

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only		1. <input checked="" type="checkbox"/> Electronically filed cost report 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: 10/31/2017 Time: 09:15
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RML HEALTH PROVIDERS, L.P. (14-2010) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 06/01/2016 and ending 05/31/2017, 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.

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-843,527				1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-843,527				200

The above amounts represent 'due to' or 'due from' the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 5601 SOUTH COUNTY LINE ROAD	P.O. Box:		1
2	City: HINSDALE	State: IL	ZIP Code: 60521	County: COOK

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	RML HEALTH PROVIDERS, L.P.	14-2010	16974	2	06 / 01 / 1997	N	P	N	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 06 / 01 / 2016	To: 05 / 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.	N	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	2	N		23

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

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

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

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
67							67

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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**WORKSHEET S-2
PART I**

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

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	2,296,351			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

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

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

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

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

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

Multicampus

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

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

		Y/N	Y/N	
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	09/20/2017	Y	09/20/2017
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	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information				
41	First name: THOMAS	Last name: STITT	Title: VICE PRESIDENT OF FINANCE	41
42	Employer: HEALTH DIMENSIONS GROUP			42
43	Phone number: 763-225-8639	E-mail Address: TOM@HDG11.COM		43

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
						5	6	7		
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	168	61,320		21,103	15,610	49,573	1	
2	HMO and other (see instructions)								2	
3	HMO IPF Subprovider								3	
4	HMO IRF Subprovider								4	
5	Hospital Adults & Peds. Swing Bed SNF								5	
6	Hospital Adults & Peds. Swing Bed NF								6	
7	Total Adults & Peds. (exclude observation beds) (see instructions)		168	61,320		21,103	15,610	49,573	7	
8	Intensive Care Unit	31							8	
9	Coronary Care Unit	32							9	
10	Burn Intensive Care Unit	33							10	
11	Surgical Intensive Care Unit	34							11	
12	Other Special Care (specify)	35							12	
13	Nursery	43							13	
14	Total (see instructions)		168	61,320		21,103	15,610	49,573	14	
15	CAH Visits								15	
16	Subprovider - IPF	40							16	
17	Subprovider - IRF	41							17	
18	Subprovider I	42							18	
19	Skilled Nursing Facility	44							19	
20	Nursing Facility	45							20	
21	Other Long Term Care	46							21	
22	Home Health Agency	101							22	
23	ASC (Distinct Part)	115							23	
24	Hospice (Distinct Part)	116							24	
24.10	Hospice (non-distinct part)	30							24.10	
25	CMHC	99							25	
26	RHC	88							26	
27	Total (sum of lines 14-26)		168						27	
28	Observation Bed Days								28	
29	Ambulance Trips								29	
30	Employee discount days (see instructions)								30	
31	Employee discount days-IRF								31	
32	Labor & delivery (see instructions)								32	
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01	
33	LTCH non-covered days					2,740			33	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					570	435	1,376	1
2	HMO and other (see instructions)								2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		702.51			570	435	1,376	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		702.51						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PARTS II-III

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	Total salaries (see instructions)	200	46,273,517		1,461,215.61		1
2	Non-physician anesthetist Part A						2
3	Non-physician anesthetest Part B						3
4	Physician-Part A - Administrative		36,585		244.00		4
4.01	Physician-Part A - Teaching						4.01
5	Physician-Part B		725,410		11,625.00		5
6	Non-physician-Part B						6
7	Interns & residents (in an approved program)	21					7
7.01	Contracted interns & residents (in an approved program)						7.01
8	Home office and/or related organization personnel						8
9	SNF	44					9
10	Excluded area salaries (see instructions)			264,480			10
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		904,209		13,705.00		11
12	Contract management and administrative services						12
13	Contract labor: Physician-Part A - Administrative		232,666		1,140.00		13
14	Home office salaries & wage-related costs						14
14.01	Home office salaries						14.01
14.02	Related organization salaries						14.02
15	Home office: Physician Part A - Administrative						15
16	Home office & Contract Physicians Part A - Teaching						16
WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		10,408,293				17
18	Wage-related costs (other)(see instructions)						18
19	Excluded areas						19
20	Non-physician anesthetist Part A						20
21	Non-physician anesthetist Part B						21
22	Physician Part A - Administrative		8,367				22
22.01	Physician Part A - Teaching						22.01
23	Physician Part B		165,898				23
24	Wage-related costs (RHC/FQHC)						24
25	Interns & residents (in an approved program)						25
25.50	Home office wage-related						25.50
25.51	Related organization wage-related						25.51
25.52	Home office: Physician Part A - Administrative - wage-related						25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						25.53
OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		511,756	10,042	16,322.80		26
27	Administrative & General		8,629,689	-414,538	179,249.20		27
28	Administrative & General under contract (see instructions)		211,381		1,686.00		28
29	Maintenance & Repairs		163,643	4,727	4,669.60		29
30	Operation of Plant		1,697,032	21,557	56,258.40		30
31	Laundry & Linen Service						31
32	Housekeeping		1,135,677	22,143	75,524.50		32
33	Housekeeping under contract (see instructions)						33
34	Dietary		678,142	-295,940	19,916.98		34
35	Dietary under contract (see instructions)						35
36	Cafeteria			220,753	10,465.62		36
37	Maintenance of Personnel						37
38	Nursing Administration		768,030	164,222	25,369.10		38
39	Central Services and Supply						39
40	Pharmacy						40
41	Medical Records & Medical Records Library		317,178	7,407	12,318.80		41
42	Social Service		1,452,700	20,170	41,078.30		42
43	Other General Service						43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		45,759,488		45,759,488	1,451,276.61	31.53	1
2	Excluded area salaries (see instructions)			264,480	264,480			2
3	Subtotal salaries (line 1 minus line 2)		45,759,488	-264,480	45,495,008	1,451,276.61	31.35	3
4	Subtotal other wages & related costs (see instructions)		1,136,875		1,136,875	14,845.00	76.58	4
5	Subtotal wage-related costs (see instructions)		10,416,660		10,416,660		22.90%	5
6	Total (sum of lines 3 through 5)		57,313,023	-264,480	57,048,543	1,466,121.61	38.91	6
7	Total overhead cost (see instructions)		15,565,228	-239,457	15,325,771	442,859.30	34.61	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	1,671,847	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	4,571,787	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	171,660	10
11	Life Insurance (If employee is owner or beneficiary)	59,492	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	87,920	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)	6,258	14
15	Workers' Compensation Insurance	581,510	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	3,291,712	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	25,076	20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	115,296	23
24	Total Wage Related cost (Sum of lines 1-23)	10,582,558	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		2,181,225	2,181,225	1,020,248	3,201,473	-950,336	2,251,137	1
2	00200	Cap Rel Costs-Mvble Equip		3,513,880	3,513,880	-895,027	2,618,853		2,618,853	2
3	00300	Other Cap Rel Costs		125,221	125,221	-125,221			-0-	3
4	00400	Employee Benefits Department	511,756	7,793,242	8,304,998	10,042	8,315,040	-140,559	8,174,481	4
5.01	00560	PURCHASING	390,879	125,143	516,022	11,802	527,824		527,824	5.01
5.02	00570	ADMITTING	1,563,977	208,530	1,772,507	21,925	1,794,432	-8,161	1,786,271	5.02
5.03	00580	PATIENT ACCOUNTS	445,752	115,970	561,722	10,115	571,837		571,837	5.03
5.04	00590	OTHER A&G	6,229,081	12,364,527	18,593,608	-476,877	18,116,731	-7,997,901	10,118,830	5.04
6	00600	Maintenance & Repairs	163,643	257,174	420,817	4,727	425,544		425,544	6
7	00700	Operation of Plant	1,697,032	1,777,957	3,474,989	21,557	3,496,546	-372	3,496,174	7
8	00800	Laundry & Linen Service		198,548	198,548		198,548		198,548	8
9	00900	Housekeeping	1,135,677	517,991	1,653,668	22,143	1,675,811	-17	1,675,794	9
10	01000	Dietary	678,142	418,504	1,096,646	-521,088	575,558	-11,111	564,447	10
11	01100	Cafeteria				319,116	319,116	-157,575	161,541	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	768,030	58,729	826,759	164,222	990,981		990,981	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	317,178	92,403	409,581	7,407	416,988	-3,073	413,915	16
17	01700	Social Service	1,452,700	234,794	1,687,494	20,170	1,707,664		1,707,664	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	17,830,642	7,227,237	25,057,879	-1,994,216	23,063,663	-1,402,368	21,661,295	30
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	395,085	552,076	947,161	-230,783	716,378	-25	716,353	50
54	05400	Radiology-Diagnostic	739,020	293,108	1,032,128	9,015	1,041,143	-875	1,040,268	54
56	05600	Radioisotope		36,345	36,345		36,345		36,345	56
60	06000	Laboratory	117,177	1,372,582	1,489,759	1,259	1,491,018	-30,000	1,461,018	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	7,787,608	2,142,025	9,929,633	-1,039,023	8,890,610	-1,035,803	7,854,807	65
66	06600	Physical Therapy	1,161,254	144,144	1,305,398	18,153	1,323,551	-17	1,323,534	66
67	06700	Occupational Therapy	653,867	56,789	710,656	4,017	714,673		714,673	67
68	06800	Speech Pathology	432,426	35,925	468,351	2,601	470,952		470,952	68
68.01	03550	PSYCHOLOGY	275,460	20,741	296,201	-296,201				68.01
71	07100	Medical Supplies Charged to Patients				3,415,632	3,415,632		3,415,632	71
73	07300	Drugs Charged to Patients	1,450,578	3,432,113	4,882,691	212,585	5,095,276	-400	5,094,876	73
74	07400	Renal Dialysis		1,851,002	1,851,002	-950	1,850,052		1,850,052	74
75.01	03630	ULTRASOUND	76,553	24,470	101,023	145	101,168		101,168	75.01
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								
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	46,273,517	47,172,395	93,445,912	-282,505	93,163,407	-11,738,593	81,424,814	118
		NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE								190.01
194	07950	PSYCHOLOGY				282,505	282,505		282,505	194
200		TOTAL (sum of lines 118-199)	46,273,517	47,172,395	93,445,912		93,445,912	-11,738,593	81,707,319	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS CAFETERIA COST FROM DIETARY	A	Cafeteria	11	216,159	98,363	1
500	Total reclassifications				216,159	98,363	500
	Code Letter - A						
1	MEDICAL SUPPLIES	B	Medical Supplies Charged to P	71		3,415,632	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
500	Total reclassifications					3,415,632	500
	Code Letter - B						
1	DRUGS	C	Drugs Charged to Patients	73		187,446	1
2							2
3							3
4							4
5							5
6							6
500	Total reclassifications					187,446	500
	Code Letter - C						
1	SALARY RECLASS	D	Employee Benefits Department	4	10,042		1
2			PURCHASING	5.01	11,802		2
3			ADMITTING	5.02	21,925		3
4			PATIENT ACCOUNTS	5.03	10,115		4
5			Maintenance & Repairs	6	4,727		5
6			Operation of Plant	7	21,557		6
7			Housekeeping	9	22,143		7
8			Dietary	10	9,820		8
9			Cafeteria	11	4,594		9
10			Nursing Administration	13	164,222		10
11			Medical Records & Library	16	7,407		11
12			Social Service	17	20,170		12
13			Adults & Pediatrics	30	27,275		13
14			Operating Room	50	2,510		14
15			Radiology-Diagnostic	54	9,081		15
16			Laboratory	60	1,259		16
17			Respiratory Therapy	65	70,656		17
18			Physical Therapy	66	18,153		18
19			Occupational Therapy	67	4,017		19
20			Speech Pathology	68	2,601		20
21			PSYCHOLOGY	194	3,222		21
22			Drugs Charged to Patients	73	25,139		22
23			ULTRASOUND	75.01	145		23
500	Total reclassifications				472,582		500
	Code Letter - D						
1	BUILDING INTEREST EXPENSE	E	Cap Rel Costs-Bldg & Fixt	1		943,321	1
500	Total reclassifications					943,321	500
	Code Letter - E						
1	DIETICIAN SALARIES	F	Adults & Pediatrics	30	89,601	19,565	1
500	Total reclassifications				89,601	19,565	500
	Code Letter - F						
1	PSYCHOLOGY	G	PSYCHOLOGY	194	275,460	20,741	1
500	Total reclassifications				275,460	20,741	500
	Code Letter - G						
1	PSYCHOLOGY ADMIN	H	OTHER A&G	5.04	14,202	2,716	1
500	Total reclassifications				14,202	2,716	500
	Code Letter - H						
	GRAND TOTAL (Increases)				1,068,004	4,687,784	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	RECLASS CAFETERIA COST FROM DIETARY	A	Dietary	10	216,159	98,363	1	
500	Total reclassifications				216,159	98,363	500	
	Code letter - A							
1	MEDICAL SUPPLIES	B					1	
2							2	
3							3	
4							4	
5							5	
6							6	
7			Dietary	10		107,220	7	
8							8	
9			Adults & Pediatrics	30		1,968,844	9	
10			Operating Room	50		231,658	10	
11			Respiratory Therapy	65		1,107,910	11	
500	Total reclassifications					3,415,632	500	
	Code letter - B							
1	DRUGS	C	OTHER A&G	5.04		21,213	1	
2			Adults & Pediatrics	30		161,813	2	
3			Operating Room	50		1,635	3	
4			Radiology-Diagnostic	54		66	4	
5			Respiratory Therapy	65		1,769	5	
6			Renal Dialysis	74		950	6	
500	Total reclassifications					187,446	500	
	Code letter - C							
1	SALARY RECLASS	D	OTHER A&G	5.04	472,582		1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
11							11	
12							12	
13							13	
14							14	
15							15	
16							16	
17							17	
18							18	
19							19	
20							20	
21							21	
22							22	
23							23	
500	Total reclassifications				472,582		500	
	Code letter - D							
1	BUILDING INTEREST EXPENSE	E	Cap Rel Costs-Mvble Equip	2		943,321	11	
500	Total reclassifications					943,321	500	
	Code letter - E							
1	DIETICIAN SALARIES	F	Dietary	10	89,601	19,565	1	
500	Total reclassifications				89,601	19,565	500	
	Code letter - F							
1	PSYCHOLOGY	G	PSYCHOLOGY	68.01	275,460	20,741	1	
500	Total reclassifications				275,460	20,741	500	
	Code letter - G							
1	PSYCHOLOGY ADMIN	H	PSYCHOLOGY	194	14,202	2,716	1	
500	Total reclassifications				14,202	2,716	500	
	Code letter - H							
	GRAND TOTAL (Decreases)				1,068,004	4,687,784		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements								2
3	Buildings and Fixtures	15,000,000	24,390,234		24,390,234		39,390,234		3
4	Building Improvements	19,041,502				17,578,831	1,462,671		4
5	Fixed Equipment								5
6	Movable Equipment	23,991,869	1,655,480		1,655,480		25,647,349		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	58,033,371	26,045,714		26,045,714	17,578,831	66,500,254		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	58,033,371	26,045,714		26,045,714	17,578,831	66,500,254		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	1,402,636	778,589					2,181,225	1	
2	Cap Rel Costs-Mvble Equip	1,548,504		1,965,376				3,513,880	2	
3	Total (sum of lines 1-2)	2,951,140	778,589	1,965,376				5,695,105	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	40,852,905		40,852,905	0.614327	76,927			76,927	1
2	Cap Rel Costs-Mvble Equip	25,647,349		25,647,349	0.385673	48,294			48,294	2
3	Total (sum of lines 1-2)	66,500,254		66,500,254	1.000000	125,221			125,221	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	1,402,636	-171,747	943,321	76,927			2,251,137	1	
2	Cap Rel Costs-Mvble Equip	1,548,504		1,022,055	48,294			2,618,853	2	
3	Total (sum of lines 1-2)	2,951,140	-171,747	1,965,376	125,221			4,869,990	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-1,903,110			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-950,336			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-157,575	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts	B	-3,073	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	MARKETING	A	-41,706	OTHER A&G	5.04	33
33.05	RESEARCH AND DEVELOPMENT	A	-60,967	OTHER A&G	5.04	33.05
33.06	MARKETING	A	-8,077	ADMITTING	5.02	33.06
33.07	PULMONARY EXPENSE	A	-1,035,761	Respiratory Therapy	65	33.07
33.10	OTHER REVENUE - NURSING	B	-173	Adults & Pediatrics	30	33.10
33.11	OTHER REVENUE - FACILITY OPERAT	B	-372	Operation of Plant	7	33.11
33.13	OTHER REVENUE - PHARMACY	B	-400	Drugs Charged to Patients	73	33.13
33.16	OTHER REVENUE - DIETARY	B	-11,111	Dietary	10	33.16
33.17	OTHER REVENUE - RADIOLOGY	B	-875	Radiology-Diagnostic	54	33.17
33.19	DONATIONS	A	-58,616	OTHER A&G	5.04	33.19
33.22	ENTERTAINMENT EXPENSE	A	-10,430	OTHER A&G	5.04	33.22
33.23	MEMBERSHIP DUES	A	-67,921	OTHER A&G	5.04	33.23
33.24	UNFUNDED SELF INSURANCE	A	-230,514	OTHER A&G	5.04	33.24
33.28	HOUSE PHYSICIAN NONREIMBURSEABL	A	-595	Adults & Pediatrics	30	33.28
33.32	OTHER REVENUE - HUMAN RESOURCES	B	-22	Employee Benefits Department	4	33.32
33.34	OTHER REVENUE - PHYICAL THERAP	B	-17	Physical Therapy	66	33.34
34						34
35	PROVIDER RELATIONS MARKETING	A	-31,945	OTHER A&G	5.04	35
36						36
37	OTHER REVENUE - ACCOUNTING	B	-25	OTHER A&G	5.04	37
38	MEDICAID PROVIDER TAX - SUPPLEM	A	-7,025,805	OTHER A&G	5.04	38
39	PULMONARY PHYSICIAN BENEFITS	A	-140,537	Employee Benefits Department	4	39
40	OTHER REVENUE - INTAKE	B	-84	ADMITTING	5.02	40
41	OTHER REVENUE - A&G	B	-534	OTHER A&G	5.04	41
42	OTHER REVENUE - RESPIRATORY THE	B	-42	Respiratory Therapy	65	42
43						43
44						44
45						45
46	OTHER REVENUE - OPERATING ROOM	B	-25	Operating Room	50	46
47	BAD DEBTS	A	2,072	OTHER A&G	5.04	47
48	OTHER REVENUE - HOUSEKEEPING	B	-17	Housekeeping	9	48
49						49

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-11,738,593				50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

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

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	1	Cap Rel Costs-Bldg & Fixt	ADVOCATE BUILDING COST	715,692	1,666,028	-950,336	10	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			715,692	1,666,028	-950,336		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		Type of Business	
				Name	Percentage of Ownership		
	1	2	3	4	5	6	
6	B		49.50	LOYOLA UNIVERSITY MEDICAL CENT		HOSPITAL	6
7	B		49.50	ADVOCATE HEALTH AND HOSPITALS		HOSPITAL	7
8	B		1.00	RMLHP CORPORATION		CORPORATION	8
9							9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.04	OTHER A&G AGGREGATE	612,239	342,988	269,251	211,500	1,384	140,729	7,036	1
2	30	Adults & Pediatrics AGGREGATE	1,401,600	1,401,600		179,000				2
3										3
4	60	Laboratory AGGREGATE	30,000	30,000						4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,043,839	1,774,588	269,251		1,384	140,729	7,036	200

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.04	OTHER A&G AGGREGATE					140,729	128,522	471,510	1
2	30	Adults & Pediatrics AGGREGATE							1,401,600	2
3										3
4	60	Laboratory AGGREGATE							30,000	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					140,729	128,522	1,903,110	200

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	ADMITTING	
		0	1	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	2,251,137	2,251,137					1
2	Cap Rel Costs-Mvble Equip	2,618,853		2,618,853				2
4	Employee Benefits Department	8,174,481	59,273	1,109	8,234,863			4
5.01	PURCHASING	527,824	63,198	19,008	72,479	682,509		5.01
5.02	ADMITTING	1,786,271	31,611	19,626	285,447		2,122,955	5.02
5.03	PATIENT ACCOUNTS	571,837	16,609	1,710	82,052			5.03
5.04	OTHER A&G	10,118,830	710,982	814,954	1,038,668	21,529		5.04
6	Maintenance & Repairs	425,544	42,639	751	30,305	9,971		6
7	Operation of Plant	3,496,174	179,549	168,087	309,329	9,215		7
8	Laundry & Linen Service	198,548	39,830	3,021		622		8
9	Housekeeping	1,675,794	35,525	10,232	208,396	1,307		9
10	Dietary	564,447	130,249	88,649	68,793	175		10
11	Cafeteria	161,541	57,838	41,478	39,733			11
12	Maintenance of Personnel							12
13	Nursing Administration	990,981	16,290		167,796	2		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	413,915	29,526	2,427	58,422	3,959		16
17	Social Service	1,707,664	21,467	2,993	265,102	4,361		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	21,661,295	501,993	1,039,556	3,230,383	32,782	826,051	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	716,353	31,869	3,377	71,563	612	9,709	50
54	Radiology-Diagnostic	1,040,268	61,199	46,484	134,651	1,636	39,852	54
56	Radioisotope	36,345	1,362			2,807	376	56
60	Laboratory	1,461,018		6,955	21,317	46,713	69,053	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	7,854,807	41,842	162,061	1,414,409	8,388	479,539	65
66	Physical Therapy	1,323,534	20,890	25,895	212,281	2,323	36,340	66
67	Occupational Therapy	714,673	13,763		118,413	265	30,721	67
68	Speech Pathology	470,952	12,255		78,301	132	19,377	68
68.01	PSYCHOLOGY							68.01
71	Medical Supplies Charged to Patients	3,415,632				263,806	192,857	71
73	Drugs Charged to Patients	5,094,876	55,360	159,435	265,614	270,819	354,940	73
74	Renal Dialysis	1,850,052	3,803			1,085	58,890	74
75.01	ULTRASOUND	101,168	3,533		13,805		5,250	75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	81,424,814	2,182,455	2,617,808	8,187,259	682,509	2,122,955	118
	NONREIMBURSABLE COST CENTERS							
190.01	IDLE SPACE		60,819					190.01
194	PSYCHOLOGY	282,505	7,863	1,045	47,604			194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	81,707,319	2,251,137	2,618,853	8,234,863	682,509	2,122,955	202

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS	SUBTOTAL (cols.0-4)	OTHER A+G	MAINTENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	
		5.03	4A	5.04	6	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	PURCHASING							5.01
5.02	ADMITTING							5.02
5.03	PATIENT ACCOUNTS	672,208						5.03
5.04	OTHER A&G		12,704,963	12,704,963				5.04
6	Maintenance & Repairs		509,210	93,758	602,968			6
7	Operation of Plant		4,162,354	766,389		4,928,743		7
8	Laundry & Linen Service		242,021	44,562		171,112	457,695	8
9	Housekeeping		1,931,254	355,590		152,615		9
10	Dietary		852,313	156,931		559,554		10
11	Cafeteria		300,590	55,346		248,474		11
12	Maintenance of Personnel							12
13	Nursing Administration		1,175,069	216,358		69,984		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		508,249	93,581		126,846		16
17	Social Service		2,001,587	368,540		92,223		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	261,536	27,553,596	5,073,253	507,166	2,156,583	457,695	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,075	836,558	154,030		136,911		50
54	Radiology-Diagnostic	12,619	1,336,709	246,120	11,715	262,913		54
56	Radioisotope	119	41,009	7,551		5,850		56
60	Laboratory	21,866	1,626,922	299,555				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	151,849	10,112,895	1,862,027	79,741	179,755		65
66	Physical Therapy	11,507	1,632,770	300,632	4,346	89,746		66
67	Occupational Therapy	9,728	887,563	163,422		59,128		67
68	Speech Pathology	6,136	587,153	108,109		52,646		68
68.01	PSYCHOLOGY							68.01
71	Medical Supplies Charged to Patients	61,069	3,933,364	724,227				71
73	Drugs Charged to Patients	112,394	6,313,438	1,162,455		237,829		73
74	Renal Dialysis	18,648	1,932,478	355,816		16,337		74
75.01	ULTRASOUND	1,662	125,418	23,092		15,177		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	672,208	81,307,483	12,631,344	602,968	4,633,683	457,695	118
	NONREIMBURSABLE COST CENTERS							
190.01	IDLE SPACE		60,819	11,198		261,280		190.01
194	PSYCHOLOGY		339,017	62,421		33,780		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	672,208	81,707,319	12,704,963	602,968	4,928,743	457,695	202

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
		9	10	11	13	16	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	PURCHASING							5.01
5.02	ADMITTING							5.02
5.03	PATIENT ACCOUNTS							5.03
5.04	OTHER A&G							5.04
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	2,439,459						9
10	Dietary	296,418	1,865,216					10
11	Cafeteria	131,626		736,036				11
12	Maintenance of Personnel							12
13	Nursing Administration	37,073		14,039	1,512,523			13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	67,195		8,009		803,880		16
17	Social Service	48,854		28,817			2,540,021	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	1,142,429	1,865,216	439,901	1,490,810	312,810	2,540,021	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	72,527		6,407	21,713	3,676		50
54	Radiology-Diagnostic	139,276		12,117		15,090		54
56	Radioisotope	3,099				142		56
60	Laboratory			3,928		26,147		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	95,223		149,920		181,576		65
66	Physical Therapy	47,542		23,886		13,760		66
67	Occupational Therapy	31,322		11,546		11,633		67
68	Speech Pathology	27,889		7,883		7,337		68
68.01	PSYCHOLOGY							68.01
71	Medical Supplies Charged to Patients					73,025		71
73	Drugs Charged to Patients	125,987		24,346		134,397		73
74	Renal Dialysis	8,654				22,299		74
75.01	ULTRASOUND	8,040		1,031		1,988		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,283,154	1,865,216	731,830	1,512,523	803,880	2,540,021	118
	NONREIMBURSABLE COST CENTERS							
190.01	IDLE SPACE	138,410						190.01
194	PSYCHOLOGY	17,895		4,206				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,439,459	1,865,216	736,036	1,512,523	803,880	2,540,021	202

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	PURCHASING						5.01
5.02	ADMITTING						5.02
5.03	PATIENT ACCOUNTS						5.03
5.04	OTHER A&G						5.04
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						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	43,539,480		43,539,480			30
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,231,822		1,231,822			50
54	Radiology-Diagnostic	2,023,940		2,023,940			54
56	Radioisotope	57,651		57,651			56
60	Laboratory	1,956,552		1,956,552			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	12,661,137		12,661,137			65
66	Physical Therapy	2,112,682		2,112,682			66
67	Occupational Therapy	1,164,614		1,164,614			67
68	Speech Pathology	791,017		791,017			68
68.01	PSYCHOLOGY						68.01
71	Medical Supplies Charged to Patients	4,730,616		4,730,616			71
73	Drugs Charged to Patients	7,998,452		7,998,452			73
74	Renal Dialysis	2,335,584		2,335,584			74
75.01	ULTRASOUND	174,746		174,746			75.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	80,778,293		80,778,293			118
	NONREIMBURSABLE COST CENTERS						
190.01	IDLE SPACE	471,707		471,707			190.01
194	PSYCHOLOGY	457,319		457,319			194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	81,707,319		81,707,319			202

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RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		59,273	1,109	60,382	60,382		4
5.01	PURCHASING		63,198	19,008	82,206	532	82,738	5.01
5.02	ADMITTING	2,792	31,611	19,626	54,029	2,093		5.02
5.03	PATIENT ACCOUNTS		16,609	1,710	18,319	602		5.03
5.04	OTHER A&G		710,982	814,954	1,525,936	7,617	2,610	5.04
6	Maintenance & Repairs		42,639	751	43,390	222	1,209	6
7	Operation of Plant		179,549	168,087	347,636	2,269	1,117	7
8	Laundry & Linen Service		39,830	3,021	42,851		75	8
9	Housekeeping		35,525	10,232	45,757	1,528	158	9
10	Dietary	294	130,249	88,649	219,192	505	21	10
11	Cafeteria	138	57,838	41,478	99,454	291		11
12	Maintenance of Personnel							12
13	Nursing Administration		16,290		16,290	1,231		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		29,526	2,427	31,953	428	480	16
17	Social Service		21,467	2,993	24,460	1,944	529	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	1,055,027	501,993	1,039,556	2,596,576	23,682	3,974	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		31,869	3,377	35,246	525	74	50
54	Radiology-Diagnostic		61,199	46,484	107,683	987	198	54
56	Radioisotope		1,362		1,362		340	56
60	Laboratory			6,955	6,955	156	5,663	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	64,041	41,842	162,061	267,944	10,373	1,017	65
66	Physical Therapy		20,890	25,895	46,785	1,557	282	66
67	Occupational Therapy		13,763		13,763	868	32	67
68	Speech Pathology		12,255		12,255	574	16	68
68.01	PSYCHOLOGY							68.01
71	Medical Supplies Charged to Patients						31,981	71
73	Drugs Charged to Patients		55,360	159,435	214,795	1,948	32,830	73
74	Renal Dialysis		3,803		3,803		132	74
75.01	ULTRASOUND		3,533		3,533	101		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,122,292	2,182,455	2,617,808	5,922,555	60,033	82,738	118
	NONREIMBURSABLE COST CENTERS							
190.01	IDLE SPACE		60,819		60,819			190.01
194	PSYCHOLOGY		7,863	1,045	8,908	349		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,122,292	2,251,137	2,618,853	5,992,282	60,382	82,738	202

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	ADMITTING	PATIENT ACCOUNTS	OTHER A+G	MAINTENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	
		5.02	5.03	5.04	6	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	PURCHASING							5.01
5.02	ADMITTING	56,122						5.02
5.03	PATIENT ACCOUNTS		18,921					5.03
5.04	OTHER A&G			1,536,163				5.04
6	Maintenance & Repairs			11,336	56,157			6
7	Operation of Plant			92,662		443,684		7
8	Laundry & Linen Service			5,388		15,403	63,717	8
9	Housekeeping			42,994		13,738		9
10	Dietary			18,974		50,371		10
11	Cafeteria			6,692		22,368		11
12	Maintenance of Personnel							12
13	Nursing Administration			26,159		6,300		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			11,315		11,419		16
17	Social Service			44,559		8,302		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	21,828	7,395	613,430	47,234	194,135	63,717	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	257	86	18,623		12,325		50
54	Radiology-Diagnostic	1,054	354	29,758	1,091	23,667		54
56	Radioisotope	10	3	913		527		56
60	Laboratory	1,826	614	36,219				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	12,680	4,262	225,133	7,427	16,181		65
66	Physical Therapy	961	323	36,349	405	8,079		66
67	Occupational Therapy	812	273	19,759		5,323		67
68	Speech Pathology	512	172	13,071		4,739		68
68.01	PSYCHOLOGY							68.01
71	Medical Supplies Charged to Patients	5,100	1,714	87,565				71
73	Drugs Charged to Patients	9,386	3,155	140,550		21,409		73
74	Renal Dialysis	1,557	523	43,021		1,471		74
75.01	ULTRASOUND	139	47	2,792		1,366		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	56,122	18,921	1,527,262	56,157	417,123	63,717	118
	NONREIMBURSABLE COST CENTERS							
190.01	IDLE SPACE			1,354		23,520		190.01
194	PSYCHOLOGY			7,547		3,041		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	56,122	18,921	1,536,163	56,157	443,684	63,717	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
		9	10	11	13	16	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	PURCHASING							5.01
5.02	ADMITTING							5.02
5.03	PATIENT ACCOUNTS							5.03
5.04	OTHER A&G							5.04
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	104,175						9
10	Dietary	12,658	301,721					10
11	Cafeteria	5,621		134,426				11
12	Maintenance of Personnel							12
13	Nursing Administration	1,583		2,564	54,127			13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	2,870		1,463		59,928		16
17	Social Service	2,086		5,263			87,143	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	48,787	301,721	80,342	53,350	23,357	87,143	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,097		1,170	777	274		50
54	Radiology-Diagnostic	5,948		2,213		1,124		54
56	Radioisotope	132				11		56
60	Laboratory			717		1,947		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,066		27,381		13,522		65
66	Physical Therapy	2,030		4,362		1,025		66
67	Occupational Therapy	1,338		2,109		866		67
68	Speech Pathology	1,191		1,440		546		68
68.01	PSYCHOLOGY							68.01
71	Medical Supplies Charged to Patients					5,438		71
73	Drugs Charged to Patients	5,380		4,446		10,009		73
74	Renal Dialysis	370				1,661		74
75.01	ULTRASOUND	343		188		148		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	97,500	301,721	133,658	54,127	59,928	87,143	118
	NONREIMBURSABLE COST CENTERS							
190.01	IDLE SPACE	5,911						190.01
194	PSYCHOLOGY	764		768				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	104,175	301,721	134,426	54,127	59,928	87,143	202

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	PURCHASING						5.01
5.02	ADMITTING						5.02
5.03	PATIENT ACCOUNTS						5.03
5.04	OTHER A&G						5.04
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						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	4,166,671		4,166,671			30
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	72,454		72,454			50
54	Radiology-Diagnostic	174,077		174,077			54
56	Radioisotope	3,298		3,298			56
60	Laboratory	54,097		54,097			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	589,986		589,986			65
66	Physical Therapy	102,158		102,158			66
67	Occupational Therapy	45,143		45,143			67
68	Speech Pathology	34,516		34,516			68
68.01	PSYCHOLOGY						68.01
71	Medical Supplies Charged to Patients	131,798		131,798			71
73	Drugs Charged to Patients	443,908		443,908			73
74	Renal Dialysis	52,538		52,538			74
75.01	ULTRASOUND	8,657		8,657			75.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	5,879,301		5,879,301			118
	NONREIMBURSABLE COST CENTERS						
190.01	IDLE SPACE	91,604		91,604			190.01
194	PSYCHOLOGY	21,377		21,377			194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	5,992,282		5,992,282			202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	PURCHASING SUPPLIES EXPENSE	ADMITTING GROSS REVENUE	PATIENT ACCOUNTS GROSS REVENUE	
		1	2	4	5.01	5.02	5.03	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	183,515						1
2	Cap Rel Costs-Mvble Equip		5,826,398					2
4	Employee Benefits Department	4,832	2,468	45,751,719				4
5.01	PURCHASING	5,152	42,289	402,681	8,836,755			5.01
5.02	ADMITTING	2,577	43,664	1,585,902		232,924,972		5.02
5.03	PATIENT ACCOUNTS	1,354	3,805	455,867			232,924,972	5.03
5.04	OTHER A&G	57,960	1,813,100	5,770,701	278,746			5.04
6	Maintenance & Repairs	3,476	1,670	168,370	129,095			6
7	Operation of Plant	14,637	373,959	1,718,589	119,313			7
8	Laundry & Linen Service	3,247	6,720		8,059			8
9	Housekeeping	2,896	22,763	1,157,820	16,920			9
10	Dietary	10,618	197,225	382,202	2,265			10
11	Cafeteria	4,715	92,280	220,753				11
12	Maintenance of Personnel							12
13	Nursing Administration	1,328		932,252	32			13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	2,407	5,399	324,585	51,261			16
17	Social Service	1,750	6,658	1,472,870	56,466			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	40,923	2,312,798	17,947,518	424,443	90,627,141	90,627,141	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,598	7,514	397,595	7,918	1,065,337	1,065,337	50
54	Radiology-Diagnostic	4,989	103,416	748,101	21,176	4,372,575	4,372,575	54
56	Radioisotope	111			36,345	41,207	41,207	56
60	Laboratory		15,473	118,436	604,822	7,576,559	7,576,559	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,411	360,552	7,858,264	108,608	52,615,615	52,615,615	65
66	Physical Therapy	1,703	57,612	1,179,407	30,074	3,987,252	3,987,252	66
67	Occupational Therapy	1,122		657,884	3,432	3,370,792	3,370,792	67
68	Speech Pathology	999		435,027	1,703	2,126,020	2,126,020	68
68.01	PSYCHOLOGY							68.01
71	Medical Supplies Charged to Patients				3,415,632	21,160,494	21,160,494	71
73	Drugs Charged to Patients	4,513	354,709	1,475,717	3,506,399	38,944,454	38,944,454	73
74	Renal Dialysis	310			14,046	6,461,516	6,461,516	74
75.01	ULTRASOUND	288		76,698		576,010	576,010	75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	177,916	5,824,074	45,487,239	8,836,755	232,924,972	232,924,972	118
	NONREIMBURSABLE COST CENTERS							
190.01	IDLE SPACE	4,958						190.01
194	PSYCHOLOGY	641	2,324	264,480				194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,251,137	2,618,853	8,234,863	682,509	2,122,955	672,208	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.266774	0.449481	0.179990	0.077235	0.009114	0.002886	203
204	Cost to be allocated (Per Wkst. B, Part II)			60,382	82,738	56,122	18,921	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001320	0.009363	0.000241	0.000081	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	OTHER A+G ACCUM COST	MAIN- TENANCE + REPAIRS WORK ORDERS	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	
		5A.04	5.04	6	7	8	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	PURCHASING							5.01
5.02	ADMITTING							5.02
5.03	PATIENT ACCOUNTS							5.03
5.04	OTHER A&G	-12,704,963	69,002,356					5.04
6	Maintenance & Repairs		509,210	3,191				6
7	Operation of Plant		4,162,354		93,527			7
8	Laundry & Linen Service		242,021		3,247	369,446		8
9	Housekeeping		1,931,254		2,896		87,384	9
10	Dietary		852,313		10,618		10,618	10
11	Cafeteria		300,590		4,715		4,715	11
12	Maintenance of Personnel							12
13	Nursing Administration		1,175,069		1,328		1,328	13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		508,249		2,407		2,407	16
17	Social Service		2,001,587		1,750		1,750	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		27,553,596	2,684	40,923	369,446	40,923	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		836,558		2,598		2,598	50
54	Radiology-Diagnostic		1,336,709	62	4,989		4,989	54
56	Radioisotope		41,009		111		111	56
60	Laboratory		1,626,922					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		10,112,895	422	3,411		3,411	65
66	Physical Therapy		1,632,770	23	1,703		1,703	66
67	Occupational Therapy		887,563		1,122		1,122	67
68	Speech Pathology		587,153		999		999	68
68.01	PSYCHOLOGY							68.01
71	Medical Supplies Charged to Patients		3,933,364					71
73	Drugs Charged to Patients		6,313,438		4,513		4,513	73
74	Renal Dialysis		1,932,478		310		310	74
75.01	ULTRASOUND		125,418		288		288	75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	-12,704,963	68,602,520	3,191	87,928	369,446	81,785	118
	NONREIMBURSABLE COST CENTERS							
190.01	IDLE SPACE		60,819		4,958		4,958	190.01
194	PSYCHOLOGY		339,017		641		641	194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)		12,704,963	602,968	4,928,743	457,695	2,439,459	202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.184124	188.958947	52.698611	1.238868	27.916541	203
204	Cost to be allocated (Per Wkst. B, Part II)		1,536,163	56,157	443,684	63,717	104,175	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.022262	17.598558	4.743914	0.172466	1.192152	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	PURCHASING						5.01
5.02	ADMITTING						5.02
5.03	PATIENT ACCOUNTS						5.03
5.04	OTHER A&G						5.04
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary	74,098					10
11	Cafeteria		52,846				11
12	Maintenance of Personnel						12
13	Nursing Administration		1,008	32,044			13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library		575		232,924,972		16
17	Social Service		2,069			49,573	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	74,098	31,584	31,584	90,627,141	49,573	30
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		460	460	1,065,337		50
54	Radiology-Diagnostic		870		4,372,575		54
56	Radioisotope				41,207		56
60	Laboratory		282		7,576,559		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		10,764		52,615,615		65
66	Physical Therapy		1,715		3,987,252		66
67	Occupational Therapy		829		3,370,792		67
68	Speech Pathology		566		2,126,020		68
68.01	PSYCHOLOGY						68.01
71	Medical Supplies Charged to Patients				21,160,494		71
73	Drugs Charged to Patients		1,748		38,944,454		73
74	Renal Dialysis				6,461,516		74
75.01	ULTRASOUND		74		576,010		75.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	74,098	52,544	32,044	232,924,972	49,573	118
NONREIMBURSABLE COST CENTERS							
190.01	IDLE SPACE						190.01
194	PSYCHOLOGY		302				194
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	1,865,216	736,036	1,512,523	803,880	2,540,021	202
203	Unit Cost Multiplier (Wkst. B, Part I)	25.172285	13.927942	47.201442	0.003451	51.237992	203
204	Cost to be allocated (Per Wkst. B, Part II)	301,721	134,426	54,127	59,928	87,143	204
205	Unit Cost Multiplier (Wkst. B, Part II)	4.071918	2.543731	1.689146	0.000257	1.757872	205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	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	43,539,480		43,539,480		43,539,480	30
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,231,822		1,231,822		1,231,822	50
54	Radiology-Diagnostic	2,023,940		2,023,940		2,023,940	54
56	Radioisotope	57,651		57,651		57,651	56
60	Laboratory	1,956,552		1,956,552		1,956,552	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	12,661,137		12,661,137		12,661,137	65
66	Physical Therapy	2,112,682		2,112,682		2,112,682	66
67	Occupational Therapy	1,164,614		1,164,614		1,164,614	67
68	Speech Pathology	791,017		791,017		791,017	68
68.01	PSYCHOLOGY						68.01
71	Medical Supplies Charged to Patients	4,730,616		4,730,616		4,730,616	71
73	Drugs Charged to Patients	7,998,452		7,998,452		7,998,452	73
74	Renal Dialysis	2,335,584		2,335,584		2,335,584	74
75.01	ULTRASOUND	174,746		174,746		174,746	75.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
200	Subtotal (sum of lines 30 thru 199)	80,778,293		80,778,293		80,778,293	200
201	Less Observation Beds						201
202	Total (line 200 minus line 201)	80,778,293		80,778,293		80,778,293	202

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	90,627,141		90,627,141				30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,061,748	3,589	1,065,337	1.156274	1.156274	1.156274	50
54	Radiology-Diagnostic	4,148,990	223,585	4,372,575	0.462871	0.462871	0.462871	54
56	Radioisotope	40,019	1,188	41,207	1.399058	1.399058	1.399058	56
60	Laboratory	7,419,038	157,521	7,576,559	0.258238	0.258238	0.258238	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	51,731,727	883,888	52,615,615	0.240635	0.240635	0.240635	65
66	Physical Therapy	3,960,011	27,241	3,987,252	0.529859	0.529859	0.529859	66
67	Occupational Therapy	3,350,519	20,273	3,370,792	0.345502	0.345502	0.345502	67
68	Speech Pathology	2,117,584	8,436	2,126,020	0.372065	0.372065	0.372065	68
68.01	PSYCHOLOGY							68.01
71	Medical Supplies Charged to Patients	21,160,494		21,160,494	0.223559	0.223559	0.223559	71
73	Drugs Charged to Patients	38,944,454		38,944,454	0.205381	0.205381	0.205381	73
74	Renal Dialysis	5,499,813	961,703	6,461,516	0.361461	0.361461	0.361461	74
75.01	ULTRASOUND	554,870	21,140	576,010	0.303373	0.303373	0.303373	75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	230,616,408	2,308,564	232,924,972				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	230,616,408	2,308,564	232,924,972				202

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,166,671		4,166,671	49,573	84.05	21,103	1,773,707	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)	4,166,671		4,166,671	49,573		21,103	1,773,707	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-2010

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	72,454	1,065,337	0.068010	427,720	29,089	50
54	Radiology-Diagnostic	174,077	4,372,575	0.039811	1,878,674	74,792	54
56	Radioisotope	3,298	41,207	0.080035	21,197	1,697	56
60	Laboratory	54,097	7,576,559	0.007140	3,313,066	23,655	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	589,986	52,615,615	0.011213	23,650,248	265,190	65
66	Physical Therapy	102,158	3,987,252	0.025621	1,755,100	44,967	66
67	Occupational Therapy	45,143	3,370,792	0.013392	1,434,565	19,212	67
68	Speech Pathology	34,516	2,126,020	0.016235	949,365	15,413	68
68.01	PSYCHOLOGY						68.01
71	Medical Supplies Charged to Pat	131,798	21,160,494	0.006228	8,137,516	50,680	71
73	Drugs Charged to Patients	443,908	38,944,454	0.011398	15,215,590	173,427	73
74	Renal Dialysis	52,538	6,461,516	0.008131	2,768,454	22,510	74
75.01	ULTRASOUND	8,657	576,010	0.015029	141,476	2,126	75.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct)						92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	1,712,630	142,297,831		59,692,971	722,758	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	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

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	49,573		21,103		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)	49,573		21,103		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-2010

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-2010

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	1,065,337			427,720		3,589		50
54	Radiology-Diagnostic	4,372,575			1,878,674		223,585		54
56	Radioisotope	41,207			21,197		1,188		56
60	Laboratory	7,576,559			3,313,066		157,521		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	52,615,615			23,650,248		883,888		65
66	Physical Therapy	3,987,252			1,755,100		27,241		66
67	Occupational Therapy	3,370,792			1,434,565		20,273		67
68	Speech Pathology	2,126,020			949,365		8,436		68
68.01	PSYCHOLOGY								68.01
71	Medical Supplies Charged to Pat	21,160,494			8,137,516				71
73	Drugs Charged to Patients	38,944,454			15,215,590				73
74	Renal Dialysis	6,461,516			2,768,454		961,703		74
75.01	ULTRASOUND	576,010			141,476		21,140		75.01
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	Observation Beds (Non-Distinct)								92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	142,297,831			59,692,971		2,308,564		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-2010

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1.156274	3,589			4,150		50
54	Radiology-Diagnostic	0.462871	223,585			103,491		54
56	Radioisotope	1.399058	1,188			1,662		56
60	Laboratory	0.258238	157,521			40,678		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.240635	883,888			212,694		65
66	Physical Therapy	0.529859	27,241			14,434		66
67	Occupational Therapy	0.345502	20,273			7,004		67
68	Speech Pathology	0.372065	8,436			3,139		68
68.01	PSYCHOLOGY							68.01
71	Medical Supplies Charged to Pat	0.223559						71
73	Drugs Charged to Patients	0.205381						73
74	Renal Dialysis	0.361461	961,703			347,618		74
75.01	ULTRASOUND	0.303373	21,140			6,413		75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		2,308,564			741,283		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		2,308,564			741,283		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-2010

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	49,573	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,573	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)	49,573	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)	21,103	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)	43,539,480	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)	43,539,480	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)	43,539,480	37

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RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-2010

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					878.29	38	
39	Program general inpatient routine service cost (line 9 x line 38)					18,534,554	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)					18,534,554	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit						43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,707,081	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					34,241,635	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,773,707	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					722,758	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,496,465	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					31,745,170	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-2010

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)						87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					878.29	88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-2010

WORKSHEET D-3

Check [] Title V [XX] Hospital [] SUB (Other) [] Swing Bed SNF [XX] PPS
 Applicable [XX] 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		39,252,609		30
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	1.156274	427,720	494,562	50
54	Radiology-Diagnostic	0.462871	1,878,674	869,584	54
56	Radioisotope	1.399058	21,197	29,656	56
60	Laboratory	0.258238	3,313,066	855,560	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.240635	23,650,248	5,691,077	65
66	Physical Therapy	0.529859	1,755,100	929,956	66
67	Occupational Therapy	0.345502	1,434,565	495,645	67
68	Speech Pathology	0.372065	949,365	353,225	68
68.01	PSYCHOLOGY				68.01
71	Medical Supplies Charged to Patients	0.223559	8,137,516	1,819,215	71
73	Drugs Charged to Patients	0.205381	15,215,590	3,124,993	73
74	Renal Dialysis	0.361461	2,768,454	1,000,688	74
75.01	ULTRASOUND				75.01
76.97	CARDIAC REHABILITATION	0.303373	141,476	42,920	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
92	Observation Beds (Non-Distinct Part)				92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		59,692,971	15,707,081	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		59,692,971		202

(A) Worksheet A line numbers

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RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-2010

**WORKSHEET E
PART B**

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	741,283			2
3	PPS payments	712,348			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.939			5
6	Line 2 times line 5	696,065			6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	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 (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	712,348			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	142,847			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)	569,501			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)	569,501			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	569,501			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)	569,501			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)	569,501			40
40.01	Sequestration adjustment (see instructions)	11,390			40.01
41	Interim payments	558,111			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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-2010

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		32,764,749		558,111	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	Program to Provider	.01 .02 .03 .04 .05			3.01 3.02 3.03 3.04 3.05
			.06 .07 .08 .09 .10 .50	05/25/2017		3.06 3.07 3.08 3.09 3.10 3.50
		Provider to Program	.51 .52 .53 .54 .55 .56 .57 .58 .59			3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99	-2,790,869		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)			29,973,880	558,111	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)	Program to Provider	.01 .02 .03 .04 .05			5.01 5.02 5.03 5.04 5.05
			.06 .07 .08 .09 .10 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59			5.06 5.07 5.08 5.09 5.10 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		.01 .02	-843,527		6.01 6.02
7	Total Medicare program liability (see instructions)			29,130,353	558,111	7
8	Name of Contractor	Contractor Number			NPR Date (Month/Day/Year)	8

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)		1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)		2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)		3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	49,573	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)		5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)		6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

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

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART IV**

Check applicable box: [XX] Hospital

PART IV - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER LTCH PPS

1	Net Federal PPS payment (see instructions)	28,241,820	1
1.01	Full standard payment amount	23,637,596	1.01
1.02	Short stay outlier standard payment amount	3,602,959	1.02
1.03	Site neutral payment amount - Cost	38,174	1.03
1.04	Site neutral payment amount - IPPS comparable	446,748	1.04
2	Outlier payments	4,607,986	2
3	Total PPS payments (sum of lines 1 and 2)	32,849,806	3
4	Nursing and allied health managed care payments (see instructions)		4
5	Organ acquisition DO NOT USE THIS LINE		5
6	Cost of physicians' services in a teaching hospital (see instructions)		6
7	Subtotal (see instructions)	32,849,806	7
8	Primary payer payments		8
9	Subtotal (line 7 less line 8)	32,849,806	9
10	Deductibles	38,836	10
11	Subtotal (line 9 minus line 10)	32,810,970	11
12	Coinsurance	4,008,858	12
13	Subtotal (line 11 minus line 12)	28,802,112	13
14	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,419,597	14
15	Adjusted reimbursable bad debts (see instructions)	922,738	15
16	Allowable bad debts for dual eligible beneficiaries (see instructions)	887,487	16
17	Subtotal (sum of lines 13 and 15)	29,724,850	17
18	Direct graduate medical education payments (from Wkst. E-4, line 49)		18
19	Other pass through costs (see instructions)		19
20	Outlier payments reconciliation		20
21	Other adjustments (specify) (see instructions)		21
21.50	Pioneer ACO demonstration payment adjustment (see instructions)		21.50
22	Total amount payable to the provider (see instructions)	29,724,850	22
22.01	Sequestration adjustment (see instructions)	594,497	22.01
23	Interim payments	29,973,880	23
24	Tentative settlement (for contractor use only)		24
25	Balance due provider/program (line 22 minus lines 22.01, 23 and 24)	-843,527	25
26	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		26

TO BE COMPLETED BY CONTRACTOR

50	Original PPS payment and outlier amount from Wkst. E-3 Part IV, line 3 (see instructions)		50
51	Outlier reconciliation adjustment amount (see instructions)		51
52	The rate used to calculate the Time Value of Money (see instructions)		52
53	Time Value of Money (see instructions)		53

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	2,978,297				1
2	Temporary investments	15,875,511				2
3	Notes receivable					3
4	Accounts receivable	22,171,403				4
5	Other receivables	276,601				5
6	Allowances for uncollectible notes and accounts receivable	-2,809,723				6
7	Inventory	552,084				7
8	Prepaid expenses	1,383,027				8
9	Other current assets	1,309,228				9
10	Due from other funds	135,913				10
11	Total current assets (sum of lines 1-10)	41,872,341				11
FIXED ASSETS						
12	Land					12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	39,494,959				15
16	Accumulated depreciation	-2,439,221				16
17	Leasehold improvements	1,357,946				17
18	Accumulated depreciation	-158,782				18
19	Fixed equipment	4,799,319				19
20	Accumulated depreciation	-3,918,673				20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	20,848,029				23
24	Accumulated depreciation	-15,797,209				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)	44,186,368				30
OTHER ASSETS						
31	Investments	20,320,209				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	3,934,148				34
35	Total other assets (sum of lines 31-34)	24,254,357				35
36	Total assets (sum of lines 11, 30 and 35)	110,313,066				36
Liabilities and Fund Balances (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	4,277,287				37
38	Salaries, wages and fees payable	5,876,251				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	904,412				43
44	Other current liabilities	6,154,147				44
45	Total current liabilities (sum of lines 37 thru 44)	17,212,097				45
LONG TERM LIABILITIES						
46	Mortgage payable	35,384,727				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	5,928,097				49
50	Total long term liabilities (sum of lines 46 thru 49)	41,312,824				50
51	Total liabilities (sum of lines 45 and 50)	58,524,921				51
CAPITAL ACCOUNTS						
52	General fund balance	51,788,145				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)	51,788,145				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	110,313,066				60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		43,929,132			1
2	Net income (loss) (from Worksheet G-3, line 29)		12,098,083			2
3	Total (sum of line 1 and line 2)		56,027,215			3
4	Additions (credit adjustments) (specify)					4
5	ADVOCATE CAPITAL CONTRIBUTIONS					5
6	CHANGE IN TEMP RESTRICTED CONTRIBUT					6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		56,027,215			11
12	Deductions (debit adjustments) (specify)	4,239,070				12
13	UNREALIZED LOSS ON INVESTMENT					13
14	PARTNERSHIP DISTRIBUTIONS					14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		4,239,070			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		51,788,145			19

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

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RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	99,942,079		99,942,079	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	99,942,079		99,942,079	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	99,942,079		99,942,079	17
18	Ancillary services	132,982,894		132,982,894	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	PRO FEES		3,229,561	3,229,561	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	232,924,973	3,229,561	236,154,534	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		93,445,912	29
30	Add (specify)	1		30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		1	36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		93,445,913	43

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RML HEALTH PROVIDERS, L.P. Provider CCN: 14-2010	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/31/2017 Run Time: 09:15 Version: 2017.10 (10/09/2017)
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	236,154,534	1
2	Less contractual allowances and discounts on patients' accounts	132,894,385	2
3	Net patient revenues (line 1 minus line 2)	103,260,149	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	93,445,913	4
5	Net income from service to patients (line 3 minus line 4)	9,814,236	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER (OTHER REVENUE))	2,283,847	24
24.01	Other (OTHER (GRANT REVENUE))		24.01
24.02	Other (OTHER (GAIN ON SALE OF ASSET))		24.02
24.03	Other (MISC)		24.03
25	Total other income (sum of lines 6-24)	2,283,847	25
26	Total (line 5 plus line 25)	12,098,083	26
27.01	Other expenses (MISCELLANEOUS)		27.01
29	Net income (or loss) for the period (line 26 minus line 28)	12,098,083	29