOTAL RECLASSIFICATIONS					146,670	500
	CODE LETTER - C						
1	SALARY RECLASS	D	EMPLOYEE BENEFITS DEPARTMENT	4	11,888	909	1
2			PURCHASING	5.01	14,636	1,120	2
3			ADMITTING	5.02	15,597	1,193	3
4			PATIENT ACCOUNTS	5.03	12,144	929	4
5			MAINTENANCE & REPAIRS	6	5,816	445	5
6			OPERATION OF PLANT	7	22,024	1,685	6
7			HOUSEKEEPING	9	24,552	1,878	7
8			DIETARY	10	10,846	830	8
9			CAFETERIA	11	5,858	448	9
10			NURSING ADMINISTRATION	13	44,812	3,428	10
11			MEDICAL RECORDS & LIBRARY	16	8,905	681	11
12			SOCIAL SERVICE	17	26,755	2,047	12
13			ADULTS & PEDIATRICS	30	180,860	13,836	13
14			OPERATING ROOM	50	8,605	658	14
15			RADIOLOGY-DIAGNOSTIC	54	10,751	822	15
16			LABORATORY	60	1,799	138	16
17			RESPIRATORY THERAPY	65	71,804	5,493	17
18			PHYSICAL THERAPY	66	22,000	1,683	18
19			OCCUPATIONAL THERAPY	67	3,860	295	19
20			SPEECH PATHOLOGY	68	3,290	252	20
21			PSYCHOLOGY	68.01	6,235	477	21
22			DRUGS CHARGED TO PATIENTS	73	30,919	2,365	22
23			ULTRASOUND	75.01	281	21	23
500	TOTAL RECLASSIFICATIONS				544,237	41,633	500
	CODE LETTER - D						
	GRAND TOTAL (INCREASES)				752,105	3,987,895	

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



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	RECLASS CAFETERIA COSTS FROM DIETAR	A	DIETARY	10	207,868	91,677	1
500	TOTAL RECLASSIFICATIONS				207,868	91,677	500
	CODE LETTER - A						
1	MEDICAL SUPPLIES	B	ADMITTING	5.02		2	1
2			OTHER A & G	5.04		1,149	2
3			MAINTENANCE & REPAIRS	6		141,581	3
4			OPERATION OF PLANT	7		38	4
5			HOUSEKEEPING	9		1,729	5
6			DIETARY	10		106,671	6
7			ADULTS & PEDIATRICS	30		2,117,202	7
8			OPERATING ROOM	50		234,921	8
9			RADIOLOGY-DIAGNOSTIC	54		16,060	9
10			RADIOISOTOPE	56		7,919	10
11			LABORATORY	60		39,669	11
12	65	B	RESPIRATORY THERAPY	65		1,000,139	12
13			PHYSICAL THERAPY	66		26,713	13
14			OCCUPATIONAL THERAPY	67		862	14
15			SPEECH PATHOLOGY	68		1,240	15
16			DRUGS CHARGED TO PATIENTS	73		10,679	16
17			RENAL DIALYSIS	74		1,341	17
500	TOTAL RECLASSIFICATIONS					3,707,915	500
	CODE LETTER - B						
1	DRUGS	C	OTHER A & G	5.04		8,567	1
2			ADULTS & PEDIATRICS	30		133,762	2
3			OPERATING ROOM	50		2,951	3
4			RESPIRATORY THERAPY	65		726	4
5			RENAL DIALYSIS	74		664	5
500	TOTAL RECLASSIFICATIONS					146,670	500
	CODE LETTER - C						
1	SALARY RECLASS	D	OTHER A & G	5.04	544,237	41,633	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
500	TOTAL RECLASSIFICATIONS				544,237	41,633	500
	CODE LETTER - D						
	GRAND TOTAL (DECREASES)				752,105	3,987,895	

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



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## RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
PARTS I, II & III

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

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIRE- MENTS	ENDING BALANCE	FULLY DEPREC- IATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND								1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES								3
4	BUILDING IMPROVEMENTS	16,629,194	901,793		901,793		17,530,987		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	20,563,662	826,901		826,901	194,093	21,196,470		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	37,192,856	1,728,694		1,728,694	194,093	38,727,457		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	37,192,856	1,728,694		1,728,694	194,093	38,727,457		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)	
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	825,688	2,289,059						3,114,747	1
2	CAP REL COSTS-MVBLE EQUIP	1,894,199		66,252					1,960,451	2
3	TOTAL (sum of lines 1-2)	2,719,887	2,289,059	66,252					5,075,198	3

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

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

## PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITAL- IZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL (sum of (cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI	17,530,987		17,530,987	0.452676	57,666			57,666	1
2	CAP REL COSTS-MVBLE EQU	21,196,470		21,196,470	0.547324	69,724			69,724	2
3	TOTAL (sum of lines 1-2)	38,727,457		38,727,457	1.000000	127,390			127,390	3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of (cols. 9 through 14)	
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	825,688	2,183,878		57,666				3,067,232	1
2	CAP REL COSTS-MVBLE EQUIP	1,894,199		66,252	69,724				2,030,175	2
3	TOTAL (sum of lines 1-2)	2,719,887	2,183,878	66,252	127,390				5,097,407	3

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



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## ADJUSTMENTS TO EXPENSES

## WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				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)					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	-903,916			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-269,941			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-94,988	CAFETERIA	11	14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS					17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES					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 AND					32
33	MARKETING	A	-752	OTHER A & G	5.04	33
33.01	MEDICAL RECORDS PHOTOCOPYING	B	-2,881	MEDICAL RECORDS & LIBRARY	16	33.01
33.05	RESEARCH AND DEVELOPMENT	A	-998	OTHER A & G	5.04	33.05
33.06	MARKETING	A	-144	ADMITTING	5.02	33.06
33.07	PULMONARY EXPENSE	A	-1,412,305	RESPIRATORY THERAPY	65	33.07
33.09	OTHER REVENUE - NURSING ADMIN	B	-17	NURSING ADMINISTRATION	13	33.09
33.10	OTHER REVENUE - NURSING	B	-71	ADULTS & PEDIATRICS	30	33.10
33.11	OTHER REVENUE - FACILITY OPERATION	B	-40	OPERATION OF PLANT	7	33.11
33.12	OTHER REVENUE - ACCOUNTING	B	-56	OTHER A & G	5.04	33.12
33.13	OTHER REVENUE - PHARMACY	B	-600	DRUGS CHARGED TO PATIENTS	73	33.13
33.14	OTHER REVENUE - SOCIAL SERVICE	B	-17	SOCIAL SERVICE	17	33.14
33.15	OTHER REVENUE - HOUSEKEEPING	B	-69	HOUSEKEEPING	9	33.15
33.16	OTHER REVENUE - DIETARY	B	-13,337	DIETARY	10	33.16
33.17	OTHER REVENUE - RADIOLOGY	B	-557	RADIOLOGY-DIAGNOSTIC	54	33.17
33.18	OTHER REVENUE - PURCHASING	B	-17	PURCHASING	5.01	33.18
33.19	DONATIONS	A	-65,750	OTHER A & G	5.04	33.19
33.20	OTHER REVENUE - PERFORMANCE IMPROV	B	-392,300	OTHER A & G	5.04	33.20
33.21	OTHER REVENUE - PHYSICAL THERAPY	B	-17	PHYSICAL THERAPY	66	33.21
33.22	ENTERTAINMENT EXPENSE	A	-89,527	OTHER A & G	5.04	33.22
33.23	MEMBERSHIP DUES	A	-70,061	OTHER A & G	5.04	33.23
33.24	UNFUNDED SELF INSURANCE	A	-352,113	OTHER A & G	5.04	33.24
33.27	PSYCHOLOGY BENEFITS/BILLING	A	-39,451	PSYCHOLOGY	68.01	33.27
33.28	HOUSE PHYSICIAN NONREIMBURSEABLE	A	-13,122	ADULTS & PEDIATRICS	30	33.28
33.31	OTHER REVENUE - PATIENTS ACCOUNTS	B	-180	PATIENT ACCOUNTS	5.03	33.31
34	PSYCHOLOGY PHYSICIAN BENEFITS	A	-33,674	EMPLOYEE BENEFITS DEPARTMENT	4	34
35	PROVIDER RELATIONS MARKETING	A	-51,087	OTHER A & G	5.04	35
36	FUND RAISING	B	-257,400	OTHER A & G	5.04	36
37	OTHER REVENUE - LABORATORY	B	-17	LABORATORY	60	37
38	MEDICAID PROVIDER TAX-SUPPLEMENTAL	A	-462,595	OTHER A & G	5.04	38
39	PULMONARY PHYSICIAN BENEFITS	A	-161,282	EMPLOYEE BENEFITS DEPARTMENT	4	39
40	OTHER REVENUE - INTAKE	B	-30	ADMITTING	5.02	40



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
41	OTHER REVENUE - A&G	B	-57	OTHER A & G	5.04	41
42	OTHER REVENUE - RESPIRATORY THERAP	B	-53	RESPIRATORY THERAPY	65	42
43	PROFESSIONAL BUILDING	A	-3,546	OTHER A & G	5.04	43
44	PROFESSIONAL BUILDING - BENEFITS	A	-474	EMPLOYEE BENEFITS DEPARTMENT	4	44
45	HOUSE PHYSICIAN BENEFITS	A	-34,194	EMPLOYEE BENEFITS DEPARTMENT	4	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)		-4,727,641			50

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

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



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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
1	2	3	4	5	6	7	
1	1	CAP REL COSTS-BLDG & FIXT	ADVOCATE BUILDING COST	849,972	955,153	-105,181	10
2	30	ADULTS & PEDIATRICS	LOYOLA FELLOWSHIP		148,940	-148,940	2
3	5.04	OTHER A & G	MISCELLANEOUS		15,820	-15,820	3
4							4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			849,972	1,119,913	-269,941	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	B		49.50	LOYOLA UNIVERSITY MEDICAL CENT		HOSPITAL	6
7	B		49.50	ADVOCATE HEALTH AND HOSPITALS		HOSPITAL	7
8	B		1.00	RML HEALTH PROVIDERS		PARTNERSHIP	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	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	5.04	OTHER A & G DR. F	36,000		36,000	177,200	256	21,809	1,090	1
2	5.04	OTHER A & G DR. D	23,325		23,325	177,200	78	6,645	332	2
3	5.04	OTHER A & G DR. DG	10,023		10,023	177,200	61	5,197	260	3
4	5.04	OTHER A & G DR. RS	50,000		50,000	177,200	167	14,227	711	4
5	5.04	OTHER A & G DR. RP	43,200		43,200	177,200	288	24,535	1,227	5
6	5.04	OTHER A & G DR. RIP	20,130		20,130	177,200	134	11,416	571	6
7	68.01	PSYCHOLOGY AGGREGATE	209,107	209,107		177,200				7
8	30	ADULTS & PEDIATRICS HP AGGREGATE- H	416,327	180,280	236,047	177,200	2,361	201,139	10,057	8
9	5.04	OTHER A & G UROLOGY	12,000	12,000						9
10	5.04	OTHER A & G DR. DG	36,000		36,000	177,200	240	20,446	1,022	10
11	5.04	OTHER A & G DR. U	36,000		36,000	177,200	241	20,531	1,027	11
12	5.04	OTHER A & G DR. Z	15,900		15,900	177,200	102	8,690	435	12
13	5.04	OTHER A & G DR. RB	5,819		5,819	177,200	36	3,067	153	13
14	30	ADULTS & PEDIATRICS HP AGGREGATE-CH	982,846	272,458	710,388	177,200	7,822	666,374	33,319	14
15	5.04	OTHER A & G DR. B	26,138		26,138	177,200	174	14,823	741	15
200		TOTAL	1,922,815	673,845	1,248,970		11,960	1,018,899	50,945	200



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBER- SHIPS & CONTIN- UING EDUCATION	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11		12	13	14	15	16	17	18	
1	5.04	OTHER A & G	DR. F					21,809	14,191	14,191	1
2	5.04	OTHER A & G	DR. D					6,645	16,680	16,680	2
3	5.04	OTHER A & G	DR. DG					5,197	4,826	4,826	3
4	5.04	OTHER A & G	DR. RS					14,227	35,773	35,773	4
5	5.04	OTHER A & G	DR. RP					24,535	18,665	18,665	5
6	5.04	OTHER A & G	DR. RIP					11,416	8,714	8,714	6
7	68.01	PSYCHOLOGY	AGGREGATE							209,107	7
8	30	ADULTS & PEDIATRICS	HP AGGREGATE- H					201,139	34,908	215,188	8
9	5.04	OTHER A & G	UROLOGY							12,000	9
10	5.04	OTHER A & G	DR. DG					20,446	15,554	15,554	10
11	5.04	OTHER A & G	DR. U					20,531	15,469	15,469	11
12	5.04	OTHER A & G	DR. Z					8,690	7,210	7,210	12
13	5.04	OTHER A & G	DR. RB					3,067	2,752	2,752	13
14	30	ADULTS & PEDIATRICS	HP AGGREGATE-CH					666,374	44,014	316,472	14
15	5.04	OTHER A & G	DR. B					14,823	11,315	11,315	15
200		TOTAL						1,018,899	230,071	903,916	200



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A. col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	ADMITTING	
		0	1	2	4	5.01	5.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	3,067,232	3,067,232					1
2	CAP REL COSTS-MVBLE EQUIP	2,030,175		2,030,175				2
4	EMPLOYEE BENEFITS DEPARTMENT	7,031,328	80,717	1,275	7,113,320			4
5.01	PURCHASING	478,781	86,063	17,742	68,393	650,979		5.01
5.02	ADMITTING	1,505,736	43,048	6,132	246,999	1,441	1,803,356	5.02
5.03	PATIENT ACCOUNTS	443,018	22,618	1,767	73,105	169		5.03
5.04	OTHER A & G	10,278,957	970,325	483,841	1,014,481	23,210		5.04
6	MAINTENANCE & REPAIRS	209,077	58,066	711	28,748	146		6
7	OPERATION OF PLANT	3,497,832	244,507	84,592	317,648	14,398		7
8	LAUNDRY & LINEN SERVICE	249,314	54,240	6,920		242		8
9	HOUSEKEEPING	1,458,140	48,377	19,936	187,703	21,736		9
10	DIETARY	553,335	177,370	38,924	74,248	11,066		10
11	CAFETERIA	210,863	78,763		38,069	5,977		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	977,675	20,062		169,310	332		13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	412,135	40,208	2,604	55,908	209		16
17	SOCIAL SERVICE	1,541,072	26,126	3,558	247,378	761		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	18,311,228	683,606	1,019,611	2,761,271	31,563	710,023	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	640,031	43,399	28,253	77,196	453	8,770	50
54	RADIOLOGY-DIAGNOSTIC	784,718	73,417	74,479	119,616	359	20,982	54
56	RADIOISOTOPE	24,000	1,854				401	56
57	CT SCAN	175,558	11,593	35,660			12,791	57
60	LABORATORY	1,319,724			19,812	46,308	62,759	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	6,182,873	56,980	144,568	988,564	2,125	372,898	65
66	PHYSICAL THERAPY	1,177,547	28,448	7,097	181,507	292	30,345	66
67	OCCUPATIONAL THERAPY	629,639	18,743		94,746		23,290	67
68	SPEECH PATHOLOGY	456,811	16,688		74,053		13,884	68
68.01	PSYCHOLOGY	1	10,708	1,114		35		68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,707,915				296,714	158,972	71
73	DRUGS CHARGED TO PATIENTS	4,368,344	75,388	51,391	261,223	193,376	333,404	73
74	RENAL DIALYSIS	1,490,427	5,178			67	49,638	74
75.01	ULTRASOUND	82,930	4,811		13,342		5,199	75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	73,296,416	2,981,303	2,030,175	7,113,320	650,979	1,803,356	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		85,929					190.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	73,296,416	3,067,232	2,030,175	7,113,320	650,979	1,803,356	202



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS	SUBTOTAL (cols.0-4)	OTHER A&G	MAINTENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.03	4A	5.04	6	7	8	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	PURCHASING							5.01
5.02	ADMITTING							5.02
5.03	PATIENT ACCOUNTS	540,677						5.03
5.04	OTHER A & G		12,770,814	12,770,814				5.04
6	MAINTENANCE & REPAIRS		296,748	62,614	359,362			6
7	OPERATION OF PLANT		4,158,977	877,540		5,036,517		7
8	LAUNDRY & LINEN SERVICE		310,716	65,561		174,904	551,181	8
9	HOUSEKEEPING		1,735,892	366,271		155,997		9
10	DIETARY		854,943	180,392		571,954		10
11	CAFETERIA		333,672	70,404		253,981		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		1,167,379	246,316		64,694		13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		511,064	107,834		129,657		16
17	SOCIAL SERVICE		1,818,895	383,785		84,247		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	212,828	23,730,130	5,007,006	288,646	2,204,379	551,181	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	2,630	800,732	168,954		139,945		50
54	RADIOLOGY-DIAGNOSTIC	6,292	1,079,863	227,850	1,807	236,743		54
56	RADIOISOTOPE	120	26,375	5,565		5,979		56
57	CT SCAN	3,835	239,437	50,521		37,383		57
60	LABORATORY	18,819	1,467,422	309,625				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	111,818	7,859,826	1,658,415	67,222	183,739		65
66	PHYSICAL THERAPY	9,099	1,434,335	302,643	1,687	91,735		66
67	OCCUPATIONAL THERAPY	6,984	773,402	163,187		60,438		67
68	SPEECH PATHOLOGY	4,163	565,599	119,341		53,813		68
68.01	PSYCHOLOGY		11,858	2,502		34,528		68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,670	4,211,271	888,574				71
73	DRUGS CHARGED TO PATIENTS	99,975	5,383,101	1,135,829		243,099		73
74	RENAL DIALYSIS	14,885	1,560,195	329,200		16,699		74
75.01	ULTRASOUND	1,559	107,841	22,754		15,514		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	540,677	73,210,487	12,752,683	359,362	4,759,428	551,181	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		85,929	18,131		277,089		190.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	540,677	73,296,416	12,770,814	359,362	5,036,517	551,181	202



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
		9	10	11	13	16	17	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	PURCHASING							5.01
5.02	ADMITTING							5.02
5.03	PATIENT ACCOUNTS							5.03
5.04	OTHER A & G							5.04
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	2,258,160						9
10	DIETARY	274,473	1,881,762					10
11	CAFETERIA	121,882		779,939				11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	31,046		19,276	1,528,711			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	62,220		10,074		820,849		16
17	SOCIAL SERVICE	40,429		32,033			2,359,389	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	1,057,851	1,881,762	457,494	1,497,729	323,228	2,359,389	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	67,158		9,464	30,982	3,991		50
54	RADIOLOGY-DIAGNOSTIC	113,610		13,385		9,550		54
56	RADIOISOTOPE	2,869				183		56
57	CT SCAN	17,940				5,822		57
60	LABORATORY			4,671		28,564		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	88,174		153,963		169,722		65
66	PHYSICAL THERAPY	44,022		25,672		13,811		66
67	OCCUPATIONAL THERAPY	29,003		10,562		10,600		67
68	SPEECH PATHOLOGY	25,824		9,150		6,319		68
68.01	PSYCHOLOGY	16,570		4,061				68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					72,355		71
73	DRUGS CHARGED TO PATIENTS	116,660		28,949		151,746		73
74	RENAL DIALYSIS	8,013				22,592		74
75.01	ULTRASOUND	7,445		1,185		2,366		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	2,125,189	1,881,762	779,939	1,528,711	820,849	2,359,389	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE	132,971						190.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,258,160	1,881,762	779,939	1,528,711	820,849	2,359,389	202



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	PURCHASING						5.01
5.02	ADMITTING						5.02
5.03	PATIENT ACCOUNTS						5.03
5.04	OTHER A & G						5.04
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	39,358,795		39,358,795			30
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	1,221,226		1,221,226			50
54	RADIOLOGY-DIAGNOSTIC	1,682,808		1,682,808			54
56	RADIOISOTOPE	40,971		40,971			56
57	CT SCAN	351,103		351,103			57
60	LABORATORY	1,810,282		1,810,282			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	10,181,061		10,181,061			65
66	PHYSICAL THERAPY	1,913,905		1,913,905			66
67	OCCUPATIONAL THERAPY	1,047,192		1,047,192			67
68	SPEECH PATHOLOGY	780,046		780,046			68
68.01	PSYCHOLOGY	69,519		69,519			68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,172,200		5,172,200			71
73	DRUGS CHARGED TO PATIENTS	7,059,384		7,059,384			73
74	RENAL DIALYSIS	1,936,699		1,936,699			74
75.01	ULTRASOUND	157,105		157,105			75.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	72,782,296		72,782,296			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.01	IDLE SPACE	514,120		514,120			190.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	73,296,416		73,296,416			202



COMPU-MAX

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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 DEPARTMENT	PURCHASING	
		0	1	2	2A	4	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		80,717	1,275	81,992	81,992		4
5.01	PURCHASING		86,063	17,742	103,805	788	104,593	5.01
5.02	ADMITTING	11,248	43,048	6,132	60,428	2,847	231	5.02
5.03	PATIENT ACCOUNTS		22,618	1,767	24,385	843	27	5.03
5.04	OTHER A & G	975	970,325	483,841	1,455,141	11,694	3,729	5.04
6	MAINTENANCE & REPAIRS		58,066	711	58,777	331	24	6
7	OPERATION OF PLANT		244,507	84,592	329,099	3,662	2,313	7
8	LAUNDRY & LINEN SERVICE		54,240	6,920	61,160		39	8
9	HOUSEKEEPING		48,377	19,936	68,313	2,164	3,492	9
10	DIETARY	416	177,370	38,924	216,710	856	1,778	10
11	CAFETERIA		78,763		78,763	439	960	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		20,062		20,062	1,952	53	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		40,208	2,604	42,812	644	34	16
17	SOCIAL SERVICE		26,126	3,558	29,684	2,852	122	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	583,108	683,606	1,019,611	2,286,325	31,824	5,071	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		43,399	28,253	71,652	890	73	50
54	RADIOLOGY-DIAGNOSTIC		73,417	74,479	147,896	1,379	58	54
56	RADIOISOTOPE		1,854		1,854			56
57	CT SCAN		11,593	35,660	47,253			57
60	LABORATORY					228	7,440	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	38,322	56,980	144,568	239,870	11,396	341	65
66	PHYSICAL THERAPY		28,448	7,097	35,545	2,092	47	66
67	OCCUPATIONAL THERAPY		18,743		18,743	1,092		67
68	SPEECH PATHOLOGY		16,688		16,688	854		68
68.01	PSYCHOLOGY		10,708	1,114	11,822		6	68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						47,675	71
73	DRUGS CHARGED TO PATIENTS	43,471	75,388	51,391	170,250	3,011	31,069	73
74	RENAL DIALYSIS		5,178		5,178		11	74
75.01	ULTRASOUND		4,811		4,811	154		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	677,540	2,981,303	2,030,175	5,689,018	81,992	104,593	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		85,929		85,929			190.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	677,540	3,067,232	2,030,175	5,774,947	81,992	104,593	202



## COMPU-MAX

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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	ADMITTING	PATIENT ACCOUNTS	OTHER A&G	MAIN- TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.02	5.03	5.04	6	7	8	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	PURCHASING							5.01
5.02	ADMITTING	63,506						5.02
5.03	PATIENT ACCOUNTS		25,255					5.03
5.04	OTHER A & G			1,470,564				5.04
6	MAINTENANCE & REPAIRS			7,210	66,342			6
7	OPERATION OF PLANT			101,051		436,125		7
8	LAUNDRY & LINEN SERVICE			7,549		15,145	83,893	8
9	HOUSEKEEPING			42,177		13,508		9
10	DIETARY			20,773		49,527		10
11	CAFETERIA			8,107		21,993		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			28,364		5,602		13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY			12,417		11,227		16
17	SOCIAL SERVICE			44,194		7,295		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	25,059	9,967	576,546	53,287	190,883	83,893	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	308	123	19,455		12,118		50
54	RADIOLOGY-DIAGNOSTIC	738	293	26,237	334	20,500		54
56	RADIOISOTOPE	14	6	641		518		56
57	CT SCAN	450	179	5,818		3,237		57
60	LABORATORY	2,207	877	35,654				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	13,113	5,214	190,970	12,410	15,910		65
66	PHYSICAL THERAPY	1,067	424	34,850	311	7,944		66
67	OCCUPATIONAL THERAPY	819	326	18,791		5,234		67
68	SPEECH PATHOLOGY	488	194	13,742		4,660		68
68.01	PSYCHOLOGY			288		2,990		68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,590	2,223	102,321				71
73	DRUGS CHARGED TO PATIENTS	11,724	4,662	130,793		21,051		73
74	RENAL DIALYSIS	1,746	694	37,908		1,446		74
75.01	ULTRASOUND	183	73	2,620		1,343		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	63,506	25,255	1,468,476	66,342	412,131	83,893	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE			2,088		23,994		190.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	63,506	25,255	1,470,564	66,342	436,125	83,893	202



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
		9	10	11	13	16	17	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	PURCHASING							5.01
5.02	ADMITTING							5.02
5.03	PATIENT ACCOUNTS							5.03
5.04	OTHER A & G							5.04
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	129,654						9
10	DIETARY	15,759	305,403					10
11	CAFETERIA	6,998		117,260				11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,783		2,898	60,714			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	3,572		1,515		72,221		16
17	SOCIAL SERVICE	2,321		4,816			91,284	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	60,737	305,403	68,781	59,484	28,447	91,284	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	3,856		1,423	1,230	351		50
54	RADIOLOGY-DIAGNOSTIC	6,523		2,012		840		54
56	RADIOISOTOPE	165				16		56
57	CT SCAN	1,030				512		57
60	LABORATORY			702		2,513		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	5,063		23,148		14,930		65
66	PHYSICAL THERAPY	2,528		3,860		1,215		66
67	OCCUPATIONAL THERAPY	1,665		1,588		932		67
68	SPEECH PATHOLOGY	1,483		1,376		556		68
68.01	PSYCHOLOGY	951		611				68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					6,365		71
73	DRUGS CHARGED TO PATIENTS	6,698		4,352		13,349		73
74	RENAL DIALYSIS	460				1,987		74
75.01	ULTRASOUND	427		178		208		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	122,019	305,403	117,260	60,714	72,221	91,284	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE	7,635						190.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	129,654	305,403	117,260	60,714	72,221	91,284	202



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	PURCHASING						5.01
5.02	ADMITTING						5.02
5.03	PATIENT ACCOUNTS						5.03
5.04	OTHER A & G						5.04
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	3,876,991		3,876,991			30
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	111,479		111,479			50
54	RADIOLOGY-DIAGNOSTIC	206,810		206,810			54
56	RADIOISOTOPE	3,214		3,214			56
57	CT SCAN	58,479		58,479			57
60	LABORATORY	49,621		49,621			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	532,365		532,365			65
66	PHYSICAL THERAPY	89,883		89,883			66
67	OCCUPATIONAL THERAPY	49,190		49,190			67
68	SPEECH PATHOLOGY	40,041		40,041			68
68.01	PSYCHOLOGY	16,668		16,668			68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	164,174		164,174			71
73	DRUGS CHARGED TO PATIENTS	396,959		396,959			73
74	RENAL DIALYSIS	49,430		49,430			74
75.01	ULTRASOUND	9,997		9,997			75.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	5,655,301		5,655,301			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.01	IDLE SPACE	119,646		119,646			190.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	5,774,947		5,774,947			202



RML SPECIALTY HOSPITAL Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/06/2014 Run Time: 14:58 Version: 2014.03
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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	PURCHASING SUPPLES EXPENSE	ADMITTING CHARGES	PATIENT ACCOUNTS CHARGES	
		1	2	4	5.01	5.02	5.03	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	183,615						1
2	CAP REL COSTS-MVBLE EQUIP		5,914,305					2
4	EMPLOYEE BENEFITS DEPARTMENT	4,832	3,714	37,909,170				4
5.01	PURCHASING	5,152	51,687	364,488	8,135,029			5.01
5.02	ADMITTING	2,577	17,864	1,316,337	18,005	191,017,320		5.02
5.03	PATIENT ACCOUNTS	1,354	5,148	389,598	2,117		191,017,320	5.03
5.04	OTHER A & G	58,087	1,409,525	5,406,498	290,044			5.04
6	MAINTENANCE & REPAIRS	3,476	2,071	153,206	1,828			6
7	OPERATION OF PLANT	14,637	246,433	1,692,851	179,922			7
8	LAUNDRY & LINEN SERVICE	3,247	20,159		3,023			8
9	HOUSEKEEPING	2,896	58,077	1,000,328	271,629			9
10	DIETARY	10,618	113,394	395,694	138,281			10
11	CAFETERIA	4,715		202,880	74,689			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,201		902,308	4,154			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	2,407	7,587	297,953	2,615			16
17	SOCIAL SERVICE	1,564	10,365	1,318,356	9,516			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	40,923	2,970,325	14,715,707	394,433	75,210,426	75,210,426	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	2,598	82,308	411,400	5,661	928,897	928,897	50
54	RADIOLOGY-DIAGNOSTIC	4,395	216,973	637,470	4,492	2,222,481	2,222,481	54
56	RADIOISOTOPE	111				42,479	42,479	56
57	CT SCAN	694	103,885			1,354,809	1,354,809	57
60	LABORATORY			105,582	578,687	6,647,470	6,647,470	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	3,411	421,157	5,268,379	26,561	39,497,686	39,497,686	65
66	PHYSICAL THERAPY	1,703	20,676	967,309	3,649	3,214,154	3,214,154	66
67	OCCUPATIONAL THERAPY	1,122		504,931		2,466,914	2,466,914	67
68	SPEECH PATHOLOGY	999		394,650		1,470,611	1,470,611	68
68.01	PSYCHOLOGY	641	3,246		436			68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,707,918	16,838,493	16,838,493	71
73	DRUGS CHARGED TO PATIENTS	4,513	149,711	1,392,141	2,416,532	35,314,476	35,314,476	73
74	RENAL DIALYSIS	310			837	5,257,717	5,257,717	74
75.01	ULTRASOUND	288		71,104		550,707	550,707	75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	178,471	5,914,305	37,909,170	8,135,029	191,017,320	191,017,320	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE	5,144						190.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	3,067,232	2,030,175	7,113,320	650,979	1,803,356	540,677	202
203	UNIT COST MULT-WS B PT I	16,704,692	0,343,265	0,187,641	0,080,022	0,009,441	0,002,831	203
204	COST TO BE ALLOC PER B PT II			81,992	104,593	63,506	25,255	204
205	UNIT COST MULT-WS B PT II			0,002,163	0,012,857	0,000,332	0,000,132	205



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	OTHER A&G  ACCUM COST	MAIN- TENANCE + REPAIRS WORK ORDERS	OPERATION OF PLANT  SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING  SQUARE FEET	
		5A.04	5.04	6	7	8	9	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	PURCHASING							5.01
5.02	ADMITTING							5.02
5.03	PATIENT ACCOUNTS							5.03
5.04	OTHER A & G	-12,770,814	60,525,602					5.04
6	MAINTENANCE & REPAIRS		296,748	2,983				6
7	OPERATION OF PLANT		4,158,977		93,500			7
8	LAUNDRY & LINEN SERVICE		310,716		3,247	378,225		8
9	HOUSEKEEPING		1,735,892		2,896		87,357	9
10	DIETARY		854,943		10,618		10,618	10
11	CAFETERIA		333,672		4,715		4,715	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		1,167,379		1,201		1,201	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		511,064		2,407		2,407	16
17	SOCIAL SERVICE		1,818,895		1,564		1,564	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		23,730,130	2,396	40,923	378,225	40,923	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		800,732		2,598		2,598	50
54	RADIOLOGY-DIAGNOSTIC		1,079,863	15	4,395		4,395	54
56	RADIOISOTOPE		26,375		111		111	56
57	CT SCAN		239,437		694		694	57
60	LABORATORY		1,467,422					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		7,859,826	558	3,411		3,411	65
66	PHYSICAL THERAPY		1,434,335	14	1,703		1,703	66
67	OCCUPATIONAL THERAPY		773,402		1,122		1,122	67
68	SPEECH PATHOLOGY		565,599		999		999	68
68.01	PSYCHOLOGY		11,858		641		641	68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,211,271					71
73	DRUGS CHARGED TO PATIENTS		5,383,101		4,513		4,513	73
74	RENAL DIALYSIS		1,560,195		310		310	74
75.01	ULTRASOUND		107,841		288		288	75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	-12,770,814	60,439,673	2,983	88,356	378,225	82,213	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		85,929		5,144		5,144	190.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I		12,770,814	359,362	5,036,517	551,181	2,258,160	202
203	UNIT COST MULT-WS B PT I		0.210999	120.469997	53.866492	1.457283	25.849789	203
204	COST TO BE ALLOC PER B PT II		1,470,564	66,342	436,125	83,893	129,654	204
205	UNIT COST MULT-WS B PT II		0.024297	22.240027	4.664439	0.221807	1.484186	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS + LIBRARY CHARGES	SOCIAL SERVICE		
	MEALS SERVED	FTES	FTES		PATIENT DAYS		
	10	11	13	16	17		

GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	PURCHASING						5.01
5.02	ADMITTING						5.02
5.03	PATIENT ACCOUNTS						5.03
5.04	OTHER A & G						5.04
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY	63,955					10
11	CAFETERIA		44,751				11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		1,106	26,793			13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY		578		191,017,320		16
17	SOCIAL SERVICE		1,838			44,744	17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	63,955	26,250	26,250	75,210,426	44,744	30
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		543	543	928,897		50
54	RADIOLOGY-DIAGNOSTIC		768		2,222,481		54
56	RADIOISOTOPE				42,479		56
57	CT SCAN				1,354,809		57
60	LABORATORY		268		6,647,470		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY		8,834		39,497,686		65
66	PHYSICAL THERAPY		1,473		3,214,154		66
67	OCCUPATIONAL THERAPY		606		2,466,914		67
68	SPEECH PATHOLOGY		525		1,470,611		68
68.01	PSYCHOLOGY		233				68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				16,838,493		71
73	DRUGS CHARGED TO PATIENTS		1,661		35,314,476		73
74	RENAL DIALYSIS				5,257,717		74
75.01	ULTRASOUND		68		550,707		75.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	63,955	44,751	26,793	191,017,320	44,744	118
NONREIMBURSABLE COST CENTERS							
190.01	IDLE SPACE						190.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,881,762	779,939	1,528,711	820,849	2,359,389	202
203	UNIT COST MULT-WS B PT I	29,423,219	17,428,415	57,056,358	0,004,297	52,730,847	203
204	COST TO BE ALLOC PER B PT II	305,403	117,260	60,714	72,221	91,284	204
205	UNIT COST MULT-WS B PT II	4,775,279	2,620,277	2,266,040	0,000,378	2,040,139	205



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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4



COMPU-MAX

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## COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	39,358,795		39,358,795	78,922	39,437,717	30
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	1,221,226		1,221,226		1,221,226	50
54	RADIOLOGY-DIAGNOSTIC	1,682,808		1,682,808		1,682,808	54
56	RADIOISOTOPE	40,971		40,971		40,971	56
57	CT SCAN	351,103		351,103		351,103	57
60	LABORATORY	1,810,282		1,810,282		1,810,282	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	10,181,061		10,181,061		10,181,061	65
66	PHYSICAL THERAPY	1,913,905		1,913,905		1,913,905	66
67	OCCUPATIONAL THERAPY	1,047,192		1,047,192		1,047,192	67
68	SPEECH PATHOLOGY	780,046		780,046		780,046	68
68.01	PSYCHOLOGY	69,519		69,519		69,519	68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,172,200		5,172,200		5,172,200	71
73	DRUGS CHARGED TO PATIENTS	7,059,384		7,059,384		7,059,384	73
74	RENAL DIALYSIS	1,936,699		1,936,699		1,936,699	74
75.01	ULTRASOUND	157,105		157,105		157,105	75.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	SUBTOTAL (SEE INSTRUCTIONS)	72,782,296		72,782,296	78,922	72,861,218	200
201	LESS OBSERVATION BEDS						201
202	TOTAL (SEE INSTRUCTIONS)	72,782,296		72,782,296		72,861,218	202



## COMPU-MAX

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## COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	75,210,426		75,210,426				30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	928,897		928,897	1.314706	1.314706	1.314706	50
54	RADIOLOGY-DIAGNOSTIC	2,139,961	82,520	2,222,481	0.757175	0.757175	0.757175	54
56	RADIOISOTOPE	36,988	5,492	42,480	0.964477	0.964477	0.964477	56
57	CT SCAN	1,327,158	27,651	1,354,809	0.259153	0.259153	0.259153	57
60	LABORATORY	6,556,055	91,415	6,647,470	0.272326	0.272326	0.272326	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	39,159,759	337,927	39,497,686	0.257763	0.257763	0.257763	65
66	PHYSICAL THERAPY	3,214,154		3,214,154	0.595462	0.595462	0.595462	66
67	OCCUPATIONAL THERAPY	2,466,914		2,466,914	0.424495	0.424495	0.424495	67
68	SPEECH PATHOLOGY	1,470,611		1,470,611	0.530423	0.530423	0.530423	68
68.01	PSYCHOLOGY							68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,838,493		16,838,493	0.307165	0.307165	0.307165	71
73	DRUGS CHARGED TO PATIENTS	35,314,476		35,314,476	0.199901	0.199901	0.199901	73
74	RENAL DIALYSIS	4,688,292	569,425	5,257,717	0.368354	0.368354	0.368354	74
75.01	ULTRASOUND	535,799	14,908	550,707	0.285279	0.285279	0.285279	75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	SUBTOTAL (SEE INSTRUCTIONS)	189,887,983	1,129,338	191,017,321				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	189,887,983	1,129,338	191,017,321				202



COMPU-MAX

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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	1 CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	2 SWING BED ADJUSTMENT	3 REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	4 TOTAL PATIENT DAYS	5 PER DIEM (col. 3 ÷ col. 4)	6 INPATIENT PROGRAM DAYS	7 INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	ADULTS & PEDIATRICS (General Routine Care)	3,876,991		3,876,991	44,744	86.65	22,623	1,960,283	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)	3,876,991		3,876,991	44,744		22,623	1,960,283	200

(A) Worksheet A line numbers



COMPU-MAX

RML SPECIALTY HOSPITAL Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/06/2014 Run Time: 14:58 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-2010

WORKSHEET D  
PART II

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [ ] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	111,479	928,897	0.120012	504,159	60,505	50
54	RADIOLOGY-DIAGNOSTIC	206,810	2,222,481	0.093054	1,132,879	105,419	54
56	RADIOISOTOPE	3,214	42,480	0.075659	17,396	1,316	56
57	CT SCAN	58,479	1,354,809	0.043164	694,811	29,991	57
60	LABORATORY	49,621	6,647,470	0.007465	3,512,195	26,219	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	532,365	39,497,686	0.013478	20,062,299	270,400	65
66	PHYSICAL THERAPY	89,883	3,214,154	0.027965	1,602,785	44,822	66
67	OCCUPATIONAL THERAPY	49,190	2,466,914	0.019940	1,258,706	25,099	67
68	SPEECH PATHOLOGY	40,041	1,470,611	0.027227	766,774	20,877	68
68.01	PSYCHOLOGY	16,668					68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	164,174	16,838,493	0.009750	7,693,216	75,009	71
73	DRUGS CHARGED TO PATIENTS	396,959	35,314,476	0.011241	17,123,422	192,484	73
74	RENAL DIALYSIS	49,430	5,257,717	0.009401	2,665,690	25,060	74
75.01	ULTRASOUND	9,997	550,707	0.018153	296,893	5,389	75.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	TOTAL (sum of lines 50-199)	1,778,310	115,806,895		57,331,225	882,590	200

(A) Worksheet A line numbers



COMPU-MAX

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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

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)					30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers



COMPU-MAX

RML SPECIALTY HOSPITAL Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/06/2014 Run Time: 14:58 Version: 2014.03
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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

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
		6	7	8	9	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)	44,744		22,623		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)	44,744		22,623		200

(A) Worksheet A line numbers



COMPU-MAX

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-2010

WORKSHEET D  
PART IV

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
54	RADIOLOGY-DIAGNOSTIC							54
56	RADIOISOTOPE							56
57	CT SCAN							57
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
68.01	PSYCHOLOGY							68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.01	ULTRASOUND							75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



COMPU-MAX

RML SPECIALTY HOSPITAL Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/06/2014 Run Time: 14:58 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-2010

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [ ] IRF [ ] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5 ÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6 ÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7		8		9	10	11	12	13	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	928,897			504,159				50
54	RADIOLOGY-DIAGNOSTIC	2,222,481			1,132,879		82,520		54
56	RADIOISOTOPE	42,480			17,396		5,492		56
57	CT SCAN	1,354,809			694,811		27,651		57
60	LABORATORY	6,647,470			3,512,195		91,415		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	39,497,686			20,062,299		337,927		65
66	PHYSICAL THERAPY	3,214,154			1,602,785				66
67	OCCUPATIONAL THERAPY	2,466,914			1,258,706				67
68	SPEECH PATHOLOGY	1,470,611			766,774				68
68.01	PSYCHOLOGY								68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,838,493			7,693,216				71
73	DRUGS CHARGED TO PATIENTS	35,314,476			17,123,422				73
74	RENAL DIALYSIS	5,257,717			2,665,690		569,425		74
75.01	ULTRASOUND	550,707			296,893		14,908		75.01
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	TOTAL (sum of lines 50-199)	115,806,895			57,331,225		1,129,338		200

(A) Worksheet A line numbers



COMPU-MAX

RML SPECIALTY HOSPITAL Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/06/2014 Run Time: 14:58 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-2010

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [XX] TITLE XVIII, PART B [ ] IPF [ ] SNF [ ] SWING BED NF  
 BOXES: [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES			PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	1.314706						50
54	RADIOLOGY-DIAGNOSTIC	0.757175	82,520			62,482		54
56	RADIOISOTOPE	0.964477	5,492			5,297		56
57	CT SCAN	0.259153	27,651			7,166		57
60	LABORATORY	0.272326	91,415			24,895		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.257763	337,927			87,105		65
66	PHYSICAL THERAPY	0.595462						66
67	OCCUPATIONAL THERAPY	0.424495						67
68	SPEECH PATHOLOGY	0.530423						68
68.01	PSYCHOLOGY							68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307165						71
73	DRUGS CHARGED TO PATIENTS	0.199901						73
74	RENAL DIALYSIS	0.368354	569,425			209,750		74
75.01	ULTRASOUND	0.285279	14,908			4,253		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	SUBTOTAL (see instructions)		1,129,338			400,948		200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		1,129,338			400,948		202

(A) Worksheet A line numbers



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-2010

WORKSHEET D-1  
PART I

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX - I/P  IRF  NF  OTHER

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	44,744	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	44,744	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)	44,744	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	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	22,623	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 Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title 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)	39,437,717	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	39,437,717	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 - line 36)	39,437,717	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-2010

WORKSHEET D-1  
PART II

CHECK [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] 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)					881.41	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					19,940,138	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)					19,940,138	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS</b>						
43	INTENSIVE CARE UNIT						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 (Worksheet D-3, column 3, line 200)					16,593,347	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					36,533,485	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					1,960,283	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					882,590	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					2,842,873	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					33,690,612	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: 14-2010

WORKSHEET D-1  
PARTS III & IV

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX - I/P  IRF  NF  OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)						87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					881.41	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)						89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-2010

WORKSHEET D-3

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  SWING BED SNF  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  SWING BED NF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF  ICF/MR  OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS		38,533,863		30
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	1.314706	504,159	662,821	50
54	RADIOLOGY-DIAGNOSTIC	0.757175	1,132,879	857,788	54
56	RADIOISOTOPE	0.964477	17,396	16,778	56
57	CT SCAN	0.259153	694,811	180,062	57
60	LABORATORY	0.272326	3,512,195	956,462	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.257763	20,062,299	5,171,318	65
66	PHYSICAL THERAPY	0.595462	1,602,785	954,398	66
67	OCCUPATIONAL THERAPY	0.424495	1,258,706	534,314	67
68	SPEECH PATHOLOGY	0.530423	766,774	406,715	68
68.01	PSYCHOLOGY				68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307165	7,693,216	2,363,087	71
73	DRUGS CHARGED TO PATIENTS	0.199901	17,123,422	3,422,989	73
74	RENAL DIALYSIS	0.368354	2,665,690	981,918	74
75.01	ULTRASOUND	0.285279	296,893	84,697	75.01
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
92	OBSERVATION BEDS (NON-DISTINCT PART)				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	TOTAL (sum of lines 50-94, and 96-98)		57,331,225	16,593,347	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		57,331,225		202

(A) Worksheet A line numbers



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-2010

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 OPPTS (see instructions)	400,948			2
3	PPS PAYMENTS	334,813			3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0.939			5
6	LINE 2 TIMES LINE 5	376,490			6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.8893			7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	334,813			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	71,378			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	263,435			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)	263,435			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	263,435			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)	263,435			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	263,435			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	5,269			40.01
41	INTERIM PAYMENTS	258,169			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-3			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-2010

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		30,613,295		258,169	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	.01	06/09/2014	119,208		3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM	.02				3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
		PROVIDER				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				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		119,208		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)			30,732,503		4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT	.01				5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.	.02				5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				5.03
		TO				5.04
		PROVIDER				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				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)	.01				6.01
	BASED ON THE COST REPORT (1)	.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 FOR HIT

WORKSHEET E-1  
PART IICHECK                     HOSPITAL     CAH  
APPLICABLE BOX:

## TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14		1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12		2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2		3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	44,744	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200		5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20		6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (see instructions)		8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)		10

**INPATIENT HOSPITAL SERVICES UNDER PPS & CAH**

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32



## COMPU-MAX

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## CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART IV

CHECK [XX] HOSPITAL  
APPLICABLE BOX:

## PART IV - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER LTCH PPS

1	NET FEDERAL PPS PAYMENT (see instructions)	33,253,013	1
2	OUTLIER PAYMENTS	2,961,410	2
3	TOTAL PPS PAYMENTS (sum of lines 1 and 2)	36,214,423	3
4	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (see instructions)		4
5	DO NOT USE THIS LINE		5
6	COST OF TEACHING PHYSICIANS		6
7	SUBTOTAL (see instructions)	36,214,423	7
8	PRIMARY PAYER PAYMENTS	74,418	8
9	SUBTOTAL (line 7 less line 8)	36,140,005	9
10	DEDUCTIBLES	51,192	10
11	SUBTOTAL (line 9 minus line 10)	36,088,813	11
12	COINSURANCE	3,513,904	12
13	SUBTOTAL (line 11 minus line 12)	32,574,909	13
14	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	1,482,428	14
15	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	963,578	15
16	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	1,186,870	16
17	SUBTOTAL (sum of lines 13 and 15)	33,538,487	17
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding LTCH only)		18
19	OTHER PASS THROUGH COSTS (see instructions)		19
20	OUTLIER PAYMENTS RECONCILIATION		20
21	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		21
22	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	33,538,487	22
22.01	SEQUESTRATION ADJUSTMENT (see instructions)	670,770	22.01
23	INTERIM PAYMENTS	30,732,503	23
24	TENTATIVE SETTLEMENT (for contractor use only)		24
25	BALANCE DUE PROVIDER/PROGRAM (line 22 minus lines 22.01, 23 and 24)	2,135,214	25
26	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		26

## TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL PPS PAYMENT AND OUTLIER AMOUNT FROM WORKSHEET E-3, PART IV, LINE 3 (see instructions)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)		52
53	TIME VALUE OF MONEY (see instructions)		53



## COMPU-MAX

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## BALANCE SHEET

## WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	CASH ON HAND AND IN BANKS	879,118				1
2	TEMPORARY INVESTMENTS	1,588,438				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	17,214,795				4
5	OTHER RECEIVABLES	3,565,929				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-1,334,634				6
7	INVENTORY	686,681				7
8	PREPAID EXPENSES	1,137,182				8
9	OTHER CURRENT ASSETS	1,199,011				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	24,936,520				11
<b>FIXED ASSETS</b>						
12	LAND					12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS					15
16	ACCUMULATED DEPRECIATION					16
17	LEASEHOLD IMPROVEMENTS	17,196,932				17
18	ACCUMULATED AMORTIZATION	-26,630,614				18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	21,196,470				23
24	ACCUMULATED DEPRECIATION					24
25	MINOR EQUIPMENT DEPRECIABLE					25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	11,762,788				30
<b>OTHER ASSETS</b>						
31	INVESTMENTS	17,647,149				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	3,199,543				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	20,846,692				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	57,546,000				36
<b>LIABILITIES AND FUND BALANCES</b>						
	(Omit Cents)	1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	ACCOUNTS PAYABLE	2,696,041				37
38	SALARIES, WAGES & FEES PAYABLE	4,914,883				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	740,695				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	1,036,079				43
44	OTHER CURRENT LIABILITIES	1,165,865				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	10,553,563				45
<b>LONG TERM LIABILITIES</b>						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	733,333				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	5,182,799				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	5,916,132				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	16,469,695				51
<b>CAPITAL ACCOUNTS</b>						
52	GENERAL FUND BALANCE	41,076,305				52
53	SPECIFIC PURPOSE FUND BALANCE					53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56
57	PLANT FUND BALANCE - INVESTED IN PLANT					57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	41,076,305				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	57,546,000				60



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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		34,589,233			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		5,415,468			2
3	TOTAL (sum of line 1 and line 2)		40,004,701			3
4	ADDITIONS (credit adjustments)					4
5	UNREALIZED GAIN ON INVESTMENTS	280,024				5
6						6
7	ADVOCATE CAPITAL CONTRIBUTIONS	790,580				7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		1,070,604			10
11	SUBTOTAL (line 3 plus line 10)		41,075,305			11
12	DEDUCTIONS (debit adjustments)					12
13						13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		41,075,305			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)					4
5	UNREALIZED GAIN ON INVESTMENTS					5
6						6
7	ADVOCATE CAPITAL CONTRIBUTIONS					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)					12
13						13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19



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## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
PARTS I & II

## PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	HOSPITAL	75,207,940		75,207,940	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)	75,207,940		75,207,940	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	INTENSIVE CARE UNIT				11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)				16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	75,207,940		75,207,940	17
18	ANCILLARY SERVICES	114,680,039	1,128,338	115,808,377	18
19	OUTPATIENT SERVICES				19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER PATIENT REVENUES	3,346,539		3,346,539	27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	193,234,518	1,128,338	194,362,856	28

## PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		78,024,057	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	ROUNDING		-5	37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)		-5	42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		78,024,052	43



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## STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	194,362,856	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	113,619,998	2
3	NET PATIENT REVENUES (line 1 minus line 2)	80,742,858	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	78,024,052	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	2,718,806	5

## OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	257,393	6
7	INCOME FROM INVESTMENTS	152,872	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, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER (OTHER REVENUE))	1,313,484	24
24.01	OTHER (OTHER (GRANT REVENUE))	948,061	24.01
24.02	OTHER (OTHER (GAIN ON SALE OF ASSET))	24,852	24.02
25	TOTAL OTHER INCOME (sum of lines 6-24)	2,696,662	25
26	TOTAL (line 5 plus line 25)	5,415,468	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	5,415,468	29



RML SPECIALTY HOSPITAL Provider CCN: 14-2010	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/06/2014 Run Time: 14:58 Version: 2014.03
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## REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	<b>UTILIZATION PERCENTAGES BASED ON DAYS</b>								
30	ADULTS & PEDIATRICS	50.56						50.56	30
	<b>UTILIZATION PERCENTAGES BASED ON CHARGES</b>								
50	OPERATING ROOM	54.28						54.28	50
54	RADIOLOGY-DIAGNOSTIC	50.97	3.71					54.68	54
56	RADIOISOTOPE	40.95	12.93					53.88	56
57	CT SCAN	51.28	2.04					53.32	57
60	LABORATORY	52.84	1.38					54.22	60
65	RESPIRATORY THERAPY	50.79	0.86					51.65	65
66	PHYSICAL THERAPY	49.87						49.87	66
67	OCCUPATIONAL THERAPY	51.02						51.02	67
68	SPEECH PATHOLOGY	52.14						52.14	68
71	MEDICAL SUPPLIES CHARGED TO PAT	45.69						45.69	71
73	DRUGS CHARGED TO PATIENTS	48.49						48.49	73
74	RENAL DIALYSIS	50.70	10.83					61.53	74
75.01	ULTRASOUND	53.91	2.71					56.62	75.01
200	TOTAL CHARGES	49.51	0.98					50.49	200



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## REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	3,067,232	4.18	-3,067,232	-9.04			1
2	CAP REL COSTS-MVBLE EQUIP	2,030,175	2.77	-2,030,175	-5.98			2
3	OTHER CAP REL COSTS							3
4	EMPLOYEE BENEFITS DEPARTMENT	7,031,328	9.59	-7,031,328	-20.71			4
5.01	PURCHASING	478,781	0.65	-478,781	-1.41			5.01
5.02	ADMITTING	1,505,736	2.05	-1,505,736	-4.44			5.02
5.03	PATIENT ACCOUNTS	443,018	0.60	-443,018	-1.31			5.03
5.04	OTHER A & G	10,278,957	14.02	-10,278,957	-30.28			5.04
6	MAINTENANCE & REPAIRS	209,077	0.29	-209,077	-0.62			6
7	OPERATION OF PLANT	3,497,832	4.77	-3,497,832	-10.30			7
8	LAUNDRY & LINEN SERVICE	249,314	0.34	-249,314	-0.73			8
9	HOUSEKEEPING	1,458,140	1.99	-1,458,140	-4.30			9
10	DIETARY	553,335	0.75	-553,335	-1.63			10
11	CAFETERIA	210,863	0.29	-210,863	-0.62			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	977,675	1.33	-977,675	-2.88			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	412,135	0.56	-412,135	-1.21			16
17	SOCIAL SERVICE	1,541,072	2.10	-1,541,072	-4.54			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	ADULTS & PEDIATRICS	18,311,228	24.98	21,047,567	62.01	39,358,795	53.70	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	640,031	0.87	581,195	1.71	1,221,226	1.67	50
54	RADIOLOGY-DIAGNOSTIC	784,718	1.07	898,090	2.65	1,682,808	2.30	54
56	RADIOISOTOPE	24,000	0.03	16,971	0.05	40,971	0.06	56
57	CT SCAN	175,558	0.24	175,545	0.52	351,103	0.48	57
60	LABORATORY	1,319,724	1.80	490,558	1.45	1,810,282	2.47	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	6,182,873	8.44	3,998,188	11.78	10,181,061	13.89	65
66	PHYSICAL THERAPY	1,177,547	1.61	736,358	2.17	1,913,905	2.61	66
67	OCCUPATIONAL THERAPY	629,639	0.86	417,553	1.23	1,047,192	1.43	67
68	SPEECH PATHOLOGY	456,811	0.62	323,235	0.95	780,046	1.06	68
68.01	PSYCHOLOGY	1		69,518	0.20	69,519	0.09	68.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,707,915	5.06	1,464,285	4.31	5,172,200	7.06	71
73	DRUGS CHARGED TO PATIENTS	4,368,344	5.96	2,691,040	7.93	7,059,384	9.63	73
74	RENAL DIALYSIS	1,490,427	2.03	446,272	1.31	1,936,699	2.64	74
75.01	ULTRASOUND	82,930	0.11	74,175	0.22	157,105	0.21	75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.0	IDLE SPACE			514,120	1.51	514,120	0.70	190.0
1								1
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	73,296,416	100.00			73,296,416	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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	111,479	928,897	0.120012	504,159	60,505	50
54	RADIOLOGY-DIAGNOSTIC	206,810	2,222,481	0.093054	1,132,879	105,419	54
56	RADIOISOTOPE	3,214	42,480	0.075659	17,396	1,316	56
57	CT SCAN	58,479	1,354,809	0.043164	694,811	29,991	57
60	LABORATORY	49,621	6,647,470	0.007465	3,512,195	26,219	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	532,365	39,497,686	0.013478	20,062,299	270,400	65
66	PHYSICAL THERAPY	89,883	3,214,154	0.027965	1,602,785	44,822	66
67	OCCUPATIONAL THERAPY	49,190	2,466,914	0.019940	1,258,706	25,099	67
68	SPEECH PATHOLOGY	40,041	1,470,611	0.027227	766,774	20,877	68
68.01	PSYCHOLOGY	16,668					68.01
71	MEDICAL SUPPLIES CHARGED TO PAT	164,174	16,838,493	0.009750	7,693,216	75,009	71
73	DRUGS CHARGED TO PATIENTS	396,959	35,314,476	0.011241	17,123,422	192,484	73
74	RENAL DIALYSIS	49,430	5,257,717	0.009401	2,665,690	25,060	74
75.01	ULTRASOUND	9,997	550,707	0.018153	296,893	5,389	75.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
92	OBSERVATION BEDS (NON-DISTINCT						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	TOTAL	1,778,310	115,806,895		57,331,225	882,590	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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	ADULTS & PEDIATRICS	3,876,991		3,876,991	44,744	86.65	22,623	1,960,283	30
200	TOTAL	3,876,991		3,876,991	44,744		22,623	1,960,283	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,960,283
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	882,590
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,842,873
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	763
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	22,623
PER DISCHARGE CAPITAL COSTS	3,725.91



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**I. COST TO CHARGE RATIO FOR LTCH**

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, lines 30-35 + Worksheet D, Part IV, column 11, line 200))	36,533,485
2. TOTAL MEDICARE CHARGES (Worksheet D-3, column 2, lines 30-35 + line 202)	95,865,088
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.381

**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)	2,842,873
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.030

**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)	191,198
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)	559,913
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.341