

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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 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.		Date: 05/30/2018 Time: 12:27	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RICHLAND MEMORIAL HOSPITAL (14-0147) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 10/01/2017 and ending 12/31/2017, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

D
 Title

 Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		192,938	-15,385			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF		587				5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC			-54,651			10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		193,525	-70,036			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.

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 800 EAST LOCUST	P.O. Box:								1
2	City: OLNEY	State: IL	ZIP Code: 62450-2958	County: RICHLAND						2

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	RICHLAND MEMORIAL HOSPITAL	14-0147	99914	1	07 / 01 / 1966	N	P	P	3
4	Subprovider - IPF	RICHLAND MEMORIAL HOSPITAL PSYCH	14-S147	99914	4	07 / 01 / 1966	N	P	P	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF	RICHLAND MEMORIAL HOSPITAL SWING BED	14-U147	99914		11 / 13 / 2003	N	P	N	7
8	Swing Beds - NF									8
9	Hospital-Based SNF	RICHLAND MEMORIAL HOSPITAL SNF	14-5580	99914		11 / 05 / 1987	N	P	N	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	RICHLAND MEMORIAL HOSPITAL HHA	14-7187	99914		05 / 01 / 1980	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	RICHLAND MEMORIAL HOSPITAL HOSPICE	14-1542	99914		04 / 23 / 1991				14
15	Hospital-Based Health Clinic - RHC	RICHLAND MEMORIAL HOSPITAL WEST SALE	14-8548	99914		12 / 04 / 2015	N	O	N	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: 10 / 01 / 2017	To: 12 / 31 / 2017							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an 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.						191	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.	2						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.	2						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status is in effect in the cost reporting period.	1						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: 10 / 01 / 2017	Ending: 12 / 31 / 2017					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

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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)(i) or (ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	Y	Y	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	Y	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
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	N			60
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Rural Providers

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

		1	2	
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.	1	2	111

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance	
		181,204			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.	Y			121
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

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

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

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

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

141	Name:	Contractor's Name:		Contractor's Number:		141
142	Street:	P.O. Box:				142
143	City:	State:	ZIP Code:			143
144	Are provider based physicians' costs included in Worksheet A?	Y				144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	N		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	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	N	N	160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	9.99			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2017	12 / 31 / 2017		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0	171

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation					
1	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)	N			3

		Y/N	Type	Date	
Financial Data and Reports					
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.	N			4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

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

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

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

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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
36	Are home office costs claimed on the cost report?	1	2
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		
Cost Report Preparer Contact Information			
41	First name: JENNY	Last name: DABROWSKI	Title: MANAGER
42	Employer: STRATEGIC REIMBURSEMENT GROUP LLC		
43	Phone number: 630-530-7100	E-mail Address: JENNY.DABROWSKI@SRGROUPLLC.COM	

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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	39	3,588			685	118	928	1
2	HMO and other (see instructions)						34			2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF						23		23	5
6	Hospital Adults & Peds. Swing Bed NF								10	6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		39	3,588			708	118	961	7
8	Intensive Care Unit	31	8	736				13	118	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						60	99	13
14	Total (see instructions)		47	4,324			708	191	1,178	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	34	3,128			750		2,505	19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					2,050		2,691	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116	1	92			33	3	37	24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88					670		1,900	26
27	Total (sum of lines 14-26)		82							27
28	Observation Bed Days							50	298	28
29	Ambulance Trips						233			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									33
33.01	LTCH site neutral days and discharges									33.01

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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)					188	53	331	1
2	HMO and other (see instructions)					12			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)		404.45			188	53	331	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility		35.54						19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		13.67						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		4.75						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC		17.64						26
27	Total (sum of lines 14-26)		476.05						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	6,324,096		6,324,096	247,546.64	25.55	1
2							2
3		214,527		214,527	2,036.32	105.35	3
4		19,422		19,422	312.00	62.25	4
4.01							4.01
5		247,450		247,450	1,577.07	156.90	5
6		87,087		87,087	560.00	155.51	6
7	21						7
7.01							7.01
8							8
9	44	348,078		348,078	18,481.38	18.83	9
10		1,632,283		1,632,283	49,013.76	33.30	10
OTHER WAGES & RELATED COSTS							
11		461,523		461,523	3,788.21	121.83	11
12							12
13							13
14							14
14.01							14.01
14.02							14.02
15							15
16							16
WAGE-RELATED COSTS							
17		1,733,011		1,733,011			17
18							18
19		494,306		494,306			19
20							20
21		34,585		34,585			21
22		4,011		4,011			22
22.01							22.01
23		34,570		34,570			23
24		12,201		12,201			24
25							25
25.50							25.50
25.51							25.51
25.52							25.52
25.53							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26		58,535		58,535	1,717.77	34.08	26
27		620,328		620,328	26,740.23	23.20	27
28							28
29		136,060		136,060	6,284.01	21.65	29
30							30
31		63,134		63,134	4,624.43	13.65	31
32		92,662		92,662	8,647.22	10.72	32
33							33
34		134,219	-103,622	30,597	2,826.72	10.82	34
35							35
36			103,622	103,622	9,573.15	10.82	36
37							37
38		316,816		316,816	11,017.05	28.76	38
39		19,157		19,157	1,568.77	12.21	39
40		126,478		126,478	3,583.04	35.30	40
41		128,669		128,669	6,489.51	19.83	41
42							42
43							43

Part III - Hospital Wage Index Summary

1		5,775,032		5,775,032	243,373.25	23.73	1
2		1,980,361		1,980,361	67,495.14	29.34	2
3		3,794,671		3,794,671	175,878.11	21.58	3
4		461,523		461,523	3,788.21	121.83	4
5		1,737,022		1,737,022		45.78%	5
6		5,993,216		5,993,216	179,666.32	33.36	6
7		1,696,058		1,696,058	83,071.90	20.42	7

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	198,444	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)	1,755,494	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	-42,384	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	407,124	17
18	Medicare Taxes - Employers Portion Only	312,886	18
19	Unemployment Insurance	22,264	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement		23
24	Total Wage Related cost (Sum of lines 1-23)	2,653,828	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
----	------------------------------------	--	----

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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	461,523	2,312,685	1
2	Hospital	461,523	1,733,011	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		12,201	14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other		567,473	18

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7187

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County:

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		1,835		97	1,932	1
2	Unduplicated Census Count (see instructions)		162.00	13.00	13.00	188.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week 40.00	Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		1	2	3	
3	Administrator and Assistant Administrator(s)				3
4	Director(s) and Assistant Director(s)			2.01	4
5	Other Administrative Personnel			0.96	5
6	Direct Nursing Service			9.11	6
7	Nursing Supervisor			1.22	7
8	Physical Therapy Service				8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service				10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service				12
13	Speech Pathology Supervisor				13
14	Medical Social Service				14
15	Medical Social Service Supervisor				15
16	Home Health Aide			3.45	16
17	Home Health Aide Supervisor				17
18	Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.		1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).		99914	20

PPS ACTIVITY

		Full Episodes		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	766	133	20	15	934	21
22	Skilled Nursing Visit Charges	213,713	36,973	5,608	4,237	260,531	22
23	Physical Therapy Visits	582	72	8	12	674	23
24	Physical Therapy Visit Charges	162,593	20,182	2,253	3,400	188,428	24
25	Occupational Therapy Visits	150	14	3	1	168	25
26	Occupational Therapy Visit Charges	41,801	3,914	847	282	46,844	26
27	Speech Pathology Visits	34	12	7		53	27
28	Speech Pathology Visit Charges	9,442	3,349	1,964		14,755	28
29	Medical Social Service Visits	7				7	29
30	Medical Social Service Visit Charges	2,690				2,690	30
31	Home Health Aide Visits	183	31			214	31
32	Home Health Aide Visit Charges	29,574	5,027			34,601	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	1,722	262	38	28	2,050	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	459,813	69,445	10,672	7,919	547,849	35
36	Total Number of Episodes (standard/non-outlier)	102		12	2	116	36
37	Total Number of Ourlier Episodes		5		1	6	37
38	Total Non-Routine Medical Supply Charges	14,766	5,835	913	450	21,964	38

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE	
		1	2	
1	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter 'Y' for yes and do not complete the rest of this worksheet.	N		1
2	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	11/12/2003	2

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL				4
5	RVX				5
6	RVL				6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	20		20	12
13	RUB	14		14	13
14	RUA	69		69	14
15	RVC	91		91	15
16	RVB	42		42	16
17	RVA	316		316	17
18	RHC	37		37	18
19	RHB	13		13	19
20	RHA	36		36	20
21	RMC	2		2	21
22	RMB	14		14	22
23	RMA				23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1		6	6	28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1				32
33	HC2				33
34	HC1	4		4	34
35	HB2				35
36	HB1	4		4	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1	40		40	40
41	LC2				41
42	LC1				42
43	LB2				43
44	LB1	1		1	44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1	8		8	48
49	CC2				49
50	CC1	16		16	50
51	CB2				51
52	CB1	1		1	52
53	CA2				53
54	CA1		13	13	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
72	PD1	4		4	72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1	5		5	76
77	PA2				77
78	PA1	13	4	17	78
199	AAA				199
200	TOTAL	750	23	773	200

SNF SERVICES

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1	2	
201	Enter in column 1 the SNF CBSA code, or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2 the code in effect on or after October 1 of the cost reporting period (if applicable).	00014	00014	201

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter 'Y' or 'N' for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing	1,761,400	256.43%	Y	202
203	Recruitment				203
204	Retention of employees				204
205	Training	11,088	1.61%	Y	205
206	Other (specify)				206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	686,881			207

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

COMPONENT CCN: 14-8548

WORKSHEET S-8

Check applicable box: Hospital-Based RHC Hospital-Based FQHC

Clinic Address and Identification:

1	Street: 100 SOUTH MAIN	1
2	City: WEST SALEM State: IL ZIP Code: 62476 County:	2
3	HOSPITAL-BASED FQHCs ONLY: Designation - Enter 'R' for rural or 'U' for urban	3

Source of Federal Funds:

	Grant Award	Date	
	1	2	
4	Community Health Center (Section 330(d), PHS Act)		4
5	Migrant Health Center (Section 329(d), PHS Act)		5
6	Health Services for the Homeless (Section 340(d), PHS		6
7	Appalachian Regional Commission		7
8	Look-alikes		8
9	Other (specify)		9

10	Does this facility operate as other than a hospital-based RHC or FQHC? Enter 'Y' for yes or 'N' for no in column 1.	1	2	
	If yes, indicate the number of other operations in column 2.	N		10

Facility hours of operations (1)

	Type Operation	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		
	0	from	to	from	to	from	to	from	to	from	to	from	to	from	to	
11	Clinic	1	2	0800	1700	0800	1700	0800	1700	0800	1700	0800	1700	0800	1700	11

(1) Enter clinic hours of operation on line 11 and other type operations on subscripits of line 11 (both type and hours of operation). List hours of operation based on a 24 hour clock. For example: 8:00am is 0800, 6:30pm is 1830, and midnight is 2400.

12	Have you received an approval for an exception to the productivity standard?	1	2	
13	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter in column 2 the number of providers included in this cost report. List the names of all providers and numbers below.	N		12
14	RHC/FQHC name: CCN number:	N		13
14				14

		Y/N	V	XVIII	XIX	Total Visits	
		1	2	3	4	5	
15	Have you provided all or substantially all GME cost? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter in columns 2, 3, and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)						15

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1542

WORKSHEET S-9
PARTS I THROUGH IV

PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

		Unduplicated Days					Total (sum of cols. 1, 2, & 5)	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
		1	2	3	4	5	6	
1	Continuous Home Care							1
2	Routine Home Care							2
3	Inpatient Respite Care							3
4	General Inpatient Care							4
5	Total Hospice Days							5

PART II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	Number of Patients Receiving Hospice Care							6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)							8
9	Unduplicated Census Count							9

PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Unduplicated Days			Total (sum of cols. 1 through 3)	
		Title XVIII	Title XIX	Other		
		1	2	3	4	
10	Hospice Continuous Home Care					10
11	Hospice Routine Home Care	935	65	68	1,068	11
12	Hospice Inpatient Respite Care	5			5	12
13	Hospice General Inpatient Care					13
14	Total Hospice Days	940	65	68	1,073	14

PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1	2	3	4	
15	Hospice Inpatient Respite Care					15
16	Hospice General Inpatient Care					16

NOTE: Parts I and II, columns 1 and 2 also include the days reported in column 3 and 4.

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.270521	1
---	--	----------	---

Medicaid (see instructions for each line)

2	Net revenue from Medicaid	781,401	2
3	Did you receive DSH or supplemental payments from Medicaid?	Y	3
4	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid		5
6	Medicaid charges	8,032,378	6
7	Medicaid cost (line 1 times line 6)	2,172,927	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.	1,391,526	8

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

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

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

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

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	1,391,526	19

Uncompensated care (see instructions for each line)

	Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
	1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	356,462	178,750	535,212
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	96,430	178,750	275,180
22	Payments received from patients for amounts previously written off as charity care	8,474	4,326	12,800
23	Cost of charity care (line 21 minus line 22)	87,956	174,424	262,380
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit			25
26	Total bad debt expense for the entire hospital complex (see instructions)		1,109,852	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		45,804	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		70,467	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,039,385	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		305,838	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		568,218	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		1,959,744	31

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		151,246	151,246	83,511	234,757	-64,159	170,598	1
2	00200	Cap Rel Costs-Mvble Equip		401,350	401,350	6,604	407,954		407,954	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	58,535	2,404,499	2,463,034		2,463,034	-41,821	2,421,213	4
5	00500	Administrative & General	620,328	1,634,877	2,255,205	-90,115	2,165,090	-612,457	1,552,633	5
6	00600	Maintenance & Repairs	136,060	75,145	211,205		211,205		211,205	6
7	00700	Operation of Plant		132,070	132,070		132,070		132,070	7
8	00800	Laundry & Linen Service	63,134	41,713	104,847		104,847	-57,530	47,317	8
9	00900	Housekeeping	92,662	27,170	119,832		119,832		119,832	9
10	01000	Dietary	134,219	215,668	349,887	-270,126	79,761		79,761	10
11	01100	Cafeteria				270,126	270,126	-75,705	194,421	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	316,816	85,547	402,363		402,363		402,363	13
14	01400	Central Services & Supply	19,157	67,609	86,766	-325	86,441	-584	85,857	14
15	01500	Pharmacy	126,478	448,799	575,277	-351,220	224,057		224,057	15
16	01600	Medical Records & Library	128,669	27,865	156,534		156,534	-456	156,078	16
17	01700	Social Service								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
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	432,483	31,604	464,087		464,087	-1,201	462,886	30
31	03100	Intensive Care Unit	163,270	27,895	191,165		191,165		191,165	31
40	04000	Subprovider - IPF		29	29		29		29	40
43	04300	Nursery	70,690	1,961	72,651		72,651		72,651	43
44	04400	Skilled Nursing Facility	348,078	50,150	398,228		398,228		398,228	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	166,244	261,437	427,681	-196,816	230,865		230,865	50
53	05300	Anesthesiology	214,527	13,791	228,318		228,318	-214,527	13,791	53
54	05400	Radiology-Diagnostic	176,832	74,496	251,328		251,328		251,328	54
56	05600	Radioisotope	24,129	48,320	72,449	-35,709	36,740		36,740	56
57	05700	CT Scan	31,054	56,378	87,432		87,432		87,432	57
58	05800	MRI	19,932	32,520	52,452		52,452		52,452	58
60	06000	Laboratory	262,657	360,420	623,077		623,077	-4,856	618,221	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	06400	Intravenous Therapy		7,200	7,200		7,200		7,200	64
65	06500	Respiratory Therapy	119,867	10,382	130,249	-6,029	124,220		124,220	65
66	06600	Physical Therapy	464,102	18,175	482,277	-96	482,181		482,181	66
68	06800	Speech Pathology	50,540	41,138	91,678		91,678	-324	91,354	68
69	06900	Electrocardiology		31,276	31,276		31,276		31,276	69
71	07100	Medical Supplies Charged to Patients				171,009	171,009		171,009	71
72	07200	Impl. Dev. Charged to Patients				67,966	67,966		67,966	72
73	07300	Drugs Charged to Patients				351,220	351,220		351,220	73
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
88	08800	Rural Health Clinic	252,411	33,451	285,862		285,862		285,862	88
91	09100	Emergency	198,939	271,637	470,576		470,576	-242,594	227,982	91
92	09200	Observation Beds (Non-Distinct Part)								92
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM								93.99
		OTHER REIMBURSABLE COST CENTERS								
95	09500	Ambulance Services	204,306	37,548	241,854		241,854		241,854	95
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	Home Health Agency	170,397	32,973	203,370		203,370		203,370	101
		SPECIAL PURPOSE COST CENTERS								
116	11600	Hospice	53,253	38,006	91,259		91,259		91,259	116
118		SUBTOTALS (sum of lines 1-117)	5,119,769	7,194,345	12,314,114		12,314,114	-1,316,214	10,997,900	118
		NONREIMBURSABLE COST CENTERS								
192	19200	Physicians' Private Offices	1,203,245	346,917	1,550,162		1,550,162	-4,360	1,545,802	192
194	07950	OTHER NONREIMBURSABLE								194
194.01	07952	MEMORY DISORDER	1,082	1	1,083		1,083		1,083	194.01
194.02	07953	ASSISTED LIVING								194.02
200		TOTAL (sum of lines 118-199)	6,324,096	7,541,263	13,865,359		13,865,359	-1,320,574	12,544,785	200

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS CAFETERIA	A	Cafeteria	11	103,622	166,504	1
500	Total reclassifications				103,622	166,504	500
	Code Letter - A						
1	INTEREST EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		64,159	1
500	Total reclassifications					64,159	500
	Code Letter - B						
1	OTHER CAPITAL RELATED	C	Cap Rel Costs-Bldg & Fixt	1		19,352	1
2			Cap Rel Costs-Mvble Equip	2		6,604	2
500	Total reclassifications					25,956	500
	Code Letter - C						
1	RECLASS IMPLANTS	D	Impl. Dev. Charged to Patient	72		67,966	1
500	Total reclassifications					67,966	500
	Code Letter - D						
1	RECLASS MEDICAL SUPPLIES	E	Medical Supplies Charged to P	71		171,009	1
2							2
3							3
4							4
5							5
500	Total reclassifications					171,009	500
	Code Letter - E						
1	RECLASS DRUGS	F	Drugs Charged to Patients	73		351,220	1
500	Total reclassifications					351,220	500
	Code Letter - F						
	GRAND TOTAL (Increases)				103,622	846,814	

(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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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	A	Dietary	10	103,622	166,504		
500	Total reclassifications				103,622	166,504	1	
	Code letter - A						500	
1	INTEREST EXPENSE	B	Administrative & General	5		64,159	11	
500	Total reclassifications					64,159	500	
	Code letter - B							
1	OTHER CAPITAL RELATED	C	Administrative & General	5		25,956	12	
2							12	
500	Total reclassifications					25,956	500	
	Code letter - C							
1	RECLASS IMPLANTS	D	Operating Room	50		67,966		
500	Total reclassifications					67,966	500	
	Code letter - D							
1	RECLASS MEDICAL SUPPLIES	E	Central Services & Supply	14		325		
2			Operating Room	50		128,850		
3			Radioisotope	56		35,709		
4			Respiratory Therapy	65		6,029		
5			Physical Therapy	66		96		
500	Total reclassifications					171,009	500	
	Code letter - E							
1	RECLASS DRUGS	F	Pharmacy	15		351,220		
500	Total reclassifications					351,220	500	
	Code letter - F							
	GRAND TOTAL (Decreases)				103,622	846,814		

(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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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	188,315					188,315		1
2	Land Improvements	487,119	16,956		16,956		504,075		2
3	Buildings and Fixtures	16,117,518					16,117,518		3
4	Building Improvements	9,558,256					9,558,256		4
5	Fixed Equipment	2,355,173					2,355,173		5
6	Movable Equipment	19,726,267	431,351		431,351		20,157,618		6
7	HIT-designated Assets	1,383,128					1,383,128		7
8	Subtotal (sum of lines 1-7)	49,815,776	448,307		448,307		50,264,083		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	49,815,776	448,307		448,307		50,264,083		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	151,246						151,246	1	
2	Cap Rel Costs-Mvble Equip	401,350						401,350	2	
3	Total (sum of lines 1-2)	552,596						552,596	3	

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	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	28,723,338		28,723,338	0.571449					1
2	Cap Rel Costs-Mvble Equip	21,540,745		21,540,745	0.428551					2
3	Total (sum of lines 1-2)	50,264,083		50,264,083	1.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	151,246			19,352			170,598	1	
2	Cap Rel Costs-Mvble Equip	401,350			6,604			407,954	2	
3	Total (sum of lines 1-2)	552,596			25,956			578,552	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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED					
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	B	-64,159	Cap Rel Costs-Bldg & Fixt	1	11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)	B	-722	Administrative & General	5		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)	A	-4,917	Administrative & General	5		7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-247,450				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1					12
13	Laundry and linen service	B	-57,530	Laundry & Linen Service	8		13
14	Cafeteria - employees and guests	B	-63,253	Cafeteria	11		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients	B	-584	Central Services & Supply	14		16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts	B	-456	Medical Records & Library	16		18
19	Nursing and allied health education (tuition, fees, books, etc.)						19
20	Vending machines	B	-3,249	Cafeteria	11		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	SPECIAL FUNCTIONS	B	-9,203	Cafeteria	11		33
34	GUEST ROOM	B	-1,201	Adults & Pediatrics	30		34
35							35
36	RETURNED CHECKS	B	115	Administrative & General	5		36
37							37
38	PHYSICIAN RECRUITMENT	A	-13,515	Administrative & General	5		38
39	CRNA SALARIES	A	-214,527	Anesthesiology	53		39
40							40
41	CRNA BENEFITS	A	-34,585	Employee Benefits Department	4		41
42	LOBBYING DUES	A	-1,246	Administrative & General	5		42
43	FOUNDATION SALARIES	A	-19,186	Administrative & General	5		43
44	FOUNDATION BENEFITS	A	-7,236	Employee Benefits Department	4		44
45	FOUNDATION OTHER	A	-1,399	Administrative & General	5		45
46	ADVERTISING	A	-76,300	Administrative & General	5		46
47	PROVIDER TAX ASSESSMENT	A	-454,999	Administrative & General	5		47
48							48
49							49
49.02	MISC REVENUE	B	-822	Administrative & General	5		49.02
49.03	INTEREST RECEIPTS	B	-39,466	Administrative & General	5		49.03
49.04	HOSPITALIST	A	-4,360	Physicians' Private Offices	192		49.04
49.05	MISC REVENUE	B	-324	Speech Pathology	68		49.05
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-1,320,574				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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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

WORKSHEET A-8-1

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

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

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

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

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

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

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

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

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

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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									1
	2	60 Laboratory AGGREGATE	24,278	4,856	19,422	260,300	312	39,045	1,952	2
	3	91 Emergency AGGREGATE	242,594	242,594		211,500				3
	4									4
	5									5
	6									6
	7									7
	8									8
	9									9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	200	TOTAL	266,872	247,450	19,422		312	39,045	1,952	200

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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										1
2	60	Laboratory AGGREGATE					39,045		4,856	2
3	91	Emergency AGGREGATE							242,594	3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					39,045		247,450	200

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	170,598	170,598					1
2	Cap Rel Costs-Mvble Equip	407,954		407,954				2
4	Employee Benefits Department	2,421,213	559		2,421,772			4
5	Administrative & General	1,552,633	16,954	69,625	239,770	1,878,982	1,878,982	5
6	Maintenance & Repairs	211,205	2,313	41,712	52,590	307,820	54,228	6
7	Operation of Plant	132,070	8,045			140,115	24,684	7
8	Laundry & Linen Service	47,317	3,318	3,061	24,403	78,099	13,759	8
9	Housekeeping	119,832	377	921	35,816	156,946	27,649	9
10	Dietary	79,761	6,960	796	11,826	99,343	17,501	10
11	Cafeteria	194,421	1,975	2,666	40,052	239,114	42,124	11
12	Maintenance of Personnel							12
13	Nursing Administration	402,363	6,903	29,107	122,456	560,829	98,801	13
14	Central Services & Supply	85,857	4,890	6,466	7,405	104,618	18,430	14
15	Pharmacy	224,057	2,645	23,256	48,886	298,844	52,647	15
16	Medical Records & Library	156,078	2,055	828	49,733	208,694	36,765	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
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	462,886	27,610	14,958	167,164	672,618	118,494	30
31	Intensive Care Unit	191,165	6,435	3,104	63,107	263,811	46,475	31
40	Subprovider - IPF	29				29	5	40
43	Nursery	72,651	909	666	27,323	101,549	17,890	43
44	Skilled Nursing Facility	398,228	9,269	2,404	134,539	544,440	95,913	44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	230,865	10,723	21,174	64,257	327,019	57,611	50
53	Anesthesiology	13,791	64	12,207	82,919	108,981	19,199	53
54	Radiology-Diagnostic	251,328	7,752	43,084	68,349	370,513	65,273	54
56	Radioisotope	36,740	690	5,617	9,326	52,373	9,226	56
57	CT Scan	87,432	688	4,918	12,003	105,041	18,505	57
58	MRI	52,452		60,759	7,704	120,915	21,301	58
60	Laboratory	618,221	7,245	18,594	101,522	745,582	131,348	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	7,200				7,200	1,268	64
65	Respiratory Therapy	124,220	834	2,785	46,331	174,170	30,683	65
66	Physical Therapy	482,181	5,294	5,113	179,385	671,973	118,381	66
68	Speech Pathology	91,354	205	591	19,535	111,685	19,675	68
69	Electrocardiology	31,276	357	1,914		33,547	5,910	69
71	Medical Supplies Charged to Patients	171,009				171,009	30,126	71
72	Impl. Dev. Charged to Patients	67,966				67,966	11,974	72
73	Drugs Charged to Patients	351,220				351,220	61,874	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic	285,862	2,978	3,529	97,562	389,931	68,694	88
91	Emergency	227,982	3,387	9,617	76,894	317,880	56,001	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	241,854	4,914	14,455	78,969	340,192	59,931	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	203,370	1,323	17	65,862	270,572	47,666	101
SPECIAL PURPOSE COST CENTERS								
116	Hospice	91,259	1,323	202	20,583	113,367	19,972	116
118	SUBTOTALS (sum of lines 1-117)	10,997,900	148,994	404,146	1,956,271	10,506,987	1,519,983	118
NONREIMBURSABLE COST CENTERS								
192	Physicians' Private Offices	1,545,802	21,457	3,808	465,083	2,036,150	358,709	192
194	OTHER NONREIMBURSABLE							194
194.01	MEMORY DISORDER	1,083	147		418	1,648	290	194.01
194.02	ASSISTED LIVING							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	12,544,785	170,598	407,954	2,421,772	12,544,785	1,878,982	202

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs	362,048						6
7	Operation of Plant	19,319	184,118					7
8	Laundry & Linen Service	7,967	4,280	104,105				8
9	Housekeeping	906	487	6,858	192,846			9
10	Dietary	16,713	8,978	338		142,873		10
11	Cafeteria	4,741	2,547	1,270			289,796	11
12	Maintenance of Personnel							12
13	Nursing Administration	16,577	8,905		4,176		38,165	13
14	Central Services & Supply	11,743	6,308	1,499	2,594		6,844	14
15	Pharmacy	6,351	3,412		1,139		8,686	15
16	Medical Records & Library	4,935	2,651				21,320	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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	66,294	35,616	27,654	49,728	37,336	28,427	30
31	Intensive Care Unit	15,452	8,301	9,529	8,510	4,744	9,212	31
40	Subprovider - IPF							40
43	Nursery	2,184	1,173	6,537	5,315			43
44	Skilled Nursing Facility	22,258	11,957	28,813	16,197	100,793	25,268	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	25,750	13,833	10,109	12,148		26,058	50
53	Anesthesiology	153	82				1,316	53
54	Radiology-Diagnostic	18,615	10,000	1,906	8,352		12,108	54
56	Radioisotope	1,657	890	214	1,993		1,053	56
57	CT Scan	1,652	887		2,088		2,895	57
58	MRI							58
60	Laboratory	17,397	9,346	323	5,315		10,792	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy							64
65	Respiratory Therapy	2,002	1,076		759		17,372	65
66	Physical Therapy	12,713	6,830	1,663	22,366		26,848	66
68	Speech Pathology	493	265		2,657		1,316	68
69	Electrocardiology	858	461		2,847			69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic	7,151	3,842	106	7,371			88
91	Emergency	8,134	4,369	6,643	18,601		5,264	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	11,800	6,339	643	475		17,372	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	3,178	1,707		4,935		3,948	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	3,178	1,707		4,935		3,159	116
118	SUBTOTALS (sum of lines 1-117)	310,171	156,249	104,105	182,501	142,873	267,423	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	51,524	27,679		10,345		22,373	192
194	OTHER NONREIMBURSABLE							194
194.01	MEMORY DISORDER	353	190					194.01
194.02	ASSISTED LIVING							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	362,048	184,118	104,105	192,846	142,873	289,796	202

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	PHARMACY	MEDICAL RE CORDS & LI BRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		13	14	15	16	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
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	727,453						13
14	Central Services & Supply		152,036					14
15	Pharmacy		1,835	372,914				15
16	Medical Records & Library		495		274,860			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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	191,820	4,335	96	59,296	1,291,714		30
31	Intensive Care Unit	60,024	5,234	2	4,324	435,618		31
40	Subprovider - IPF					34		40
43	Nursery	25,452	479		4,324	164,903		43
44	Skilled Nursing Facility	183,113	2,737	5	5,559	1,037,053		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	59,509		104	85,854	617,995		50
53	Anesthesiology	20,815	2,272	2,362		155,180		53
54	Radiology-Diagnostic		1,740	15	6,794	495,316		54
56	Radioisotope		152	18		67,576		56
57	CT Scan		2,819			133,887		57
58	MRI		449			142,665		58
60	Laboratory		36,876	5	13,589	970,573		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy					8,468		64
65	Respiratory Therapy		814	445		227,321		65
66	Physical Therapy		2,559	19		863,352		66
68	Speech Pathology		9,459			145,550		68
69	Electrocardiology		145			43,768		69
71	Medical Supplies Charged to Patients		41,770			242,905		71
72	Impl. Dev. Charged to Patients		16,601			96,541		72
73	Drugs Charged to Patients			358,834		771,928		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic		1,937	5,468		484,500		88
91	Emergency	79,655	3,193	87	29,030	528,857		91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	107,065	3,141	1,871		548,829		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		2,691	117		334,814		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		3,519			149,837		116
118	SUBTOTALS (sum of lines 1-117)	727,453	145,252	369,448	208,770	9,959,184		118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		6,784	3,466	66,090	2,583,120		192
194	OTHER NONREIMBURSABLE							194
194.01	MEMORY DISORDER					2,481		194.01
194.02	ASSISTED LIVING							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	727,453	152,036	372,914	274,860	12,544,785		202

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	1,291,714					30
31	Intensive Care Unit	435,618					31
40	Subprovider - IPF	34					40
43	Nursery	164,903					43
44	Skilled Nursing Facility	1,037,053					44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	617,995					50
53	Anesthesiology	155,180					53
54	Radiology-Diagnostic	495,316					54
56	Radioisotope	67,576					56
57	CT Scan	133,887					57
58	MRI	142,665					58
60	Laboratory	970,573					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	8,468					64
65	Respiratory Therapy	227,321					65
66	Physical Therapy	863,352					66
68	Speech Pathology	145,550					68
69	Electrocardiology	43,768					69
71	Medical Supplies Charged to Patients	242,905					71
72	Impl. Dev. Charged to Patients	96,541					72
73	Drugs Charged to Patients	771,928					73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
88	Rural Health Clinic	484,500					88
91	Emergency	528,857					91
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	548,829					95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	334,814					101
	SPECIAL PURPOSE COST CENTERS						
116	Hospice	149,837					116
118	SUBTOTALS (sum of lines 1-117)	9,959,184					118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices	2,583,120					192
194	OTHER NONREIMBURSABLE						194
194.01	MEMORY DISORDER	2,481					194.01
194.02	ASSISTED LIVING						194.02
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	12,544,785					202

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	SUBTOTAL	EMPLOYEE B ENEFITS DEPARTMENT	ADMINISTRA TIVE & GEN ERAL	
		0	1	2	2A	4	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		559		559	559		4
5	Administrative & General	266	16,954	69,625	86,845	55	86,900	5
6	Maintenance & Repairs		2,313	41,712	44,025	12	2,508	6
7	Operation of Plant		8,045		8,045		1,142	7
8	Laundry & Linen Service		3,318	3,061	6,379	6	636	8
9	Housekeeping		377	921	1,298	8	1,279	9
10	Dietary		6,960	796	7,756	3	809	10
11	Cafeteria		1,975	2,666	4,641	9	1,948	11
12	Maintenance of Personnel							12
13	Nursing Administration		6,903	29,107	36,010	28	4,570	13
14	Central Services & Supply		4,890	6,466	11,356	2	852	14
15	Pharmacy		2,645	23,256	25,901	11	2,435	15
16	Medical Records & Library		2,055	828	2,883	11	1,700	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
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	1,902	27,610	14,958	44,470	38	5,480	30
31	Intensive Care Unit	558	6,435	3,104	10,097	15	2,150	31
40	Subprovider - IPF							40
43	Nursery		909	666	1,575	6	827	43
44	Skilled Nursing Facility	2,223	9,269	2,404	13,896	31	4,436	44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	14,021	10,723	21,174	45,918	15	2,665	50
53	Anesthesiology		64	12,207	12,271	19	888	53
54	Radiology-Diagnostic		7,752	43,084	50,836	16	3,019	54
56	Radioisotope		690	5,617	6,307	2	427	56
57	CT Scan		688	4,918	5,606	3	856	57
58	MRI			60,759	60,759	2	985	58
60	Laboratory		7,245	18,594	25,839	23	6,075	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy						59	64
65	Respiratory Therapy		834	2,785	3,619	11	1,419	65
66	Physical Therapy		5,294	5,113	10,407	41	5,475	66
68	Speech Pathology		205	591	796	4	910	68
69	Electrocardiology		357	1,914	2,271		273	69
71	Medical Supplies Charged to Patients						1,393	71
72	Impl. Dev. Charged to Patients						554	72
73	Drugs Charged to Patients						2,862	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic		2,978	3,529	6,507	22	3,177	88
91	Emergency		3,387	9,617	13,004	18	2,590	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	695	4,914	14,455	20,064	18	2,772	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	7,520	1,323	17	8,860	15	2,205	101
SPECIAL PURPOSE COST CENTERS								
116	Hospice	10,642	1,323	202	12,167	5	924	116
118	SUBTOTALS (sum of lines 1-117)	37,827	148,994	404,146	590,967	449	70,300	118
NONREIMBURSABLE COST CENTERS								
192	Physicians' Private Offices		21,457	3,808	25,265	110	16,587	192
194	OTHER NONREIMBURSABLE							194
194.01	MEMORY DISORDER		147		147		13	194.01
194.02	ASSISTED LIVING							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	37,827	170,598	407,954	616,379	559	86,900	202

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs	46,545						6
7	Operation of Plant	2,484	11,671					7
8	Laundry & Linen Service	1,024	271	8,316				8
9	Housekeeping	116	31	548	3,280			9
10	Dietary	2,149	569	27		11,313		10
11	Cafeteria	610	161	101			7,470	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,131	565		71		983	13
14	Central Services & Supply	1,510	400	120	44		176	14
15	Pharmacy	816	216		19		224	15
16	Medical Records & Library	634	168				550	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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	8,524	2,259	2,209	848	2,956	733	30
31	Intensive Care Unit	1,987	526	761	145	376	237	31
40	Subprovider - IPF							40
43	Nursery	281	74	522	90			43
44	Skilled Nursing Facility	2,861	758	2,302	275	7,981	651	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,310	877	808	207		672	50
53	Anesthesiology	20	5				34	53
54	Radiology-Diagnostic	2,393	634	152	142		312	54
56	Radioisotope	213	56	17	34		27	56
57	CT Scan	212	56		36		75	57
58	MRI							58
60	Laboratory	2,237	592	26	90		278	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy							64
65	Respiratory Therapy	257	68		13		448	65
66	Physical Therapy	1,634	433	133	380		692	66
68	Speech Pathology	63	17		45		34	68
69	Electrocardiology	110	29		48			69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic	919	244	8	125			88
91	Emergency	1,046	277	531	316		136	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	1,517	402	51	8		448	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	409	108		84		102	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	409	108		84		81	116
118	SUBTOTALS (sum of lines 1-117)	39,876	9,904	8,316	3,104	11,313	6,893	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	6,624	1,755		176		577	192
194	OTHER NONREIMBURSABLE							194
194.01	MEMORY DISORDER	45	12					194.01
194.02	ASSISTED LIVING							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	46,545	11,671	8,316	3,280	11,313	7,470	202

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	PHARMACY	MEDICAL RE CORDS & LI BRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		13	14	15	16	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
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	44,358						13
14	Central Services & Supply		14,460					14
15	Pharmacy		174	29,796				15
16	Medical Records & Library		47		5,993			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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	11,696	412	8	1,293	80,926		30
31	Intensive Care Unit	3,660	498		94	20,546		31
40	Subprovider - IPF							40
43	Nursery	1,552	46		94	5,067		43
44	Skilled Nursing Facility	11,166	260		121	44,738		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,629		8	1,873	59,982		50
53	Anesthesiology	1,269	216	189		14,911		53
54	Radiology-Diagnostic		165	1	148	57,818		54
56	Radioisotope		14	1		7,098		56
57	CT Scan		268			7,112		57
58	MRI		43			61,789		58
60	Laboratory		3,507		296	38,963		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy					59		64
65	Respiratory Therapy		77	36		5,948		65
66	Physical Therapy		243	2		19,440		66
68	Speech Pathology		900			2,769		68
69	Electrocardiology		14			2,745		69
71	Medical Supplies Charged to Patients		3,974			5,367		71
72	Impl. Dev. Charged to Patients		1,579			2,133		72
73	Drugs Charged to Patients			28,672		31,534		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic		184	437		11,623		88
91	Emergency	4,857	304	7	633	23,719		91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	6,529	299	149		32,257		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		256	9		12,048		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		335			14,113		116
118	SUBTOTALS (sum of lines 1-117)	44,358	13,815	29,519	4,552	562,705		118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		645	277	1,441	53,457		192
194	OTHER NONREIMBURSABLE							194
194.01	MEMORY DISORDER					217		194.01
194.02	ASSISTED LIVING							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	44,358	14,460	29,796	5,993	616,379		202

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	80,926					30
31	Intensive Care Unit	20,546					31
40	Subprovider - IPF						40
43	Nursery	5,067					43
44	Skilled Nursing Facility	44,738					44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	59,982					50
53	Anesthesiology	14,911					53
54	Radiology-Diagnostic	57,818					54
56	Radioisotope	7,098					56
57	CT Scan	7,112					57
58	MRI	61,789					58
60	Laboratory	38,963					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	59					64
65	Respiratory Therapy	5,948					65
66	Physical Therapy	19,440					66
68	Speech Pathology	2,769					68
69	Electrocardiology	2,745					69
71	Medical Supplies Charged to Patients	5,367					71
72	Impl. Dev. Charged to Patients	2,133					72
73	Drugs Charged to Patients	31,534					73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
88	Rural Health Clinic	11,623					88
91	Emergency	23,719					91
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	32,257					95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	12,048					101
	SPECIAL PURPOSE COST CENTERS						
116	Hospice	14,113					116
118	SUBTOTALS (sum of lines 1-117)	562,705					118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices	53,457					192
194	OTHER NONREIMBURSABLE						194
194.01	MEMORY DISORDER	217					194.01
194.02	ASSISTED LIVING						194.02
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	616,379					202

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP RE L COSTS-BL DG & FIXT SQUARE FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE -NEW	EMPLOYEE B ENEFTS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINISTRA TIVE & GEN ERAL ACCUM COST	MAINTENANC E & REPAIR S SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	171,848						1
2	Cap Rel Costs-Mvble Equip		406,726					2
4	Employee Benefits Department	563		6,265,561				4
5	Administrative & General	17,078	69,416	620,328	-1,878,982	10,665,803		5
6	Maintenance & Repairs	2,330	41,586	136,060		307,820	151,877	6
7	Operation of Plant	8,104				140,115	8,104	7
8	Laundry & Linen Service	3,342	3,052	63,134		78,099	3,342	8
9	Housekeeping	380	918	92,662		156,946	380	9
10	Dietary	7,011	794	30,597		99,343	7,011	10
11	Cafeteria	1,989	2,658	103,622		239,114	1,989	11
12	Maintenance of Personnel							12
13	Nursing Administration	6,954	29,019	316,816		560,829	6,954	13
14	Central Services & Supply	4,926	6,447	19,157		104,618	4,926	14
15	Pharmacy	2,664	23,186	126,478		298,844	2,664	15
16	Medical Records & Library	2,070	826	128,669		208,694	2,070	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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	27,811	14,913	432,483		672,618	27,811	30
31	Intensive Care Unit	6,482	3,095	163,270		263,811	6,482	31
40	Subprovider - IPF					29		40
43	Nursery	916	664	70,690		101,549	916	43
44	Skilled Nursing Facility	9,337	2,397	348,078		544,440	9,337	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	10,802	21,110	166,244		327,019	10,802	50
53	Anesthesiology	64	12,170	214,527		108,981	64	53
54	Radiology-Diagnostic	7,809	42,954	176,832		370,513	7,809	54
56	Radioisotope	695	5,600	24,129		52,373	695	56
57	CT Scan	693	4,903	31,054		105,041	693	57
58	MRI		60,576	19,932		120,915		58
60	Laboratory	7,298	18,538	262,657		745,582	7,298	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy					7,200		64
65	Respiratory Therapy	840	2,777	119,867		174,170	840	65
66	Physical Therapy	5,333	5,098	464,102		671,973	5,333	66
68	Speech Pathology	207	589	50,540		111,685	207	68
69	Electrocardiology	360	1,908			33,547	360	69
71	Medical Supplies Charged to Patients					171,009		71
72	Impl. Dev. Charged to Patients					67,966		72
73	Drugs Charged to Patients					351,220		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic	3,000	3,518	252,411		389,931	3,000	88
91	Emergency	3,412	9,588	198,939		317,880	3,412	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	4,950	14,411	204,306		340,192	4,950	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	1,333	17	170,397		270,572	1,333	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	1,333	201	53,253		113,367	1,333	116
118	SUBTOTALS (sum of lines 1-117)	150,086	402,929	5,061,234	-1,878,982	8,628,005	130,115	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	21,614	3,797	1,203,245		2,036,150	21,614	192
194	OTHER NONREIMBURSABLE							194
194.01	MEMORY DISORDER	148		1,082		1,648	148	194.01
194.02	ASSISTED LIVING							194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	170,598	407,954	2,421,772		1,878,982	362,048	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.992726	1.003019	0.386521		0.176169	2.383824	203
204	Cost to be allocated (Per Wkst. B, Part II)			559		86,900	46,545	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000089		0.008148	0.306465	205

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP RE L COSTS-BL DG & FIXT SQUARE FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE -NEW	EMPLOYEE B ENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINISTRA TIVE & GEN ERAL ACCUM COST	MAINTENANC E & REPAIR S SQUARE FEET	
		1	2	4	5A	5	6	
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		SQUARE FEET	LAUNDRY POUNDS	HOURS OF SERVICE	DIETARY MEALS SERV	CAFE MEALS SERV	DIRECT NURSING HO	
		7	8	9	10	11	13	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	143,773						7
8	Laundry & Linen Service	3,342	464,064					8
9	Housekeeping	380	30,570	6,096				9
10	Dietary	7,011	1,505		16,864			10
11	Cafeteria	1,989	5,661			1,101		11
12	Maintenance of Personnel							12
13	Nursing Administration	6,954		132		145	14,119	13
14	Central Services & Supply	4,926	6,684	82		26		14
15	Pharmacy	2,664		36		33		15
16	Medical Records & Library	2,070				81		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
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	27,811	123,274	1,572	4,407	108	3,723	30
31	Intensive Care Unit	6,482	42,476	269	560	35	1,165	31
40	Subprovider - IPF							40
43	Nursery	916	29,138	168			494	43
44	Skilled Nursing Facility	9,337	128,441	512	11,897	96	3,554	44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	10,802	45,062	384		99	1,155	50
53	Anesthesiology	64				5	404	53
54	Radiology-Diagnostic	7,809	8,498	264		46		54
56	Radioisotope	695	952	63		4		56
57	CT Scan	693		66		11		57
58	MRI							58
60	Laboratory	7,298	1,438	168		41		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy							64
65	Respiratory Therapy	840		24		66		65
66	Physical Therapy	5,333	7,411	707		102		66
68	Speech Pathology	207		84		5		68
69	Electrocardiology	360		90				69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic	3,000	474	233				88
91	Emergency	3,412	29,614	588		20	1,546	91
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	4,950	2,866	15		66	2,078	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	1,333		156		15		101
SPECIAL PURPOSE COST CENTERS								
116	Hospice	1,333		156		12		116
118	SUBTOTALS (sum of lines 1-117)	122,011	464,064	5,769	16,864	1,016	14,119	118
NONREIMBURSABLE COST CENTERS								
192	Physicians' Private Offices	21,614		327		85		192
194	OTHER NONREIMBURSABLE							194
194.01	MEMORY DISORDER	148						194.01
194.02	ASSISTED LIVING							194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	184,118	104,105	192,846	142,873	289,796	727,453	202
203	Unit Cost Multiplier (Wkst. B, Part I)	1.280616	0.224333	31.634843	8.472071	263.211626	51.522983	203
204	Cost to be allocated (Per Wkst. B, Part II)	11,671	8,316	3,280	11,313	7,470	44,358	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.081177	0.017920	0.538058	0.670837	6.784741	3.141724	205

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERV ICE LAUNDRY POUNDS	HOUSEKEEPI NG HOURS OF SERVICE	DIETARY DIETARY MEALS SERV	CAFETERIA CAFE MEALS SERV	NURSING AD MINISTRATI ON DIRECT NURSING HO	
		7	8	9	10	11	13	
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY CS COSTED REQUIS	PHARMACY PHARM COSTED REQ	MEDICAL RECORDS & LIBRARY TIME SPENT				
	14	15	16				

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply	622,449					14
15	Pharmacy	7,511	365,003				15
16	Medical Records & Library	2,025		445			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
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	17,746	94	96			30
31	Intensive Care Unit	21,427	2	7			31
40	Subprovider - IPF						40
43	Nursery	1,961		7			43
44	Skilled Nursing Facility	11,204	5	9			44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		102	139			50
53	Anesthesiology	9,301	2,312				53
54	Radiology-Diagnostic	7,123	15	11			54
56	Radioisotope	623	18				56
57	CT Scan	11,543					57
58	MRI	1,839					58
60	Laboratory	150,974	5	22			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy						64
65	Respiratory Therapy	3,333	436				65
66	Physical Therapy	10,476	19				66
68	Speech Pathology	38,725					68
69	Electrocardiology	595					69
71	Medical Supplies Charged to Patients	171,009					71
72	Impl. Dev. Charged to Patients	67,966					72
73	Drugs Charged to Patients		351,220				73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic	7,932	5,352				88
91	Emergency	13,073	85	47			91
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	12,860	1,831				95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	11,018	115				101
SPECIAL PURPOSE COST CENTERS							
116	Hospice	14,408					116
118	SUBTOTALS (sum of lines 1-117)	594,672	361,611	338			118
NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	27,776	3,392	107			192
194	OTHER NONREIMBURSABLE						194
194.01	MEMORY DISORDER	1					194.01
194.02	ASSISTED LIVING						194.02
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	152,036	372,914	274,860			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.244255	1.021674	617.662921			203

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY CS COSTED REQUIS	PHARMACY PHARM COSTED REQ	MEDICAL RECORDS & LIBRARY TIME SPENT				
		14	15	16				
204	Cost to be allocated (Per Wkst. B, Part II)	14,460	29,796	5,993				204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.023231	0.081632	13.467416				205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	WORKSHEET			
DESCRIPTION	CODE	LINE NO.	AMOUNT	
1	2	3	4	

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	1,291,714		1,291,714		1,291,714	30
31	Intensive Care Unit	435,618		435,618		435,618	31
40	Subprovider - IPF	34		34		34	40
43	Nursery	164,903		164,903		164,903	43
44	Skilled Nursing Facility	1,037,053		1,037,053		1,037,053	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	617,995		617,995		617,995	50
53	Anesthesiology	155,180		155,180		155,180	53
54	Radiology-Diagnostic	495,316		495,316		495,316	54
56	Radioisotope	67,576		67,576		67,576	56
57	CT Scan	133,887		133,887		133,887	57
58	MRI	142,665		142,665		142,665	58
60	Laboratory	970,573		970,573		970,573	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	8,468		8,468		8,468	64
65	Respiratory Therapy	227,321		227,321		227,321	65
66	Physical Therapy	863,352		863,352		863,352	66
68	Speech Pathology	145,550		145,550		145,550	68
69	Electrocardiology	43,768		43,768		43,768	69
71	Medical Supplies Charged to Patients	242,905		242,905		242,905	71
72	Impl. Dev. Charged to Patients	96,541		96,541		96,541	72
73	Drugs Charged to Patients	771,928		771,928		771,928	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
88	Rural Health Clinic	484,500		484,500		484,500	88
91	Emergency	528,857		528,857		528,857	91
92	Observation Beds (Non-Distinct Part)	312,373		312,373		312,373	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	548,829		548,829		548,829	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	334,814		334,814		334,814	101
116	Hospice	149,837		149,837		149,837	116
200	Subtotal (sum of lines 30 thru 199)	10,271,557		10,271,557		10,271,557	200
201	Less Observation Beds	312,373		312,373		312,373	201
202	Total (line 200 minus line 201)	9,959,184		9,959,184		9,959,184	202

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	1,345,712		1,345,712				30
31	Intensive Care Unit	461,788		461,788				31
40	Subprovider - IPF							40
43	Nursery	115,974		115,974				43
44	Skilled Nursing Facility	686,881		686,881				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	687,156	2,805,056	3,492,212	0.176964	0.176964	0.176964	50
53	Anesthesiology	108,000	706,171	814,171	0.190599	0.190599	0.190599	53
54	Radiology-Diagnostic	306,006	2,868,451	3,174,457	0.156032	0.156032	0.156032	54
56	Radioisotope	33,820	706,305	740,125	0.091303	0.091303	0.091303	56
57	CT Scan	426,855	3,593,466	4,020,321	0.033303	0.033303	0.033303	57
58	MRI	25,395	834,224	859,619	0.165963	0.165963	0.165963	58
60	Laboratory	900,921	6,119,952	7,020,873	0.138241	0.138241	0.138241	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	144,833	142,759	287,592	0.029444	0.029444	0.029444	64
65	Respiratory Therapy	405,776	335,997	741,773	0.306456	0.306456	0.306456	65
66	Physical Therapy	904,810	1,904,426	2,809,236	0.307326	0.307326	0.307326	66
68	Speech Pathology	78,380	233,641	312,021	0.466475	0.466475	0.466475	68
69	Electrocardiology	78,147	713,177	791,324	0.055310	0.055310	0.055310	69
71	Medical Supplies Charged to Patients	567,151	968,750	1,535,901	0.158151	0.158151	0.158151	71
72	Impl. Dev. Charged to Patients	54,104	115,810	169,914	0.568176	0.568176	0.568176	72
73	Drugs Charged to Patients	934,762	1,273,537	2,208,299	0.349558	0.349558	0.349558	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic		245,148	245,148				88
91	Emergency	359,789	2,185,091	2,544,880	0.207812	0.207812	0.207812	91
92	Observation Beds (Non-Distinct Part)	95,162	613,873	709,035	0.440561	0.440561	0.440561	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	15,462	628,706	644,168	0.851997	0.851997	0.851997	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		723,482	723,482				101
116	Hospice		359,980	359,980				116
200	Subtotal (sum of lines 30 thru 199)	8,736,884	28,078,002	36,814,886				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	8,736,884	28,078,002	36,814,886				202

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

	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)		
(A)	1	2	3	4	5	6	7		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	80,926	413	80,513	1,226	65.67	685	44,984	30
31	Intensive Care Unit	20,546		20,546	118	174.12			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	5,067		5,067	99	51.18			43
44	Skilled Nursing Facility	44,738		44,738	2,505	17.86	750	13,395	44
45	Nursing Facility								45
200	Total (lines 30-199)	151,277		150,864	3,948		1,435	58,379	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0147

WORKSHEET D
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	59,982	3,492,212	0.017176	220,706	3,791	50
53	Anesthesiology	14,911	814,171	0.018314	53,010	971	53
54	Radiology-Diagnostic	57,818	3,174,457	0.018214	286,602	5,220	54
56	Radioisotope	7,098	740,125	0.009590	29,403	282	56
57	CT Scan	7,112	4,020,321	0.001769	416,954	738	57
58	MRI	61,789	859,619	0.071880	24,218	1,741	58
60	Laboratory	38,963	7,020,873	0.005550	845,472	4,692	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	59	287,592	0.000205	123,826	25	64
65	Respiratory Therapy	5,948	741,773	0.008019	281,722	2,259	65
66	Physical Therapy	19,440	2,809,236	0.006920	135,678	939	66
68	Speech Pathology	2,769	312,021	0.008874	27,189	241	68
69	Electrocardiology	2,745	791,324	0.003469	77,093	267	69
71	Medical Supplies Charged to Pat	5,367	1,535,901	0.003494	277,247	969	71
72	Impl. Dev. Charged to Patients	2,133	169,914	0.012553	28,440	357	72
73	Drugs Charged to Patients	31,534	2,208,299	0.014280	539,479	7,704	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
88	Rural Health Clinic	11,623	245,148	0.047412			88
91	Emergency	23,719	2,544,880	0.009320	290,012	2,703	91
92	Observation Beds (Non-Distinct	19,570	709,035	0.027601	89,741	2,477	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	372,580	32,476,901		3,746,792	35,376	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	1,226		685		30
31	Intensive Care Unit	118				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	99				43
44	Skilled Nursing Facility	2,505		750		44
45	Nursing Facility					45
200	Total (lines 30-199)	3,948		1,435		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0147

**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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
53	Anesthesiology									53
54	Radiology-Diagnostic									54
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic									88
91	Emergency									91
92	Observation Beds (Non-Distinct									92
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services									95
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0147

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	3,492,212			220,706		951,877		50
53	Anesthesiology	814,171			53,010				53
54	Radiology-Diagnostic	3,174,457			286,602		856,704		54
56	Radioisotope	740,125			29,403		364,812		56
57	CT Scan	4,020,321			416,954		1,150,433		57
58	MRI	859,619			24,218		263,648		58
60	Laboratory	7,020,873			845,472		848,241		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	287,592			123,826		142,759		64
65	Respiratory Therapy	741,773			281,722		151,313		65
66	Physical Therapy	2,809,236			135,678		7,020		66
68	Speech Pathology	312,021			27,189		7,627		68
69	Electrocardiology	791,324			77,093		328,316		69
71	Medical Supplies Charged to Pat	1,535,901			277,247		360,156		71
72	Impl. Dev. Charged to Patients	169,914			28,440		15,718		72
73	Drugs Charged to Patients	2,208,299			539,479		867,138		73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic	245,148							88
91	Emergency	2,544,880			290,012		598,030		91
92	Observation Beds (Non-Distinct	709,035			89,741		180,072		92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	32,476,901			3,746,792		7,093,864		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0147

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.176964	951,877			168,448			50
53	Anesthesiology	0.190599							53
54	Radiology-Diagnostic	0.156032	856,704			133,673			54
56	Radioisotope	0.091303	364,812			33,308			56
57	CT Scan	0.033303	1,150,433			38,313			57
58	MRI	0.165963	263,648			43,756			58
60	Laboratory	0.138241	848,241			117,262			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.029444	142,759			4,203			64
65	Respiratory Therapy	0.306456	151,313			46,371			65
66	Physical Therapy	0.307326	7,020			2,157			66
68	Speech Pathology	0.466475	7,627			3,558			68
69	Electrocardiology	0.055310	328,316			18,159			69
71	Medical Supplies Charged to Pat	0.158151	360,156			56,959			71
72	Impl. Dev. Charged to Patients	0.568176	15,718			8,931			72
73	Drugs Charged to Patients	0.349558	867,138		8,155	303,115		2,851	73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic								88
91	Emergency	0.207812	598,030			124,278			91
92	Observation Beds (Non-Distinct	0.440561	180,072			79,333			92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.851997							95
200	Subtotal (see instructions)		7,093,864		8,155	1,181,824		2,851	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		7,093,864		8,155	1,181,824		2,851	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S147

WORKSHEET D
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	59,982	3,492,212	0.017176		50
53	Anesthesiology	14,911	814,171	0.018314		53
54	Radiology-Diagnostic	57,818	3,174,457	0.018214		54
56	Radioisotope	7,098	740,125	0.009590		56
57	CT Scan	7,112	4,020,321	0.001769		57
58	MRI	61,789	859,619	0.071880		58
60	Laboratory	38,963	7,020,873	0.005550		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64	Intravenous Therapy	59	287,592	0.000205		64
65	Respiratory Therapy	5,948	741,773	0.008019		65
66	Physical Therapy	19,440	2,809,236	0.006920		66
68	Speech Pathology	2,769	312,021	0.008874		68
69	Electrocardiology	2,745	791,324	0.003469		69
71	Medical Supplies Charged to Pat	5,367	1,535,901	0.003494		71
72	Impl. Dev. Charged to Patients	2,133	169,914	0.012553		72
73	Drugs Charged to Patients	31,534	2,208,299	0.014280		73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
88	Rural Health Clinic	11,623	245,148	0.047412		88
91	Emergency	23,719	2,544,880	0.009320		91
92	Observation Beds (Non-Distinct)		709,035			92
93.99	PARTIAL HOSPITALIZATION PROGRAM					93.99
	OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services					95
200	Total (sum of lines 50-199)	353,010	32,476,901			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S147

**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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
53	Anesthesiology									53
54	Radiology-Diagnostic									54
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic									88
91	Emergency									91
92	Observation Beds (Non-Distinct									92
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services									95
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S147

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	3,492,212							50
53	Anesthesiology	814,171							53
54	Radiology-Diagnostic	3,174,457							54
56	Radioisotope	740,125							56
57	CT Scan	4,020,321							57
58	MRI	859,619							58
60	Laboratory	7,020,873							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	287,592							64
65	Respiratory Therapy	741,773							65
66	Physical Therapy	2,809,236							66
68	Speech Pathology	312,021							68
69	Electrocardiology	791,324							69
71	Medical Supplies Charged to Pat	1,535,901							71
72	Impl. Dev. Charged to Patients	169,914							72
73	Drugs Charged to Patients	2,208,299							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic	245,148							88
91	Emergency	2,544,880							91
92	Observation Beds (Non-Distinct)	709,035							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	32,476,901							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S147

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.176964							50
53	Anesthesiology	0.190599							53
54	Radiology-Diagnostic	0.156032							54
56	Radioisotope	0.091303							56
57	CT Scan	0.033303							57
58	MRI	0.165963							58
60	Laboratory	0.138241							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.029444							64
65	Respiratory Therapy	0.306456							65
66	Physical Therapy	0.307326							66
68	Speech Pathology	0.466475							68
69	Electrocardiology	0.055310							69
71	Medical Supplies Charged to Pat	0.158151							71
72	Impl. Dev. Charged to Patients	0.568176							72
73	Drugs Charged to Patients	0.349558							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic								88
91	Emergency	0.207812							91
92	Observation Beds (Non-Distinct	0.440561							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.851997							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-U147

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.176964							50
53	Anesthesiology	0.190599							53
54	Radiology-Diagnostic	0.156032							54
56	Radioisotope	0.091303							56
57	CT Scan	0.033303							57
58	MRI	0.165963							58
60	Laboratory	0.138241							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.029444							64
65	Respiratory Therapy	0.306456							65
66	Physical Therapy	0.307326							66
68	Speech Pathology	0.466475							68
69	Electrocardiology	0.055310							69
71	Medical Supplies Charged to Pat	0.158151							71
72	Impl. Dev. Charged to Patients	0.568176							72
73	Drugs Charged to Patients	0.349558							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic								88
91	Emergency	0.207812							91
92	Observation Beds (Non-Distinct	0.440561							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.851997							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5580

**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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
53	Anesthesiology									53
54	Radiology-Diagnostic									54
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic									88
91	Emergency									91
92	Observation Beds (Non-Distinct									92
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services									95
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5580

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	3,492,212							50
53	Anesthesiology	814,171							53
54	Radiology-Diagnostic	3,174,457			17,837				54
56	Radioisotope	740,125							56
57	CT Scan	4,020,321			9,901				57
58	MRI	859,619							58
60	Laboratory	7,020,873			52,133				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	287,592			18,878				64
65	Respiratory Therapy	741,773			108,583				65
66	Physical Therapy	2,809,236			672,745				66
68	Speech Pathology	312,021			47,596				68
69	Electrocardiology	791,324			1,054				69
71	Medical Supplies Charged to Pat	1,535,901			109,033				71
72	Impl. Dev. Charged to Patients	169,914							72
73	Drugs Charged to Patients	2,208,299			207,714				73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic	245,148							88
91	Emergency	2,544,880							91
92	Observation Beds (Non-Distinct)	709,035			5,421				92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	32,476,901			1,250,895				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5580

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.176964							50
53	Anesthesiology	0.190599							53
54	Radiology-Diagnostic	0.156032							54
56	Radioisotope	0.091303							56
57	CT Scan	0.033303							57
58	MRI	0.165963							58
60	Laboratory	0.138241							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.029444							64
65	Respiratory Therapy	0.306456							65
66	Physical Therapy	0.307326							66
68	Speech Pathology	0.466475							68
69	Electrocardiology	0.055310							69
71	Medical Supplies Charged to Pat	0.158151							71
72	Impl. Dev. Charged to Patients	0.568176							72
73	Drugs Charged to Patients	0.349558							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic								88
91	Emergency	0.207812							91
92	Observation Beds (Non-Distinct	0.440561							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.851997							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	80,926	413	80,513	1,226	65.67	118	7,749	30
31	Intensive Care Unit	20,546		20,546	118	174.12	13	2,264	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	5,067		5,067	99	51.18	60	3,071	43
44	Skilled Nursing Facility	44,738		44,738	2,505	17.86			44
45	Nursing Facility								45
200	Total (lines 30-199)	151,277		150,864	3,948		191	13,084	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	1,226		118		30
31	Intensive Care Unit	118		13		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	99		60		43
44	Skilled Nursing Facility	2,505				44
45	Nursing Facility					45
200	Total (lines 30-199)	3,948		191		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0147

**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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
53	Anesthesiology									53
54	Radiology-Diagnostic									54
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic									88
91	Emergency									91
92	Observation Beds (Non-Distinct									92
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services									95
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0147

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	3,492,212							50
53	Anesthesiology	814,171							53
54	Radiology-Diagnostic	3,174,457							54
56	Radioisotope	740,125							56
57	CT Scan	4,020,321							57
58	MRI	859,619							58
60	Laboratory	7,020,873							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	287,592							64
65	Respiratory Therapy	741,773							65
66	Physical Therapy	2,809,236							66
68	Speech Pathology	312,021							68
69	Electrocardiology	791,324							69
71	Medical Supplies Charged to Pat	1,535,901							71
72	Impl. Dev. Charged to Patients	169,914							72
73	Drugs Charged to Patients	2,208,299							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic	245,148							88
91	Emergency	2,544,880							91
92	Observation Beds (Non-Distinct	709,035							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	32,476,901							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0147

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.176964							50
53	Anesthesiology	0.190599							53
54	Radiology-Diagnostic	0.156032							54
56	Radioisotope	0.091303							56
57	CT Scan	0.033303							57
58	MRI	0.165963							58
60	Laboratory	0.138241							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.029444							64
65	Respiratory Therapy	0.306456							65
66	Physical Therapy	0.307326							66
68	Speech Pathology	0.466475							68
69	Electrocardiology	0.055310							69
71	Medical Supplies Charged to Pat	0.158151							71
72	Impl. Dev. Charged to Patients	0.568176							72
73	Drugs Charged to Patients	0.349558							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic								88
91	Emergency	0.207812							91
92	Observation Beds (Non-Distinct	0.440561							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.851997							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S147

WORKSHEET D
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	59,982	3,492,212	0.017176			50
53	Anesthesiology	14,911	814,171	0.018314			53
54	Radiology-Diagnostic	57,818	3,174,457	0.018214			54
56	Radioisotope	7,098	740,125	0.009590			56
57	CT Scan	7,112	4,020,321	0.001769			57
58	MRI	61,789	859,619	0.071880			58
60	Laboratory	38,963	7,020,873	0.005550			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	59	287,592	0.000205			64
65	Respiratory Therapy	5,948	741,773	0.008019			65
66	Physical Therapy	19,440	2,809,236	0.006920			66
68	Speech Pathology	2,769	312,021	0.008874			68
69	Electrocardiology	2,745	791,324	0.003469			69
71	Medical Supplies Charged to Pat	5,367	1,535,901	0.003494			71
72	Impl. Dev. Charged to Patients	2,133	169,914	0.012553			72
73	Drugs Charged to Patients	31,534	2,208,299	0.014280			73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
88	Rural Health Clinic	11,623	245,148	0.047412			88
91	Emergency	23,719	2,544,880	0.009320			91
92	Observation Beds (Non-Distinct)		709,035				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	353,010	32,476,901				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S147

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
53	Anesthesiology								53
54	Radiology-Diagnostic								54
56	Radioisotope								56
57	CT Scan								57
58	MRI								58
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy								64
65	Respiratory Therapy								65
66	Physical Therapy								66
68	Speech Pathology								68
69	Electrocardiology								69
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic								88
91	Emergency								91
92	Observation Beds (Non-Distinct								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S147

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	3,492,212							50
53	Anesthesiology	814,171							53
54	Radiology-Diagnostic	3,174,457							54
56	Radioisotope	740,125							56
57	CT Scan	4,020,321							57
58	MRI	859,619							58
60	Laboratory	7,020,873							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	287,592							64
65	Respiratory Therapy	741,773							65
66	Physical Therapy	2,809,236							66
68	Speech Pathology	312,021							68
69	Electrocardiology	791,324							69
71	Medical Supplies Charged to Pat	1,535,901							71
72	Impl. Dev. Charged to Patients	169,914							72
73	Drugs Charged to Patients	2,208,299							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic	245,148							88
91	Emergency	2,544,880							91
92	Observation Beds (Non-Distinct	709,035							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	32,476,901							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S147

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.176964							50
53	Anesthesiology	0.190599							53
54	Radiology-Diagnostic	0.156032							54
56	Radioisotope	0.091303							56
57	CT Scan	0.033303							57
58	MRI	0.165963							58
60	Laboratory	0.138241							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.029444							64
65	Respiratory Therapy	0.306456							65
66	Physical Therapy	0.307326							66
68	Speech Pathology	0.466475							68
69	Electrocardiology	0.055310							69
71	Medical Supplies Charged to Pat	0.158151							71
72	Impl. Dev. Charged to Patients	0.568176							72
73	Drugs Charged to Patients	0.349558							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic								88
91	Emergency	0.207812							91
92	Observation Beds (Non-Distinct	0.440561							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.851997							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0147

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,259	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,226	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)	928	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	23	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	10	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)	685	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)	23	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	218.85	17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	224.47	18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	155.41	19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	155.41	20
21	Total general inpatient routine service cost (see instructions)	1,291,714	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	5,034	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)	1,554	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)	6,588	26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	1,285,126	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)	1,285,126	37

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0147

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,048.23	38
39	Program general inpatient routine service cost (line 9 x line 38)					718,038	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)					718,038	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	435,618	118	3,691.68			43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					728,363	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					1,446,401	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					44,984	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,376	51
52	Total Program excludable cost (sum of lines 50 and 51)					80,360	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					1,366,041	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)					5,034	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)					5,034	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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0147

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)	298	87				
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,048.23	88				
89	Observation bed cost (line 87 x line 88) (see instructions)	312,373	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	80,926	1,291,714	0.062650	312,373	19,570	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S147

WORKSHEET D-1
PART I

Check [] Title V - I/P [] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] 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)	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	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)	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)	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)	34 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)	34 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)	34 37

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S147

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)		38
39	Program general inpatient routine service cost (line 9 x line 38)		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)		41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)		49

PASS THROUGH COST ADJUSTMENTS

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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5580

**WORKSHEET D-1
PART I**

Check [] Title V - I/P [] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [XX] 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)	2,505	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,505	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)	2,505	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)	750	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)	1,037,053	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)	1,037,053	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)	1,037,053	37

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5580

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 III - SNF, NF, AND ICF/IID ONLY

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	1,037,053	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	413.99	71
72	Program routine service cost (line 9 x line 71)	310,493	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	310,493	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	310,493	83
84	Program inpatient ancillary services (see instructions)	365,404	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	675,897	86

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0147

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,259	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,226	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)	928	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	23	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	10	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)	118	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)	99	15
16	Nursery days (title V or XIX only)	60	16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	218.85	17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	224.47	18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	155.41	19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	155.41	20
21	Total general inpatient routine service cost (see instructions)	1,291,714	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	5,034	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)	1,554	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)	6,588	26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	1,285,126	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)	1,285,126	37

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0147

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

							1	
		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		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,048.23	38	
39	Program general inpatient routine service cost (line 9 x line 38)					123,691	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)					123,691	41	
42	Nursery (Titles V and XIX only)	164,903	99	1,665.69	60	99,941	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	435,618	118	3,691.68	13	47,992	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)						48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					271,624	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					13,084	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51
52	Total Program excludable cost (sum of lines 50 and 51)					13,084	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					258,540	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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0147

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)	298	87				
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,048.23	88				
89	Observation bed cost (line 87 x line 88) (see instructions)	312.373	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	80,926	1,291,714	0.062650	312.373	19,570	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S147

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	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)	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)	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)	34 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)	34 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)	34 37

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S147

**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

1

38	Adjusted general inpatient routine service cost per diem (see instructions)		38
39	Program general inpatient routine service cost (line 9 x line 38)		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)		41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)		49

PASS THROUGH COST ADJUSTMENTS

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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0147

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		814,287		30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.176964	220,706	39,057	50
53	Anesthesiology	0.190599	53,010	10,104	53
54	Radiology-Diagnostic	0.156032	286,602	44,719	54
56	Radioisotope	0.091303	29,403	2,685	56
57	CT Scan	0.033303	416,954	13,886	57
58	MRI	0.165963	24,218	4,019	58
60	Laboratory	0.138241	845,472	116,879	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.029444	123,826	3,646	64
65	Respiratory Therapy	0.306456	281,722	86,335	65
66	Physical Therapy	0.307326	135,678	41,697	66
68	Speech Pathology	0.466475	27,189	12,683	68
69	Electrocardiology	0.055310	77,093	4,264	69
71	Medical Supplies Charged to Patients	0.158151	277,247	43,847	71
72	Impl. Dev. Charged to Patients	0.568176	28,440	16,159	72
73	Drugs Charged to Patients	0.349558	539,479	188,579	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic				88
91	Emergency	0.207812	290,012	60,268	91
92	Observation Beds (Non-Distinct Part)	0.440561	89,741	39,536	92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		3,746,792	728,363	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,746,792		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S147

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.176964			50
53	Anesthesiology	0.190599			53
54	Radiology-Diagnostic	0.156032			54
56	Radioisotope	0.091303			56
57	CT Scan	0.033303			57
58	MRI	0.165963			58
60	Laboratory	0.138241			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.029444			64
65	Respiratory Therapy	0.306456			65
66	Physical Therapy	0.307326			66
68	Speech Pathology	0.466475			68
69	Electrocardiology	0.055310			69
71	Medical Supplies Charged to Patients	0.158151			71
72	Impl. Dev. Charged to Patients	0.568176			72
73	Drugs Charged to Patients	0.349558			73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic				88
91	Emergency	0.207812			91
92	Observation Beds (Non-Distinct Part)	0.440561			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-U147

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.176964			50
53	Anesthesiology	0.190599			53
54	Radiology-Diagnostic	0.156032	1,567	245	54
56	Radioisotope	0.091303			56
57	CT Scan	0.033303			57
58	MRI	0.165963			58
60	Laboratory	0.138241	3,316	458	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.029444	2,129	63	64
65	Respiratory Therapy	0.306456	2,963	908	65
66	Physical Therapy	0.307326	5,115	1,572	66
68	Speech Pathology	0.466475	1,139	531	68
69	Electrocardiology	0.055310			69
71	Medical Supplies Charged to Patients	0.158151	2,934	464	71
72	Impl. Dev. Charged to Patients	0.568176			72
73	Drugs Charged to Patients	0.349558	11,654	4,074	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic				88
91	Emergency	0.207812			91
92	Observation Beds (Non-Distinct Part)	0.440561			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		30,817	8,315	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		30,817		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5580

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.176964			50
53	Anesthesiology	0.190599			53
54	Radiology-Diagnostic	0.156032	17,837	2,783	54
56	Radioisotope	0.091303			56
57	CT Scan	0.033303	9,901	330	57
58	MRI	0.165963			58
60	Laboratory	0.138241	52,133	7,207	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.029444	18,878	556	64
65	Respiratory Therapy	0.306456	108,583	33,276	65
66	Physical Therapy	0.307326	672,745	206,752	66
68	Speech Pathology	0.466475	47,596	22,202	68
69	Electrocardiology	0.055310	1,054	58	69
71	Medical Supplies Charged to Patients	0.158151	109,033	17,244	71
72	Impl. Dev. Charged to Patients	0.568176			72
73	Drugs Charged to Patients	0.349558	207,714	72,608	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic				88
91	Emergency	0.207812			91
92	Observation Beds (Non-Distinct Part)	0.440561	5,421	2,388	92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		1,250,895	365,404	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,250,895		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0147

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.176964			50
53	Anesthesiology	0.190599			53
54	Radiology-Diagnostic	0.156032			54
56	Radioisotope	0.091303			56
57	CT Scan	0.033303			57
58	MRI	0.165963			58
60	Laboratory	0.138241			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.029444			64
65	Respiratory Therapy	0.306456			65
66	Physical Therapy	0.307326			66
68	Speech Pathology	0.466475			68
69	Electrocardiology	0.055310			69
71	Medical Supplies Charged to Patients	0.158151			71
72	Impl. Dev. Charged to Patients	0.568176			72
73	Drugs Charged to Patients	0.349558			73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic				88
91	Emergency	0.207812			91
92	Observation Beds (Non-Distinct Part)	0.440561			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S147

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.176964			50
53	Anesthesiology	0.190599			53
54	Radiology-Diagnostic	0.156032			54
56	Radioisotope	0.091303			56
57	CT Scan	0.033303			57
58	MRI	0.165963			58
60	Laboratory	0.138241			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.029444			64
65	Respiratory Therapy	0.306456			65
66	Physical Therapy	0.307326			66
68	Speech Pathology	0.466475			68
69	Electrocardiology	0.055310			69
71	Medical Supplies Charged to Patients	0.158151			71
72	Impl. Dev. Charged to Patients	0.568176			72
73	Drugs Charged to Patients	0.349558			73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic				88
91	Emergency	0.207812			91
92	Observation Beds (Non-Distinct Part)	0.440561			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	1,160,613			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	1,131			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	79,760			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	43.40			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0492			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1668			31
32	Sum of lines 30 and 31	0.2160			32
33	Allowable disproportionate share percentage (see instructions)	0.0704			33
34	Disproportionate share adjustment (see instructions)	20,427			34
		Prior to		On or after	
		October 1 (1.00)	(1.01)	October 1 (2.00)	
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)			6,766,695,164	35
35.01	Factor 3 (see instructions)	0.000000000		0.000045978	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			311,119	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			78,419	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	78,419			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	1,260,590			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)	1,306,601			48
49	Total payment for inpatient operating costs (see instructions)	1,306,601			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	93,195			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	1,399,796			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	1,399,796			61
62	Deductibles billed to program beneficiaries	168,448			62
63	Coinsurance billed to program beneficiaries	2,303			63
64	Allowable bad debts (see instructions)	46,038			64
65	Adjusted reimbursable bad debts (see instructions)	29,925			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	36,854			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	1,258,970			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	3,629			70.93
70.94	HRR adjustment amount (see instructions)	-14,624			70.94
70.97	Low volume adjustment for federal fiscal year (2018)	197,471			70.97
70.99	HAC adjustment amount (see instructions)	15,863			70.99
71	Amount due provider (see instructions)	1,429,583			71
71.01	Sequestration adjustment (see instructions)	28,592			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	1,208,053			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	192,938			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2				75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.000000000	0.000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	Supporting Exhibit for Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---	--	--

LOW VOLUME ADJUSTMENT CALCULATION SCHEDULE (For Worksheet E Part A, Lines 70.96 and 70.97)

EXHIBIT 4

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Pre/Post Entitlement	Prior to October 1	On or After October 1	Total (col. 2 through 4)		
	1	2	3	3.01	4	4.01	5
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1						1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1,160,613			1,160,613		1,160,613
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	1,131			1,131		1,131
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	79,760			79,760		79,760
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21						5
6	IME payment adjustment						6
6.01	IME payment adjustment for managed care						6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)						9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)						9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.0704	0.0704	0.0704	0.0704	0.0704	10
11	Disproportionate share adjustment	20,427			20,427		20,427
11.01	Uncompensated care payments	78,419			78,419		78,419
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	1,260,590			1,260,590		1,260,590
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)	1,306,601			1,306,601		1,306,601
15	Total payment for inpatient operating costs SCH and MDH only	1,306,601			1,306,601		1,306,601
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	93,195			93,195		93,195
17	Special add-on payments for new technologies						17
17.01	DO NOT USE THIS LINE						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL				1,399,796		1,399,796
20	Capital DRG other than outlier	93,195			93,195		93,195
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments						21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage						22
23	Indirect medical education adjustment						23
24	Allowable disproportionate share percentage						24
25	Disproportionate share adjustment						25
26	Total prospective capital payments	93,195			93,195		93,195
27	Low volume adjustment factor				0.141071		27
28	Low volume adjustment (transfer amount to Worksheet E, Part A, line 70.96)(prior to 10/1)						28
29	Low Volume Adjustment (transfer amount to Worksheet E, Part A, line 70.97)(on/after 10/1)				197,471		197,471

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to October 1	On or After October 1	Total (cols. 2 and 3)	
	(1)	(2)	(3)	(4)	
1	DRG Amounts Other Than Outlier Payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1,160,613	1,160,613	1,160,613	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1				1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1				1.04
2	Outlier payments for discharges	1,131	1,131	1,131	2
2.01	Outlier payment for discharges for Model 4 BPCI				2.01
3	Operating outlier reconciliation				3
4	Managed Care Simulated Payments	79,760	79,760	79,760	4
	Indirect Medical Education Adjustment				
5	Amount from Worksheet E Part A, line 21				5
6	IME payment adjustment				6
6.01	IME payment adjustment for managed care				6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
7	IME payment adjustment factor				7
8	IME add-on adjustment amount				8
8.01	IME payment adjustment add-on for managed care				8.01
9	Total IME payment (sum of lines 6 and 8)				9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)				9.01
	Disproportionate Share Adjustment				
10	Allowable disproportionate share percentage	0.0704	0.0704	0.0704	10
11	Disproportionate share adjustment	20,427	20,427	20,427	11
11.01	Uncompensated care payments	78,419	78,419	78,419	11.01
	Additional payment for high percentage of ESRD beneficiary discharges				
12	Total ESRD additional payment				12
13	Subtotal	1,260,590	1,260,590	1,260,590	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)	1,306,601	1,306,601	1,306,601	14
15	Total payment for inpatient operating costs SCH and MDH only	1,306,601	1,306,601	1,306,601	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	93,195	93,195	93,195	16
17	Special add-on payments for new technologies				17
17.01	DO NOT USE THIS LINE				17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG				17.02
18	Capital outlier reconciliation adjustment amount				18
19	SUBTOTAL		1,399,796	1,399,796	19
20	Capital DRG other than outlier	93,195	93,195	93,195	20
20.01	Model 4 BPCI Capital DRG other than outlier				20.01
21	Capital DRG outlier payments				21
21.01	Model 4 BPCI Capital DRG outlier payments				21.01
22	Indirect medical education percentage				22
23	Indirect medical education adjustment				23
24	Allowable disproportionate share percentage				24
25	Disproportionate share adjustment				25
26	Total prospective capital payments	93,195	93,195	93,195	26
27					27
28	Low volume adjustment prior to October 1				28
29	Low volume adjustment on or after October 1	197,471	197,471	197,471	29
30	HVBP payment adjustment	3,629	3,629	3,629	30
30.01	HVBP payment adjustment for HSP bonus payment				30.01
31	HRR adjustment	-14,624	-14,624	-14,624	31
31.01	HRR adjustment for HSP bonus payment				31.01
32	HAC Reduction Program adjustment		15,863	15,863	32

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0147

**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)	2,851			1
2	Medical and other services reimbursed under OPPTS (see instructions)	1,181,824			2
3	OPPS payments	918,375			3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)	0.810			5
6	Line 2 times line 5	957,277			6
7	Sum of lines 3, 4, and 4.01, divided by line 6	0.9594			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)	2,851			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	8,155			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)	8,155			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	8,155			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	5,304			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)	2,851			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	918,375			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	185,895			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)	735,331			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)	735,331			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	735,331			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	23,508			34
35	Adjusted reimbursable bad debts (see instructions)	15,280			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	12,224			36
37	Subtotal (see instructions)	750,611			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)	750,611			40
40.01	Sequestration adjustment (see instructions)	15,012			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	750,984			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-15,385			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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S147

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)				2
3	OPPTS payments				3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				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)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				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)				40
40.01	Sequestration adjustment (see instructions)				40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments				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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5580

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)				2
3	OPPS payments				3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				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)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				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)				40
40.01	Sequestration adjustment (see instructions)				40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments				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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0147

WORKSHEET E-1
PART I

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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		1,208,053		750,984
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				
3	List separately each retroactive lump sum adjustment	.01			3.01
	amount based on subsequent revision of the interim	.02			3.02
	rate for the cost reporting period. Also show date of	Program	.03		3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04		3.04
		Provider	.05		3.05
			.06		3.06
			.07		3.07
			.08		3.08
			.09		3.09
			.10		3.10
			.50		3.50
			.51		3.51
		Provider	.52		3.52
		to	.53		3.53
		Program	.54		3.54
			.55		3.55
			.56		3.56
			.57		3.57
			.58		3.58
			.59		3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,208,053		750,984
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment	.01			5.01
	after desk review. Also show date of each payment.	.02			5.02
	If none, write 'NONE' or enter a zero. (1)	Program	.03		5.03
		to	.04		5.04
		Provider	.05		5.05
			.06		5.06
			.07		5.07
			.08		5.08
			.09		5.09
			.10		5.10
			.50		5.50
			.51		5.51
		Provider	.52		5.52
		to	.53		5.53
		Program	.54		5.54
			.55		5.55
			.56		5.56
			.57		5.57
			.58		5.58
			.59		5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due)	.01	192,938		6.01
	based on the cost report (1)	.02			-15,385
7	Total Medicare program liability (see instructions)		1,400,991		735,599
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	

(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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-U147

WORKSHEET E-1
PART I

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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		4,836		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,836		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	587		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		5,423		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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5580

WORKSHEET E-1
PART I

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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		261,664		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		261,664		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		261,664		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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

COMPONENT CCN: 14-U147

WORKSHEET E-2

Check Title V Swing Bed - SNF
 Applicable Title XVIII Swing Bed - NF
 Boxes: Title XIX

COMPUTATION OF NET COSTS OF COVERED SERVICES

		PART A	PART B	
		1	2	
1	Inpatient routine services - swing bed-SNF (see instructions)	6,251		1
2	Inpatient routine services - swing bed-NF (see instructions)			2
3	Ancillary services (from Wkst. D-3, col. 3, line 200 for Part A, and sum of Wkst. D, Pt. V, cols. 6 and 7, line 202 for Part B) (For CAH, see instructions)			3
4	Per diem cost for interns and residents not in approved teaching program (see instructions)			4
5	Program days	23		5
6	Interns and residents not in approved teaching program (see instructions)			6
7	Utilization review - physician compensation - SNF optional method only			7
8	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	6,251		8
9	Primary payer payments (see instructions)			9
10	Subtotal (line 8 minus line 9)	6,251		10
11	Deductibles billed to program patients (exclude amounts applicable to physician professional services)			11
12	Subtotal (line 10 minus line 11)	6,251		12
13	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	1,316		13
14	80% of Part B costs (line 12 x 80%)			14
15	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	4,935		15
16	Other Adjustments (specify) (see instructions)			16
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
17	Allowable bad debts (see instructions)	921		17
17.01	Adjusted reimbursable bad debts (see instructions)	599		17.01
18	Allowable bad debts for dual eligible beneficiaries (see instructions)			18
19	Total (see instructions)	5,534		19
19.01	Sequestration adjustment (see instructions)	111		19.01
19.02	Demonstration payment adjustment amount after sequestration			19.02
20	Interim payments	4,836		20
21	Tentative settlement (for contractor use only)			21
22	Balance due provider/program (line 19 minus lines 19.01, 19.02, 20 and 21)	587		22
23	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			23

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S147

WORKSHEET E-3
PART II

Check [] Hospital
 Applicable [XX] Subprovider IPF
 Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)		1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)		9
10	Teaching adjustment factor $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)		16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)		18
19	Deductibles		19
20	Subtotal (line 18 minus line 19)		20
21	Coinsurance		21
22	Subtotal (line 20 minus line 21)		22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)		26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)		28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)		31
31.01	Sequestration adjustment (see instructions)		31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments		32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Worksheet E-3, Part II, line 2 (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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART VI**

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

PROSPECTIVE PAYMENT AMOUNT (see instructions)			
1	Resource Utilization Group (RUGS) payment	315,367	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs		3
4	Subtotal (sum of lines 1-3)	315,367	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	Medical and other services. Do not use this line. (see instructions)		5
6	Deductibles		6
7	Coinsurance	48,363	7
8	Allowable bad debts (see instructions)		8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		9
10	Adjusted reimbursable bad debts (see instructions)		10
11	Utilization review		11
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	267,004	12
13	Inpatient primary payer payments		13
14	Other adjustments (specify) (see instructions)		14
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		14.50
15	Subtotal (see instructions)	267,004	15
15.01	Sequestration adjustment (see instructions)	5,340	15.01
15.02	Demonstration payment adjustment amount after sequestration		15.02
16	Interim payments	261,664	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16 and 17)		18
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		19

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0147

WORKSHEET E-3
PART VII

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

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

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

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S147

WORKSHEET E-3
PART VII

Check Title V Hospital NF PPS
 Applicable Title XIX Subprovider IPF ICF/IID TEFRA
 Boxes: SNF Other

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

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

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	3,203,329				1
2	Temporary investments					2
3	Notes receivable	57,515				3
4	Accounts receivable	22,494,713				4
5	Other receivables	472,053				5
6	Allowances for uncollectible notes and accounts receivable	-17,250,573				6
7	Inventory	767,402				7
8	Prepaid expenses	929,753				8
9	Other current assets					9
10	Due from other funds	1,706,740				10
11	Total current assets (sum of lines 1-10)	12,380,932				11
FIXED ASSETS						
12	Land	188,315				12
13	Land improvements	487,119				13
14	Accumulated depreciation	-372,853				14
15	Buildings	27,075,857				15
16	Accumulated depreciation	-19,963,482				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	2,355,173				19
20	Accumulated depreciation	-2,304,560				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	20,157,422				23
24	Accumulated depreciation	-13,465,997				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)	14,156,994				30
OTHER ASSETS						
31	Investments	10,383,675				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	1,158,686				34
35	Total other assets (sum of lines 31-34)	11,542,361				35
36	Total assets (sum of lines 11, 30 and 35)	38,080,287				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	1,611,804				37
38	Salaries, wages and fees payable	2,662,419				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	8,572,638				44
45	Total current liabilities (sum of lines 37 thru 44)	12,846,861				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities					49
50	Total long term liabilities (sum of lines 46 thru 49)					50
51	Total liabilities (sum of lines 45 and 50)	12,846,861				51
CAPITAL ACCOUNTS						
52	General fund balance	25,233,426				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)	25,233,426				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	38,080,287				60

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

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		27,515,222		1
2	Net income (loss) (from Worksheet G-3, line 29)		-2,281,796		2
3	Total (sum of line 1 and line 2)		25,233,426		3
4	Additions (credit adjustments) (specify)				4
5					5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)		25,233,426		11
12	Deductions (debit adjustments) (specify)				12
13					13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		25,233,426		19

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

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	1,388,233		1,388,233	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	686,881		686,881	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	2,075,114		2,075,114	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	600,391		600,391	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)	600,391		600,391	16
17	Total inpatient routine care services (sum of lines 10 and 16)	2,675,505		2,675,505	17
18	Ancillary services	5,854,154		5,854,154	18
19	Outpatient services		30,354,911	30,354,911	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		723,482	723,482	22
23	Ambulance	15,462	528,706	544,168	23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	8,545,121	31,607,099	40,152,220	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		13,865,359	29
30	Add (specify)			30
31	BAD DEBTS	1,109,850		31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		1,109,850	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)		14,975,209	43

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	40,152,220	1
2	Less contractual allowances and discounts on patients' accounts	29,351,228	2
3	Net patient revenues (line 1 minus line 2)	10,800,992	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	14,975,209	4
5	Net income from service to patients (line 3 minus line 4)	-4,174,217	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	722	10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service	57,530	13
14	Revenue from meals sold to employees and guests	63,523	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients	584	16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts	456	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	3,249	21
22	Rental of hospitial space		22
23	Governmental appropriations		23
24	Other (PROPERTY TAX REVENUE)	105,382	24
24.01	Other (EHR MEANINGFUL USE)		24.01
24.02	Other (GRANTS)	6,250	24.02
24.03	Other (OTHER)	1,535,827	24.03
24.04	Other (NET ASSETS RELEASED BY FOUNDATION)		24.04
24.05	Other (INVESTMENT INCOME)	118,898	24.05
25	Total other income (sum of lines 6-24)	1,892,421	25
26	Total (line 5 plus line 25)	-2,281,796	26
27.01	Other expenses (NET ASSETS RELEASED BY FOUNDATION)		27.01
29	Net income (or loss) for the period (line 26 minus line 28)	-2,281,796	29

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7187

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	30,223		306		22,108	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	105,100		4,152			6
7	Physical Therapy			2,850			7
8	Occupational Therapy			1,585			8
9	Speech Pathology			457			9
10	Medical Social Services			4			10
11	Home Health Aide	35,075		1,510			11
12	Supplies (see instructions)						12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	170,398		10,864		22,108	24

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7187

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	52,637		52,637		52,637	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	109,252		109,252		109,252	6
7	Physical Therapy	2,850		2,850		2,850	7
8	Occupational Therapy	1,585		1,585		1,585	8
9	Speech Pathology	457		457		457	9
10	Medical Social Services	4		4		4	10
11	Home Health Aide	36,585		36,585		36,585	11
12	Supplies (see instructions)						12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	203,370		203,370		203,370	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7187

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures				1
2	Capital Related-Movable Equipment				2
3	Plant Operation & Maintenance				3
4	Transportation (see instructions)				4
5	Administrative and General	52,637			5
HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	109,252			6
7	Physical Therapy	2,850			7
8	Occupational Therapy	1,585			8
9	Speech Pathology	457			9
10	Medical Social Services	4			10
11	Home Health Aide	36,585			11
12	Supplies (see instructions)				12
13	Drugs				13
14	DME				14
HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services				15
16	Respiratory Therapy				16
17	Private Duty Nursing				17
18	Clinic				18
19	Health Promotion Activities				19
20	Day Care Program				20
21	Home Delivered Means Program				21
22	Homemaker Service				22
23	All Others				23
23.50	Telemedicine				23.50
24	Totals (sum of lines 1-23)	203,370			24

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7187

**WORKSHEET H-1
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		52,637	52,637		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		109,252	43,895	153,147	6
7	Physical Therapy		2,850	842	3,692	7
8	Occupational Therapy		1,585	399	1,984	8
9	Speech Pathology		457	154	611	9
10	Medical Social Services		4	224	228	10
11	Home Health Aide		36,585	7,123	43,708	11
12	Supplies (see instructions)					12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		203,370		203,370	24

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7187

WORKSHEET H-1
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-52,637	819,882	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care					574,458	683,710	6
7	Physical Therapy					10,271	13,121	7
8	Occupational Therapy					4,637	6,222	8
9	Speech Pathology					1,934	2,391	9
10	Medical Social Services					3,488	3,492	10
11	Home Health Aide					74,361	110,946	11
12	Supplies (see instructions)							12
13	Drugs							13
14	DME							14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					616,512	819,882	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						52,637	25
26	Unit Cost Multiplier						0.064201	26

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7187

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	EMPLOYEE B ENEFITS DEPARTMENT	SUBTOTAL (cols.0-4) 4A	ADMINISTRA TIVE & GEN ERAL	
		0	1	2	4		5	
1	Administrative and General		1,323	17	11,682	13,022	2,294	1
2	Skilled Nursing Care	153,147			40,623	193,770	34,136	2
3	Physical Therapy	3,692				3,692	650	3
4	Occupational Therapy	1,984				1,984	350	4
5	Speech Pathology	611				611	108	5
6	Medical Social Services	228				228	40	6
7	Home Health Aide	43,708			13,557	57,265	10,088	7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	203,370	1,323	17	65,862	270,572	47,666	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7187

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAINTENANC E & REPAIR S	OPERATION OF PLANT	LAUNDRY & LINEN SERV ICE	HOUSEKEEPI NG	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
1	Administrative and General	3,178	1,707		4,935		3,948	1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	3,178	1,707		4,935		3,948	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7187

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL	NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	PHARMACY	MEDICAL RE CORDS & LI BRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	Administrative and General			2,691	117			1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)			2,691	117			20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7187

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	
		19	20	21	22	23	24	
1	Administrative and General						31,892	1
2	Skilled Nursing Care						227,906	2
3	Physical Therapy						4,342	3
4	Occupational Therapy						2,334	4
5	Speech Pathology						719	5
6	Medical Social Services						268	6
7	Home Health Aide						67,353	7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)						334,814	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7187

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS		
		25	26	27	28		
1	Administrative and General		31,892				1
2	Skilled Nursing Care		227,906	23,994	251,900		2
3	Physical Therapy		4,342	457	4,799		3
4	Occupational Therapy		2,334	246	2,580		4
5	Speech Pathology		719	76	795		5
6	Medical Social Services		268	28	296		6
7	Home Health Aide		67,353	7,091	74,444		7
8	Supplies						8
9	Drugs						9
10	DME						10
11	Home Dialysis Aide Services						11
12	Respiratory Therapy						12
13	Private Duty Nursing						13
14	Clinic						14
15	Health Promotion Activities						15
16	Day Care Program						16
17	Home Delivered Meals Program						17
18	Homemaker Service						18
19	All Others						19
20	Totals (sum of lines 1-19)(2)		334,814	31,892	334,814		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.105281			21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7187

WORKSHEET H-2
PART II

	HHA COST CENTER	NEW CAP RE L COSTS-BL DG & FIXT SQUARE FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE -NEW	EMPLOYEE B ENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINISTRA TIVE & GEN ERAL ACCUM COST	MAINTENANC E & REPAIR S SQUARE FEET	
		1	2	4	4A	5	6	
1	Administrative and General	1,333	17	30,223		13,022	1,333	1
2	Skilled Nursing Care			105,100		193,770		2
3	Physical Therapy					3,692		3
4	Occupational Therapy					1,984		4
5	Speech Pathology					611		5
6	Medical Social Services					228		6
7	Home Health Aide			35,074		57,265		7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	1,333	17	170,397		270,572	1,333	20
21	Total cost to be allocated	1,323	17	65,862		47,666	3,178	21
22	Unit Cost Multiplier	0.992498		0.386521		0.176168		22
22	Unit Cost Multiplier		1.000000				2.384096	22

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7187

WORKSHEET H-2
PART II

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE LAUNDRY POUNDS	HOUSEKEEPING HOURS OF SERVICE	DIETARY DIETARY MEALS SERV	CAFETERIA CAFE MEALS SERV	MAINTENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General	1,333		156		15		1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	1,333		156		15		20
21	Total cost to be allocated	1,707		4,935		3,948		21
22	Unit Cost Multiplier	1.280570		31.634615		263.200000		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7187

WORKSHEET H-2
PART II

	HHA COST CENTER	NURSING ADMINISTRATION DIRECT NURSING HO	CENTRAL SERVICES & SUPPLY CS COSTED REQUIS	PHARMACY PHARM COSTED REQ	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General		11,018	115				1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)		11,018	115				20
21	Total cost to be allocated		2,691	117				21
22	Unit Cost Multiplier			1.017391				22
22	Unit Cost Multiplier		0.244237					22

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7187

WORKSHEET H-2
PART II

	HHA COST CENTER	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME			
		20	21	22	23			
1	Administrative and General							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7187

**WORKSHEET H-3
PARTS I & II**

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation							
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
		1	2	3	4	5	
1	Skilled Nursing Care	2	251,900		251,900	1,356	185.77
2	Physical Therapy	3	4,799	209,932	214,731	827	259.65
3	Occupational Therapy	4	2,580		2,580	185	13.95
4	Speech Pathology	5	795	7,773	8,568	61	140.46
5	Medical Social Services	6	296		296	10	29.60
6	Home Health Aide	7	74,444		74,444	252	295.41
7	Total (sum of lines 1-6)		334,814	217,705	552,519	2,691	

Limitation Cost Computation				Program Visits		
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	4	
8	Skilled Nursing Care	99914		934		8
9	Physical Therapy	99914		674		9
10	Occupational Therapy	99914		168		10
11	Speech Pathology	99914		53		11
12	Medical Social Services	99914		7		12
13	Home Health Aide	99914		214		13
14	Total (sum of lines 8-13)			2,050		14

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		1	2	3	4	5	
15	Cost of Medical Supplies	8		3,752	3,752	23,727	0.158132
16	Cost of Drugs	9					

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated
		1	2	3	4	
1	Physical Therapy	66	0.307326	683,091	209,932	col. 2, line 2
2	Occupational Therapy	67				col. 2, line 3
3	Speech Pathology	68	0.466475	16,664	7,773	col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.158151	23,727	3,752	col. 2, line 15
5	Drugs Charged to Patients	73	0.349558			col. 2, line 16

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7187

WORKSHEET H-3
PARTS I & II

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		934			173,509		173,509	1
2	Physical Therapy		674			175,004		175,004	2
3	Occupational Therapy		168			2,344		2,344	3
4	Speech Pathology		53			7,444		7,444	4
5	Medical Social Services		7			207		207	5
6	Home Health Aide		214			63,218		63,218	6
7	Total (sum of lines 1-6)		2,050			421,726		421,726	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services				
		Part B			Part B				
	Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6	7	8	9	10	11		
15	Cost of Medical Supplies								15
16	Cost of Drugs								16

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7187

**WORKSHEET H-4
PARTS I & II**

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

		Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
Description		1	2	3
Reasonable Cost of Part A & Part B Services				
1	Reasonable cost of services (see instructions)			1
2	Total charges			2
	Customary Charges			
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)			3
4	Amount 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(b)			4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)			5
6	Total customary charges (see instructions)			6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)			7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)			8
9	Primary payer amounts			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		Part A Services	Part B Services	
Description		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		285,462	11
12	Total PPS Reimbursement - Full Episodes with Outliers		21,202	12
13	Total PPS Reimbursement - LUPA Episodes		6,059	13
14	Total PPS Reimbursement - PEP Episodes		1,049	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers			15
16	Total PPS Outlier Reimbursement - PSP Episodes		562	16
17	Total Other Payments		4,422	17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		318,756	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		318,756	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		318,756	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		318,756	29
30	Other adjustments (see instructions) (specify)		-121	30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		318,635	31
31.01	Sequestration adjustment (see instructions)		6,373	31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		312,262	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 14-7187

WORKSHEET H-5

DESCRIPTION			Part A		Part B		
			mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1	Total interim payments paid to provider					312,262	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.						2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01					3.01
		.02					3.02
	Program	.03					3.03
	To	.04					3.04
	Provider	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.10					3.10
		.50					3.50
		.51					3.51
	Provider	.52					3.52
	To	.53					3.53
	Program	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99					3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)					312,262	4
TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01					5.01
		.02					5.02
	Program	.03					5.03
	To	.04					5.04
	Provider	.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
		.10					5.10
		.50					5.50
		.51					5.51
	Provider	.52					5.52
	To	.53					5.53
	Program	.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99					5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01					6.01
		.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					312,262	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

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0147

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	93,195	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments		2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	11.37	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)	93,195	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0147

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	1
1.01	Model 4 BPCI Capital DRG other than outlier	1.01
2	Capital DRG outlier payments	2
2.01	Model 4 BPCI Capital DRG outlier payments	2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	3
4	Number of interns & residents (see instructions)	4
5	Indirect medical education percentage (see instructions)	5
6	Indirect medical education adjustment (see instructions)	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	7
8	Percentage of Medicaid patient days to total days (see instructions)	8
9	Sum of lines 7 and 8	9
10	Allowable disproportionate share percentage (see instructions)	10
11	Disproportionate share adjustment (see instructions)	11
12	Total prospective capital payments (see instructions)	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)	1
2	Program inpatient ancillary capital cost (see instructions)	2
3	Total inpatient program capital cost (line 1 plus line 2)	3
4	Capital cost payment factor (see instructions)	4
5	Total inpatient program capital cost (line 3 times line 4)	5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)	1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)	2
3	Net program inpatient capital costs (line 1 minus line 2)	3
4	Applicable exception percentage (see instructions)	4
5	Capital cost for comparison to payments (line 3 x line 4)	5
6	Percentage adjustment for extraordinary circumstances (see instructions)	6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	7
8	Capital minimum payment level (line 5 plus line 7)	8
9	Current year capital payments (from Part I, line 12 as applicable)	9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)	13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	14
15	Current year allowable operating and capital payment (see instructions)	15
16	Current year operating and capital costs (see instructions)	16
17	Current year exception offset amount (see instructions)	17

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
40	Subprovider - IPF						40
43	Nursery						43
44	Skilled Nursing Facility						44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
53	Anesthesiology						53
54	Radiology-Diagnostic						54
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
68	Speech Pathology						68
69	Electrocardiology						69
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
88	Rural Health Clinic						88
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices						192
194	OTHER NONREIMBURSABLE						194
194.01	MEMORY DISORDER						194.01
194.02	ASSISTED LIVING						194.02
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS**

COMPONENT CCN: 14-8548

WORKSHEET M-1

Check applicable box: RHC I FQHC

		COMPENSATION	OTHER COSTS	TOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	FACILITY HEALTH CARE STAFF COSTS								
1	Physician	83,668		83,668		83,668		83,668	1
2	Physician Assistant								2
3	Nurse Practitioner	52,787		52,787		52,787		52,787	3
4	Visiting Nurse								4
5	Other Nurse	63,539		63,539		63,539		63,539	5
6	Clinical Psychologist								6
7	Clinical Social Worker								7
8	Laboratory Technician	11,970		11,970		11,970		11,970	8
9	Other Facility Health Care Staff Costs								9
10	Subtotal (sum of lines 1 through 9)	211,964		211,964		211,964		211,964	10
	COSTS UNDER AGREEMENT								
11	Physician Services Under Agreement								11
12	Physician Supervision Under Agreement								12
13	Other Costs Under Agreement								13
14	Subtotal (sum of lines 11 through 13)								14
	OTHER HEALTH CARE COSTS								
15	Medical Supplies		7,932	7,932		7,932		7,932	15
16	Transportation (Health Care Staff)		2,065	2,065		2,065		2,065	16
17	Depreciation-Medical Equipment								17
18	Professional Liability Insurance								18
19	Other Health Care Costs								19
20	Allowable GME Costs								20
21	Subtotal (sum of lines 15 through 20)		9,997	9,997		9,997		9,997	21
22	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	211,964	9,997	221,961		221,961		221,961	22
	COSTS OTHER THAN RHC/FQHC SERVICES								
23	Pharmacy								23
24	Dental								24
25	Optometry								25
25.01	Telehealth								25.01
25.02	Chronic Care Management								25.02
26	All other nonreimbursable costs								26
27	Nonallowable GME costs								27
28	Total Nonreimbursable Costs (sum of lines 23 through 27)								28
	FACILITY OVERHEAD								
29	Facility Costs		4,958	4,958		4,958		4,958	29
30	Administrative Costs	40,447	18,496	58,943		58,943		58,943	30
31	Total Facility Overhead (sum of lines 29 and 30)	40,447	23,454	63,901		63,901		63,901	31
32	Total facility costs (sum of lines 22, 28 and 31)	252,411	33,451	285,862		285,862		285,862	32

The net expenses for cost allocation on Worksheet A for the RHC/FQHC cost center line must equal the total facility costs in column 7, line 32 of this worksheet.

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

COMPONENT CCN: 14-8548

WORKSHEET M-2

Check applicable box: RHC I FQHC

VISITS AND PRODUCTIVITY

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	Positions	1	2	3	4	5	
1	Physicians	1.00	881	4,200	4,200		1
2	Physician Assistants			2,100			2
3	Nurse Practitioners	2.00	1,019	2,100	4,200		3
4	Subtotal (sum of lines 1 through 3)	3.00	1,900		8,400	8,400	4
5	Visiting Nurse						5
6	Clinical Psychologist						6
7	Clinical Social Worker						7
7.01	Medical Nutrition Therapist (FQHC only)						7.01
7.02	Diabetes Self Management Training (FQHC only)						7.02
8	Total FTEs and Visits (sum of lines 4 through 7)	3.00	1,900			8,400	8
9	Physician Services Under Agreements						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					221,961	10
11	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)						11
12	Cost of all services (excluding overhead) (sum of lines 10 and 11)					221,961	12
13	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13
14	Total facility overhead (from Wkst. M-1, col. 7, line 31)					63,901	14
15	Parent provider overhead allocated to facility (see instructions)					198,638	15
16	Total overhead (sum of lines 14 and 15)					262,539	16
17	Allowable Direct GME overhead (see instructions)						17
18	Subtotal (see instructions)					262,539	18
19	Overhead applicable to RHC/FQHC services (line 13 x line 18)					262,539	19
20	Total allowable cost of RHC/FQHC services(sum of lines 10 and 19)					484,500	20

(1) The productivity standard for physicians is 4,200 and 2,100 for physician assistants and nurse practitioners. If an exception to the standard has been granted (Worksheet S-8, line 12 equals 'Y'), column 3, lines 1 thru 3 of this worksheet should contain, at a minimum, one element that is different than the standard.

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC
 PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

COMPONENT CCN: 14-8548

WORKSHEET M-5

Check applicable box: RHC I FQHC

		Part B		
DESCRIPTION		mm/dd/yyyy	Amount	
		1	2	
1	Total interim payments paid to provider		91,156	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 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 zero (1)			
		.01		3.01
		.02		3.02
	Program	.03		3.03
	to	.04		3.04
	Provider	.05		3.05
		.06		3.06
		.07		3.07
		.08		3.08
		.09		3.09
		.10		3.10
		.50		3.50
		.51		3.51
	Provider	.52		3.52
	to	.53		3.53
	Program	.54		3.54
		.55		3.55
		.56		3.56
		.57		3.57
		.58		3.58
		.59		3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. M-3, line 27)		91,156	
TO BE COMPLETED BY CONTRACTOR				
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter zero (1)			
		.01		5.01
		.02		5.02
	Program	.03		5.03
	to	.04		5.04
	Provider	.05		5.05
		.06		5.06
		.07		5.07
		.08		5.08
		.09		5.09
		.10		5.10
		.50		5.50
		.51		5.51
	Provider	.52		5.52
	to	.53		5.53
	Program	.54		5.54
		.55		5.55
		.56		5.56
		.57		5.57
		.58		5.58
		.59		5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99		5.99
6	Determine net settlement amount (balance due) based on the cost report (1)	.01		6.01
		.02	-54,651	6.02
7	Total Medicare program liability (see instructions)		36,505	
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 you agree to the amount of repayment, even though the total repayment is not accomplished until a later date.

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

HOSPICE CCN: 14-1542

WORKSHEET O

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4	8,807	21,800	30,607		30,607		30,607	4
5								5
6								6
7								7
8		616	616		616		616	8
9								9
10		11,545	11,545		11,545		11,545	10
11								11
12		4,045	4,045		4,045		4,045	12
13								13
14								14
15								15
16								16
17								17
DIRECT PATIENT CARE SERVICE COST CENTERS								
25								25
26								26
27								27
28	20,585		20,585		20,585		20,585	28
29								29
30								30
31								31
32								32
33	5,591		5,591		5,591		5,591	33
34								34
35								35
36								36
37	18,270		18,270		18,270		18,270	37
38								38
39								39
40								40
41								41
42								42
42.50								42.50
43								43
44								44
45								45
46								46
NONREIMBURSABLE COST CENTERS								
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
71								71
100	53,253	38,006	91,259		91,259		91,259	100

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
 HOSPICE CONTINUOUS HOME CARE

HOSPICE CCN: 14-1542

WORKSHEET O-1

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse							28
29	LPN/LVN							29
30	Physical Therapy							30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services							33
34	Spiritual Counseling							34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services							37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
42.50	Drugs Charged to Patients							42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL							100

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE ROUTINE HOME CARE**

HOSPICE CCN: 14-1542

WORKSHEET O-2

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse	20,584	20,584		20,584		20,584	28
29	LPN/LVN							29
30	Physical Therapy							30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	5,591	5,591		5,591		5,591	33
34	Spiritual Counseling							34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	18,270	18,270		18,270		18,270	37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
42.50	Drugs Charged to Patients							42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL	44,445	44,445		44,445		44,445	100

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE INPATIENT RESPITE CARE**

HOSPICE CCN: 14-1542

WORKSHEET O-3

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse	1	1		1		1	28
29	LPN/LVN							29
30	Physical Therapy							30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services							33
34	Spiritual Counseling							34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services							37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
42.50	Drugs Charged to Patients							42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL	1	1		1		1	100

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE GENERAL INPATIENT CARE**

HOSPICE CCN: 14-1542

WORKSHEET O-4

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse							28
29	LPN/LVN							29
30	Physical Therapy							30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services							33
34	Spiritual Counseling							34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services							37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
42.50	Drugs Charged to Patients							42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL							100

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

**COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE
NET EXPENSES FOR ALLOCATION**

HOSPICE CCN: 14-1542

WORKSHEET O-5

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols 1+2)	
		1	2	3	
	GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt		1,323	1,323	1
2	Cap Rel Costs-Mvble Equip		202	202	2
3	Employee Benefits Department		20,583	20,583	3
4	Administrative & General	30,607	23,131	53,738	4
5	Plant Operation & Maintenance		4,885	4,885	5
6	Laundry & Linen Service				6
7	Housekeeping		4,935	4,935	7
8	Dietary	616		616	8
9	Nursing Administration				9
10	Routine Medical Supplies	11,545	3,519	15,064	10
11	Medical Records				11
12	Staff Transportation	4,045		4,045	12
13	Volunteer Service Coordination				13
14	Pharmacy				14
15	Physician Administrative Services				15
16	Other General Service				16
17	Patient/Residential Care Services				17
	LEVEL OF CARE				
50	Hospice Continuous Home Care				50
51	Hospice Routine Home Care	44,445		44,445	51
52	Hospice Inpatient Respite Care	1		1	52
53	Hospice General Inpatient Care				53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program				60
61	Volunteer Program				61
62	Fundraising				62
63	Hospice/Palliative Medicine Fellows				63
64	Palliative care Program				64
65	Other Physician Services				65
66	Residential Care				66
67	Advertising				67
68	Telehealth / Telemonitoring				68
69	Thrift Store				69
70	Nursing Facility Room & Board				70
71	Other Nonreimbursable				71
99	Negative Cost Center				99
100	TOTAL	91,259	58,578	149,837	100

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1542

**WORKSHEET O-6
PART I**

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	ADMINISTRATIVE & GENERAL	PLANT OP & MAINT	
		0	1	2	3	3A	4	5	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	1,323	1,323						1
2	Cap Rel Costs-Mvble Equip	202		202					2
3	Employee Benefits Department	20,583			20,583				3
4	Administrative & General	53,738		202	3,404	57,344	57,344		4
5	Plant Operation & Maintenance	4,885				4,885	3,029	7,914	5
6	Laundry & Linen Service								6
7	Housekeeping	4,935				4,935	3,060		7
8	Dietary	616				616	382		8
9	Nursing Administration								9
10	Routine Medical Supplies	15,064				15,064	9,339		10
11	Medical Records								11
12	Staff Transportation	4,045				4,045	2,508		12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service		1,323			1,323	820	7,914	16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care	44,445			17,179	61,624	38,205		51
52	Hospice Inpatient Respice Care	1				1	1		52
53	Hospice General Inpatient Care								53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL	149,837	1,323	202	20,583	149,837	57,344	7,914	100

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1542

**WORKSHEET O-6
PART I**

	Descriptions	LAUNDRY & LINEN 6	HOUSE-KEEPING 7	DIETARY 8	NURSING ADMINIS-TRATION 9	ROUTINE MEDICAL SUPPLIES 10	MEDICAL RECORDS 11	STAFF TRANS-PORTATION 12	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping		7,995						7
8	Dietary			998					8
9	Nursing Administration								9
10	Routine Medical Supplies					24,403			10
11	Medical Records								11
12	Staff Transportation							6,553	12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service		7,995						16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care					24,289		6,553	51
52	Hospice Inpatient Respite Care			83		114			52
53	Hospice General Inpatient Care								53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable			915					71
99	Negative Cost Center								99
100	TOTAL		7,995	998		24,403		6,553	100

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1542

**WORKSHEET O-6
PART I**

	Descriptions	VOLUNTEER SVC COOR- DINATION	PHARMACY	PHYSICIAN ADMIN SERVICES	OTHER GENERAL SERVICE	PATIENT/ RES CARE SVCS	TOTAL	
		13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
3	Employee Benefits Department							3
4	Administrative & General							4
5	Plant Operation & Maintenance							5
6	Laundry & Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Routine Medical Supplies							10
11	Medical Records							11
12	Staff Transportation							12
13	Volunteer Service Coordination							13
14	Pharmacy							14
15	Physician Administrative Services							15
16	Other General Service				18,052			16
17	Patient/Residential Care Services							17
	LEVEL OF CARE							
50	Hospice Continuous Home Care							50
51	Hospice Routine Home Care				18,052		148,723	51
52	Hospice Inpatient Respite Care						199	52
53	Hospice General Inpatient Care							53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program							60
61	Volunteer Program							61
62	Fundraising							62
63	Hospice/Palliative Medicine Fellows							63
64	Palliative care Program							64
65	Other Physician Services							65
66	Residential Care							66
67	Advertising							67
68	Telehealth / Telemonitoring							68
69	Thrift Store							69
70	Nursing Facility Room & Board							70
71	Other Nonreimbursable						915	71
99	Negative Cost Center							99
100	TOTAL				18,052		149,837	100

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1542

WORKSHEET O-6
PART II

	Descriptions	CAP REL BLDG & FIX SQUARE FEET	CAP REL MVBLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPART- MENT GROSS SALARIES	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL ACCUM. COST	PLANT OP & MAINT SQUARE FEET	LAUNDRY & LINEN IN-FACIL- ITY DAYS	
		1	2	3	4A	4	5	6	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	1,333							1
2	Cap Rel Costs-Mvble Equip		202						2
3	Employee Benefits Department			53,253					3
4	Administrative & General		202	8,807	-57,344	92,493			4
5	Plant Operation & Maintenance					4,885	1,333		5
6	Laundry & Linen Service								6
7	Housekeeping					4,935			7
8	Dietary					616			8
9	Nursing Administration								9
10	Routine Medical Supplies					15,064			10
11	Medical Records								11
12	Staff Transportation					4,045			12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service	1,333				1,323	1,333		16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care			1					50
51	Hospice Routine Home Care			44,445		61,624			51
52	Hospice Inpatient Respite Care					1			52
53	Hospice General Inpatient Care								53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)	1,323	202	20,583		57,344	7,914		100
101	Unit cost multiplier	0.992498	1.000000	0.386513		0.619982	5.936984		101

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1542

**WORKSHEET O-6
PART II**

	Descriptions	HOUSE-KEEPING SQUARE FEET 7	DIETARY IN-FACILITY DAYS 8	NURSING ADMINISTRATION DIRECT NURS. HRS. 9	ROUTINE MEDICAL SUPPLIES PATIENT DAYS 10	MEDICAL RECORDS PATIENT DAYS 11	STAFF TRANSPORTATION MILEAGE 12	VOLUNTEER SVC COORDINATION HOURS OF SERVICE 13	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping	1,333							7
8	Dietary		60						8
9	Nursing Administration								9
10	Routine Medical Supplies				1,073				10
11	Medical Records								11
12	Staff Transportation						385		12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service	1,333							16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care				1,068		385		51
52	Hospice Inpatient Respite Care		5		5				52
53	Hospice General Inpatient Care								53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable		55						71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)	7,995	998		24,403		6,553		100
101	Unit cost multiplier	5.997749	16.633333		22.742777		17.020779		101

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1542

WORKSHEET O-6
PART II

		PHARMACY	PHYSICIAN ADMIN SERVICES PATIENT	OTHER GENERAL SERVICE SPECIFY BASIS	PATIENT/ RESIDENT CARE SVCS IN-FACIL- ITY DAYS	
	Descriptions	CHARGES	PATIENT DAYS			
		14	15	16	17	
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
3	Employee Benefits Department					3
4	Administrative & General					4
5	Plant Operation & Maintenance					5
6	Laundry & Linen Service					6
7	Housekeeping					7
8	Dietary					8
9	Nursing Administration					9
10	Routine Medical Supplies					10
11	Medical Records					11
12	Staff Transportation					12
13	Volunteer Service Coordination					13
14	Pharmacy					14
15	Physician Administrative Services					15
16	Other General Service			4,725		16
17	Patient/Residential Care Services					17
	LEVEL OF CARE					
50	Hospice Continuous Home Care					50
51	Hospice Routine Home Care			4,725		51
52	Hospice Inpatient Respite Care					52
53	Hospice General Inpatient Care					53
	NONREIMBURSABLE COST CENTERS					
60	Bereavement Program					60
61	Volunteer Program					61
62	Fundraising					62
63	Hospice/Palliative Medicine Fellows					63
64	Palliative care Program					64
65	Other Physician Services					65
66	Residential Care					66
67	Advertising					67
68	Telehealth / Telemonitoring					68
69	Thrift Store					69
70	Nursing Facility Room & Board					70
71	Other Nonreimbursable					71
99	Negative Cost Center					99
100	Cost to be allocated (per O-6 Pt I)			18,052		100
101	Unit cost multiplier			3.820529		101

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

HOSPICE CCN: 14-1542

WORKSHEET O-7

		Charges by LOC (from Provider Records)					
	Wkst C Pt I, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP	
	0	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS							
1	Physical Therapy	66	0.307326				1
2	Occupational Therapy	67					2
3	Speech Language Pathology	68	0.466475				3
4	Drugs, Biological & Infusion Therapy	73	0.349558				4
5	Durable Medical Equipment/Oxygen	96					5
6	Labs and Diagnostics	60	0.138241				6
7	Medical Supplies	71	0.158151				7
8	Outpatient Services (incl E/R)	93					8
9	Radiation Therapy	55					9
10	Other	76					10
11	Totals (sum of lines 1-10)						11

		Shared Service Costs by LOC				
		HCHC (col 1 x col 2)	HRHC (col 1 x col 3)	HIRC (col 1 x col 4)	HGIP (col 1 x col 5)	
	Cost Center Descriptions	6	7	8	9	
ANCILLARY SERVICE COST CENTERS						
1	Physical Therapy					1
2	Occupational Therapy					2
3	Speech Language Pathology					3
4	Drugs, Biological & Infusion Therapy					4
5	Durable Medical Equipment/Oxygen					5
6	Labs and Diagnostics					6
7	Medical Supplies					7
8	Outpatient Services (incl E/R)					8
9	Radiation Therapy					9
10	Other					10
11	Totals (sum of lines 1-10)					11

KPMG LLP Compu-Max 2552-10

RICHLAND MEMORIAL HOSPITAL Provider CCN: 14-0147	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 12:27 Version: 2018.04 (05/22/2018)
---	---------------------------------------	--	--

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

HOSPICE CCN: 14-1542

WORKSHEET O-8

		TITLE XVIII MEDICARE 1	TITLE XIX MEDICAID 2	TOTAL 3	
	HOSPICE CONTINUOUS HOME CARE				
1	Total cost				1
2	Total unduplicated days				2
3	Total average cost per diem				3
4	Unduplicated program days				4
5	Program cost				5
	HOSPICE ROUTINE HOME CARE				
6	Total cost			148,723	6
7	Total unduplicated days			1,068	7
8	Total average cost per diem			139.25	8
9	Unduplicated program days	935	65		9
10	Program cost	130,199	9,051		10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost			199	11
12	Total unduplicated days			5	12
13	Total average cost per diem			39.80	13
14	Unduplicated program days	5			14
15	Program cost	199			15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost				16
17	Total unduplicated days				17
18	Total average cost per diem				18
19	Unduplicated program days				19
20	Program cost				20
	TOTAL HOSPICE CARE				
21	Total cost			148,922	21
22	Total unduplicated days			1,073	22
23	Average cost per diem			138.79	23