

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 prepared cost report Date: Time: 2. ☐ Manually prepared 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.	
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 01/01/2019 and ending 12/31/2019, 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)

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		362,875	91,435			1
2	SUBPROVIDER - IPF		793				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			33			9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		363,668	91,468			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:

							Payment System (P, T, O, or N)			
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
0		1	2	3	4	5	6	7	8	
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 OLTG									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 / 2019	To: 12 / 31 / 2019		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.	1,253	115			3,652		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 OPPS 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	N
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

Teaching Hospitals	1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter 'Y' for yes or 'N' for no in column 2.	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	NAHE MA Y/N 2	3
60	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter 'Y' for yes or 'N' for no in column 2.	Y	Y	60
		1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.	1
		Y/N 1	IME 4	Direct GME 5
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N		61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)			61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)			61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

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

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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WORKSHEET S-2 PART I

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

		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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes or 'N' for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter 'Y' for yes or 'N' for no in column 2. (see instructions)			107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Physical	Occupational	Speech
				Respiratory
				109

		1	2	
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.	1	2	111
112	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	1	2	3
		N		112

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	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
118.02	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

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

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	Removed and reserved			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

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		Title V	Title XIX	
		Part A	Part B			
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	N	N	160
161	CMHC		N	N	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)				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	
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	06/30/2020	Y	06/30/2020	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	
Home Office Costs			
36	Are home office costs claimed on the cost report?	1	2
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		

Cost Report Preparer Contact Information			
41	First name: 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	Hospital 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			42,208	1,124	71,015	1
2	HMO and other (see instructions)						10,596	3,652		2
3	HMO IPF Subprovider						355	1,097		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			42,208	1,124	71,015	7
8	Intensive Care Unit	31	24	8,760			4,274	198	6,686	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						46	1,315	13
14	Total (see instructions)		377	137,605			46,482	1,368	79,016	14
15	CAH Visits									15
16	Subprovider - IPF	40	36	13,140			1,224	316	4,936	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					63,777		89,009	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							1,674	11,208	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				9	247	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)					9,925	262	17,119	1
2	HMO and other (see instructions)					1,909	758		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)		1,945.86			9,925	262	17,119	14
15	CAH Visits								15
16	Subprovider - IPF		46.91			213	299	1,210	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		126.36						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		40.16						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		2,159.29						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	150,305,870		150,305,870	4,715,423.66	31.88	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)		16,092,149	34,441	16,126,590	625,123.00	25.80	10
OTHER WAGES & RELATED COSTS							
11 Contract labor (see instructions)		455,165		455,165	8,336.83	54.60	11
12 Contract management and administrative services							12
13 Contract labor: Physician-Part A - Administrative		723,706		723,706	2,367.50	305.68	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
16.01 Home office Physicians Part A - Teaching							16.01
16.02 Home office contract Physicians Part A - Teaching							16.02
WAGE-RELATED COSTS							
17 Wage-related costs (core)(see instructions)		35,938,242		35,938,242			17
18 Wage-related costs (other)(see instructions)							18
19 Excluded areas		4,869,043		4,869,043			19
20 Non-physician anesthetist Part A							20
21 Non-physician anesthetist Part B							21
22 Physician Part A - Administrative							22
22.01 Physician Part A - Teaching							22.01
23 Physician Part B							23
24 Wage-related costs (RHC/FOHC)							24
25 Interns & residents (in an approved program)							25
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: Physicians Part A - Teaching - wage-related (core)							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26 Employee Benefits Department		963,183		963,183	28,001.57	34.40	26
27 Administrative & General		22,739,216		22,739,216	734,185.60	30.97	27
28 Administrative & General under contract (see instructions)		130,178		130,178	505.20	257.68	28
29 Maintenance & Repairs		2,217,712		2,217,712	65,793.58	33.71	29
30 Operation of Plant							30
31 Laundry & Linen Service		45,450		45,450	2,355.66	19.29	31
32 Housekeeping		3,156,436		3,156,436	165,661.92	19.05	32
33 Housekeeping under contract (see instructions)							33
34 Dietary		2,740,717	-1,338,328	1,402,389	67,774.42	20.69	34
35 Dietary under contract (see instructions)							35
36 Cafeteria			1,338,328	1,338,328	64,678.77	20.69	36
37 Maintenance of Personnel							37
38 Nursing Administration		1,100,095		1,100,095	25,834.10	42.58	38
39 Central Services and Supply		2,138,327		2,138,327	98,128.63	21.79	39
40 Pharmacy		3,748,785	8,272	3,757,057	85,680.27	43.85	40
41 Medical Records & Medical Records Library		3,360,515		3,360,515	121,314.78	27.70	41
42 Social Service		948,114		948,114	28,177.53	33.65	42
43 Other General Service							43

Part III - Hospital Wage Index Summary

1 Net salaries (see instructions)		150,436,048		150,436,048	4,715,928.86	31.90	1
2 Excluded area salaries (see instructions)		16,092,149	34,441	16,126,590	625,123.00	25.80	2
3 Subtotal salaries (line 1 minus line 2)		134,343,899	-34,441	134,309,458	4,090,805.86	32.83	3
4 Subtotal other wages & related costs (see instructions)		1,178,871		1,178,871	10,704.33	110.13	4
5 Subtotal wage-related costs (see instructions)		35,938,242		35,938,242		26.76%	5
6 Total (sum of lines 3 through 5)		171,461,012	-34,441	171,426,571	4,101,510.19	41.80	6
7 Total overhead cost (see instructions)		43,288,728	8,272	43,297,000	1,488,092.03	29.10	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	8,227,349	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	3,050	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)	16,801,560	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	623,074	10
11	Life Insurance (If employee is owner or beneficiary)	144,560	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	424,467	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,757,802	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	12,401,435	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	135,789	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)	160,131	21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	128,068	23
24	Total Wage Related cost (Sum of lines 1-23)	40,807,285	24

Part B - Other Than Core Related Cost

25	Other Wage Related Costs (SPECIFY)		25
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Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	2,415,074		1
2	Hospital	455,165		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	1,959,909		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

Health Financial Systems Compu-Max 2552-10

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7470

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County: 0.01 COUNTY

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		4,891			4,891	1
2	Unduplicated Census Count (see instructions)		2,693.00				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)	0.32		0.32	4
5	Other Administrative Personnel	37.94	1.41	39.35	5
6	Direct Nursing Service	54.03		54.03	6
7	Nursing Supervisor	5.88		5.88	7
8	Physical Therapy Service	11.32	8.80	20.12	8
9	Physical Therapy Supervisor	1.00		1.00	9
10	Occupational Therapy Service	2.04	1.14	3.18	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service	1.07		1.07	12
13	Speech Pathology Supervisor				13
14	Medical Social Service	1.54		1.54	14
15	Medical Social Service Supervisor				15
16	Home Health Aide	6.44		6.44	16
17	Home Health Aide Supervisor				17
18	REGISTERED DIETICIAN	1.09		1.09	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		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers 1	With Outliers 2	3	4	5	
21	Skilled Nursing Visits	25,352	6,341	852	597	33,142	21
22	Skilled Nursing Visit Charges	4,544,912	1,171,022	152,844	107,497	5,976,275	22
23	Physical Therapy Visits	18,549	1,487	218	553	20,807	23
24	Physical Therapy Visit Charges	3,616,470	290,160	42,510	107,835	4,056,975	24
25	Occupational Therapy Visits	2,984	454	7	86	3,531	25
26	Occupational Therapy Visit Charges	578,565	88,530	1,365	16,770	685,230	26
27	Speech Pathology Visits	634	188	15	21	858	27
28	Speech Pathology Visit Charges	123,630	36,660	2,925	4,095	167,310	28
29	Medical Social Service Visits	452	80	7	9	548	29
30	Medical Social Service Visit Charges	128,535	22,800	1,995	2,565	155,895	30
31	Home Health Aide Visits	3,692	1,109	13	77	4,891	31
32	Home Health Aide Visit Charges	395,151	118,663	1,391	8,239	523,444	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	51,663	9,659	1,112	1,343	63,777	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	9,387,263	1,727,835	203,030	247,001	11,565,129	35
36	Total Number of Episodes (standard/non-outlier)	3,356		379	103	3,838	36
37	Total Number of Outlier Episodes		264		12	276	37
38	Total Non-Routine Medical Supply Charges	277,594	230,265	13,060	4,724	525,643	38

Health Financial Systems 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	8	1		9	10
11	Hospice Routine Home Care	29,805	501	1,081	31,387	11
12	Hospice Inpatient Respite Care	99	2	5	106	12
13	Hospice General Inpatient Care	1,431	39	81	1,551	13
14	Total Hospice Days	31,343	543	1,167	33,053	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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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)	0.228752	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	13,493,009	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	128,394,447	6
7	Medicaid cost (line 1 times line 6)	29,370,487	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.	15,877,478	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)	15,877,478	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)	12,934,659	2,761,929	15,696,588	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,958,829	2,761,929	5,720,758	21
22	Payments received from patients for amounts previously written off as charity care	48,797	157,008	205,805	22
23	Cost of charity care (line 21 minus line 22)	2,910,032	2,604,921	5,514,953	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)	966,415	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	592,110	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	910,938	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	55,477	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	331,518	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	5,846,471	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	21,723,949	31

Health Financial Systems Compu-Max 2552-10

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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		18,643,703	18,643,703	13,368,498	32,012,201	-317,601	31,694,600	1
2	00200	Cap Rel Costs-Mvble Equip		15,637,988	15,637,988		15,637,988	-50,499	15,587,489	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	963,183	36,810,212	37,773,395		37,773,395	-134,572	37,638,823	4
5.01	01160	COMMUNICATIONS	374,528	361,486	736,014		736,014	-104,241	631,773	5.01
5.02	00550	DATA PROCESSING	5,854,745	6,168,357	12,023,102		12,023,102	-976,060	11,047,042	5.02
5.03	00560	PURCHASING AND STORES	540,976	19,834	560,810		560,810	-13,476	547,334	5.03
5.04	00570	ADMITTING	2,239,633	27,203	2,266,836		2,266,836		2,266,836	5.04
5.05	00580	CASHIERING	1,781,318	1,447,597	3,228,915		3,228,915	-132,000	3,096,915	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	11,948,016	28,700,826	40,648,842	-948,239	39,700,603	-836,731	38,863,872	5.06
6	00600	Maintenance & Repairs	2,217,712	4,827,567	7,045,279		7,045,279	-135,062	6,910,217	6
6.01	00601	CLINICAL ENGINEERING		4,915,026	4,915,026		4,915,026		4,915,026	6.01
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service	45,450	1,206,202	1,251,652		1,251,652	-11,232	1,240,420	8
9	00900	Housekeeping	3,156,436	814,105	3,970,541		3,970,541		3,970,541	9
10	01000	Dietary	2,740,717	1,956,934	4,697,651	-2,293,924	2,403,727	-56,206	2,347,521	10
11	01100	Cafeteria				2,293,924	2,293,924	-1,512,538	781,386	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,100,095	27,133	1,127,228		1,127,228	-13,535	1,113,693	13
14	01400	Central Services & Supply	2,138,327	1,201,971	3,340,298		3,340,298		3,340,298	14
15	01500	Pharmacy	3,748,785	13,577,430	17,326,215	-13,352,340	3,973,875		3,973,875	15
16	01600	Medical Records & Library	3,360,515	245,597	3,606,112		3,606,112	-46,273	3,559,839	16
17	01700	Social Service	948,114	43,131	991,245		991,245		991,245	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)	234,237	3,899	238,136	4,596	242,732		242,732	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	39,230,030	4,634,872	43,864,902	-3,327,104	40,537,798	-469,236	40,068,562	30
31	03100	Intensive Care Unit	6,214,042	1,161,013	7,375,055	-959,376	6,415,679	-1,565	6,414,114	31
40	04000	Subprovider - IPF	3,564,947	61,047	3,625,994	-27,037	3,598,957		3,598,957	40
43	04300	Nursery								43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	9,157,073	16,699,689	25,856,762	-11,732,192	14,124,570	-1,366,223	12,758,347	50
51	05100	Recovery Room	1,340,281	144,065	1,484,346	-135,630	1,348,716		1,348,716	51
53	05300	Anesthesiology		712,159	712,159	-490,368	221,791	-200,005	21,786	53
54	05400	Radiology-Diagnostic	4,823,904	973,050	5,796,954	-790,019	5,006,935	-1,237	5,005,698	54
54.01	03630	ULTRASOUND	1,162,262	23,621	1,185,883	-21,701	1,164,182		1,164,182	54.01
57	05700	CT Scan	1,241,151	583,831	1,824,982	-501,248	1,323,734		1,323,734	57
58	05800	MRI	397,709	119,275	516,984	-109,132	407,852		407,852	58
59	05900	Cardiac Catheterization	2,215,768	5,145,161	7,360,929	-5,086,819	2,274,110	-19,544	2,254,566	59
60	06000	Laboratory	4,912,311	5,681,053	10,593,364	-448,325	10,145,039	-65,100	10,079,939	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	402,891	1,988,628	2,391,519	30,137	2,421,656		2,421,656	63
64	06400	Intravenous Therapy	1,210,765	412,766	1,623,531	-403,002	1,220,529		1,220,529	64
65	06500	Respiratory Therapy	2,397,277	521,746	2,919,023	-440,476	2,478,547		2,478,547	65
66	06600	Physical Therapy	3,884,261	527,977	4,412,238	-369,354	4,042,884		4,042,884	66
68	06800	Speech Pathology	356,316	1,999	358,315	-1,130	357,185		357,185	68
69	06900	Electrocardiology	1,250,603	122,905	1,373,508	43,865	1,417,373	-5,408	1,411,965	69
70	07000	Electroencephalography	82,281	5,813	88,094	-6,005	82,089		82,089	70
70.01	03290	EMG	61,062	2,211	63,273	-2,457	60,816		60,816	70.01
70.03	03030	ANGIOGRAPHY	1,077,116	749,290	1,826,406	-668,427	1,157,979		1,157,979	70.03
71	07100	Medical Supplies Charged to Patients				27,467,252	27,467,252		27,467,252	71
72	07200	Impl. Dev. Charged to Patients		17,929,135	17,929,135		17,929,135		17,929,135	72
73	07300	Drugs Charged to Patients				13,054,575	13,054,575		13,054,575	73
74	07400	Renal Dialysis		960,109	960,109	-873	959,236		959,236	74
76.97	07697	CARDIAC REHABILITATION	539,524	11,977	551,501	36,249	587,750		587,750	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	990,488	66,878	1,057,366	31,156	1,088,522		1,088,522	90.01
91	09100	Emergency	7,015,373	1,992,539	9,007,912	-1,501,820	7,506,092	-75,200	7,430,892	91
91.01	04951	PRIMARY CARE CENTER PCC	1,092,683	2,620,554	3,713,237	-1,551,327	2,161,910	778,382	2,940,292	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	8,986,264	2,939,770	11,926,034	59,849	11,985,883	-657	11,985,226	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		12,985,711	12,985,711	-12,985,711				113
116	11600	Hospice	2,579,172	885,182	3,464,354	4,526	3,468,880	-447	3,468,433	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)	149,578,341	217,300,227	366,878,568	-1,759,409	365,119,159	-5,766,266	359,352,893	118
		NONREIMBURSABLE COST CENTERS								
192	19200	Physicians' Private Offices	23,991	139,632	163,623	1,758,278	1,921,901	122,417	2,044,318	192
194.01	07950	PRIVATE DUTY NURSING	703,538	31,780	735,318	1,131	736,449	-20	736,429	194.01
200		TOTAL (sum of lines 118-199)	150,305,870	217,471,639	367,777,509		367,777,509	-5,643,869	362,133,640	200

Health Financial Systems Compu-Max 2552-10

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
			COST CENTER	LINE #	SALARY	OTHER
1	INTEREST	1		3		5
500	Total reclassifications	B	Cap Rel Costs-Bldg & Fixt	1		12,985,711
	Code Letter - B					12,985,711
1	SHARED NFS COST	C	Cafeteria	11	1,338,328	955,596
500	Total reclassifications				1,338,328	955,596
	Code Letter - C					
1	PCC DEPRECIATION	D	Laboratory	60		3,308
2	PCC DEPRECIATION	D	Electrocardiology	69		10,859
3	PCC DEPRECIATION	D	OUTPATIENT PSYCH SERVICES	90.01		16,725
4	PCC DEPRECIATION	D	PRIMARY CARE CENTER PCC	91.01		37,004
5	PCC DEPRECIATION	D	Physicians' Private Offices	192		318,723
500	Total reclassifications					386,619
	Code Letter - D					
1	PCC OPERATIONS	E	Laboratory	60		14,709
2	PCC OPERATIONS	E	Electrocardiology	69		48,277
3	PCC OPERATIONS	E	OUTPATIENT PSYCH SERVICES	90.01		74,359
4	PCC OPERATIONS	E	PRIMARY CARE CENTER PCC	91.01		164,520
5	PCC OPERATIONS	E	Physicians' Private Offices	192		1,417,035
500	Total reclassifications					1,718,900
	Code Letter - E					
1	INSURANCE EXPENSE	F	Cap Rel Costs-Bldg & Fixt	1		819,355
500	Total reclassifications					819,355
	Code Letter - F					
1	PCC/LEMONT BLDG INSURANCE	G	Laboratory	60		234
2	PCC/LEMONT BLDG INSURANCE	G	Electrocardiology	69		767
3	PCC/LEMONT BLDG INSURANCE	G	OUTPATIENT PSYCH SERVICES	90.01		1,182
4	PCC/LEMONT BLDG INSURANCE	G	PRIMARY CARE CENTER PCC	91.01		2,615
5	PCC/LEMONT BLDG INSURANCE	G	Home Health Agency	101		1,523
6	PCC/LEMONT BLDG INSURANCE	G	Hospice	116		406
7	PCC/LEMONT BLDG INSURANCE	G	Physicians' Private Offices	192		22,520
8	PCC/LEMONT BLDG INSURANCE	G	PRIVATE DUTY NURSING	194.01		101
500	Total reclassifications					29,348
	Code Letter - G					
1	CHARGEABLE DRUGS	H	Drugs Charged to Patients	73		13,347,744
500	Total reclassifications					13,347,744
	Code Letter - H					
1	IHHA DEPRECIATION	I	Home Health Agency	101		15,451
2	IHHA DEPRECIATION	I	Hospice	116		4,120
3	IHHA DEPRECIATION	I	PRIVATE DUTY NURSING	194.01		1,030
500	Total reclassifications					20,601
	Code Letter - I					
1	ALLOCATE CV ADMINISTRATION	J	Adults & Pediatrics	30	94,525	358
2	ALLOCATE CV ADMINISTRATION	J	Operating Room	50	8,969	34
3	ALLOCATE CV ADMINISTRATION	J	Electrocardiology	69	47,043	178
4	ALLOCATE CV ADMINISTRATION	J	ANGIOGRAPHY	70.03	42,713	162
5	ALLOCATE CV ADMINISTRATION	J	CARDIAC REHABILITATION	76.97	42,713	162
6	ALLOCATE CV ADMINISTRATION	J	Home Health Agency	101	42,713	162
500	Total reclassifications				278,676	1,056
	Code Letter - J					
1	PHARMACY RESIDENCY	K	Pharmacy	15	8,272	
2			PARAMED ED PRGM-(SPECIFY)	23		12,868
500	Total reclassifications				8,272	12,868
	Code Letter - K					
1	MEDICAL SUPPLIES	L	Medical Supplies Charged to P	71		27,467,252
2	MEDICAL SUPPLIES	L	Blood Storing, Processing & T	63		30,137
3	MEDICAL SUPPLIES	L				
4	MEDICAL SUPPLIES	L				
5	MEDICAL SUPPLIES	L				
6	MEDICAL SUPPLIES	L				
7	MEDICAL SUPPLIES	L				
8	MEDICAL SUPPLIES	L				
9	MEDICAL SUPPLIES	L				
10	MEDICAL SUPPLIES	L				
11	MEDICAL SUPPLIES	L				
12	MEDICAL SUPPLIES	L				
13	MEDICAL SUPPLIES	L				

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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	MEDICAL SUPPLIES	L					14
15	MEDICAL SUPPLIES	L					15
16	MEDICAL SUPPLIES	L					16
17	MEDICAL SUPPLIES	L					17
18	MEDICAL SUPPLIES	L					18
19	MEDICAL SUPPLIES	L					19
20	MEDICAL SUPPLIES	L					20
21	MEDICAL SUPPLIES	L					21
22	MEDICAL SUPPLIES	L					22
23	MEDICAL SUPPLIES	L					23
24	MEDICAL SUPPLIES	L					24
25	MEDICAL SUPPLIES	L					25
26	MEDICAL SUPPLIES	L					26
27	MEDICAL SUPPLIES	L					27
500	Total reclassifications					27,497,389	500
	Code Letter - L						
	GRAND TOTAL (Increases)				1,625,276	57,775,187	

(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	INTEREST	B	Interest Expense	113		12,985,711	11	1
500	Total reclassifications					12,985,711		500
	Code letter - B							
1	SHARED NFS COST	C	Dietary	10	1,338,328	955,596		1
500	Total reclassifications				1,338,328	955,596		500
	Code letter - C							
1	PCC DEPRECIATION	D	Cap Rel Costs-Bldg & Fixt	1		386,619	9	1
2	PCC DEPRECIATION	D						2
3	PCC DEPRECIATION	D						3
4	PCC DEPRECIATION	D						4
5	PCC DEPRECIATION	D						5
500	Total reclassifications					386,619		500
	Code letter - D							
1	PCC OPERATIONS	E	PRIMARY CARE CENTER PCC	91.01		1,718,900		1
2	PCC OPERATIONS	E						2
3	PCC OPERATIONS	E						3
4	PCC OPERATIONS	E						4
5	PCC OPERATIONS	E						5
500	Total reclassifications					1,718,900		500
	Code letter - E							
1	INSURANCE EXPENSE	F	ADMINISTRATIVE & GENERAL	5.06		819,355	12	1
500	Total reclassifications					819,355		500
	Code letter - F							
1	PCC/LEMONT BLDG INSURANCE	G	Cap Rel Costs-Bldg & Fixt	1		29,348	12	1
2	PCC/LEMONT BLDG INSURANCE	G						2
3	PCC/LEMONT BLDG INSURANCE	G						3
4	PCC/LEMONT BLDG INSURANCE	G						4
5	PCC/LEMONT BLDG INSURANCE	G						5
6	PCC/LEMONT BLDG INSURANCE	G						6
7	PCC/LEMONT BLDG INSURANCE	G						7
8	PCC/LEMONT BLDG INSURANCE	G						8
500	Total reclassifications					29,348		500
	Code letter - G							
1	CHARGEABLE DRUGS	H	Pharmacy	15		13,347,744		1
500	Total reclassifications					13,347,744		500
	Code letter - H							
1	IHHA DEPRECIATION	I	Cap Rel Costs-Bldg & Fixt	1		20,601	9	1
2	IHHA DEPRECIATION	I						2
3	IHHA DEPRECIATION	I						3
500	Total reclassifications					20,601		500
	Code letter - I							
1	ALLOCATE CV ADMINISTRATION	J	Cardiac Catheterization	59	278,676	1,056		1
2	ALLOCATE CV ADMINISTRATION	J						2
3	ALLOCATE CV ADMINISTRATION	J						3
4	ALLOCATE CV ADMINISTRATION	J						4
5	ALLOCATE CV ADMINISTRATION	J						5
6	ALLOCATE CV ADMINISTRATION	J						6
500	Total reclassifications				278,676	1,056		500
	Code letter - J							
1	PHARMACY RESIDENCY	K	PARAMED ED PRGM-(SPECIFY)	23	8,272			1
2			Pharmacy	15		12,868		2
500	Total reclassifications				8,272	12,868		500
	Code letter - K							
1	MEDICAL SUPPLIES	L	Adults & Pediatrics	30		3,421,987		1
2	MEDICAL SUPPLIES	L	Intensive Care Unit	31		959,376		2
3	MEDICAL SUPPLIES	L	Subprovider - IPF	40		27,037		3
4	MEDICAL SUPPLIES	L	Operating Room	50		11,741,195		4
5	MEDICAL SUPPLIES	L	Recovery Room	51		135,630		5
6	MEDICAL SUPPLIES	L	Anesthesiology	53		490,368		6
7	MEDICAL SUPPLIES	L	Radiology-Diagnostic	54		790,019		7
8	MEDICAL SUPPLIES	L	ULTRASOUND	54.01		21,701		8
9	MEDICAL SUPPLIES	L	CT Scan	57		501,248		9
10	MEDICAL SUPPLIES	L	MRI	58		109,132		10
11	MEDICAL SUPPLIES	L	Cardiac Catheterization	59		4,807,087		11
12	MEDICAL SUPPLIES	L	Laboratory	60		466,576		12

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9		
13	MEDICAL SUPPLIES	L	Intravenous Therapy	64		403,002		13
14	MEDICAL SUPPLIES	L	Respiratory Therapy	65		440,476		14
15	MEDICAL SUPPLIES	L	Physical Therapy	66		369,354		15
16	MEDICAL SUPPLIES	L	Speech Pathology	68		1,130		16
17	MEDICAL SUPPLIES	L	Electrocardiology	69		63,259		17
18	MEDICAL SUPPLIES	L	Electroencephalography	70		6,005		18
19	MEDICAL SUPPLIES	L	EMG	70.01		2,457		19
20	MEDICAL SUPPLIES	L	ANGIOGRAPHY	70.03		711,302		20
21	MEDICAL SUPPLIES	L	Drugs Charged to Patients	73		293,169		21
22	MEDICAL SUPPLIES	L	CARDIAC REHABILITATION	76.97		6,626		22
23	MEDICAL SUPPLIES	L	OUTPATIENT PSYCH SERVICES	90.01		61,110		23
24	MEDICAL SUPPLIES	L	Emergency	91		1,501,820		24
25	MEDICAL SUPPLIES	L	PRIMARY CARE CENTER PCC	91.01		36,566		25
26	MEDICAL SUPPLIES	L	ADMINISTRATIVE & GENERAL	5.06		128,884		26
27	MEDICAL SUPPLIES	L	Renal Dialysis	74		873		27
500	Total reclassifications					27,497,389		500
	Code letter - L							
	GRAND TOTAL (Decreases)				1,625,276	57,775,187		

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

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RECONCILIATION OF CAPITAL COST CENTERS**WORKSHEET A-7
PARTS I, II & III****PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	9,535,479					9,535,479		1
2	Land Improvements	23,561,048	1,028,735		1,028,735		24,589,783	5,662,219	2
3	Buildings and Fixtures	594,233,936	6,175,189		6,175,189		600,409,125	45,261,800	3
4	Building Improvements	2,554,894					2,554,894		4
5	Fixed Equipment								5
6	Movable Equipment	220,458,328	9,166,779		9,166,779	4,947,337	224,677,770	67,225,131	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	850,343,685	16,370,703		16,370,703	4,947,337	861,767,051	118,149,150	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	850,343,685	16,370,703		16,370,703	4,947,337	861,767,051	118,149,150	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	18,643,703						18,643,703	1
2	Cap Rel Costs-Mvble Equip	15,637,988						15,637,988	2
3	Total (sum of lines 1-2)	34,281,691						34,281,691	3

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	636,788,277	2,554,894	634,233,383	0.734335					1
2	Cap Rel Costs-Mvble Equip	229,450,173		229,450,173	0.265665					2
3	Total (sum of lines 1-2)	866,238,450	2,554,894	863,683,556	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	18,236,483		12,668,110	790,007			31,694,600	1
2	Cap Rel Costs-Mvble Equip	15,587,489						15,587,489	2
3	Total (sum of lines 1-2)	33,823,972		12,668,110	790,007			47,282,089	3

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		1
2	Investment income-movable equipment (chapter 2)			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					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	-2,206,657				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	-1,512,538	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	-46,273	Medical Records & Library	16		18
19	Nursing and allied health education (tuition, fees, books, etc.)						19
20	Vending machines	B					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					33
34	TV DEPRECIATION	A	-50,499	Cap Rel Costs-Mvble Equip	2	9	34
35	INTEREST EXPENSE	B	-317,601	Cap Rel Costs-Bldg & Fixt	1	11	35
36	LIFELINE	B	-10,306	ADMINISTRATIVE & GENERAL	5.06		36
37	MISC INCOME	B	219,124	ADMINISTRATIVE & GENERAL	5.06		37
37.10	MISC INCOME	B	-13,535	Nursing Administration	13		37.10
37.20	BABY PHOTO REVENUE	B	-1,231	ADMINISTRATIVE & GENERAL	5.06		37.20
37.30	SILVER SALES	B	-2,537	ADMINISTRATIVE & GENERAL	5.06		37.30
37.40	DISCOUNTS	B	-44,521	ADMINISTRATIVE & GENERAL	5.06		37.40
37.50	HOME DELIVERED MEALS	B	-29,740	Dietary	10		37.50
38	CABLE TV	A	-1,237	Radiology-Diagnostic	54		38
38.10	CABLE TV	A	-3,726	PRIMARY CARE CENTER PCC	91.01		38.10
39	VISITOR MEALS	A	-26,466	Dietary	10		39
40	LOBBYING	A	-39,182	ADMINISTRATIVE & GENERAL	5.06		40
40.10	LOBBYING	A	-657	Home Health Agency	101		40.10
40.20	LOBBYING	A	-447	Hospice	116		40.20
40.30	LOBBYING	A	-20	PRIVATE DUTY NURSING	194.01		40.30
41	REAL ESTATE TAXES	A	122,417	Physicians' Private Offices	192		41
41.10	REAL ESTATE TAXES	A	782,108	PRIMARY CARE CENTER PCC	91.01		41.10
42	FUNDRAISING DONATIONS	A	-3,449	ADMINISTRATIVE & GENERAL	5.06		42
43	ADVERTISING EXPENSE	A	-814,643	ADMINISTRATIVE & GENERAL	5.06		43
44	NON-ALLOWABLE EXPENSE	A	-2,500	ADMINISTRATIVE & GENERAL	5.06		44
45	FALL GALA	A					45
46	REIMBURSEMENT INTERCOMPANY	B	-134,572	Employee Benefits Department	4		46
46.10	REIMBURSEMENT INTERCOMPANY	B	-976,060	DATA PROCESSING	5.02		46.10
46.20	REIMBURSEMENT INTERCOMPANY	B	-13,476	PURCHASING AND STORES	5.03		46.20
46.30	REIMBURSEMENT INTERCOMPANY	B	-132,000	CASHIERING	5.05		46.30
46.40	REIMBURSEMENT INTERCOMPANY	B	-381,702	ADMINISTRATIVE & GENERAL	5.06		46.40
46.50	REIMBURSEMENT INTERCOMPANY	B	-135,062	Maintenance & Repairs	6		46.50
46.60	REIMBURSEMENT INTERCOMPANY	B	-11,232	Laundry & Linen Service	8		46.60
47	OFFSET TO NET PROVIDER TAX	A	248,592	ADMINISTRATIVE & GENERAL	5.06		47
48							48
49							49

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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	
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-5,643,869				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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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.

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

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

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

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

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

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

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

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

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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 ADMINISTRATIVE	13,938		13,938	211,500	112	11,388	569	1
2	5.06	ADMINISTRATIVE & GEN ADMINISTRATIVE	5,588		5,588	211,500	37	3,762	188	2
3	30	Adults & Pediatrics ADULTS & PEDIAT	412,500		412,500	211,500	1,456	148,050	7,403	3
4	30	Adults & Pediatrics ADULTS & PEDIAT	185,500		185,500	211,500	86	8,745	437	4
5	30	Adults & Pediatrics ADULTS & PEDIAT	28,031	28,031						5
6	31	Intensive Care Unit INTENSIVE CARE	6,548		6,548	211,500	49	4,983	249	6
7	50	Operating Room OPERATING ROOM	40,008		40,008	211,500	288	29,285	1,464	7
8	50	Operating Room OPERATING ROOM	405,500	405,500						8
9	50	Operating Room OPERATING ROOM	950,000	950,000						9
10	53	Anesthesiology ANESTHESIOLOGY	200,005	200,005						10
11	59	Cardiac Catheterizat CARDIAC CATHETE	9,900		9,900	211,500	45	4,576	229	11
12	59	Cardiac Catheterizat CARDIAC CATHETE	38,725		38,725	211,500	241	24,505	1,225	12
13	60	Laboratory LABORATORY	65,100	65,100		260,300				13
14	69	Electrocardiology ELECTROCARDIOLO	11,000		11,000	211,500	55	5,592	280	14
15	91	Emergency EMERGENCY	75,200	75,200						15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,447,543	1,723,836	723,707		2,369	240,886	12,044	200

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 ADMINISTRATIVE					11,388	2,550	2,550	1
2	5.06	ADMINISTRATIVE & GEN ADMINISTRATIVE					3,762	1,826	1,826	2
3	30	Adults & Pediatrics ADULTS & PEDIAT					148,050	264,450	264,450	3
4	30	Adults & Pediatrics ADULTS & PEDIAT					8,745	176,755	176,755	4
5	30	Adults & Pediatrics ADULTS & PEDIAT							28,031	5
6	31	Intensive Care Unit INTENSIVE CARE					4,983	1,565	1,565	6
7	50	Operating Room OPERATING ROOM					29,285	10,723	10,723	7
8	50	Operating Room OPERATING ROOM							405,500	8
9	50	Operating Room OPERATING ROOM							950,000	9
10	53	Anesthesiology ANESTHESIOLOGY							200,005	10
11	59	Cardiac Catheterizat CARDIAC CATHETE					4,576	5,324	5,324	11
12	59	Cardiac Catheterizat CARDIAC CATHETE					24,505	14,220	14,220	12
13	60	Laboratory LABORATORY							65,100	13
14	69	Electrocardiology ELECTROCARDIOLO					5,592	5,408	5,408	14
15	91	Emergency EMERGENCY							75,200	15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					240,886	482,821	2,206,657	200

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	31,694,600	31,694,600					1
2	Cap Rel Costs-Mvble Equip	15,587,489		15,587,489				2
4	Employee Benefits Department	37,638,823	132,211	3,665	37,774,699			4
5.01	COMMUNICATIONS	631,773		87,524	133,737	853,034		5.01
5.02	DATA PROCESSING	11,047,042	265,337	2,244,834	1,103,051	37,609	14,697,873	5.02
5.03	PURCHASING AND STORES	547,334	200,374	10,911	137,386	3,622	152,073	5.03
5.04	ADMITTING	2,266,836		558	734,363	8,636	699,537	5.04
5.05	CASHIERING	3,096,915	943,243	3,570	508,612	29,530	699,537	5.05
5.06	ADMINISTRATIVE & GENERAL	38,863,872	2,723,784	8,595,448	2,083,153	58,503	5,073,541	5.06
6	Maintenance & Repairs	6,910,217	3,563,641	655,155	501,632	16,158		6
6.01	CLINICAL ENGINEERING	4,915,026	38,423	105,992		3,064	30,415	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	1,240,420	132,638	94	17,292			8
9	Housekeeping	3,970,541	50,977	21,950	1,263,440	5,015		9
10	Dietary	2,347,521	894,643	123,734	993,428		60,829	10
11	Cafeteria	781,386						11
12	Maintenance of Personnel							12
13	Nursing Administration	1,113,693	128,677	7,392	197,036	10,308	228,110	13
14	Central Services & Supply	3,340,298	1,849,922	553,449	747,530	15,601	182,488	14
15	Pharmacy	3,973,875	600,481	132,984	653,454	18,387	798,384	15
16	Medical Records & Library	3,559,839	200,617	1,759	908,712	17,830	1,026,494	16
17	Social Service	991,245		30	214,962	4,457	60,829	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)	242,732	8,379		72,342	279		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	40,068,562	9,051,157	378,040	8,958,306	254,351	1,102,531	30
31	Intensive Care Unit	6,414,114	931,604	33,491	1,225,365	19,501		31
40	Subprovider - IPF	3,598,957	547,341	17,645	749,592	13,651	114,055	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	12,758,347	3,099,210	699,217	1,908,486	63,239	1,254,604	50
51	Recovery Room	1,348,716	247,969	12,439	254,782	6,965	85,541	51
53	Anesthesiology	21,786		78,639		3,900		53
54	Radiology-Diagnostic	5,005,698	1,001,899	412,817	1,389,562	28,416		54
54.01	ULTRASOUND	1,164,182	97,810	58,052	207,665			54.01
57	CT Scan	1,323,734	68,863	33,918	236,538			57
58	MRI	407,852	58,625	112,152	72,024			58
59	Cardiac Catheterization	2,254,566	703,746	410,225	391,057	9,193		59
60	Laboratory	10,079,939	1,331,711	146,628	1,345,459	35,102	1,368,659	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,421,656		2,281	83,129			63
64	Intravenous Therapy	1,220,529		922	213,059	4,457		64
65	Respiratory Therapy	2,478,547	29,770	46,983	560,648	8,079	79,838	65
66	Physical Therapy	4,042,884	211,556	11,857	778,783	20,337	114,055	66
68	Speech Pathology	357,185		1,091	62,188		532,256	68
69	Electrocardiology	1,411,965	378,077	63,409	307,928	12,815		69
70	Electroencephalography	82,089	35,346	3,627	23,162	1,114		70
70.01	EMG	60,816	7,343	674	19,989	2,786		70.01
70.03	ANGIOGRAPHY	1,157,979	61,367	83,198	188,310	836		70.03
71	Medical Supplies Charged to Patients	27,467,252						71
72	Impl. Dev. Charged to Patients	17,929,135						72
73	Drugs Charged to Patients	13,054,575						73
74	Renal Dialysis	959,236		428				74
76.97	CARDIAC REHABILITATION	587,750	211,556	1,146	105,340			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	1,088,522		142	202,430			90.01
91	Emergency	7,430,892	1,186,519	192,251	1,615,788	46,245	349,768	91
91.01	PRIMARY CARE CENTER PCC	2,940,292		207,386	318,874	24,237		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	11,985,226	134,801	29,300	1,934,345	23,958	684,329	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	3,468,433		132	583,968			116
118	SUBTOTALS (sum of lines 1-117)	359,352,893	31,129,617	15,587,139	34,006,907	808,181	14,697,873	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	2,044,318	564,983	350	3,465,417	44,853		192
194.01	PRIVATE DUTY NURSING	736,429			302,375			194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	362,133,640	31,694,600	15,587,489	37,774,699	853,034	14,697,873	202

Health Financial Systems Compu-Max 2552-10

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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		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	1,051,700						5.03
5.04	ADMITTING	4,318	3,714,248					5.04
5.05	CASHIERING	4,635		5,286,042				5.05
5.06	ADMINISTRATIVE & GENERAL	32,249			57,430,550	57,430,550		5.06
6	Maintenance & Repairs				11,646,803	2,195,189	13,841,992	6
6.01	CLINICAL ENGINEERING	7,924			5,100,844	961,407	22,285	6.01
7	Operation of Plant							7
8	Laundry & Linen Service				1,390,444	262,071	76,928	8
9	Housekeeping	8,439			5,320,362	1,002,782	29,566	9
10	Dietary	8,914			4,429,069	834,791	518,882	10
11	Cafeteria				781,386	147,276		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,813			1,688,029	318,160	74,631	13
14	Central Services & Supply	83,515			6,772,803	1,276,538	1,072,932	14
15	Pharmacy	11,133			6,188,698	1,166,446	351,453	15
16	Medical Records & Library	7,210			5,722,461	1,078,569	116,356	16
17	Social Service	1,109			1,272,632	239,866		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)				323,732	61,017	1,679	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	37,082	641,268	912,163	61,403,460	11,573,436	5,249,557	30
31	Intensive Care Unit	7,131	97,088	138,189	8,866,483	1,671,155	540,319	31
40	Subprovider - IPF	6,180	49,100	69,885	5,166,406	973,764	317,451	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	388,498	497,197	707,678	21,376,476	4,029,038	1,797,504	50
51	Recovery Room	2,575	42,394	60,340	2,061,721	388,593	143,819	51
53	Anesthesiology	20,245	122,341	174,132	421,043	79,358		53
54	Radiology-Diagnostic	20,601	96,480	137,323	8,092,796	1,525,330	581,089	54
54.01	ULTRASOUND	3,288	56,209	80,004	1,667,210	314,236	56,729	54.01
57	CT Scan	7,646	296,313	421,753	2,388,765	450,234	39,940	57
58	MRI	3,605	45,177	64,301	763,736	143,949	34,002	58
59	Cardiac Catheterization	135,731	92,219	131,259	4,127,996	778,045	408,164	59
60	Laboratory	67,271	602,883	858,105	15,835,757	2,984,723	772,376	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,011	29,165	41,512	2,580,754	486,421		63
64	Intravenous Therapy	5,031	7,048	10,031	1,461,077	275,384		64
65	Respiratory Therapy	17,670	196,828	280,153	3,698,516	697,096	17,266	65
66	Physical Therapy	17,115	37,162	52,894	5,286,643	996,426	122,700	66
68	Speech Pathology	238	6,751	9,609	969,318	182,697		68
69	Electrocardiology	5,705	108,078	153,832	2,441,809	460,232	219,280	69
70	Electroencephalography	792	3,858	5,491	155,479	29,305	20,500	70
70.01	EMG	1,030	207	294	93,139	17,555	4,259	70.01
70.03	ANGIOGRAPHY	34,943	30,829	43,880	1,601,342	301,821	35,592	70.03
71	Medical Supplies Charged to Patients		48,060	68,406	27,583,718	5,198,979		71
72	Impl. Dev. Charged to Patients		108,351	154,221	18,191,707	3,428,773		72
73	Drugs Charged to Patients		208,962	297,423	13,560,960	2,555,970		73
74	Renal Dialysis	3,803	18,268	26,001	1,007,736	189,938		74
76.97	CARDIAC REHABILITATION	3,011	1,957	2,786	913,546	172,185	122,700	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	4,200	20	28	1,295,342	244,146		90.01
91	Emergency	27,653	269,769	383,971	11,502,856	2,168,058	688,167	91
91.01	PRIMARY CARE CENTER PCC	16,679	266	378	3,508,112	661,209		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	15,728			14,807,687	2,790,953	78,183	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	555			4,053,088	763,926		116
118	SUBTOTALS (sum of lines 1-117)	1,029,276	3,714,248	5,286,042	354,952,491	56,077,047	13,514,309	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	22,226			6,142,147	1,157,672	327,683	192
194.01	PRIVATE DUTY NURSING	198			1,039,002	195,831		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)		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)	1,051,700	3,714,248	5,286,042	362,133,640	57,430,550	13,841,992	202

Health Financial Systems Compu-Max 2552-10

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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	
	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	6,084,536						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		1,729,443					8
9	Housekeeping		68,303	6,421,013				9
10	Dietary			161,056	5,943,798			10
11	Cafeteria					928,662		11
12	Maintenance of Personnel							12
13	Nursing Administration	127,881				7,747	2,216,448	13
14	Central Services & Supply	1,264,045	208,462	187,534		29,393		14
15	Pharmacy		273	41,145		25,694		15
16	Medical Records & Library			77,433		35,730		16
17	Social Service					8,452		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)			190		2,844		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	731,039	719,373	3,165,457	4,858,728	352,241	1,279,450	30
31	Intensive Care Unit	133,520	100,543	204,487	412,697	48,181	175,010	31
40	Subprovider - IPF	11,076	23,223	160,675	305,319	29,474	107,059	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	821,865	180,321	736,325		75,042	272,575	50
51	Recovery Room	45,312	21,037	43,907		10,018	36,389	51
53	Anesthesiology	207,765		65,861				53
54	Radiology-Diagnostic	1,144,824	85,516	219,298		54,637		54
54.01	ULTRASOUND	72,433		28,859		8,165		54.01
57	CT Scan	34,102		15,287		9,301		57
58	MRI	23,428		13,144		2,832		58
59	Cardiac Catheterization	193,467	18,305	133,579		15,376	55,852	59
60	Laboratory	216,224		157,199		52,903		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	34,504				3,269		63
64	Intravenous Therapy	8,727				8,377	30,430	64
65	Respiratory Therapy	277,043		10,667		22,045		65
66	Physical Therapy	70,687	1,639	90,481		30,622		66
68	Speech Pathology	197,226				2,445		68
69	Electrocardiology		28,141	87,481		12,108		69
70	Electroencephalography		820	6,905		911		70
70.01	EMG	8,861				786		70.01
70.03	ANGIOGRAPHY	74,178		20,573		7,404		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	31,417	10,655			4,142		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES				14,242		28,912	90.01
91	Emergency	303,223	206,823	555,220	352,812	63,533	230,771	91
91.01	PRIMARY CARE CENTER PCC	43,835	25,955	61,860				91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	7,854				3,119		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice					1,871		116
118	SUBTOTALS (sum of lines 1-117)	6,084,536	1,699,389	6,244,623	5,943,798	928,662	2,216,448	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		30,054	176,390				192
194.01	PRIVATE DUTY NURSING							194.01

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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)	6,084,536	1,729,443	6,421,013	5,943,798	928,662	2,216,448	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	10,811,707						14
15	Pharmacy		7,773,709					15
16	Medical Records & Library			7,030,549				16
17	Social Service				1,520,950			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)					389,462		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		390	4,912,232	1,367,319		95,612,682	30
31	Intensive Care Unit		59	400,272	46,089		12,598,815	31
40	Subprovider - IPF		3	296,027			7,390,477	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		431	95,528			29,385,105	50
51	Recovery Room			363			2,751,159	51
53	Anesthesiology						774,027	53
54	Radiology-Diagnostic		6,575	109,330			11,819,395	54
54.01	ULTRASOUND		8	32,690			2,180,330	54.01
57	CT Scan		8	229,557			3,167,194	57
58	MRI		3	23,610			1,004,704	58
59	Cardiac Catheterization		11,633	75,550			5,817,967	59
60	Laboratory		21	286,583			20,305,786	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		4,976	5,448			3,115,372	63
64	Intravenous Therapy		398				1,784,393	64
65	Respiratory Therapy		5	10,897			4,733,535	65
66	Physical Therapy		16,188	53,757			6,669,143	66
68	Speech Pathology			2,543			1,354,229	68
69	Electrocardiology		98	66,470			3,315,619	69
70	Electroencephalography			1,090			215,010	70
70.01	EMG			1,453			126,053	70.01
70.03	ANGIOGRAPHY		2,410	8,717			2,052,037	70.03
71	Medical Supplies Charged to Patients	10,619,655					43,402,352	71
72	Impl. Dev. Charged to Patients						21,620,480	72
73	Drugs Charged to Patients		7,344,752			389,462	23,851,144	73
74	Renal Dialysis			726			1,198,400	74
76.97	CARDIAC REHABILITATION			7,264			1,261,909	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES						1,582,642	90.01
91	Emergency		80	3,995	107,542		16,183,080	91
91.01	PRIMARY CARE CENTER PCC		40	406,447			4,707,458	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	93,286	2,384				17,783,466	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,567	151,645				4,972,097	116
118	SUBTOTALS (sum of lines 1-117)	10,714,508	7,542,107	7,030,549	1,520,950	389,462	352,736,060	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	48,711	231,602				8,114,259	192
194.01	PRIVATE DUTY NURSING	48,488					1,283,321	194.01

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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)	10,811,707	7,773,709	7,030,549	1,520,950	389,462	362,133,640	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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		95,612,682					30
31	Intensive Care Unit		12,598,815					31
40	Subprovider - IPF		7,390,477					40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		29,385,105					50
51	Recovery Room		2,751,159					51
53	Anesthesiology		774,027					53
54	Radiology-Diagnostic		11,819,395					54
54.01	ULTRASOUND		2,180,330					54.01
57	CT Scan		3,167,194					57
58	MRI		1,004,704					58
59	Cardiac Catheterization		5,817,967					59
60	Laboratory		20,305,786					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		3,115,372					63
64	Intravenous Therapy		1,784,393					64
65	Respiratory Therapy		4,733,535					65
66	Physical Therapy		6,669,143					66
68	Speech Pathology		1,354,229					68
69	Electrocardiology		3,315,619					69
70	Electroencephalography		215,010					70
70.01	EMG		126,053					70.01
70.03	ANGIOGRAPHY		2,052,037					70.03
71	Medical Supplies Charged to Patients		43,402,352					71
72	Impl. Dev. Charged to Patients		21,620,480					72
73	Drugs Charged to Patients		23,851,144					73
74	Renal Dialysis		1,198,400					74
76.97	CARDIAC REHABILITATION		1,261,909					76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES		1,582,642					90.01
91	Emergency		16,183,080					91
91.01	PRIMARY CARE CENTER PCC		4,707,458					91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		17,783,466					101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		4,972,097					116
118	SUBTOTALS (sum of lines 1-117)		352,736,060					118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		8,114,259					192
194.01	PRIVATE DUTY NURSING		1,283,321					194.01

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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)		362,133,640					202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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		132,211	3,665	135,876	135,876		4
5.01	COMMUNICATIONS			87,524	87,524	481	88,005	5.01
5.02	DATA PROCESSING		265,337	2,244,834	2,510,171	3,968	3,880	5.02
5.03	PURCHASING AND STORES		200,374	10,911	211,285	494	374	5.03
5.04	ADMITTING			558	558	2,642	891	5.04
5.05	CASHIERING		943,243	3,570	946,813	1,829	3,047	5.05
5.06	ADMINISTRATIVE & GENERAL		2,723,784	8,595,448	11,319,232	7,493	6,036	5.06
6	Maintenance & Repairs		3,563,641	655,155	4,218,796	1,804	1,667	6
6.01	CLINICAL ENGINEERING		38,423	105,992	144,415		316	6.01
7	Operation of Plant							7
8	Laundry & Linen Service		132,638	94	132,732	62		8
9	Housekeeping		50,977	21,950	72,927	4,545	517	9
10	Dietary		894,643	123,734	1,018,377	3,573		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration		128,677	7,392	136,069	709	1,063	13
14	Central Services & Supply		1,849,922	553,449	2,403,371	2,689	1,609	14
15	Pharmacy		600,481	132,984	733,465	2,350	1,897	15
16	Medical Records & Library		200,617	1,759	202,376	3,269	1,839	16
17	Social Service			30	30	773	460	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)		8,379		8,379	260	29	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		9,051,157	378,040	9,429,197	32,223	26,243	30
31	Intensive Care Unit		931,604	33,491	965,095	4,408	2,012	31
40	Subprovider - IPF		547,341	17,645	564,986	2,696	1,408	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,099,210	699,217	3,798,427	6,865	6,524	50
51	Recovery Room		247,969	12,439	260,408	916	719	51
53	Anesthesiology			78,639	78,639		402	53
54	Radiology-Diagnostic		1,001,899	412,817	1,414,716	4,998	2,932	54
54.01	ULTRASOUND		97,810	58,052	155,862	747		54.01
57	CT Scan		68,863	33,918	102,781	851		57
58	MRI		58,625	112,152	170,777	259		58
59	Cardiac Catheterization		703,746	410,225	1,113,971	1,407	948	59
60	Laboratory		1,331,711	146,628	1,478,339	4,840	3,621	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			2,281	2,281	299		63
64	Intravenous Therapy			922	922	766	460	64
65	Respiratory Therapy		29,770	46,983	76,753	2,017	833	65
66	Physical Therapy		211,556	11,857	223,413	2,801	2,098	66
68	Speech Pathology			1,091	1,091	224		68
69	Electrocardiology		378,077	63,409	441,486	1,108	1,322	69
70	Electroencephalography		35,346	3,627	38,973	83	115	70
70.01	EMG		7,343	674	8,017	72	287	70.01
70.03	ANGIOGRAPHY		61,367	83,198	144,565	677	86	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			428	428			74
76.97	CARDIAC REHABILITATION		211,556	1,146	212,702	379		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES			142	142	728		90.01
91	Emergency		1,186,519	192,251	1,378,770	5,812	4,771	91
91.01	PRIMARY CARE CENTER PCC			207,386	207,386	1,147	2,500	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		134,801	29,300	164,101	6,958	2,472	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice			132	132	2,101		116
118	SUBTOTALS (sum of lines 1-117)		31,129,617	15,587,139	46,716,756	122,323	83,378	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		564,983	350	565,333	12,465	4,627	192
194.01	PRIVATE DUTY NURSING					1,088		194.01

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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)		31,694,600	15,587,489	47,282,089	135,876	88,005	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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		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	2,518,019						5.02
5.03	PURCHASING AND STORES	26,053	238,206					5.03
5.04	ADMITTING	119,844	978	124,913				5.04
5.05	CASHIERING	119,844	1,050		1,072,583			5.05
5.06	ADMINISTRATIVE & GENERAL	869,190	7,304			12,209,255		5.06
6	Maintenance & Repairs					466,676	4,688,943	6
6.01	CLINICAL ENGINEERING	5,211	1,795			204,386	7,549	6.01
7	Operation of Plant							7
8	Laundry & Linen Service					55,714	26,059	8
9	Housekeeping		1,911			213,182	10,015	9
10	Dietary	10,421	2,019			177,468	175,770	10
11	Cafeteria					31,309		11
12	Maintenance of Personnel							12
13	Nursing Administration	39,079	637			67,638	25,281	13
14	Central Services & Supply	31,264	18,916			271,379	363,453	14
15	Pharmacy	136,778	2,522			247,975	119,054	15
16	Medical Records & Library	175,858	1,633			229,293	39,415	16
17	Social Service	10,421	251			50,993		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)					12,972	569	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	188,884	8,399	21,356	185,249	2,460,481	1,778,275	30
31	Intensive Care Unit		1,615	3,272	28,035	355,271	183,032	31
40	Subprovider - IPF	19,540	1,400	1,655	14,178	207,013	107,536	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	214,937	87,994	16,755	143,567	856,534	608,900	50
51	Recovery Room	14,655	583	1,429	12,241	82,611	48,718	51
53	Anesthesiology		4,585	4,123	35,326	16,871		53
54	Radiology-Diagnostic		4,666	3,251	27,859	324,270	196,843	54
54.01	ULTRASOUND		745	1,894	16,230	66,803	19,217	54.01
57	CT Scan		1,732	9,985	85,561	95,715	13,530	57
58	MRI		817	1,522	13,045	30,602	11,518	58
59	Cardiac Catheterization		30,743	3,108	26,629	165,405	138,265	59
60	Laboratory	234,477	15,237	20,316	174,084	634,523	261,641	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		682	983	8,422	103,408		63
64	Intravenous Therapy		1,140	237	2,035	58,544		64
65	Respiratory Therapy	13,678	4,002	6,633	56,835	148,196	5,849	65
66	Physical Therapy	19,540	3,876	1,252	10,731	211,830	41,564	66
68	Speech Pathology	91,185	54	228	1,949	38,840		68
69	Electrocardiology		1,292	3,642	31,208	97,841	74,281	69
70	Electroencephalography		179	130	1,114	6,230	6,944	70
70.01	EMG		233	7	60	3,732	1,443	70.01
70.03	ANGIOGRAPHY		7,914	1,039	8,902	64,164	12,057	70.03
71	Medical Supplies Charged to Patients			1,620	13,878	1,105,252		71
72	Impl. Dev. Charged to Patients			3,651	31,287	728,924		72
73	Drugs Charged to Patients			7,042	60,338	543,374		73
74	Renal Dialysis		861	616	5,275	40,379		74
76.97	CARDIAC REHABILITATION		682	66	565	36,605	41,564	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES		951	1	6	51,903		90.01
91	Emergency	59,922	6,263	9,091	77,897	460,908	233,115	91
91.01	PRIMARY CARE CENTER PCC		3,778	9	77	140,567		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	117,238	3,562			593,329	26,484	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		126			162,403		116
118	SUBTOTALS (sum of lines 1-117)	2,518,019	233,127	124,913	1,072,583	11,921,513	4,577,941	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		5,034			246,110	111,002	192
194.01	PRIVATE DUTY NURSING		45			41,632		194.01

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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		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)	2,518,019	238,206	124,913	1,072,583	12,209,255	4,688,943	202

Health Financial Systems Compu-Max 2552-10

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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	363,672						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		214,567					8
9	Housekeeping		8,474	311,571				9
10	Dietary			7,815	1,395,443			10
11	Cafeteria					31,309		11
12	Maintenance of Personnel							12
13	Nursing Administration	7,643				261	278,380	13
14	Central Services & Supply	75,553	25,863	9,100		991		14
15	Pharmacy		34	1,997		866		15
16	Medical Records & Library			3,757		1,205		16
17	Social Service					285		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)			9		96		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	43,694	89,251	153,599	1,140,697	11,877	160,696	30
31	Intensive Care Unit	7,980	12,474	9,922	96,890	1,624	21,981	31
40	Subprovider - IPF	662	2,881	7,797	71,681	994	13,446	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	49,123	22,372	35,729		2,530	34,235	50
51	Recovery Room	2,708	2,610	2,131		338	4,570	51
53	Anesthesiology	12,418		3,196				53
54	Radiology-Diagnostic	68,426	10,610	10,641		1,842		54
54.01	ULTRASOUND	4,329		1,400		275		54.01
57	CT Scan	2,038		742		314		57
58	MRI	1,400		638		95		58
59	Cardiac Catheterization	11,563	2,271	6,482		518	7,015	59
60	Laboratory	12,924		7,628		1,784		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,062				110		63
64	Intravenous Therapy	522				282	3,822	64
65	Respiratory Therapy	16,559		518		743		65
66	Physical Therapy	4,225	203	4,390		1,032		66
68	Speech Pathology	11,788				82		68
69	Electrocardiology		3,491	4,245		408		69
70	Electroencephalography		102	335		31		70
70.01	EMG	530				26		70.01
70.03	ANGIOGRAPHY	4,434		998		250		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	1,878	1,322			140		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES				3,344		3,631	90.01
91	Emergency	18,124	25,660	26,941	82,831	2,142	28,984	91
91.01	PRIMARY CARE CENTER PCC	2,620	3,220	3,002				91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	469				105		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice					63		116
118	SUBTOTALS (sum of lines 1-117)	363,672	210,838	303,012	1,395,443	31,309	278,380	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		3,729	8,559				192
194.01	PRIVATE DUTY NURSING							194.01

Health Financial Systems Compu-Max 2552-10

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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)	363,672	214,567	311,571	1,395,443	31,309	278,380	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	3,204,188						14
15	Pharmacy		1,246,938					15
16	Medical Records & Library			658,645				16
17	Social Service				63,213			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)					22,314		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		63	460,194	56,827		16,247,205	30
31	Intensive Care Unit		9	37,499	1,916		1,733,035	31
40	Subprovider - IPF		1	27,733			1,045,607	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		69	8,949			5,893,510	50
51	Recovery Room			34			434,671	51
53	Anesthesiology						155,560	53
54	Radiology-Diagnostic		1,055	10,242			2,082,351	54
54.01	ULTRASOUND		1	3,063			270,566	54.01
57	CT Scan		1	21,506			334,756	57
58	MRI		1	2,212			232,886	58
59	Cardiac Catheterization		1,866	7,078			1,517,269	59
60	Laboratory		3	26,848			2,876,265	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		798	510			119,555	63
64	Intravenous Therapy		64				68,794	64
65	Respiratory Therapy		1	1,021			333,638	65
66	Physical Therapy		2,597	5,036			534,588	66
68	Speech Pathology			238			145,679	68
69	Electrocardiology		16	6,227			666,567	69
70	Electroencephalography			102			54,338	70
70.01	EMG			136			14,543	70.01
70.03	ANGIOGRAPHY		387	817			246,290	70.03
71	Medical Supplies Charged to Patients	3,147,272					4,268,022	71
72	Impl. Dev. Charged to Patients						763,862	72
73	Drugs Charged to Patients		1,178,130				1,788,884	73
74	Renal Dialysis			68			47,627	74
76.97	CARDIAC REHABILITATION			681			296,584	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES						60,706	90.01
91	Emergency		13	374	4,470		2,426,088	91
91.01	PRIMARY CARE CENTER PCC		6	38,077			402,389	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	27,646	382				942,746	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	464	24,325				189,614	116
118	SUBTOTALS (sum of lines 1-117)	3,175,382	1,209,788	658,645	63,213		46,194,195	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	14,436	37,150				1,008,445	192
194.01	PRIVATE DUTY NURSING	14,370					57,135	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					22,314	22,314	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,204,188	1,246,938	658,645	63,213	22,314	47,282,089	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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		16,247,205					30
31	Intensive Care Unit		1,733,035					31
40	Subprovider - IPF		1,045,607					40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		5,893,510					50
51	Recovery Room		434,671					51
53	Anesthesiology		155,560					53
54	Radiology-Diagnostic		2,082,351					54
54.01	ULTRASOUND		270,566					54.01
57	CT Scan		334,756					57
58	MRI		232,886					58
59	Cardiac Catheterization		1,517,269					59
60	Laboratory		2,876,265					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		119,555					63
64	Intravenous Therapy		68,794					64
65	Respiratory Therapy		333,638					65
66	Physical Therapy		534,588					66
68	Speech Pathology		145,679					68
69	Electrocardiology		666,567					69
70	Electroencephalography		54,338					70
70.01	EMG		14,543					70.01
70.03	ANGIOGRAPHY		246,290					70.03
71	Medical Supplies Charged to Patients		4,268,022					71
72	Impl. Dev. Charged to Patients		763,862					72
73	Drugs Charged to Patients		1,788,884					73
74	Renal Dialysis		47,627					74
76.97	CARDIAC REHABILITATION		296,584					76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES		60,706					90.01
91	Emergency		2,426,088					91
91.01	PRIMARY CARE CENTER PCC		402,389					91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		942,746					101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		189,614					116
118	SUBTOTALS (sum of lines 1-117)		46,194,195					118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		1,008,445					192
194.01	PRIVATE DUTY NURSING		57,135					194.01

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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		22,314					200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		47,282,089					202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 REQUI SIT	
		1	2	4	5.01	5.02	5.03	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	1,040,175						1
2	Cap Rel Costs-Mvble Equip		32,872,028					2
4	Employee Benefits Department	4,339	7,730	238,110				4
5.01	COMMUNICATIONS		184,576	843	3,062			5.01
5.02	DATA PROCESSING	8,708	4,734,069	6,953	135	7,732		5.02
5.03	PURCHASING AND STORES	6,576	23,010	866	13	80	26,546	5.03
5.04	ADMITTING		1,176	4,629	31	368	109	5.04
5.05	CASHIERING	30,956	7,529	3,206	106	368	117	5.05
5.06	ADMINISTRATIVE & GENERAL	89,391	18,126,711	13,131	210	2,669	814	5.06
6	Maintenance & Repairs	116,954	1,381,639	3,162	58			6
6.01	CLINICAL ENGINEERING	1,261	223,523		11	16	200	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	4,353	199	109				8
9	Housekeeping	1,673	46,289	7,964	18		213	9
10	Dietary	29,361	260,939	6,262		32	225	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	4,223	15,588	1,242	37	120	71	13
14	Central Services & Supply	60,712	1,167,154	4,712	56	96	2,108	14
15	Pharmacy	19,707	280,446	4,119	66	420	281	15
16	Medical Records & Library	6,584	3,709	5,728	64	540	182	16
17	Social Service		63	1,355	16	32	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		456	1			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	297,047	797,238	56,468	913	580	936	30
31	Intensive Care Unit	30,574	70,628	7,724	70		180	31
40	Subprovider - IPF	17,963	37,211	4,725	49	60	156	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	101,712	1,474,560	12,030	227	660	9,806	50
51	Recovery Room	8,138	26,232	1,606	25	45	65	51
53	Anesthesiology		165,839		14		511	53
54	Radiology-Diagnostic	32,881	870,578	8,759	102		520	54
54.01	ULTRASOUND	3,210	122,425	1,309			83	54.01
57	CT Scan	2,260	71,528	1,491			193	57
58	MRI	1,924	236,514	454			91	58
59	Cardiac Catheterization	23,096	865,112	2,465	33		3,426	59
60	Laboratory	43,705	309,219	8,481	126	720	1,698	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		4,810	524			76	63
64	Intravenous Therapy		1,945	1,343	16		127	64
65	Respiratory Therapy	977	99,082	3,534	29	42	446	65
66	Physical Therapy	6,943	25,004	4,909	73	60	432	66
68	Speech Pathology		2,300	392		280	6	68
69	Electrocardiology	12,408	133,721	1,941	46		144	69
70	Electroencephalography	1,160	7,649	146	4		20	70
70.01	EMG	241	1,422	126	10		26	70.01
70.03	ANGIOGRAPHY	2,014	175,454	1,187	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	6,943	2,416	664			76	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES		299	1,276			106	90.01
91	Emergency	38,940	405,433	10,185	166	184	698	91
91.01	PRIMARY CARE CENTER PCC		437,350	2,010	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	61,791	12,193	86	360	397	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		278	3,681			14	116
118	SUBTOTALS (sum of lines 1-117)	1,021,633	32,871,290	214,360	2,901	7,732	25,980	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	18,542	738	21,844	161		561	192
194.01	PRIVATE DUTY NURSING			1,906			5	194.01

Health Financial Systems Compu-Max 2552-10

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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 REQUI SIT	
		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)	31,694,600	15,587,489	37,774,699	853,034	14,697,873	1,051,700	202
203	Unit Cost Multiplier (Wkst. B, Part I)	30.470450	0.474187	158.643900	278.587198	1,900.914770	39.618022	203
204	Cost to be allocated (Per Wkst. B, Part II)			135,876	88,005	2,518,019	238,206	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.570644	28.741019	325.662054	8.973329	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

Health Financial Systems Compu-Max 2552-10

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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	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	782,233,433						5.04
5.05	CASHIERING		782,233,433					5.05
5.06	ADMINISTRATIVE & GENERAL			-57,430,550	304,703,090			5.06
6	Maintenance & Repairs				11,646,803	783,251		6
6.01	CLINICAL ENGINEERING				5,100,844	1,261	906,390	6.01
7	Operation of Plant							7
8	Laundry & Linen Service				1,390,444	4,353		8
9	Housekeeping				5,320,362	1,673		9
10	Dietary				4,429,069	29,361		10
11	Cafeteria				781,386			11
12	Maintenance of Personnel							12
13	Nursing Administration				1,688,029	4,223	19,050	13
14	Central Services & Supply				6,772,803	60,712	188,300	14
15	Pharmacy				6,188,698	19,887		15
16	Medical Records & Library				5,722,461	6,584		16
17	Social Service				1,272,632			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)				323,732	95		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	135,018,109	135,018,109		61,403,460	297,047	108,900	30
31	Intensive Care Unit	20,448,246	20,448,246		8,866,483	30,574	19,890	31
40	Subprovider - IPF	10,341,099	10,341,099		5,166,406	17,963	1,650	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	104,717,121	104,717,121		21,376,476	101,712	122,430	50
51	Recovery Room	8,928,730	8,928,730		2,061,721	8,138	6,750	51
53	Anesthesiology	25,766,788	25,766,788		421,043		30,950	53
54	Radiology-Diagnostic	20,320,096	20,320,096		8,092,796	32,881	170,540	54
54.01	ULTRASOUND	11,838,364	11,838,364		1,667,210	3,210	10,790	54.01
57	CT Scan	62,407,955	62,407,955		2,388,765	2,260	5,080	57
58	MRI	9,514,858	9,514,858		763,736	1,924	3,490	58
59	Cardiac Catheterization	19,422,711	19,422,711		4,127,996	23,096	28,820	59
60	Laboratory	126,976,219	126,976,219		15,835,757	43,705	32,210	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	6,142,617	6,142,617		2,580,754		5,140	63
64	Intravenous Therapy	1,484,322	1,484,322		1,461,077		1,300	64
65	Respiratory Therapy	41,455,028	41,455,028		3,698,516	977	41,270	65
66	Physical Therapy	7,826,846	7,826,846		5,286,643	6,943	10,530	66
68	Speech Pathology	1,421,903	1,421,903		969,318		29,380	68
69	Electrocardiology	22,762,912	22,762,912		2,441,809	12,408		69
70	Electroencephalography	812,577	812,577		155,479	1,160		70
70.01	EMG	43,506	43,506		93,139	241	1,320	70.01
70.03	ANGIOGRAPHY	6,493,016	6,493,016		1,601,342	2,014	11,050	70.03
71	Medical Supplies Charged to Patients	10,122,237	10,122,237		27,583,718			71
72	Impl. Dev. Charged to Patients	22,820,440	22,820,440		18,191,707			72
73	Drugs Charged to Patients	44,010,472	44,010,472		13,560,960			73
74	Renal Dialysis	3,847,420	3,847,420		1,007,736			74
76.97	CARDIAC REHABILITATION	412,218	412,218		913,546	6,943	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	4,211	4,211		1,295,342			90.01
91	Emergency	56,817,324	56,817,324		11,502,856	38,940	45,170	91
91.01	PRIMARY CARE CENTER PCC	55,987	55,987		3,508,112		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	66	66		14,807,687	4,424	1,170	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice				4,053,088			116
118	SUBTOTALS (sum of lines 1-117)	782,233,398	782,233,398	-57,430,550	297,521,941	764,709	906,390	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices				6,142,147	18,542		192
194.01	PRIVATE DUTY NURSING	35	35		1,039,002			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	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)	3,714,248	5,286,042		57,430,550	13,841,992	6,084,536	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.004748	0.006758		0.188480	17.672486	6.712934	203
204	Cost to be allocated (Per Wkst. B, Part II)	124,913	1,072,583		12,209,255	4,688,943	363,672	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000160	0.001371		0.040069	5.986514	0.401231	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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	295,478				10
11	Cafeteria				148,875			11
12	Maintenance of Personnel							12
13	Nursing Administration				1,242	97,822		13
14	Central Services & Supply	68,670	3,938		4,712		12,676,352	14
15	Pharmacy	90	864		4,119			15
16	Medical Records & Library		1,626		5,728			16
17	Social Service				1,355			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)		4		456			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	236,970	66,471	241,537	56,468	56,468		30
31	Intensive Care Unit	33,120	4,294	20,516	7,724	7,724		31
40	Subprovider - IPF	7,650	3,374	15,178	4,725	4,725		40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	59,400	15,462		12,030	12,030		50
51	Recovery Room	6,930	922		1,606	1,606		51
53	Anesthesiology		1,383					53
54	Radiology-Diagnostic	28,170	4,605		8,759			54
54.01	ULTRASOUND		606		1,309			54.01
57	CT Scan		321		1,491			57
58	MRI		276		454			58
59	Cardiac Catheterization	6,030	2,805		2,465	2,465		59
60	Laboratory		3,301		8,481			60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				524			63
64	Intravenous Therapy				1,343	1,343		64
65	Respiratory Therapy		224		3,534			65
66	Physical Therapy	540	1,900		4,909			66
68	Speech Pathology				392			68
69	Electrocardiology	9,270	1,837		1,941			69
70	Electroencephalography	270	145		146			70
70.01	EMG				126			70.01
70.03	ANGIOGRAPHY		432		1,187			70.03
71	Medical Supplies Charged to Patients						12,451,178	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	3,510			664			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES			708		1,276		90.01
91	Emergency	68,130	11,659	17,539	10,185	10,185		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		109,374	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice				300		1,837	116
118	SUBTOTALS (sum of lines 1-117)	559,800	131,130	295,478	148,875	97,822	12,562,389	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	9,900	3,704				57,112	192
194.01	PRIVATE DUTY NURSING						56,851	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)	1,729,443	6,421,013	5,943,798	928,662	2,216,448	10,811,707	202
203	Unit Cost Multiplier (Wkst. B, Part I)	3.035708	47.621616	20.115873	6.237864	22.657971	0.852904	203
204	Cost to be allocated (Per Wkst. B, Part II)	214,567	311,571	1,395,443	31,309	278,380	3,204,188	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.376632	2.310775	4.722663	0.210304	2.845781	0.252769	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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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	14,059,399						15
16	Medical Records & Library		19,356					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	706	13,524	890				30
31	Intensive Care Unit	107	1,102	30				31
40	Subprovider - IPF	6	815					40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	779	263					50
51	Recovery Room		1					51
53	Anesthesiology							53
54	Radiology-Diagnostic	11,891	301					54
54.01	ULTRASOUND	15	90					54.01
57	CT Scan	15	632					57
58	MRI	6	65					58
59	Cardiac Catheterization	21,039	208					59
60	Laboratory	38	789					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	9,000	15					63
64	Intravenous Therapy	720						64
65	Respiratory Therapy	9	30					65
66	Physical Therapy	29,278	148					66
68	Speech Pathology		7					68
69	Electrocardiology	177	183					69
70	Electroencephalography		3					70
70.01	EMG		4					70.01
70.03	ANGIOGRAPHY	4,358	24					70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	13,283,593			100			73
74	Renal Dialysis		2					74
76.97	CARDIAC REHABILITATION		20					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	145	11	70				91
91.01	PRIMARY CARE CENTER PCC	72	1,119					91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	4,312						101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	274,262						116
118	SUBTOTALS (sum of lines 1-117)	13,640,528	19,356	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	418,871						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)	7,773,709	7,030,549	1,520,950	389,462			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.552919	363,223238	1,536.313131	3,894.620000			203
204	Cost to be allocated (Per Wkst. B, Part II)	1,246,938	658,645	63,213	22,314			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.088691	34.027950	63.851515	223.140000			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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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	95,612,682		95,612,682	441,205	96,053,887	30
31	Intensive Care Unit	12,598,815		12,598,815	1,565	12,600,380	31
40	Subprovider - IPF	7,390,477		7,390,477		7,390,477	40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	29,385,105		29,385,105	10,723	29,395,828	50
51	Recovery Room	2,751,159		2,751,159		2,751,159	51
53	Anesthesiology	774,027		774,027		774,027	53
54	Radiology-Diagnostic	11,819,395		11,819,395		11,819,395	54
54.01	ULTRASOUND	2,180,330		2,180,330		2,180,330	54.01
57	CT Scan	3,167,194		3,167,194		3,167,194	57
58	MRI	1,004,704		1,004,704		1,004,704	58
59	Cardiac Catheterization	5,817,967		5,817,967	19,544	5,837,511	59
60	Laboratory	20,305,786		20,305,786		20,305,786	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	3,115,372		3,115,372		3,115,372	63
64	Intravenous Therapy	1,784,393		1,784,393		1,784,393	64
65	Respiratory Therapy	4,733,535		4,733,535		4,733,535	65
66	Physical Therapy	6,669,143		6,669,143		6,669,143	66
68	Speech Pathology	1,354,229		1,354,229		1,354,229	68
69	Electrocardiology	3,315,619		3,315,619	5,408	3,321,027	69
70	Electroencephalography	215,010		215,010		215,010	70
70.01	EMG	126,053		126,053		126,053	70.01
70.03	ANGIOGRAPHY	2,052,037		2,052,037		2,052,037	70.03
71	Medical Supplies Charged to Patients	43,402,352		43,402,352		43,402,352	71
72	Impl. Dev. Charged to Patients	21,620,480		21,620,480		21,620,480	72
73	Drugs Charged to Patients	23,851,144		23,851,144		23,851,144	73
74	Renal Dialysis	1,198,400		1,198,400		1,198,400	74
76.97	CARDIAC REHABILITATION	1,261,909		1,261,909		1,261,909	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	1,582,642		1,582,642		1,582,642	90.01
91	Emergency	16,183,080		16,183,080		16,183,080	91
91.01	PRIMARY CARE CENTER PCC	4,707,458		4,707,458		4,707,458	91.01
92	Observation Beds (Non-Distinct Part)	13,093,298		13,093,298		13,093,298	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	17,783,466		17,783,466		17,783,466	101
113	Interest Expense						113
116	Hospice	4,972,097		4,972,097		4,972,097	116
200	Subtotal (sum of lines 30 thru 199)	365,829,358		365,829,358	478,445	366,307,803	200
201	Less Observation Beds	13,093,298		13,093,298		13,093,298	201
202	Total (line 200 minus line 201)	352,736,060		352,736,060		353,214,505	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	135,018,109		135,018,109				30
31	Intensive Care Unit	20,448,246		20,448,246				31
40	Subprovider - IPF	10,341,099		10,341,099				40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	104,717,121	128,815,505	233,532,626	0.125829	0.125829	0.125875	50
51	Recovery Room	8,928,730	7,911,526	16,840,256	0.163368	0.163368	0.163368	51
53	Anesthesiology	25,766,788	27,979,301	53,746,089	0.014402	0.014402	0.014402	53
54	Radiology-Diagnostic	20,320,096	42,945,306	63,265,402	0.186822	0.186822	0.186822	54
54.01	ULTRASOUND	11,838,364	12,666,827	24,505,191	0.088974	0.088974	0.088974	54.01
57	CT Scan	62,407,955	90,226,599	152,634,554	0.020750	0.020750	0.020750	57
58	MRI	9,514,858	9,327,776	18,842,634	0.053321	0.053321	0.053321	58
59	Cardiac Catheterization	19,422,711	29,646,861	49,069,572	0.118566	0.118566	0.118964	59
60	Laboratory	126,976,219	112,681,654	239,657,873	0.084728	0.084728	0.084728	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	6,142,617	2,124,274	8,266,891	0.376849	0.376849	0.376849	63
64	Intravenous Therapy	1,484,322	42,126	1,526,448	1.168984	1.168984	1.168984	64
65	Respiratory Therapy	41,455,028	4,302,699	45,757,727	0.103448	0.103448	0.103448	65
66	Physical Therapy	7,826,846	21,124,516	28,951,362	0.230357	0.230357	0.230357	66
68	Speech Pathology	1,421,903	1,002,925	2,424,828	0.558485	0.558485	0.558485	68
69	Electrocardiology	22,762,912	26,099,159	48,862,071	0.067857	0.067857	0.067967	69
70	Electroencephalography	812,577	442,094	1,254,671	0.171368	0.171368	0.171368	70
70.01	EMG	43,506	625,990	669,496	0.188280	0.188280	0.188280	70.01
70.03	ANGIOGRAPHY	6,493,016	3,406,647	9,899,663	0.207284	0.207284	0.207284	70.03
71	Medical Supplies Charged to Patients	10,122,237	9,995,358	20,117,595	2.157432	2.157432	2.157432	71
72	Impl. Dev. Charged to Patients	22,820,440	14,145,176	36,965,616	0.584881	0.584881	0.584881	72
73	Drugs Charged to Patients	44,010,472	21,868,982	65,879,454	0.362042	0.362042	0.362042	73
74	Renal Dialysis	3,847,420	263,878	4,111,298	0.291489	0.291489	0.291489	74
76.97	CARDIAC REHABILITATION	412,218	2,803,313	3,215,531	0.392442	0.392442	0.392442	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	4,211	4,223,613	4,227,824	0.374340	0.374340	0.374340	90.01
91	Emergency	56,817,324	110,054,676	166,872,000	0.096979	0.096979	0.096979	91
91.01	PRIMARY CARE CENTER PCC	55,987	4,562,859	4,618,846	1.019185	1.019185	1.019185	91.01
92	Observation Beds (Non-Distinct Part)	5,255,328	39,164,323	44,419,651	0.294764	0.294764	0.294764	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	66	17,617,629	17,617,695				101
113	Interest Expense							113
116	Hospice		8,442,646	8,442,646				116
200	Subtotal (sum of lines 30 thru 199)	787,488,726	754,514,238	1,542,002,964				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	787,488,726	754,514,238	1,542,002,964				202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 (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	95,612,682		95,612,682	441,205	96,053,887	30
31	Intensive Care Unit	12,598,815		12,598,815	1,565	12,600,380	31
40	Subprovider - IPF	7,390,477		7,390,477		7,390,477	40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	29,385,105		29,385,105	10,723	29,395,828	50
51	Recovery Room	2,751,159		2,751,159		2,751,159	51
53	Anesthesiology	774,027		774,027		774,027	53
54	Radiology-Diagnostic	11,819,395		11,819,395		11,819,395	54
54.01	ULTRASOUND	2,180,330		2,180,330		2,180,330	54.01
57	CT Scan	3,167,194		3,167,194		3,167,194	57
58	MRI	1,004,704		1,004,704		1,004,704	58
59	Cardiac Catheterization	5,817,967		5,817,967	19,544	5,837,511	59
60	Laboratory	20,305,786		20,305,786		20,305,786	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	3,115,372		3,115,372		3,115,372	63
64	Intravenous Therapy	1,784,393		1,784,393		1,784,393	64
65	Respiratory Therapy	4,733,535		4,733,535		4,733,535	65
66	Physical Therapy	6,669,143		6,669,143		6,669,143	66
68	Speech Pathology	1,354,229		1,354,229		1,354,229	68
69	Electrocardiology	3,315,619		3,315,619	5,408	3,321,027	69
70	Electroencephalography	215,010		215,010		215,010	70
70.01	EMG	126,053		126,053		126,053	70.01
70.03	ANGIOGRAPHY	2,052,037		2,052,037		2,052,037	70.03
71	Medical Supplies Charged to Patients	43,402,352		43,402,352		43,402,352	71
72	Impl. Dev. Charged to Patients	21,620,480		21,620,480		21,620,480	72
73	Drugs Charged to Patients	23,851,144		23,851,144		23,851,144	73
74	Renal Dialysis	1,198,400		1,198,400		1,198,400	74
76.97	CARDIAC REHABILITATION	1,261,909		1,261,909		1,261,909	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	1,582,642		1,582,642		1,582,642	90.01
91	Emergency	16,183,080		16,183,080		16,183,080	91
91.01	PRIMARY CARE CENTER PCC	4,707,458		4,707,458		4,707,458	91.01
92	Observation Beds (Non-Distinct Part)	13,093,298		13,093,298		13,093,298	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	17,783,466		17,783,466		17,783,466	101
113	Interest Expense						113
116	Hospice	4,972,097		4,972,097		4,972,097	116
200	Subtotal (sum of lines 30 thru 199)	365,829,358		365,829,358	478,445	366,307,803	200
201	Less Observation Beds	13,093,298		13,093,298		13,093,298	201
202	Total (line 200 minus line 201)	352,736,060		352,736,060	478,445	353,214,505	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	135,018,109		135,018,109				30
31	Intensive Care Unit	20,448,246		20,448,246				31
40	Subprovider - IPF	10,341,099		10,341,099				40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	104,717,121	128,815,505	233,532,626	0.125829	0.125829	0.125875	50
51	Recovery Room	8,928,730	7,911,526	16,840,256	0.163368	0.163368	0.163368	51
53	Anesthesiology	25,766,788	27,979,301	53,746,089	0.014402	0.014402	0.014402	53
54	Radiology-Diagnostic	20,320,096	42,945,306	63,265,402	0.186822	0.186822	0.186822	54
54.01	ULTRASOUND	11,838,364	12,666,827	24,505,191	0.088974	0.088974	0.088974	54.01
57	CT Scan	62,407,955	90,226,599	152,634,554	0.020750	0.020750	0.020750	57
58	MRI	9,514,858	9,327,776	18,842,634	0.053321	0.053321	0.053321	58
59	Cardiac Catheterization	19,422,711	29,646,861	49,069,572	0.118566	0.118566	0.118964	59
60	Laboratory	126,976,219	112,681,654	239,657,873	0.084728	0.084728	0.084728	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	6,142,617	2,124,274	8,266,891	0.376849	0.376849	0.376849	63
64	Intravenous Therapy	1,484,322	42,126	1,526,448	1.168984	1.168984	1.168984	64
65	Respiratory Therapy	41,455,028	4,302,699	45,757,727	0.103448	0.103448	0.103448	65
66	Physical Therapy	7,826,846	21,124,516	28,951,362	0.230357	0.230357	0.230357	66
68	Speech Pathology	1,421,903	1,002,925	2,424,828	0.558485	0.558485	0.558485	68
69	Electrocardiology	22,762,912	26,099,159	48,862,071	0.067857	0.067857	0.067967	69
70	Electroencephalography	812,577	442,094	1,254,671	0.171368	0.171368	0.171368	70
70.01	EMG	43,506	625,990	669,496	0.188280	0.188280	0.188280	70.01
70.03	ANGIOGRAPHY	6,493,016	3,406,647	9,899,663	0.207284	0.207284	0.207284	70.03
71	Medical Supplies Charged to Patients	10,122,237	9,995,358	20,117,595	2.157432	2.157432	2.157432	71
72	Impl. Dev. Charged to Patients	22,820,440	14,145,176	36,965,616	0.584881	0.584881	0.584881	72
73	Drugs Charged to Patients	44,010,472	21,868,982	65,879,454	0.362042	0.362042	0.362042	73
74	Renal Dialysis	3,847,420	263,878	4,111,298	0.291489	0.291489	0.291489	74
76.97	CARDIAC REHABILITATION	412,218	2,803,313	3,215,531	0.392442	0.392442	0.392442	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	4,211	4,223,613	4,227,824	0.374340	0.374340	0.374340	90.01
91	Emergency	56,817,324	110,054,676	166,872,000	0.096979	0.096979	0.096979	91
91.01	PRIMARY CARE CENTER PCC	55,987	4,562,859	4,618,846	1.019185	1.019185	1.019185	91.01
92	Observation Beds (Non-Distinct Part)	5,255,328	39,164,323	44,419,651	0.294764	0.294764	0.294764	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	66	17,617,629	17,617,695				101
113	Interest Expense							113
116	Hospice		8,442,646	8,442,646				116
200	Subtotal (sum of lines 30 thru 199)	787,488,726	754,514,238	1,542,002,964				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	787,488,726	754,514,238	1,542,002,964				202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	29,385,105	5,893,510	23,491,595		50
51	Recovery Room	2,751,159	434,671	2,316,488		51
53	Anesthesiology	774,027	155,560	618,467		53
54	Radiology-Diagnostic	11,819,395	2,082,351	9,737,044		54
54.01	ULTRASOUND	2,180,330	270,566	1,909,764		54.01
57	CT Scan	3,167,194	334,756	2,832,438		57
58	MRI	1,004,704	232,886	771,818		58
59	Cardiac Catheterization	5,817,967	1,517,269	4,300,698		59
60	Laboratory	20,305,786	2,876,265	17,429,521		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	3,115,372	119,555	2,995,817		63
64	Intravenous Therapy	1,784,393	68,794	1,715,599		64
65	Respiratory Therapy	4,733,535	333,638	4,399,897		65
66	Physical Therapy	6,669,143	534,588	6,134,555		66
68	Speech Pathology	1,354,229	145,679	1,208,550		68
69	Electrocardiology	3,315,619	666,567	2,649,052		69
70	Electroencephalography	215,010	54,338	160,672		70
70.01	EMG	126,053	14,543	111,510		70.01
70.03	ANGIOGRAPHY	2,052,037	246,290	1,805,747		70.03
71	Medical Supplies Charged to Patients	43,402,352	4,268,022	39,134,330		71
72	Impl. Dev. Charged to Patients	21,620,480	763,862	20,856,618		72
73	Drugs Charged to Patients	23,851,144	1,788,884	22,062,260		73
74	Renal Dialysis	1,198,400	47,627	1,150,773		74
76.97	CARDIAC REHABILITATION	1,261,909	296,584	965,325		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	OUTPATIENT PSYCH SERVICES	1,582,642	60,706	1,521,936		90.01
91	Emergency	16,183,080	2,426,088	13,756,992		91
91.01	PRIMARY CARE CENTER PCC	4,707,458	402,389	4,305,069		91.01
92	Observation Beds (Non-Distinct Part)	13,093,298	2,214,692	10,878,606		92
93.99	PARTIAL HOSPITALIZATION PROGRAM					93.99
	OTHER REIMBURSABLE COST CENTERS					
101	Home Health Agency	17,783,466	942,746	16,840,720		101
113	Interest Expense					113
116	Hospice	4,972,097	189,614	4,782,483		116
200	Subtotal	250,227,384	29,383,040	220,844,344		200
201	Less Observation Beds	13,093,298	2,214,692	10,878,606		201
202	Total	237,134,086	27,168,348	209,965,738		202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	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		29,385,105	233,532,626	0.125829	50
51	Recovery Room		2,751,159	16,840,256	0.163368	51
53	Anesthesiology		774,027	53,746,089	0.014402	53
54	Radiology-Diagnostic		11,819,395	63,265,402	0.186822	54
54.01	ULTRASOUND		2,180,330	24,505,191	0.088974	54.01
57	CT Scan		3,167,194	152,634,554	0.020750	57
58	MRI		1,004,704	18,842,634	0.053321	58
59	Cardiac Catheterization		5,817,967	49,069,572	0.118566	59
60	Laboratory		20,305,786	239,657,873	0.084728	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.		3,115,372	8,266,891	0.376849	63
64	Intravenous Therapy		1,784,393	1,526,448	1.168984	64
65	Respiratory Therapy		4,733,535	45,757,727	0.103448	65
66	Physical Therapy		6,669,143	28,951,362	0.230357	66
68	Speech Pathology		1,354,229	2,424,828	0.558485	68
69	Electrocardiology		3,315,619	48,862,071	0.067857	69
70	Electroencephalography		215,010	1,254,671	0.171368	70
70.01	EMG		126,053	669,496	0.188280	70.01
70.03	ANGIOGRAPHY		2,052,037	9,899,663	0.207284	70.03
71	Medical Supplies Charged to Patients		43,402,352	20,117,595	2.157432	71
72	Impl. Dev. Charged to Patients		21,620,480	36,965,616	0.584881	72
73	Drugs Charged to Patients		23,851,144	65,879,454	0.362042	73
74	Renal Dialysis		1,198,400	4,111,298	0.291489	74
76.97	CARDIAC REHABILITATION		1,261,909	3,215,531	0.392442	76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	OUTPATIENT PSYCH SERVICES		1,582,642	4,227,824	0.374340	90.01
91	Emergency		16,183,080	166,872,000	0.096979	91
91.01	PRIMARY CARE CENTER PCC		4,707,458	4,618,846	1.019185	91.01
92	Observation Beds (Non-Distinct Part)		13,093,298	44,419,651	0.294764	92
93.99	PARTIAL HOSPITALIZATION PROGRAM					93.99
	OTHER REIMBURSABLE COST CENTERS					
101	Home Health Agency		17,783,466	17,617,695	1.009409	101
113	Interest Expense					113
116	Hospice		4,972,097	8,442,646	0.588926	116
200	Subtotal		250,227,384	1,376,195,510		200
201	Less Observation Beds		13,093,298	44,419,651		201
202	Total		237,134,086	1,331,775,859		202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

Check ☐ Title V ☒ Hospital ☒ PPS
Applicable ☒ Title XVIII, Part A ☐ PARHM Demonstration ☐ 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)	16,247,205		16,247,205	82,223	197.60	42,208	8,340,301	30
31	Intensive Care Unit	1,733,035		1,733,035	6,686	259.20	4,274	1,107,821	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	1,045,607		1,045,607	4,936	211.83	1,224	259,280	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				1,315				43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	19,025,847		19,025,847	95,160		47,706	9,707,402	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0062

WORKSHEET D
PART II

Check [] Title V [XX] Hospital [] SUB (Other) [XX] PPS
Applicable [XX] Title XVIII, Part A [] IPF [] PARHM Demo [] 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	5,893,510	233,532,626	0.025236	54,641,814	1,378,941	50
51	Recovery Room	434,671	16,840,256	0.025811	4,796,081	123,792	51
53	Anesthesiology	155,560	53,746,089	0.002894	13,203,753	38,212	53
54	Radiology-Diagnostic	2,082,351	63,265,402	0.032915	12,487,044	411,011	54
54.01	ULTRASOUND	270,566	24,505,191	0.011041	6,996,644	77,250	54.01
57	CT Scan	334,756	152,634,554	0.002193	36,772,683	80,642	57
58	MRI	232,886	18,842,634	0.012360	5,665,450	70,025	58
59	Cardiac Catheterization	1,517,269	49,069,572	0.030921	10,292,687	318,260	59
60	Laboratory	2,876,265	239,657,873	0.012002	71,181,912	854,325	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	119,555	8,266,891	0.014462	3,549,504	51,333	63
64	Intravenous Therapy	68,794	1,526,448	0.045068	786,889	35,464	64
65	Respiratory Therapy	333,638	45,757,727	0.007291	24,865,628	181,295	65
66	Physical Therapy	534,588	28,951,362	0.018465	4,959,050	91,569	66
68	Speech Pathology	145,679	2,424,828	0.060078	938,179	56,364	68
69	Electrocardiology	666,567	48,862,071	0.013642	13,763,443	187,761	69
70	Electroencephalography	54,338	1,254,671	0.043309	474,360	20,544	70
70.01	EMG	14,543	669,496	0.021722	31,999	695	70.01
70.03	ANGIOGRAPHY	246,290	9,899,663	0.024879	3,693,022	91,879	70.03
71	Medical Supplies Charged to Pat	4,268,022	20,117,595	0.212154	5,955,885	1,263,565	71
72	Impl. Dev. Charged to Patients	763,862	36,965,616	0.020664	12,945,024	267,496	72
73	Drugs Charged to Patients	1,788,884	65,879,454	0.027154	23,361,493	634,358	73
74	Renal Dialysis	47,627	4,111,298	0.011584	2,478,226	28,708	74
76.97	CARDIAC REHABILITATION	296,584	3,215,531	0.092235	200,606	18,503	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	60,706	4,227,824	0.014359	705	10	90.01
91	Emergency	2,426,088	166,872,000	0.014539	32,813,646	477,078	91
91.01	PRIMARY CARE CENTER PCC	402,389	4,618,846	0.087119	45,732	3,984	91.01
92	Observation Beds (Non-Distinct	2,214,692	44,419,651	0.049858			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	28,250,680	1,350,135,169		346,901,459	6,763,064	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

Check ☐ Title V ☒ Hospital ☒ PPS
Applicable ☒ Title XVIII, Part A ☐ PARHM Demonstration ☐ TEFRA
Boxes: ☐ Title XIX

		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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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

☒ Hospital
☐ PARHM Demonstration

☒ PPS
☐ TEFRA

		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)	82,223		42,208		30
31	Intensive Care Unit	6,686		4,274		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	4,936		1,224		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,315				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	95,160		47,706		200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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

		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					389,462		389,462	389,462	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)					389,462		389,462	389,462	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	233,532,626			54,641,814		43,242,436		50
51	Recovery Room	16,840,256			4,796,081		2,388,935		51
53	Anesthesiology	53,746,089			13,203,753		9,649,267		53
54	Radiology-Diagnostic	63,265,402			12,487,044		14,465,574		54
54.01	ULTRASOUND	24,505,191			6,996,644		4,495,470		54.01
57	CT Scan	152,634,554			36,772,683		29,741,807		57
58	MRI	18,842,634			5,665,450		3,432,302		58
59	Cardiac Catheterization	49,069,572			10,292,687		13,930,305		59
60	Laboratory	239,657,873			71,181,912		21,292,482		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	8,266,891			3,549,504		519,906		63
64	Intravenous Therapy	1,526,448			786,889		19,502		64
65	Respiratory Therapy	45,757,727			24,865,628		1,890,023		65
66	Physical Therapy	28,951,362			4,959,050		2,343,565		66
68	Speech Pathology	2,424,828			938,179		18,389		68
69	Electrocardiology	48,862,071			13,763,443		9,185,826		69
70	Electroencephalography	1,254,671			474,360		134,995		70
70.01	EMG	669,496			31,999		286,456		70.01
70.03	ANGIOGRAPHY	9,899,663			3,693,022		1,634,913		70.03
71	Medical Supplies Charged to Pat	20,117,595			5,955,885		3,560,431		71
72	Impl. Dev. Charged to Patients	36,965,616			12,945,024		7,256,528		72
73	Drugs Charged to Patients	65,879,454	0.005912	0.005912	23,361,493	138,113	9,135,325	54,008	73
74	Renal Dialysis	4,111,298			2,478,226		108,709		74
76.97	CARDIAC REHABILITATION	3,215,531			200,606		1,396,684		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	4,227,824			705		763,704		90.01
91	Emergency	166,872,000			32,813,646		25,036,859		91
91.01	PRIMARY CARE CENTER PCC	4,618,846			45,732		841,856		91.01
92	Observation Beds (Non-Distinct	44,419,651					9,116,541		92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,350,135,169			346,901,459	138,113	215,888,790	54,008	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0062

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 ☐ PARHM Demonstration ☐ PARHM CAH Swing Bed SNF

(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.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.125829	43,242,436			5,441,152			50
51	Recovery Room	0.163368	2,388,935			390,276			51
53	Anesthesiology	0.014402	9,649,267			138,969			53
54	Radiology-Diagnostic	0.186822	14,465,574			2,702,487			54
54.01	ULTRASOUND	0.088974	4,495,470			399,980			54.01
57	CT Scan	0.020750	29,741,807			617,142			57
58	MRI	0.053321	3,432,302			183,014			58
59	Cardiac Catheterization	0.118566	13,930,305			1,651,661			59
60	Laboratory	0.084728	21,292,482			1,804,069			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.376849	519,906			195,926			63
64	Intravenous Therapy	1.168984	19,502			22,798			64
65	Respiratory Therapy	0.103448	1,890,023			195,519			65
66	Physical Therapy	0.230357	2,343,565			539,857			66
68	Speech Pathology	0.558485	18,389			10,270			68
69	Electrocardiology	0.067857	9,185,826			623,323			69
70	Electroencephalography	0.171368	134,995			23,134			70
70.01	EMG	0.188280	286,456			53,934			70.01
70.03	ANGIOGRAPHY	0.207284	1,634,913			338,891			70.03
71	Medical Supplies Charged to Pat	2.157432	3,560,431			7,681,388			71
72	Impl. Dev. Charged to Patients	0.584881	7,256,528			4,244,205			72
73	Drugs Charged to Patients	0.362042	9,135,325			3,307,371			73
74	Renal Dialysis	0.291489	108,709			31,687			74
76.97	CARDIAC REHABILITATION	0.392442	1,396,684			548,117			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	0.374340	763,704			285,885			90.01
91	Emergency	0.096979	25,036,859			2,428,050			91
91.01	PRIMARY CARE CENTER PCC	1.019185	841,856			858,007			91.01
92	Observation Beds (Non-Distinct	0.294764	9,116,541			2,687,228			92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		215,888,790			37,404,340			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		215,888,790			37,404,340			202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 ☐ PARHM Demo ☐ 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	5,893,510	233,532,626	0.025236			50
51	Recovery Room	434,671	16,840,256	0.025811			51
53	Anesthesiology	155,560	53,746,089	0.002894			53
54	Radiology-Diagnostic	2,082,351	63,265,402	0.032915	55,712	1,834	54
54.01	ULTRASOUND	270,566	24,505,191	0.011041	18,564	205	54.01
57	CT Scan	334,756	152,634,554	0.002193	186,375	409	57
58	MRI	232,886	18,842,634	0.012360	25,721	318	58
59	Cardiac Catheterization	1,517,269	49,069,572	0.030921			59
60	Laboratory	2,876,265	239,657,873	0.012002	622,538	7,472	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	119,555	8,266,891	0.014462	1,336	19	63
64	Intravenous Therapy	68,794	1,526,448	0.045068			64
65	Respiratory Therapy	333,638	45,757,727	0.007291	138,684	1,011	65
66	Physical Therapy	534,588	28,951,362	0.018465	42,126	778	66
68	Speech Pathology	145,679	2,424,828	0.060078	1,295	78	68
69	Electrocardiology	666,567	48,862,071	0.013642	71,085	970	69
70	Electroencephalography	54,338	1,254,671	0.043309	15,824	685	70
70.01	EMG	14,543	669,496	0.021722			70.01
70.03	ANGIOGRAPHY	246,290	9,899,663	0.024879			70.03
71	Medical Supplies Charged to Pat	4,268,022	20,117,595	0.212154	4,346	922	71
72	Impl. Dev. Charged to Patients	763,862	36,965,616	0.020664			72
73	Drugs Charged to Patients	1,788,884	65,879,454	0.027154	132,116	3,587	73
74	Renal Dialysis	47,627	4,111,298	0.011584	1,516	18	74
76.97	CARDIAC REHABILITATION	296,584	3,215,531	0.092235	184	17	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	60,706	4,227,824	0.014359	1,778	26	90.01
91	Emergency	2,426,088	166,872,000	0.014539	584,471	8,498	91
91.01	PRIMARY CARE CENTER PCC	402,389	4,618,846	0.087119			91.01
92	Observation Beds (Non-Distinct		44,419,651				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	26,035,988	1,350,135,169		1,903,671	26,847	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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					389,462		389,462	389,462	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)					389,462		389,462	389,462	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 [XX] PPS
Applicable [XX] Title XVIII, Part A [XX] 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	233,532,626							50
51	Recovery Room	16,840,256							51
53	Anesthesiology	53,746,089							53
54	Radiology-Diagnostic	63,265,402			55,712				54
54.01	ULTRASOUND	24,505,191			18,564				54.01
57	CT Scan	152,634,554			186,375				57
58	MRI	18,842,634			25,721				58
59	Cardiac Catheterization	49,069,572							59
60	Laboratory	239,657,873			622,538				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	8,266,891			1,336				63
64	Intravenous Therapy	1,526,448							64
65	Respiratory Therapy	45,757,727			138,684				65
66	Physical Therapy	28,951,362			42,126				66
68	Speech Pathology	2,424,828			1,295				68
69	Electrocardiology	48,862,071			71,085				69
70	Electroencephalography	1,254,671			15,824				70
70.01	EMG	669,496							70.01
70.03	ANGIOGRAPHY	9,899,663							70.03
71	Medical Supplies Charged to Pat	20,117,595			4,346				71
72	Impl. Dev. Charged to Patients	36,965,616							72
73	Drugs Charged to Patients	65,879,454	0.005912	0.005912	132,116	781			73
74	Renal Dialysis	4,111,298			1,516				74
76.97	CARDIAC REHABILITATION	3,215,531			184				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	4,227,824			1,778				90.01
91	Emergency	166,872,000			584,471				91
91.01	PRIMARY CARE CENTER PCC	4,618,846							91.01
92	Observation Beds (Non-Distinct	44,419,651							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,350,135,169			1,903,671	781			200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 [XX] Title XVIII, Part B [XX] IPF [] SNF [] Swing Bed NF
Boxes: [] 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.)	
1	2	3	4	5	6	7	8	9	
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.125829							50
51	Recovery Room	0.163368							51
53	Anesthesiology	0.014402							53
54	Radiology-Diagnostic	0.186822							54
54.01	ULTRASOUND	0.088974							54.01
57	CT Scan	0.020750							57
58	MRI	0.053321							58
59	Cardiac Catheterization	0.118566							59
60	Laboratory	0.084728							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.376849							63
64	Intravenous Therapy	1.168984							64
65	Respiratory Therapy	0.103448							65
66	Physical Therapy	0.230357							66
68	Speech Pathology	0.558485							68
69	Electrocardiology	0.067857							69
70	Electroencephalography	0.171368							70
70.01	EMG	0.188280							70.01
70.03	ANGIOGRAPHY	0.207284							70.03
71	Medical Supplies Charged to Pat	2.157432							71
72	Impl. Dev. Charged to Patients	0.584881							72
73	Drugs Charged to Patients	0.362042							73
74	Renal Dialysis	0.291489							74
76.97	CARDIAC REHABILITATION	0.392442							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	OUTPATIENT PSYCH SERVICES	0.374340							90.01
91	Emergency	0.096979							91
91.01	PRIMARY CARE CENTER PCC	1.019185							91.01
92	Observation Beds (Non-Distinct	0.294764							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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

Check ☐ Title V ☒ Hospital ☒ PPS
Applicable ☐ Title XVIII, Part A ☐ PARHM Demonstration ☐ 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)	16,247,205		16,247,205	82,223	197.60	1,124	222,102	30
31	Intensive Care Unit	1,733,035		1,733,035	6,686	259.20	198	51,322	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	1,045,607		1,045,607	4,936	211.83	316	66,938	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				1,315		46		43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	19,025,847		19,025,847	95,160		1,684	340,362	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0062

WORKSHEET D PART II

Check [] Title V [XX] Hospital [] SUB (Other) [XX] PPS
Applicable [] Title XVIII, Part A [] IPF [] PARHM Demo [] TEFRA
Boxes: [XX] 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	5,893,510	233,532,626	0.025236			50
51	Recovery Room	434,671	16,840,256	0.025811			51
53	Anesthesiology	155,560	53,746,089	0.002894			53
54	Radiology-Diagnostic	2,082,351	63,265,402	0.032915			54
54.01	ULTRASOUND	270,566	24,505,191	0.011041			54.01
57	CT Scan	334,756	152,634,554	0.002193			57
58	MRI	232,886	18,842,634	0.012360			58
59	Cardiac Catheterization	1,517,269	49,069,572	0.030921			59
60	Laboratory	2,876,265	239,657,873	0.012002			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	119,555	8,266,891	0.014462			63
64	Intravenous Therapy	68,794	1,526,448	0.045068			64
65	Respiratory Therapy	333,638	45,757,727	0.007291			65
66	Physical Therapy	534,588	28,951,362	0.018465			66
68	Speech Pathology	145,679	2,424,828	0.060078			68
69	Electrocardiology	666,567	48,862,071	0.013642			69
70	Electroencephalography	54,338	1,254,671	0.043309			70
70.01	EMG	14,543	669,496	0.021722			70.01
70.03	ANGIOGRAPHY	246,290	9,899,663	0.024879			70.03
71	Medical Supplies Charged to Pat	4,268,022	20,117,595	0.212154			71
72	Impl. Dev. Charged to Patients	763,862	36,965,616	0.020664			72
73	Drugs Charged to Patients	1,788,884	65,879,454	0.027154			73
74	Renal Dialysis	47,627	4,111,298	0.011584			74
76.97	CARDIAC REHABILITATION	296,584	3,215,531	0.092235			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	60,706	4,227,824	0.014359			90.01
91	Emergency	2,426,088	166,872,000	0.014539			91
91.01	PRIMARY CARE CENTER PCC	402,389	4,618,846	0.087119			91.01
92	Observation Beds (Non-Distinct	2,214,692	44,419,651	0.049858			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	28,250,680	1,350,135,169				200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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

☒ Hospital
☐ PARHM Demonstration

☒ PPS
☐ TEFRA

		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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

Check ☐ Title V ☒ Hospital ☒ PPS
 Applicable ☐ Title XVIII, Part A ☐ PARHM Demonstration ☐ TEFRA
 Boxes: ☒ Title XIX

		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)	82,223		1,124		30
31	Intensive Care Unit	6,686		198		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	4,936		316		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,315		46		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	95,160		1,684		200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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					389,462		389,462	389,462	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)					389,462		389,462	389,462	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 [] Title XVIII, Part A [] IPF [] SNF [] TEFRA
Boxes: [XX] 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	233,532,626							50
51	Recovery Room	16,840,256							51
53	Anesthesiology	53,746,089							53
54	Radiology-Diagnostic	63,265,402							54
54.01	ULTRASOUND	24,505,191							54.01
57	CT Scan	152,634,554							57
58	MRI	18,842,634							58
59	Cardiac Catheterization	49,069,572							59
60	Laboratory	239,657,873							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	8,266,891							63
64	Intravenous Therapy	1,526,448							64
65	Respiratory Therapy	45,757,727							65
66	Physical Therapy	28,951,362							66
68	Speech Pathology	2,424,828							68
69	Electrocardiology	48,862,071							69
70	Electroencephalography	1,254,671							70
70.01	EMG	669,496							70.01
70.03	ANGIOGRAPHY	9,899,663							70.03
71	Medical Supplies Charged to Pat	20,117,595							71
72	Impl. Dev. Charged to Patients	36,965,616							72
73	Drugs Charged to Patients	65,879,454	0.005912	0.005912					73
74	Renal Dialysis	4,111,298							74
76.97	CARDIAC REHABILITATION	3,215,531							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	4,227,824							90.01
91	Emergency	166,872,000							91
91.01	PRIMARY CARE CENTER PCC	4,618,846							91.01
92	Observation Beds (Non-Distinct	44,419,651							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,350,135,169							200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 [] SNF [] ICF/IID
 Applicable [] Title XVIII, Part B [] IPF [] NF [] PARHM Demonstration
 Boxes: [XX] Title XIX - O/P [] IRF [] Swing Bed SNF [] PARHM CAH Swing Bed SNF
 [] SUB
 (Other)

(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.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.125829							50
51	Recovery Room	0.163368							51
53	Anesthesiology	0.014402							53
54	Radiology-Diagnostic	0.186822							54
54.01	ULTRASOUND	0.088974							54.01
57	CT Scan	0.020750							57
58	MRI	0.053321							58
59	Cardiac Catheterization	0.118566							59
60	Laboratory	0.084728							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.376849							63
64	Intravenous Therapy	1.168984							64
65	Respiratory Therapy	0.103448							65
66	Physical Therapy	0.230357							66
68	Speech Pathology	0.558485							68
69	Electrocardiology	0.067857							69
70	Electroencephalography	0.171368							70
70.01	EMG	0.188280							70.01
70.03	ANGIOGRAPHY	0.207284							70.03
71	Medical Supplies Charged to Pat	2.157432							71
72	Impl. Dev. Charged to Patients	0.584881							72
73	Drugs Charged to Patients	0.362042							73
74	Renal Dialysis	0.291489							74
76.97	CARDIAC REHABILITATION	0.392442							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	0.374340							90.01
91	Emergency	0.096979							91
91.01	PRIMARY CARE CENTER PCC	1.019185							91.01
92	Observation Beds (Non-Distinct	0.294764							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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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) [XX] PPS
Applicable [] Title XVIII, Part A [XX] IPF [] PARHM Demo [] TEFRA
Boxes: [XX] 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	5,893,510	233,532,626	0.025236			50
51	Recovery Room	434,671	16,840,256	0.025811			51
53	Anesthesiology	155,560	53,746,089	0.002894			53
54	Radiology-Diagnostic	2,082,351	63,265,402	0.032915			54
54.01	ULTRASOUND	270,566	24,505,191	0.011041			54.01
57	CT Scan	334,756	152,634,554	0.002193			57
58	MRI	232,886	18,842,634	0.012360			58
59	Cardiac Catheterization	1,517,269	49,069,572	0.030921			59
60	Laboratory	2,876,265	239,657,873	0.012002			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	119,555	8,266,891	0.014462			63
64	Intravenous Therapy	68,794	1,526,448	0.045068			64
65	Respiratory Therapy	333,638	45,757,727	0.007291			65
66	Physical Therapy	534,588	28,951,362	0.018465			66
68	Speech Pathology	145,679	2,424,828	0.060078			68
69	Electrocardiology	666,567	48,862,071	0.013642			69
70	Electroencephalography	54,338	1,254,671	0.043309			70
70.01	EMG	14,543	669,496	0.021722			70.01
70.03	ANGIOGRAPHY	246,290	9,899,663	0.024879			70.03
71	Medical Supplies Charged to Pat	4,268,022	20,117,595	0.212154			71
72	Impl. Dev. Charged to Patients	763,862	36,965,616	0.020664			72
73	Drugs Charged to Patients	1,788,884	65,879,454	0.027154			73
74	Renal Dialysis	47,627	4,111,298	0.011584			74
76.97	CARDIAC REHABILITATION	296,584	3,215,531	0.092235			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	60,706	4,227,824	0.014359			90.01
91	Emergency	2,426,088	166,872,000	0.014539			91
91.01	PRIMARY CARE CENTER PCC	402,389	4,618,846	0.087119			91.01
92	Observation Beds (Non-Distinct		44,419,651				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	26,035,988	1,350,135,169				200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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					389,462		389,462	389,462	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)					389,462		389,462	389,462	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	233,532,626							50
51	Recovery Room	16,840,256							51
53	Anesthesiology	53,746,089							53
54	Radiology-Diagnostic	63,265,402							54
54.01	ULTRASOUND	24,505,191							54.01
57	CT Scan	152,634,554							57
58	MRI	18,842,634							58
59	Cardiac Catheterization	49,069,572							59
60	Laboratory	239,657,873							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	8,266,891							63
64	Intravenous Therapy	1,526,448							64
65	Respiratory Therapy	45,757,727							65
66	Physical Therapy	28,951,362							66
68	Speech Pathology	2,424,828							68
69	Electrocardiology	48,862,071							69
70	Electroencephalography	1,254,671							70
70.01	EMG	669,496							70.01
70.03	ANGIOGRAPHY	9,899,663							70.03
71	Medical Supplies Charged to Pat	20,117,595							71
72	Impl. Dev. Charged to Patients	36,965,616							72
73	Drugs Charged to Patients	65,879,454	0.005912	0.005912					73
74	Renal Dialysis	4,111,298							74
76.97	CARDIAC REHABILITATION	3,215,531							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	4,227,824							90.01
91	Emergency	166,872,000							91
91.01	PRIMARY CARE CENTER PCC	4,618,846							91.01
92	Observation Beds (Non-Distinct	44,419,651							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,350,135,169							200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 ☒ IPF ☐ SNF ☐ Swing Bed NF
Boxes: ☒ 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.)	
1	2	3	4	5	6	7	8	9	
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.125829							50
51	Recovery Room	0.163368							51
53	Anesthesiology	0.014402							53
54	Radiology-Diagnostic	0.186822							54
54.01	ULTRASOUND	0.088974							54.01
57	CT Scan	0.020750							57
58	MRI	0.053321							58
59	Cardiac Catheterization	0.118566							59
60	Laboratory	0.084728							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.376849							63
64	Intravenous Therapy	1.168984							64
65	Respiratory Therapy	0.103448							65
66	Physical Therapy	0.230357							66
68	Speech Pathology	0.558485							68
69	Electrocardiology	0.067857							69
70	Electroencephalography	0.171368							70
70.01	EMG	0.188280							70.01
70.03	ANGIOGRAPHY	0.207284							70.03
71	Medical Supplies Charged to Pat	2.157432							71
72	Impl. Dev. Charged to Patients	0.584881							72
73	Drugs Charged to Patients	0.362042							73
74	Renal Dialysis	0.291489							74
76.97	CARDIAC REHABILITATION	0.392442							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	OUTPATIENT PSYCH SERVICES	0.374340							90.01
91	Emergency	0.096979							91
91.01	PRIMARY CARE CENTER PCC	1.019185							91.01
92	Observation Beds (Non-Distinct	0.294764							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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0062

WORKSHEET D-1 PART I

Check Applicable Boxes:	☐ Title V - I/P ☒ Title XVIII, Part A ☐ Title XIX - I/P	☒ Hospital ☐ IPF ☐ IRF	☐ SUB (Other) ☐ SNF ☐ NF	☐ ICF/IID PARHM Demo	☒ PPS ☐ TEFRA ☐ Other
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PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	82,223	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	82,223	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)	71,015	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)	42,208	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)	96,053,887	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)	96,053,887	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	96,053,887	37

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0062

WORKSHEET D-1 PART II

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [XX] PPS
Applicable [XX] Title XVIII, Part A [] IPF [] PARHM Demo [] 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)						1,168.21 38
39	Program general inpatient routine service cost (line 9 x line 38)						49,307,808 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)						49,307,808 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	12,600,380	6,686	1,884.59	4,274	8,054,738	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)					60,320,923	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					117,683,469	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					9,448,122	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,901,177	51
52	Total Program excludable cost (sum of lines 50 and 51)					16,349,299	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					101,334,170	53
TARGET AMOUNT AND LIMIT COMPUTATION							
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
PROGRAM INPATIENT ROUTINE SWING BED COST							
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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

☐ PARHM Demo

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					11,208	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,168.21	88
89	Observation bed cost (line 87 x line 88) (see instructions)					13,093,298	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	16,247,205	96,053,887	0.169147	13,093,298	2,214,692	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 ☐ PARHM Demo ☐ 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)	4,936	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,936	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,936	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)	1,224	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)	7,390,477	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)	7,390,477	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)	7,390,477	37

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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WORKSHEET D-1
PART II

[XX]	PPS
[]	TEFRA
[]	Other

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		1
38	Adjusted general inpatient routine service cost per diem (see instructions)	1,497.26
39	Program general inpatient routine service cost (line 9 x line 38)	1,832,646
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)	
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,832,646
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	217,933
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,050,579
PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	259,280
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	27,628
52	Total Program excludable cost (sum of lines 50 and 51)	286,908
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,763,671
TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges	
55	Target amount per discharge	
56	Target amount (line 54 x line 55)	
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	
58	Bonus payment (see instructions)	
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.	
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.	
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)	
62	Relief payment (see instructions)	
63	Allowable Inpatient cost plus incentive payment (see instructions)	
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)	
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)	
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)	
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	☐	PARHM Demo	☐	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)	82,223	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	82,223	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)	71,015	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)	1,124	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)	1,315	15
16	Nursery days (title V or XIX only)	46	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)	96,053,887	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)	96,053,887	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	96,053,887	37

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0062

WORKSHEET D-1 PART II

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [XX] PPS
Applicable [] Title XVIII, Part A [] IPF [] PARHM Demo [] TEFRA
Boxes: [XX] 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)						1,168.21 38
39	Program general inpatient routine service cost (line 9 x line 38)						1,313,068 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)						1,313,068 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)		1,315		46		42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	12,600,380	6,686	1,884.59	198	373,149	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						1,686,217 49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					273,424	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51
52	Total Program excludable cost (sum of lines 50 and 51)					273,424	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					1,412,793	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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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

☐ PARHM Demo

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					11,208	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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	☐	PARHM Demo	☐	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)	4,936	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,936	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,936	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)	316	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)	7,390,477	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)	7,390,477	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,390,477	37

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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** ☐ **PARHM Demo** ☐ **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)	1,497.26	38
39	Program general inpatient routine service cost (line 9 x line 38)	473,134	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)	473,134	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	473,134	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	66,938	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	66,938	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	406,196	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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0062

WORKSHEET D-3

Check Applicable Boxes: ☐ Title V ☒ Title XVIII, Part A ☐ Title XIX
☒ Hospital ☐ IPF ☐ IRF ☐ SUB (Other)
☐ SNF ☐ NF ☐ Swing Bed SNF ☐ Swing Bed NF
☐ ICF/IID ☐ PARHM Demo ☐ PARHM CAH ☐ Swing Bed SNF
☒ PPS ☐ TEFRA ☐ 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		77,096,864		30
31	Intensive Care Unit		11,016,538		31
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.125875	54,641,814	6,878,038	50
51	Recovery Room	0.163368	4,796,081	783,526	51
53	Anesthesiology	0.014402	13,203,753	190,160	53
54	Radiology-Diagnostic	0.186822	12,487,044	2,332,855	54
54.01	ULTRASOUND	0.088974	6,996,644	622,519	54.01
57	CT Scan	0.020750	36,772,683	763,033	57
58	MRI	0.053321	5,665,450	302,087	58
59	Cardiac Catheterization	0.118964	10,292,687	1,224,459	59
60	Laboratory	0.084728	71,181,912	6,031,101	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.376849	3,549,504	1,337,627	63
64	Intravenous Therapy	1.168984	786,889	919,861	64
65	Respiratory Therapy	0.103448	24,865,628	2,572,299	65
66	Physical Therapy	0.230357	4,959,050	1,142,352	66
68	Speech Pathology	0.558485	938,179	523,959	68
69	Electrocardiology	0.067967	13,763,443	935,460	69
70	Electroencephalography	0.171368	474,360	81,290	70
70.01	EMG	0.188280	31,999	6,025	70.01
70.03	ANGIOGRAPHY	0.207284	3,693,022	765,504	70.03
71	Medical Supplies Charged to Patients	2.157432	5,955,885	12,849,417	71
72	Impl. Dev. Charged to Patients	0.584881	12,945,024	7,571,299	72
73	Drugs Charged to Patients	0.362042	23,361,493	8,457,842	73
74	Renal Dialysis	0.291489	2,478,226	722,376	74
76.97	CARDIAC REHABILITATION	0.392442	200,606	78,726	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.374340	705	264	90.01
91	Emergency	0.096979	32,813,646	3,182,235	91
91.01	PRIMARY CARE CENTER PCC	1.019185	45,732	46,609	91.01
92	Observation Beds (Non-Distinct Part)	0.294764			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		346,901,459	60,320,923	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		346,901,459		202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S062

WORKSHEET D-3

Check Applicable Boxes: ☐ Title V ☒ Title XVIII, Part A ☐ Title XIX
☐ Hospital ☒ IPF ☐ IRF ☐ SUB (Other)
☐ SNF ☐ NF ☐ Swing Bed SNF ☐ Swing Bed NF
☐ ICF/IID ☐ PARHM Demo ☐ PARHM CAH ☐ Swing Bed SNF
☒ PPS ☐ TEFRA ☐ 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		2,782,873		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.125875			50
51	Recovery Room	0.163368			51
53	Anesthesiology	0.014402			53
54	Radiology-Diagnostic	0.186822	55,712	10,408	54
54.01	ULTRASOUND	0.088974	18,564	1,652	54.01
57	CT Scan	0.020750	186,375	3,867	57
58	MRI	0.053321	25,721	1,371	58
59	Cardiac Catheterization	0.118964			59
60	Laboratory	0.084728	622,538	52,746	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.376849	1,336	503	63
64	Intravenous Therapy	1.168984			64
65	Respiratory Therapy	0.103448	138,684	14,347	65
66	Physical Therapy	0.230357	42,126	9,704	66
68	Speech Pathology	0.558485	1,295	723	68
69	Electrocardiology	0.067967	71,085	4,831	69
70	Electroencephalography	0.171368	15,824	2,712	70
70.01	EMG	0.188280			70.01
70.03	ANGIOGRAPHY	0.207284			70.03
71	Medical Supplies Charged to Patients	2.157432	4,346	9,376	71
72	Impl. Dev. Charged to Patients	0.584881			72
73	Drugs Charged to Patients	0.362042	132,116	47,832	73
74	Renal Dialysis	0.291489	1,516	442	74
76.97	CARDIAC REHABILITATION	0.392442	184	72	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.374340	1,778	666	90.01
91	Emergency	0.096979	584,471	56,681	91
91.01	PRIMARY CARE CENTER PCC	1.019185			91.01
92	Observation Beds (Non-Distinct Part)	0.294764			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,903,671	217,933	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,903,671		202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0062

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.125875			50
51	Recovery Room	0.163368			51
53	Anesthesiology	0.014402			53
54	Radiology-Diagnostic	0.186822			54
54.01	ULTRASOUND	0.088974			54.01
57	CT Scan	0.020750			57
58	MRI	0.053321			58
59	Cardiac Catheterization	0.118964			59
60	Laboratory	0.084728			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.376849			63
64	Intravenous Therapy	1.168984			64
65	Respiratory Therapy	0.103448			65
66	Physical Therapy	0.230357			66
68	Speech Pathology	0.558485			68
69	Electrocardiology	0.067967			69
70	Electroencephalography	0.171368			70
70.01	EMG	0.188280			70.01
70.03	ANGIOGRAPHY	0.207284			70.03
71	Medical Supplies Charged to Patients	2.157432			71
72	Impl. Dev. Charged to Patients	0.584881			72
73	Drugs Charged to Patients	0.362042			73
74	Renal Dialysis	0.291489			74
76.97	CARDIAC REHABILITATION	0.392442			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.374340			90.01
91	Emergency	0.096979			91
91.01	PRIMARY CARE CENTER PCC	1.019185			91.01
92	Observation Beds (Non-Distinct Part)	0.294764			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S062

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.125875			50
51	Recovery Room	0.163368			51
53	Anesthesiology	0.014402			53
54	Radiology-Diagnostic	0.186822			54
54.01	ULTRASOUND	0.088974			54.01
57	CT Scan	0.020750			57
58	MRI	0.053321			58
59	Cardiac Catheterization	0.118964			59
60	Laboratory	0.084728			60
62.30	BLOOD CLOTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.376849			63
64	Intravenous Therapy	1.168984			64
65	Respiratory Therapy	0.103448			65
66	Physical Therapy	0.230357			66
68	Speech Pathology	0.558485			68
69	Electrocardiology	0.067967			69
70	Electroencephalography	0.171368			70
70.01	EMG	0.188280			70.01
70.03	ANGIOGRAPHY	0.207284			70.03
71	Medical Supplies Charged to Patients	2.157432			71
72	Impl. Dev. Charged to Patients	0.584881			72
73	Drugs Charged to Patients	0.362042			73
74	Renal Dialysis	0.291489			74
76.97	CARDIAC REHABILITATION	0.392442			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.374340			90.01
91	Emergency	0.096979			91
91.01	PRIMARY CARE CENTER PCC	1.019185			91.01
92	Observation Beds (Non-Distinct Part)	0.294764			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

Check applicable box: ☒ Hospital
☐ PARHM Hospital

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)	67,308,756			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	23,958,742			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)				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)	552,541			2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)	284,034			2.04
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	374,29			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)	0.0167			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.0633			31
32	Sum of lines 30 and 31	0.0800			32
33	Allowable disproportionate share percentage (see instructions)				33
34	Disproportionate share adjustment (see instructions)				34
		Prior to October 1 (1.00)	(1.01)	On or after 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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

Check applicable box: ☒ Hospital
☐ PARHM Hospital

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	92,104,073			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)	92,104,073			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	7,683,604			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	105,782			53
54	Special add-on payments for new technologies	5,375			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)	138,113			58
59	Total (sum of amounts on lines 49 through 58)	100,036,947			59
60	Primary payer payments	10,162			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	100,026,785			61
62	Deductibles billed to program beneficiaries	9,245,640			62
63	Coinsurance billed to program beneficiaries	430,814			63
64	Allowable bad debts (see instructions)	582,704			64
65	Adjusted reimbursable bad debts (see instructions)	378,758			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	582,704			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	90,729,089			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)	213,438			70.93
70.94	HRR adjustment amount (see instructions)	-1,091,641			70.94
71	Amount due provider (see instructions)	89,850,886			71
71.01	Sequestration adjustment (see instructions)	1,797,018			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
71.03	Sequestration adjustment - PARHM pass-throughs				71.03
72	Interim payments	87,690,993			72
72.01	Interim payments - PARHM				72.01
73	Tentative settlement (for contractor use only)				73
73.01	Tentative settlement - PARHM (for contractor use only)				73.01
74	Balance due provider/program (line 71 minus lines 71.01, 72 and 73)	362,875			74
74.01	Balance due provider/program - PARHM (see instructions)				74.01
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	1,446,229			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
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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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0062

WORKSHEET E PART B

Check applicable box: ☒ [XX] Hospital ☐ [] IPF ☐ [] IRF ☐ [] SUB (Other) ☐ [] SNF ☐ [] PARHM Demonstration

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)	37,350,332			2
3	OPPS payments	34,731,283			3
4	Outlier payment (see instructions)	19,026			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	54,008			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)	34,804,317			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	6,262,819			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)	28,541,498			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)	28,541,498			30
31	Primary payer payments	14			31
32	Subtotal (line 30 minus line 31)	28,541,484			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)	328,234			34
35	Adjusted reimbursable bad debts (see instructions)	213,352			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	328,234			36
37	Subtotal (see instructions)	28,754,836			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)	28,754,836			40
40.01	Sequestration adjustment (see instructions)	575,097			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
40.03	Sequestration adjustment - PARHM pass-throughs				40.03
41	Interim payments	28,088,304			41
41.01	Interim payments - PARHM				41.01
42	Tentative settlement (for contractors use only)				42
42.01	Tentative settlement - PARHM (for contractor use only)				42.01
43	Balance due provider/program (see instructions)	91,435			43
43.01	Balance due provider/program - PARHM (see instructions)				43.01
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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 ☐ PARHM Demonstration

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
40.03	Sequestration adjustment - PARHM pass-throughs				40.03
41	Interim payments				41
41.01	Interim payments - PARHM				41.01
42	Tentative settlement (for contractors use only)				42
42.01	Tentative settlement - PARHM (for contractor use only)				42.01
43	Balance due provider/program (see instructions)				43
43.01	Balance due provider/program - PARHM (see instructions)				43.01
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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0062

WORKSHEET E-1
PART I

Check [XX] Hospital [] SUB (Other) [] PARHM Demonstration
Applicable [] IPF [] SNF [] PARHM CAH Swing Bed-SNF
Boxes: [] IRF [] Swing Bed SNF

			INPATIENT PART A		PART B	
DESCRIPTION			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
1			1	2	3	4
1	Total interim payments paid to provider			87,449,309		27,934,642
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			365,663		153,662
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)					
						3.01
						3.02
		Program				3.03
		to				3.04
		Provider				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
			08/07/2019	123,979		3.50
						3.51
		Provider				3.52
		to				3.53
		Program				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			-123,979		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)			87,690,993		28,088,304
	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)					
						5.01
						5.02
		Program				5.03
		to				5.04
		Provider				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		Provider				5.52
		to				5.53
		Program				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)			362,875		91,435
						6.02
7	Total Medicare program liability (see instructions)			88,053,868		28,179,739
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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S062

WORKSHEET E-1
PART I

Check ☐ Hospital
Applicable ☒ IPF
Boxes: ☐ IRF

☐ SUB (Other)
☐ SNF
☐ Swing Bed SNF

☐ PARHM Demonstration
☐ PARHM CAH Swing Bed-SNF

			INPATIENT PART A		PART B	
DESCRIPTION			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
1			1	2	3	4
1	Total interim payments paid to provider			1,029,318		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		Program	.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. E or Wkst. E-3, line and column as appropriate)			1,029,318		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	Determined net settlement amount (balance due) based on the cost report (1)		.01	793		6.01
			.02			6.02
7	Total Medicare program liability (see instructions)			1,030,111		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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S062

WORKSHEET E-3
PART II

Check
Applicable
Box:

[] Hospital
[XX] Subprovider IPF

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,236,473	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	13.523288	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)	1,236,473	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)	1,236,473	16
17	Primary payer payments	3,368	17
18	Subtotal (line 16 less line 17)	1,233,105	18
19	Deductibles	178,660	19
20	Subtotal (line 18 minus line 19)	1,054,445	20
21	Coinsurance	4,092	21
22	Subtotal (line 20 minus line 21)	1,050,353	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	1,050,353	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)	781	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)	1,051,134	31
31.01	Sequestration adjustment (see instructions)	21,023	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	1,029,318	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)	793	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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0062

WORKSHEET E-3
PART VII

Check [] Title V [XX] Hospital [] NF [XX] PPS
Applicable [XX] 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			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)			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)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			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			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			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)			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)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			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)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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			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)			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)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			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			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			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)			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)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			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)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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)

	Assets (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	6,335,353				1
2	Temporary investments	4,471,399				2
3	Notes receivable					3
4	Accounts receivable	44,533,135				4
5	Other receivables	10,622				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	9,949,944				7
8	Prepaid expenses					8
9	Other current assets	3,930,093				9
10	Due from other funds	6,804,015				10
11	Total current assets (sum of lines 1-10)	76,034,561				11
FIXED ASSETS						
12	Land	9,535,479				12
13	Land improvements	24,589,783				13
14	Accumulated depreciation					14
15	Buildings	600,574,895				15
16	Accumulated depreciation	-335,086,655				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	225,066,894				19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment					23
24	Accumulated depreciation					24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	524,680,396				30
OTHER ASSETS						
31	Investments	16,636,608				31
32	Deposits on leases	5,248,100				32
33	Due from owners/officers					33
34	Other assets	28,712,527				34
35	Total other assets (sum of lines 31-34)	50,597,235				35
36	Total assets (sum of lines 11, 30 and 35)	651,312,192				36
	Liabilities and Fund Balances (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	10,103,351				37
38	Salaries, wages and fees payable	19,210,355				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	17,970,109				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	37,359,608				43
44	Other current liabilities	12,219,250				44
45	Total current liabilities (sum of lines 37 thru 44)	96,862,673				45
LONG TERM LIABILITIES						
46	Mortgage payable	331,172,116				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	33,007,088				49
50	Total long term liabilities (sum of lines 46 thru 49)	364,179,204				50
51	Total liabilities (sum of lines 45 and 50)	461,041,877				51
CAPITAL ACCOUNTS						
52	General fund balance	190,270,315				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)	190,270,315				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	651,312,192				60

Health Financial Systems Compu-Max 2552-10

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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		192,336,341		1
2	Net income (loss) (from Worksheet G-3, line 29)		-2,066,026		2
3	Total (sum of line 1 and line 2)		190,270,315		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)		190,270,315		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)		190,270,315		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

Health Financial Systems Compu-Max 2552-10

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	144,013,096		144,013,096	1
2	Subprovider IPF	10,218,038		10,218,038	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)	154,231,134		154,231,134	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)	154,231,134		154,231,134	17
18	Ancillary services	633,257,626		633,257,626	18
19	Outpatient services		727,800,454	727,800,454	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		18,269,915	18,269,915	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		9,152,185	9,152,185	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	787,488,760	755,222,554	1,542,711,314	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		367,777,509	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)		367,777,509	43

Health Financial Systems 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)	1,542,711,314	1
2	Less contractual allowances and discounts on patients' accounts	1,185,819,729	2
3	Net patient revenues (line 1 minus line 2)	356,891,585	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	367,777,509	4
5	Net income from service to patients (line 3 minus line 4)	-10,885,924	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	317,601	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts	44,521	10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,512,538	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	145,940	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	3,056,561	22
23	Governmental appropriations		23
24	Other (COMMUNITY EDUCATION)	13,535	24
24.01	Other (MISCELLANEOUS)	-456,794	24.01
24.02	Other (HOME DELIVERED MEALS)	29,740	24.02
24.03	Other (LIFELINE)	10,306	24.03
24.04	Other (JOINT VENTURE)	-794,136	24.04
24.05	Other (BABY PHOTO)	1,231	24.05
24.06	Other (NEWSPAPER)	-15,574	24.06
24.07	Other (INTERCOMPANY)	4,954,429	24.07
25	Total other income (sum of lines 6-24)	8,819,898	25
26	Total (line 5 plus line 25)	-2,066,026	26
29	Net income (or loss) for the period (line 26 minus line 28)	-2,066,026	29

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	2,936,756		249,393	122,900		5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	4,268,445					6
7	Physical Therapy	1,062,224			1,593,563		7
8	Occupational Therapy	184,850			240,177		8
9	Speech Pathology	99,157			3,269		9
10	Medical Social Services	115,437					10
11	Home Health Aide	237,823					11
12	Supplies (see instructions)					456,083	12
13	Drugs					4,312	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	81,572				270,073	23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	8,986,264		249,393	1,959,909	730,468	24

Health Financial Systems Compu-Max 2552-10

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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	3,309,049	59,849	3,368,898	-657	3,368,241	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	4,268,445		4,268,445		4,268,445	6
7	Physical Therapy	2,655,787		2,655,787		2,655,787	7
8	Occupational Therapy	425,027		425,027		425,027	8
9	Speech Pathology	102,426		102,426		102,426	9
10	Medical Social Services	115,437		115,437		115,437	10
11	Home Health Aide	237,823		237,823		237,823	11
12	Supplies (see instructions)	456,083		456,083		456,083	12
13	Drugs	4,312		4,312		4,312	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	351,645		351,645		351,645	23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	11,926,034	59,849	11,985,883	-657	11,985,226	24

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

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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	3,368,241				5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	4,268,445				6
7	Physical Therapy	2,655,787				7
8	Occupational Therapy	425,027				8
9	Speech Pathology	102,426				9
10	Medical Social Services	115,437				10
11	Home Health Aide	237,823				11
12	Supplies (see instructions)	456,083				12
13	Drugs	4,312				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	351,645				23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	11,985,226				24

Health Financial Systems Compu-Max 2552-10

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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		3,368,241	3,368,241		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		4,268,445	1,668,467	5,936,912	6
7	Physical Therapy		2,655,787	1,038,105	3,693,892	7
8	Occupational Therapy		425,027	166,136	591,163	8
9	Speech Pathology		102,426	40,037	142,463	9
10	Medical Social Services		115,437	45,122	160,559	10
11	Home Health Aide		237,823	92,961	330,784	11
12	Supplies (see instructions)		456,083	178,276	634,359	12
13	Drugs		4,312	1,685	5,997	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		351,645	137,452	489,097	23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		11,985,226		11,985,226	24

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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)				249,393			4
5	Administrative and General				249,393	-3,368,241	17,233,970	5
	HHA REIMBURSABLE SERVICES							
6	Skilled Nursing Care					4,268,445	8,536,890	6
7	Physical Therapy					2,655,787	5,311,574	7
8	Occupational Therapy					425,027	850,054	8
9	Speech Pathology					102,426	204,852	9
10	Medical Social Services					115,437	230,874	10
11	Home Health Aide					237,823	475,646	11
12	Supplies (see instructions)					456,083	912,166	12
13	Drugs					4,312	8,624	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					351,645	703,290	23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)				249,393	5,248,744	17,233,970	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						3,368,241	25
26	Unit Cost Multiplier						0.195442	26

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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		134,801	29,300	1,934,345	23,958	684,329	1
2	Skilled Nursing Care	5,936,912						2
3	Physical Therapy	3,693,892						3
4	Occupational Therapy	591,163						4
5	Speech Pathology	142,463						5
6	Medical Social Services	160,559						6
7	Home Health Aide	330,784						7
8	Supplies	634,359						8
9	Drugs	5,997						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	489,097						19
20	Totals (sum of lines 1-19)(2)	11,985,226	134,801	29,300	1,934,345	23,958	684,329	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.

Health Financial Systems Compu-Max 2552-10

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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)		MAIN- TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
1	Administrative and General	15,728			2,822,461	531,977	78,183	1
2	Skilled Nursing Care				5,936,912	1,118,991		2
3	Physical Therapy				3,693,892	696,225		3
4	Occupational Therapy				591,163	111,422		4
5	Speech Pathology				142,463	26,851		5
6	Medical Social Services				160,559	30,262		6
7	Home Health Aide				330,784	62,346		7
8	Supplies				634,359	119,564		8
9	Drugs				5,997	1,130		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				489,097	92,185		19
20	Totals (sum of lines 1-19)(2)	15,728			14,807,687	2,790,953	78,183	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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	7,854					3,119	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)	7,854					3,119	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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 & PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	Administrative and General			93,286	2,384			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)			93,286	2,384			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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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						3,539,264	1
2	Skilled Nursing Care						7,055,903	2
3	Physical Therapy						4,390,117	3
4	Occupational Therapy						702,585	4
5	Speech Pathology						169,314	5
6	Medical Social Services						190,821	6
7	Home Health Aide						393,130	7
8	Supplies						753,923	8
9	Drugs						7,127	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						581,282	19
20	Totals (sum of lines 1-19)(2)						17,783,466	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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 PtII)	TOTAL HHA COSTS			
		25	26	27	28			
1	Administrative and General		3,539,264					1
2	Skilled Nursing Care		7,055,903	1,753,180	8,809,083			2
3	Physical Therapy		4,390,117	1,090,817	5,480,934			3
4	Occupational Therapy		702,585	174,572	877,157			4
5	Speech Pathology		169,314	42,070	211,384			5
6	Medical Social Services		190,821	47,413	238,234			6
7	Home Health Aide		393,130	97,681	490,811			7
8	Supplies		753,923	187,328	941,251			8
9	Drugs		7,127	1,771	8,898			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		581,282	144,432	725,714			19
20	Totals (sum of lines 1-19)(2)		17,783,466	3,539,264	17,783,466			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.			0.248471				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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 REQUI SIT	
		1	2	4	5.01	5.02	5.03	
1	Administrative and General	4,424	61,791	12,193	86	360	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	61,791	12,193	86	360	397	20
21	Total cost to be allocated	134,801	29,300	1,934,345	23,958	684,329	15,728	21
22	Unit Cost Multiplier	30.470389		158.643894		1,900.913889		22
22	Unit Cost Multiplier		0.474179		278.581395		39.617128	22

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	TIME SPENT	
		5.04	5.05	4A.06	5.06	6	6.01	
1	Administrative and General	66	66		2,822,461	4,424	1,170	1
2	Skilled Nursing Care				5,936,912			2
3	Physical Therapy				3,693,892			3
4	Occupational Therapy				591,163			4
5	Speech Pathology				142,463			5
6	Medical Social Services				160,559			6
7	Home Health Aide				330,784			7
8	Supplies				634,359			8
9	Drugs				5,997			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				489,097			19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	66	66		14,807,687	4,424	1,170	20
21	Total cost to be allocated				2,790,953	78,183	7,854	21
22	Unit Cost Multiplier					17.672468		22
22	Unit Cost Multiplier				0.188480		6.712821	22

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 & 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					3,119		21
22	Unit Cost Multiplier					6.238000		22
22	Unit Cost Multiplier							22

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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		109,374	4,312				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)		109,374	4,312				20
21	Total cost to be allocated		93,286	2,384				21
22	Unit Cost Multiplier			0.552876				22
22	Unit Cost Multiplier		0.852908					22

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	8,809,083		8,809,083	46,006	191.48	1
2	Physical Therapy	3	5,480,934		5,480,934	29,645	184.89	2
3	Occupational Therapy	4	877,157		877,157	4,924	178.14	3
4	Speech Pathology	5	211,384		211,384	1,226	172.42	4
5	Medical Social Services	6	238,234		238,234	746	319.35	5
6	Home Health Aide	7	490,811		490,811	6,462	75.95	6
7	Total (sum of lines 1-6)		16,107,603		16,107,603	89,009		7

Limitation Cost Comoputation			Program Visits			
	Patient Services			PART B		
		CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	4	
8	Skilled Nursing Care	16974		33,142		8
9	Physical Therapy	16974		20,807		9
10	Occupational Therapy	16974		3,531		10
11	Speech Pathology	16974		858		11
12	Medical Social Services	16974		548		12
13	Home Health Aide	16974		4,891		13
14	Total (sum of lines 8-13)			63,777		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	941,251		941,251	525,643	1.790666	15
16	Cost of Drugs	9	8,898		8,898	1,646	5.405832	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	0.230357			col. 2, line 2	1
2	Occupational Therapy	67				col. 2, line 3	2
3	Speech Pathology	68	0.558485			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	2.157432			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.362042			col. 2, line 16	5

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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		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		33,142			6,346,030		6,346,030	1
2	Physical Therapy		20,807			3,847,006		3,847,006	2
3	Occupational Therapy		3,531			629,012		629,012	3
4	Speech Pathology		858			147,936		147,936	4
5	Medical Social Services		548			175,004		175,004	5
6	Home Health Aide		4,891			371,471		371,471	6
7	Total (sum of lines 1-6)		63,777			11,516,459		11,516,459	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		8						15
16	Cost of Drugs		9	1,646			8,898		16

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7470

WORKSHEET H-4
PARTS I & IICheck 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)		8,898		1
2	Total charges		1,646		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)		1,646		6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)				7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		7,252		8
9	Primary payer amounts		2,832		9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)		6,066	10
11	Total PPS Reimbursement - Full Episodes without Outliers		10,847,023	11
12	Total PPS Reimbursement - Full Episodes with Outliers		913,293	12
13	Total PPS Reimbursement - LUPA Episodes		195,632	13
14	Total PPS Reimbursement - PEP Episodes		148,200	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		299,930	15
16	Total PPS Outlier Reimbursement - PSP Episodes		5,764	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)		12,415,908	22
23	Excess reasonable cost (from line 8)		7,252	23
24	Subtotal (line 22 minus line 23)		12,408,656	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		12,408,656	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)		12,408,656	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		12,408,656	31
31.01	Sequestration adjustment (see instructions)		248,141	31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		12,160,482	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)		33	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

Health Financial Systems Compu-Max 2552-10

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 14-7470

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				12,158,869
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.				1,613
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	To	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	To	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				12,160,482
	TO BE COMPLETED BY CONTRACTOR				
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	To	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	To	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01			33
		.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				12,160,515
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.

Health Financial Systems Compu-Max 2552-10

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CALCULATION OF CAPITAL PAYMENT**COMPONENT CCN: 14-0062****WORKSHEET L**

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	7,386,648	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	176,554	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)	213.56	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)	0.0167	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.0633	8
9	Sum of lines 7 and 8	0.0800	9
10	Allowable disproportionate share percentage (see instructions)	0.0163	10
11	Disproportionate share adjustment (see instructions)	120,402	11
12	Total prospective capital payments (see instructions)	7,683,604	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

Health Financial Systems Compu-Max 2552-10

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CALCULATION OF CAPITAL PAYMENT**COMPONENT CCN: 14-0062****WORKSHEET L**

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

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

Health Financial Systems Compu-Max 2552-10

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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		
	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

Health Financial Systems Compu-Max 2552-10

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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

Health Financial Systems Compu-Max 2552-10

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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	364,659	535,885	900,544	4,526	905,070	-448	904,622	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		2,309	2,309		2,309		2,309	10
11	Medical Records								11
12	Staff Transportation		72,726	72,726		72,726		72,726	12
13	Volunteer Service Coordination								13
14	Pharmacy		274,262	274,262		274,262		274,262	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	4,848		4,848		4,848		4,848	27
28	Registered Nurse	1,497,121		1,497,121		1,497,121		1,497,121	28
29	LPN/LVN								29
30	Physical Therapy	94,307		94,307		94,307		94,307	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	243,311		243,311		243,311		243,311	33
34	Spiritual Counseling	34,194		34,194		34,194		34,194	34
35	Dietary Counseling	5,739		5,739		5,739		5,739	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	250,723		250,723		250,723		250,723	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	148		148		148		148	46
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program	84,123		84,123		84,123		84,123	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	2,579,173	885,182	3,464,355	4,526	3,468,881	-448	3,468,433	100

Health Financial Systems Compu-Max 2552-10

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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	409		409		409		409	28
29	LPN/LVN								29
30	Physical Therapy	26		26		26		26	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	66		66		66		66	33
34	Spiritual Counseling	9		9		9		9	34
35	Dietary Counseling	2		2		2		2	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	68		68		68		68	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	580		580		580		580	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	1,426,234		1,426,234		1,426,234		1,426,234	28
29	LPN/LVN								29
30	Physical Therapy	89,554		89,554		89,554		89,554	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	231,048		231,048		231,048		231,048	33
34	Spiritual Counseling	32,470		32,470		32,470		32,470	34
35	Dietary Counseling	5,450		5,450		5,450		5,450	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	238,086		238,086		238,086		238,086	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	148		148		148		148	46
100	TOTAL	2,022,990		2,022,990		2,022,990		2,022,990	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	4,848		4,848		4,848		4,848	27
28	Registered Nurse								28
29	LPN/LVN								29
30	Physical Therapy	302		302		302		302	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	780		780		780		780	33
34	Spiritual Counseling	110		110		110		110	34
35	Dietary Counseling	18		18		18		18	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	804		804		804		804	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	6,862		6,862		6,862		6,862	100

Health Financial Systems Compu-Max 2552-10

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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	70,478		70,478		70,478		70,478	28
29	LPN/LVN								29
30	Physical Therapy	4,425		4,425		4,425		4,425	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	11,417		11,417		11,417		11,417	33
34	Spiritual Counseling	1,605		1,605		1,605		1,605	34
35	Dietary Counseling	269		269		269		269	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	11,765		11,765		11,765		11,765	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	99,959		99,959		99,959		99,959	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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		132	132	2
3	Employee Benefits Department		583,968	583,968	3
4	Administrative & General	904,622	766,352	1,670,974	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	2,309	1,567	3,876	10
11	Medical Records				11
12	Staff Transportation	72,726		72,726	12
13	Volunteer Service Coordination				13
14	Pharmacy	274,262	151,645	425,907	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	580		580	50
51	Hospice Routine Home Care	2,022,990		2,022,990	51
52	Hospice Inpatient Respite Care	6,862		6,862	52
53	Hospice General Inpatient Care	99,959		99,959	53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program	84,123		84,123	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	3,468,433	1,503,664	4,972,097	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	132		132					2
3	Employee Benefits Department	583,968			583,968				3
4	Administrative & General	1,670,974		132	583,968	2,255,074	2,255,074		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	3,876				3,876	3,217		10
11	Medical Records								11
12	Staff Transportation	72,726				72,726	60,361		12
13	Volunteer Service Coordination								13
14	Pharmacy	425,907				425,907	353,494		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	580				580	481		50
51	Hospice Routine Home Care	2,022,990				2,022,990	1,679,042		51
52	Hospice Inpatient Respite Care	6,862				6,862	5,695		52
53	Hospice General Inpatient Care	99,959				99,959	82,964		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program	84,123				84,123	69,820		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	4,972,097		132	583,968	4,972,097	2,255,074		100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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 ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	
		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					7,093			10
11	Medical Records								11
12	Staff Transportation							133,087	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					2		36	50
51	Hospice Routine Home Care					6,735		126,379	51
52	Hospice Inpatient Respite Care					23		427	52
53	Hospice General Inpatient Care					333		6,245	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					7,093		133,087	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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		779,401					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		212				1,311	50
51	Hospice Routine Home Care		740,116				4,575,262	51
52	Hospice Inpatient Respite Care		2,500				15,507	52
53	Hospice General Inpatient Care		36,573				226,074	53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program						153,943	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		779,401				4,972,097	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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		132						2
3	Employee Benefits Department			583,964					3
4	Administrative & General		132	583,964	-2,255,074	2,717,023			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					3,876			10
11	Medical Records								11
12	Staff Transportation					72,726			12
13	Volunteer Service Coordination								13
14	Pharmacy					425,907			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					580			50
51	Hospice Routine Home Care					2,022,990			51
52	Hospice Inpatient Respite Care					6,862			52
53	Hospice General Inpatient Care					99,959			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program					84,123			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)		132	583,968		2,255,074			100
101	Unit cost multiplier		1.000000	1.000007		0.829980			101

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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-FACIL-ITY DAYS 8	NURSING ADMINIS-TRATION DIRECT NURS. HRS. 9	ROUTINE MEDICAL SUPPLIES PATIENT DAYS 10	MEDICAL RECORDS PATIENT DAYS 11	STAFF TRANS-PORTATION MILEAGE 12	VOLUNTEER SVC COOR-DINATION 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				33,053				10
11	Medical Records								11
12	Staff Transportation						33,053		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				9		9		50
51	Hospice Routine Home Care				31,387		31,387		51
52	Hospice Inpatient Respite Care				106		106		52
53	Hospice General Inpatient Care				1,551		1,551		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)				7,093		133,087		100
101	Unit cost multiplier				0.214595		4.026473		101

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	33,053				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	9				50
51	Hospice Routine Home Care	31,387				51
52	Hospice Inpatient Respite Care	106				52
53	Hospice General Inpatient Care	1,551				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)	779,401				100
101	Unit cost multiplier	23.580341				101

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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)					
	Cost Center Descriptions	Wkst C Pt I, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP	
		0	1	2	3	4	5	
AN C	ANCILLARY SERVICE COST CENTERS	0						AN C
1	Physical Therapy	66	0.230357	264				1
2	Occupational Therapy	67						2
3	Speech Language Pathology	68	0.558485					3
4	Drugs, Biological & Infusion Therapy	73	0.362042	37,579				4
5	Durable Medical Equipment/Oxygen	96						5
6	Labs and Diagnostics	60	0.084728	23,819				6
7	Medical Supplies	71	2.157432					7
8	Outpatient Services (incl E/R)	93						8
9	Radiation Therapy	55						9
10	Other	76						10
11	Totals (sum of lines 1-10)	0						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	
AN C	ANCILLARY SERVICE COST CENTERS					AN C
1	Physical Therapy	61				1
2	Occupational Therapy					2
3	Speech Language Pathology					3
4	Drugs, Biological & Infusion Therapy	13,605				4
5	Durable Medical Equipment/Oxygen					5
6	Labs and Diagnostics	2,018				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)	15,684				11

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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			16,995	1
2	Total unduplicated days			9	2
3	Total average cost per diem			1,888.33	3
4	Unduplicated program days	8	1		4
5	Program cost	15,107	1,888		5
	HOSPICE ROUTINE HOME CARE				
6	Total cost			4,575,262	6
7	Total unduplicated days			31,387	7
8	Total average cost per diem			145.77	8
9	Unduplicated program days	29,805	501		9
10	Program cost	4,344,675	73,031		10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost			15,507	11
12	Total unduplicated days			106	12
13	Total average cost per diem			146.29	13
14	Unduplicated program days	99	2		14
15	Program cost	14,483	293		15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost			226,074	16
17	Total unduplicated days			1,551	17
18	Total average cost per diem			145.76	18
19	Unduplicated program days	1,431	39		19
20	Program cost	208,583	5,685		20
	TOTAL HOSPICE CARE				
21	Total cost			4,833,838	21
22	Total unduplicated days			33,053	22
23	Average cost per diem			146.25	23

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2019 To: 12/31/2019	Run Date: 08/28/2020 Run Time: 13:59 Version: 2020.06 (07/23/2020)
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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	51.33		1.37				52.70	30
31	Intensive Care Unit	63.92		2.96				66.88	31
43	Nursery			3.50				3.50	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	23.40	18.52					41.92	50
51	Recovery Room	28.48	14.19					42.67	51
53	Anesthesiology	24.57	17.95					42.52	53
54	Radiology-Diagnostic	19.74	22.86					42.60	54
54.01	ULTRASOUND	28.55	18.34					46.89	54.01
57	CT Scan	24.09	19.49					43.58	57
58	MRI	30.07	18.22					48.29	58
59	Cardiac Catheterization	20.98	28.39					49.37	59
60	Laboratory	29.70	8.88					38.58	60
63	Blood Storing, Processing & Tra	42.94	6.29					49.23	63
64	Intravenous Therapy	51.55	1.28					52.83	64
65	Respiratory Therapy	54.34	4.13					58.47	65
66	Physical Therapy	17.13	8.09					25.22	66
68	Speech Pathology	38.69	0.76					39.45	68
69	Electrocardiology	28.17	18.80					46.97	69
70	Electroencephalography	37.81	10.76					48.57	70
70.01	EMG	4.78	42.79					47.57	70.01
70.03	ANGIOGRAPHY	37.30	16.51					53.81	70.03
71	Medical Supplies Charged to Pat	29.61	17.70					47.31	71
72	Impl. Dev. Charged to Patients	35.02	19.63					54.65	72
73	Drugs Charged to Patients	35.46	13.87					49.33	73
74	Renal Dialysis	60.28	2.64					62.92	74
76.97	CARDIAC REHABILITATION	6.24	43.44					49.68	76.97
90.01	OUTPATIENT PSYCH SERVICES	0.02	18.06					18.08	90.01
91	Emergency	19.66	15.00					34.66	91
91.01	PRIMARY CARE CENTER PCC	0.99	18.23					19.22	91.01
92	Observation Beds (Non-Distinct		20.52					20.52	92
200	TOTAL CHARGES	25.69	15.99					41.68	200

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REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IPF

	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								
40	Subprovider - IPF	24.80		6.40				31.20	40
	UTILIZATION PERCENTAGES BASED ON CHARGES								
54	Radiology-Diagnostic	0.09						0.09	54
54.01	ULTRASOUND	0.08						0.08	54.01
57	CT Scan	0.12						0.12	57
58	MRI	0.14						0.14	58
60	Laboratory	0.26						0.26	60
63	Blood Storing, Processing & Tra	0.02						0.02	63
65	Respiratory Therapy	0.30						0.30	65
66	Physical Therapy	0.15						0.15	66
68	Speech Pathology	0.05						0.05	68
69	Electrocardiology	0.15						0.15	69
70	Electroencephalography	1.26						1.26	70
71	Medical Supplies Charged to Pat	0.02						0.02	71
73	Drugs Charged to Patients	0.20						0.20	73
74	Renal Dialysis	0.04						0.04	74
76.97	CARDIAC REHABILITATION	0.01						0.01	76.97
90.01	OUTPATIENT PSYCH SERVICES	0.04						0.04	90.01
91	Emergency	0.35						0.35	91
200	TOTAL CHARGES	0.14						0.14	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	31,694,600	8.75	-31,694,600	-18.14			1
2	Cap Rel Costs-Mvble Equip	15,587,489	4.30	-15,587,489	-8.92			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	37,638,823	10.39	-37,638,823	-21.54			4
5.01	COMMUNICATIONS	631,773	0.17	-631,773	-0.36			5.01
5.02	DATA PROCESSING	11,047,042	3.05	-11,047,042	-6.32			5.02
5.03	PURCHASING AND STORES	547,334	0.15	-547,334	-0.31			5.03
5.04	ADMITTING	2,266,836	0.63	-2,266,836	-1.30			5.04
5.05	CASHIERING	3,096,915	0.86	-3,096,915	-1.77			5.05
5.06	ADMINISTRATIVE & GENERAL	38,863,872	10.73	-38,863,872	-22.24			5.06
6	Maintenance & Repairs	6,910,217	1.91	-6,910,217	-3.95			6
6.01	CLINICAL ENGINEERING	4,915,026	1.36	-4,915,026	-2.81			6.01
7	Operation of Plant							7
8	Laundry & Linen Service	1,240,420	0.34	-1,240,420	-0.71			8
9	Housekeeping	3,970,541	1.10	-3,970,541	-2.27			9
10	Dietary	2,347,521	0.65	-2,347,521	-1.34			10
11	Cafeteria	781,386	0.22	-781,386	-0.45			11
12	Maintenance of Personnel							12
13	Nursing Administration	1,113,693	0.31	-1,113,693	-0.64			13
14	Central Services & Supply	3,340,298	0.92	-3,340,298	-1.91			14
15	Pharmacy	3,973,875	1.10	-3,973,875	-2.27			15
16	Medical Records & Library	3,559,839	0.98	-3,559,839	-2.04			16
17	Social Service	991,245	0.27	-991,245	-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)	242,732	0.07	-242,732	-0.14			23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	40,068,562	11.06	55,544,120	31.78	95,612,682	26.40	30
31	Intensive Care Unit	6,414,114	1.77	6,184,701	3.54	12,598,815	3.48	31
40	Subprovider - IPF	3,598,957	0.99	3,791,520	2.17	7,390,477	2.04	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	12,758,347	3.52	16,626,758	9.51	29,385,105	8.11	50
51	Recovery Room	1,348,716	0.37	1,402,443	0.80	2,751,159	0.76	51
53	Anesthesiology	21,786	0.01	752,241	0.43	774,027	0.21	53
54	Radiology-Diagnostic	5,005,698	1.38	6,813,697	3.90	11,819,395	3.26	54
54.01	ULTRASOUND	1,164,182	0.32	1,016,148	0.58	2,180,330	0.60	54.01
57	CT Scan	1,323,734	0.37	1,843,460	1.05	3,167,194	0.87	57
58	MRI	407,852	0.11	596,852	0.34	1,004,704	0.28	58
59	Cardiac Catheterization	2,254,566	0.62	3,563,401	2.04	5,817,967	1.61	59
60	Laboratory	10,079,939	2.78	10,225,847	5.85	20,305,786	5.61	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,421,656	0.67	693,716	0.40	3,115,372	0.86	63
64	Intravenous Therapy	1,220,529	0.34	563,864	0.32	1,784,393	0.49	64
65	Respiratory Therapy	2,478,547	0.68	2,254,988	1.29	4,733,535	1.31	65
66	Physical Therapy	4,042,884	1.12	2,626,259	1.50	6,669,143	1.84	66
68	Speech Pathology	357,185	0.10	997,044	0.57	1,354,229	0.37	68
69	Electrocardiology	1,411,965	0.39	1,903,654	1.09	3,315,619	0.92	69
70	Electroencephalography	82,089	0.02	132,921	0.08	215,010	0.06	70
70.01	EMG	60,816	0.02	65,237	0.04	126,053	0.03	70.01
70.03	ANGIOGRAPHY	1,157,979	0.32	894,058	0.51	2,052,037	0.57	70.03
71	Medical Supplies Charged to Patients	27,467,252	7.58	15,935,100	9.12	43,402,352	11.99	71
72	Impl. Dev. Charged to Patients	17,929,135	4.95	3,691,345	2.11	21,620,480	5.97	72
73	Drugs Charged to Patients	13,054,575	3.60	10,796,569	6.18	23,851,144	6.59	73
74	Renal Dialysis	959,236	0.26	239,164	0.14	1,198,400	0.33	74
76.97	CARDIAC REHABILITATION	587,750	0.16	674,159	0.39	1,261,909	0.35	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	1,088,522	0.30	494,120	0.28	1,582,642	0.44	90.01
91	Emergency	7,430,892	2.05	8,752,188	5.01	16,183,080	4.47	91
91.01	PRIMARY CARE CENTER PCC	2,940,292	0.81	1,767,166	1.01	4,707,458	1.30	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	11,985,226	3.31	5,798,240	3.32	17,783,466	4.91	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	3,468,433	0.96	1,503,664	0.86	4,972,097	1.37	116
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	2,044,318	0.56	6,069,941	3.47	8,114,259	2.24	192
194.01	PRIVATE DUTY NURSING	736,429	0.20	546,892	0.31	1,283,321	0.35	194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	362,133,640	100.00			362,133,640	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	5,893,510	233,532,626	0.025236	54,641,814	1,378,941	50
51	Recovery Room	434,671	16,840,256	0.025811	4,796,081	123,792	51
53	Anesthesiology	155,560	53,746,089	0.002894	13,203,753	38,212	53
54	Radiology-Diagnostic	2,082,351	63,265,402	0.032915	12,487,044	411,011	54
54.01	ULTRASOUND	270,566	24,505,191	0.011041	6,996,644	77,250	54.01
57	CT Scan	334,756	152,634,554	0.002193	36,772,683	80,642	57
58	MRI	232,886	18,842,634	0.012360	5,665,450	70,025	58
59	Cardiac Catheterization	1,517,269	49,069,572	0.030921	10,292,687	318,260	59
60	Laboratory	2,876,265	239,657,873	0.012002	71,181,912	854,325	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	119,555	8,266,891	0.014462	3,549,504	51,333	63
64	Intravenous Therapy	68,794	1,526,448	0.045068	786,889	35,464	64
65	Respiratory Therapy	333,638	45,757,727	0.007291	24,865,628	181,295	65
66	Physical Therapy	534,588	28,951,362	0.018465	4,959,050	91,569	66
68	Speech Pathology	145,679	2,424,828	0.060078	938,179	56,364	68
69	Electrocardiology	666,567	48,862,071	0.013642	13,763,443	187,761	69
70	Electroencephalography	54,338	1,254,671	0.043309	474,360	20,544	70
70.01	EMG	14,543	669,496	0.021722	31,999	695	70.01
70.03	ANGIOGRAPHY	246,290	9,899,663	0.024879	3,693,022	91,879	70.03
71	Medical Supplies Charged to Pat	4,268,022	20,117,595	0.212154	5,955,885	1,263,565	71
72	Impl. Dev. Charged to Patients	763,862	36,965,616	0.020664	12,945,024	267,496	72
73	Drugs Charged to Patients	1,788,884	65,879,454	0.027154	23,361,493	634,358	73
74	Renal Dialysis	47,627	4,111,298	0.011584	2,478,226	28,708	74
76.97	CARDIAC REHABILITATION	296,584	3,215,531	0.092235	200,606	18,503	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	60,706	4,227,824	0.014359	705	10	90.01
91	Emergency	2,426,088	166,872,000	0.014539	32,813,646	477,078	91
91.01	PRIMARY CARE CENTER PCC	402,389	4,618,846	0.087119	45,732	3,984	91.01
92	Observation Beds (Non-Distinct	2,214,692	44,419,651	0.049858			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	28,250,680	1,350,135,169		346,901,459	6,763,064	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	16,247,205		16,247,205	82,223	197.60	42,208	8,340,301	30
31	Intensive Care Unit	1,733,035		1,733,035	6,686	259.20	4,274	1,107,821	31
200	TOTAL	17,980,240		17,980,240	88,909		46,482	9,448,122	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	9,448,122
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	6,763,064
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	16,211,186
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	9,925
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	46,482
PER DISCHARGE CAPITAL COSTS	1,633.37

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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)	101,334,170
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	435,014,861
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.233

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))	2,049,798
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 40, column 2 plus Worksheet D-3, line 202, column 2) (see CR 5619)	4,686,544
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.437

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)	16,211,186
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.037

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)	36,768,518
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)	213,418,127
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.172