

**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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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: 11/29/2016 Time: 15:10		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (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 RML HEALTH PROVIDERS, L.P. (14-2010) (Provider Name(s) and Number(s)) for the cost reporting period beginning 06/01/2015 and ending 05/31/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		315,115				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		315,115				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	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 06 / 01 / 2015	To: 05 / 31 / 2016	20
21	Type of control (see instructions)	2		21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	N	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	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
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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

**WORKSHEET S-2  
PART I**

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

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
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))	
65		1	2	3	4	5	65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
67		1	2	3	4	5	67
<b>Inpatient Psychiatric Facility PPS</b>				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						71
<b>Inpatient Rehabilitation Facility PPS</b>				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						76
<b>Long Term Care Hospital PPS</b>							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				Y		80
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
<b>TEFRA Providers</b>							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86
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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---	---------------------------------------	--	--

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

**Rural Providers**

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

**Miscellaneous Cost Reporting Information**

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	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:	2,118,337			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

**Transplant Center Information**

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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**WORKSHEET S-2  
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	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	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	N				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)					169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

**COMPLETED BY ALL HOSPITALS**

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

		Y/N	Type	Date	
<b>Financial Data and Reports</b>					
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	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

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/01/2016	Y	09/01/2016
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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information				
41	First name: THOMAS	Last name: STITT	Title: VICE PRESIDENT OF FINANCE	41
42	Employer: HEALTH DIMENSIONS GROUP			42
43	Phone number: 763-225-8639	E-mail Address: TOM@HDG1.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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	61,488			22,879	13,343	52,906	1
2	HMO and other (see instructions)						174			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	61,488			22,879	13,343	52,906	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	61,488			22,879	13,343	52,906	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						3,269			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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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)					689	404	1,500	1
2	HMO and other (see instructions)					7			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)		692.87			689	404	1,500	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)		692.87						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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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**HOSPITAL WAGE INDEX INFORMATION**

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

**Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	Total salaries (see instructions)	200	45,586,246		1,441,174.60		1
2	Non-physician anesthetist Part A						2
3	Non-physician anesthetest Part B						3
4	Physician-Part A - Administrative		52,062		262.35		4
4.01	Physician-Part A - Teaching						4.01
5	Physician-Part B		944,260		10,884.33		5
6	Non-physician-Part B						6
7	Interns & residents (in an approved program)	21					7
7.01	Contracted interns & residents (in an approved program)						7.01
8	Home office personnel						8
9	SNF	44					9
10	Excluded area salaries (see instructions)						10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11	Contract labor (see instructions)		944,925		14,698.00		11
12	Contract management and administrative services						12
13	Contract labor: Physician-Part A - Administrative		615,523		8,822.50		13
14	Home office salaries & wage-related costs						14
15	Home office: Physician Part A - Administrative						15
16	Home office & Contract Physicians Part A - Teaching						16
<b>WAGE-RELATED COSTS</b>							
17	Wage-related costs (core)(see instructions)		10,103,948				17
18	Wage-related costs (other)(see instructions)						18
19	Excluded areas						19
20	Non-physician anesthetist Part A						20
21	Non-physician anesthetist Part B						21
22	Physician Part A - Administrative						22
22.01	Physician Part A - Teaching						22.01
23	Physician Part B						23
24	Wage-related costs (RHC/FOHC)						24
25	Interns & residents (in an approved program)						25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26	Employee Benefits Department		515,883	13,643	16,322.80		26
27	Administrative & General		9,028,979	-575,295	179,249.20		27
28	Administrative & General under contract (see instructions)		203,997		351.75		28
29	Maintenance & Repairs		169,543	6,825	4,669.60		29
30	Operation of Plant		1,650,277	29,887	56,258.40		30
31	Laundry & Linen Service						31
32	Housekeeping		1,100,176	29,283	75,524.50		32
33	Housekeeping under contract (see instructions)						33
34	Dietary		665,980	-278,961	19,916.98		34
35	Dietary under contract (see instructions)						35
36	Cafeteria			217,189	10,465.62		36
37	Maintenance of Personnel						37
38	Nursing Administration		992,528	43,550	25,369.10		38
39	Central Services and Supply						39
40	Pharmacy						40
41	Medical Records & Medical Records Library		310,329	10,592	12,318.80		41
42	Social Service		1,390,153	28,786	41,078.30		42
43	Other General Service						43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)		44,845,983		44,845,983	1,430,642.02	31.35	1
2	Excluded area salaries (see instructions)							2
3	Subtotal salaries (line 1 minus line 2)		44,845,983		44,845,983	1,430,642.02	31.35	3
4	Subtotal other wages & related costs (see instructions)		1,560,448		1,560,448	23,520.50	66.34	4
5	Subtotal wage-related costs (see instructions)		10,103,948		10,103,948		22.53%	5
6	Total (sum of lines 3 through 5)		56,510,379		56,510,379	1,454,162.52	38.86	6
7	Total overhead cost (see instructions)		16,027,845	-474,501	15,553,344	441,525.05	35.23	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	1,400,810	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)	4,428,932	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	153,851	10
11	Life Insurance (If employee is owner or beneficiary)	69,785	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	81,239	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	602,800	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	3,209,931	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	53,159	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	103,439	23
24	Total Wage Related cost (Sum of lines 1-23)	10,103,946	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	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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		2,986,264	2,986,264	1,001,651	3,987,915	-904,918	3,082,997	1
2	00200	Cap Rel Costs-Mvble Equip		2,541,704	2,541,704	-898,248	1,643,456	-36,757	1,606,699	2
3	00300	Other Cap Rel Costs		103,403	103,403	-103,403			-0-	3
4	00400	Employee Benefits Department	515,883	7,221,571	7,737,454	13,643	7,751,097	-173,217	7,577,880	4
5.01	00560	PURCHASING	378,545	129,665	508,210	17,236	525,446		525,446	5.01
5.02	00570	ADMITTING	1,533,737	201,863	1,735,600	24,045	1,759,645	-9,825	1,749,820	5.02
5.03	00580	PATIENT ACCOUNTS	445,233	157,771	603,004	14,807	617,811	-60	617,751	5.03
5.04	00590	OTHER A&G	6,671,464	7,507,956	14,179,420	-645,382	13,534,038	-1,469,043	12,064,995	5.04
6	00600	Maintenance & Repairs	169,543	272,781	442,324	6,825	449,149	-1,000	448,149	6
7	00700	Operation of Plant	1,650,277	1,698,318	3,348,595	29,887	3,378,482	-118	3,378,364	7
8	00800	Laundry & Linen Service		197,191	197,191		197,191		197,191	8
9	00900	Housekeeping	1,100,176	498,847	1,599,023	29,283	1,628,306		1,628,306	9
10	01000	Dietary	665,980	430,713	1,096,693	-559,036	537,657	-11,649	526,008	10
11	01100	Cafeteria				352,908	352,908	-157,501	195,407	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	992,528	71,676	1,064,204	43,550	1,107,754		1,107,754	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	310,329	94,534	404,863	10,592	415,455	-5,747	409,708	16
17	01700	Social Service	1,390,153	215,359	1,605,512	28,786	1,634,298	-25	1,634,273	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	16,983,208	7,068,063	24,051,271	-1,529,318	22,521,953	-870,946	21,651,007	30
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	413,579	539,838	953,417	-258,361	695,056		695,056	50
54	05400	Radiology-Diagnostic	706,378	194,607	900,985	12,716	913,701	-525	913,176	54
56	05600	Radioisotope		24,352	24,352		24,352		24,352	56
57	05700	CT Scan		175,558	175,558		175,558		175,558	57
60	06000	Laboratory	128,283	1,313,996	1,442,279	2,373	1,444,652		1,444,652	60
62.30	06250	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	06500	Respiratory Therapy	7,539,595	2,046,194	9,585,789	-1,032,855	8,552,934	-1,016,424	7,536,510	65
66	06600	Physical Therapy	1,168,623	135,811	1,304,434	613	1,305,047	-50	1,304,997	66
67	06700	Occupational Therapy	646,322	55,503	701,825	2,969	704,794		704,794	67
68	06800	Speech Pathology	434,307	34,820	469,127	3,480	472,607		472,607	68
68.01	03550	PSYCHOLOGY	274,166	21,434	295,600	5,891	301,491	-301,491		68.01
71	07100	Medical Supplies Charged to Patients				3,373,799	3,373,799		3,373,799	71
73	07300	Drugs Charged to Patients	1,394,157	3,691,750	5,085,907	52,189	5,138,096	-100	5,137,996	73
74	07400	Renal Dialysis		1,932,698	1,932,698	-1,134	1,931,564		1,931,564	74
75.01	03630	ULTRASOUND	73,780	28,280	102,060	494	102,554		102,554	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)	45,586,246	41,592,520	87,178,766		87,178,766	-4,959,396	82,219,370	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190.01	19002	IDLE SPACE								190.01
200		TOTAL (sum of lines 118-199)	45,586,246	41,592,520	87,178,766		87,178,766	-4,959,396	82,219,370	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS CAFETERIA COST FROM DIETARY	A	Cafeteria	11	210,981	135,719	1
500	Total reclassifications				210,981	135,719	500
	Code Letter - A						
1	MEDICAL SUPPLIES	B	Medical Supplies Charged to P	71		3,373,799	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
500	Total reclassifications					3,373,799	500
	Code Letter - B						
1	DRUGS	C	Drugs Charged to Patients	73		18,763	1
2							2
3							3
4							4
5							5
6							6
500	Total reclassifications					18,763	500
	Code Letter - C						
1	SALARY RECLASS	D	Employee Benefits Department	4	13,643		1
2			PURCHASING	5.01	17,236		2
3			ADMITTING	5.02	24,045		3
4			PATIENT ACCOUNTS	5.03	14,807		4
5			Maintenance & Repairs	6	6,825		5
6			Operation of Plant	7	29,887		6
7			Housekeeping	9	29,283		7
8			Dietary	10	13,388		8
9			Cafeteria	11	6,208		9
10			Nursing Administration	13	43,550		10
11			Medical Records & Library	16	10,592		11
12			Social Service	17	28,786		12
13			Adults & Pediatrics	30	207,793		13
14			Operating Room	50	3,079		14
15			Radiology-Diagnostic	54	12,776		15
16			Laboratory	60	2,373		16
17			Respiratory Therapy	65	91,682		17
18			Physical Therapy	66	26,428		18
19			Occupational Therapy	67	5,192		19
20			Speech Pathology	68	3,999		20
21			PSYCHOLOGY	68.01	5,891		21
22			Drugs Charged to Patients	73	33,426		22
23			ULTRASOUND	75.01	494		23
500	Total reclassifications				631,383		500
	Code Letter - D						
1	BUILDING INTEREST EXPENSE	E	Cap Rel Costs-Bldg & Fixt	1		941,675	1
500	Total reclassifications					941,675	500
	Code Letter - E						
1	DIETICIAN SALARIES	F	Adults & Pediatrics	30	81,368	17,901	1
500	Total reclassifications				81,368	17,901	500
	Code Letter - F						
	<b>GRAND TOTAL (Increases)</b>				<b>923,732</b>	<b>4,487,857</b>	

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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	RECLASS CAFETERIA COST FROM DIETARY	A	Dietary	10	210,981	135,719	1	
500	Total reclassifications				210,981	135,719	500	
	Code letter - A							
1	MEDICAL SUPPLIES	B					1	
2							2	
3							3	
4							4	
5							5	
6							6	
7			Dietary	10		126,455	7	
8							8	
9			Adults & Pediatrics	30		1,836,380	9	
10			Operating Room	50		258,380	10	
11							11	
12							12	
13							13	
14			Respiratory Therapy	65		1,124,027	14	
15			Physical Therapy	66		25,815	15	
16			Occupational Therapy	67		2,223	16	
17			Speech Pathology	68		519	17	
500	Total reclassifications					3,373,799	500	
	Code letter - B							
1	DRUGS	C	OTHER A&G	5.04		13,999	1	
2							2	
3			Operating Room	50		3,060	3	
4			Radiology-Diagnostic	54		60	4	
5			Respiratory Therapy	65		510	5	
6			Renal Dialysis	74		1,134	6	
500	Total reclassifications					18,763	500	
	Code letter - C							
1	SALARY RECLASS	D	OTHER A&G	5.04	631,383		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	
20							20	
21							21	
22							22	
23							23	
500	Total reclassifications				631,383		500	
	Code letter - D							
1	BUILDING INTEREST EXPENSE	E	Cap Rel Costs-Mvble Equip	2		941,675	11	
500	Total reclassifications					941,675	500	
	Code letter - E							
1	DIETICIAN SALARIES	F	Dietary	10	81,368	17,901	1	
500	Total reclassifications				81,368	17,901	500	
	Code letter - F							
	GRAND TOTAL (Decreases)				923,732	4,487,857		

(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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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		3
4	Building Improvements	17,847,570	1,193,932		1,193,932		19,041,502		4
5	Fixed Equipment								5
6	Movable Equipment	23,007,373	1,116,783		1,116,783	132,287	23,991,869		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	55,854,943	2,310,715		2,310,715	132,287	58,033,371		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	55,854,943	2,310,715		2,310,715	132,287	58,033,371		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	731,707	2,254,557					2,986,264	1	
2	Cap Rel Costs-Mvble Equip	1,585,680		956,024				2,541,704	2	
3	Total (sum of lines 1-2)	2,317,387	2,254,557	956,024				5,527,968	3	

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

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

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

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	33,661,061		33,661,061	0.580019	59,976			59,976	1
2	Cap Rel Costs-Mvble Equip	24,373,310		24,373,310	0.419981	43,427			43,427	2
3	Total (sum of lines 1-2)	58,034,371		58,034,371	1.000000	103,403			103,403	3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	731,707	1,349,639	941,675	59,976			3,082,997	1	
2	Cap Rel Costs-Mvble Equip	1,585,680		-22,408	43,427			1,606,699	2	
3	Total (sum of lines 1-2)	2,317,387	1,349,639	919,267	103,403			4,689,696	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 CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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## ADJUSTMENTS TO EXPENSES

## WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		1
2	Investment income-movable equipment (chapter 2)	B	-36,757	Cap Rel Costs-Mvble Equip	2	11	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	-1,339,678				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-917,104				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-157,501	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	B	-5,747	Medical Records & Library	16		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	-25,400	OTHER A&G	5.04		33
33.05	RESEARCH AND DEVELOPMENT	A	-538	OTHER A&G	5.04		33.05
33.06	MARKETING	A	-9,675	ADMITTING	5.02		33.06
33.07	PULMONARY EXPENSE	A	-1,016,357	Respiratory Therapy	65		33.07
33.10	OTHER REVENUE - NURSING	B	-550	Adults & Pediatrics	30		33.10
33.11	OTHER REVENUE - FACILITY OPERAT	B	-118	Operation of Plant	7		33.11
33.12	OTHER REVENUE - ADMITTING	B	-125	ADMITTING	5.02		33.12
33.13	OTHER REVENUE - PHARMACY	B	-100	Drugs Charged to Patients	73		33.13
33.14	OTHER REVENUE - SOCIAL SERVICES	B	-25	Social Service	17		33.14
33.16	OTHER REVENUE - DIETARY	B	-11,649	Dietary	10		33.16
33.17	OTHER REVENUE - RADIOLOGY	B	-525	Radiology-Diagnostic	54		33.17
33.19	DONATIONS	A	-55,545	OTHER A&G	5.04		33.19
33.22	ENTERTAINMENT EXPENSE	A	-44,189	OTHER A&G	5.04		33.22
33.23	MEMBERSHIP DUES	A	-67,379	OTHER A&G	5.04		33.23
33.24	UNFUNDED SELF INSURANCE	A	-432,434	OTHER A&G	5.04		33.24
33.27	PSYCHOLOGY BENEFITS/BILLING	A	-130,739	PSYCHOLOGY	68.01		33.27
33.28	HOUSE PHYSICIAN NONREIMBURSEABL	A	5,195	Adults & Pediatrics	30		33.28
33.31	OTHER REVENUE - PATIENTS ACCOUN	B	-60	PATIENT ACCOUNTS	5.03		33.31
33.32	OTHER REVENUE - HUMAN RESOURCES	B	-50	Employee Benefits Department	4		33.32
33.33	OTHER REVENUE - BIOMED TECH	B	-1,000	Maintenance & Repairs	6		33.33
33.34	OTHER REVENUE - PHYCICAL THERAP	B	-50	Physical Therapy	66		33.34
34	PSYCHOLOGY PHYSICIAN BENEFITS	A	-25,823	Employee Benefits Department	4		34
35	PROVIDER RELATIONS MARKETING	A	-77,730	OTHER A&G	5.04		35
36							36
37	OTHER REVENUE - ACCOUNTING	B	-1,164	OTHER A&G	5.04		37
38	MEDICAID PROVIDER TAX - SUPPLEM	A	-398,212	OTHER A&G	5.04		38
39	PULMONARY PHYSICIAN BENEFITS	A	-137,852	Employee Benefits Department	4		39
40	OTHER REVENUE - INTAKE	B	-25	ADMITTING	5.02		40
41	OTHER REVENUE - A&G	B	-1,362	OTHER A&G	5.04		41
42	OTHER REVENUE - RESPIRATORY THE	B	-67	Respiratory Therapy	65		42
43	PROFESSIONAL BUILDING	A	-662	OTHER A&G	5.04		43
44	PROFESSIONAL BUILDING BENEFITS	A	-41	Employee Benefits Department	4		44
45	HOUSE PHYSICIAN BENEFITS	A	-9,451	Employee Benefits Department	4		45

**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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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. 5
				COST CENTER	LINE#		
		1	2	3	4		
45.01	HOUSE PHYSICIAN	A	-62,492	Adults & Pediatrics	30		45.01
46							46
47	BAD DEBTS	A	3,585	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)		-4,959,396				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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	768,464	1,673,382	-904,918	10	1
2	30	Adults & Pediatrics	LOYOLA FELLOWSHIP		12,186	-12,186		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			768,464	1,685,568	-917,104		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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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 AGGREGATE	561,718	236,307	325,411	211,500	1,905	193,705	9,685	1
2	30	Adults & Pediatrics AGGREGATE	1,416,436	800,913	615,523	179,000	8,823	759,287	37,964	2
3										3
4	68.01	PSYCHOLOGY AGGREGATE	170,752	170,752						4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,148,906	1,207,972	940,934		10,728	952,992	47,649	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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 AGGREGATE					193,705	131,706	368,013	1
2	30	Adults & Pediatrics AGGREGATE					759,287		800,913	2
3										3
4	68.01	PSYCHOLOGY AGGREGATE							170,752	4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					952,992	131,706	1,339,678	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	3,082,997	3,082,997					1
2	Cap Rel Costs-Mvble Equip	1,606,699		1,606,699				2
4	Employee Benefits Department	7,577,880	81,132	750	7,659,762			4
5.01	PURCHASING	525,446	86,505	11,868	67,284	691,103		5.01
5.02	ADMITTING	1,749,820	43,269	13,084	264,828	475	2,071,476	5.02
5.03	PATIENT ACCOUNTS	617,751	22,734	1,111	78,208	167		5.03
5.04	OTHER A&G	12,064,995	975,313	380,758	1,026,832	5,304		5.04
6	Maintenance & Repairs	448,149	58,364	471	29,983	11,399		6
7	Operation of Plant	3,378,364	245,763	105,773	285,633	12,953		7
8	Laundry & Linen Service	197,191	54,519	2,926				8
9	Housekeeping	1,628,306	48,625	8,794	192,011	17,913		9
10	Dietary	526,008	178,282	53,002	65,794	12,818		10
11	Cafeteria	195,407	79,167	24,577	36,923	5,944		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,107,754	20,165		176,136	141		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	409,708	40,415	1,502	54,558	182		16
17	Social Service	1,634,273	26,260	2,063	241,224	311		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	21,651,007	687,120	723,847	2,936,340	66,594	820,319	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	695,056	43,622	6,024	70,833	342	9,493	50
54	Radiology-Diagnostic	913,176	73,794	34,932	122,258	1,582	21,574	54
56	Radioisotope	24,352	1,864			180	231	56
57	CT Scan	175,558	11,653	1,223			13,168	57
60	Laboratory	1,444,652		5,198	22,212	47,192	66,933	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	7,536,510	57,273	113,378	1,297,340	9,157	458,078	65
66	Physical Therapy	1,304,997	28,594	8,325	203,162	130	35,144	66
67	Occupational Therapy	704,794	18,839		110,759	1	27,664	67
68	Speech Pathology	472,607	16,774		74,513	56	19,065	68
68.01	PSYCHOLOGY		10,763	688	47,611	6		68.01
71	Medical Supplies Charged to Patients	3,373,799				257,690	190,215	71
73	Drugs Charged to Patients	5,137,996	75,776	106,405	242,693	239,846	347,494	73
74	Renal Dialysis	1,931,564	5,205			720	56,882	74
75.01	ULTRASOUND	102,554	4,836		12,627		5,216	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)	82,219,370	2,996,626	1,606,699	7,659,762	691,103	2,071,476	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		86,371					190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	82,219,370	3,082,997	1,606,699	7,659,762	691,103	2,071,476	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS	SUBTOTAL (cols.0-4)	OTHER A+G	MAINTENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	
		5.03	4A	5.04	6	7	8	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	PURCHASING							5.01
5.02	ADMITTING							5.02
5.03	PATIENT ACCOUNTS	719,971						5.03
5.04	OTHER A&G		14,453,202	14,453,202				5.04
6	Maintenance & Repairs		548,366	116,956	665,322			6
7	Operation of Plant		4,028,486	859,195		4,887,681		7
8	Laundry & Linen Service		254,636	54,309		169,736	478,681	8
9	Housekeeping		1,895,649	404,304		151,387		9
10	Dietary		835,904	178,282		555,052		10
11	Cafeteria		342,018	72,946		246,475		11
12	Maintenance of Personnel							12
13	Nursing Administration		1,304,196	278,159		62,782		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		506,365	107,998		125,825		16
17	Social Service		1,904,131	406,113		81,758		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	285,109	27,170,336	5,794,921	538,584	2,139,236	478,681	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	3,300	828,670	176,739		135,810		50
54	Radiology-Diagnostic	7,499	1,174,815	250,565	6,625	229,747		54
56	Radioisotope	80	26,707	5,696		5,802		56
57	CT Scan	4,577	206,179	43,974		36,279		57
60	Laboratory	23,264	1,609,451	343,264				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	159,213	9,630,949	2,054,089	117,121	178,309		65
66	Physical Therapy	12,215	1,592,567	339,663	2,992	89,024		66
67	Occupational Therapy	9,615	871,672	185,910		58,652		67
68	Speech Pathology	6,626	589,641	125,759		52,222		68
68.01	PSYCHOLOGY		59,068	12,598		33,508		68.01
71	Medical Supplies Charged to Patients	66,112	3,887,816	829,193				71
73	Drugs Charged to Patients	120,778	6,270,988	1,337,476		235,916		73
74	Renal Dialysis	19,770	2,014,141	429,576		16,205		74
75.01	ULTRASOUND	1,813	127,046	27,096		15,055		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)	719,971	82,132,999	14,434,781	665,322	4,618,780	478,681	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		86,371	18,421		268,901		190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	719,971	82,219,370	14,453,202	665,322	4,887,681	478,681	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	2,451,340						9
10	Dietary	297,954	1,867,192					10
11	Cafeteria	132,308		793,747				11
12	Maintenance of Personnel							12
13	Nursing Administration	33,701		18,671	1,697,509			13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	67,543		9,060		816,791		16
17	Social Service	43,888		30,226			2,466,116	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	1,148,347	1,867,192	467,518	1,670,764	323,489	2,466,116	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	72,903		7,484	26,745	3,743		50
54	Radiology-Diagnostic	123,329		12,825		8,506		54
56	Radioisotope	3,115				91		56
57	CT Scan	19,474				5,192		57
60	Laboratory			4,882		26,390		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	95,717		163,619		180,609		65
66	Physical Therapy	47,788		26,676		13,857		66
67	Occupational Therapy	31,485		12,764		10,907		67
68	Speech Pathology	28,033		8,678		7,517		68
68.01	PSYCHOLOGY	17,987		4,637				68.01
71	Medical Supplies Charged to Patients					74,997		71
73	Drugs Charged to Patients	126,640		25,620		137,009		73
74	Renal Dialysis	8,699				22,427		74
75.01	ULTRASOUND	8,082		1,087		2,057		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)	2,306,993	1,867,192	793,747	1,697,509	816,791	2,466,116	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE	144,347						190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,451,340	1,867,192	793,747	1,697,509	816,791	2,466,116	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	44,065,184		44,065,184			30
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,252,094		1,252,094			50
54	Radiology-Diagnostic	1,806,412		1,806,412			54
56	Radioisotope	41,411		41,411			56
57	CT Scan	311,098		311,098			57
60	Laboratory	1,983,987		1,983,987			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	12,420,413		12,420,413			65
66	Physical Therapy	2,112,567		2,112,567			66
67	Occupational Therapy	1,171,390		1,171,390			67
68	Speech Pathology	811,850		811,850			68
68.01	PSYCHOLOGY	127,798		127,798			68.01
71	Medical Supplies Charged to Patients	4,792,006		4,792,006			71
73	Drugs Charged to Patients	8,133,649		8,133,649			73
74	Renal Dialysis	2,491,048		2,491,048			74
75.01	ULTRASOUND	180,423		180,423			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)	81,701,330		81,701,330			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.01	IDLE SPACE	518,040		518,040			190.01
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	82,219,370		82,219,370			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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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		81,132	750	81,882	81,882		4
5.01	PURCHASING		86,505	11,868	98,373	719	99,092	5.01
5.02	ADMITTING	7,799	43,269	13,084	64,152	2,830	68	5.02
5.03	PATIENT ACCOUNTS		22,734	1,111	23,845	836	24	5.03
5.04	OTHER A&G		975,313	380,758	1,356,071	10,975	761	5.04
6	Maintenance & Repairs		58,364	471	58,835	320	1,634	6
7	Operation of Plant		245,763	105,773	351,536	3,053	1,857	7
8	Laundry & Linen Service		54,519	2,926	57,445			8
9	Housekeeping		48,625	8,794	57,419	2,052	2,568	9
10	Dietary	352	178,282	53,002	231,636	703	1,838	10
11	Cafeteria		79,167	24,577	103,744	395	852	11
12	Maintenance of Personnel							12
13	Nursing Administration		20,165		20,165	1,883	20	13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		40,415	1,502	41,917	583	26	16
17	Social Service		26,260	2,063	28,323	2,578	45	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	894,405	687,120	723,847	2,305,372	31,399	9,548	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		43,622	6,024	49,646	757	49	50
54	Radiology-Diagnostic		73,794	34,932	108,726	1,307	227	54
56	Radioisotope		1,864		1,864		26	56
57	CT Scan		11,653	1,223	12,876			57
60	Laboratory			5,198	5,198	237	6,766	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	62,035	57,273	113,378	232,686	13,866	1,313	65
66	Physical Therapy		28,594	8,325	36,919	2,171	19	66
67	Occupational Therapy		18,839		18,839	1,184		67
68	Speech Pathology		16,774		16,774	796	8	68
68.01	PSYCHOLOGY		10,763	688	11,451	509	1	68.01
71	Medical Supplies Charged to Patients						36,951	71
73	Drugs Charged to Patients		75,776	106,405	182,181	2,594	34,388	73
74	Renal Dialysis		5,205		5,205		103	74
75.01	ULTRASOUND		4,836		4,836	135		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)	964,591	2,996,626	1,606,699	5,567,916	81,882	99,092	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		86,371		86,371			190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	964,591	3,082,997	1,606,699	5,654,287	81,882	99,092	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	ADMITTING	PATIENT ACCOUNTS	OTHER A+G	MAINTENANCE + 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	67,050						5.02
5.03	PATIENT ACCOUNTS		24,705					5.03
5.04	OTHER A&G			1,367,807				5.04
6	Maintenance & Repairs			11,068	71,857			6
7	Operation of Plant			81,311		437,757		7
8	Laundry & Linen Service			5,140		15,202	77,787	8
9	Housekeeping			38,262		13,559		9
10	Dietary			16,872		49,712		10
11	Cafeteria			6,903		22,075		11
12	Maintenance of Personnel							12
13	Nursing Administration			26,324		5,623		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			10,220		11,269		16
17	Social Service			38,433		7,322		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	26,513	9,809	548,422	58,169	191,599	77,787	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	308	113	16,726		12,164		50
54	Radiology-Diagnostic	699	257	23,712	716	20,577		54
56	Radioisotope	7	3	539		520		56
57	CT Scan	427	157	4,162		3,249		57
60	Laboratory	2,169	797	32,485				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	14,841	5,454	194,391	12,649	15,970		65
66	Physical Therapy	1,139	418	32,144	323	7,973		66
67	Occupational Therapy	896	329	17,594		5,253		67
68	Speech Pathology	618	227	11,901		4,677		68
68.01	PSYCHOLOGY			1,192		3,001		68.01
71	Medical Supplies Charged to Patients	6,163	2,265	78,472				71
73	Drugs Charged to Patients	11,258	4,137	126,574		21,129		73
74	Renal Dialysis	1,843	677	40,653		1,451		74
75.01	ULTRASOUND	169	62	2,564		1,348		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)	67,050	24,705	1,366,064	71,857	413,673	77,787	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE			1,743		24,084		190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	67,050	24,705	1,367,807	71,857	437,757	77,787	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	113,860						9
10	Dietary	13,839	314,600					10
11	Cafeteria	6,145		140,114				11
12	Maintenance of Personnel							12
13	Nursing Administration	1,565		3,296	58,876			13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	3,137		1,599		68,751		16
17	Social Service	2,038		5,336			84,075	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	53,341	314,600	82,527	57,948	27,214	84,075	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	3,386		1,321	928	315		50
54	Radiology-Diagnostic	5,728		2,264		716		54
56	Radioisotope	145				8		56
57	CT Scan	905				437		57
60	Laboratory			862		2,222		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,446		28,882		15,208		65
66	Physical Therapy	2,220		4,709		1,167		66
67	Occupational Therapy	1,462		2,253		918		67
68	Speech Pathology	1,302		1,532		633		68
68.01	PSYCHOLOGY	835		819				68.01
71	Medical Supplies Charged to Patients					6,315		71
73	Drugs Charged to Patients	5,882		4,522		11,537		73
74	Renal Dialysis	404				1,888		74
75.01	ULTRASOUND	375		192		173		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)	107,155	314,600	140,114	58,876	68,751	84,075	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE	6,705						190.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	113,860	314,600	140,114	58,876	68,751	84,075	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	3,878,323		3,878,323			30
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	85,713		85,713			50
54	Radiology-Diagnostic	164,929		164,929			54
56	Radioisotope	3,112		3,112			56
57	CT Scan	22,213		22,213			57
60	Laboratory	50,736		50,736			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	539,706		539,706			65
66	Physical Therapy	89,202		89,202			66
67	Occupational Therapy	48,728		48,728			67
68	Speech Pathology	38,468		38,468			68
68.01	PSYCHOLOGY	17,808		17,808			68.01
71	Medical Supplies Charged to Patients	130,166		130,166			71
73	Drugs Charged to Patients	404,202		404,202			73
74	Renal Dialysis	52,224		52,224			74
75.01	ULTRASOUND	9,854		9,854			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)	5,535,384		5,535,384			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.01	IDLE SPACE	118,903		118,903			190.01
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	5,654,287		5,654,287			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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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 GROSS REVENUE	PATIENT ACCOUNTS GROSS REVENUE	
		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		6,149,033					2
4	Employee Benefits Department	4,832	2,870	45,056,720				4
5.01	PURCHASING	5,152	45,421	395,781	9,048,321			5.01
5.02	ADMITTING	2,577	50,073	1,557,782	6,219	237,149,759		5.02
5.03	PATIENT ACCOUNTS	1,354	4,253	460,040	2,193		237,149,759	5.03
5.04	OTHER A&G	58,087	1,457,206	6,040,081	69,446			5.04
6	Maintenance & Repairs	3,476	1,804	176,368	149,248			6
7	Operation of Plant	14,637	404,807	1,680,164	169,592			7
8	Laundry & Linen Service	3,247	11,200					8
9	Housekeeping	2,896	33,657	1,129,459	234,534			9
10	Dietary	10,618	202,846	387,019	167,822			10
11	Cafeteria	4,715	94,059	217,189	77,819			11
12	Maintenance of Personnel							12
13	Nursing Administration	1,201		1,036,078	1,852			13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	2,407	5,747	320,921	2,386			16
17	Social Service	1,564	7,894	1,418,939	4,070			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	2,770,249	17,272,369	871,888	93,914,724	93,914,724	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	2,598	23,053	416,658	4,477	1,086,811	1,086,811	50
54	Radiology-Diagnostic	4,395	133,689	719,154	20,712	2,469,891	2,469,891	54
56	Radioisotope	111			2,352	26,419	26,419	56
57	CT Scan	694	4,682			1,507,488	1,507,488	57
60	Laboratory		19,894	130,656	617,865	7,662,659	7,662,659	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	3,411	433,913	7,631,277	119,892	52,441,665	52,441,665	65
66	Physical Therapy	1,703	31,859	1,195,051	1,705	4,023,401	4,023,401	66
67	Occupational Therapy	1,122		651,514	8	3,166,986	3,166,986	67
68	Speech Pathology	999		438,306	732	2,182,566	2,182,566	68
68.01	PSYCHOLOGY	641	2,632	280,057	74			68.01
71	Medical Supplies Charged to Patients				3,373,799	21,776,175	21,776,175	71
73	Drugs Charged to Patients	4,513	407,225	1,427,583	3,140,213	39,781,834	39,781,834	73
74	Renal Dialysis	310			9,423	6,512,008	6,512,008	74
75.01	ULTRASOUND	288		74,274		597,132	597,132	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	6,149,033	45,056,720	9,048,321	237,149,759	237,149,759	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)	3,082,997	1,606,699	7,659,762	691,103	2,071,476	719,971	202
203	Unit Cost Multiplier (Wkst. B, Part I)	16.790551	0.261293	0.170003	0.076379	0.008735	0.003036	203
204	Cost to be allocated (Per Wkst. B, Part II)			81,882	99,092	67,050	24,705	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001817	0.010951	0.000283	0.000104	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	-14,453,202	67,766,168					5.04
6	Maintenance & Repairs		548,366	3,113				6
7	Operation of Plant		4,028,486		93,500			7
8	Laundry & Linen Service		254,636		3,247	378,833		8
9	Housekeeping		1,895,649		2,896		87,357	9
10	Dietary		835,904		10,618		10,618	10
11	Cafeteria		342,018		4,715		4,715	11
12	Maintenance of Personnel							12
13	Nursing Administration		1,304,196		1,201		1,201	13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		506,365		2,407		2,407	16
17	Social Service		1,904,131		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		27,170,336	2,520	40,923	378,833	40,923	30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		828,670		2,598		2,598	50
54	Radiology-Diagnostic		1,174,815	31	4,395		4,395	54
56	Radioisotope		26,707		111		111	56
57	CT Scan		206,179		694		694	57
60	Laboratory		1,609,451					60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy		9,630,949	548	3,411		3,411	65
66	Physical Therapy		1,592,567	14	1,703		1,703	66
67	Occupational Therapy		871,672		1,122		1,122	67
68	Speech Pathology		589,641		999		999	68
68.01	PSYCHOLOGY		59,068		641		641	68.01
71	Medical Supplies Charged to Patients		3,887,816					71
73	Drugs Charged to Patients		6,270,988		4,513		4,513	73
74	Renal Dialysis		2,014,141		310		310	74
75.01	ULTRASOUND		127,046		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)	-14,453,202	67,679,797	3,113	88,356	378,833	82,213	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	IDLE SPACE		86,371		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)		14,453,202	665,322	4,887,681	478,681	2,451,340	202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.213280	213.723739	52.274663	1.263567	28.061174	203
204	Cost to be allocated (Per Wkst. B, Part II)		1,367,807	71,857	437,757	77,787	113,860	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.020184	23.082878	4.681893	0.205333	1.303387	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE		
	MEALS SERVED	FTES	FTES	GROSS REVENUE	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	77,376					10
11	Cafeteria		51,864				11
12	Maintenance of Personnel						12
13	Nursing Administration		1,220	31,037			13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library		592		237,149,759		16
17	Social Service		1,975			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	77,376	30,548	30,548	93,914,724	50,003	30
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		489	489	1,086,811		50
54	Radiology-Diagnostic		838		2,469,891		54
56	Radioisotope				26,419		56
57	CT Scan				1,507,488		57
60	Laboratory		319		7,662,659		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		10,691		52,441,665		65
66	Physical Therapy		1,743		4,023,401		66
67	Occupational Therapy		834		3,166,986		67
68	Speech Pathology		567		2,182,566		68
68.01	PSYCHOLOGY		303				68.01
71	Medical Supplies Charged to Patients				21,776,175		71
73	Drugs Charged to Patients		1,674		39,781,834		73
74	Renal Dialysis				6,512,008		74
75.01	ULTRASOUND		71		597,132		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)	77,376	51,864	31,037	237,149,759	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)	1,867,192	793,747	1,697,509	816,791	2,466,116	202
203	Unit Cost Multiplier (Wkst. B, Part I)	24.131410	15.304392	54.693076	0.003444	49.319361	203
204	Cost to be allocated (Per Wkst. B, Part II)	314,600	140,114	58,876	68,751	84,075	204
205	Unit Cost Multiplier (Wkst. B, Part II)	4.065860	2.701566	1.896962	0.000290	1.681399	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	44,065,184		44,065,184		44,065,184	30
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,252,094		1,252,094		1,252,094	50
54	Radiology-Diagnostic	1,806,412		1,806,412		1,806,412	54
56	Radioisotope	41,411		41,411		41,411	56
57	CT Scan	311,098		311,098		311,098	57
60	Laboratory	1,983,987		1,983,987		1,983,987	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	12,420,413		12,420,413		12,420,413	65
66	Physical Therapy	2,112,567		2,112,567		2,112,567	66
67	Occupational Therapy	1,171,390		1,171,390		1,171,390	67
68	Speech Pathology	811,850		811,850		811,850	68
68.01	PSYCHOLOGY	127,798		127,798		127,798	68.01
71	Medical Supplies Charged to Patients	4,792,006		4,792,006		4,792,006	71
73	Drugs Charged to Patients	8,133,649		8,133,649		8,133,649	73
74	Renal Dialysis	2,491,048		2,491,048		2,491,048	74
75.01	ULTRASOUND	180,423		180,423		180,423	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)	81,701,330		81,701,330		81,701,330	200
201	Less Observation Beds						201
202	Total (line 200 minus line 201)	81,701,330		81,701,330		81,701,330	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	93,914,724		93,914,724				30
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,086,811		1,086,811	1.152081	1.152081	1.152081	50
54	Radiology-Diagnostic	2,352,228	117,663	2,469,891	0.731373	0.731373	0.731373	54
56	Radioisotope	26,419		26,419	1.567470	1.567470	1.567470	56
57	CT Scan	1,441,143	66,345	1,507,488	0.206368	0.206368	0.206368	57
60	Laboratory	7,467,585	195,074	7,662,659	0.258916	0.258916	0.258916	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	51,557,341	884,324	52,441,665	0.236842	0.236842	0.236842	65
66	Physical Therapy	3,998,702	24,699	4,023,401	0.525070	0.525070	0.525070	66
67	Occupational Therapy	3,142,144	24,842	3,166,986	0.369875	0.369875	0.369875	67
68	Speech Pathology	2,174,778	7,788	2,182,566	0.371970	0.371970	0.371970	68
68.01	<b>PSYCHOLOGY</b>							68.01
71	Medical Supplies Charged to Patients	21,776,175		21,776,175	0.220057	0.220057	0.220057	71
73	Drugs Charged to Patients	39,781,834		39,781,834	0.204456	0.204456	0.204456	73
74	Renal Dialysis	5,726,449	785,559	6,512,008	0.382531	0.382531	0.382531	74
75.01	<b>ULTRASOUND</b>	584,257	12,875	597,132	0.302149	0.302149	0.302149	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 Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (sum of lines 30 thru 199)	235,030,590	2,119,169	237,149,759				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	235,030,590	2,119,169	237,149,759				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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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)	3,878,323		3,878,323	52,906	73.31	22,879	1,677,259	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)	3,878,323		3,878,323	52,906		22,879	1,677,259	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

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

(A) Worksheet A line numbers

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	52,906		22,879		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)	52,906		22,879		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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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 Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	1,086,811			439,982				50
54	Radiology-Diagnostic	2,469,891			1,187,865		117,663		54
56	Radioisotope	26,419			19,466				56
57	CT Scan	1,507,488			663,172		66,345		57
60	Laboratory	7,662,659			3,371,783		195,074		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	52,441,665			23,483,303		884,324		65
66	Physical Therapy	4,023,401			1,758,647		24,699		66
67	Occupational Therapy	3,166,986			1,383,231		24,842		67
68	Speech Pathology	2,182,566			988,622		7,788		68
68.01	PSYCHOLOGY								68.01
71	Medical Supplies Charged to Pat	21,776,175			8,409,469				71
73	Drugs Charged to Patients	39,781,834			16,126,300				73
74	Renal Dialysis	6,512,008			2,898,307		785,559		74
75.01	ULTRASOUND	597,132			187,354		12,875		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)	143,235,035			60,917,501		2,119,169		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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	1.152081							50
54	Radiology-Diagnostic	0.731373	117,663			86,056			54
56	Radioisotope	1.567470							56
57	CT Scan	0.206368	66,345			13,691			57
60	Laboratory	0.258916	195,074			50,508			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.236842	884,324			209,445			65
66	Physical Therapy	0.525070	24,699			12,969			66
67	Occupational Therapy	0.369875	24,842			9,188			67
68	Speech Pathology	0.371970	7,788			2,897			68
68.01	PSYCHOLOGY								68.01
71	Medical Supplies Charged to Pat	0.220057							71
73	Drugs Charged to Patients	0.204456							73
74	Renal Dialysis	0.382531	785,559			300,501			74
75.01	ULTRASOUND	0.302149	12,875			3,890			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	Subtotal (see instructions)		2,119,169			689,145			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		2,119,169			689,145			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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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)	52,906	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	52,906	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)	52,906	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)	22,879	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)	44,065,184	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)	44,065,184	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)	44,065,184	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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)					832.90	38
39	Program general inpatient routine service cost (line 9 x line 38)					19,055,919	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)					19,055,919	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
						1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,093,634	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					35,149,553	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,677,259	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					708,240	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,385,499	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					32,764,054	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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)					832.90	88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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/ID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		41,401,923		30
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	1.152081	439,982	506,895	50
54	Radiology-Diagnostic	0.731373	1,187,865	868,772	54
56	Radioisotope	1.567470	19,466	30,512	56
57	CT Scan	0.206368	663,172	136,857	57
60	Laboratory	0.258916	3,371,783	873,009	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.236842	23,483,303	5,561,832	65
66	Physical Therapy	0.525070	1,758,647	923,413	66
67	Occupational Therapy	0.369875	1,383,231	511,623	67
68	Speech Pathology	0.371970	988,622	367,738	68
68.01	PSYCHOLOGY				68.01
71	Medical Supplies Charged to Patients	0.220057	8,409,469	1,850,563	71
73	Drugs Charged to Patients	0.204456	16,126,300	3,297,119	73
74	Renal Dialysis	0.382531	2,898,307	1,108,692	74
75.01	ULTRASOUND	0.302149	187,354	56,609	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)		60,917,501	16,093,634	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		60,917,501		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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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)	689,145			2
3	PPS payments	678,875			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	647,107			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)	678,875			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)	136,886			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)	541,989			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)	541,989			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	541,989			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)	541,989			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)	541,989			40
40.01	Sequestration adjustment (see instructions)	10,840			40.01
41	Interim payments	531,149			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-2010

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		34,044,374		531,149	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	Program to Provider	.01 .02 .03 .04 .05			3.01 3.02 3.03 3.04 3.05
			.06 .07 .08 .09 .10 .50	05/19/2016		3.06 3.07 3.08 3.09 3.10 3.50
		Provider to Program	.51 .52 .53 .54 .55 .56 .57 .58 .59			3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99	-1,196,024		3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			32,848,350	531,149	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	Program to Provider	.01 .02 .03 .04 .05			5.01 5.02 5.03 5.04 5.05
			.06 .07 .08 .09 .10 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59			5.06 5.07 5.08 5.09 5.10 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		.01 .02	315,115		6.01 6.02
7	Total Medicare program liability (see instructions)			33,163,465	531,149	7
8	Name of Contractor			Contractor Number	NPR Date (Month/Day/Year)	8

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

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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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)	52,906	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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)	32,399,455	1
2	Outlier payments	4,473,070	2
3	Total PPS payments (sum of lines 1 and 2)	36,872,525	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)	36,872,525	7
8	Primary payer payments		8
9	Subtotal (line 7 less line 8)	36,872,525	9
10	Deductibles	55,888	10
11	Subtotal (line 9 minus line 10)	36,816,637	11
12	Coinsurance	4,059,566	12
13	Subtotal (line 11 minus line 12)	32,757,071	13
14	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,666,460	14
15	Adjusted reimbursable bad debts (see instructions)	1,083,199	15
16	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,360,018	16
17	Subtotal (sum of lines 13 and 15)	33,840,270	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)	33,840,270	22
22.01	Sequestration adjustment (see instructions)	676,805	22.01
23	Interim payments	32,848,350	23
24	Tentative settlement (for contractor use only)		24
25	Balance due provider/program (line 22 minus lines 22.01, 23 and 24)	315,115	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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	2,362,828				1
2	Temporary investments	9,675,359				2
3	Notes receivable					3
4	Accounts receivable	22,589,442				4
5	Other receivables	84,484				5
6	Allowances for uncollectible notes and accounts receivable	-3,034,578				6
7	Inventory	474,637				7
8	Prepaid expenses	1,253,707				8
9	Other current assets	1,625,830				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	35,031,709				11
<b>FIXED ASSETS</b>						
12	Land	15,000,000				12
13	Land improvements	-1,036,585				13
14	Accumulated depreciation					14
15	Buildings					15
16	Accumulated depreciation					16
17	Leasehold improvements	18,661,061				17
18	Accumulated depreciation	-12,901,303				18
19	Fixed equipment	24,372,310				19
20	Accumulated depreciation	-18,203,295				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)	25,892,188				30
<b>OTHER ASSETS</b>						
31	Investments	22,942,867				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	3,263,379				34
35	Total other assets (sum of lines 31-34)	26,206,246				35
36	Total assets (sum of lines 11, 30 and 35)	87,130,143				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	4,422,207				37
38	Salaries, wages and fees payable	6,240,178				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	502,951				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	908,403				43
44	Other current liabilities	9,731,568				44
45	Total current liabilities (sum of lines 37 thru 44)	21,805,307				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable	333,333				47
48	Unsecured loans					48
49	Other long term liabilities	21,062,371				49
50	Total long term liabilities (sum of lines 46 thru 49)	21,395,704				50
51	Total liabilities (sum of lines 45 and 50)	43,201,011				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	43,929,132				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)	43,929,132				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	87,130,143				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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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		49,840,017			1
2	Net income (loss) (from Worksheet G-3, line 29)		11,502,501			2
3	Total (sum of line 1 and line 2)		61,342,518			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)		61,342,518			11
12	Deductions (debit adjustments) (specify)					12
13	UNREALIZED LOSS ON INVESTMENT	17,413,386				13
14	PARTNERSHIP DISTRIBUTIONS					14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		17,413,386			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		43,929,132			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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

**PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	103,153,868		103,153,868	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)	103,153,868		103,153,868	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)	103,153,868		103,153,868	17
18	Ancillary services	133,995,892		133,995,892	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	PRO FEES		3,370,607	3,370,607	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	237,149,760	3,370,607	240,520,367	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		87,178,766	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)		87,178,767	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: 06/01/2015 To: 05/31/2016	Run Date: 11/29/2016 Run Time: 15:10 Version: 2016.05 (11/15/2016)
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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)	240,520,367	1
2	Less contractual allowances and discounts on patients' accounts	143,752,384	2
3	Net patient revenues (line 1 minus line 2)	96,767,983	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	87,178,767	4
5	Net income from service to patients (line 3 minus line 4)	9,589,216	5

**OTHER INCOME**

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER (OTHER REVENUE))	1,913,285	24
24.01	Other (OTHER (GRANT REVENUE))		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)	1,913,285	25
26	Total (line 5 plus line 25)	11,502,501	26
27.01	Other expenses (MISCELLANEOUS)		27.01
29	Net income (or loss) for the period (line 26 minus line 28)	11,502,501	29