

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

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

**PART I - COST REPORT STATUS**

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

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by

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

ST  
 Title

\_\_\_\_\_  
 Date

**PART III - SETTLEMENT SUMMARY**

		TITLE V	TITLE XVIII		HIT	TITLE XIX	
			PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		-211,847	-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		-211,847	-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. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 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:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
0	1	2	3	4	5	6	7	8	
3	Hospital	RML HEALTH PROVIDERS, L.P.	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 / 2014	To: 05 / 31 / 2015	20
21	Type of control (see instructions)	2		21

Inpatient PPS Information

		1	2	3
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	N	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	2	N	23

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

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	1	2	3
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

**ACA Provisions Affecting the Health Resources and Services Administration (HRSA)**

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

**Teaching Hospitals that Claim Residents in Nonprovider Settings**

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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**WORKSHEET S-2  
PART I**

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

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

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

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))		
	1	2	3	4	5		
67							67

**Inpatient Psychiatric Facility PPS**

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				71

**Inpatient Rehabilitation Facility PPS**

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				76

**Long Term Care Hospital PPS**

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.		Y		80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.		N		81

**TEFRA Providers**

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

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**WORKSHEET S-2  
PART I**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

**Rural Providers**

		1	2		
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.				109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

**Miscellaneous Cost Reporting Information**

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	1,515,031			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N			121

**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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---	---------------------------------------	--	--

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**WORKSHEET S-2  
PART I**

All Providers

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

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

141	Name:	Contractor's Name:	Contractor's Number:	141
142	Street:	P.O. Box:		142
143	City:	State:	ZIP Code:	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y		145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)

		Title XVIII		Title V	Title XIX	
		Part A	Part B			
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N				165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (see instructions)					166
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	N				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)				N	171

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

**COMPLETED BY ALL HOSPITALS**

Provider Organization and Operation		Y/N	Date		
		1	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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 in the filed financial statements? If yes, submit reconciliation.	N			5

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
		1	2	3	4
<b>PS&amp;R Report Data</b>					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/20/2015	Y	08/20/2015
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information				
41	First name: THOMAS	Last name: STITT	Title: VICE PRESIDENT OF FINANCE	41
42	Employer: HEALTH DIMENSIONS GROUP			42
43	Phone number: 763-225-8639	E-mail Address: TOM@HDGII.COM		43

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	168	61,320			22,652	13,300	50,003	1
2	HMO and other (see instructions)									2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		168	61,320			22,652	13,300	50,003	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	61,320			22,652	13,300	50,003	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 (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days						1,444			33

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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)					725	433	1,594	1
2	HMO and other (see instructions)								2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		671.23			725	433	1,594	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)		671.23						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**HOSPITAL WAGE INDEX INFORMATION**

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

**Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	200	44,043,373			1,396,158.00		1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10							10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11		1,351,857			30,054.00		11
12							12
13							13
14							14
15							15
16							16
<b>WAGE-RELATED COSTS</b>							
17		9,737,513					17
18							18
19							19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26		514,796	13,983		15,330.00		26
27		8,749,074	-754,882		176,405.00		27
28							28
29		154,818	6,629		4,306.00		29
30		1,608,648	33,125		56,680.00		30
31							31
32		1,019,196	35,396		69,306.00		32
33							33
34		641,707	-271,082		18,779.00		34
35							35
36			241,074		12,215.00		36
37							37
38		1,012,555	73,205		25,958.00		38
39							39
40							40
41		304,673	11,379		12,355.00		41
42		1,304,078	29,591		39,395.00		42
43							43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)	44,043,373		44,043,373	1,396,158.00	31.55	1
2	Excluded area salaries (see instructions)						2
3	Subtotal salaries (line 1 minus line 2)	44,043,373		44,043,373	1,396,158.00	31.55	3
4	Subtotal other wages & related costs (see instructions)	1,351,857		1,351,857	30,054.00	44.98	4
5	Subtotal wage-related costs (see instructions)	9,737,513		9,737,513		22.11%	5
6	Total (sum of lines 3 through 5)	55,132,743		55,132,743	1,426,212.00	38.66	6
7	Total overhead cost (see instructions)	15,309,545	-581,582	14,727,963	430,729.00	34.19	7

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	1,562,492	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)	4,302,639	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	155,423	10
11	Life Insurance (If employee is owner or beneficiary)	57,322	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	78,758	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	322,887	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	3,095,672	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	50,665	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	111,655	23
24	Total Wage Related cost (Sum of lines 1-23)	9,737,513	24

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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

<b>STEP 1: 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 MOonths 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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

**Part V - Contract Labor and Benefit Cost**

**Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	1,351,857	9,737,513	1
2	Hospital	1,351,857	9,737,513	2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA**

**WORKSHEET S-5**

**RENAL DIALYSIS STATISTICS**

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period							1
2	Number of times per week patient receives dialysis							2
3	Average patient dialysis time including setup							3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished							5
6	Number of stations							6
7	Treatment capacity per day per station							7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

**ESRD PPS**

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)			10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)			10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)		4	10.03

**TRANSPLANT INFORMATION**

11	Number of patients on transplant list		11
12	Number of patients transplanted during the cost reporting period		12

**EPOETIN**

13	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider		13
14	Epoetin amount from Worksheet A for home dialysis program		14
15	Number of EPO units furnished relating to the renal dialysis department		15
16	Number of EPO units furnished relating to the home dialysis department		16

**ARANESP**

17	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider		17
18	ARANESP amount from Worksheet A for home dialysis program		18
19	Number of ARANESP units furnished relating to the renal dialysis department		19
20	Number of ARANESP units furnished relating to the home dialysis department		20

**PHYSICIAN PAYMENT METHOD (Enter 'X' for applicable method(s))**

21	MCP	INITIAL METHOD	
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	Erythropoiesis-Stimulating Agents (ESA) Statistics:	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						22

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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		3,024,147	3,024,147	470,181	3,494,328	-406,945	3,087,383	1
2	00200	Cap Rel Costs-Mvble Equip		2,121,152	2,121,152	-340,571	1,780,581		1,780,581	2
3	00300	Other Cap Rel Costs		129,610	129,610	-129,610			-0-	3
4	00400	Employee Benefits Department	514,796	6,898,267	7,413,063	15,051	7,428,114	-213,620	7,214,494	4
5.01	00560	PURCHASING	366,545	125,343	491,888	17,629	509,517		509,517	5.01
5.02	00570	ADMITTING	1,406,167	210,611	1,616,778	22,855	1,639,633	-5,431	1,634,202	5.02
5.03	00580	PATIENT ACCOUNTS	422,960	85,959	508,919	14,852	523,771	-17	523,754	5.03
5.04	00590	OTHER A&G	6,553,402	7,296,929	13,850,331	-885,564	12,964,767	-2,068,605	10,896,162	5.04
6	00600	Maintenance & Repairs	154,818	231,032	385,850	-117,961	267,889		267,889	6
7	00700	Operation of Plant	1,608,648	1,735,053	3,343,701	35,632	3,379,333	-741	3,378,592	7
8	00800	Laundry & Linen Service		245,011	245,011		245,011		245,011	8
9	00900	Housekeeping	1,019,196	479,560	1,498,756	36,113	1,534,869		1,534,869	9
10	01000	Dietary	641,707	432,862	1,074,569	-513,064	561,505	-12,220	549,285	10
11	01100	Cafeteria				364,972	364,972	-130,422	234,550	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,012,555	84,870	1,097,425	78,805	1,176,230		1,176,230	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	304,673	125,243	429,916	12,248	442,164	-6,769	435,395	16
17	01700	Social Service	1,304,078	239,338	1,543,416	31,855	1,575,271	-17	1,575,254	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm-(specify)								23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	16,517,658	7,143,274	23,660,932	-2,023,365	21,637,567	-763,870	20,873,697	30
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	457,092	499,233	956,325	-278,141	678,184	-17	678,167	50
54	05400	Radiology-Diagnostic	680,420	169,281	849,701	-8,676	841,025	-517	840,508	54
56	05600	Radioisotope		33,190	33,190	-9,167	24,023		24,023	56
57	05700	CT Scan		175,558	175,558		175,558		175,558	57
60	06000	Laboratory	117,125	1,288,085	1,405,210	-34,772	1,370,438		1,370,438	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	7,079,098	2,181,433	9,260,531	-1,096,818	8,163,713	-1,156,450	7,007,263	65
66	06600	Physical Therapy	1,118,855	131,538	1,250,393	6,924	1,257,317		1,257,317	66
67	06700	Occupational Therapy	587,052	75,697	662,749	4,882	667,631		667,631	67
68	06800	Speech Pathology	412,798	34,953	447,751	5,413	453,164		453,164	68
68.01	03550	PSYCHOLOGY	270,031	21,867	291,898	6,529	298,427	-298,427		68.01
71	07100	Medical Supplies Charged to Patients				4,119,383	4,119,383		4,119,383	71
73	07300	Drugs Charged to Patients	1,412,028	3,339,368	4,751,396	197,533	4,948,929	-472	4,948,457	73
74	07400	Renal Dialysis		1,757,355	1,757,355	-3,987	1,753,368		1,753,368	74
75.01	03630	ULTRASOUND	81,671	15,923	97,594	839	98,433		98,433	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)	44,043,373	40,331,742	84,375,115		84,375,115	-5,064,540	79,310,575	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190.01	19002	IDLE SPACE								190.01
200		TOTAL (sum of lines 118-199)	44,043,373	40,331,742	84,375,115		84,375,115	-5,064,540	79,310,575	200

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
1	RECLASS CAFETERIA COST FROM DIETARY	1		3			
		A	Cafeteria	11	233,924	123,351	1
500	Total reclassifications				233,924	123,351	500
	Code Letter - A						
1	MEDICAL SUPPLIES	B	Medical Supplies Charged to P	71		4,119,383	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
500	Total reclassifications					4,119,383	500
	Code Letter - B						
1	DRUGS	C	Drugs Charged to Patients	73		170,136	1
2							2
3							3
4							4
5							5
6							6
500	Total reclassifications					170,136	500
	Code Letter - C						
1	SALARY RECLASS	D	Employee Benefits Department	4	13,983	1,070	1
2			PURCHASING	5.01	16,376	1,253	2
3			ADMITTING	5.02	21,231	1,624	3
4			PATIENT ACCOUNTS	5.03	13,798	1,056	4
5			Maintenance & Repairs	6	6,629	507	5
6			Operation of Plant	7	33,125	2,534	6
7			Housekeeping	9	35,396	2,708	7
8			Dietary	10	10,992	841	8
9			Cafeteria	11	7,150	547	9
10			Nursing Administration	13	73,205	5,600	10
11			Medical Records & Library	16	11,379	871	11
12			Social Service	17	29,591	2,264	12
13			Adults & Pediatrics	30	282,561	21,616	13
14			Operating Room	50	4,692	359	14
15			Radiology-Diagnostic	54	13,927	1,065	15
16			Laboratory	60	3,450	264	16
17			Respiratory Therapy	65	143,689	10,992	17
18			Physical Therapy	66	29,085	2,225	18
19			Occupational Therapy	67	6,315	483	19
20			Speech Pathology	68	5,500	421	20
21			PSYCHOLOGY	68.01	6,065	464	21
22			Drugs Charged to Patients	73	37,369	2,859	22
23			ULTRASOUND	75.01	779	60	23
500	Total reclassifications				806,287	61,683	500
	Code Letter - D						
1	BUILDING INTEREST EXPENSE	E	Cap Rel Costs-Bldg & Fixt	1		393,959	1
500	Total reclassifications					393,959	500
	Code Letter - E						
1	DIETICIAN SALARIES	F	Adults & Pediatrics	30	48,150	3,684	1
500	Total reclassifications				48,150	3,684	500
	Code Letter - F						
	GRAND TOTAL (Increases)				1,088,361	4,872,196	

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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9		
1	RECLASS CAFETERIA COST FROM DIETARY	A	Dietary	10	233,924	123,351	1	
500	Total reclassifications				233,924	123,351	500	
	Code letter - A							
1	MEDICAL SUPPLIES	B	Employee Benefits Department	4		2	1	
2			PATIENT ACCOUNTS	5.03		2	2	
3			OTHER A&G	5.04		2,490	3	
4			Maintenance & Repairs	6		125,097	4	
5			Operation of Plant	7		27	5	
6			Housekeeping	9		1,991	6	
7			Dietary	10		115,788	7	
8			Medical Records & Library	16		2	8	
9			Adults & Pediatrics	30		2,229,992	9	
10			Operating Room	50		279,134	10	
11			Radiology-Diagnostic	54		23,584	11	
12			Radioisotope	56		9,167	12	
13			Laboratory	60		38,486	13	
14			Respiratory Therapy	65		1,250,881	14	
15			Physical Therapy	66		24,386	15	
16			Occupational Therapy	67		1,916	16	
17			Speech Pathology	68		508	17	
18			Drugs Charged to Patients	73		12,831	18	
19			Renal Dialysis	74		3,099	19	
500	Total reclassifications					4,119,383	500	
	Code letter - B							
1	DRUGS	C	OTHER A&G	5.04		15,104	1	
2			Adults & Pediatrics	30		149,384	2	
3			Operating Room	50		4,058	3	
4			Radiology-Diagnostic	54		84	4	
5			Respiratory Therapy	65		618	5	
6			Renal Dialysis	74		888	6	
500	Total reclassifications					170,136	500	
	Code letter - C							
1	SALARY RECLASS	D	OTHER A&G	5.04	806,287	61,683	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				806,287	61,683	500	
	Code letter - D							
1	BUILDING INTEREST EXPENSE	E	Cap Rel Costs-Mvble Equip	2		393,959	11	
500	Total reclassifications					393,959	500	
	Code letter - E							
1	DIETICIAN SALARIES	F	Dietary	10	48,150	3,684	1	
500	Total reclassifications				48,150	3,684	500	
	Code letter - F							
	GRAND TOTAL (Decreases)				1,088,361	4,872,196		

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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**RECONCILIATION OF CAPITAL COST CENTERS**

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

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

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements								2
3	Buildings and Fixtures		15,000,000		15,000,000		15,000,000		3
4	Building Improvements	17,530,987	736,253		736,253	419,670	17,847,570		4
5	Fixed Equipment								5
6	Movable Equipment	21,196,470	2,069,085		2,069,085	258,182	23,007,373		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	38,727,457	17,805,338		17,805,338	677,852	55,854,943		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	38,727,457	17,805,338		17,805,338	677,852	55,854,943		10

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

		SUMMARY OF CAPITAL							
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
*									
1	Cap Rel Costs-Bldg & Fixt	1,159,512	1,864,635					3,024,147	1
2	Cap Rel Costs-Mvble Equip	1,688,625		432,527				2,121,152	2
3	Total (sum of lines 1-2)	2,848,137	1,864,635	432,527				5,145,299	3

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

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

**PART III - RECONCILIATION OF CAPITAL COST CENTERS**

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
	Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*										
1	Cap Rel Costs-Bldg & Fi	32,847,570		32,847,570	0.588087	76,222			76,222	1
2	Cap Rel Costs-Mvble Equip	23,007,373		23,007,373	0.411913	53,388			53,388	2
3	Total (sum of lines 1-2)	55,854,943		55,854,943	1.000000	129,610			129,610	3

		SUMMARY OF CAPITAL							
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*									
1	Cap Rel Costs-Bldg & Fixt	1,159,512	1,457,690	393,959	76,222			3,087,383	1
2	Cap Rel Costs-Mvble Equip	1,688,625		38,568	53,388			1,780,581	2
3	Total (sum of lines 1-2)	2,848,137	1,457,690	432,527	129,610			4,867,964	3

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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	-1,049,122			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-553,177			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-130,422	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					32
33	MARKETING	A	-1,054	OTHER A&G	5.04	33
33.01	MEDICAL RECORDS PHOTOCOPYING	B	-6,769	Medical Records & Library	16	33.01
33.05	RESEARCH AND DEVELOPMENT	A	-496	OTHER A&G	5.04	33.05
33.06	MARKETING	A	-5,380	ADMITTING	5.02	33.06
33.07	PULMONARY EXPENSE	A	-1,156,338	Respiratory Therapy	65	33.07
33.10	OTHER REVENUE - NURSING	B	-159	Adults & Pediatrics	30	33.10
33.11	OTHER REVENUE - FACILITY OPERATION	B	-741	Operation of Plant	7	33.11
33.12	OTHER REVENUE - ADMITTING	B	-17	ADMITTING	5.02	33.12
33.13	OTHER REVENUE - PHARMACY	B	-472	Drugs Charged to Patients	73	33.13
33.14	OTHER REVENUE - SOCIAL SERVICES	B	-17	Social Service	17	33.14
33.16	OTHER REVENUE - DIETARY	B	-12,220	Dietary	10	33.16
33.17	OTHER REVENUE - RADIOLOGY	B	-517	Radiology-Diagnostic	54	33.17
33.19	DONATIONS	A	-37,222	OTHER A&G	5.04	33.19
33.20	OTHER REVENUE - PERFORMANCE IMPROV	B	-50,750	OTHER A&G	5.04	33.20
33.22	ENTERTAINMENT EXPENSE	A	-66,837	OTHER A&G	5.04	33.22
33.23	MEMBERSHIP DUES	A	-69,960	OTHER A&G	5.04	33.23
33.24	UNFUNDED SELF INSURANCE	A	-972,522	OTHER A&G	5.04	33.24
33.27	PSYCHOLOGY BENEFITS/BILLING	A	-33,106	PSYCHOLOGY	68.01	33.27
33.28	HOUSE PHYSICIAN NONREIMBURSEABLE	A	-7,284	Adults & Pediatrics	30	33.28
33.31	OTHER REVENUE - PATIENTS ACCOUNTS	B	-17	PATIENT ACCOUNTS	5.03	33.31
34	PSYCHOLOGY PHYSICIAN BENEFITS	A	-40,441	Employee Benefits Department	4	34
35	PROVIDER RELATIONS MARKETING	A	-40,123	OTHER A&G	5.04	35
36	FUND RAISING	B	-238,649	OTHER A&G	5.04	36
37	OTHER REVENUE - ACCOUNTING	B	-3,386	OTHER A&G	5.04	37
38	MEDICAID PROVIDER TAX - SUPPLEMENT	A	-398,733	OTHER A&G	5.04	38
39	PULMONARY PHYSICIAN BENEFITS	A	-157,392	Employee Benefits Department	4	39
40	OTHER REVENUE - INTAKE	B	-34	ADMITTING	5.02	40
41	OTHER REVENUE - A&G	B	-7,927	OTHER A&G	5.04	41
42	OTHER REVENUE - RESPIRATORY THERAP	B	-112	Respiratory Therapy	65	42
43	PROFESSIONAL BUILDING	A	-1,046	OTHER A&G	5.04	43
44	PROFESSIONAL BUILDING BENEFITS	A	-9	Employee Benefits Department	4	44
45	HOUSE PHYSICIAN BENEFITS	A	-15,778	Employee Benefits Department	4	45
46	OTHER REVENUE - OPERATING ROOM	B	-17	Operating Room	50	46

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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
47	BAD DEBTS	A	-6,294	OTHER A&G	5.04	47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-5,064,540			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.

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	822,621	1,229,566	-406,945	10	1
2	30	Adults & Pediatrics	LOYOLA FELLOWSHIP		146,232	-146,232		2
3								3
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			822,621	1,375,798	-553,177		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	RMLHP CORPORATION		CORPORATION	8
9							9
10							10

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

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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.04	OTHER A&G DR. P	43,200		43,200	177,200	288	24,535	1,227	1
2	5.04	OTHER A&G DR. D	20,625		20,625	177,200	69	5,878	294	2
3	5.04	OTHER A&G DR. F	36,000		36,000	177,200	259	22,065	1,103	3
4	5.04	OTHER A&G DR. D	36,000		36,000	177,200	240	20,446	1,022	4
5	5.04	OTHER A&G DR. U	36,000		36,000	177,200	241	20,531	1,027	5
6	5.04	OTHER A&G UROLOGY	12,000	12,000		177,200				6
7	5.04	OTHER A&G DR. B	25,988		25,988	177,200	173	14,738	737	7
8	5.04	OTHER A&G DR. P	15,975		15,975	177,200	107	9,116	456	8
9	5.04	OTHER A&G DR. Z	15,300		15,300	177,200	104	8,860	443	9
10	5.04	OTHER A&G DR. B	9,517		9,517	177,200	45	3,834	192	10
11	5.04	OTHER A&G DR. G	28,089		28,089	177,200	133	11,331	567	11
12	5.04	OTHER A&G DR. C	1,581		1,581	177,200	8	682	34	12
13	30	Adults & Pediatrics HP AGGREGATE- C	1,310,252	102,577	1,207,675	177,200	9,454	805,408	40,270	13
14	68.01	PSYCHOLOGY PSYCHOLOGY	265,321	265,321		177,200				14
15	30	Adults & Pediatrics HP AGGREGATE- H	532,676	62,026	470,650	177,200	5,016	427,325	21,366	15
16	5.04	OTHER A&G DR. RS	50,000		50,000	177,200	172	14,653	733	16
17										17
18										18
19										19
20										20
200		TOTAL	2,438,524	441,924	1,996,600		16,309	1,389,402	69,471	200

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.04	OTHER A&G DR. P					24,535	18,665	18,665	1
2	5.04	OTHER A&G DR. D					5,878	14,747	14,747	2
3	5.04	OTHER A&G DR. F					22,065	13,935	13,935	3
4	5.04	OTHER A&G DR. D					20,446	15,554	15,554	4
5	5.04	OTHER A&G DR. U					20,531	15,469	15,469	5
6	5.04	OTHER A&G UROLOGY							12,000	6
7	5.04	OTHER A&G DR. B					14,738	11,250	11,250	7
8	5.04	OTHER A&G DR. P					9,116	6,859	6,859	8
9	5.04	OTHER A&G DR. Z					8,860	6,440	6,440	9
10	5.04	OTHER A&G DR. B					3,834	5,683	5,683	10
11	5.04	OTHER A&G DR. G					11,331	16,758	16,758	11
12	5.04	OTHER A&G DR. C					682	899	899	12
13	30	Adults & Pediatrics HP AGGREGATE- C					805,408	402,267	504,844	13
14	68.01	PSYCHOLOGY PSYCHOLOGY							265,321	14
15	30	Adults & Pediatrics HP AGGREGATE- H					427,325	43,325	105,351	15
16	5.04	OTHER A&G DR. RS					14,653	35,347	35,347	16
17										17
18										18
19										19
20										20
200		TOTAL					1,389,402	607,198	1,049,122	200

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A. col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	ADMITTING	
		0	1	2	4	5.01	5.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	3,087,383	3,087,383					1
2	Cap Rel Costs-Mvble Equip	1,780,581		1,780,581				2
4	Employee Benefits Department	7,214,494	81,247	935	7,296,676			4
5.01	PURCHASING	509,517	86,628	13,795	66,401	676,341		5.01
5.02	ADMITTING	1,634,202	43,331	12,158	247,521	1,005	1,938,217	5.02
5.03	PATIENT ACCOUNTS	523,754	22,767	1,335	75,737	243		5.03
5.04	OTHER A&G	10,896,162	976,701	446,218	996,580	15,009		5.04
6	Maintenance & Repairs	267,889	58,447	551	27,996	198		6
7	Operation of Plant	3,378,592	246,113	70,345	284,695	15,155		7
8	Laundry & Linen Service	245,011	54,596	4,455		3		8
9	Housekeeping	1,534,869	48,695	12,892	182,874	22,452		9
10	Dietary	549,285	178,536	37,217	64,269	11,750		10
11	Cafeteria	234,550	79,280		41,804	7,642		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,176,230	20,194		188,278	724		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	435,395	40,472	1,779	54,806	182		16
17	Social Service	1,575,254	26,298	2,594	231,268	534		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	20,873,697	688,097	824,196	2,902,687	26,819	750,582	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	678,167	43,684	13,727	80,077	411	9,380	50
54	Radiology-Diagnostic	840,508	73,899	49,306	120,405	365	21,898	54
56	Radioisotope	24,023	1,866				558	56
57	CT Scan	175,558	11,669	10,806			14,242	57
60	Laboratory	1,370,438			20,909	40,599	64,036	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	7,007,263	57,354	136,792	1,070,245	1,497	415,042	65
66	Physical Therapy	1,257,317	28,635	9,733	199,061	298	33,251	66
67	Occupational Therapy	667,631	18,866		102,894		23,824	67
68	Speech Pathology	453,164	16,798		72,536	1	16,931	68
68.01	PSYCHOLOGY		10,778	835		47		68.01
71	Medical Supplies Charged to Patients	4,119,383				304,706	178,669	71
73	Drugs Charged to Patients	4,948,457	75,884	130,912	251,336	226,683	350,584	73
74	Renal Dialysis	1,753,368	5,212			18	53,817	74
75.01	ULTRASOUND	98,433	4,843		14,297		5,403	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)	79,310,575	3,000,890	1,780,581	7,296,676	676,341	1,938,217	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		86,493					190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	79,310,575	3,087,383	1,780,581	7,296,676	676,341	1,938,217	202

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	MAIN-TENANCE + 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	623,836						5.03
5.04	OTHER A&G		13,330,670	13,330,670				5.04
6	Maintenance & Repairs		355,081	71,741	426,822			6
7	Operation of Plant		3,994,900	807,134		4,802,034		7
8	Laundry & Linen Service		304,065	61,434		166,762	532,261	8
9	Housekeeping		1,801,782	364,034		148,735		9
10	Dietary		841,057	169,928		545,326		10
11	Cafeteria		363,276	73,397		242,156		11
12	Maintenance of Personnel							12
13	Nursing Administration		1,385,426	279,913		61,682		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		532,634	107,614		123,620		16
17	Social Service		1,835,948	370,937		80,325		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	241,614	26,307,692	5,315,253	331,536	2,101,750	532,261	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	3,019	828,465	167,384		133,430		50
54	Radiology-Diagnostic	7,047	1,113,428	224,958	1,882	225,721		54
56	Radioisotope	180	26,627	5,380		5,701		56
57	CT Scan	4,584	216,859	43,814		35,643		57
60	Laboratory	20,609	1,516,591	306,414				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	133,575	8,821,768	1,782,359	92,720	175,184		65
66	Physical Therapy	10,701	1,538,996	310,940	684	87,464		66
67	Occupational Therapy	7,667	820,882	165,852		57,624		67
68	Speech Pathology	5,449	564,879	114,129		51,307		68
68.01	PSYCHOLOGY		11,660	2,356		32,921		68.01
71	Medical Supplies Charged to Patients	57,502	4,660,260	941,564				71
73	Drugs Charged to Patients	112,830	6,096,686	1,231,781		231,782		73
74	Renal Dialysis	17,320	1,829,735	369,681		15,921		74
75.01	ULTRASOUND	1,739	124,715	25,198		14,791		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)	623,836	79,224,082	13,313,195	426,822	4,537,845	532,261	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		86,493	17,475		264,189		190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	623,836	79,310,575	13,330,670	426,822	4,802,034	532,261	202

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	2,314,551						9
10	Dietary	281,327	1,837,638					10
11	Cafeteria	124,925		803,754				11
12	Maintenance of Personnel							12
13	Nursing Administration	31,821		20,020	1,778,862			13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	63,774		9,529		837,171		16
17	Social Service	41,439		30,382			2,359,031	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	1,084,266	1,837,638	474,873	1,743,928	324,139	2,359,031	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	68,835		9,513	34,934	4,052		50
54	Radiology-Diagnostic	116,447		13,138		9,459		54
56	Radioisotope	2,941				241		56
57	CT Scan	18,388				6,152		57
60	Laboratory			4,668		27,662		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	90,376		159,804		179,289		65
66	Physical Therapy	45,122		27,078		14,364		66
67	Occupational Therapy	29,728		12,143		10,292		67
68	Speech Pathology	26,469		8,919		7,314		68
68.01	PSYCHOLOGY	16,983		4,861				68.01
71	Medical Supplies Charged to Patients					77,181		71
73	Drugs Charged to Patients	119,573		27,575		151,444		73
74	Renal Dialysis	8,214				23,248		74
75.01	ULTRASOUND	7,631		1,251		2,334		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)	2,178,259	1,837,638	803,754	1,778,862	837,171	2,359,031	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE	136,292						190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,314,551	1,837,638	803,754	1,778,862	837,171	2,359,031	202

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	42,412,367		42,412,367			30
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,246,613		1,246,613			50
54	Radiology-Diagnostic	1,705,033		1,705,033			54
56	Radioisotope	40,890		40,890			56
57	CT Scan	320,856		320,856			57
60	Laboratory	1,855,335		1,855,335			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	11,301,500		11,301,500			65
66	Physical Therapy	2,024,648		2,024,648			66
67	Occupational Therapy	1,096,521		1,096,521			67
68	Speech Pathology	773,017		773,017			68
68.01	PSYCHOLOGY	68,781		68,781			68.01
71	Medical Supplies Charged to Patients	5,679,005		5,679,005			71
73	Drugs Charged to Patients	7,858,841		7,858,841			73
74	Renal Dialysis	2,246,799		2,246,799			74
75.01	ULTRASOUND	175,920		175,920			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)	78,806,126		78,806,126			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.01	IDLE SPACE	504,449		504,449			190.01
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	79,310,575		79,310,575			202

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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		81,247	935	82,182	82,182		4
5.01	PURCHASING		86,628	13,795	100,423	748	101,171	5.01
5.02	ADMITTING	8,133	43,331	12,158	63,622	2,788	150	5.02
5.03	PATIENT ACCOUNTS		22,767	1,335	24,102	853	36	5.03
5.04	OTHER A&G		976,701	446,218	1,422,919	11,224	2,245	5.04
6	Maintenance & Repairs		58,447	551	58,998	315	30	6
7	Operation of Plant		246,113	70,345	316,458	3,206	2,267	7
8	Laundry & Linen Service		54,596	4,455	59,051			8
9	Housekeeping		48,695	12,892	61,587	2,060	3,359	9
10	Dietary	400	178,536	37,217	216,153	724	1,758	10
11	Cafeteria		79,280		79,280	471	1,143	11
12	Maintenance of Personnel							12
13	Nursing Administration		20,194		20,194	2,120	108	13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		40,472	1,779	42,251	617	27	16
17	Social Service		26,298	2,594	28,892	2,605	80	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	779,918	688,097	824,196	2,292,211	32,694	4,012	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		43,684	13,727	57,411	902	61	50
54	Radiology-Diagnostic		73,899	49,306	123,205	1,356	55	54
56	Radioisotope		1,866		1,866			56
57	CT Scan		11,669	10,806	22,475			57
60	Laboratory					235	6,073	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	45,576	57,354	136,792	239,722	12,054	224	65
66	Physical Therapy		28,635	9,733	38,368	2,242	45	66
67	Occupational Therapy		18,866		18,866	1,159		67
68	Speech Pathology		16,798		16,798	817		68
68.01	PSYCHOLOGY		10,778	835	11,613		7	68.01
71	Medical Supplies Charged to Patients						45,579	71
73	Drugs Charged to Patients		75,884	130,912	206,796	2,831	33,909	73
74	Renal Dialysis		5,212		5,212		3	74
75.01	ULTRASOUND		4,843		4,843	161		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)	834,027	3,000,890	1,780,581	5,615,498	82,182	101,171	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		86,493		86,493			190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	834,027	3,087,383	1,780,581	5,701,991	82,182	101,171	202

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	66,560						5.02
5.03	PATIENT ACCOUNTS		24,991					5.03
5.04	OTHER A&G			1,436,388				5.04
6	Maintenance & Repairs			7,730	67,073			6
7	Operation of Plant			86,969		408,900		7
8	Laundry & Linen Service			6,619		14,200	79,870	8
9	Housekeeping			39,225		12,665		9
10	Dietary			18,310		46,435		10
11	Cafeteria			7,909		20,620		11
12	Maintenance of Personnel							12
13	Nursing Administration			30,161		5,252		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			11,595		10,526		16
17	Social Service			39,969		6,840		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	25,725	9,746	572,723	52,098	178,968	79,870	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	323	120	18,036		11,362		50
54	Radiology-Diagnostic	753	281	24,239	296	19,220		54
56	Radioisotope	19	7	580		485		56
57	CT Scan	490	183	4,721		3,035		57
60	Laboratory	2,202	822	33,016				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	14,271	5,328	192,050	14,571	14,917		65
66	Physical Therapy	1,143	427	33,504	108	7,448		66
67	Occupational Therapy	819	306	17,871		4,907		67
68	Speech Pathology	582	217	12,297		4,369		68
68.01	PSYCHOLOGY			254		2,803		68.01
71	Medical Supplies Charged to Patients	6,143	2,294	101,454				71
73	Drugs Charged to Patients	12,054	4,500	132,725		19,737		73
74	Renal Dialysis	1,850	691	39,833		1,356		74
75.01	ULTRASOUND	186	69	2,715		1,259		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)	66,560	24,991	1,434,505	67,073	386,404	79,870	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE			1,883		22,496		190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	66,560	24,991	1,436,388	67,073	408,900	79,870	202

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	118,896						9
10	Dietary	14,451	297,831					10
11	Cafeteria	6,417		115,840				11
12	Maintenance of Personnel							12
13	Nursing Administration	1,635		2,885	62,355			13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	3,276		1,373		69,665		16
17	Social Service	2,129		4,379			84,894	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	55,698	297,831	68,441	61,130	26,923	84,894	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	3,536		1,371	1,225	338		50
54	Radiology-Diagnostic	5,982		1,893		788		54
56	Radioisotope	151				20		56
57	CT Scan	945				513		57
60	Laboratory			673		2,305		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,642		23,032		14,937		65
66	Physical Therapy	2,318		3,903		1,197		66
67	Occupational Therapy	1,527		1,750		857		67
68	Speech Pathology	1,360		1,285		609		68
68.01	PSYCHOLOGY	872		701				68.01
71	Medical Supplies Charged to Patients					6,430		71
73	Drugs Charged to Patients	6,142		3,974		12,617		73
74	Renal Dialysis	422				1,937		74
75.01	ULTRASOUND	392		180		194		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)	111,895	297,831	115,840	62,355	69,665	84,894	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE	7,001						190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	118,896	297,831	115,840	62,355	69,665	84,894	202

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	3,842,964		3,842,964			30
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	94,685		94,685			50
54	Radiology-Diagnostic	178,068		178,068			54
56	Radioisotope	3,128		3,128			56
57	CT Scan	32,362		32,362			57
60	Laboratory	45,326		45,326			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	535,748		535,748			65
66	Physical Therapy	90,703		90,703			66
67	Occupational Therapy	48,062		48,062			67
68	Speech Pathology	38,334		38,334			68
68.01	PSYCHOLOGY	16,250		16,250			68.01
71	Medical Supplies Charged to Patients	161,900		161,900			71
73	Drugs Charged to Patients	435,285		435,285			73
74	Renal Dialysis	51,304		51,304			74
75.01	ULTRASOUND	9,999		9,999			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)	5,584,118		5,584,118			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.01	IDLE SPACE	117,873		117,873			190.01
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	5,701,991		5,701,991			202

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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 SUPPLIES 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		6,266,935					2
4	Employee Benefits Department	4,832	3,292	42,078,288				4
5.01	PURCHASING	5,152	48,554	382,921	9,143,558			5.01
5.02	ADMITTING	2,577	42,790	1,427,398	13,587	222,147,329		5.02
5.03	PATIENT ACCOUNTS	1,354	4,700	436,758	3,287		222,147,329	5.03
5.04	OTHER A&G	58,087	1,570,509	5,747,057	202,914			5.04
6	Maintenance & Repairs	3,476	1,938	161,447	2,674			6
7	Operation of Plant	14,637	247,586	1,641,773	204,883			7
8	Laundry & Linen Service	3,247	15,680		38			8
9	Housekeeping	2,896	45,374	1,054,592	303,534			9
10	Dietary	10,618	130,988	370,625	158,846			10
11	Cafeteria	4,715		241,074	103,320			11
12	Maintenance of Personnel							12
13	Nursing Administration	1,201		1,085,760	9,789			13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	2,407	6,260	316,052	2,455			16
17	Social Service	1,564	9,129	1,333,669	7,214			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	2,900,846	16,739,134	362,568	86,028,558	86,028,558	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	2,598	48,313	461,784	5,556	1,075,071	1,075,071	50
54	Radiology-Diagnostic	4,395	173,537	694,347	4,930	2,509,746	2,509,746	54
56	Radioisotope	111				64,008	64,008	56
57	CT Scan	694	38,033			1,632,332	1,632,332	57
60	Laboratory			120,575	548,859	7,339,317	7,339,317	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,411	481,453	6,171,870	20,232	47,569,300	47,569,300	65
66	Physical Therapy	1,703	34,255	1,147,940	4,026	3,811,011	3,811,011	66
67	Occupational Therapy	1,122		593,367		2,730,588	2,730,588	67
68	Speech Pathology	999		418,298	7	1,940,527	1,940,527	68
68.01	PSYCHOLOGY	641	2,939		638			68.01
71	Medical Supplies Charged to Patients				4,119,383	20,477,815	20,477,815	71
73	Drugs Charged to Patients	4,513	460,759	1,449,397	3,064,571	40,181,589	40,181,589	73
74	Renal Dialysis	310			247	6,168,190	6,168,190	74
75.01	ULTRASOUND	288		82,450		619,277	619,277	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	6,266,935	42,078,288	9,143,558	222,147,329	222,147,329	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE	5,144						190.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,087,383	1,780,581	7,296,676	676,341	1,938,217	623,836	202
203	Unit Cost Multiplier (Wkst. B, Part I)	16.814438	0.284123	0.173407	0.073969	0.008725	0.002808	203
204	Cost to be allocated (Per Wkst. B, Part II)			82,182	101,171	66,560	24,991	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001953	0.011065	0.000300	0.000112	205

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	-13,330,670	65,979,905					5.04
6	Maintenance & Repairs		355,081	2,495				6
7	Operation of Plant		3,994,900		93,500			7
8	Laundry & Linen Service		304,065		3,247	401,990		8
9	Housekeeping		1,801,782		2,896		87,357	9
10	Dietary		841,057		10,618		10,618	10
11	Cafeteria		363,276		4,715		4,715	11
12	Maintenance of Personnel							12
13	Nursing Administration		1,385,426		1,201		1,201	13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		532,634		2,407		2,407	16
17	Social Service		1,835,948		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		26,307,692	1,938	40,923	401,990	40,923	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		828,465		2,598		2,598	50
54	Radiology-Diagnostic		1,113,428	11	4,395		4,395	54
56	Radioisotope		26,627		111		111	56
57	CT Scan		216,859		694		694	57
60	Laboratory		1,516,591					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		8,821,768	542	3,411		3,411	65
66	Physical Therapy		1,538,996	4	1,703		1,703	66
67	Occupational Therapy		820,882		1,122		1,122	67
68	Speech Pathology		564,879		999		999	68
68.01	PSYCHOLOGY		11,660		641		641	68.01
71	Medical Supplies Charged to Patients		4,660,260					71
73	Drugs Charged to Patients		6,096,686		4,513		4,513	73
74	Renal Dialysis		1,829,735		310		310	74
75.01	ULTRASOUND		124,715		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)	-13,330,670	65,893,412	2,495	88,356	401,990	82,213	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		86,493		5,144		5,144	190.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)		13,330,670	426,822	4,802,034	532,261	2,314,551	202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.202041	171.070942	51.358652	1.324065	26.495312	203
204	Cost to be allocated (Per Wkst. B, Part II)		1,436,388	67,073	408,900	79,870	118,896	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.021770	26.882966	4.373262	0.198687	1.361036	205

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	MEDICAL RECORDS + LIBRARY CHARGES	SOCIAL SERVICE	
		MEALS SERVED	FTES	FTES		PATIENT DAYS	
		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						9
10	Dietary	72,125					10
11	Cafeteria		50,105				11
12	Maintenance of Personnel						12
13	Nursing Administration		1,248	30,196			13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library		594		222,147,329		16
17	Social Service		1,894			50,003	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	72,125	29,603	29,603	86,028,558	50,003	30
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		593	593	1,075,071		50
54	Radiology-Diagnostic		819		2,509,746		54
56	Radioisotope				64,008		56
57	CT Scan				1,632,332		57
60	Laboratory		291		7,339,317		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		9,962		47,569,300		65
66	Physical Therapy		1,688		3,811,011		66
67	Occupational Therapy		757		2,730,588		67
68	Speech Pathology		556		1,940,527		68
68.01	PSYCHOLOGY		303				68.01
71	Medical Supplies Charged to Patients				20,477,815		71
73	Drugs Charged to Patients		1,719		40,181,589		73
74	Renal Dialysis				6,168,190		74
75.01	ULTRASOUND		78		619,277		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)	72,125	50,105	30,196	222,147,329	50,003	118
<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE						190.01
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	1,837,638	803,754	1,778,862	837,171	2,359,031	202
203	Unit Cost Multiplier (Wkst. B, Part I)	25.478516	16.041393	58.910518	0.003769	47.177789	203
204	Cost to be allocated (Per Wkst. B, Part II)	297,831	115,840	62,355	69,665	84,894	204
205	Unit Cost Multiplier (Wkst. B, Part II)	4.129373	2.311945	2.065009	0.000314	1.697778	205

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C  
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics	42,412,367		42,412,367	445,592	42,857,959	30
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,246,613		1,246,613		1,246,613	50
54	Radiology-Diagnostic	1,705,033		1,705,033		1,705,033	54
56	Radioisotope	40,890		40,890		40,890	56
57	CT Scan	320,856		320,856		320,856	57
60	Laboratory	1,855,335		1,855,335		1,855,335	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	11,301,500		11,301,500		11,301,500	65
66	Physical Therapy	2,024,648		2,024,648		2,024,648	66
67	Occupational Therapy	1,096,521		1,096,521		1,096,521	67
68	Speech Pathology	773,017		773,017		773,017	68
68.01	PSYCHOLOGY	68,781		68,781		68,781	68.01
71	Medical Supplies Charged to Patients	5,679,005		5,679,005		5,679,005	71
73	Drugs Charged to Patients	7,858,841		7,858,841		7,858,841	73
74	Renal Dialysis	2,246,799		2,246,799		2,246,799	74
75.01	ULTRASOUND	175,920		175,920		175,920	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 (sum of lines 30 thru 199)	78,806,126		78,806,126	445,592	79,251,718	200
201	Less Observation Beds						201
202	Total (line 200 minus line 201)	78,806,126		78,806,126		79,251,718	202

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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 SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	86,028,558		86,028,558				30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,075,071		1,075,071	1.159563	1.159563	1.159563	50
54	Radiology-Diagnostic	2,388,855	120,891	2,509,746	0.679365	0.679365	0.679365	54
56	Radioisotope	58,466	5,543	64,009	0.638816	0.638816	0.638816	56
57	CT Scan	1,556,513	75,819	1,632,332	0.196563	0.196563	0.196563	57
60	Laboratory	7,156,378	182,939	7,339,317	0.252794	0.252794	0.252794	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	46,880,722	688,578	47,569,300	0.237580	0.237580	0.237580	65
66	Physical Therapy	3,811,011		3,811,011	0.531263	0.531263	0.531263	66
67	Occupational Therapy	2,730,588		2,730,588	0.401570	0.401570	0.401570	67
68	Speech Pathology	1,940,527		1,940,527	0.398354	0.398354	0.398354	68
68.01	PSYCHOLOGY							68.01
71	Medical Supplies Charged to Patients	20,477,815		20,477,815	0.277325	0.277325	0.277325	71
73	Drugs Charged to Patients	40,181,589		40,181,589	0.195583	0.195583	0.195583	73
74	Renal Dialysis	5,412,564	755,626	6,168,190	0.364256	0.364256	0.364256	74
75.01	ULTRASOUND	591,360	27,917	619,277	0.284073	0.284073	0.284073	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 (sum of lines 30 thru 199)	220,290,017	1,857,313	222,147,330				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	220,290,017	1,857,313	222,147,330				202

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D  
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	3,842,964		3,842,964	50,003	76.85	22,652	1,740,806	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)	3,842,964		3,842,964	50,003		22,652	1,740,806	200

(A) Worksheet A line numbers

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-2010**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	94,685	1,075,071	0.088073	503,601	44,354	50
54	Radiology-Diagnostic	178,068	2,509,746	0.070951	1,087,694	77,173	54
56	Radioisotope	3,128	64,009	0.048868	24,436	1,194	56
57	CT Scan	32,362	1,632,332	0.019826	684,554	13,572	57
60	Laboratory	45,326	7,339,317	0.006176	3,406,680	21,040	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	535,748	47,569,300	0.011262	21,762,336	245,087	65
66	Physical Therapy	90,703	3,811,011	0.023800	1,663,769	39,598	66
67	Occupational Therapy	48,062	2,730,588	0.017601	1,198,583	21,096	67
68	Speech Pathology	38,334	1,940,527	0.019754	851,181	16,814	68
68.01	PSYCHOLOGY	16,250					68.01
71	Medical Supplies Charged to Pat	161,900	20,477,815	0.007906	8,015,655	63,372	71
73	Drugs Charged to Patients	435,285	40,181,589	0.010833	16,940,983	183,522	73
74	Renal Dialysis	51,304	6,168,190	0.008318	2,695,109	22,418	74
75.01	ULTRASOUND	9,999	619,277	0.016146	269,769	4,356	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 (sum of lines 50-199)	1,741,154	136,118,772		59,104,350	753,596	200

(A) Worksheet A line numbers

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

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

(A) Worksheet A line numbers

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		6	7	8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	50,003		22,652		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)	50,003		22,652		200

(A) Worksheet A line numbers

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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/IID                     PPS  
 Applicable  Title XVIII, Part A                     IPF                     SNF                     TEFRA  
 Boxes:  Title XIX                     IRF                     NF                     Other

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
60	Laboratory							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							<b>62.30</b>
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
68.01	<b>PSYCHOLOGY</b>							<b>68.01</b>
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75.01	<b>ULTRASOUND</b>							<b>75.01</b>
76.97	<b>CARDIAC REHABILITATION</b>							<b>76.97</b>
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							<b>76.98</b>
76.99	<b>LITHOTRIPSY</b>							<b>76.99</b>
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	1,075,071			503,601				50
54	Radiology-Diagnostic	2,509,746			1,087,694		120,891		54
56	Radioisotope	64,009			24,436		5,543		56
57	CT Scan	1,632,332			684,554		75,819		57
60	Laboratory	7,339,317			3,406,680		182,939		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	47,569,300			21,762,336		688,578		65
66	Physical Therapy	3,811,011			1,663,769				66
67	Occupational Therapy	2,730,588			1,198,583				67
68	Speech Pathology	1,940,527			851,181				68
68.01	PSYCHOLOGY								68.01
71	Medical Supplies Charged to Pat	20,477,815			8,015,655				71
73	Drugs Charged to Patients	40,181,589			16,940,983				73
74	Renal Dialysis	6,168,190			2,695,109		755,626		74
75.01	ULTRASOUND	619,277			269,769		27,917		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 (sum of lines 50-199)	136,118,772			59,104,350		1,857,313		200

(A) Worksheet A line numbers

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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/IID

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1.159563						50
54	Radiology-Diagnostic	0.679365	120,891			82,129		54
56	Radioisotope	0.638816	5,543			3,541		56
57	CT Scan	0.196563	75,819			14,903		57
60	Laboratory	0.252794	182,939			46,246		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	0.237580	688,578			163,592		65
66	Physical Therapy	0.531263						66
67	Occupational Therapy	0.401570						67
68	Speech Pathology	0.398354						68
68.01	<b>PSYCHOLOGY</b>							68.01
71	Medical Supplies Charged to Pat	0.277325						71
73	Drugs Charged to Patients	0.195583						73
74	Renal Dialysis	0.364256	755,626			275,241		74
75.01	<b>ULTRASOUND</b>	0.284073	27,917			7,930		75.01
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
92	Observation Beds (Non-Distinct)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (see instructions)		1,857,313			593,582		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		1,857,313			593,582		202

(A) Worksheet A line numbers

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-2010

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] 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)	50,003	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	50,003	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)	50,003	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	22,652	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	42,857,959	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	42,857,959	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	42,857,959	37

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-2010

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

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

38	Adjusted general inpatient routine service cost per diem (see instructions)					857.11	38
39	Program general inpatient routine service cost (line 9 x line 38)					19,415,256	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)					19,415,256	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 (Wkst. D-3, col. 3, line 200)					15,803,489	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					35,218,745	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,740,806	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					753,596	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,494,402	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					32,724,343	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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/IID             PPS  
Applicable     Title XVIII, Part A             IPF                     SNF                     TEFRA  
Boxes:         Title XIX - I/P                     IRF                     NF                     Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)							87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						857.11	88
89	Observation bed cost (line 87 x line 88) (see instructions)							89
		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)		
		1	2	3	4	5		
90	Capital-related cost							90
91	Nursing School							91
92	Allied Health							92
93	Other Medical Education							93

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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/IID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		39,943,283		30
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	1.159563	503,601	583,957	50
54	Radiology-Diagnostic	0.679365	1,087,694	738,941	54
56	Radioisotope	0.638816	24,436	15,610	56
57	CT Scan	0.196563	684,554	134,558	57
60	Laboratory	0.252794	3,406,680	861,188	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.237580	21,762,336	5,170,296	65
66	Physical Therapy	0.531263	1,663,769	883,899	66
67	Occupational Therapy	0.401570	1,198,583	481,315	67
68	Speech Pathology	0.398354	851,181	339,071	68
68.01	PSYCHOLOGY				68.01
71	Medical Supplies Charged to Patients	0.277325	8,015,655	2,222,942	71
73	Drugs Charged to Patients	0.195583	16,940,983	3,313,368	73
74	Renal Dialysis	0.364256	2,695,109	981,710	74
75.01	ULTRASOUND	0.284073	269,769	76,634	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)		59,104,350	15,803,489	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		59,104,350		202

(A) Worksheet A line numbers

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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)	593,582			2
3	PPS payments	620,606			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	557,373			6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	<b>CUSTOMARY CHARGES</b>				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	620,606			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)	98,304			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	522,302			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)	522,302			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	522,302			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)	522,302			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	522,302			40
40.01	Sequestration adjustment (see instructions)	10,446			40.01
41	Interim payments	511,859			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-3			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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



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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**

**WORKSHEET E-1  
PART II**

Check applicable box:             Hospital             CAH

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

**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)		1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)		2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)		3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	50,003	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)		5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)		6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

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

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

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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E-3  
PART IV**

Check applicable box:            [XX] Hospital

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

1	Net Federal PPS payment (see instructions)	34,146,597	1
2	Outlier payments	3,534,099	2
3	Total PPS payments (sum of lines 1 and 2)	37,680,696	3
4	Nursing and allied health managed care payments (see instructions)		4
5	Organ acquisition <b>DO NOT USE THIS LINE</b>		5
6	Cost of physicians' services in a teaching hospital (see instructions)		6
7	Subtotal (see instructions)	37,680,696	7
8	Primary payer payments		8
9	Subtotal (line 7 less line 8)	37,680,696	9
10	Deductibles	57,944	10
11	Subtotal (line 9 minus line 10)	37,622,752	11
12	Coinsurance	3,390,175	12
13	Subtotal (line 11 minus line 12)	34,232,577	13
14	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,506,903	14
15	Adjusted reimbursable bad debts (see instructions)	979,487	15
16	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,262,264	16
17	Subtotal (sum of lines 13 and 15)	35,212,064	17
18	Direct graduate medical education payments (from Wkst. E-4, line 49)		18
19	Other pass through costs (see instructions)		19
20	Outlier payments reconciliation		20
21	Other adjustments (specify) (see instructions)		21
21.50	Pioneer ACO demonstration payment adjustment (see instructions)		21.50
22	Total amount payable to the provider (see instructions)	35,212,064	22
22.01	Sequestration adjustment (see instructions)	704,241	22.01
23	Interim payments	34,719,670	23
24	Tentative settlement (for contractor use only)		24
25	Balance due provider/program (line 22 minus lines 22.01, 23 and 24)	-211,847	25
26	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		26

**TO BE COMPLETED BY CONTRACTOR**

50	Original PPS payment and outlier amount from Wkst. 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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	930,471				1
2	Temporary investments	11,052,017				2
3	Notes receivable					3
4	Accounts receivable	20,317,640				4
5	Other receivables	624,289				5
6	Allowances for uncollectible notes and accounts receivable	-2,234,000				6
7	Inventory	631,571				7
8	Prepaid expenses	1,178,435				8
9	Other current assets	1,749,324				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	34,249,747				11
<b>FIXED ASSETS</b>						
12	Land	15,000,000				12
13	Land improvements	-304,879				13
14	Accumulated depreciation					14
15	Buildings					15
16	Accumulated depreciation					16
17	Leasehold improvements	17,847,570				17
18	Accumulated depreciation	-11,980,652				18
19	Fixed equipment	23,007,373				19
20	Accumulated depreciation	-16,740,438				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment					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)	26,828,974				30
<b>OTHER ASSETS</b>						
31	Investments	19,065,814				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	4,141,148				34
35	Total other assets (sum of lines 31-34)	23,206,962				35
36	Total assets (sum of lines 11, 30 and 35)	84,285,683				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	2,586,197				37
38	Salaries, wages and fees payable	5,769,706				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	773,898				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	1,189,264				43
44	Other current liabilities	1,654,487				44
45	Total current liabilities (sum of lines 37 thru 44)	11,973,552				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable	502,951				47
48	Unsecured loans					48
49	Other long term liabilities	21,969,163				49
50	Total long term liabilities (sum of lines 46 thru 49)	22,472,114				50
51	Total liabilities (sum of lines 45 and 50)	34,445,666				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	49,840,017				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	49,840,017				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	84,285,683				60

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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		41,076,306			1
2	Net income (loss) (from Worksheet G-3, line 29)		11,860,535			2
3	Total (sum of line 1 and line 2)		52,936,841			3
4	Additions (credit adjustments) (specify)	1				4
5	ADVOCATE CAPITAL CONTRIBUTIONS	1,468,536				5
6	CHANGE IN TEMP RESTRICTED CONTRIBUT	73,701				6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)		1,542,238			10
11	Subtotal (line 3 plus line 10)		54,479,079			11
12	Deductions (debit adjustments) (specify)					12
13	UNREALIZED LOSS ON INVESTMENT	366,466				13
14	PARTNERSHIP DISTRIBUTIONS	4,272,596				14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		4,639,062			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		49,840,017			19

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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	85,755,144		85,755,144	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)	85,755,144		85,755,144	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)	85,755,144		85,755,144	17
18	Ancillary services	135,050,173	1,342,005	136,392,178	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	<b>OTHER PATIENT REVENUES</b>	4,087,588		4,087,588	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	224,892,905	1,342,005	226,234,910	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		84,375,115	29
30	Add (specify)	1		30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		1	36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		84,375,116	43

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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)	226,234,910	1
2	Less contractual allowances and discounts on patients' accounts	132,864,862	2
3	Net patient revenues (line 1 minus line 2)	93,370,048	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	84,375,116	4
5	Net income from service to patients (line 3 minus line 4)	8,994,932	5

**OTHER INCOME**

6	Contributions, donations, bequests, etc.	238,649	6
7	Income from investments	367,301	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER (OTHER REVENUE))	1,057,970	24
24.01	Other (OTHER (GRANT REVENUE))	1,215,564	24.01
24.02	Other (OTHER (GAIN ON SALE OF ASSET))		24.02
24.03	Other (MISC)		24.03
25	Total other income (sum of lines 6-24)	2,879,484	25
26	Total (line 5 plus line 25)	11,874,416	26
27	Other expenses (GAIN ON SALE OF ASSET)	13,879	27
27.01	Other expenses (MISCELLANEOUS)	2	27.01
28	Total other expenses (sum of line 27 and subscripts)	13,881	28
29	Net income (or loss) for the period (line 26 minus line 28)	11,860,535	29

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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**REPORT 97 - UTILIZATION STATISTICS - HOSPITAL**

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6		
	<b>UTILIZATION PERCENTAGES BASED ON DAYS</b>								
30	Adults & Pediatrics	45.30						45.30	30
	<b>UTILIZATION PERCENTAGES BASED ON CHARGES</b>								
50	Operating Room	46.84						46.84	50
54	Radiology-Diagnostic	43.34	4.82					48.16	54
56	Radioisotope	38.18	8.66					46.84	56
57	CT Scan	41.94	4.64					46.58	57
60	Laboratory	46.42	2.49					48.91	60
65	Respiratory Therapy	45.75	1.45					47.20	65
66	Physical Therapy	43.66						43.66	66
67	Occupational Therapy	43.89						43.89	67
68	Speech Pathology	43.86						43.86	68
71	Medical Supplies Charged to Pat	39.14						39.14	71
73	Drugs Charged to Patients	42.16						42.16	73
74	Renal Dialysis	43.69	12.25					55.94	74
75.01	ULTRASOUND	43.56	4.51					48.07	75.01
200	TOTAL CHARGES	43.42	1.36					44.78	200

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	3,087,383	3.89	-3,087,383	-8.81			1
2	Cap Rel Costs-Mvble Equip	1,780,581	2.25	-1,780,581	-5.08			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	7,214,494	9.10	-7,214,494	-20.59			4
5.01	PURCHASING	509,517	0.64	-509,517	-1.45			5.01
5.02	ADMITTING	1,634,202	2.06	-1,634,202	-4.66			5.02
5.03	PATIENT ACCOUNTS	523,754	0.66	-523,754	-1.49			5.03
5.04	OTHER A&G	10,896,162	13.74	-10,896,162	-31.09			5.04
6	Maintenance & Repairs	267,889	0.34	-267,889	-0.76			6
7	Operation of Plant	3,378,592	4.26	-3,378,592	-9.64			7
8	Laundry & Linen Service	245,011	0.31	-245,011	-0.70			8
9	Housekeeping	1,534,869	1.94	-1,534,869	-4.38			9
10	Dietary	549,285	0.69	-549,285	-1.57			10
11	Cafeteria	234,550	0.30	-234,550	-0.67			11
12	Maintenance of Personnel							12
13	Nursing Administration	1,176,230	1.48	-1,176,230	-3.36			13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	435,395	0.55	-435,395	-1.24			16
17	Social Service	1,575,254	1.99	-1,575,254	-4.50			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	Parnmed Ed Prgm-(specify)							23
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	20,873,697	26.32	21,538,670	61.46	42,412,367	53.48	30
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	678,167	0.86	568,446	1.62	1,246,613	1.57	50
54	Radiology-Diagnostic	840,508	1.06	864,525	2.47	1,705,033	2.15	54
56	Radioisotope	24,023	0.03	16,867	0.05	40,890	0.05	56
57	CT Scan	175,558	0.22	145,298	0.41	320,856	0.40	57
60	Laboratory	1,370,438	1.73	484,897	1.38	1,855,335	2.34	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	7,007,263	8.84	4,294,237	12.25	11,301,500	14.25	65
66	Physical Therapy	1,257,317	1.59	767,331	2.19	2,024,648	2.55	66
67	Occupational Therapy	667,631	0.84	428,890	1.22	1,096,521	1.38	67
68	Speech Pathology	453,164	0.57	319,853	0.91	773,017	0.97	68
68.01	PSYCHOLOGY			68,781	0.20	68,781	0.09	68.01
71	Medical Supplies Charged to Patients	4,119,383	5.19	1,559,622	4.45	5,679,005	7.16	71
73	Drugs Charged to Patients	4,948,457	6.24	2,910,384	8.31	7,858,841	9.91	73
74	Renal Dialysis	1,753,368	2.21	493,431	1.41	2,246,799	2.83	74
75.01	ULTRASOUND	98,433	0.12	77,487	0.22	175,920	0.22	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>								
<b>NONREIMBURSABLE COST CENTERS</b>								
190.01	IDLE SPACE			504,449	1.44	504,449	0.64	190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	79,310,575	100.00			79,310,575	100.00	202

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	94,685	1,075,071	0.088073	503,601	44,354	50
54	Radiology-Diagnostic	178,068	2,509,746	0.070951	1,087,694	77,173	54
56	Radioisotope	3,128	64,009	0.048868	24,436	1,194	56
57	CT Scan	32,362	1,632,332	0.019826	684,554	13,572	57
60	Laboratory	45,326	7,339,317	0.006176	3,406,680	21,040	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	535,748	47,569,300	0.011262	21,762,336	245,087	65
66	Physical Therapy	90,703	3,811,011	0.023800	1,663,769	39,598	66
67	Occupational Therapy	48,062	2,730,588	0.017601	1,198,583	21,096	67
68	Speech Pathology	38,334	1,940,527	0.019754	851,181	16,814	68
68.01	PSYCHOLOGY	16,250					68.01
71	Medical Supplies Charged to Pat	161,900	20,477,815	0.007906	8,015,655	63,372	71
73	Drugs Charged to Patients	435,285	40,181,589	0.010833	16,940,983	183,522	73
74	Renal Dialysis	51,304	6,168,190	0.008318	2,695,109	22,418	74
75.01	ULTRASOUND	9,999	619,277	0.016146	269,769	4,356	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	1,741,154	136,118,772		59,104,350	753,596	200

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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	3,842,964		3,842,964	50,003	76.85	22,652	1,740,806	30
200	TOTAL	3,842,964		3,842,964	50,003		22,652	1,740,806	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,740,806
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	753,596
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,494,402
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	725
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	22,652
PER DISCHARGE CAPITAL COSTS	3,440.55

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 11/01/2015 Run Time: 23:05 Version: 2015.10 (10/30/2015)
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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))	35,218,745
2. TOTAL MEDICARE CHARGES (Worksheet D-3, column 2, lines 30-35 + line 202)	99,047,633
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.356

**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)	2,494,402
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.025

**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)	318,341
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)	1,101,687
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.289