

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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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. ☒ Electronically filed cost report 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☒ Medicare Utilization. Enter 'F' for full or 'L' for low.	Date: _____ Time: _____
Contractor use only	5. ☐ 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. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PALOS COMMUNITY HOSPITAL (14-0062) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 01/01/2018 and ending 12/31/2018, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

VICE PRESIDENT OF FINANCEN
Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		HIT	TITLE XIX	
		1	PART A 2	PART B 3	4	5	
1	HOSPITAL		720,055	-28,069		13,175	1
2	SUBPROVIDER - IPF		16,113			479	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			-1,291			9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		736,168	-29,360		13,654	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: 12251 S. 80TH AVENUE	P.O. Box:		1
2	City: ORLAND PARK	State: IL	ZIP Code: 60462	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)			
	0	1	2	3	4	5	V	XVIII	XIX	
3	Hospital	PALOS COMMUNITY HOSPITAL	14-0062	16974	1	07 / 01 / 1966	N	P	P	3
4	Subprovider - IPF	PALOS COMMUNITY HOSPITAL PSYCH	14-S062	16974	4	01 / 01 / 1984	N	P	P	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	PALOS COMMUNITY HOSPITAL HHA	14-7470	16974		10 / 27 / 1987	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	PALOS COMMUNITY HOSPITAL HOSPICE	14-1591	16974		06 / 06 / 1997				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: 01 / 01 / 2018	To: 12 / 31 / 2018		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.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,090	378			3,778	544	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)			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)(i) or (ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	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
		V	XVIII	XIX
	Prospective Payment System (PPS)-Capital	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	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

		1	2	3	
56	Teaching Hospitals Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	Y			60
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.	1	60.02
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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.	Y			70
71	If line 70 is yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N			71

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

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

Rural Providers

Rural Providers				1	2	
105	Does this hospital qualify as a CAH?			N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.					107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.			N		108
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Physical	Occupational	Speech	Respiratory	109
				1		
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110
				1	2	
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.					111

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-L, 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.	N			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.				118
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N		120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health care related taxes as defined in §1903(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06		122

Transplant Center Information

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

All Providers

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01 / 01 / 2018	12 / 31 / 2018		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	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A		4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	Y		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	Y		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		Y/N	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	Y	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
PS&R Report Data		1	2	3	4	
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16
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)	Y	05/13/2019	Y	05/13/2019	17
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		18
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		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

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

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

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

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

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

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

	Y/N	Date	
	1	2	
Home Office Costs			
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: SUSAN	Last name: TRYCHTA	Title: DIRECTOR
42	Employer: PALOS COMMUNITY HOSPITAL		
43	Phone number: 708-923-4153	E-mail Address: STRYCHTA@PALOSHEALTH.COM	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA
**WORKSHEET S-3
PART I**

		Inpatient Days / Outpatient Visits / Trips								
	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	353	128,845			43,570	1,244	75,042	1
2	HMO and other (see instructions)						9,952	4,322		2
3	HMO IPF Subprovider						326	1,014		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)		353	128,845			43,570	1,244	75,042	7
8	Intensive Care Unit	31	24	8,760			4,401	157	6,483	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						67	1,266	13
14	Total (see instructions)		377	137,605			47,971	1,468	82,791	14
15	CAH Visits									15
16	Subprovider - IPF	40	36	13,140			1,194	314	5,365	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					64,249	1,164	88,578	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)		413							27
28	Observation Bed Days							1,422	9,582	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		28	10,220				17	224	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

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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)					9,880	326	18,017	1
2	HMO and other (see instructions)					1,976	979		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)		1,943.19			9,880	326	18,017	14
15	CAH Visits								15
16	Subprovider - IPF		46.91			212	83	1,342	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		123.67						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		37.03						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		2,150.80						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

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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	152,483,116		152,483,116	4,604,428.45	33.12	1
2 Non-physician anesthetist Part A							2
3 Non-physician anesthetest Part B							3
4 Physician-Part A - Administrative							4
4.01 Physician-Part A - Teaching							4.01
5 Physician-Part B							5
6 Non-physician-Part B							6
7 Interns & residents (in an approved program)	21						7
7.01 Contracted interns & residents (in an approved program)							7.01
8 Home office and/or related organization personnel							8
9 SNF	44						9
10 Excluded area salaries (see instructions)		15,639,829	-96,158	15,543,671	489,955.00	31.72	10
OTHER WAGES & RELATED COSTS							
11 Contract labor (see instructions)		414,420		414,420	7,914.00	52.37	11
12 Contract management and administrative services							12
13 Contract labor: Physician-Part A - Administrative		689,605		689,605	4,783.43	144.17	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)		36,656,406		36,656,406			17
18 Wage-related costs (other)(see instructions)							18
19 Excluded areas		4,272,561		4,272,561			19
20 Non-physician anesthetist Part A							20
21 Non-physician anesthetist Part B							21
22 Physician Part A - Administrative							22
22.01 Physician Part A - Teaching							22.01
23 Physician Part B							23
24 Wage-related costs (RHC/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		1,048,807		1,048,807	29,599.44	35.43	26
27 Administrative & General		24,094,753		24,094,753	682,785.87	35.29	27
28 Administrative & General under contract (see instructions)		321,011		321,011	969.20	331.21	28
29 Maintenance & Repairs		2,217,058		2,217,058	62,251.70	35.61	29
30 Operation of Plant							30
31 Laundry & Linen Service		52,812		52,812	2,336.08	22.61	31
32 Housekeeping		3,112,869		3,112,869	162,513.49	19.15	32
33 Housekeeping under contract (see instructions)							33
34 Dietary		2,891,995	-1,031,218	1,860,777	88,354.27	21.06	34
35 Dietary under contract (see instructions)							35
36 Cafeteria			1,031,218	1,031,218	49,752.00	20.73	36
37 Maintenance of Personnel							37
38 Nursing Administration		995,923		995,923	24,001.24	41.49	38
39 Central Services and Supply		2,121,297		2,121,297	98,263.31	21.59	39
40 Pharmacy		3,747,928	104,719	3,852,647	88,804.28	43.38	40
41 Medical Records & Medical Records Library		3,363,867		3,363,867	111,581.04	30.15	41
42 Social Service		947,591		947,591	28,272.60	33.52	42
43 Other General Service							43

Part III - Hospital Wage Index Summary

1 Net salaries (see instructions)		152,804,127		152,804,127	4,605,397.65	33.18	1
2 Excluded area salaries (see instructions)		15,639,829	-96,158	15,543,671	489,955.00	31.72	2
3 Subtotal salaries (line 1 minus line 2)		137,164,298	96,158	137,260,456	4,115,442.65	33.35	3
4 Subtotal other wages & related costs (see instructions)		1,104,025		1,104,025	12,697.43	86.95	4
5 Subtotal wage-related costs (see instructions)		36,656,406		36,656,406		26.71%	5
6 Total (sum of lines 3 through 5)		174,924,729	96,158	175,020,887	4,128,140.08	42.40	6
7 Total overhead cost (see instructions)		44,915,911	104,719	45,020,630	1,429,484.52	31.49	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	7,530,969	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	2,731	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)	16,009,291	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	590,170	10
11	Life Insurance (If employee is owner or beneficiary)	126,387	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	597,560	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,356,250	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	10,843,861	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	111,262	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	143,773	23
24	Total Wage Related cost (Sum of lines 1-23)	37,312,254	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 - Contract Labor and Benefit Cost****PART V****Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	2,352,210		1
2	Hospital	387,167		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	1,965,043		11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA**HHA CCN: 14-7470****WORKSHEET S-4**

HOME HEALTH AGENCY STATISTICAL DATA

County:

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		5,356			5,356	1
2	Unduplicated Census Count (see instructions)						2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

Enter the number of hours in your normal work week		Number of Employees (Full Time Equivalent)			
		Staff 1	Contract 2	Total 3	
3	Administrator and Assistant Administrator(s)				3
4	Director(s) and Assistant Director(s)	0.79		0.79	4
5	Other Administrative Personnel	35.54		35.54	5
6	Direct Nursing Service	52.97		52.97	6
7	Nursing Supervisor	7.48		7.48	7
8	Physical Therapy Service	9.15	8.65	17.80	8
9	Physical Therapy Supervisor	1.00		1.00	9
10	Occupational Therapy Service	1.85	1.31	3.16	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service	1.04		1.04	12
13	Speech Pathology Supervisor				13
14	Medical Social Service	1.56		1.56	14
15	Medical Social Service Supervisor				15
16	Home Health Aide	7.39		7.39	16
17	Home Health Aide Supervisor				17
18	REGISTERED DIETICIAN	1.22		1.22	18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	16974	20

PPS ACTIVITY

		Full Episodes					
		Without Outliers 1	With Outliers 2	LUPA Episodes 3	PEP only Episodes 4	Total (columns 1 through 4) 5	
21	Skilled Nursing Visits	27,164	4,629	939	616	33,348	21
22	Skilled Nursing Visit Charges	4,866,512	852,258	168,000	110,175	5,996,945	22
23	Physical Therapy Visits	17,931	1,409	236	570	20,146	23
24	Physical Therapy Visit Charges	3,498,885	274,755	46,020	111,150	3,930,810	24
25	Occupational Therapy Visits	3,500	445	20	117	4,082	25
26	Occupational Therapy Visit Charges	682,695	86,775	3,900	22,815	796,185	26
27	Speech Pathology Visits	583	90	5	20	698	27
28	Speech Pathology Visit Charges	113,685	17,550	975	3,900	136,110	28
29	Medical Social Service Visits	506	84	8	21	619	29
30	Medical Social Service Visit Charges	144,210	23,940	2,280	5,985	176,415	30
31	Home Health Aide Visits	4,251	1,004	6	95	5,356	31
32	Home Health Aide Visit Charges	454,857	107,428	642	10,165	573,092	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	53,935	7,661	1,214	1,439	64,249	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	9,760,844	1,362,706	221,817	264,190	11,609,557	35
36	Total Number of Episodes (standard/non-outlier)	3,344		438	114	3,896	36
37	Total Number of Ourlier Episodes		201		-1	200	37
38	Total Non-Routine Medical Supply Charges	148,482	76,043	6,758	3,558	234,841	38

KPMG LLP Compu-Max 2552-10

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HOSPITAL-BASED HOSPICE IDENTIFICATION DATA**HOSPICE CCN: 14-1591****WORKSHEET S-9
PARTS I THROUGH IV****PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015**

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

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

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

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

		Unduplicated Days				
		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1	2	3	4	
10	Hospice Continuous Home Care	10		2	12	10
11	Hospice Routine Home Care	27,977	341	638	28,956	11
12	Hospice Inpatient Respite Care	193			193	12
13	Hospice General Inpatient Care	1,242	21	107	1,370	13
14	Total Hospice Days	29,422	362	747	30,531	14

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

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

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

KPMG LLP Compu-Max 2552-10

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA**WORKSHEET S-10**

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.225584	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	8,074,625	2
3	Did you receive DSH or supplemental payments from Medicaid?	N	3
4	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid		5
6	Medicaid charges	135,804,432	6
7	Medicaid cost (line 1 times line 6)	30,635,307	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.	22,560,682	8

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

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

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

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

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

17	Private grants, donations, or endowment income restricted to fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	22,560,682	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	10,014,517	1,196,247	11,210,764	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,259,115	1,196,247	3,455,362	21
22	Payments received from patients for amounts previously written off as charity care	24,975	125,550	150,525	22
23	Cost of charity care (line 21 minus line 22)	2,234,140	1,070,697	3,304,837	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit		25
26	Total bad debt expense for the entire hospital complex (see instructions)	22,969,302	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	419,355	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	645,162	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	22,324,140	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	5,261,776	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	8,566,613	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	31,127,295	31

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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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		16,578,411	16,578,411	12,431,583	29,009,994	-1,081,570	27,928,424	1
2	00200	Cap Rel Costs-Mvble Equip		16,266,740	16,266,740		16,266,740	-54,059	16,212,681	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,048,807	38,162,632	39,211,439		39,211,439	-134,572	39,076,867	4
5.01	01160	COMMUNICATIONS	383,547	312,823	696,370		696,370	-104,241	592,129	5.01
5.02	00550	DATA PROCESSING	6,017,103	6,012,834	12,029,937		12,029,937	-936,461	11,093,476	5.02
5.03	00560	PURCHASING AND STORES	558,319	19,745	578,064		578,064	-13,976	564,088	5.03
5.04	00570	ADMITTING	2,355,618	35,877	2,391,495		2,391,495		2,391,495	5.04
5.05	00580	CASHIERING	1,977,932	1,870,372	3,848,304		3,848,304	-24,000	3,824,304	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	12,802,234	30,391,130	43,193,364	-430,822	42,762,542	-4,539,137	38,223,405	5.06
6	00600	Maintenance & Repairs	2,203,910	4,842,491	7,046,401		7,046,401	-139,430	6,906,971	6
6.01	00601	CLINICAL ENGINEERING	13,148	4,769,278	4,782,426		4,782,426		4,782,426	6.01
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service	52,812	1,190,048	1,242,860		1,242,860	-15,616	1,227,244	8
9	00900	Housekeeping	3,112,869	731,698	3,844,567		3,844,567		3,844,567	9
10	01000	Dietary	2,891,995	2,110,351	5,002,346	-1,783,720	3,218,626	-74,646	3,143,980	10
11	01100	Cafeteria				1,783,720	1,783,720	-1,473,954	309,766	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	995,923	42,800	1,038,723		1,038,723	-14,630	1,024,093	13
14	01400	Central Services & Supply	2,121,297	1,270,531	3,391,828		3,391,828	-3,480	3,388,348	14
15	01500	Pharmacy	3,747,928	13,173,173	16,921,101	-12,738,038	4,183,063		4,183,063	15
16	01600	Medical Records & Library	3,363,867	311,172	3,675,039		3,675,039	-52,787	3,622,252	16
17	01700	Social Service	947,591	33,792	981,383		981,383		981,383	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)	229,873	10,694	240,567	-102,542	138,025		138,025	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	39,899,704	4,402,032	44,301,736	-3,097,932	41,203,804	-380,871	40,822,933	30
31	03100	Intensive Care Unit	6,364,700	1,039,742	7,404,442	-913,018	6,491,424	-14,104	6,477,320	31
40	04000	Subprovider - IPF	3,627,751	53,131	3,680,882	-28,134	3,652,748		3,652,748	40
43	04300	Nursery								43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	9,002,891	13,629,912	22,632,803	-9,720,778	12,912,025	-1,095,150	11,816,875	50
51	05100	Recovery Room	1,407,002	152,750	1,559,752	-146,622	1,413,130		1,413,130	51
53	05300	Anesthesiology		738,478	738,478	-519,631	218,847	-199,999	18,848	53
54	05400	Radiology-Diagnostic	5,224,444	2,037,080	7,261,524	-965,957	6,295,567	-1,975	6,293,592	54
54.01	03630	ULTRASOUND	1,283,911	38,458	1,322,369	-21,940	1,300,429		1,300,429	54.01
57	05700	CT Scan	1,217,808	513,083	1,730,891	-427,017	1,303,874		1,303,874	57
58	05800	MRI	396,037	81,544	477,581	-76,354	401,227		401,227	58
59	05900	Cardiac Catheterization	1,901,131	3,673,751	5,574,882	-3,246,301	2,328,581	-31,997	2,296,584	59
60	06000	Laboratory	5,085,735	6,070,876	11,156,611	-535,715	10,620,896		10,620,896	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	481,986	1,916,258	2,398,244	-6,377	2,391,867		2,391,867	63
64	06400	Intravenous Therapy	1,224,235	408,238	1,632,473	-399,847	1,232,626		1,232,626	64
65	06500	Respiratory Therapy	2,276,543	500,916	2,777,459	-429,988	2,347,471		2,347,471	65
66	06600	Physical Therapy	3,787,508	465,616	4,253,124	-345,839	3,907,285		3,907,285	66
68	06800	Speech Pathology	329,635	458	330,093	-19	330,074		330,074	68
69	06900	Electrocardiology	1,419,411	136,516	1,555,927	-7,666	1,548,261	-7,865	1,540,396	69
70	07000	Electroencephalography	111,399	6,026	117,425	-5,137	112,288		112,288	70
70.01	03290	EMG	97,126	9,493	106,619	-7,777	98,842		98,842	70.01
70.03	03030	ANGIOGRAPHY	1,154,226	343,396	1,497,622	-313,061	1,184,561		1,184,561	70.03
71	07100	Medical Supplies Charged to Patients				22,697,795	22,697,795		22,697,795	71
72	07200	Impl. Dev. Charged to Patients		17,996,603	17,996,603		17,996,603		17,996,603	72
73	07300	Drugs Charged to Patients				12,581,961	12,581,961		12,581,961	73
74	07400	Renal Dialysis		893,229	893,229	274	893,503		893,503	74
76.97	07697	CARDIAC REHABILITATION	549,947	12,470	562,417	12,226	574,643		574,643	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OUTPATIENT PSYCH SERVICES	1,098,397	86,664	1,185,061	-16,225	1,168,836		1,168,836	90.01
91	09100	Emergency	6,730,065	2,020,590	8,750,655	-1,551,027	7,199,628	-73,000	7,126,628	91
91.01	04951	PRIMARY CARE CENTER PCC	1,204,546	2,224,174	3,428,720	-1,391,533	2,037,187	601,485	2,638,672	91.01
92	09200	Observation Beds (Non-Distinct Part)								92
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM								93.99
		OTHER REIMBURSABLE COST CENTERS								
101	10100	Home Health Agency	8,676,007	3,021,136	11,697,143	17,783	11,714,926	-524	11,714,402	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		11,589,505	11,589,505	-11,589,505				113
116	11600	Hospice	2,364,737	773,978	3,138,715	2,207	3,140,922	-140	3,140,782	116

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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	
118		SUBTOTALS (sum of lines 1-117)	151,741,655	212,972,695	364,714,350	-1,290,973	363,423,377	-9,866,699	353,556,678	118
		NONREIMBURSABLE COST CENTERS								
192	19200	Physicians' Private Offices	23,623	131,846	155,469	1,290,422	1,445,891	-120,785	1,325,106	192
194.01	07950	PRIVATE DUTY NURSING	717,838	29,916	747,754	551	748,305	-35	748,270	194.01
200		TOTAL (sum of lines 118-199)	152,483,116	213,134,457	365,617,573		365,617,573	-9,987,519	355,630,054	200

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	MEDICAL SUPPLY EXPENSES	A					1
500	Total reclassifications						500
	Code Letter - A						
1	INTEREST	B	Cap Rel Costs-Bldg & Fixt	1		11,589,505	1
500	Total reclassifications					11,589,505	500
	Code Letter - B						
1	SHARED NFS COST	C	Cafeteria	11	1,031,218	752,502	1
500	Total reclassifications				1,031,218	752,502	500
	Code Letter - C						
1	PCC DEPRECIATION	D	Laboratory	60		3,014	1
500	Total reclassifications					3,014	500
	Code Letter - D						
1	PCC OPERATIONS	E	Laboratory	60		11,090	1
2			Electrocardiology	69		36,398	2
3			OUTPATIENT PSYCH SERVICES	90.01		56,063	3
4			PRIMARY CARE CENTER PCC	91.01		124,040	4
5			Physicians' Private Offices	192		1,264,500	5
500	Total reclassifications					1,492,091	500
	Code Letter - E						
1	INSURANCE EXPENSE	F	Cap Rel Costs-Bldg & Fixt	1		886,714	1
500	Total reclassifications					886,714	500
	Code Letter - F						
1	PCC/LEMONT BLDG INSURANCE	G	Laboratory	60		227	1
2			Electrocardiology	69		746	2
3			OUTPATIENT PSYCH SERVICES	90.01		1,149	3
4			PRIMARY CARE CENTER PCC	91.01		2,543	4
5			Home Health Agency	101		751	5
6			Hospice	116		200	6
7			Physicians' Private Offices	192		25,922	7
8			PRIVATE DUTY NURSING	194.01		50	8
500	Total reclassifications					31,588	500
	Code Letter - G						
1	CHARGEABLE DRUGS	H	Drugs Charged to Patients	73		12,840,580	1
500	Total reclassifications					12,840,580	500
	Code Letter - H						
1	IHHA DEPRECIATION	I	Home Health Agency	101		7,526	1
2			Hospice	116		2,007	2
3			PRIVATE DUTY NURSING	194.01		501	3
500	Total reclassifications					10,034	500
	Code Letter - I						
1	ALLOCATE CV ADMINISTRATION	J	Adults & Pediatrics	30	118,804	18,608	1
2			Operating Room	50	8,321	6,331	2
3			Electrocardiology	69	16,525	1,824	3
4			ANGIOGRAPHY	70.03	16,658	1,839	4
5			CARDIAC REHABILITATION	76.97	12,609	1,392	5
6			Home Health Agency	101	8,561	945	6
500	Total reclassifications				181,478	30,939	500
	Code Letter - J						
1	PHARMACY RESIDENCY	K	Pharmacy	15	104,719		1
2			PARAMED ED PRGM-(SPECIFY)	23		2,177	2
500	Total reclassifications				104,719	2,177	500
	Code Letter - K						
1	MEDICAL SUPPLIES	L	ADMINISTRATIVE & GENERAL	5.06		455,892	1
2			Medical Supplies Charged to P	71		22,697,795	2
3			Renal Dialysis	74		274	3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
500	Total reclassifications					23,153,961	500
	Code Letter - L						
	GRAND TOTAL (Increases)				1,317,415	50,793,105	

(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	MEDICAL SUPPLY EXPENSES	A						1
500	Total reclassifications							500
	Code letter - A							
1	INTEREST	B	Interest Expense	113		11,589,505	11	1
500	Total reclassifications					11,589,505		500
	Code letter - B							
1	SHARED NFS COST	C	Dietary	10	1,031,218	752,502		1
500	Total reclassifications				1,031,218	752,502		500
	Code letter - C							
1	PCC DEPRECIATION	D	Cap Rel Costs-Bldg & Fixt	1		3,014	9	1
500	Total reclassifications					3,014		500
	Code letter - D							
1	PCC OPERATIONS	E	PRIMARY CARE CENTER PCC	91.01		1,492,091		1
2								2
3								3
4								4
5								5
500	Total reclassifications					1,492,091		500
	Code letter - E							
1	INSURANCE EXPENSE	F	ADMINISTRATIVE & GENERAL	5.06		886,714	12	1
500	Total reclassifications					886,714		500
	Code letter - F							
1	PCC/LEMONT BLDG INSURANCE	G	Cap Rel Costs-Bldg & Fixt	1		31,588	12	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
500	Total reclassifications					31,588		500
	Code letter - G							
1	CHARGEABLE DRUGS	H	Pharmacy	15		12,840,580		1
500	Total reclassifications					12,840,580		500
	Code letter - H							
1	IHHA DEPRECIATION	I	Cap Rel Costs-Bldg & Fixt	1		10,034	9	1
2								2
3								3
500	Total reclassifications					10,034		500
	Code letter - I							
1	ALLOCATE CV ADMINISTRATION	J	Cardiac Catheterization	59	181,478	30,939		1
2								2
3								3
4								4
5								5
6								6
500	Total reclassifications				181,478	30,939		500
	Code letter - J							
1	PHARMACY RESIDENCY	K	PARAMED ED PRGM-(SPECIFY)	23	104,719			1
2			Pharmacy	15		2,177		2
500	Total reclassifications				104,719	2,177		500
	Code letter - K							
1	MEDICAL SUPPLIES	L	Adults & Pediatrics	30		3,235,344		1
2			Intensive Care Unit	31		913,018		2
3			Subprovider - IPF	40		28,134		3
4			Operating Room	50		9,735,430		4
5			Recovery Room	51		146,622		5
6			Anesthesiology	53		519,631		6
7			Radiology-Diagnostic	54		965,957		7
8			ULTRASOUND	54.01		21,940		8
9			CT Scan	57		427,017		9
10			MRI	58		76,354		10
11			Cardiac Catheterization	59		3,033,884		11
12			Laboratory	60		550,046		12

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
13			Blood Storing, Processing & T	63		6,377		13
14			Intravenous Therapy	64		399,847		14
15			Respiratory Therapy	65		429,988		15
16			Physical Therapy	66		345,839		16
17			Speech Pathology	68		19		17
18			Electrocardiology	69		63,159		18
19			Electroencephalography	70		5,137		19
20			EMG	70.01		7,777		20
21			ANGIOGRAPHY	70.03		331,558		21
22			Drugs Charged to Patients	73		258,619		22
23			CARDIAC REHABILITATION	76.97		1,775		23
24			OUTPATIENT PSYCH SERVICES	90.01		73,437		24
25			Emergency	91		1,551,027		25
26			PRIMARY CARE CENTER PCC	91.01		26,025		26
500	Total reclassifications					23,153,961		500
	Code letter - L							
	GRAND TOTAL (Decreases)				1,317,415	50,793,105		

(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	Acquisitions				Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		Beginning Balances	Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	9,535,479					9,535,479		1
2	Land Improvements	7,085,648	16,475,400		16,475,400		23,561,048	4,499,799	2
3	Buildings and Fixtures	524,796,230	69,437,707		69,437,707		594,233,937	44,559,249	3
4	Building Improvements								4
5	Fixed Equipment	62,042,293	3,639,854		3,639,854	58,666,482	7,015,665		5
6	Movable Equipment	210,822,543	9,839,324		9,839,324	203,540	220,458,327	60,751,265	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	814,282,193	99,392,285		99,392,285	58,870,022	854,804,456	109,810,313	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	814,282,193	99,392,285		99,392,285	58,870,022	854,804,456	109,810,313	10

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

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	16,578,411						16,578,411	1
2	Cap Rel Costs-Mvble Equip	16,266,740						16,266,740	2
3	Total (sum of lines 1-2)	32,845,151						32,845,151	3

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	627,330,464	2,554,894	624,775,570	0.733090					1
2	Cap Rel Costs-Mvble Equip	227,473,992		227,473,992	0.266910					2
3	Total (sum of lines 1-2)	854,804,456	2,554,894	852,249,562	1.000000					3

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	16,565,363		10,507,935	855,126			27,928,424	1
2	Cap Rel Costs-Mvble Equip	16,212,681						16,212,681	2
3	Total (sum of lines 1-2)	32,778,044		10,507,935	855,126			44,141,105	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

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			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)	B	-3,480	Central Services & Supply	14	5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)	A	-104,241	COMMUNICATIONS	5.01	7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-1,813,422			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1				12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-1,473,954	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	A	-52,787	Medical Records & Library	16	18
19	Nursing and allied health education (tuition, fees, books, etc.)					19
20	Vending machines	B	-5,742	Dietary	10	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	VENDING MACHINE (2)	B	-3,044	ADMINISTRATIVE & GENERAL	5.06	33
34	TV DEPRECIATION	A	-52,711	Cap Rel Costs-Mvble Equip	2	9 34
35	INTEREST EXPENSE	B	-1,081,570	Cap Rel Costs-Bldg & Fixt	1	11 35
36	LIFELINE	A	-1,348	Cap Rel Costs-Mvble Equip	2	9 36
36.10	LIFELINE	B	-24,836	ADMINISTRATIVE & GENERAL	5.06	36.10
37	MISC INCOME	B	-937,729	ADMINISTRATIVE & GENERAL	5.06	37
37.10	MISC INCOME	B	-14,630	Nursing Administration	13	37.10
37.20	BABY PHOTO REVENUE	B	-1,262	ADMINISTRATIVE & GENERAL	5.06	37.20
37.30	SILVER SALES	B	-13,272	ADMINISTRATIVE & GENERAL	5.06	37.30
37.40	DISCOUNTS	B	-39,096	ADMINISTRATIVE & GENERAL	5.06	37.40
37.50	HOME DELIVERED MEALS	B	-34,519	Dietary	10	37.50
38	CABLE TV	A	-1,975	Radiology-Diagnostic	54	38
38.10	CABLE TV	A	-3,384	PRIMARY CARE CENTER PCC	91.01	38.10
39	VISITOR MEALS	A	-34,385	Dietary	10	39
40	LOBBYING	A	-35,627	ADMINISTRATIVE & GENERAL	5.06	40
40.10	LOBBYING	A	-524	Home Health Agency	101	40.10
40.20	LOBBYING	A	-140	Hospice	116	40.20
40.30	LOBBYING	A	-35	PRIVATE DUTY NURSING	194.01	40.30
41	REAL ESTATE TAXES	A	19,075	ADMINISTRATIVE & GENERAL	5.06	41
41.10	REAL ESTATE TAXES	A	110,512	Physicians' Private Offices	192	41.10
41.20	REAL ESTATE TAXES	A	604,869	PRIMARY CARE CENTER PCC	91.01	41.20
42	FUNDRAISING DONATIONS	A	-3,051	ADMINISTRATIVE & GENERAL	5.06	42
43	ADVERTISING EXPENSE	A	-650,318	ADMINISTRATIVE & GENERAL	5.06	43
44	NON-ALLOWABLE EXPENSE	A	-2,500	ADMINISTRATIVE & GENERAL	5.06	44
45	FALL GALA	A	-35,525	ADMINISTRATIVE & GENERAL	5.06	45
46	REIMBURSEMENT INTERCOMPANY	B	-134,572	Employee Benefits Department	4	46
46.10	REIMBURSEMENT INTERCOMPANY	B	-936,461	DATA PROCESSING	5.02	46.10
46.20	REIMBURSEMENT INTERCOMPANY	B	-13,976	PURCHASING AND STORES	5.03	46.20
46.30	REIMBURSEMENT INTERCOMPANY	B	-24,000	CASHIERING	5.05	46.30
46.40	REIMBURSEMENT INTERCOMPANY	B	-1,846,466	ADMINISTRATIVE & GENERAL	5.06	46.40
46.50	REIMBURSEMENT INTERCOMPANY	B	-139,430	Maintenance & Repairs	6	46.50
46.60	REIMBURSEMENT INTERCOMPANY	B	-15,616	Laundry & Linen Service	8	46.60
46.70	REIMBURSEMENT INTERCOMPANY	B	-231,297	Physicians' Private Offices	192	46.70

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
47	OFFSET TO NET PROVIDER TAX	A	-955,050	ADMINISTRATIVE & GENERAL	5.06	47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-9,987,519			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
2								2
3								3
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12							5

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

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

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

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

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

- (1) Use the following symbols to indicate the interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

B. Corporation, partnership, or other organization has financial interest in provider.

C. Provider has financial interest in corporation, partnership, or other organization.

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.

E. Individual is director, officer, administrator, or key person of provider and related organization.

F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

G. Other (financial Or non-financial) specify:

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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	5.06	ADMINISTRATIVE & GEN INFECTION PREVE	9,823		9,823	211,500	77	7,830	392	1
2	5.06	ADMINISTRATIVE & GEN ADMINISTRATION	66,707		66,707	211,500	573	58,264	2,913	2
3	30	Adults & Pediatrics SPECIAL CARE NU	412,500		412,500	211,500	1,456	148,050	7,403	3
4	30	Adults & Pediatrics CARDIO THORACIC	46,938		46,938	211,500	155	15,761	788	4
5	30	Adults & Pediatrics THORACIC SURGIC	85,244	85,244						5
6	31	Intensive Care Unit PULMONARY COVER	15,426		15,426	211,500	13	1,322	66	6
7	50	Operating Room CARDIOVASCULAR	164,250	164,250						7
8	50	Operating Room ON CALL COVERAG	280,900	280,900						8
9	50	Operating Room CV OR ANESTHESI	650,000	650,000						9
10	53	Anesthesiology ANESTHESIA COVE	199,999	199,999						10
11	59	Cardiac Catheterizat CATH LAB COVERA	47,363		47,363	211,500	208	21,150	1,058	11
12	59	Cardiac Catheterizat CV ADMINISTRATI	9,750		9,750	211,500	39	3,966	198	12
13	60	Laboratory LAB ADMINISTRAT	65,100		65,100	260,300	2,182	273,065	13,653	13
14	69	Electrocardiology CARDIOLOGY CONS	16,000		16,000	211,500	80	8,135	407	14
15	91	Emergency ENT ON CALL	73,000	73,000						15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,143,000	1,453,393	689,607		4,783	537,543	26,878	200

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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	5.06	ADMINISTRATIVE & GEN INFECTION PREVE					7,830	1,993	1,993	1
2	5.06	ADMINISTRATIVE & GEN ADMINISTRATION					58,264	8,443	8,443	2
3	30	Adults & Pediatrics SPECIAL CARE NU					148,050	264,450	264,450	3
4	30	Adults & Pediatrics CARDIO THORACIC					15,761	31,177	31,177	4
5	30	Adults & Pediatrics THORACIC SURGIC							85,244	5
6	31	Intensive Care Unit PULMONARY COVER					1,322	14,104	14,104	6
7	50	Operating Room CARDIOVASCULAR							164,250	7
8	50	Operating Room ON CALL COVERAG							280,900	8
9	50	Operating Room CV OR ANESTHESI							650,000	9
10	53	Anesthesiology ANESTHESIA COVE							199,999	10
11	59	Cardiac Catheterizat CATH LAB COVERA					21,150	26,213	26,213	11
12	59	Cardiac Catheterizat CV ADMINISTRATI					3,966	5,784	5,784	12
13	60	Laboratory LAB ADMINISTRAT					273,065			13
14	69	Electrocardiology CARDIOLOGY CONS					8,135	7,865	7,865	14
15	91	Emergency ENT ON CALL							73,000	15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					537,543	360,029	1,813,422	200

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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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	NON- PATIENT TELEPHONES	DATA PRO- CESSING	
		0	1	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	27,928,424	27,928,424					1
2	Cap Rel Costs-Mvble Equip	16,212,681		16,212,681				2
4	Employee Benefits Department	39,076,867	116,501	4,255	39,197,623			4
5.01	COMMUNICATIONS	592,129		96,701	143,391	832,221		5.01
5.02	DATA PROCESSING	11,093,476	233,808	2,706,710	1,198,790	36,692	15,269,476	5.02
5.03	PURCHASING AND STORES	564,088	176,564	12,706	148,359	3,533	158,004	5.03
5.04	ADMITTING	2,391,495		598	858,691	8,425	505,612	5.04
5.05	CASHIERING	3,824,304	831,161	3,731	608,502	28,810	568,813	5.05
5.06	ADMINISTRATIVE & GENERAL	38,223,405	2,400,127	8,236,851	2,210,311	57,076	4,520,483	5.06
6	Maintenance & Repairs	6,906,971	3,140,187	707,424	515,778	15,764		6
6.01	CLINICAL ENGINEERING	4,782,426	33,858	120,413	2,980	2,990	25,281	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	1,227,244	116,877	300	18,545			8
9	Housekeeping	3,844,567	44,920	33,037	1,293,667	4,892		9
10	Dietary	3,143,980	788,336	133,958	1,075,268		37,921	10
11	Cafeteria	309,766						11
12	Maintenance of Personnel							12
13	Nursing Administration	1,024,093	113,387	16,887	189,588	10,056	176,964	13
14	Central Services & Supply	3,388,348	1,630,103	588,864	782,194	15,220	151,684	14
15	Pharmacy	4,183,063	529,128	150,103	706,856	17,938	853,220	15
16	Medical Records & Library	3,622,252	176,779	5,987	890,151	17,395	853,220	16
17	Social Service	981,383		31	225,022	4,349	25,281	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)	138,025	7,384		50,005	272		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	40,822,933	7,975,640	301,367	9,450,574	248,143	632,015	30
31	Intensive Care Unit	6,477,320	820,905	106,300	1,300,952	19,025		31
40	Subprovider - IPF	3,652,748	482,302	19,507	790,804	13,318	126,403	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,816,875	2,730,943	812,458	1,956,644	61,696	1,169,227	50
51	Recovery Room	1,413,130	218,503	14,522	276,517	6,795	71,102	51
53	Anesthesiology	18,848		84,666		3,805		53
54	Radiology-Diagnostic	6,293,592	882,847	552,069	1,541,207	27,723	158,004	54
54.01	ULTRASOUND	1,300,429	86,188	61,427	249,030			54.01
57	CT Scan	1,303,874	60,680	40,059	245,884			57
58	MRI	401,227	51,659	121,241	72,689			58
59	Cardiac Catheterization	2,296,584	620,122	413,805	385,798	8,969		59
60	Laboratory	10,620,896	1,173,469	168,854	1,432,256	34,246	853,220	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,391,867		2,384	104,811			63
64	Intravenous Therapy	1,232,626		1,468	224,028	4,349		64
65	Respiratory Therapy	2,347,471	26,232	49,056	559,987	7,882	37,921	65
66	Physical Therapy	3,907,285	372,809	19,308	806,369	19,841	63,201	66
68	Speech Pathology	330,074		1,140	63,086			68
69	Electrocardiology	1,540,396	333,152	71,810	340,099	12,502	284,407	69
70	Electroencephalography	112,288	31,146	3,791	34,937	1,087		70
70.01	EMG	98,842	6,471		33,612	2,718		70.01
70.03	ANGIOGRAPHY	1,184,561	54,075	89,286	221,876	815		70.03
71	Medical Supplies Charged to Patients	22,697,795						71
72	Impl. Dev. Charged to Patients	17,996,603						72
73	Drugs Charged to Patients	12,581,961						73
74	Renal Dialysis	893,503		447				74
76.97	CARDIAC REHABILITATION	574,643		1,376	114,912			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	1,168,836		113	242,904			90.01
91	Emergency	7,126,628	1,045,530	195,892	1,601,809	45,117	284,407	91
91.01	PRIMARY CARE CENTER PCC	2,638,672		230,530	323,375	23,646		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	11,714,402	118,783	30,067	1,988,766	23,374	995,423	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	3,140,782		138	575,883			116
118	SUBTOTALS (sum of lines 1-117)	353,556,678	27,430,576	16,211,637	35,856,907	788,463	12,551,813	118
	NONREIMBURSABLE COST CENTERS							

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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	NON- PATIENT TELEPHONES	DATA PRO- CESSING	
		0	1	2	4	5.01	5.02	
192	Physicians' Private Offices	1,325,106	497,848	1,044	3,023,302	43,758	2,717,663	192
194.01	PRIVATE DUTY NURSING	748,270			317,414			194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	355,630,054	27,928,424	16,212,681	39,197,623	832,221	15,269,476	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PURCHASING RECEIVING AND STORES 5.03	ADMITTING 5.04	CASHIERING ACCTS REC & COLL 5.05	SUBTOTAL (cols.0-4) 4A	ADMIN & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	
	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	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING AND STORES	1,063,254						5.03
5.04	ADMITTING	4,366	3,769,187					5.04
5.05	CASHIERING	4,686		5,870,007				5.05
5.06	ADMINISTRATIVE & GENERAL	32,603			55,680,856	55,680,856		5.06
6	Maintenance & Repairs				11,286,124	2,095,088	13,381,212	6
6.01	CLINICAL ENGINEERING	8,011			4,975,959	923,707	21,543	6.01
7	Operation of Plant							7
8	Laundry & Linen Service				1,362,966	253,013	74,368	8
9	Housekeeping	8,531			5,229,614	970,794	28,582	9
10	Dietary	9,012			5,188,475	963,157	501,610	10
11	Cafeteria				309,766	57,503		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,844			1,533,819	284,729	72,147	13
14	Central Services & Supply	84,432			6,640,845	1,232,767	1,037,217	14
15	Pharmacy	11,255			6,451,563	1,197,629	336,679	15
16	Medical Records & Library	7,290			5,573,074	1,034,552	112,482	16
17	Social Service	1,121			1,237,187	229,664		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)				195,686	36,326	4,698	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	37,490	657,400	1,024,104	61,149,666	11,351,545	5,074,814	30
31	Intensive Care Unit	7,210	93,045	144,897	8,969,654	1,665,073	522,333	31
40	Subprovider - IPF	6,248	51,882	80,794	5,224,006	969,753	306,884	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	392,765	518,549	807,522	20,266,679	3,762,185	1,737,670	50
51	Recovery Room	2,603	41,792	65,081	2,110,045	391,696	139,031	51
53	Anesthesiology	20,467	127,431	198,446	453,663	84,215		53
54	Radiology-Diagnostic	20,828	106,467	165,799	9,748,536	1,809,660	561,746	54
54.01	ULTRASOUND	3,324	62,578	97,451	1,860,427	345,359	54,840	54.01
57	CT Scan	7,730	308,056	479,728	2,446,011	454,063	38,610	57
58	MRI	3,645	47,630	74,173	772,264	143,358	32,870	58
59	Cardiac Catheterization	137,222	92,844	144,584	4,099,928	761,086	394,577	59
60	Laboratory	68,010	630,564	981,960	15,963,475	2,963,364	746,666	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,044	27,370	42,622	2,572,098	477,469		63
64	Intravenous Therapy	5,087	4,822	7,509	1,479,889	274,718		64
65	Respiratory Therapy	17,864	164,246	255,776	3,466,435	643,488	16,691	65
66	Physical Therapy	17,303	40,049	62,367	5,308,532	985,444	237,214	66
68	Speech Pathology	240	7,095	11,050	412,685	76,608		68
69	Electrocardiology	5,768	118,900	185,159	2,892,193	536,889	211,981	69
70	Electroencephalography	801	3,697	5,757	193,504	35,921	19,818	70
70.01	EMG	1,041	1,375	2,141	146,200	27,140	4,117	70.01
70.03	ANGIOGRAPHY	35,327	35,538	55,342	1,676,820	311,275	34,408	70.03
71	Medical Supplies Charged to Patients				22,697,795	4,213,482		71
72	Impl. Dev. Charged to Patients		112,671	175,459	18,284,733	3,394,268		72
73	Drugs Charged to Patients		217,962	339,427	13,139,350	2,439,110		73
74	Renal Dialysis	3,845	17,082	26,601	941,478	174,770		74
76.97	CARDIAC REHABILITATION	3,044	2,230	3,473	699,678	129,884		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	4,246	84	130	1,416,313	262,916		90.01
91	Emergency	27,957	277,594	432,290	11,037,224	2,048,884	665,259	91
91.01	PRIMARY CARE CENTER PCC	16,862	231	360	3,233,676	600,280		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	15,901	1	2	14,886,719	2,763,481	75,581	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	561	2	3	3,717,369	690,070		116
118	SUBTOTALS (sum of lines 1-117)	1,040,584	3,769,187	5,870,007	346,932,979	54,066,383	13,064,436	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	22,470			7,631,191	1,416,609	316,776	192
194.01	PRIVATE DUTY NURSING	200			1,065,884	197,864		194.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING ACCTS REC & COLL	SUBTOTAL (cols.0-4)	ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,063,254	3,769,187	5,870,007	355,630,054	55,680,856	13,381,212	202

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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	6.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fxt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING AND STORES							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING							5.05
5.06	ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
6.01	CLINICAL ENGINEERING	5,921,209						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		1,690,347					8
9	Housekeeping		66,759	6,295,749				9
10	Dietary			157,914	6,811,156			10
11	Cafeteria					367,269		11
12	Maintenance of Personnel							12
13	Nursing Administration	124,449				2,990	2,018,134	13
14	Central Services & Supply	1,230,115	203,750	183,875				14
15	Pharmacy		267	40,529				15
16	Medical Records & Library			75,922		14,039		16
17	Social Service					3,549		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)					789		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	711,415	703,109	3,103,705	5,700,447	149,054	1,175,173	30
31	Intensive Care Unit	129,936	98,270	200,498	467,150	20,518	161,773	31
40	Subprovider - IPF	10,779	22,698	157,541	383,715	12,465	98,274	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	799,803	176,245	721,961		30,860	243,308	50
51	Recovery Room	44,096	20,562	43,051		4,361	34,385	51
53	Anesthesiology	202,188		64,576				53
54	Radiology-Diagnostic	1,114,093	83,583	215,019		24,308		54
54.01	ULTRASOUND	70,488		28,296		3,928		54.01
57	CT Scan	33,186		14,988		3,878		57
58	MRI	22,799		12,887		1,146		58
59	Cardiac Catheterization	188,274	17,892	130,973		6,085	47,974	59
60	Laboratory	210,420		154,132		22,589		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	33,578				1,653		63
64	Intravenous Therapy	8,493				3,533	27,858	64
65	Respiratory Therapy	269,606		10,459		8,832		65
66	Physical Therapy	68,790	1,602	88,716		12,718		66
68	Speech Pathology					995		68
69	Electrocardiology	191,932	27,505	85,774		5,364		69
70	Electroencephalography		801	6,770		551		70
70.01	EMG	8,623				530		70.01
70.03	ANGIOGRAPHY	72,187		20,171		3,499		70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	30,573	10,414			1,812		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES				16,095		30,205	90.01
91	Emergency	295,084	202,147	544,389	243,749	25,264	199,184	91
91.01	PRIMARY CARE CENTER PCC	42,659	25,369	60,654				91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	7,643				1,306		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice					653		116
118	SUBTOTALS (sum of lines 1-117)	5,921,209	1,660,973	6,122,800	6,811,156	367,269	2,018,134	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		29,374	172,949				192
194.01	PRIVATE DUTY NURSING							194.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		6.01	8	9	10	11	13	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	5,921,209	1,690,347	6,295,749	6,811,156	367,269	2,018,134	202

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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
	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	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING AND STORES							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING							5.05
5.06	ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
6.01	CLINICAL ENGINEERING							6.01
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	10,528,569						14
15	Pharmacy		8,026,667					15
16	Medical Records & Library		9,894	6,819,963				16
17	Social Service				1,470,400			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)					237,499		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		330	3,709,657	1,321,874		94,150,789	30
31	Intensive Care Unit		27	306,773	44,558		12,586,563	31
40	Subprovider - IPF		42	268,563			7,454,720	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		367	127,731			27,866,809	50
51	Recovery Room						2,787,227	51
53	Anesthesiology						804,642	53
54	Radiology-Diagnostic		7,988	172,491			13,737,424	54
54.01	ULTRASOUND		9	51,311			2,414,658	54.01
57	CT Scan		9	317,690			3,308,435	57
58	MRI		11	41,485			1,026,820	58
59	Cardiac Catheterization		8,211	106,988			5,761,988	59
60	Laboratory		29	402,844			20,463,519	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		3,729	6,550			3,095,077	63
64	Intravenous Therapy		320				1,794,811	64
65	Respiratory Therapy			16,376			4,431,887	65
66	Physical Therapy		9,112	63,320			6,775,448	66
68	Speech Pathology			2,183			492,471	68
69	Electrocardiology		41	96,071			4,047,750	69
70	Electroencephalography			1,092			258,457	70
70.01	EMG		102	8,734			195,446	70.01
70.03	ANGIOGRAPHY		9	16,376			2,134,745	70.03
71	Medical Supplies Charged to Patients	10,322,806					37,234,083	71
72	Impl. Dev. Charged to Patients						21,679,001	72
73	Drugs Charged to Patients		7,840,817			237,499	23,656,776	73
74	Renal Dialysis			1,092			1,117,340	74
76.97	CARDIAC REHABILITATION			8,734			881,095	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES						1,725,529	90.01
91	Emergency		216	516,383	103,968		15,881,751	91
91.01	PRIMARY CARE CENTER PCC		7,005	577,519			4,547,162	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	189,257	82				17,924,069	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	16,506	138,317				4,562,915	116
118	SUBTOTALS (sum of lines 1-117)	10,528,569	8,026,667	6,819,963	1,470,400	237,499	344,799,407	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						9,566,899	192
194.01	PRIVATE DUTY NURSING						1,263,748	194.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	10,528,569	8,026,667	6,819,963	1,470,400	237,499	355,630,054	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		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	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING						5.05
5.06	ADMINISTRATIVE & GENERAL						5.06
6	Maintenance & Repairs						6
6.01	CLINICAL ENGINEERING						6.01
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		94,150,789				30
31	Intensive Care Unit		12,586,563				31
40	Subprovider - IPF		7,454,720				40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		27,866,809				50
51	Recovery Room		2,787,227				51
53	Anesthesiology		804,642				53
54	Radiology-Diagnostic		13,737,424				54
54.01	ULTRASOUND		2,414,658				54.01
57	CT Scan		3,308,435				57
58	MRI		1,026,820				58
59	Cardiac Catheterization		5,761,988				59
60	Laboratory		20,463,519				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		3,095,077				63
64	Intravenous Therapy		1,794,811				64
65	Respiratory Therapy		4,431,887				65
66	Physical Therapy		6,775,448				66
68	Speech Pathology		492,471				68
69	Electrocardiology		4,047,750				69
70	Electroencephalography		258,457				70
70.01	EMG		195,446				70.01
70.03	ANGIOGRAPHY		2,134,745				70.03
71	Medical Supplies Charged to Patients		37,234,083				71
72	Impl. Dev. Charged to Patients		21,679,001				72
73	Drugs Charged to Patients		23,656,776				73
74	Renal Dialysis		1,117,340				74
76.97	CARDIAC REHABILITATION		881,095				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES		1,725,529				90.01
91	Emergency		15,881,751				91
91.01	PRIMARY CARE CENTER PCC		4,547,162				91.01
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency		17,924,069				101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice		4,562,915				116
118	SUBTOTALS (sum of lines 1-117)		344,799,407				118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		9,566,899				192
194.01	PRIVATE DUTY NURSING		1,263,748				194.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		355,630,054					202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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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	NON- PATIENT TELEPHONES	
		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		116,501	4,255	120,756	120,756		4
5.01	COMMUNICATIONS			96,701	96,701	442	97,143	5.01
5.02	DATA PROCESSING		233,808	2,706,710	2,940,518	3,693	4,283	5.02
5.03	PURCHASING AND STORES		176,564	12,706	189,270	457	412	5.03
5.04	ADMITTING			598	598	2,645	983	5.04
5.05	CASHIERING		831,161	3,731	834,892	1,875	3,363	5.05
5.06	ADMINISTRATIVE & GENERAL	117,031	2,400,127	8,236,851	10,754,009	6,809	6,662	5.06
6	Maintenance & Repairs		3,140,187	707,424	3,847,611	1,589	1,840	6
6.01	CLINICAL ENGINEERING		33,858	120,413	154,271	9	349	6.01
7	Operation of Plant							7
8	Laundry & Linen Service		116,877	300	117,177	57		8
9	Housekeeping		44,920	33,037	77,957	3,985	571	9
10	Dietary	5,411	788,336	133,958	927,705	3,313		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration		113,387	16,887	130,274	584	1,174	13
14	Central Services & Supply		1,630,103	588,864	2,218,967	2,410	1,777	14
15	Pharmacy		529,128	150,103	679,231	2,178	2,094	15
16	Medical Records & Library		176,779	5,987	182,766	2,742	2,030	16
17	Social Service			31	31	693	508	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)		7,384		7,384	154	32	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		7,975,640	301,367	8,277,007	29,114	28,966	30
31	Intensive Care Unit		820,905	106,300	927,205	4,008	2,221	31
40	Subprovider - IPF	30	482,302	19,507	501,839	2,436	1,555	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,445	2,730,943	812,458	3,544,846	6,028	7,202	50
51	Recovery Room		218,503	14,522	233,025	852	793	51
53	Anesthesiology			84,666	84,666		444	53
54	Radiology-Diagnostic	813,913	882,847	552,069	2,248,829	4,748	3,236	54
54.01	ULTRASOUND		86,188	61,427	147,615	767		54.01
57	CT Scan		60,680	40,059	100,739	757		57
58	MRI		51,659	121,241	172,900	224		58
59	Cardiac Catheterization		620,122	413,805	1,033,927	1,189	1,047	59
60	Laboratory		1,173,469	168,854	1,342,323	4,412	3,997	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			2,384	2,384	323		63
64	Intravenous Therapy			1,468	1,468	690	508	64
65	Respiratory Therapy	1,643	26,232	49,056	76,931	1,725	920	65
66	Physical Therapy	61,984	372,809	19,308	454,101	2,484	2,316	66
68	Speech Pathology			1,140	1,140	194		68
69	Electrocardiology		333,152	71,810	404,962	1,048	1,459	69
70	Electroencephalography		31,146	3,791	34,937	108	127	70
70.01	EMG		6,471		6,471	104	317	70.01
70.03	ANGIOGRAPHY		54,075	89,286	143,361	684	95	70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis			447	447			74
76.97	CARDIAC REHABILITATION			1,376	1,376	354		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES			113	113	748		90.01
91	Emergency		1,045,530	195,892	1,241,422	4,935	5,266	91
91.01	PRIMARY CARE CENTER PCC			230,530	230,530	996	2,760	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		118,783	30,067	148,850	6,127	2,728	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	182,663		138	182,801	1,774		116
118	SUBTOTALS (sum of lines 1-117)	1,184,120	27,430,576	16,211,637	44,826,333	110,464	92,035	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		497,848	1,044	498,892	9,314	5,108	192
194.01	PRIVATE DUTY NURSING					978		194.01

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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	NON- PATIENT TELEPHONES	
		0	1	2	2A	4	5.01	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,184,120	27,928,424	16,212,681	45,325,225	120,756	97,143	202

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DATA PRO- CESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING ACCTS REC & COLL	ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	
		5.02	5.03	5.04	5.05	5.06	6	
	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	COMMUNICATIONS							5.01
5.02	DATA PROCESSING	2,948,494						5.02
5.03	PURCHASING AND STORES	30,510	220,649					5.03
5.04	ADMITTING	97,632	906	102,764				5.04
5.05	CASHIERING	109,836	972		950,938			5.05
5.06	ADMINISTRATIVE & GENERAL	872,896	6,766			11,647,142		5.06
6	Maintenance & Repairs					438,240	4,289,280	6
6.01	CLINICAL ENGINEERING	4,882	1,662			193,216	6,906	6.01
7	Operation of Plant							7
8	Laundry & Linen Service					52,924	23,838	8
9	Housekeeping		1,770			203,066	9,162	9
10	Dietary	7,322	1,870			201,468	160,788	10
11	Cafeteria					12,028		11
12	Maintenance of Personnel							12
13	Nursing Administration	34,171	590			59,558	23,126	13
14	Central Services & Supply	29,290	17,522			257,864	332,475	14
15	Pharmacy	164,754	2,336			250,514	107,921	15
16	Medical Records & Library	164,754	1,513			216,402	36,056	16
17	Social Service	4,882	233			48,040		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)					7,598	1,506	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	122,040	7,780	17,770	165,578	2,374,559	1,626,706	30
31	Intensive Care Unit		1,496	2,541	23,483	348,292	167,431	31
40	Subprovider - IPF	24,408	1,297	1,417	13,094	202,848	98,370	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	225,775	81,507	14,163	130,872	786,955	557,001	50
51	Recovery Room	13,730	540	1,141	10,548	81,933	44,566	51
53	Anesthesiology		4,247	3,481	32,161	17,616		53
54	Radiology-Diagnostic	30,510	4,322	2,908	26,870	378,536	180,065	54
54.01	ULTRASOUND		690	1,709	15,794	72,240	17,579	54.01
57	CT Scan		1,604	8,414	77,748	94,979	12,376	57
58	MRI		756	1,301	12,021	29,987	10,536	58
59	Cardiac Catheterization		28,477	2,536	23,432	159,200	126,480	59
60	Laboratory	164,754	14,114	17,223	159,143	619,862	239,340	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		632	748	6,908	99,875		63
64	Intravenous Therapy		1,056	132	1,217	57,464		64
65	Respiratory Therapy	7,322	3,707	4,486	41,453	134,602	5,350	65
66	Physical Therapy	12,204	3,591	1,094	10,108	206,130	76,038	66
68	Speech Pathology		50	194	1,791	16,025		68
69	Electrocardiology	54,918	1,197	3,248	30,008	112,304	67,949	69
70	Electroencephalography		166	101	933	7,514	6,352	70
70.01	EMG		216	38	347	5,677	1,320	70.01
70.03	ANGIOGRAPHY		7,331	971	8,969	65,111	11,029	70.03
71	Medical Supplies Charged to Patients					881,355		71
72	Impl. Dev. Charged to Patients			3,077	28,436	709,996		72
73	Drugs Charged to Patients			5,953	55,010	510,201		73
74	Renal Dialysis		798	467	4,311	36,558		74
76.97	CARDIAC REHABILITATION		632	61	563	27,168		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES		881	2	21	54,995		90.01
91	Emergency	54,918	5,802	7,582	70,060	428,575	213,246	91
91.01	PRIMARY CARE CENTER PCC		3,499	6	58	125,564		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	192,213	3,300			578,051	24,227	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		116		1	144,345		116
118	SUBTOTALS (sum of lines 1-117)	2,423,721	215,944	102,764	950,938	11,309,435	4,187,739	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	524,773	4,663			296,319	101,541	192
194.01	PRIVATE DUTY NURSING		42			41,388		194.01

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DATA PRO- CESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING ACCTS REC & COLL	ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	
		5.02	5.03	5.04	5.05	5.06	6	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,948,494	220,649	102,764	950,938	11,647,142	4,289,280	202

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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	6.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING AND STORES							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING							5.05
5.06	ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
6.01	CLINICAL ENGINEERING	361,295						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		193,996					8
9	Housekeeping		7,662	304,173				9
10	Dietary			7,629	1,310,095			10
11	Cafeteria					12,028		11
12	Maintenance of Personnel							12
13	Nursing Administration	7,594				98	257,169	13
14	Central Services & Supply	75,057	23,384	8,884				14
15	Pharmacy		31	1,958				15
16	Medical Records & Library			3,668		460		16
17	Social Service					116		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)					26		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	43,409	80,693	149,953	1,096,455	4,880	149,751	30
31	Intensive Care Unit	7,928	11,278	9,687	89,854	672	20,615	31
40	Subprovider - IPF	658	2,605	7,611	73,806	408	12,523	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	48,802	20,227	34,881		1,011	31,004	50
51	Recovery Room	2,691	2,360	2,080		143	4,382	51
53	Anesthesiology	12,337		3,120				53
54	Radiology-Diagnostic	67,979	9,593	10,388		796		54
54.01	ULTRASOUND	4,301		1,367		129		54.01
57	CT Scan	2,025		724		127		57
58	MRI	1,391		623		38		58
59	Cardiac Catheterization	11,488	2,053	6,328		199	6,113	59
60	Laboratory	12,839		7,447		740		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,049				54		63
64	Intravenous Therapy	518				116	3,550	64
65	Respiratory Therapy	16,451		505		289		65
66	Physical Therapy	4,197	184	4,286		417		66
68	Speech Pathology					33		68
69	Electrocardiology	11,711	3,157	4,144		176		69
70	Electroencephalography		92	327		18		70
70.01	EMG	526				17		70.01
70.03	ANGIOGRAPHY	4,405		975		115		70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	1,865	1,195			59		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES				3,096		3,849	90.01
91	Emergency	18,005	23,200	26,302	46,884	827	25,382	91
91.01	PRIMARY CARE CENTER PCC	2,603	2,911	2,930				91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	466				43		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice					21		116
118	SUBTOTALS (sum of lines 1-117)	361,295	190,625	295,817	1,310,095	12,028	257,169	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		3,371	8,356				192
194.01	PRIVATE DUTY NURSING							194.01

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		6.01	8	9	10	11	13	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	361,295	193,996	304,173	1,310,095	12,028	257,169	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
	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	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING AND STORES							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING							5.05
5.06	ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
6.01	CLINICAL ENGINEERING							6.01
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	2,967,630						14
15	Pharmacy		1,211,017					15
16	Medical Records & Library		1,493	611,884				16
17	Social Service				54,503			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)					16,700		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		50	332,827	48,997		14,556,535	30
31	Intensive Care Unit		4	27,524	1,652		1,645,891	31
40	Subprovider - IPF		6	24,095			968,976	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		55	11,460			5,501,789	50
51	Recovery Room						398,784	51
53	Anesthesiology						158,072	53
54	Radiology-Diagnostic		1,205	15,476			2,985,461	54
54.01	ULTRASOUND		1	4,604			266,796	54.01
57	CT Scan		1	28,503			327,997	57
58	MRI		2	3,722			233,501	58
59	Cardiac Catheterization		1,239	9,599			1,413,307	59
60	Laboratory		4	36,143			2,622,341	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		563	588			114,124	63
64	Intravenous Therapy		48				66,767	64
65	Respiratory Therapy			1,469			295,210	65
66	Physical Therapy		1,375	5,681			784,206	66
68	Speech Pathology			196			19,623	68
69	Electrocardiology		6	8,619			704,906	69
70	Electroencephalography			98			50,773	70
70.01	EMG		15	784			15,832	70.01
70.03	ANGIOGRAPHY		1	1,469			244,516	70.03
71	Medical Supplies Charged to Patients	2,909,633					3,790,988	71
72	Impl. Dev. Charged to Patients						741,509	72
73	Drugs Charged to Patients		1,182,976				1,754,140	73
74	Renal Dialysis			98			42,679	74
76.97	CARDIAC REHABILITATION			784			34,057	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES						63,705	90.01
91	Emergency		33	46,330	3,854		2,222,623	91
91.01	PRIMARY CARE CENTER PCC		1,057	51,815			424,729	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	53,345	12				1,009,362	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	4,652	20,871				354,581	116
118	SUBTOTALS (sum of lines 1-117)	2,967,630	1,211,017	611,884	54,503		43,813,780	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						1,452,337	192
194.01	PRIVATE DUTY NURSING						42,408	194.01

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
200	Cross Foot Adjustments					16,700	16,700	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,967,630	1,211,017	611,884	54,503	16,700	45,325,225	202

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		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	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING						5.05
5.06	ADMINISTRATIVE & GENERAL						5.06
6	Maintenance & Repairs						6
6.01	CLINICAL ENGINEERING						6.01
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		14,556,535				30
31	Intensive Care Unit		1,645,891				31
40	Subprovider - IPF		968,976				40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		5,501,789				50
51	Recovery Room		398,784				51
53	Anesthesiology		158,072				53
54	Radiology-Diagnostic		2,985,461				54
54.01	ULTRASOUND		266,796				54.01
57	CT Scan		327,997				57
58	MRI		233,501				58
59	Cardiac Catheterization		1,413,307				59
60	Laboratory		2,622,341				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		114,124				63
64	Intravenous Therapy		66,767				64
65	Respiratory Therapy		295,210				65
66	Physical Therapy		784,206				66
68	Speech Pathology		19,623				68
69	Electrocardiology		704,906				69
70	Electroencephalography		50,773				70
70.01	EMG		15,832				70.01
70.03	ANGIOGRAPHY		244,516				70.03
71	Medical Supplies Charged to Patients		3,790,988				71
72	Impl. Dev. Charged to Patients		741,509				72
73	Drugs Charged to Patients		1,754,140				73
74	Renal Dialysis		42,679				74
76.97	CARDIAC REHABILITATION		34,057				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES		63,705				90.01
91	Emergency		2,222,623				91
91.01	PRIMARY CARE CENTER PCC		424,729				91.01
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency		1,009,362				101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice		354,581				116
118	SUBTOTALS (sum of lines 1-117)		43,813,780				118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		1,452,337				192
194.01	PRIVATE DUTY NURSING		42,408				194.01

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
200	Cross Foot Adjustments		16,700					200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		45,325,225					202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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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 FTEs	NON- PATIENT TELEPHONES #OF PHONES	DATA PRO- CESSING TIME SPENT	PURCHASING RECEIVING AND STORES # OF REQUISIT	
		1	2	4	5.01	5.02	5.03	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	1,040,174						1
2	Cap Rel Costs-Mvble Equip		32,714,254					2
4	Employee Benefits Department	4,339	8,585	236,731				4
5.01	COMMUNICATIONS		195,124	866	3,062			5.01
5.02	DATA PROCESSING	8,708	5,461,647	7,240	135	9,664		5.02
5.03	PURCHASING AND STORES	6,576	25,639	896	13	100	26,546	5.03
5.04	ADMITTING		1,206	5,186	31	320	109	5.04
5.05	CASHIERING	30,956	7,529	3,675	106	360	117	5.05
5.06	ADMINISTRATIVE & GENERAL	89,391	16,620,493	13,349	210	2,861	814	5.06
6	Maintenance & Repairs	116,954	1,427,452	3,115	58			6
6.01	CLINICAL ENGINEERING	1,261	242,971	18	11	16	200	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	4,353	605	112				8
9	Housekeeping	1,673	66,662	7,813	18		213	9
10	Dietary	29,361	270,303	6,494		24	225	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	4,223	34,074	1,145	37	112	71	13
14	Central Services & Supply	60,712	1,188,219	4,724	56	96	2,108	14
15	Pharmacy	19,707	302,881	4,269	66	540	281	15
16	Medical Records & Library	6,584	12,081	5,376	64	540	182	16
17	Social Service		63	1,359	16	16	28	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)	275		302	1			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	297,047	608,104	57,076	913	400	936	30
31	Intensive Care Unit	30,574	214,493	7,857	70		180	31
40	Subprovider - IPF	17,963	39,361	4,776	49	80	156	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	101,712	1,639,391	11,817	227	740	9,806	50
51	Recovery Room	8,138	29,302	1,670	25	45	65	51
53	Anesthesiology		170,840		14		511	53
54	Radiology-Diagnostic	32,881	1,113,974	9,308	102	100	520	54
54.01	ULTRASOUND	3,210	123,948	1,504			83	54.01
57	CT Scan	2,260	80,832	1,485			193	57
58	MRI	1,924	244,643	439			91	58
59	Cardiac Catheterization	23,096	834,983	2,330	33		3,426	59
60	Laboratory	43,705	340,716	8,650	126	540	1,698	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		4,810	633			76	63
64	Intravenous Therapy		2,963	1,353	16		127	64
65	Respiratory Therapy	977	98,986	3,382	29	24	446	65
66	Physical Therapy	13,885	38,960	4,870	73	40	432	66
68	Speech Pathology		2,300	381			6	68
69	Electrocardiology	12,408	144,899	2,054	46	180	144	69
70	Electroencephalography	1,160	7,649	211	4		20	70
70.01	EMG	241		203	10		26	70.01
70.03	ANGIOGRAPHY	2,014	180,163	1,340	3		882	70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		902				96	74
76.97	CARDIAC REHABILITATION		2,777	694			76	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES		229	1,467			106	90.01
91	Emergency	38,940	395,274	9,674	166	180	698	91
91.01	PRIMARY CARE CENTER PCC		465,167	1,953	87		421	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	4,424	60,670	12,011	86	630	397	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		278	3,478			14	116
118	SUBTOTALS (sum of lines 1-117)	1,021,632	32,712,148	216,555	2,901	7,944	25,980	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	18,542	2,106	18,259	161	1,720	561	192
194.01	PRIVATE DUTY NURSING			1,917			5	194.01

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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 FTES	NON- PATIENT TELEPHONES #OF PHONES	DATA PRO- CESSING TIME SPENT	PURCHASING RECEIVING AND STORES # OF REQUISIT	
		1	2	4	5.01	5.02	5.03	
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	27,928,424	16,212,681	39,197,623	832,221	15,269,476	1,063,254	202
203	Unit Cost Multiplier (Wkst. B, Part I)	26,849,762	0.495585	165.578750	271.790007	1,580.036838	40.053266	203
204	Cost to be allocated (Per Wkst. B, Part II)			120,756	97,143	2,948,494	220,649	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.510098	31.725343	305.100786	8.311949	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMITTING INPATIENT REVENUE	CASHIERING ACCTS REC & COLL INPATIENT REVENUE	RECON- CILIATION	ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	TIME SPENT	
		5.04	5.05	5A.06	5.06	6	6.01	
	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	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING AND STORES							5.03
5.04	ADMITTING	798,054,257						5.04
5.05	CASHIERING		798,054,257					5.05
5.06	ADMINISTRATIVE & GENERAL			-55,680,856	299,949,198			5.06
6	Maintenance & Repairs				11,286,124	783,250		6
6.01	CLINICAL ENGINEERING				4,975,959	1,261	906,390	6.01
7	Operation of Plant							7
8	Laundry & Linen Service				1,362,966	4,353		8
9	Housekeeping				5,229,614	1,673		9
10	Dietary				5,188,475	29,361		10
11	Cafeteria				309,766			11
12	Maintenance of Personnel							12
13	Nursing Administration				1,533,819	4,223	19,050	13
14	Central Services & Supply				6,640,845	60,712	188,300	14
15	Pharmacy				6,451,563	19,707		15
16	Medical Records & Library				5,573,074	6,584		16
17	Social Service				1,237,187			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)				195,686	275		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	139,196,071	139,196,071		61,149,666	297,047	108,900	30
31	Intensive Care Unit	19,700,442	19,700,442		8,969,654	30,574	19,890	31
40	Subprovider - IPF	10,984,901	10,984,901		5,224,006	17,963	1,650	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	109,792,273	109,792,273		20,266,679	101,712	122,430	50
51	Recovery Room	8,848,602	8,848,602		2,110,045	8,138	6,750	51
53	Anesthesiology	26,981,050	26,981,050		453,663		30,950	53
54	Radiology-Diagnostic	22,542,334	22,542,334		9,748,536	32,881	170,540	54
54.01	ULTRASOUND	13,249,625	13,249,625		1,860,427	3,210	10,790	54.01
57	CT Scan	65,224,699	65,224,699		2,446,011	2,260	5,080	57
58	MRI	10,084,661	10,084,661		772,264	1,924	3,490	58
59	Cardiac Catheterization	19,657,895	19,657,895		4,099,928	23,096	28,820	59
60	Laboratory	133,509,182	133,509,182		15,963,475	43,705	32,210	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,795,025	5,795,025		2,572,098		5,140	63
64	Intravenous Therapy	1,020,936	1,020,936		1,479,889		1,300	64
65	Respiratory Therapy	34,775,733	34,775,733		3,466,435	977	41,270	65
66	Physical Therapy	8,479,538	8,479,538		5,308,532	13,885	10,530	66
68	Speech Pathology	1,502,327	1,502,327		412,685			68
69	Electrocardiology	25,174,605	25,174,605		2,892,193	12,408	29,380	69
70	Electroencephalography	782,771	782,771		193,504	1,160		70
70.01	EMG	291,078	291,078		146,200	241	1,320	70.01
70.03	ANGIOGRAPHY	7,524,466	7,524,466		1,676,820	2,014	11,050	70.03
71	Medical Supplies Charged to Patients				22,697,795			71
72	Impl. Dev. Charged to Patients	23,855,798	23,855,798		18,284,733			72
73	Drugs Charged to Patients	46,149,091	46,149,091		13,139,350			73
74	Renal Dialysis	3,616,743	3,616,743		941,478			74
76.97	CARDIAC REHABILITATION	472,142	472,142		699,678		4,680	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	17,689	17,689		1,416,313			90.01
91	Emergency	58,774,928	58,774,928		11,037,224	38,940	45,170	91
91.01	PRIMARY CARE CENTER PCC	48,998	48,998		3,233,676		6,530	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	222	222		14,886,719	4,424	1,170	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	432	432		3,717,369			116
118	SUBTOTALS (sum of lines 1-117)	798,054,257	798,054,257	-55,680,856	291,252,123	764,708	906,390	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices				7,631,191	18,542		192
194.01	PRIVATE DUTY NURSING				1,065,884			194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMITTING INPATIENT REVENUE	CASHIERING ACCTS REC & COLL INPATIENT REVENUE	RECON- CILIATION	ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	TIME SPENT	
		5.04	5.05	5A.06	5.06	6	6.01	
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,769,187	5,870,007		55,680,856	13,381,212	5,921,209	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.004723	0.007355		0.185634	17.084216	6.532739	203
204	Cost to be allocated (Per Wkst. B, Part II)	102,764	950,938		11,647,142	4,289,280	361,295	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000129	0.001192		0.038830	5.476259	0.398609	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	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	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING AND STORES							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING							5.05
5.06	ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
6.01	CLINICAL ENGINEERING							6.01
7	Operation of Plant							7
8	Laundry & Linen Service	569,700						8
9	Housekeeping	22,500	134,834					9
10	Dietary		3,382	499,767				10
11	Cafeteria				140,636			11
12	Maintenance of Personnel							12
13	Nursing Administration				1,145	98,017		13
14	Central Services & Supply	68,670	3,938				10,144,502	14
15	Pharmacy	90	868					15
16	Medical Records & Library		1,626		5,376			16
17	Social Service				1,359			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)				302			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	236,970	66,471	418,269	57,076	57,076		30
31	Intensive Care Unit	33,120	4,294	34,277	7,857	7,857		31
40	Subprovider - IPF	7,650	3,374	28,155	4,773	4,773		40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	59,400	15,462		11,817	11,817		50
51	Recovery Room	6,930	922		1,670	1,670		51
53	Anesthesiology		1,383					53
54	Radiology-Diagnostic	28,170	4,605		9,308			54
54.01	ULTRASOUND		606		1,504			54.01
57	CT Scan		321		1,485			57
58	MRI		276		439			58
59	Cardiac Catheterization	6,030	2,805		2,330	2,330		59
60	Laboratory		3,301		8,650			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				633			63
64	Intravenous Therapy				1,353	1,353		64
65	Respiratory Therapy		224		3,382			65
66	Physical Therapy	540	1,900		4,870			66
68	Speech Pathology				381			68
69	Electrocardiology	9,270	1,837		2,054			69
70	Electroencephalography	270	145		211			70
70.01	EMG				203			70.01
70.03	ANGIOGRAPHY		432		1,340			70.03
71	Medical Supplies Charged to Patients						9,946,245	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	3,510			694			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES			1,181		1,467		90.01
91	Emergency	68,130	11,659	17,885	9,674	9,674		91
91.01	PRIMARY CARE CENTER PCC	8,550	1,299					91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency				500		182,353	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice				250		15,904	116
118	SUBTOTALS (sum of lines 1-117)	559,800	131,130	499,767	140,636	98,017	10,144,502	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	9,900	3,704					192
194.01	PRIVATE DUTY NURSING							194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,690,347	6,295,749	6,811,156	367,269	2,018,134	10,528,569	202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.967083	46.692592	13.628663	2.611486	20.589632	1.037860	203
204	Cost to be allocated (Per Wkst. B, Part II)	193,996	304,173	1,310,095	12,028	257,169	2,967,630	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.340523	2.255907	2.621412	0.085526	2.623718	0.292536	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	PARAMED EDUCATION ASSIGNED TIME			
		15	16	17	23			

	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	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING AND STORES							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING							5.05
5.06	ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
6.01	CLINICAL ENGINEERING							6.01
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	1,339,831,538						15
16	Medical Records & Library	1,651,428	6,247					16
17	Social Service			990				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)				100			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	55,112	3,398	890				30
31	Intensive Care Unit	4,424	281	30				31
40	Subprovider - IPF	7,031	246					40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	61,324	117					50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic	1,333,289	158					54
54.01	ULTRASOUND	1,476	47					54.01
57	CT Scan	1,464	291					57
58	MRI	1,846	38					58
59	Cardiac Catheterization	1,370,586	98					59
60	Laboratory	4,768	369					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	622,500	6					63
64	Intravenous Therapy	53,469						64
65	Respiratory Therapy		15					65
66	Physical Therapy	1,520,904	58					66
68	Speech Pathology		2					68
69	Electrocardiology	6,840	88					69
70	Electroencephalography		1					70
70.01	EMG	17,010	8					70.01
70.03	ANGIOGRAPHY	1,490	15					70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	1,308,810,106			100			73
74	Renal Dialysis		1					74
76.97	CARDIAC REHABILITATION		8					76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES							90.01
91	Emergency	35,971	473	70				91
91.01	PRIMARY CARE CENTER PCC	1,169,314	529					91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	13,760						101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	23,087,426						116
118	SUBTOTALS (sum of lines 1-117)	1,339,831,538	6,247	990	100			118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	PARAMED EDUCATION ASSIGNED TIME			
		15	16	17	23			
192	Physicians' Private Offices							192
194.01	PRIVATE DUTY NURSING							194.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	8,026,667	6,819,963	1,470,400	237,499			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.005991	1,091.718105	1,485.252525	2,374.990000			203
204	Cost to be allocated (Per Wkst. B, Part II)	1,211,017	611,884	54,503	16,700			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000904	97.948455	55.053535	167.000000			205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT	
		CODE	LINE NO.		
	1	2	3	4	

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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	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	94,150,789		94,150,789	295,627	94,446,416	30
31	Intensive Care Unit	12,586,563		12,586,563	14,104	12,600,667	31
40	Subprovider - IPF	7,454,720		7,454,720		7,454,720	40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	27,866,809		27,866,809		27,866,809	50
51	Recovery Room	2,787,227		2,787,227		2,787,227	51
53	Anesthesiology	804,642		804,642		804,642	53
54	Radiology-Diagnostic	13,737,424		13,737,424		13,737,424	54
54.01	ULTRASOUND	2,414,658		2,414,658		2,414,658	54.01
57	CT Scan	3,308,435		3,308,435		3,308,435	57
58	MRI	1,026,820		1,026,820		1,026,820	58
59	Cardiac Catheterization	5,761,988		5,761,988	31,997	5,793,985	59
60	Laboratory	20,463,519		20,463,519		20,463,519	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	3,095,077		3,095,077		3,095,077	63
64	Intravenous Therapy	1,794,811		1,794,811		1,794,811	64
65	Respiratory Therapy	4,431,887		4,431,887		4,431,887	65
66	Physical Therapy	6,775,448		6,775,448		6,775,448	66
68	Speech Pathology	492,471		492,471		492,471	68
69	Electrocardiology	4,047,750		4,047,750	7,865	4,055,615	69
70	Electroencephalography	258,457		258,457		258,457	70
70.01	EMG	195,446		195,446		195,446	70.01
70.03	ANGIOGRAPHY	2,134,745		2,134,745		2,134,745	70.03
71	Medical Supplies Charged to Patients	37,234,083		37,234,083		37,234,083	71
72	Impl. Dev. Charged to Patients	21,679,001		21,679,001		21,679,001	72
73	Drugs Charged to Patients	23,656,776		23,656,776		23,656,776	73
74	Renal Dialysis	1,117,340		1,117,340		1,117,340	74
76.97	CARDIAC REHABILITATION	881,095		881,095		881,095	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	1,725,529		1,725,529		1,725,529	90.01
91	Emergency	15,881,751		15,881,751		15,881,751	91
91.01	PRIMARY CARE CENTER PCC	4,547,162		4,547,162		4,547,162	91.01
92	Observation Beds (Non-Distinct Part)	10,694,183		10,694,183		10,694,183	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	17,924,069		17,924,069		17,924,069	101
113	Interest Expense						113
116	Hospice	4,562,915		4,562,915		4,562,915	116
200	Subtotal (sum of lines 30 thru 199)	355,493,590		355,493,590	349,593	355,843,183	200
201	Less Observation Beds	10,694,183		10,694,183		10,694,183	201
202	Total (line 200 minus line 201)	344,799,407		344,799,407		345,149,000	202

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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	139,196,071		139,196,071				30
31	Intensive Care Unit	19,700,442		19,700,442				31
40	Subprovider - IPF	10,984,901		10,984,901				40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	109,792,273	129,457,059	239,249,332	0.116476	0.116476	0.116476	50
51	Recovery Room	8,848,602	7,418,734	16,267,336	0.171339	0.171339	0.171339	51
53	Anesthesiology	26,981,050	27,269,341	54,250,391	0.014832	0.014832	0.014832	53
54	Radiology-Diagnostic	22,542,334	45,100,326	67,642,660	0.203088	0.203088	0.203088	54
54.01	ULTRASOUND	13,249,625	13,204,602	26,454,227	0.091277	0.091277	0.091277	54.01
57	CT Scan	65,224,699	85,521,019	150,745,718	0.021947	0.021947	0.021947	57
58	MRI	10,084,661	9,300,298	19,384,959	0.052970	0.052970	0.052970	58
59	Cardiac Catheterization	19,657,895	25,614,556	45,272,451	0.127274	0.127274	0.127980	59
60	Laboratory	133,509,182	107,188,377	240,697,559	0.085018	0.085018	0.085018	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,795,025	1,860,670	7,655,695	0.404284	0.404284	0.404284	63
64	Intravenous Therapy	1,020,936	22,302	1,043,238	1.720423	1.720423	1.720423	64
65	Respiratory Therapy	34,775,733	4,037,219	38,812,952	0.114186	0.114186	0.114186	65
66	Physical Therapy	8,479,538	18,699,288	27,178,826	0.249291	0.249291	0.249291	66
68	Speech Pathology	1,502,327	867,787	2,370,114	0.207784	0.207784	0.207784	68
69	Electrocardiology	25,174,605	27,272,928	52,447,533	0.077177	0.077177	0.077327	69
70	Electroencephalography	782,771	347,426	1,130,197	0.228683	0.228683	0.228683	70
70.01	EMG	291,078	2,622,389	2,913,467	0.067084	0.067084	0.067084	70.01
70.03	ANGIOGRAPHY	7,524,466	3,922,242	11,446,708	0.186494	0.186494	0.186494	70.03
71	Medical Supplies Charged to Patients	11,120,221	7,660,846	18,781,067	1.982533	1.982533	1.982533	71
72	Impl. Dev. Charged to Patients	23,855,798	11,603,225	35,459,023	0.611382	0.611382	0.611382	72
73	Drugs Charged to Patients	46,149,091	18,952,718	65,101,809	0.363381	0.363381	0.363381	73
74	Renal Dialysis	3,616,743	222,900	3,839,643	0.291001	0.291001	0.291001	74
76.97	CARDIAC REHABILITATION	472,142	2,722,206	3,194,348	0.275829	0.275829	0.275829	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	17,689	5,506,087	5,523,776	0.312382	0.312382	0.312382	90.01
91	Emergency	58,774,928	100,381,745	159,156,673	0.099787	0.099787	0.099787	91
91.01	PRIMARY CARE CENTER PCC	48,998	4,029,909	4,078,907	1.114799	1.114799	1.114799	91.01
92	Observation Beds (Non-Distinct Part)	4,346,735	30,082,468	34,429,203	0.310614	0.310614	0.310614	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	222	16,327,106	16,327,328				101
113	Interest Expense							113
116	Hospice	432	7,734,668	7,735,100				116
200	Subtotal (sum of lines 30 thru 199)	813,521,213	714,950,441	1,528,471,654				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	813,521,213	714,950,441	1,528,471,654				202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)
**WORKSHEET C
PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (B Part I col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	94,150,789		94,150,789	295,627	94,446,416	30
31	Intensive Care Unit	12,586,563		12,586,563	14,104	12,600,667	31
40	Subprovider - IPF	7,454,720		7,454,720		7,454,720	40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	27,866,809		27,866,809		27,866,809	50
51	Recovery Room	2,787,227		2,787,227		2,787,227	51
53	Anesthesiology	804,642		804,642		804,642	53
54	Radiology-Diagnostic	13,737,424		13,737,424		13,737,424	54
54.01	ULTRASOUND	2,414,658		2,414,658		2,414,658	54.01
57	CT Scan	3,308,435		3,308,435		3,308,435	57
58	MRI	1,026,820		1,026,820		1,026,820	58
59	Cardiac Catheterization	5,761,988		5,761,988	31,997	5,793,985	59
60	Laboratory	20,463,519		20,463,519		20,463,519	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	3,095,077		3,095,077		3,095,077	63
64	Intravenous Therapy	1,794,811		1,794,811		1,794,811	64
65	Respiratory Therapy	4,431,887		4,431,887		4,431,887	65
66	Physical Therapy	6,775,448		6,775,448		6,775,448	66
68	Speech Pathology	492,471		492,471		492,471	68
69	Electrocardiology	4,047,750		4,047,750	7,865	4,055,615	69
70	Electroencephalography	258,457		258,457		258,457	70
70.01	EMG	195,446		195,446		195,446	70.01
70.03	ANGIOGRAPHY	2,134,745		2,134,745		2,134,745	70.03
71	Medical Supplies Charged to Patients	37,234,083		37,234,083		37,234,083	71
72	Impl. Dev. Charged to Patients	21,679,001		21,679,001		21,679,001	72
73	Drugs Charged to Patients	23,656,776		23,656,776		23,656,776	73
74	Renal Dialysis	1,117,340		1,117,340		1,117,340	74
76.97	CARDIAC REHABILITATION	881,095		881,095		881,095	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	1,725,529		1,725,529		1,725,529	90.01
91	Emergency	15,881,751		15,881,751		15,881,751	91
91.01	PRIMARY CARE CENTER PCC	4,547,162		4,547,162		4,547,162	91.01
92	Observation Beds (Non-Distinct Part)	10,694,183		10,694,183		10,694,183	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	17,924,069		17,924,069		17,924,069	101
113	Interest Expense						113
116	Hospice	4,562,915		4,562,915		4,562,915	116
200	Subtotal (sum of lines 30 thru 199)	355,493,590		355,493,590	349,593	355,843,183	200
201	Less Observation Beds	10,694,183		10,694,183		10,694,183	201
202	Total (line 200 minus line 201)	344,799,407		344,799,407	349,593	345,149,000	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)
**WORKSHEET C
PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	139,196,071		139,196,071				30
31	Intensive Care Unit	19,700,442		19,700,442				31
40	Subprovider - IPF	10,984,901		10,984,901				40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	109,792,273	129,457,059	239,249,332	0.116476	0.116476	0.116476	50
51	Recovery Room	8,848,602	7,418,734	16,267,336	0.171339	0.171339	0.171339	51
53	Anesthesiology	26,981,050	27,269,341	54,250,391	0.014832	0.014832	0.014832	53
54	Radiology-Diagnostic	22,542,334	45,100,326	67,642,660	0.203088	0.203088	0.203088	54
54.01	ULTRASOUND	13,249,625	13,204,602	26,454,227	0.091277	0.091277	0.091277	54.01
57	CT Scan	65,224,699	85,521,019	150,745,718	0.021947	0.021947	0.021947	57
58	MRI	10,084,661	9,300,298	19,384,959	0.052970	0.052970	0.052970	58
59	Cardiac Catheterization	19,657,895	25,614,556	45,272,451	0.127274	0.127274	0.127980	59
60	Laboratory	133,509,182	107,188,377	240,697,559	0.085018	0.085018	0.085018	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,795,025	1,860,670	7,655,695	0.404284	0.404284	0.404284	63
64	Intravenous Therapy	1,020,936	22,302	1,043,238	1.720423	1.720423	1.720423	64
65	Respiratory Therapy	34,775,733	4,037,219	38,812,952	0.114186	0.114186	0.114186	65
66	Physical Therapy	8,479,538	18,699,288	27,178,826	0.249291	0.249291	0.249291	66
68	Speech Pathology	1,502,327	867,787	2,370,114	0.207784	0.207784	0.207784	68
69	Electrocardiology	25,174,605	27,272,928	52,447,533	0.077177	0.077177	0.077327	69
70	Electroencephalography	782,771	347,426	1,130,197	0.228683	0.228683	0.228683	70
70.01	EMG	291,078	2,622,389	2,913,467	0.067084	0.067084	0.067084	70.01
70.03	ANGIOGRAPHY	7,524,466	3,922,242	11,446,708	0.186494	0.186494	0.186494	70.03
71	Medical Supplies Charged to Patients	11,120,221	7,660,846	18,781,067	1.982533	1.982533	1.982533	71
72	Impl. Dev. Charged to Patients	23,855,798	11,603,225	35,459,023	0.611382	0.611382	0.611382	72
73	Drugs Charged to Patients	46,149,091	18,952,718	65,101,809	0.363381	0.363381	0.363381	73
74	Renal Dialysis	3,616,743	222,900	3,839,643	0.291001	0.291001	0.291001	74
76.97	CARDIAC REHABILITATION	472,142	2,722,206	3,194,348	0.275829	0.275829	0.275829	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	17,689	5,506,087	5,523,776	0.312382	0.312382	0.312382	90.01
91	Emergency	58,774,928	100,381,745	159,156,673	0.099787	0.099787	0.099787	91
91.01	PRIMARY CARE CENTER PCC	48,998	4,029,909	4,078,907	1.114799	1.114799	1.114799	91.01
92	Observation Beds (Non-Distinct Part)	4,346,735	30,082,468	34,429,203	0.310614	0.310614	0.310614	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	222	16,327,106	16,327,328				101
113	Interest Expense							113
116	Hospice	432	7,734,668	7,735,100				116
200	Subtotal (sum of lines 30 thru 199)	813,521,213	714,950,441	1,528,471,654				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	813,521,213	714,950,441	1,528,471,654				202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
[] Title V
[XX] Title XIX

	COST CENTER DESCRIPTIONS	Total Cost (Wkst B, Part I, col. 26)	Capital Cost (Wkst B, Part II, col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	
		1	2	3	4	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	27,866,809	5,501,789	22,365,020		50
51	Recovery Room	2,787,227	398,784	2,388,443		51
53	Anesthesiology	804,642	158,072	646,570		53
54	Radiology-Diagnostic	13,737,424	2,985,461	10,751,963		54
54.01	ULTRASOUND	2,414,658	266,796	2,147,862		54.01
57	CT Scan	3,308,435	327,997	2,980,438		57
58	MRI	1,026,820	233,501	793,319		58
59	Cardiac Catheterization	5,761,988	1,413,307	4,348,681		59
60	Laboratory	20,463,519	2,622,341	17,841,178		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	3,095,077	114,124	2,980,953		63
64	Intravenous Therapy	1,794,811	66,767	1,728,044		64
65	Respiratory Therapy	4,431,887	295,210	4,136,677		65
66	Physical Therapy	6,775,448	784,206	5,991,242		66
68	Speech Pathology	492,471	19,623	472,848		68
69	Electrocardiology	4,047,750	704,906	3,342,844		69
70	Electroencephalography	258,457	50,773	207,684		70
70.01	EMG	195,446	15,832	179,614		70.01
70.03	ANGIOGRAPHY	2,134,745	244,516	1,890,229		70.03
71	Medical Supplies Charged to Patients	37,234,083	3,790,988	33,443,095		71
72	Impl. Dev. Charged to Patients	21,679,001	741,509	20,937,492		72
73	Drugs Charged to Patients	23,656,776	1,754,140	21,902,636		73
74	Renal Dialysis	1,117,340	42,679	1,074,661		74
76.97	CARDIAC REHABILITATION	881,095	34,057	847,038		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	OUTPATIENT PSYCH SERVICES	1,725,529	63,705	1,661,824		90.01
91	Emergency	15,881,751	2,222,623	13,659,128		91
91.01	PRIMARY CARE CENTER PCC	4,547,162	424,729	4,122,433		91.01
92	Observation Beds (Non-Distinct Part)	10,694,183	1,648,241	9,045,942		92
93.99	PARTIAL HOSPITALIZATION PROGRAM					93.99
	OTHER REIMBURSABLE COST CENTERS					
101	Home Health Agency	17,924,069	1,009,362	16,914,707		101
113	Interest Expense					113
116	Hospice	4,562,915	354,581	4,208,334		116
200	Subtotal	241,301,518	28,290,619	213,010,899		200
201	Less Observation Beds	10,694,183	1,648,241	9,045,942		201
202	Total	230,607,335	26,642,378	203,964,957		202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
☐ Title V

☒ Title XIX

	COST CENTER DESCRIPTIONS	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst C, Part I, col. 8)	Outpatient Cost to Charge Ratio(col. 6 ÷ col. 7)	
		5	6	7	8	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		27,866,809	239,249,332	0.116476	50
51	Recovery Room		2,787,227	16,267,336	0.171339	51
53	Anesthesiology		804,642	54,250,391	0.014832	53
54	Radiology-Diagnostic		13,737,424	67,642,660	0.203088	54
54.01	ULTRASOUND		2,414,658	26,454,227	0.091277	54.01
57	CT Scan		3,308,435	150,745,718	0.021947	57
58	MRI		1,026,820	19,384,959	0.052970	58
59	Cardiac Catheterization		5,761,988	45,272,451	0.127274	59
60	Laboratory		20,463,519	240,697,559	0.085018	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.		3,095,077	7,655,695	0.404284	63
64	Intravenous Therapy		1,794,811	1,043,238	1.720423	64
65	Respiratory Therapy		4,431,887	38,812,952	0.114186	65
66	Physical Therapy		6,775,448	27,178,826	0.249291	66
68	Speech Pathology		492,471	2,370,114	0.207784	68
69	Electrocardiology		4,047,750	52,447,533	0.077177	69
70	Electroencephalography		258,457	1,130,197	0.228683	70
70.01	EMG		195,446	2,913,467	0.067084	70.01
70.03	ANGIOGRAPHY		2,134,745	11,446,708	0.186494	70.03
71	Medical Supplies Charged to Patients		37,234,083	18,781,067	1.982533	71
72	Impl. Dev. Charged to Patients		21,679,001	35,459,023	0.611382	72
73	Drugs Charged to Patients		23,656,776	65,101,809	0.363381	73
74	Renal Dialysis		1,117,340	3,839,643	0.291001	74
76.97	CARDIAC REHABILITATION		881,095	3,194,348	0.275829	76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	OUTPATIENT PSYCH SERVICES		1,725,529	5,523,776	0.312382	90.01
91	Emergency		15,881,751	159,156,673	0.099787	91
91.01	PRIMARY CARE CENTER PCC		4,547,162	4,078,907	1.114799	91.01
92	Observation Beds (Non-Distinct Part)		10,694,183	34,429,203	0.310614	92
93.99	PARTIAL HOSPITALIZATION PROGRAM					93.99
	OTHER REIMBURSABLE COST CENTERS					
101	Home Health Agency		17,924,069	16,327,328	1.097796	101
113	Interest Expense					113
116	Hospice		4,562,915	7,735,100	0.589897	116
200	Subtotal		241,301,518	1,358,590,240		200
201	Less Observation Beds		10,694,183	34,429,203		201
202	Total		230,607,335	1,324,161,037		202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

Check ☐ Title V
Applicable ☒ Title XVIII, Part A
Boxes: ☐ Title XIX

☒ PPS
☐ TEFRA

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	14,556,535		14,556,535	84,624	172.01	43,570	7,494,476	30
31	Intensive Care Unit	1,645,891		1,645,891	6,483	253.88	4,401	1,117,326	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	968,976		968,976	5,365	180.61	1,194	215,648	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				1,266				43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	17,171,402		17,171,402	97,738		49,165	8,827,450	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0062

WORKSHEET D PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,501,789	239,249,332	0.022996	54,477,941	1,252,775	50
51	Recovery Room	398,784	16,267,336	0.024514	4,599,010	112,740	51
53	Anesthesiology	158,072	54,250,391	0.002914	13,298,711	38,752	53
54	Radiology-Diagnostic	2,985,461	67,642,660	0.044136	13,577,626	599,262	54
54.01	ULTRASOUND	266,796	26,454,227	0.010085	7,893,591	79,607	54.01
57	CT Scan	327,997	150,745,718	0.002176	36,411,499	79,231	57
58	MRI	233,501	19,384,959	0.012045	5,448,176	65,623	58
59	Cardiac Catheterization	1,413,307	45,272,451	0.031218	10,048,373	313,690	59
60	Laboratory	2,622,341	240,697,559	0.010895	74,652,819	813,342	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	114,124	7,655,695	0.014907	3,152,733	46,998	63
64	Intravenous Therapy	66,767	1,043,238	0.064000	555,392	35,545	64
65	Respiratory Therapy	295,210	38,812,952	0.007606	21,673,777	164,851	65
66	Physical Therapy	784,206	27,178,826	0.028854	6,505,871	187,720	66
68	Speech Pathology	19,623	2,370,114	0.008279			68
69	Electrocardiology	704,906	52,447,533	0.013440	14,681,564	197,320	69
70	Electroencephalography	50,773	1,130,197	0.044924	431,573	19,388	70
70.01	EMG	15,832	2,913,467	0.005434	164,416	893	70.01
70.03	ANGIOGRAPHY	244,516	11,446,708	0.021361	4,730,222	101,042	70.03
71	Medical Supplies Charged to Pat	3,790,988	18,781,067	0.201852	6,245,178	1,260,602	71
72	Impl. Dev. Charged to Patients	741,509	35,459,023	0.020912	13,529,910	282,937	72
73	Drugs Charged to Patients	1,754,140	65,101,809	0.026945	24,893,304	670,750	73
74	Renal Dialysis	42,679	3,839,643	0.011115	2,310,911	25,686	74
76.97	CARDIAC REHABILITATION	34,057	3,194,348	0.010662	219,837	2,344	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	63,705	5,523,776	0.011533	2,205	25	90.01
91	Emergency	2,222,623	159,156,673	0.013965	31,790,072	443,948	91
91.01	PRIMARY CARE CENTER PCC	424,729	4,078,907	0.104128	35,853	3,733	91.01
92	Observation Beds (Non-Distinct	1,648,241	34,429,203	0.047873			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	26,926,676	1,334,527,812		351,330,564	6,798,804	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

Check ☐ Title V
Applicable ☒ Title XVIII, Part A
Boxes: ☐ Title XIX

☒ PPS
☐ TEFRA
☐ Other

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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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

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	84,624		43,570		30
31	Intensive Care Unit	6,483		4,401		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	5,365		1,194		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,266				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	97,738		49,165		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0062

WORKSHEET D PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	ULTRASOUND									54.01
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
70.01	EMG									70.01
70.03	ANGIOGRAPHY									70.03
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients					237,499		237,499	237,499	73
74	Renal Dialysis									74
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90.01	OUTPATIENT PSYCH SERVICES									90.01
91	Emergency									91
91.01	PRIMARY CARE CENTER PCC									91.01
92	Observation Beds (Non-Distinct									92
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					237,499		237,499	237,499	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0062

WORKSHEET D PART IV

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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	239,249,332			54,477,941		43,093,821		50
51	Recovery Room	16,267,336			4,599,010		2,123,861		51
53	Anesthesiology	54,250,391			13,298,711		9,095,792		53
54	Radiology-Diagnostic	67,642,660			13,577,626		14,941,601		54
54.01	ULTRASOUND	26,454,227			7,893,591		5,115,917		54.01
57	CT Scan	150,745,718			36,411,499		28,525,079		57
58	MRI	19,384,959			5,448,176		3,672,891		58
59	Cardiac Catheterization	45,272,451			10,048,373		12,711,998		59
60	Laboratory	240,697,559			74,652,819		20,730,599		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,655,695			3,152,733		538,384		63
64	Intravenous Therapy	1,043,238			555,392		8,076		64
65	Respiratory Therapy	38,812,952			21,673,777		1,841,201		65
66	Physical Therapy	27,178,826			6,505,871		2,813,209		66
68	Speech Pathology	2,370,114							68
69	Electrocardiology	52,447,533			14,681,564		9,937,671		69
70	Electroencephalography	1,130,197			431,573		119,455		70
70.01	EMG	2,913,467			164,416		1,234,458		70.01
70.03	ANGIOGRAPHY	11,446,708			4,730,222		1,933,862		70.03
71	Medical Supplies Charged to Pat	18,781,067			6,245,178		2,991,455		71
72	Impl. Dev. Charged to Patients	35,459,023			13,529,910		5,407,494		72
73	Drugs Charged to Patients	65,101,809	0.003648	0.003648	24,893,304	90,811	6,965,461	25,410	73
74	Renal Dialysis	3,839,643			2,310,911		87,694		74
76.97	CARDIAC REHABILITATION	3,194,348			219,837		1,330,178		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	5,523,776			2,205		871,241		90.01
91	Emergency	159,156,673			31,790,072		23,468,780		91
91.01	PRIMARY CARE CENTER PCC	4,078,907			35,853		701,832		91.01
92	Observation Beds (Non-Distinct	34,429,203					9,604,693		92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,334,527,812			351,330,564	90,811	209,866,703	25,410	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0062

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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.116476	43,093,821			5,019,396			50
51	Recovery Room	0.171339	2,123,861			363,900			51
53	Anesthesiology	0.014832	9,095,792			134,909			53
54	Radiology-Diagnostic	0.203088	14,941,601			3,034,460			54
54.01	ULTRASOUND	0.091277	5,115,917			466,966			54.01
57	CT Scan	0.021947	28,525,079			626,040			57
58	MRI	0.052970	3,672,891			194,553			58
59	Cardiac Catheterization	0.127274	12,711,998			1,617,907			59
60	Laboratory	0.085018	20,730,599			1,762,474			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.404284	538,384			217,660			63
64	Intravenous Therapy	1.720423	8,076			13,894			64
65	Respiratory Therapy	0.114186	1,841,201			210,239			65
66	Physical Therapy	0.249291	2,813,209			701,308			66
68	Speech Pathology	0.207784							68
69	Electrocardiology	0.077177	9,937,671			766,960			69
70	Electroencephalography	0.228683	119,455			27,317			70
70.01	EMG	0.067084	1,234,458			82,812			70.01
70.03	ANGIOGRAPHY	0.186494	1,933,862			360,654			70.03
71	Medical Supplies Charged to Pat	1.982533	2,991,455			5,930,658			71
72	Impl. Dev. Charged to Patients	0.611382	5,407,494			3,306,044			72
73	Drugs Charged to Patients	0.363381	6,965,461		37,089	2,531,116		13,477	73
74	Renal Dialysis	0.291001	87,694			25,519			74
76.97	CARDIAC REHABILITATION	0.275829	1,330,178			366,902			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	0.312382	871,241			272,160			90.01
91	Emergency	0.099787	23,468,780			2,341,879			91
91.01	PRIMARY CARE CENTER PCC	1.114799	701,832			782,402			91.01
92	Observation Beds (Non-Distinct	0.310614	9,604,693			2,983,352			92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		209,866,703		37,089	34,141,481		13,477	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		209,866,703		37,089	34,141,481		13,477	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S062

WORKSHEET D PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,501,789	239,249,332	0.022996	18,500	425	50
51	Recovery Room	398,784	16,267,336	0.024514			51
53	Anesthesiology	158,072	54,250,391	0.002914	5,311	15	53
54	Radiology-Diagnostic	2,985,461	67,642,660	0.044136	55,823	2,464	54
54.01	ULTRASOUND	266,796	26,454,227	0.010085	27,540	278	54.01
57	CT Scan	327,997	150,745,718	0.002176	161,397	351	57
58	MRI	233,501	19,384,959	0.012045	59,216	713	58
59	Cardiac Catheterization	1,413,307	45,272,451	0.031218	654	20	59
60	Laboratory	2,622,341	240,697,559	0.010895	619,836	6,753	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	114,124	7,655,695	0.014907	1,172	17	63
64	Intravenous Therapy	66,767	1,043,238	0.064000			64
65	Respiratory Therapy	295,210	38,812,952	0.007606	89,993	684	65
66	Physical Therapy	784,206	27,178,826	0.028854	41,104	1,186	66
68	Speech Pathology	19,623	2,370,114	0.008279			68
69	Electrocardiology	704,906	52,447,533	0.013440	48,249	648	69
70	Electroencephalography	50,773	1,130,197	0.044924	13,143	590	70
70.01	EMG	15,832	2,913,467	0.005434	2,435	13	70.01
70.03	ANGIOGRAPHY	244,516	11,446,708	0.021361			70.03
71	Medical Supplies Charged to Pat	3,790,988	18,781,067	0.201852	3,032	612	71
72	Impl. Dev. Charged to Patients	741,509	35,459,023	0.020912			72
73	Drugs Charged to Patients	1,754,140	65,101,809	0.026945	130,482	3,516	73
74	Renal Dialysis	42,679	3,839,643	0.011115	9,096	101	74
76.97	CARDIAC REHABILITATION	34,057	3,194,348	0.010662			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	63,705	5,523,776	0.011533	1,808	21	90.01
91	Emergency	2,222,623	159,156,673	0.013965	556,750	7,775	91
91.01	PRIMARY CARE CENTER PCC	424,729	4,078,907	0.104128			91.01
92	Observation Beds (Non-Distinct		34,429,203				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	25,278,435	1,334,527,812		1,845,541	26,182	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S062

WORKSHEET D PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	ULTRASOUND									54.01
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
70.01	EMG									70.01
70.03	ANGIOGRAPHY									70.03
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients					237,499		237,499	237,499	73
74	Renal Dialysis									74
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90.01	OUTPATIENT PSYCH SERVICES									90.01
91	Emergency									91
91.01	PRIMARY CARE CENTER PCC									91.01
92	Observation Beds (Non-Distinct									92
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					237,499		237,499	237,499	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S062

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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	239,249,332			18,500				50
51	Recovery Room	16,267,336							51
53	Anesthesiology	54,250,391			5,311				53
54	Radiology-Diagnostic	67,642,660			55,823				54
54.01	ULTRASOUND	26,454,227			27,540				54.01
57	CT Scan	150,745,718			161,397				57
58	MRI	19,384,959			59,216				58
59	Cardiac Catheterization	45,272,451			654				59
60	Laboratory	240,697,559			619,836				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,655,695			1,172				63
64	Intravenous Therapy	1,043,238							64
65	Respiratory Therapy	38,812,952			89,993				65
66	Physical Therapy	27,178,826			41,104				66
68	Speech Pathology	2,370,114							68
69	Electrocardiology	52,447,533			48,249				69
70	Electroencephalography	1,130,197			13,143				70
70.01	EMG	2,913,467			2,435				70.01
70.03	ANGIOGRAPHY	11,446,708							70.03
71	Medical Supplies Charged to Pat	18,781,067			3,032				71
72	Impl. Dev. Charged to Patients	35,459,023							72
73	Drugs Charged to Patients	65,101,809	0.003648	0.003648	130,482	476			73
74	Renal Dialysis	3,839,643			9,096				74
76.97	CARDIAC REHABILITATION	3,194,348							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	5,523,776			1,808				90.01
91	Emergency	159,156,673			556,750				91
91.01	PRIMARY CARE CENTER PCC	4,078,907							91.01
92	Observation Beds (Non-Distinct	34,429,203							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,334,527,812			1,845,541	476			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S062

WORKSHEET D
PART V

Check
Applicable
Boxes:

☐ Title V - O/P
☒ Title XVIII, Part B
☐ Title XIX - O/P

☐ Hospital
☒ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ Swing Bed SNF
☐ Swing Bed NF
☐ ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.116476							50
51	Recovery Room	0.171339							51
53	Anesthesiology	0.014832							53
54	Radiology-Diagnostic	0.203088							54
54.01	ULTRASOUND	0.091277							54.01
57	CT Scan	0.021947							57
58	MRI	0.052970							58
59	Cardiac Catheterization	0.127274							59
60	Laboratory	0.085018							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.404284							63
64	Intravenous Therapy	1.720423							64
65	Respiratory Therapy	0.114186							65
66	Physical Therapy	0.249291							66
68	Speech Pathology	0.207784							68
69	Electrocardiology	0.077177							69
70	Electroencephalography	0.228683							70
70.01	EMG	0.067084							70.01
70.03	ANGIOGRAPHY	0.186494							70.03
71	Medical Supplies Charged to Pat	1.982533							71
72	Impl. Dev. Charged to Patients	0.611382							72
73	Drugs Charged to Patients	0.363381							73
74	Renal Dialysis	0.291001							74
76.97	CARDIAC REHABILITATION	0.275829							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	0.312382							90.01
91	Emergency	0.099787							91
91.01	PRIMARY CARE CENTER PCC	1.114799							91.01
92	Observation Beds (Non-Distinct	0.310614							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	14,556,535		14,556,535	84,624	172.01	1,244	213,980	30
31	Intensive Care Unit	1,645,891		1,645,891	6,483	253.88	157	39,859	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	968,976		968,976	5,365	180.61	314	56,712	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				1,266		67		43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	17,171,402		17,171,402	97,738		1,782	310,551	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0062

WORKSHEET D PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,501,789	239,249,332	0.022996	6,226,416	143,183	50
51	Recovery Room	398,784	16,267,336	0.024514	471,648	11,562	51
53	Anesthesiology	158,072	54,250,391	0.002914	1,481,935	4,318	53
54	Radiology-Diagnostic	2,985,461	67,642,660	0.044136	1,516,011	66,911	54
54.01	ULTRASOUND	266,796	26,454,227	0.010085	897,846	9,055	54.01
57	CT Scan	327,997	150,745,718	0.002176	5,430,510	11,817	57
58	MRI	233,501	19,384,959	0.012045	840,154	10,120	58
59	Cardiac Catheterization	1,413,307	45,272,451	0.031218	1,789,028	55,850	59
60	Laboratory	2,622,341	240,697,559	0.010895	10,412,018	113,439	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	114,124	7,655,695	0.014907	360,017	5,367	63
64	Intravenous Therapy	66,767	1,043,238	0.064000	99,120	6,344	64
65	Respiratory Therapy	295,210	38,812,952	0.007606	2,190,365	16,660	65
66	Physical Therapy	784,206	27,178,826	0.028854	422,840	12,201	66
68	Speech Pathology	19,623	2,370,114	0.008279			68
69	Electrocardiology	704,906	52,447,533	0.013440	1,754,339	23,578	69
70	Electroencephalography	50,773	1,130,197	0.044924	76,691	3,445	70
70.01	EMG	15,832	2,913,467	0.005434	29,200	159	70.01
70.03	ANGIOGRAPHY	244,516	11,446,708	0.021361	486,685	10,396	70.03
71	Medical Supplies Charged to Pat	3,790,988	18,781,067	0.201852	519,217	104,805	71
72	Impl. Dev. Charged to Patients	741,509	35,459,023	0.020912	522,059	10,917	72
73	Drugs Charged to Patients	1,754,140	65,101,809	0.026945	3,611,665	97,316	73
74	Renal Dialysis	42,679	3,839,643	0.011115	439,629	4,886	74
76.97	CARDIAC REHABILITATION	34,057	3,194,348	0.010662	28,415	303	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	63,705	5,523,776	0.011533			90.01
91	Emergency	2,222,623	159,156,673	0.013965	4,848,105	67,704	91
91.01	PRIMARY CARE CENTER PCC	424,729	4,078,907	0.104128			91.01
92	Observation Beds (Non-Distinct	1,648,241	34,429,203	0.047873			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	26,926,676	1,334,527,812		44,453,913	790,336	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	84,624		1,244		30
31	Intensive Care Unit	6,483		157		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	5,365		314		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,266		67		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	97,738		1,782		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0062

WORKSHEET D PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	ULTRASOUND									54.01
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
70.01	EMG									70.01
70.03	ANGIOGRAPHY									70.03
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients					237,499		237,499	237,499	73
74	Renal Dialysis									74
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90.01	OUTPATIENT PSYCH SERVICES									90.01
91	Emergency									91
91.01	PRIMARY CARE CENTER PCC									91.01
92	Observation Beds (Non-Distinct									92
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					237,499		237,499	237,499	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0062

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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	239,249,332			6,226,416				50
51	Recovery Room	16,267,336			471,648				51
53	Anesthesiology	54,250,391			1,481,935				53
54	Radiology-Diagnostic	67,642,660			1,516,011				54
54.01	ULTRASOUND	26,454,227			897,846				54.01
57	CT Scan	150,745,718			5,430,510				57
58	MRI	19,384,959			840,154				58
59	Cardiac Catheterization	45,272,451			1,789,028				59
60	Laboratory	240,697,559			10,412,018				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,655,695			360,017				63
64	Intravenous Therapy	1,043,238			99,120				64
65	Respiratory Therapy	38,812,952			2,190,365				65
66	Physical Therapy	27,178,826			422,840				66
68	Speech Pathology	2,370,114							68
69	Electrocardiology	52,447,533			1,754,339				69
70	Electroencephalography	1,130,197			76,691				70
70.01	EMG	2,913,467			29,200				70.01
70.03	ANGIOGRAPHY	11,446,708			486,685				70.03
71	Medical Supplies Charged to Pat	18,781,067			519,217				71
72	Impl. Dev. Charged to Patients	35,459,023			522,059				72
73	Drugs Charged to Patients	65,101,809	0.003648	0.003648	3,611,665	13,175			73
74	Renal Dialysis	3,839,643			439,629				74
76.97	CARDIAC REHABILITATION	3,194,348			28,415				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	5,523,776							90.01
91	Emergency	159,156,673			4,848,105				91
91.01	PRIMARY CARE CENTER PCC	4,078,907							91.01
92	Observation Beds (Non-Distinct	34,429,203							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,334,527,812			44,453,913	13,175			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0062

WORKSHEET D
PART V

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.116476							50
51	Recovery Room	0.171339							51
53	Anesthesiology	0.014832							53
54	Radiology-Diagnostic	0.203088							54
54.01	ULTRASOUND	0.091277							54.01
57	CT Scan	0.021947							57
58	MRI	0.052970							58
59	Cardiac Catheterization	0.127274							59
60	Laboratory	0.085018							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.404284							63
64	Intravenous Therapy	1.720423							64
65	Respiratory Therapy	0.114186							65
66	Physical Therapy	0.249291							66
68	Speech Pathology	0.207784							68
69	Electrocardiology	0.077177							69
70	Electroencephalography	0.228683							70
70.01	EMG	0.067084							70.01
70.03	ANGIOGRAPHY	0.186494							70.03
71	Medical Supplies Charged to Pat	1.982533							71
72	Impl. Dev. Charged to Patients	0.611382							72
73	Drugs Charged to Patients	0.363381							73
74	Renal Dialysis	0.291001							74
76.97	CARDIAC REHABILITATION	0.275829							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	0.312382							90.01
91	Emergency	0.099787							91
91.01	PRIMARY CARE CENTER PCC	1.114799							91.01
92	Observation Beds (Non-Distinct	0.310614							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S062

WORKSHEET D PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,501,789	239,249,332	0.022996	24,256	558	50
51	Recovery Room	398,784	16,267,336	0.024514			51
53	Anesthesiology	158,072	54,250,391	0.002914	4,823	14	53
54	Radiology-Diagnostic	2,985,461	67,642,660	0.044136	32,922	1,453	54
54.01	ULTRASOUND	266,796	26,454,227	0.010085	27,013	272	54.01
57	CT Scan	327,997	150,745,718	0.002176	220,199	479	57
58	MRI	233,501	19,384,959	0.012045	10,049	121	58
59	Cardiac Catheterization	1,413,307	45,272,451	0.031218			59
60	Laboratory	2,622,341	240,697,559	0.010895	994,880	10,839	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	114,124	7,655,695	0.014907	1,052	16	63
64	Intravenous Therapy	66,767	1,043,238	0.064000			64
65	Respiratory Therapy	295,210	38,812,952	0.007606	25,087	191	65
66	Physical Therapy	784,206	27,178,826	0.028854	6,938	200	66
68	Speech Pathology	19,623	2,370,114	0.008279			68
69	Electrocardiology	704,906	52,447,533	0.013440	54,486	732	69
70	Electroencephalography	50,773	1,130,197	0.044924			70
70.01	EMG	15,832	2,913,467	0.005434			70.01
70.03	ANGIOGRAPHY	244,516	11,446,708	0.021361			70.03
71	Medical Supplies Charged to Pat	3,790,988	18,781,067	0.201852	1,009	204	71
72	Impl. Dev. Charged to Patients	741,509	35,459,023	0.020912			72
73	Drugs Charged to Patients	1,754,140	65,101,809	0.026945	131,215	3,536	73
74	Renal Dialysis	42,679	3,839,643	0.011115			74
76.97	CARDIAC REHABILITATION	34,057	3,194,348	0.010662			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	63,705	5,523,776	0.011533			90.01
91	Emergency	2,222,623	159,156,673	0.013965	1,061,232	14,820	91
91.01	PRIMARY CARE CENTER PCC	424,729	4,078,907	0.104128			91.01
92	Observation Beds (Non-Distinct		34,429,203				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	25,278,435	1,334,527,812		2,595,161	33,435	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S062

WORKSHEET D PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	ULTRASOUND									54.01
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
70.01	EMG									70.01
70.03	ANGIOGRAPHY									70.03
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients					237,499		237,499	237,499	73
74	Renal Dialysis									74
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90.01	OUTPATIENT PSYCH SERVICES									90.01
91	Emergency									91
91.01	PRIMARY CARE CENTER PCC									91.01
92	Observation Beds (Non-Distinct									92
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					237,499		237,499	237,499	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S062

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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	239,249,332			24,256				50
51	Recovery Room	16,267,336							51
53	Anesthesiology	54,250,391			4,823				53
54	Radiology-Diagnostic	67,642,660			32,922				54
54.01	ULTRASOUND	26,454,227			27,013				54.01
57	CT Scan	150,745,718			220,199				57
58	MRI	19,384,959			10,049				58
59	Cardiac Catheterization	45,272,451							59
60	Laboratory	240,697,559			994,880				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,655,695			1,052				63
64	Intravenous Therapy	1,043,238							64
65	Respiratory Therapy	38,812,952			25,087				65
66	Physical Therapy	27,178,826			6,938				66
68	Speech Pathology	2,370,114							68
69	Electrocardiology	52,447,533			54,486				69
70	Electroencephalography	1,130,197							70
70.01	EMG	2,913,467							70.01
70.03	ANGIOGRAPHY	11,446,708							70.03
71	Medical Supplies Charged to Pat	18,781,067			1,009				71
72	Impl. Dev. Charged to Patients	35,459,023							72
73	Drugs Charged to Patients	65,101,809	0.003648	0.003648	131,215	479			73
74	Renal Dialysis	3,839,643							74
76.97	CARDIAC REHABILITATION	3,194,348							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	5,523,776							90.01
91	Emergency	159,156,673			1,061,232				91
91.01	PRIMARY CARE CENTER PCC	4,078,907							91.01
92	Observation Beds (Non-Distinct	34,429,203							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,334,527,812			2,595,161	479			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S062

WORKSHEET D
PART V

Check [] Title V - O/P [] Hospital [] SUB (Other) [] Swing Bed SNF
Applicable [] Title XVIII, Part B [XX] IPF [] SNF [] Swing Bed NF
Boxes: [XX] 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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.116476							50
51	Recovery Room	0.171339							51
53	Anesthesiology	0.014832							53
54	Radiology-Diagnostic	0.203088							54
54.01	ULTRASOUND	0.091277							54.01
57	CT Scan	0.021947							57
58	MRI	0.052970							58
59	Cardiac Catheterization	0.127274							59
60	Laboratory	0.085018							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.404284							63
64	Intravenous Therapy	1.720423							64
65	Respiratory Therapy	0.114186							65
66	Physical Therapy	0.249291							66
68	Speech Pathology	0.207784							68
69	Electrocardiology	0.077177							69
70	Electroencephalography	0.228683							70
70.01	EMG	0.067084							70.01
70.03	ANGIOGRAPHY	0.186494							70.03
71	Medical Supplies Charged to Pat	1.982533							71
72	Impl. Dev. Charged to Patients	0.611382							72
73	Drugs Charged to Patients	0.363381							73
74	Renal Dialysis	0.291001							74
76.97	CARDIAC REHABILITATION	0.275829							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	0.312382							90.01
91	Emergency	0.099787							91
91.01	PRIMARY CARE CENTER PCC	1.114799							91.01
92	Observation Beds (Non-Distinct	0.310614							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0062****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)	84,624	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	84,624	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)	75,042	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)	43,570	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)	94,446,416	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)	94,446,416	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	94,446,416	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0062****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,116.07	38
39	Program general inpatient routine service cost (line 9 x line 38)						48,627,170	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)						48,627,170	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)							42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	12,600,667	6,483	1,943.65	4,401	8,554,004		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)						61,628,046	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						118,809,220	49
PASS THROUGH COST ADJUSTMENTS								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						8,611,802	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						6,889,615	51
52	Total Program excludable cost (sum of lines 50 and 51)						15,501,417	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						103,307,803	53
TARGET AMOUNT AND LIMIT COMPUTATION								
54	Program discharges							54
55	Target amount per discharge							55
56	Target amount (line 54 x line 55)							56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57
58	Bonus payment (see instructions)							58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.							59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.							60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61
62	Relief payment (see instructions)							62
63	Allowable Inpatient cost plus incentive payment (see instructions)							63
PROGRAM INPATIENT ROUTINE SWING BED COST								
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)							64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)							65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)							66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0062

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☒ Title XVIII, Part A

☐ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					9,582	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,116.07	88
89	Observation bed cost (line 87 x line 88) (see instructions)					10,694,183	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	14,556,535	94,446,416	0.154125	10,694,183	1,648,241	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S062****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)	5,365	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,365	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)	5,365	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)	1,194	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)	7,454,720	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)	7,454,720	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	7,454,720	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S062****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	1,389.51	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,659,075	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)	1,659,075	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	215,636	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,874,711	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	215,648	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	26,658	51
52	Total Program excludable cost (sum of lines 50 and 51)	242,306	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,632,405	53
TARGET AMOUNT AND LIMIT COMPUTATION			
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63
PROGRAM INPATIENT ROUTINE SWING BED COST			
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0062****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)	84,624	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	84,624	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)	75,042	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)	1,244	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)	1,266	15
16	Nursery days (title V or XIX only)	67	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)	94,446,416	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)	94,446,416	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	94,446,416	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0062****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							1
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,116.07	38
39	Program general inpatient routine service cost (line 9 x line 38)					1,388,391	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)					1,388,391	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)		1,266		67		42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	12,600,667	6,483	1,943.65	157	305,153	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)					6,693,727	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					8,387,271	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					253,839	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					803,511	51
52	Total Program excludable cost (sum of lines 50 and 51)					1,057,350	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					7,329,921	53
TARGET AMOUNT AND LIMIT COMPUTATION							
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
PROGRAM INPATIENT ROUTINE SWING BED COST							
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0062

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P
☐ Title XVIII, Part A
☒ Title XIX - I/P

☒ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☒ PPS
☐ TEFRA
☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					9,582	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S062****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)	5,365	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,365	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)	5,365	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)	314	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)	7,454,720	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)	7,454,720	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	7,454,720	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S062****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	1,389.51	38
39	Program general inpatient routine service cost (line 9 x line 38)	436,306	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)	436,306	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	266,808	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	703,114	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	56,712	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	33,914	51
52	Total Program excludable cost (sum of lines 50 and 51)	90,626	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	612,488	53
TARGET AMOUNT AND LIMIT COMPUTATION			
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63
PROGRAM INPATIENT ROUTINE SWING BED COST			
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0062

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		79,106,670		30
31	Intensive Care Unit		10,777,097		31
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.116476	54,477,941	6,345,373	50
51	Recovery Room	0.171339	4,599,010	787,990	51
53	Anesthesiology	0.014832	13,298,711	197,246	53
54	Radiology-Diagnostic	0.203088	13,577,626	2,757,453	54
54.01	ULTRASOUND	0.091277	7,893,591	720,503	54.01
57	CT Scan	0.021947	36,411,499	799,123	57
58	MRI	0.052970	5,448,176	288,590	58
59	Cardiac Catheterization	0.127980	10,048,373	1,285,991	59
60	Laboratory	0.085018	74,652,819	6,346,833	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.404284	3,152,733	1,274,600	63
64	Intravenous Therapy	1.720423	555,392	955,509	64
65	Respiratory Therapy	0.114186	21,673,777	2,474,842	65
66	Physical Therapy	0.249291	6,505,871	1,621,855	66
68	Speech Pathology	0.207784			68
69	Electrocardiology	0.077327	14,681,564	1,135,281	69
70	Electroencephalography	0.228683	431,573	98,693	70
70.01	EMG	0.067084	164,416	11,030	70.01
70.03	ANGIOGRAPHY	0.186494	4,730,222	882,158	70.03
71	Medical Supplies Charged to Patients	1.982533	6,245,178	12,381,271	71
72	Impl. Dev. Charged to Patients	0.611382	13,529,910	8,271,943	72
73	Drugs Charged to Patients	0.363381	24,893,304	9,045,754	73
74	Renal Dialysis	0.291001	2,310,911	672,477	74
76.97	CARDIAC REHABILITATION	0.275829	219,837	60,637	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.312382	2,205	689	90.01
91	Emergency	0.099787	31,790,072	3,172,236	91
91.01	PRIMARY CARE CENTER PCC	1.114799	35,853	39,969	91.01
92	Observation Beds (Non-Distinct Part)	0.310614			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		351,330,564	61,628,046	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		351,330,564		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S062

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		2,654,325		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.116476	18,500	2,155	50
51	Recovery Room	0.171339			51
53	Anesthesiology	0.014832	5,311	79	53
54	Radiology-Diagnostic	0.203088	55,823	11,337	54
54.01	ULTRASOUND	0.091277	27,540	2,514	54.01
57	CT Scan	0.021947	161,397	3,542	57
58	MRI	0.052970	59,216	3,137	58
59	Cardiac Catheterization	0.127980	654	84	59
60	Laboratory	0.085018	619,836	52,697	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.404284	1,172	474	63
64	Intravenous Therapy	1.720423			64
65	Respiratory Therapy	0.114186	89,993	10,276	65
66	Physical Therapy	0.249291	41,104	10,247	66
68	Speech Pathology	0.207784			68
69	Electrocardiology	0.077327	48,249	3,731	69
70	Electroencephalography	0.228683	13,143	3,006	70
70.01	EMG	0.067084	2,435	163	70.01
70.03	ANGIOGRAPHY	0.186494			70.03
71	Medical Supplies Charged to Patients	1.982533	3,032	6,011	71
72	Impl. Dev. Charged to Patients	0.611382			72
73	Drugs Charged to Patients	0.363381	130,482	47,415	73
74	Renal Dialysis	0.291001	9,096	2,647	74
76.97	CARDIAC REHABILITATION	0.275829			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.312382	1,808	565	90.01
91	Emergency	0.099787	556,750	55,556	91
91.01	PRIMARY CARE CENTER PCC	1.114799			91.01
92	Observation Beds (Non-Distinct Part)	0.310614			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,845,541	215,636	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,845,541		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0062

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		9,834,392		30
31	Intensive Care Unit		1,935,603		31
40	Subprovider - IPF				40
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.116476	6,226,416	725,228	50
51	Recovery Room	0.171339	471,648	80,812	51
53	Anesthesiology	0.014832	1,481,935	21,980	53
54	Radiology-Diagnostic	0.203088	1,516,011	307,884	54
54.01	ULTRASOUND	0.091277	897,846	81,953	54.01
57	CT Scan	0.021947	5,430,510	119,183	57
58	MRI	0.052970	840,154	44,503	58
59	Cardiac Catheterization	0.127980	1,789,028	228,960	59
60	Laboratory	0.085018	10,412,018	885,209	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.404284	360,017	145,549	63
64	Intravenous Therapy	1.720423	99,120	170,528	64
65	Respiratory Therapy	0.114186	2,190,365	250,109	65
66	Physical Therapy	0.249291	422,840	105,410	66
68	Speech Pathology	0.207784			68
69	Electrocardiology	0.077327	1,754,339	135,658	69
70	Electroencephalography	0.228683	76,691	17,538	70
70.01	EMG	0.067084	29,200	1,959	70.01
70.03	ANGIOGRAPHY	0.186494	486,685	90,764	70.03
71	Medical Supplies Charged to Patients	1.982533	519,217	1,029,365	71
72	Impl. Dev. Charged to Patients	0.611382	522,059	319,177	72
73	Drugs Charged to Patients	0.363381	3,611,665	1,312,410	73
74	Renal Dialysis	0.291001	439,629	127,932	74
76.97	CARDIAC REHABILITATION	0.275829	28,415	7,838	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.312382			90.01
91	Emergency	0.099787	4,848,105	483,778	91
91.01	PRIMARY CARE CENTER PCC	1.114799			91.01
92	Observation Beds (Non-Distinct Part)	0.310614			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		44,453,913	6,693,727	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		44,453,913		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S062

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		2,642,618		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.116476	24,256	2,825	50
51	Recovery Room	0.171339			51
53	Anesthesiology	0.014832	4,823	72	53
54	Radiology-Diagnostic	0.203088	32,922	6,686	54
54.01	ULTRASOUND	0.091277	27,013	2,466	54.01
57	CT Scan	0.021947	220,199	4,833	57
58	MRI	0.052970	10,049	532	58
59	Cardiac Catheterization	0.127980			59
60	Laboratory	0.085018	994,880	84,583	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.404284	1,052	425	63
64	Intravenous Therapy	1.720423			64
65	Respiratory Therapy	0.114186	25,087	2,865	65
66	Physical Therapy	0.249291	6,938	1,730	66
68	Speech Pathology	0.207784			68
69	Electrocardiology	0.077327	54,486	4,213	69
70	Electroencephalography	0.228683			70
70.01	EMG	0.067084			70.01
70.03	ANGIOGRAPHY	0.186494			70.03
71	Medical Supplies Charged to Patients	1.982533	1,009	2,000	71
72	Impl. Dev. Charged to Patients	0.611382			72
73	Drugs Charged to Patients	0.363381	131,215	47,681	73
74	Renal Dialysis	0.291001			74
76.97	CARDIAC REHABILITATION	0.275829			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.312382			90.01
91	Emergency	0.099787	1,061,232	105,897	91
91.01	PRIMARY CARE CENTER PCC	1.114799			91.01
92	Observation Beds (Non-Distinct Part)	0.310614			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,595,161	266,808	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,595,161		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	68,631,029			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	22,877,009			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	1,114,548			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
2.03	Outlier payment for discharges occurring prior to October 1 (see instructions)				2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)				2.04
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	378.75			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0137			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.0697			31
32	Sum of lines 30 and 31	0.0834			32
33	Allowable disproportionate share percentage (see instructions)				33
34	Disproportionate share adjustment (see instructions)				34
		Prior to		On or after	
		October 1 (1.00)	(1.01)	October 1 (2.00)	
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)				36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	92,622,586			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	92,622,586			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	7,710,998			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment	66,806			53
54	Special add-on payments for new technologies	10,341			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	90,811			58
59	Total (sum of amounts on lines 49 through 58)	100,501,542			59
60	Primary payer payments	12,252			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	100,489,290			61
62	Deductibles billed to program beneficiaries	8,914,056			62
63	Coinurance billed to program beneficiaries	348,477			63
64	Allowable bad debts (see instructions)	433,826			64
65	Adjusted reimbursable bad debts (see instructions)	281,987			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	404,262			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	91,508,744			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	560,325			70.93
70.94	HRR adjustment amount (see instructions)	-669,107			70.94
71	Amount due provider (see instructions)	91,399,962			71
71.01	Sequestration adjustment (see instructions)	1,827,999			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	88,851,908			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	720,055			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	1,462,388			75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-0062****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)	13,477			1
2	Medical and other services reimbursed under OPPS (see instructions)	34,116,071			2
3	OPPS payments	32,464,842			3
4	Outlier payment (see instructions)	28,024			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	25,410			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	13,477			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	37,089			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)	37,089			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)	37,089			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	23,612			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)	13,477			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	32,518,276			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	5,979,973			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	26,551,780			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)	26,551,780			30
31	Primary payer payments	331			31
32	Subtotal (line 30 minus line 31)	26,551,449			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)	186,813			34
35	Adjusted reimbursable bad debts (see instructions)	121,428			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	186,213			36
37	Subtotal (see instructions)	26,672,877			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)	26,672,877			40
40.01	Sequestration adjustment (see instructions)	533,458			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	26,167,488			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-28,069			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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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S062****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 OPPS (see instructions)				2
3	OPPS payments				3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

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WORKSHEET E-1
PART I

			INPATIENT PART A		PART B		
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider			88,611,484		25,987,354	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			392,388		191,328	2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01					3.01
		.02					3.02
	Program	.03					3.03
	to	.04					3.04
	Provider	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.10					3.10
		.50					3.50
		.51	07/31/2018	151,964	07/31/2018	11,194	3.51
	Provider	.52					3.52
	to	.53					3.53
	Program	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		-151,964		-11,194	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)			88,851,908		26,167,488	4
	TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01					5.01
		.02					5.02
	Program	.03					5.03
	to	.04					5.04
	Provider	.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
		.10					5.10
		.50					5.50
		.51					5.51
	Provider	.52					5.52
	to	.53					5.53
	Program	.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)						
		.01					6.01
		.02					6.02
7	Total Medicare program liability (see instructions)						7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S062

WORKSHEET E-1
PART I

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

			INPATIENT PART A		PART B	
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
DESCRIPTION			1	2	3	4
1	Total interim payments paid to provider			957,362		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment		.01			3.01
	amount based on subsequent revision of the interim		.02			3.02
	rate for the cost reporting period. Also show date of	Program	.03			3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04			3.04
		Provider	.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.10			3.10
			.50			3.50
			.51			3.51
		Provider	.52			3.52
		to	.53			3.53
		Program	.54			3.54
			.55			3.55
			.56			3.56
			.57			3.57
			.58			3.58
			.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			957,362		4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment		.01			5.01
	after desk review. Also show date of each payment.		.02			5.02
	If none, write 'NONE' or enter a zero. (1)	Program	.03			5.03
		to	.04			5.04
		Provider	.05			5.05
			.06			5.06
			.07			5.07
			.08			5.08
			.09			5.09
			.10			5.10
			.50			5.50
			.51			5.51
		Provider	.52			5.52
		to	.53			5.53
		Program	.54			5.54
			.55			5.55
			.56			5.56
			.57			5.57
			.58			5.58
			.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99			5.99
6	Determined net settlement amount (balance due)		.01			6.01
	based on the cost report (1)		.02			6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	

(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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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S062****WORKSHEET E-3
PART II**

Check ☐ Hospital
Applicable ☒ Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,161,784	1
2	Net IPF PPS Outlier payment	4,082	2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	14.698630	9
10	Teaching adjustment factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,165,866	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,165,866	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,165,866	18
19	Deductibles	188,940	19
20	Subtotal (line 18 minus line 19)	976,926	20
21	Coinurance		21
22	Subtotal (line 20 minus line 21)	976,926	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	24,523	23
24	Adjusted reimbursable bad debts (see instructions)	15,940	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	24,523	25
26	Subtotal (sum of lines 22 and 24)	992,866	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)	476	28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	993,342	31
31.01	Sequestration adjustment (see instructions)	19,867	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	957,362	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	16,113	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Worksheet E-3, Part II, line 2 (see instructions)		50
51	Outlier reconciliation adjustment amount (see instructions)		51
52	The rate used to calculate the time value of money (see instructions)		52
53	Time value of money (see instructions)		53

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0062

WORKSHEET E-3
PART VII

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services			1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)			4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges	44,453,913		9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	44,453,913		12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	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)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	44,453,913		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	44,453,913		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs	13,175		26
27	Subtotal (sum of lines 22 through 26)	13,175		27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)	13,175		29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	13,175		31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	13,175		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	13,175		38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)	13,175		40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)	13,175		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S062

WORKSHEET E-3
PART VII

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services			1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)			4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges	2,595,161		9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	2,595,161		12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	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)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	2,595,161		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	2,595,161		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs	479		26
27	Subtotal (sum of lines 22 through 26)	479		27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)	479		29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	479		31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	479		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	479		38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)	479		40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)	479		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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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	10,078,000				1
2	Temporary investments	4,558,000				2
3	Notes receivable					3
4	Accounts receivable	264,504,000				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-219,166,000				6
7	Inventory	9,143,000				7
8	Prepaid expenses					8
9	Other current assets	10,807,000				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	79,924,000				11
	FIXED ASSETS					
12	Land	9,535,000				12
13	Land improvements	23,561,000				13
14	Accumulated depreciation	-6,729,000				14
15	Buildings	599,965,000				15
16	Accumulated depreciation	-165,106,000				16
17	Leasehold improvements	1,404,000				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	223,470,000				23
24	Accumulated depreciation	-131,882,000				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)	554,218,000				30
	OTHER ASSETS					
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	37,912,000				34
35	Total other assets (sum of lines 31-34)	37,912,000				35
36	Total assets (sum of lines 11, 30 and 35)	672,054,000				36
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Liabilities and Fund Balances (Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	Accounts payable	14,318,000				37
38	Salaries, wages and fees payable	24,092,000				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	76,343,000				44
45	Total current liabilities (sum of lines 37 thru 44)	114,753,000				45
	LONG TERM LIABILITIES					
46	Mortgage payable	341,859,000				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	24,542,000				49
50	Total long term liabilities (sum of lines 46 thru 49)	366,401,000				50
51	Total liabilities (sum of lines 45 and 50)	481,154,000				51
	CAPITAL ACCOUNTS					
52	General fund balance	190,900,000				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)	190,900,000				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	672,054,000				60

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STATEMENT OF CHANGES IN FUND BALANCES**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		270,881,101		1
2	Net income (loss) (from Worksheet G-3, line 29)		-2,226,259		2
3	Total (sum of line 1 and line 2)		268,654,842		3
4	Additions (credit adjustments) (specify)				4
5	CONTRIBUTIONS	78,911			5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)		78,911		10
11	Subtotal (line 3 plus line 10)		268,733,753		11
12	Deductions (debit adjustments) (specify)				12
13	UNREALIZED LOSSES	197,190			13
14	TRANSFER TO AFFILIATE	77,637,704			14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		77,834,894		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		190,898,859		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	CONTRIBUTIONS				5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)				11
12	Deductions (debit adjustments) (specify)				12
13	UNREALIZED LOSSES				13
14	TRANSFER TO AFFILIATE				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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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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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	147,879,809		147,879,809	1
2	Subprovider IPF	10,767,312		10,767,312	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)	158,647,121		158,647,121	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)	158,647,121		158,647,121	17
18	Ancillary services	654,874,091		654,874,091	18
19	Outpatient services		690,727,551	690,727,551	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		16,503,203	16,503,203	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		8,436,088	8,436,088	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	813,521,212	715,666,842	1,529,188,054	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		365,617,573	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	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)		365,617,573	43

KPMG LLP Compu-Max 2552-10

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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)	1,529,188,054	1
2	Less contractual allowances and discounts on patients' accounts	1,175,264,422	2
3	Net patient revenues (line 1 minus line 2)	353,923,632	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	365,617,573	4
5	Net income from service to patients (line 3 minus line 4)	-11,693,941	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	1,081,570	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts	39,096	10
11	Rebates and refunds of expenses	3,481	11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,473,954	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	167,624	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	8,786	21
22	Rental of hosptial space	2,244,690	22
23	Governmental appropriations		23
24	Other (COMMUNITY EDUCATION)	14,630	24
24.01	Other (MISCELLANEOUS)	871,875	24.01
24.02	Other (HOME DELIVERED MEALS)	34,519	24.02
24.03	Other (LIFELINE)	26,184	24.03
24.04	Other (JOINT VENTURE)	-599,010	24.04
24.05	Other (BABY PHOTO)	1,262	24.05
24.06	Other (NEWSPAPER)	-14,042	24.06
24.07	Other (INTERCOMPANY)	4,113,063	24.07
25	Total other income (sum of lines 6-24)	9,467,682	25
26	Total (line 5 plus line 25)	-2,226,259	26
29	Net income (or loss) for the period (line 26 minus line 28)	-2,226,259	29

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	2,388,456		230,103		507,907	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	4,763,909				182,353	6
7	Physical Therapy	846,742			1,641,009		7
8	Occupational Therapy	160,570			250,202		8
9	Speech Pathology	93,307					9
10	Medical Social Services	114,959					10
11	Home Health Aide	308,064					11
12	Supplies (see instructions)					209,425	12
13	Drugs					137	13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	8,676,007		230,103	1,891,211	899,822	24

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**HHA CCN: 14-7470****WORKSHEET H**

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	3,126,466	17,783	3,144,249	-524	3,143,725	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	4,946,262		4,946,262		4,946,262	6
7	Physical Therapy	2,487,751		2,487,751		2,487,751	7
8	Occupational Therapy	410,772		410,772		410,772	8
9	Speech Pathology	93,307		93,307		93,307	9
10	Medical Social Services	114,959		114,959		114,959	10
11	Home Health Aide	308,064		308,064		308,064	11
12	Supplies (see instructions)	209,425		209,425		209,425	12
13	Drugs	137		137		137	13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	11,697,143	17,783	11,714,926	-524	11,714,402	24

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**HHA CCN: 14-7470****WORKSHEET H-1
PART I**

			CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
		0	1	2	3	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	3,143,725				5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	4,946,262				6
7	Physical Therapy	2,487,751				7
8	Occupational Therapy	410,772				8
9	Speech Pathology	93,307				9
10	Medical Social Services	114,959				10
11	Home Health Aide	308,064				11
12	Supplies (see instructions)	209,425				12
13	Drugs	137				13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	11,714,402				24

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**HHA CCN: 14-7470****WORKSHEET H-1
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		3,143,725	3,143,725		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		4,946,262	1,814,290	6,760,552	6
7	Physical Therapy		2,487,751	912,507	3,400,258	7
8	Occupational Therapy		410,772	150,671	561,443	8
9	Speech Pathology		93,307	34,225	127,532	9
10	Medical Social Services		114,959	42,167	157,126	10
11	Home Health Aide		308,064	112,998	421,062	11
12	Supplies (see instructions)		209,425	76,817	286,242	12
13	Drugs		137	50	187	13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		11,714,402		11,714,402	24

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COST ALLOCATION - HHA STATISTICAL BASIS
HHA CCN: 14-7470
**WORKSHEET H-1
PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORT- ATION (Mileage)	RECONCIL- IATION	ADMINI- STRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
	GENERAL SERVICE COST CENTERS							
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-3,143,725	8,570,677	5
	HHA REIMBURSABLE SERVICES							
6	Skilled Nursing Care						4,946,262	6
7	Physical Therapy						2,487,751	7
8	Occupational Therapy						410,772	8
9	Speech Pathology						93,307	9
10	Medical Social Services						114,959	10
11	Home Health Aide						308,064	11
12	Supplies (see instructions)						209,425	12
13	Drugs						137	13
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					-3,143,725	8,570,677	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						3,143,725	25
26	Unit Cost Multiplier						0.366800	26

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**HHA CCN: 14-7470****WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NON- PATIENT TELEPHONES	DATA PRO- CESSING	
		0	1	2	4	5.01	5.02	
1	Administrative and General		118,783	30,067	1,988,766	23,374	995,423	1
2	Skilled Nursing Care	6,760,552						2
3	Physical Therapy	3,400,258						3
4	Occupational Therapy	561,443						4
5	Speech Pathology	127,532						5
6	Medical Social Services	157,126						6
7	Home Health Aide	421,062						7
8	Supplies	286,242						8
9	Drugs	187						9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	11,714,402	118,783	30,067	1,988,766	23,374	995,423	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**HHA CCN: 14-7470****WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING ACCTS REC & COLL	SUBTOTAL (cols.0-4)	ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
1	Administrative and General	15,901	1	2	3,172,317	588,890	75,581	1
2	Skilled Nursing Care				6,760,552	1,254,989		2
3	Physical Therapy				3,400,258	631,203		3
4	Occupational Therapy				561,443	104,223		4
5	Speech Pathology				127,532	23,674		5
6	Medical Social Services				157,126	29,168		6
7	Home Health Aide				421,062	78,163		7
8	Supplies				286,242	53,136		8
9	Drugs				187	35		9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	15,901	1	2	14,886,719	2,763,481	75,581	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**HHA CCN: 14-7470****WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6.01	7	8	9	10	11	
1	Administrative and General	7,643					1,306	1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	7,643					1,306	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**HHA CCN: 14-7470****WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	Administrative and General			189,257	82			1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)			189,257	82			20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**HHA CCN: 14-7470****WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	
		19	20	21	22	23	24	
1	Administrative and General						4,035,076	1
2	Skilled Nursing Care						8,015,541	2
3	Physical Therapy						4,031,461	3
4	Occupational Therapy						665,666	4
5	Speech Pathology						151,206	5
6	Medical Social Services						186,294	6
7	Home Health Aide						499,225	7
8	Supplies						339,378	8
9	Drugs						222	9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)						17,924,069	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**HHA CCN: 14-7470****WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtlI)	TOTAL HHA COSTS			
		25	26	27	28			
1	Administrative and General		4,035,076					1
2	Skilled Nursing Care		8,015,541	2,328,704	10,344,245			2
3	Physical Therapy		4,031,461	1,171,232	5,202,693			3
4	Occupational Therapy		665,666	193,391	859,057			4
5	Speech Pathology		151,206	43,929	195,135			5
6	Medical Social Services		186,294	54,123	240,417			6
7	Home Health Aide		499,225	145,036	644,261			7
8	Supplies		339,378	98,597	437,975			8
9	Drugs		222	64	286			9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)		17,924,069	4,035,076	17,924,069			20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.290523				21

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

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS**HHA CCN: 14-7470****WORKSHEET H-2
PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTES	NON- PATIENT TELEPHONES #OF PHONES	DATA PRO- CESSING TIME SPENT	PURCHASING RECEIVING AND STORES # OF REQUISIT	
		1	2	4	5.01	5.02	5.03	
1	Administrative and General	4,424	60,670	12,011	86	630	397	1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	4,424	60,670	12,011	86	630	397	20
21	Total cost to be allocated	118,783	30,067	1,988,766	23,374	995,423	15,901	21
22	Unit Cost Multiplier	26.849684		165.578720		1,580.036508		22
22	Unit Cost Multiplier		0.495583		271.790698		40.052897	22

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS**HHA CCN: 14-7470****WORKSHEET H-2
PART II**

	HHA COST CENTER	ADMITTING INPATIENT REVENUE	CASHIERING ACCTS REC & COLL INPATIENT REVENUE	RECON- CILIATION	ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	TIME SPENT	
		5.04	5.05	4A.06	5.06	6	6.01	
1	Administrative and General	222	222		3,172,317	4,424	1,170	1
2	Skilled Nursing Care				6,760,552			2
3	Physical Therapy				3,400,258			3
4	Occupational Therapy				561,443			4
5	Speech Pathology				127,532			5
6	Medical Social Services				157,126			6
7	Home Health Aide				421,062			7
8	Supplies				286,242			8
9	Drugs				187			9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	222	222		14,886,719	4,424	1,170	20
21	Total cost to be allocated	1	2		2,763,481	75,581	7,643	21
22	Unit Cost Multiplier	0.004505				17.084313		22
22	Unit Cost Multiplier		0.009009		0.185634		6.532479	22

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS**HHA CCN: 14-7470****WORKSHEET H-2
PART II**

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General					500		1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)					500		20
21	Total cost to be allocated					1,306		21
22	Unit Cost Multiplier					2.612000		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS**HHA CCN: 14-7470****WORKSHEET H-2
PART II**

	HHA COST CENTER	NURSING ADMINIS- TRATION FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General		182,353	13,760				1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)		182,353	13,760				20
21	Total cost to be allocated		189,257	82				21
22	Unit Cost Multiplier			0.005959				22
22	Unit Cost Multiplier		1.037861					22

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7470

WORKSHEET H-2
PART II

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF PATIENT SERVICE COSTS**HHA CCN: 14-7470****WORKSHEET H-3
PARTS I & II**Check applicable box: ☐ Title V ☒ Title XVIII ☐ Title XIX**PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST**

Cost Per Visit Computation								
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
			1	2	3	4	5	
1	Skilled Nursing Care	2	10,344,245		10,344,245	46,272	223.55	1
2	Physical Therapy	3	5,202,693		5,202,693	28,055	185.45	2
3	Occupational Therapy	4	859,057		859,057	5,452	157.57	3
4	Speech Pathology	5	195,135		195,135	1,077	181.18	4
5	Medical Social Services	6	240,417		240,417	862	278.91	5
6	Home Health Aide	7	644,261		644,261	6,860	93.92	6
7	Total (sum of lines 1-6)		17,485,808		17,485,808	88,578		7

Limitation Cost Computation								
				Program Visits				
				PART B				
	Patient Services		CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			1	2	3	4		
8	Skilled Nursing Care		16974		33,348			8
9	Physical Therapy		16974		20,146			9
10	Occupational Therapy		16974		4,082			10
11	Speech Pathology		16974		698			11
12	Medical Social Services		16974		619			12
13	Home Health Aide		16974		5,356			13
14	Total (sum of lines 8-13)				64,249			14

Supplies and Drugs Cost Computations								
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
			1	2	3	4	5	
15	Cost of Medical Supplies	8	437,975		437,975	234,842	1.864977	15
16	Cost of Drugs	9	286		286	1,575	0.181587	16

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
			1	2	3	4	
1	Physical Therapy	66	0.249291			col. 2, line 2	1
2	Occupational Therapy	67				col. 2, line 3	2
3	Speech Pathology	68	0.207784			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	1.982533			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.363381			col. 2, line 16	5

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7470

WORKSHEET H-3
PARTS I & IICheck applicable box: ☐ Title V ☒ Title XVIII ☐ Title XIX**PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST**

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		33,348			7,454,945		7,454,945	1
2	Physical Therapy		20,146			3,736,076		3,736,076	2
3	Occupational Therapy		4,082			643,201		643,201	3
4	Speech Pathology		698			126,464		126,464	4
5	Medical Social Services		619			172,645		172,645	5
6	Home Health Aide		5,356			503,036		503,036	6
7	Total (sum of lines 1-6)		64,249			12,636,367		12,636,367	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services				
		Part B			Part B				
	Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6	7	8	9	10	11		
15	Cost of Medical Supplies								15
16	Cost of Drugs		1,575			286			16

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT**HHA CCN: 14-7470****WORKSHEET H-4
PARTS I & II**Check applicable box: ☐ Title V ☒ Title XVIII ☐ Title XIX**PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES**

			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	Description	1	2	3	
	Reasonable Cost of Part A & Part B Services				
1	Reasonable cost of services (see instructions)		286		1
2	Total charges		1,575		2
	Customary Charges				
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)				3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)				4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)				5
6	Total customary charges (see instructions)		1,575		6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		1,289		7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9	Primary payer amounts		-9,551		9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)		9,837	10
11	Total PPS Reimbursement - Full Episodes without Outliers		10,473,476	11
12	Total PPS Reimbursement - Full Episodes with Outliers		718,378	12
13	Total PPS Reimbursement - LUPA Episodes		214,710	13
14	Total PPS Reimbursement - PEP Episodes		141,131	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		186,772	15
16	Total PPS Outlier Reimbursement - PSP Episodes		-8,363	16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		11,735,941	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		11,735,941	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		11,735,941	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		11,735,941	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		11,735,941	31
31.01	Sequestration adjustment (see instructions)		234,745	31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		11,502,487	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		-1,291	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM HHA CCN: 14-7470
BENEFICIARIES

WORKSHEET H-5

	DESCRIPTION		Part A		Part B		
			mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1	Total interim payments paid to provider					11,500,943	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.					1,544	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	.01				3.01
			.02				3.02
		To	.03				3.03
		Provider	.04				3.04
			.05				3.05
			.06				3.06
			.07				3.07
			.08				3.08
			.09				3.09
			.10				3.10
			.50				3.50
			.51				3.51
		Provider	.52				3.52
		To	.53				3.53
		Program	.54				3.54
			.55				3.55
			.56				3.56
			.57				3.57
			.58				3.58
			.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)					11,502,487	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	.01				5.01
			.02				5.02
		To	.03				5.03
		Provider	.04				5.04
			.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
			.10				5.10
			.50				5.50
			.51				5.51
		Provider	.52				5.52
		To	.53				5.53
		Program	.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99				5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)		.01				6.01
			.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)						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 CAPITAL PAYMENT**COMPONENT CCN: 14-0062****WORKSHEET L**

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	7,450,872	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	133,461	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	223.97	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0137	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.0697	8
9	Sum of lines 7 and 8	0.0834	9
10	Allowable disproportionate share percentage (see instructions)	0.0170	10
11	Disproportionate share adjustment (see instructions)	126,665	11
12	Total prospective capital payments (see instructions)	7,710,998	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0062

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

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

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING AND STORES							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING							5.05
5.06	ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
6.01	CLINICAL ENGINEERING							6.01
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	EMG							70.01
70.03	ANGIOGRAPHY							70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES							90.01
91	Emergency							91
91.01	PRIMARY CARE CENTER PCC							91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices							192
194.01	PRIVATE DUTY NURSING							194.01

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE CCN: 14-1591
WORKSHEET O

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General	306,228	458,355	764,583	2,207	766,790	-140	766,650	4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies		15,992	15,992		15,992		15,992	10
11	Medical Records								11
12	Staff Transportation		68,757	68,757		68,757		68,757	12
13	Volunteer Service Coordination								13
14	Pharmacy		230,874	230,874		230,874		230,874	14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse	1,432,512		1,432,512		1,432,512		1,432,512	28
29	LPN/LVN								29
30	Physical Therapy	44,944		44,944		44,944		44,944	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	223,577		223,577		223,577		223,577	33
34	Spiritual Counseling	37,710		37,710		37,710		37,710	34
35	Dietary Counseling	5,621		5,621		5,621		5,621	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	234,169		234,169		234,169		234,169	37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program	79,976		79,976		79,976		79,976	60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
100	TOTAL	2,364,737	773,978	3,138,715	2,207	3,140,922	-140	3,140,782	100

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS HOSPICE CONTINUOUS HOME CARE

HOSPICE CCN: 14-1591

WORKSHEET O-1

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse	563		563		563		563	28
29	LPN/LVN								29
30	Physical Therapy	18		18		18		18	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	88		88		88		88	33
34	Spiritual Counseling	15		15		15		15	34
35	Dietary Counseling	2		2		2		2	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	92		92		92		92	37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	778		778		778		778	100

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS HOSPICE ROUTINE HOME CARE

HOSPICE CCN: 14-1591

WORKSHEET O-2

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse	1,358,613		1,358,613		1,358,613		1,358,613	28
29	LPN/LVN								29
30	Physical Therapy	42,625		42,625		42,625		42,625	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	212,044		212,044		212,044		212,044	33
34	Spiritual Counseling	35,765		35,765		35,765		35,765	34
35	Dietary Counseling	5,331		5,331		5,331		5,331	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	222,088		222,088		222,088		222,088	37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	1,876,466		1,876,466		1,876,466		1,876,466	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS HOSPICE INPATIENT RESPITE CARE

HOSPICE CCN: 14-1591

WORKSHEET O-3

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse	9,056		9,056		9,056		9,056	28
29	LPN/LVN								29
30	Physical Therapy	284		284		284		284	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	1,413		1,413		1,413		1,413	33
34	Spiritual Counseling	238		238		238		238	34
35	Dietary Counseling	36		36		36		36	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	1,480		1,480		1,480		1,480	37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	12,507		12,507		12,507		12,507	100

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE GENERAL INPATIENT CARE
HOSPICE CCN: 14-1591**WORKSHEET O-4**

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse	64,280		64,280		64,280		64,280	28
29	LPN/LVN								29
30	Physical Therapy	2,017		2,017		2,017		2,017	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	10,032		10,032		10,032		10,032	33
34	Spiritual Counseling	1,692		1,692		1,692		1,692	34
35	Dietary Counseling	252		252		252		252	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	10,509		10,509		10,509		10,509	37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	88,782		88,782		88,782		88,782	100

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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**COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE
NET EXPENSES FOR ALLOCATION****HOSPICE CCN: 14-1591****WORKSHEET O-5**

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols 1+2)	
		1	2	3	
	GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt				1
2	Cap Rel Costs-Mvble Equip		138	138	2
3	Employee Benefits Department		575,883	575,883	3
4	Administrative & General	766,650	691,289	1,457,939	4
5	Plant Operation & Maintenance				5
6	Laundry & Linen Service				6
7	Housekeeping				7
8	Dietary				8
9	Nursing Administration				9
10	Routine Medical Supplies	15,992	16,506	32,498	10
11	Medical Records				11
12	Staff Transportation	68,757		68,757	12
13	Volunteer Service Coordination				13
14	Pharmacy	230,874	138,317	369,191	14
15	Physician Administrative Services				15
16	Other General Service				16
17	Patient/Residential Care Services				17
	LEVEL OF CARE				
50	Hospice Continuous Home Care	778		778	50
51	Hospice Routine Home Care	1,876,466		1,876,466	51
52	Hospice Inpatient Respite Care	12,507		12,507	52
53	Hospice General Inpatient Care	88,782		88,782	53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program	79,976		79,976	60
61	Volunteer Program				61
62	Fundraising				62
63	Hospice/Palliative Medicine Fellows				63
64	Palliative care Program				64
65	Other Physician Services				65
66	Residential Care				66
67	Advertising				67
68	Telehealth / Telemonitoring				68
69	Thrift Store				69
70	Nursing Facility Room & Board				70
71	Other Nonreimbursable				71
99	Negative Cost Center				99
100	TOTAL	3,140,782	1,422,133	4,562,915	100

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
HOSPICE CCN: 14-1591
**WORKSHEET O-6
PART I**

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPART- MENT	SUBTOTAL	ADMINI- STRATIVE & GENERAL	PLANT OP & MAINT	
		0	1	2	3	3A	4	5	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip	138		138					2
3	Employee Benefits Department	575,883			575,883				3
4	Administrative & General	1,457,939		138	575,883	2,033,960	2,033,960		4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies	32,498				32,498	26,137		10
11	Medical Records								11
12	Staff Transportation	68,757				68,757	55,299		12
13	Volunteer Service Coordination								13
14	Pharmacy	369,191				369,191	296,929		14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care	778				778	626		50
51	Hospice Routine Home Care	1,876,466				1,876,466	1,509,183		51
52	Hospice Inpatient Respite Care	12,507				12,507	10,059		52
53	Hospice General Inpatient Care	88,782				88,782	71,405		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program	79,976				79,976	64,322		60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL	4,562,915		138	575,883	4,562,915	2,033,960		100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
HOSPICE CCN: 14-1591
**WORKSHEET O-6
PART I**

	Descriptions	LAUNDRY & LINEN	HOUSE- KEEPING	DIETARY	NURSING ADMINIS- TRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANS- PORTATION	
		6	7	8	9	10	11	12	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies					58,635			10
11	Medical Records								11
12	Staff Transportation							124,056	12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care					23		49	50
51	Hospice Routine Home Care					55,610		117,656	51
52	Hospice Inpatient Respite Care					371		784	52
53	Hospice General Inpatient Care					2,631		5,567	53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL					58,635		124,056	100

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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
HOSPICE CCN: 14-1591
**WORKSHEET O-6
PART I**

	Descriptions	VOLUNTEER SVC COOR- DINATION	PHARMACY	PHYSICIAN ADMIN SERVICES	OTHER GENERAL SERVICE	PATIENT/ RES CARE SVCS	TOTAL	
		13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
3	Employee Benefits Department							3
4	Administrative & General							4
5	Plant Operation & Maintenance							5
6	Laundry & Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Routine Medical Supplies							10
11	Medical Records							11
12	Staff Transportation							12
13	Volunteer Service Coordination							13
14	Pharmacy		666,120					14
15	Physician Administrative Services							15
16	Other General Service							16
17	Patient/Residential Care Services							17
	LEVEL OF CARE							
50	Hospice Continuous Home Care		262				1,738	50
51	Hospice Routine Home Care		631,757				4,190,672	51
52	Hospice Inpatient Respite Care		4,211				27,932	52
53	Hospice General Inpatient Care		29,890				198,275	53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program						144,298	60
61	Volunteer Program							61
62	Fundraising							62
63	Hospice/Palliative Medicine Fellows							63
64	Palliative care Program							64
65	Other Physician Services							65
66	Residential Care							66
67	Advertising							67
68	Telehealth / Telemonitoring							68
69	Thrift Store							69
70	Nursing Facility Room & Board							70
71	Other Nonreimbursable							71
99	Negative Cost Center							99
100	TOTAL		666,120				4,562,915	100

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS
HOSPICE CCN: 14-1591
**WORKSHEET O-6
PART II**

	Descriptions	CAP REL BLDG & FIX SQUARE FEET	CAP REL MVBLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPART- MENT GROSS SALARIES	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL ACCUM. COST	PLANT OP & MAINT SQUARE FEET	LAUNDRY & LINEN IN-FACIL- ITY DAYS	
		1	2	3	4A	4	5	6	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip		279						2
3	Employee Benefits Department		1	3,478					3
4	Administrative & General		278	3,478	-2,033,960	2,528,955			4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies					32,498			10
11	Medical Records								11
12	Staff Transportation					68,757			12
13	Volunteer Service Coordination								13
14	Pharmacy					369,191			14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care					778			50
51	Hospice Routine Home Care					1,876,466			51
52	Hospice Inpatient Respite Care					12,507			52
53	Hospice General Inpatient Care					88,782			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program					79,976			60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)		138	575,883		2,033,960			100
101	Unit cost multiplier		0.494624	165.578781		0.804269			101

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS
HOSPICE CCN: 14-1591
**WORKSHEET O-6
PART II**

	Descriptions	HOUSE-KEEPING SQUARE FEET 7	DIETARY IN-FACILITY DAYS 8	NURSING ADMINISTRATION DIRECT NURS. HRS. 9	ROUTINE MEDICAL SUPPLIES PATIENT DAYS 10	MEDICAL RECORDS PATIENT DAYS 11	STAFF TRANSPORTATION MILEAGE 12	VOLUNTEER SVC COORDINATION HOURS OF SERVICE 13	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies				30,531				10
11	Medical Records								11
12	Staff Transportation						30,531		12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care				12		12		50
51	Hospice Routine Home Care				28,956		28,956		51
52	Hospice Inpatient Respite Care				193		193		52
53	Hospice General Inpatient Care				1,370		1,370		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)				58,635		124,056		100
101	Unit cost multiplier				1.920507		4.063280		101

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS
HOSPICE CCN: 14-1591
**WORKSHEET O-6
PART II**

		PHARMACY	PHYSICIAN ADMIN SERVICES PATIENT	OTHER GENERAL SERVICE SPECIFY BASIS	PATIENT/ RESIDENT CARE SVCS IN-FACIL- ITY DAYS	
	Descriptions	CHARGES	DAYS			
		14	15	16	17	
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
3	Employee Benefits Department					3
4	Administrative & General					4
5	Plant Operation & Maintenance					5
6	Laundry & Linen Service					6
7	Housekeeping					7
8	Dietary					8
9	Nursing Administration					9
10	Routine Medical Supplies					10
11	Medical Records					11
12	Staff Transportation					12
13	Volunteer Service Coordination					13
14	Pharmacy	30,531				14
15	Physician Administrative Services					15
16	Other General Service					16
17	Patient/Residential Care Services					17
	LEVEL OF CARE					
50	Hospice Continuous Home Care	12				50
51	Hospice Routine Home Care	28,956				51
52	Hospice Inpatient Respite Care	193				52
53	Hospice General Inpatient Care	1,370				53
	NONREIMBURSABLE COST CENTERS					
60	Bereavement Program					60
61	Volunteer Program					61
62	Fundraising					62
63	Hospice/Palliative Medicine Fellows					63
64	Palliative care Program					64
65	Other Physician Services					65
66	Residential Care					66
67	Advertising					67
68	Telehealth / Telemonitoring					68
69	Thrift Store					69
70	Nursing Facility Room & Board					70
71	Other Nonreimbursable					71
99	Negative Cost Center					99
100	Cost to be allocated (per O-6 Pt I)	666,120				100
101	Unit cost multiplier	21.817825				101

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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**APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED
SERVICE COSTS BY LEVEL OF CARE**
HOSPICE CCN: 14-1591**WORKSHEET O-7**

			Charges by LOC (from Provider Records)					
		Wkst C Pt I, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP	
	Cost Center Descriptions	0	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS							
1	Physical Therapy	66	0.249291	1,037				1
2	Occupational Therapy	67						2
3	Speech Language Pathology	68	0.207784					3
4	Drugs, Biological & Infusion Therapy	73	0.363381	48,308				4
5	Durable Medical Equipment/Oxygen	96						5
6	Labs and Diagnostics	60	0.085018	6,081				6
7	Medical Supplies	71	1.982533					7
8	Outpatient Services (incl E/R)	93		5,111				8
9	Radiation Therapy	55						9
10	Other	76						10
11	Totals (sum of lines 1-10)							11

			Shared Service Costs by LOC				
		HCHC (col 1 x col 2)	HRHC (col 1 x col 3)	HIRC (col 1 x col 4)	HGIP (col 1 x col 5)		
	Cost Center Descriptions	6	7	8	9		
	ANCILLARY SERVICE COST CENTERS						
1	Physical Therapy	259					1
2	Occupational Therapy						2
3	Speech Language Pathology						3
4	Drugs, Biological & Infusion Therapy	17,554					4
5	Durable Medical Equipment/Oxygen						5
6	Labs and Diagnostics	517					6
7	Medical Supplies						7
8	Outpatient Services (incl E/R)						8
9	Radiation Therapy						9
10	Other						10
11	Totals (sum of lines 1-10)	18,330					11

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST**HOSPICE CCN: 14-1591****WORKSHEET O-8**

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1	2	3	
	HOSPICE CONTINUOUS HOME CARE				
1	Total cost			20,068	1
2	Total unduplicated days			12	2
3	Total average cost per diem			1,672.33	3
4	Unduplicated program days	10			4
5	Program cost	16,723			5
	HOSPICE ROUTINE HOME CARE				
6	Total cost			4,190,672	6
7	Total unduplicated days			28,956	7
8	Total average cost per diem			144.73	8
9	Unduplicated program days	27,977	341		9
10	Program cost	4,049,111	49,353		10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost			27,932	11
12	Total unduplicated days			193	12
13	Total average cost per diem			144.73	13
14	Unduplicated program days	193			14
15	Program cost	27,933			15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost			198,275	16
17	Total unduplicated days			1,370	17
18	Total average cost per diem			144.73	18
19	Unduplicated program days	1,242	21		19
20	Program cost	179,755	3,039		20
	TOTAL HOSPICE CARE				
21	Total cost			4,436,947	21
22	Total unduplicated days			30,531	22
23	Average cost per diem			145.33	23

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	Adults & Pediatrics	51.49		1.47				52.96	30
31	Intensive Care Unit	67.89		2.42				70.31	31
43	Nursery			5.29				5.29	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	22.77	18.01	2.60				43.38	50
51	Recovery Room	28.27	13.06	2.90				44.23	51
53	Anesthesiology	24.51	16.77	2.73				44.01	53
54	Radiology-Diagnostic	20.07	22.09	2.24				44.40	54
54.01	ULTRASOUND	29.84	19.34	3.39				52.57	54.01
57	CT Scan	24.15	18.92	3.60				46.67	57
58	MRI	28.11	18.95	4.33				51.39	58
59	Cardiac Catheterization	22.20	28.08	3.95				54.23	59
60	Laboratory	31.02	8.61	4.33				43.96	60
63	Blood Storing, Processing & Tra	41.18	7.03	4.70				52.91	63
64	Intravenous Therapy	53.24	0.77	9.50				63.51	64
65	Respiratory Therapy	55.84	4.74	5.64				66.22	65
66	Physical Therapy	23.94	10.35	1.56				35.85	66
69	Electrocardiology	27.99	18.95	3.34				50.28	69
70	Electroencephalography	38.19	10.57	6.79				55.55	70
70.01	EMG	5.64	42.37	1.00				49.01	70.01
70.03	ANGIOGRAPHY	41.32	16.89	4.25				62.46	70.03
71	Medical Supplies Charged to Pat	33.25	15.93	2.76				51.94	71
72	Impl. Dev. Charged to Patients	38.16	15.25	1.47				54.88	72
73	Drugs Charged to Patients	38.24	10.76	5.55				54.55	73
74	Renal Dialysis	60.19	2.28	11.45				73.92	74
76.97	CARDIAC REHABILITATION	6.88	41.64	0.89				49.41	76.97
90.01	OUTPATIENT PSYCH SERVICES	0.04	15.77					15.81	90.01
91	Emergency	19.97	14.75	3.05				37.77	91
91.01	PRIMARY CARE CENTER PCC	0.88	17.21					18.09	91.01
92	Observation Beds (Non-Distinct		27.90					27.90	92
200	TOTAL CHARGES	26.33	15.73	3.33				45.39	200

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2018 To: 12/31/2018	Run Date: 05/30/2019 Run Time: 09:40 Version: 2018.12 (03/07/2019)
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REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IPF

		TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
	COST CENTERS	PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
40	Subprovider - IPF	22.26		5.85				28.11	40
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	0.01		0.01				0.02	50
53	Anesthesiology	0.01		0.01				0.02	53
54	Radiology-Diagnostic	0.08		0.05				0.13	54
54.01	ULTRASOUND	0.10		0.10				0.20	54.01
57	CT Scan	0.11		0.15				0.26	57
58	MRI	0.31		0.05				0.36	58
60	Laboratory	0.26		0.41				0.67	60
63	Blood Storing, Processing & Tra	0.02		0.01				0.03	63
65	Respiratory Therapy	0.23		0.06				0.29	65
66	Physical Therapy	0.15		0.03				0.18	66
69	Electrocardiology	0.09		0.10				0.19	69
70	Electroencephalography	1.16						1.16	70
70.01	EMG	0.08						0.08	70.01
71	Medical Supplies Charged to Pat	0.02		0.01				0.03	71
73	Drugs Charged to Patients	0.20		0.20				0.40	73
74	Renal Dialysis	0.24						0.24	74
90.01	OUTPATIENT PSYCH SERVICES	0.03						0.03	90.01
91	Emergency	0.35		0.67				1.02	91
200	TOTAL CHARGES	0.14		0.19				0.33	200

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	27,928,424	7.85	-27,928,424	-16.10			1
2	Cap Rel Costs-Mvble Equip	16,212,681	4.56	-16,212,681	-9.35			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	39,076,867	10.99	-39,076,867	-22.53			4
5.01	COMMUNICATIONS	592,129	0.17	-592,129	-0.34			5.01
5.02	DATA PROCESSING	11,093,476	3.12	-11,093,476	-6.40			5.02
5.03	PURCHASING AND STORES	564,088	0.16	-564,088	-0.33			5.03
5.04	ADMITTING	2,391,495	0.67	-2,391,495	-1.38			5.04
5.05	CASHIERING	3,824,304	1.08	-3,824,304	-2.20			5.05
5.06	ADMINISTRATIVE & GENERAL	38,223,405	10.75	-38,223,405	-22.04			5.06
6	Maintenance & Repairs	6,906,971	1.94	-6,906,971	-3.98			6
6.01	CLINICAL ENGINEERING	4,782,426	1.34	-4,782,426	-2.76			6.01
7	Operation of Plant							7
8	Laundry & Linen Service	1,227,244	0.35	-1,227,244	-0.71			8
9	Housekeeping	3,844,567	1.08	-3,844,567	-2.22			9
10	Dietary	3,143,980	0.88	-3,143,980	-1.81			10
11	Cafeteria	309,766	0.09	-309,766	-0.18			11
12	Maintenance of Personnel							12
13	Nursing Administration	1,024,093	0.29	-1,024,093	-0.59			13
14	Central Services & Supply	3,388,348	0.95	-3,388,348	-1.95			14
15	Pharmacy	4,183,063	1.18	-4,183,063	-2.41			15
16	Medical Records & Library	3,622,252	1.02	-3,622,252	-2.09			16
17	Social Service	981,383	0.28	-981,383	-0.57			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)	138,025	0.04	-138,025	-0.08			23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	40,822,933	11.48	53,327,856	30.74	94,150,789	26.47	30
31	Intensive Care Unit	6,477,320	1.82	6,109,243	3.52	12,586,563	3.54	31
40	Subprovider - IPF	3,652,748	1.03	3,801,972	2.19	7,454,720	2.10	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,816,875	3.32	16,049,934	9.25	27,866,809	7.84	50
51	Recovery Room	1,413,130	0.40	1,374,097	0.79	2,787,227	0.78	51
53	Anesthesiology	18,848	0.01	785,794	0.45	804,642	0.23	53
54	Radiology-Diagnostic	6,293,592	1.77	7,443,832	4.29	13,737,424	3.86	54
54.01	ULTRASOUND	1,300,429	0.37	1,114,229	0.64	2,414,658	0.68	54.01
57	CT Scan	1,303,874	0.37	2,004,561	1.16	3,308,435	0.93	57
58	MRI	401,227	0.11	625,593	0.36	1,026,820	0.29	58
59	Cardiac Catheterization	2,296,584	0.65	3,465,404	2.00	5,761,988	1.62	59
60	Laboratory	10,620,896	2.99	9,842,623	5.67	20,463,519	5.75	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,391,867	0.67	703,210	0.41	3,095,077	0.87	63
64	Intravenous Therapy	1,232,626	0.35	562,185	0.32	1,794,811	0.50	64
65	Respiratory Therapy	2,347,471	0.66	2,084,416	1.20	4,431,887	1.25	65
66	Physical Therapy	3,907,285	1.10	2,868,163	1.65	6,775,448	1.91	66
68	Speech Pathology	330,074	0.09	162,397	0.09	492,471	0.14	68
69	Electrocardiology	1,540,396	0.43	2,507,354	1.45	4,047,750	1.14	69
70	Electroencephalography	112,288	0.03	146,169	0.08	258,457	0.07	70
70.01	EMG	98,842	0.03	96,604	0.06	195,446	0.05	70.01
70.03	ANGIOGRAPHY	1,184,561	0.33	950,184	0.55	2,134,745	0.60	70.03
71	Medical Supplies Charged to Patients	22,697,795	6.38	14,536,288	8.38	37,234,083	10.47	71
72	Impl. Dev. Charged to Patients	17,996,603	5.06	3,682,398	2.12	21,679,001	6.10	72
73	Drugs Charged to Patients	12,581,961	3.54	11,074,815	6.38	23,656,776	6.65	73
74	Renal Dialysis	893,503	0.25	223,837	0.13	1,117,340	0.31	74
76.97	CARDIAC REHABILITATION	574,643	0.16	306,452	0.18	881,095	0.25	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	1,168,836	0.33	556,693	0.32	1,725,529	0.49	90.01
91	Emergency	7,126,628	2.00	8,755,123	5.05	15,881,751	4.47	91
91.01	PRIMARY CARE CENTER PCC	2,638,672	0.74	1,908,490	1.10	4,547,162	1.28	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	11,714,402	3.29	6,209,667	3.58	17,924,069	5.04	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	3,140,782	0.88	1,422,133	0.82	4,562,915	1.28	116
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	1,325,106	0.37	8,241,793	4.75	9,566,899	2.69	192
194.01	PRIVATE DUTY NURSING	748,270	0.21	515,478	0.30	1,263,748	0.36	194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	355,630,054	100.00			355,630,054	100.00	202

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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,501,789	239,249,332	0.022996	54,477,941	1,252,775	50
51	Recovery Room	398,784	16,267,336	0.024514	4,599,010	112,740	51
53	Anesthesiology	158,072	54,250,391	0.002914	13,298,711	38,752	53
54	Radiology-Diagnostic	2,985,461	67,642,660	0.044136	13,577,626	599,262	54
54.01	ULTRASOUND	266,796	26,454,227	0.010085	7,893,591	79,607	54.01
57	CT Scan	327,997	150,745,718	0.002176	36,411,499	79,231	57
58	MRI	233,501	19,384,959	0.012045	5,448,176	65,623	58
59	Cardiac Catheterization	1,413,307	45,272,451	0.031218	10,048,373	313,690	59
60	Laboratory	2,622,341	240,697,559	0.010895	74,652,819	813,342	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	114,124	7,655,695	0.014907	3,152,733	46,998	63
64	Intravenous Therapy	66,767	1,043,238	0.064000	555,392	35,545	64
65	Respiratory Therapy	295,210	38,812,952	0.007606	21,673,777	164,851	65
66	Physical Therapy	784,206	27,178,826	0.028854	6,505,871	187,720	66
68	Speech Pathology	19,623	2,370,114	0.008279			68
69	Electrocardiology	704,906	52,447,533	0.013440	14,681,564	197,320	69
70	Electroencephalography	50,773	1,130,197	0.044924	431,573	19,388	70
70.01	EMG	15,832	2,913,467	0.005434	164,416	893	70.01
70.03	ANGIOGRAPHY	244,516	11,446,708	0.021361	4,730,222	101,042	70.03
71	Medical Supplies Charged to Pat	3,790,988	18,781,067	0.201852	6,245,178	1,260,602	71
72	Impl. Dev. Charged to Patients	741,509	35,459,023	0.020912	13,529,910	282,937	72
73	Drugs Charged to Patients	1,754,140	65,101,809	0.026945	24,893,304	670,750	73
74	Renal Dialysis	42,679	3,839,643	0.011115	2,310,911	25,686	74
76.97	CARDIAC REHABILITATION	34,057	3,194,348	0.010662	219,837	2,344	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	63,705	5,523,776	0.011533	2,205	25	90.01
91	Emergency	2,222,623	159,156,673	0.013965	31,790,072	443,948	91
91.01	PRIMARY CARE CENTER PCC	424,729	4,078,907	0.104128	35,853	3,733	91.01
92	Observation Beds (Non-Distinct	1,648,241	34,429,203	0.047873			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	26,926,676	1,334,527,812		351,330,564	6,798,804	200

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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUST- MENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	14,556,535		14,556,535	84,624	172.01	43,570	7,494,476	30
31	Intensive Care Unit	1,645,891		1,645,891	6,483	253.88	4,401	1,117,326	31
200	TOTAL	16,202,426		16,202,426	91,107		47,971	8,611,802	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	8,611,802
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	6,798,804
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	15,410,606
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	9,880
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	47,971
PER DISCHARGE CAPITAL COSTS	1,559.78

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I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	103,307,803
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	441,214,331
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.234

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 40 + Worksheet D, Part IV, column 11, line 200))	1,874,235
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 40, column 2 plus Worksheet D-3, line 202, column 2) (see CR 5619)	4,499,866
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.417

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	15,410,606
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.035

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (Worksheet D, Part V, columns 2, 2.01 & 2.02 x (Worksheet B, Part I, column 26 - columns 20 & 23 / Worksheet C, Part I, column 8) less lines 61, 66-68, 74, 94, 95 & 96) (see CR 5999)	33,389,244
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	206,965,800
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.161