

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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 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.		Date: 08/02/2021 Time: 13:19	
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 01/01/2020 and ending 12/31/2020, 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) MICHAEL RAUWOLF
Chief Financial Officer or Administrator of Provider(s)

VICE PRESIDENT, FINANCE
Title

08/02/2021 13:19
Date

PART III - SETTLEMENT SUMMARY

			TITLE XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		882,452	314,804			1
2	SUBPROVIDER - IPF		44,783				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		3,553	-5,331			9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		930,788	309,473			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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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
4	Subprovider - IPF	PALOS COMMUNITY HOSPITAL PSYCH	14-S062	16974	4	01 / 01 / 1984	N	P	P
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 NE								10
11	Hospital-Based OLTG								11
12	Hospital-Based HHA	PALOS COMMUNITY HOSPITAL HHA	14-7470	16974		10 / 27 / 1987	N	P	N
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 / 2020	To: 12 / 31 / 2020	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
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.	1,985				4,549	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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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
60.01	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
----	--	---	--	----

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

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

Inpatient Psychiatric Facility PPS

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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

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

Rural Providers

		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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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			
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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	07/23/2021	Y	07/23/2021	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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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

Cost Report Preparer Contact Information			
41	First name: SUSAN	Last name: TRYCHTA	Title: DIRECTOR
42	Employer: PALOS COMMUNITY HOSPITAL		42
43	Phone number: 708-923-4153	E-mail Address: SUSAN.TRYCHTA@NM.ORG	

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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			39,258	1,083	70,963	1
2	HMO and other (see instructions)						14,215	4,549		2
3	HMO IPF Subprovider							1,040		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			39,258	1,083	70,963	7
8	Intensive Care Unit	31	24	8,760			4,428	223	7,877	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						72	1,290	13
14	Total (see instructions)		377	137,605			43,686	1,378	80,130	14
15	CAH Visits									15
16	Subprovider - IPF	40	36	13,140			1,236	116	4,311	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					56,188		118,347	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							1,695	8,488	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			1	12	236	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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)					8,243	228	16,270	1
2	HMO and other (see instructions)					2,175	871		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)		1,889.37			8,243	228	16,270	14
15	CAH Visits								15
16	Subprovider - IPF		43.93			181	313	979	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		133.63						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		37.65						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		2,104.58						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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PARTS II-III

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclass- ification 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	194,659,769		194,659,769	4,448,477.98	43.76	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)		18,118,846	-26,609	18,092,237	495,959.65	36.48	10
OTHER WAGES & RELATED COSTS							
11 Contract labor (see instructions)		480,545		480,545	8,900.60	53.99	11
12 Contract management and administrative services							12
13 Contract labor: Physician-Part A - Administrative		729,934		729,934	2,389.45	305.48	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)		34,517,284		34,517,284			17
18 Wage-related costs (other)(see instructions)							18
19 Excluded areas		3,542,597		3,542,597			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		1,056,706		1,056,706			26
27 Administrative & General		62,186,798		62,186,798			27
28 Administrative & General under contract (see instructions)		181,934		181,934	460.75	394.86	28
29 Maintenance & Repairs		2,343,107		2,343,107			29
30 Operation of Plant							30
31 Laundry & Linen Service		38,544		38,544			31
32 Housekeeping		3,130,911		3,130,911			32
33 Housekeeping under contract (see instructions)							33
34 Dietary		2,692,395	-1,011,024	1,681,371			34
35 Dietary under contract (see instructions)							35
36 Cafeteria			1,011,024	1,011,024			36
37 Maintenance of Personnel							37
38 Nursing Administration		1,168,993		1,168,993			38
39 Central Services and Supply		2,182,593		2,182,593			39
40 Pharmacy		3,906,865	26,609	3,933,474			40
41 Medical Records & Medical Records Library		3,270,212		3,270,212			41
42 Social Service		947,173		947,173			42
43 Other General Service							43

Part III - Hospital Wage Index Summary

1 Net salaries (see instructions)		194,841,703		194,841,703	4,448,938.73	43.80	1
2 Excluded area salaries (see instructions)		18,118,846	-26,609	18,092,237	495,959.65	36.48	2
3 Subtotal salaries (line 1 minus line 2)		176,722,857	26,609	176,749,466	3,952,979.08	44.71	3
4 Subtotal other wages & related costs (see instructions)		1,210,479		1,210,479	11,290.05	107.22	4
5 Subtotal wage-related costs (see instructions)		34,517,284		34,517,284		19.53%	5
6 Total (sum of lines 3 through 5)		212,450,620	26,609	212,477,229	3,964,269.13	53.60	6
7 Total overhead cost (see instructions)		83,106,231	26,609	83,132,840	460.75	180,429.39	7

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

HOSPITAL WAGE RELATED COSTS**WORKSHEET S-3****Part IV - Wage Related Cost****PART IV****Part A - Core List**

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	7,291,928	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	7,291,928	5
6	Legal/Accounting/Management Fees-Pension Plan	738	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)	17,335,212	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	270,721	10
11	Life Insurance (If employee is owner or beneficiary)	114,319	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	339,954	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,447,711	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	11,090,757	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	92,949	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	76,340	23
24	Total Wage Related cost (Sum of lines 1-23)	45,352,557	24

Part B - Other Than Core Related Cost

25	Other Wage Related Costs (SPECIFY)		25
----	------------------------------------	--	----

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

HOSPITAL CONTRACT LABOR AND BENEFIT COST**WORKSHEET S-3
PART V****Part V - Contract Labor and Benefit Cost****Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	1,405,150		1
2	Hospital	480,545		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	924,605		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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		8,868	271	799	9,938	1
2	Unduplicated Census Count (see instructions)		2,572.00				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)	0.34		0.34	4
5	Other Administrative Personnel	40.75	0.64	41.39	5
6	Direct Nursing Service	52.41		52.41	6
7	Nursing Supervisor	4.41		4.41	7
8	Physical Therapy Service	18.29	4.72	23.01	8
9	Physical Therapy Supervisor	1.01		1.01	9
10	Occupational Therapy Service	4.09	0.10	4.19	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service	1.12	0.01	1.13	12
13	Speech Pathology Supervisor				13
14	Medical Social Service	1.38		1.38	14
15	Medical Social Service Supervisor				15
16	Home Health Aide	6.02		6.02	16
17	Home Health Aide Supervisor				17
18	REGISTERED DIETICIAN		1.31	1.31	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	22,900	4,657	742	276	28,575	21
22	Skilled Nursing Visit Charges	4,117,822	859,485	134,077	50,469	5,161,853	22
23	Physical Therapy Visits	16,481	3,119	297	186	20,083	23
24	Physical Therapy Visit Charges	3,211,650	608,205	57,915	36,270	3,914,040	24
25	Occupational Therapy Visits	1,823	1,272	21	23	3,139	25
26	Occupational Therapy Visit Charges	355,485	248,040	4,095	4,485	612,105	26
27	Speech Pathology Visits	438	318	15	22	793	27
28	Speech Pathology Visit Charges	85,410	62,010	2,925	4,290	154,635	28
29	Medical Social Service Visits	105	30	6	1	142	29
30	Medical Social Service Visit Charges	30,210	8,550	1,710	285	40,755	30
31	Home Health Aide Visits	2,591	824	6	35	3,456	31
32	Home Health Aide Visit Charges	274,990	87,419	642	3,745	366,796	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	44,338	10,220	1,087	543	56,188	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	8,075,567	1,873,709	201,364	99,544	10,250,184	35
36	Total Number of Episodes (standard/non-outlier)	4,495		578	62	5,135	36
37	Total Number of Outlier Episodes		438		8	446	37
38	Total Non-Routine Medical Supply Charges	328,336	119,792	9,944	3,508	461,580	38

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	0.271908	1
---	--	----------	---

Medicaid (see instructions for each line)

2	Net revenue from Medicaid	13,907,262	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	131,816,915	6
7	Medicaid cost (line 1 times line 6)	35,842,074	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.	21,934,812	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)	21,934,812	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	10,131,045	2,802,915	12,933,960	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,754,712	2,802,915	5,557,627	21
22	Payments received from patients for amounts previously written off as charity care	46,761	204,230	250,991	22
23	Cost of charity care (line 21 minus line 22)	2,707,951	2,598,685	5,306,636	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)	2,538,558	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	927,451	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,426,847	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,111,711	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	801,679	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	6,108,315	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	28,043,127	31

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		19,413,187	19,413,187	10,022,889	29,436,076	-183,598	29,252,478	1
2	00200	Cap Rel Costs-Mvble Equip		15,482,511	15,482,511		15,482,511	-67,744	15,414,767	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,056,706	665,083	1,721,789		1,721,789	-134,568	1,587,221	4
5.01	01160	COMMUNICATIONS	370,235	490,135	860,370		860,370	-128,790	731,580	5.01
5.02	00550	DATA PROCESSING	5,705,469	6,699,915	12,405,384		12,405,384	-990,360	11,415,024	5.02
5.03	00560	PURCHASING AND STORES	544,485	22,782	567,267		567,267	-15,876	551,391	5.03
5.04	00570	ADMITTING	2,184,121	25,806	2,209,927		2,209,927		2,209,927	5.04
5.05	00580	CASHIERING	1,790,869	1,326,894	3,117,763		3,117,763	-132,000	2,985,763	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	51,591,619	46,340,794	97,932,413	-758,251	97,174,162	-309,615	96,864,547	5.06
6	00600	Maintenance & Repairs	2,343,107	5,109,691	7,452,798		7,452,798	-144,231	7,308,567	6
6.01	00601	CLINICAL ENGINEERING		4,599,937	4,599,937		4,599,937		4,599,937	6.01
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service	38,544	1,288,850	1,327,394		1,327,394	-14,400	1,312,994	8
9	00900	Housekeeping	3,130,911	858,791	3,989,702		3,989,702		3,989,702	9
10	01000	Dietary	2,692,395	1,588,542	4,280,937	-1,607,539	2,673,398	-77,257	2,596,141	10
11	01100	Cafeteria				1,607,539	1,607,539	-908,687	698,852	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,168,993	34,798	1,203,791		1,203,791	-13,535	1,190,256	13
14	01400	Central Services & Supply	2,182,593	2,976,268	5,158,861		5,158,861		5,158,861	14
15	01500	Pharmacy	3,906,865	16,164,246	20,071,111	-14,269,842	5,801,269		5,801,269	15
16	01600	Medical Records & Library	3,270,212	330,591	3,600,803		3,600,803	-41,386	3,559,417	16
17	01700	Social Service	947,173	26,613	973,786		973,786		973,786	17
19	01900	Nonphysician Anesthetists								19
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)	241,290	6,819	248,109	-26,059	222,050		222,050	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	40,163,981	5,130,041	45,294,022	-3,822,345	41,471,677	-459,141	41,012,536	30
31	03100	Intensive Care Unit	7,551,682	1,648,369	9,200,051	-1,074,436	8,125,615	-1,232	8,124,383	31
40	04000	Subprovider - IPF	3,502,903	47,319	3,550,222	-30,367	3,519,855		3,519,855	40
43	04300	Nursery								43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	9,528,784	15,722,126	25,250,910	-11,904,434	13,346,476	-1,154,650	12,191,826	50
51	05100	Recovery Room	1,411,418	152,394	1,563,812	-145,240	1,418,572		1,418,572	51
52	05200	Delivery Room & Labor Room								52
53	05300	Anesthesiology		674,687	674,687	-457,612	217,075	-200,004	17,071	53
54	05400	Radiology-Diagnostic	4,275,438	777,367	5,052,805	-443,192	4,609,613		4,609,613	54
54.01	03630	ULTRASOUND	1,096,247	71,091	1,167,338	-60,139	1,107,199		1,107,199	54.01
57	05700	CT Scan	1,335,494	615,525	1,951,019	-437,887	1,513,132		1,513,132	57
58	05800	MRI	366,401	81,559	447,960	-62,897	385,063		385,063	58
59	05900	Cardiac Catheterization	2,126,130	7,865,259	9,991,389	-5,551,017	4,440,372	-13,857	4,426,515	59
60	06000	Laboratory	5,023,725	6,404,170	11,427,895	-549,631	10,878,264	-627,486	10,250,778	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	373,670	1,885,871	2,259,541	-5,938	2,253,603		2,253,603	63
64	06400	Intravenous Therapy	1,280,023	459,967	1,739,990	-444,133	1,295,857		1,295,857	64
65	06500	Respiratory Therapy	2,520,998	521,295	3,042,293	-424,103	2,618,190		2,618,190	65
66	06600	Physical Therapy	4,171,302	485,337	4,656,639	-364,175	4,292,464		4,292,464	66
68	06800	Speech Pathology	379,308	1,097	380,405	-341	380,064		380,064	68
69	06900	Electrocardiology	1,296,995	101,589	1,398,584	127,533	1,526,117	-5,899	1,520,218	69
70	07000	Electroencephalography	86,715	18,995	105,710	-17,790	87,920		87,920	70
70.01	03290	EMG	20,724	1,281	22,005	-1,075	20,930		20,930	70.01
70.03	03030	ANGIOGRAPHY	1,045,844	814,013	1,859,857	-752,064	1,107,793		1,107,793	70.03
71	07100	Medical Supplies Charged to Patients				28,519,649	28,519,649		28,519,649	71
72	07200	Impl. Dev. Charged to Patients		14,335,958	14,335,958		14,335,958		14,335,958	72
73	07300	Drugs Charged to Patients				14,295,901	14,295,901		14,295,901	73
74	07400	Renal Dialysis		1,029,646	1,029,646		1,029,646		1,029,646	74
76.97	07697	CARDIAC REHABILITATION	492,633	14,660	507,293	1,918	509,211		509,211	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	957,445	41,338	998,783	48,585	1,047,368		1,047,368	90.01
91	09100	Emergency	6,976,888	2,062,845	9,039,733	-1,532,077	7,507,656	-72,800	7,434,856	91
91.01	04951	PRIMARY CARE CENTER PCC	1,134,781	2,471,175	3,605,956	-1,390,972	2,214,984	-842,790	1,372,194	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	10,925,501	974,030	11,899,531	-451,485	11,448,046	-1,466	11,446,580	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		9,560,670	9,560,670	-9,560,670				113
116	11600	Hospice	2,751,568	1,191,482	3,943,050	-81,252	3,861,798	-391	3,861,407	116

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	193,962,185	198,613,409	392,575,594	-1,602,949	390,972,645	-6,541,763	384,430,882	118
		NONREIMBURSABLE COST CENTERS								
192	19200	Physicians' Private Offices	24,370	59,321	83,691	1,601,808	1,685,499	-43,721	1,641,778	192
194.01	07950	PRIVATE DUTY NURSING	673,214	25,607	698,821	1,141	699,962	-98	699,864	194.01
200		TOTAL (sum of lines 118-199)	194,659,769	198,698,337	393,358,106		393,358,106	-6,585,582	386,772,524	200

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
1	INTEREST	1	2	3	4	5
500	Total reclassifications	B	Cap Rel Costs-Bldg & Fixt	1		9,560,670
	Code Letter - B					9,560,670
1	SHARED NFS COST	C	Cafeteria	11	1,011,024	596,515
500	Total reclassifications				1,011,024	596,515
	Code Letter - C					
1	PCC DEPRECIATION	D	Laboratory	60		3,268
2	PCC DEPRECIATION	D	Electrocardiology	69		10,728
3	PCC DEPRECIATION	D	OUTPATIENT PSYCH SERVICES	90.01		16,524
4	PCC DEPRECIATION	D	PRIMARY CARE CENTER PCC	91.01		36,558
5	PCC DEPRECIATION	D	Physicians' Private Offices	192		314,885
500	Total reclassifications					381,963
	Code Letter - D					
1	PCC OPERATIONS	E	Laboratory	60		13,101
2	PCC OPERATIONS	E	Electrocardiology	69		43,001
3	PCC OPERATIONS	E	OUTPATIENT PSYCH SERVICES	90.01		66,233
4	PCC OPERATIONS	E	PRIMARY CARE CENTER PCC	91.01		146,540
5	PCC OPERATIONS	E	Physicians' Private Offices	192		1,262,170
500	Total reclassifications					1,531,045
	Code Letter - E					
1	INSURANCE EXPENSE	F	Cap Rel Costs-Bldg & Fixt	1		897,024
500	Total reclassifications					897,024
	Code Letter - F					
1	PCC/LEMONT BLDG INSURANCE	G	Laboratory	60		257
2	PCC/LEMONT BLDG INSURANCE	G	Electrocardiology	69		843
3	PCC/LEMONT BLDG INSURANCE	G	OUTPATIENT PSYCH SERVICES	90.01		1,299
4	PCC/LEMONT BLDG INSURANCE	G	PRIMARY CARE CENTER PCC	91.01		2,874
5	PCC/LEMONT BLDG INSURANCE	G	Home Health Agency	101		1,726
6	PCC/LEMONT BLDG INSURANCE	G	Hospice	116		460
7	PCC/LEMONT BLDG INSURANCE	G	Physicians' Private Offices	192		24,753
8	PCC/LEMONT BLDG INSURANCE	G	PRIVATE DUTY NURSING	194.01		115
500	Total reclassifications					32,327
	Code Letter - G					
1	CHARGEABLE DRUGS	H	Drugs Charged to Patients	73		14,295,901
500	Total reclassifications					14,295,901
	Code Letter - H					
1	IHHA DEPRECIATION	I	Home Health Agency	101		15,387
2	IHHA DEPRECIATION	I	Hospice	116		4,103
3	IHHA DEPRECIATION	I	PRIVATE DUTY NURSING	194.01		1,026
500	Total reclassifications					20,516
	Code Letter - I					
1	ALLOCATE CV ADMINISTRATION	J	Adults & Pediatrics	30	23,835	413
2	ALLOCATE CV ADMINISTRATION	J	Electrocardiology	69	131,758	2,281
3	ALLOCATE CV ADMINISTRATION	J	ANGIOGRAPHY	70.03	31,542	546
4	ALLOCATE CV ADMINISTRATION	J	CARDIAC REHABILITATION	76.97	7,026	122
500	Total reclassifications				194,161	3,362
	Code Letter - J					
1	PHARMACY RESIDENCY	K	Pharmacy	15	26,609	
2			PARAMED ED PRGM-(SPECIFY)	23		550
500	Total reclassifications				26,609	550
	Code Letter - K					
1	MEDICAL SUPPLIES	L	Medical Supplies Charged to P	71		28,519,649
2	MEDICAL SUPPLIES	L	Blood Storing, Processing & T	63		1,074
3	MEDICAL SUPPLIES	L	ADMINISTRATIVE & GENERAL	5.06		138,773
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				
14	MEDICAL SUPPLIES	L				
15	MEDICAL SUPPLIES	L				

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
16	MEDICAL SUPPLIES	L				
17	MEDICAL SUPPLIES	L				
18	MEDICAL SUPPLIES	L				
19	MEDICAL SUPPLIES	L				
20	MEDICAL SUPPLIES	L				
21	MEDICAL SUPPLIES	L				
22	MEDICAL SUPPLIES	L				
23	MEDICAL SUPPLIES	L				
24	MEDICAL SUPPLIES	L				
25	MEDICAL SUPPLIES	L				
26	MEDICAL SUPPLIES	L				
27						
500	Total reclassifications					28,659,496
	Code Letter - L					
	GRAND TOTAL (Increases)				1,231,794	55,979,369

(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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		9,560,670	11	1
500	Total reclassifications					9,560,670		500
	Code letter - B							
1	SHARED NFS COST	C	Dietary	10	1,011,024	596,515		1
500	Total reclassifications				1,011,024	596,515		500
	Code letter - C							
1	PCC DEPRECIATION	D	Cap Rel Costs-Bldg & Fixt	1		381,963	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					381,963		500
	Code letter - D							
1	PCC OPERATIONS	E	PRIMARY CARE CENTER PCC	91.01		1,531,045		1
2	PCC OPERATIONS	E						2
3	PCC OPERATIONS	E						3
4	PCC OPERATIONS	E						4
5	PCC OPERATIONS	E						5
500	Total reclassifications					1,531,045		500
	Code letter - E							
1	INSURANCE EXPENSE	F	ADMINISTRATIVE & GENERAL	5.06		897,024	12	1
500	Total reclassifications					897,024		500
	Code letter - F							
1	PCC/LEMONT BLDG INSURANCE	G	Cap Rel Costs-Bldg & Fixt	1		32,327	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					32,327		500
	Code letter - G							
1	CHARGEABLE DRUGS	H	Pharmacy	15		14,295,901		1
500	Total reclassifications					14,295,901		500
	Code letter - H							
1	IHHA DEPRECIATION	I	Cap Rel Costs-Bldg & Fixt	1		20,515	9	1
2	IHHA DEPRECIATION	I						2
3	IHHA DEPRECIATION	I						3
500	Total reclassifications					20,515		500
	Code letter - I							
1	ALLOCATE CV ADMINISTRATION	J	Cardiac Catheterization	59	194,161	3,362		1
2	ALLOCATE CV ADMINISTRATION	J						2
3	ALLOCATE CV ADMINISTRATION	J						3
4	ALLOCATE CV ADMINISTRATION	J						4
500	Total reclassifications				194,161	3,362		500
	Code letter - J							
1	PHARMACY RESIDENCY	K	PARAMED ED PRGM-(SPECIFY)	23	26,609			1
2			Pharmacy	15		550		2
500	Total reclassifications				26,609	550		500
	Code letter - K							
1	MEDICAL SUPPLIES	L	Adults & Pediatrics	30		3,846,593		1
2	MEDICAL SUPPLIES	L	Intensive Care Unit	31		1,074,436		2
3	MEDICAL SUPPLIES	L	Subprovider - IPF	40		30,367		3
4	MEDICAL SUPPLIES	L	Operating Room	50		11,904,434		4
5	MEDICAL SUPPLIES	L	Recovery Room	51		145,240		5
6	MEDICAL SUPPLIES	L	Anesthesiology	53		457,612		6
7	MEDICAL SUPPLIES	L	Radiology-Diagnostic	54		443,192		7
8	MEDICAL SUPPLIES	L	ULTRASOUND	54.01		60,139		8
9	MEDICAL SUPPLIES	L	CT Scan	57		437,887		9
10	MEDICAL SUPPLIES	L	MRI	58		62,897		10
11	MEDICAL SUPPLIES	L	Cardiac Catheterization	59		5,353,494		11
12	MEDICAL SUPPLIES	L	Laboratory	60		566,257		12
13	MEDICAL SUPPLIES	L	Blood Storing, Processing & T	63		7,012		13
14	MEDICAL SUPPLIES	L	Intravenous Therapy	64		444,133		14

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref. 10	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9		
15	MEDICAL SUPPLIES	L	Respiratory Therapy	65		424,103		15
16	MEDICAL SUPPLIES	L	Physical Therapy	66		364,175		16
17	MEDICAL SUPPLIES	L	Speech Pathology	68		341		17
18	MEDICAL SUPPLIES	L	Electrocardiology	69		61,078		18
19	MEDICAL SUPPLIES	L	Electroencephalography	70		17,790		19
20	MEDICAL SUPPLIES	L	EMG	70.01		1,075		20
21	MEDICAL SUPPLIES	L	ANGIOGRAPHY	70.03		784,152		21
22	MEDICAL SUPPLIES	L	CARDIAC REHABILITATION	76.97		5,230		22
23	MEDICAL SUPPLIES	L	OUTPATIENT PSYCH SERVICES	90.01		35,471		23
24	MEDICAL SUPPLIES	L	Emergency	91		1,532,077		24
25	MEDICAL SUPPLIES	L	PRIMARY CARE CENTER PCC	91.01		45,899		25
26	MEDICAL SUPPLIES	L	Home Health Agency	101		468,598		26
27			Hospice	116		85,815		27
500	Total reclassifications					28,659,497		500
	Code letter - L							
	GRAND TOTAL (Decreases)				1,231,794	55,979,369		

(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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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

			Acquisitions						
	Description	Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1	2	3	4	5	6	7	
1	Land	9,535,479					9,535,479		1
2	Land Improvements	24,589,784	405,431		405,431		24,995,215	5,985,040	2
3	Buildings and Fixtures	600,409,125	6,377,906		6,377,906		606,787,031	47,595,986	3
4	Building Improvements	2,554,894					2,554,894		4
5	Fixed Equipment								5
6	Movable Equipment	224,677,769	7,850,321		7,850,321	1,338,498	231,189,592	72,759,876	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	861,767,051	14,633,658		14,633,658	1,338,498	875,062,211	126,340,902	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	861,767,051	14,633,658		14,633,658	1,338,498	875,062,211	126,340,902	10

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

		SUMMARY OF CAPITAL							
	Description	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	19,413,187						19,413,187	1
2	Cap Rel Costs-Mvble Equip	15,482,511						15,482,511	2
3	Total (sum of lines 1-2)	34,895,698						34,895,698	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

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
	Description	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	641,477,195	2,554,894	638,922,301	0.731475					1
2	Cap Rel Costs-Mvble Equip	234,549,009		234,549,009	0.268525					2
3	Total (sum of lines 1-2)	876,026,204	2,554,894	873,471,310	1.000000					3

		SUMMARY OF CAPITAL							
	Description	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	19,010,709		9,377,072	864,697			29,252,478	1
2	Cap Rel Costs-Mvble Equip	15,414,767						15,414,767	2
3	Total (sum of lines 1-2)	34,425,476		9,377,072	864,697			44,667,245	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.)

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	-128,790	COMMUNICATIONS	5.01		7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-1,979,366				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	-908,687	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	-41,386	Medical Records & Library	16		18
19	Nursing and allied health education (tuition, fees, books, etc.)						19
20	Vending machines	B	-7,189	Dietary	10		20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33	VENDING MACHINE (2)	B					33
34	TV DEPRECIATION	A	-67,744	Cap Rel Costs-Mvble Equip	2	9	34
35	INTEREST EXPENSE	B	-183,598	Cap Rel Costs-Bldg & Fixt	1	11	35
36	LIFELINE	B					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	-24	ADMINISTRATIVE & GENERAL	5.06		37.20
37.30	SILVER SALES	B	-91	ADMINISTRATIVE & GENERAL	5.06		37.30
37.40	DISCOUNTS	B	-44,521	ADMINISTRATIVE & GENERAL	5.06		37.40
37.50	HOME DELIVERED MEALS	B	-37,383	Dietary	10		37.50
38	CABLE TV	A	-3,398	PRIMARY CARE CENTER PCC	91.01		38
39	VISITOR MEALS	A	-32,685	Dietary	10		39
40	LOBBYING	A	-35,640	ADMINISTRATIVE & GENERAL	5.06		40
40.10	LOBBYING	A	-1,466	Home Health Agency	101		40.10
40.20	LOBBYING	A	-391	Hospice	116		40.20
40.30	LOBBYING	A	-98	PRIVATE DUTY NURSING	194.01		40.30
41	REAL ESTATE TAXES	A	-43,721	Physicians' Private Offices	192		41
41.10	REAL ESTATE TAXES	A	-839,392	PRIMARY CARE CENTER PCC	91.01		41.10
42	FUNDRAISING DONATIONS	A	-294	ADMINISTRATIVE & GENERAL	5.06		42
43	ADVERTISING EXPENSE	A	-703,102	ADMINISTRATIVE & GENERAL	5.06		43
44	NON-ALLOWABLE EXPENSE	A					44
45	FALL GALA	A					45
46	REIMBURSEMENT INTERCOMPANY	B	-134,568	Employee Benefits Department	4		46
46.10	REIMBURSEMENT INTERCOMPANY	B	-990,360	DATA PROCESSING	5.02		46.10
46.20	REIMBURSEMENT INTERCOMPANY	B	-15,876	PURCHASING AND STORES	5.03		46.20
46.30	REIMBURSEMENT INTERCOMPANY	B	-132,000	CASHIERING	5.05		46.30
46.40	REIMBURSEMENT INTERCOMPANY	B	-443,384	ADMINISTRATIVE & GENERAL	5.06		46.40
46.50	REIMBURSEMENT INTERCOMPANY	B	-144,231	Maintenance & Repairs	6		46.50
46.60	REIMBURSEMENT INTERCOMPANY	B	-14,400	Laundry & Linen Service	8		46.60
46.70	REIMBURSEMENT INTERCOMPANY	B	-562,386	Laboratory	60		46.70
47	OFFSET TO NET PROVIDER TAX	A	705,000	ADMINISTRATIVE & GENERAL	5.06		47
48							48
49							49

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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)		-6,585,582				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.

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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

WORKSHEET A-8-1

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

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

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

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

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

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

				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:

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.06	ADMINISTRATIVE & GEN INFECTION PREVE	28,188		28,188	211,500	226	22,980	1,149	1
2	5.06	ADMINISTRATIVE & GEN ADMINISTRATIVE	4,425		4,425	211,500	30	3,050	153	2
3	30	Adults & Pediatrics PERINATAL	40,008		40,008	211,500	288	29,285	1,464	3
4	30	Adults & Pediatrics SPECIAL CARE NU	412,500		412,500	211,500	1,456	148,050	7,403	4
5	30	Adults & Pediatrics CARDIOVASCULAR	194,238		194,238	211,500	101	10,270	514	5
6										6
7	31	Intensive Care Unit INTENSIVE CARE	5,096		5,096	211,500	38	3,864	193	7
8	50	Operating Room OPERATING FROOM	1,154,650	1,154,650						8
9	53	Anesthesiology ANESTHESIOLOGY	200,004	200,004						9
10	59	Cardiac Catheterizat CARDIAC CATHETE	15,000		15,000	211,500	75	7,626	381	10
11	59	Cardiac Catheterizat ELECTROPHYSIOLO	18,075		18,075	211,500	114	11,592	580	11
12	60	Laboratory LAB ADM SUPPORT	65,100	65,100						12
13	69	Electrocardiology CARDIOLOGY MAIN	12,000		12,000	211,500	60	6,101	305	13
14	91	Emergency EMERGENCY ROOM	72,800	72,800						14
15	5.06	ADMINISTRATIVE & GEN BPCI	405		405	211,500	3	305	15	15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,222,489	1,492,554	729,935		2,391	243,123	12,157	200

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.06	ADMINISTRATIVE & GEN INFECTION PREVE					22,980	5,208	5,208	1
2	5.06	ADMINISTRATIVE & GEN ADMINISTRATIVE					3,050	1,375	1,375	2
3	30	Adults & Pediatrics PERINATAL					29,285	10,723	10,723	3
4	30	Adults & Pediatrics SPECIAL CARE NU					148,050	264,450	264,450	4
5	30	Adults & Pediatrics CARDIOVASCULAR					10,270	183,968	183,968	5
6										6
7	31	Intensive Care Unit INTENSIVE CARE					3,864	1,232	1,232	7
8	50	Operating Room OPERATING FROOM							1,154,650	8
9	53	Anesthesiology ANESTHESIOLOGY							200,004	9
10	59	Cardiac Catheterizat CARDIAC CATHETE					7,626	7,374	7,374	10
11	59	Cardiac Catheterizat ELECTROPHYSIOLO					11,592	6,483	6,483	11
12	60	Laboratory LAB ADM SUPPORT							65,100	12
13	69	Electrocardiology CARDIOLOGY MAIN					6,101	5,899	5,899	13
14	91	Emergency EMERGENCY ROOM							72,800	14
15	5.06	ADMINISTRATIVE & GEN BPCI					305	100	100	15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					243,123	486,812	1,979,366	200

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	29,252,478	29,252,478					1
2	Cap Rel Costs-Mvble Equip	15,414,767		15,414,767				2
4	Employee Benefits Department	1,587,221	122,024	4,404	1,713,649			4
5.01	COMMUNICATIONS	731,580		82,025	6,858	820,463		5.01
5.02	DATA PROCESSING	11,415,024	244,892	2,043,927	53,007	36,173	13,793,023	5.02
5.03	PURCHASING AND STORES	551,391	184,935	6,797	7,019	3,483	142,711	5.03
5.04	ADMITTING	2,209,927		434	40,017	8,306	656,471	5.04
5.05	CASHIERING	2,985,763	870,565	2,702	25,656	28,403	656,471	5.05
5.06	ADMINISTRATIVE & GENERAL	96,864,547	2,513,912	8,689,912	111,016	56,270	4,761,199	5.06
6	Maintenance & Repairs	7,308,567	3,289,057	664,874	26,140	15,541		6
6.01	CLINICAL ENGINEERING	4,599,937	35,463	97,939		2,947	28,542	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	1,312,994	122,418		726			8
9	Housekeeping	3,989,702	47,049	21,226	63,657	4,823		9
10	Dietary	2,596,141	825,709	117,614	50,022		57,084	10
11	Cafeteria	698,852						11
12	Maintenance of Personnel							12
13	Nursing Administration	1,190,256	118,762	6,981	9,924	9,914	214,067	13
14	Central Services & Supply	5,158,861	1,707,382	456,557	37,678	15,005	171,253	14
15	Pharmacy	5,801,269	554,213	132,763	33,805	17,685	749,233	15
16	Medical Records & Library	3,559,417	185,160	1,443	41,631	17,149	963,300	16
17	Social Service	973,786		28	10,166	4,287	57,084	17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)	222,050	7,734		2,501	268		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	41,012,536	8,353,746	363,335	438,094	244,636	1,034,655	30
31	Intensive Care Unit	8,124,383	859,822	32,281	67,852	18,757		31
40	Subprovider - IPF	3,519,855	505,167	18,067	35,580	13,130	107,033	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	12,191,826	2,860,411	850,777	99,237	60,825	1,177,366	50
51	Recovery Room	1,418,572	228,862	11,639	12,505	6,699	80,275	51
52	Delivery Room & Labor Room					3,751		52
53	Anesthesiology	17,071		71,511		27,331		53
54	Radiology-Diagnostic	4,609,613	924,701	483,791	59,703			54
54.01	ULTRASOUND	1,107,199	90,274	61,158	9,762			54.01
57	CT Scan	1,513,132	63,557	63,392	12,667			57
58	MRI	385,063	54,108	94,382	3,227			58
59	Cardiac Catheterization	4,426,515	649,521	289,443	18,556	8,842		59
60	Laboratory	10,250,778	1,229,100	111,311	69,224	33,762	1,284,399	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,253,603		1,803	4,115			63
64	Intravenous Therapy	1,295,857		2,008	11,215	4,287		64
65	Respiratory Therapy	2,618,190	27,476	48,990	28,077	7,771	74,923	65
66	Physical Therapy	4,292,464	195,256	21,050	40,179	19,560	606,522	66
68	Speech Pathology	380,064		1,031	3,308			68
69	Electrocardiology	1,520,218	348,946	65,569	15,652	12,326		69
70	Electroencephalography	87,920	32,622	3,023	1,291	1,072		70
70.01	EMG	20,930	6,778	2,549	323	2,680		70.01
70.03	ANGIOGRAPHY	1,107,793	56,639	78,045	9,278	804		70.03
71	Medical Supplies Charged to Patients	28,519,649						71
72	Impl. Dev. Charged to Patients	14,335,958						72
73	Drugs Charged to Patients	14,295,901						73
74	Renal Dialysis	1,029,646		393				74
76.97	CARDIAC REHABILITATION	509,211	195,256	929	4,679			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	1,047,368		77	9,198			90.01
91	Emergency	7,434,856	1,095,096	183,853	75,920	44,480	328,235	91
91.01	PRIMARY CARE CENTER PCC	1,372,194		191,376	9,843	23,312		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	11,446,580	124,415	33,233	109,322	23,044	642,200	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	3,861,407		125	30,497			116
118	SUBTOTALS (sum of lines 1-117)	384,430,882	28,731,028	15,414,767	1,699,127	777,323	13,793,023	118
	NONREIMBURSABLE COST CENTERS							

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NON- PATIENT TELEPHONES	DATA PRO- CESSING	
		0	1	2	4	5.01	5.02	
192	Physicians' Private Offices	1,641,778	521,450		242	43,140		192
194.01	PRIVATE DUTY NURSING	699,864			14,280			194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	386,772,524	29,252,478	15,414,767	1,713,649	820,463	13,793,023	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	5.06	MAIN- TENANCE & REPAIRS 6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING AND STORES	896,336						5.03
5.04	ADMITTING	3,702	2,918,857					5.04
5.05	CASHIERING	3,974		4,573,534				5.05
5.06	ADMINISTRATIVE & GENERAL	27,647			113,024,503	113,024,503		5.06
6	Maintenance & Repairs				11,304,179	4,667,247	15,971,426	6
6.01	CLINICAL ENGINEERING	6,793			4,771,621	1,970,097	25,713	6.01
7	Operation of Plant							7
8	Laundry & Linen Service				1,436,138	592,950	88,763	8
9	Housekeeping	7,235			4,133,692	1,706,710	34,114	9
10	Dietary	7,642			3,654,212	1,508,744	598,706	10
11	Cafeteria				698,852	288,541		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,412			1,552,316	640,917	86,112	13
14	Central Services & Supply	71,598			7,618,334	3,145,443	1,237,990	14
15	Pharmacy	9,544			7,298,512	3,013,395	401,849	15
16	Medical Records & Library	6,182			4,774,282	1,971,196	134,256	16
17	Social Service	951			1,046,302	431,995		17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)				232,553	96,016	5,608	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	31,791	536,480	840,569	52,855,842	21,822,981	6,057,144	30
31	Intensive Care Unit	6,114	85,374	133,773	9,328,356	3,851,473	623,440	31
40	Subprovider - IPF		34,117	53,458	4,286,407	1,769,763	366,287	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	333,060	340,806	534,012	18,448,320	7,616,905	2,074,030	50
51	Recovery Room	2,208	28,973	45,397	1,835,130	757,685	165,944	51
52	Delivery Room & Labor Room				3,751	1,549		52
53	Anesthesiology	17,356	83,305	130,531	347,105	143,312		53
54	Radiology-Diagnostic	17,662	72,134	113,027	6,280,631	2,593,134	670,483	54
54.01	ULTRASOUND	2,819	41,385	64,847	1,377,444	568,716	65,456	54.01
57	CT Scan	6,555	229,808	360,088	2,249,199	928,645	46,084	57
58	MRI	3,091	28,457	44,589	612,917	253,060	39,233	58
59	Cardiac Catheterization	116,364	64,209	100,609	5,674,059	2,342,694	470,955	59
60	Laboratory	57,673	510,113	799,301	14,345,661	5,923,008	891,197	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,581	22,434	35,152	2,319,688	957,748		63
64	Intravenous Therapy	4,314	6,230	9,762	1,333,673	550,644		64
65	Respiratory Therapy	15,148	153,580	240,645	3,214,800	1,327,320	19,922	65
66	Physical Therapy	14,673	28,811	45,144	5,263,659	2,173,249	141,576	66
68	Speech Pathology	204	5,842	9,154	399,603	164,987		68
69	Electrocardiology	4,891	77,926	122,103	2,167,631	894,967	253,014	69
70	Electroencephalography	679	2,683	4,204	133,494	55,117	23,654	70
70.01	EMG	883	39	60	34,242	14,138	4,914	70.01
70.03	ANGIOGRAPHY	29,957	23,714	37,158	1,343,388	554,655	41,068	70.03
71	Medical Supplies Charged to Patients		36,044	56,478	28,612,171	11,813,336		71
72	Impl. Dev. Charged to Patients		83,254	130,451	14,549,663	6,007,236		72
73	Drugs Charged to Patients		195,439	306,235	14,797,575	6,109,593		73
74	Renal Dialysis	3,261	16,767	26,273	1,076,340	444,397		74
76.97	CARDIAC REHABILITATION	2,581	1,529	2,396	716,581	295,861	141,576	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	3,600	44	69	1,060,356	437,798		90.01
91	Emergency	23,708	209,178	327,764	9,723,090	4,014,450	794,033	91
91.01	PRIMARY CARE CENTER PCC	14,299	182	285	1,611,491	665,349		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	13,484			12,392,278	5,116,499	90,211	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	476			3,892,505	1,607,130		116
118	SUBTOTALS (sum of lines 1-117)	877,112	2,918,857	4,573,534	383,832,546	111,810,650	15,593,332	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	19,054			2,225,664	918,928	378,094	192
194.01	PRIVATE DUTY NURSING	170			714,314	294,925		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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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)	896,336	2,918,857	4,573,534	386,772,524	113,024,503	15,971,426	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	6.01	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & 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	6,767,431						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		2,117,851					8
9	Housekeeping		83,643	5,958,159				9
10	Dietary			149,447	5,911,109			10
11	Cafeteria					987,393		11
12	Maintenance of Personnel							12
13	Nursing Administration	142,234				8,386	2,429,965	13
14	Central Services & Supply	1,405,914	255,280	174,016		31,840		14
15	Pharmacy		335	38,179		28,568		15
16	Medical Records & Library			71,851		35,181		16
17	Social Service					8,591		17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)			177		2,114		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	813,086	880,933	2,937,277	4,867,906	370,221	1,385,853	30
31	Intensive Care Unit	148,506	123,123	189,747	443,249	57,340	214,641	31
40	Subprovider - IPF	12,319	28,439	149,093	262,018	30,068	112,553	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	914,106	220,819	683,248		83,862	313,923	50
51	Recovery Room	50,398	25,762	40,742		10,568	39,559	51
52	Delivery Room & Labor Room							52
53	Anesthesiology	231,084		61,113				53
54	Radiology-Diagnostic	1,273,313	104,722	203,490		50,454		54
54.01	ULTRASOUND	80,562		26,778		8,250		54.01
57	CT Scan	37,929		14,185		10,704		57
58	MRI	26,058		12,196		2,727		58
59	Cardiac Catheterization	215,180	22,416	123,950		15,682	58,701	59
60	Laboratory	240,491		145,867		58,499		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	38,377				3,477		63
64	Intravenous Therapy	9,706				9,477	35,476	64
65	Respiratory Therapy	308,137		9,898		23,727		65
66	Physical Therapy	78,621	2,007	83,959		33,954		66
68	Speech Pathology	219,362				2,795		68
69	Electrocardiology		34,461	81,175		13,227		69
70	Electroencephalography		1,004	6,407		1,091		70
70.01	EMG	9,856				273		70.01
70.03	ANGIOGRAPHY	82,503		19,090		7,841		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	34,943	13,048			3,954		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES				12,972		29,095	90.01
91	Emergency	337,255	253,272	515,198	324,964	64,158	240,164	91
91.01	PRIMARY CARE CENTER PCC	48,755	31,784	57,401		8,318		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	8,736				1,364		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice					682		116
118	SUBTOTALS (sum of lines 1-117)	6,767,431	2,081,048	5,794,484	5,911,109	987,393	2,429,965	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		36,803	163,675				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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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)	6,767,431	2,117,851	5,958,159	5,911,109	987,393	2,429,965	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	13,868,817						14
15	Pharmacy	427,612	11,208,450					15
16	Medical Records & Library	1,534	770	6,989,070				16
17	Social Service	346			1,487,234			17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)					336,468		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,027,370	1,215	1,998,969	1,338,511		99,357,308	30
31	Intensive Care Unit	1,081,186		52,795	44,617		16,158,473	31
40	Subprovider - IPF	32,727		31,195			7,080,869	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,398,987	855	297,691			34,052,746	50
51	Recovery Room	111,556		918			3,038,262	51
52	Delivery Room & Labor Room						5,300	52
53	Anesthesiology	242,928					1,025,542	53
54	Radiology-Diagnostic	116,245	143,716	347,580			11,783,768	54
54.01	ULTRASOUND	13,747	8	115,758			2,256,719	54.01
57	CT Scan	333,725	22	897,661			4,518,154	57
58	MRI	47,870		73,935			1,067,996	58
59	Cardiac Catheterization	635,567	13,858	303,196			9,876,258	59
60	Laboratory	540,330	25	1,216,110			23,361,188	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	6,245	8,244	24,467			3,358,246	63
64	Intravenous Therapy	429,118	338	1,109			2,369,541	64
65	Respiratory Therapy	280,525		38,306			5,222,635	65
66	Physical Therapy	238,732	25,564	228,687			8,270,008	66
68	Speech Pathology	74		9,940			796,761	68
69	Electrocardiology	52,481	211	260,494			3,757,661	69
70	Electroencephalography	613	84	3,861			225,325	70
70.01	EMG	107	33	7,913			71,476	70.01
70.03	ANGIOGRAPHY	266,234	39	42,014			2,356,832	70.03
71	Medical Supplies Charged to Patients						40,425,507	71
72	Impl. Dev. Charged to Patients						20,556,899	72
73	Drugs Charged to Patients		10,758,251			336,468	32,001,887	73
74	Renal Dialysis			3,746			1,524,483	74
76.97	CARDIAC REHABILITATION	4,990		19,344			1,230,297	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	2,484					1,542,705	90.01
91	Emergency	1,493,844	459	18,465	104,106		17,883,458	91
91.01	PRIMARY CARE CENTER PCC	42,263	10	994,916			3,460,287	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	36,076	3,781				17,648,945	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	2,820	250,967				5,754,104	116
118	SUBTOTALS (sum of lines 1-117)	13,868,336	11,208,450	6,989,070	1,487,234	336,468	382,039,640	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						3,723,164	192
194.01	PRIVATE DUTY NURSING	481					1,009,720	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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)	13,868,817	11,208,450	6,989,070	1,487,234	336,468	386,772,524	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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
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		99,357,308				30
31	Intensive Care Unit		16,158,473				31
40	Subprovider - IPF		7,080,869				40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		34,052,746				50
51	Recovery Room		3,038,262				51
52	Delivery Room & Labor Room		5,300				52
53	Anesthesiology		1,025,542				53
54	Radiology-Diagnostic		11,783,768				54
54.01	ULTRASOUND		2,256,719				54.01
57	CT Scan		4,518,154				57
58	MRI		1,067,996				58
59	Cardiac Catheterization		9,876,258				59
60	Laboratory		23,361,188				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		3,358,246				63
64	Intravenous Therapy		2,369,541				64
65	Respiratory Therapy		5,222,635				65
66	Physical Therapy		8,270,008				66
68	Speech Pathology		796,761				68
69	Electrocardiology		3,757,661				69
70	Electroencephalography		225,325				70
70.01	EMG		71,476				70.01
70.03	ANGIOGRAPHY		2,356,832				70.03
71	Medical Supplies Charged to Patients		40,425,507				71
72	Impl. Dev. Charged to Patients		20,556,899				72
73	Drugs Charged to Patients		32,001,887				73
74	Renal Dialysis		1,524,483				74
76.97	CARDIAC REHABILITATION		1,230,297				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES		1,542,705				90.01
91	Emergency		17,883,458				91
91.01	PRIMARY CARE CENTER PCC		3,460,287				91.01
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency		17,648,945				101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice		5,754,104				116
118	SUBTOTALS (sum of lines 1-117)		382,039,640				118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		3,723,164				192
194.01	PRIVATE DUTY NURSING		1,009,720				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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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)		386,772,524					202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		122,024	4,404	126,428	126,428		4
5.01	COMMUNICATIONS			82,025	82,025	506	82,531	5.01
5.02	DATA PROCESSING		244,892	2,043,927	2,288,819	3,911	3,639	5.02
5.03	PURCHASING AND STORES		184,935	6,797	191,732	518	350	5.03
5.04	ADMITTING			434	434	2,952	836	5.04
5.05	CASHIERING		870,565	2,702	873,267	1,893	2,857	5.05
5.06	ADMINISTRATIVE & GENERAL		2,513,912	8,689,912	11,203,824	8,190	5,660	5.06
6	Maintenance & Repairs		3,289,057	664,874	3,953,931	1,929	1,563	6
6.01	CLINICAL ENGINEERING		35,463	97,939	133,402		296	6.01
7	Operation of Plant							7
8	Laundry & Linen Service		122,418		122,418	54		8
9	Housekeeping		47,049	21,226	68,275	4,696	485	9
10	Dietary		825,709	117,614	943,323	3,690		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration		118,762	6,981	125,743	732	997	13
14	Central Services & Supply		1,707,382	456,557	2,163,939	2,780	1,509	14
15	Pharmacy		554,213	132,763	686,976	2,494	1,779	15
16	Medical Records & Library		185,160	1,443	186,603	3,071	1,725	16
17	Social Service			28	28	750	431	17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)		7,734		7,734	185	27	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		8,353,746	363,335	8,717,081	32,321	24,610	30
31	Intensive Care Unit		859,822	32,281	892,103	5,006	1,887	31
40	Subprovider - IPF		505,167	18,067	523,234	2,625	1,321	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		2,860,411	850,777	3,711,188	7,321	6,118	50
51	Recovery Room		228,862	11,639	240,501	923	674	51
52	Delivery Room & Labor Room						377	52
53	Anesthesiology			71,511	71,511		2,749	53
54	Radiology-Diagnostic		924,701	483,791	1,408,492	4,405		54
54.01	ULTRASOUND		90,274	61,158	151,432	720		54.01
57	CT Scan		63,557	63,392	126,949	935		57
58	MRI		54,108	94,382	148,490	238		58
59	Cardiac Catheterization		649,521	289,443	938,964	1,369	889	59
60	Laboratory		1,229,100	111,311	1,340,411	5,107	3,396	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			1,803	1,803	304		63
64	Intravenous Therapy			2,008	2,008	827	431	64
65	Respiratory Therapy		27,476	48,990	76,466	2,071	782	65
66	Physical Therapy		195,256	21,050	216,306	2,964	1,968	66
68	Speech Pathology			1,031	1,031	244		68
69	Electrocardiology		348,946	65,569	414,515	1,155	1,240	69
70	Electroencephalography		32,622	3,023	35,645	95	108	70
70.01	EMG		6,778	2,549	9,327	24	270	70.01
70.03	ANGIOGRAPHY		56,639	78,045	134,684	685	81	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			393	393			74
76.97	CARDIAC REHABILITATION		195,256	929	196,185	345		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES			77	77	679		90.01
91	Emergency		1,095,096	183,853	1,278,949	5,601	4,474	91
91.01	PRIMARY CARE CENTER PCC			191,376	191,376	726	2,345	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		124,415	33,233	157,648	8,065	2,318	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice			125	125	2,250		116
118	SUBTOTALS (sum of lines 1-117)		28,731,028	15,414,767	44,145,795	125,356	78,192	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		521,450		521,450	18	4,339	192
194.01	PRIVATE DUTY NURSING					1,054		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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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)		29,252,478	15,414,767	44,667,245	126,428	82,531	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	2,296,369						5.02
5.03	PURCHASING AND STORES	23,760	216,360					5.03
5.04	ADMITTING	109,294	894	114,410				5.04
5.05	CASHIERING	109,294	959		988,270			5.05
5.06	ADMINISTRATIVE & GENERAL	792,681	6,674			12,017,029		5.06
6	Maintenance & Repairs					496,231	4,453,654	6
6.01	CLINICAL ENGINEERING	4,752	1,640			209,465	7,170	6.01
7	Operation of Plant							7
8	Laundry & Linen Service					63,044	24,752	8
9	Housekeeping		1,746			181,461	9,513	9
10	Dietary	9,504	1,845			160,413	166,950	10
11	Cafeteria					30,678		11
12	Maintenance of Personnel							12
13	Nursing Administration	35,639	582			68,144	24,012	13
14	Central Services & Supply	28,512	17,283			334,430	345,215	14
15	Pharmacy	124,738	2,304			320,390	112,056	15
16	Medical Records & Library	160,378	1,492			209,581	37,437	16
17	Social Service	9,504	230			45,931		17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)					10,209	1,564	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	172,257	7,674	21,116	181,375	2,320,302	1,689,044	30
31	Intensive Care Unit		1,476	3,343	28,916	409,496	173,847	31
40	Subprovider - IPF	17,820		1,336	11,555	188,165	102,140	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	196,017	80,394	13,346	115,429	809,844	578,346	50
51	Recovery Room	13,365	533	1,135	9,813	80,559	46,274	51
52	Delivery Room & Labor Room					165		52
53	Anesthesiology		4,189	3,262	28,215	15,237		53
54	Radiology-Diagnostic		4,263	2,825	24,431	275,707	186,965	54
54.01	ULTRASOUND		680	1,621	14,017	60,467	18,252	54.01
57	CT Scan		1,582	8,999	77,834	98,735	12,851	57
58	MRI		746	1,114	9,638	26,906	10,940	58
59	Cardiac Catheterization		28,088	2,514	21,747	249,080	131,326	59
60	Laboratory	213,837	13,921	19,976	172,772	629,746	248,512	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		623	879	7,598	101,830		63
64	Intravenous Therapy		1,041	244	2,110	58,546		64
65	Respiratory Therapy	12,474	3,657	6,014	52,016	141,123	5,555	65
66	Physical Therapy	100,978	3,542	1,128	9,758	231,064	39,479	66
68	Speech Pathology		49	229	1,979	17,542		68
69	Electrocardiology		1,181	3,052	26,393	95,155	70,553	69
70	Electroencephalography		164	105	909	5,860	6,596	70
70.01	EMG		213	2	13	1,503	1,370	70.01
70.03	ANGIOGRAPHY		7,231	929	8,032	58,972	11,452	70.03
71	Medical Supplies Charged to Patients			1,411	12,208	1,256,017		71
72	Impl. Dev. Charged to Patients			3,260	28,197	638,701		72
73	Drugs Charged to Patients			7,653	66,194	649,584		73
74	Renal Dialysis		787	657	5,679	47,249		74
76.97	CARDIAC REHABILITATION		623	60	518	31,456	39,479	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES		869	2	15	46,548		90.01
91	Emergency	54,647	5,723	8,191	70,847	426,824	221,417	91
91.01	PRIMARY CARE CENTER PCC		3,452	7	62	70,741		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	106,918	3,255			543,996	25,155	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		115			170,873		116
118	SUBTOTALS (sum of lines 1-117)	2,296,369	211,720	114,410	988,270	11,887,970	4,348,222	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		4,599			97,702	105,432	192
194.01	PRIVATE DUTY NURSING		41			31,357		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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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)	2,296,369	216,360	114,410	988,270	12,017,029	4,453,654	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	356,725						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		210,268					8
9	Housekeeping		8,304	274,480				9
10	Dietary			6,885	1,292,610			10
11	Cafeteria					30,678		11
12	Maintenance of Personnel							12
13	Nursing Administration	7,497				261	263,607	13
14	Central Services & Supply	74,108	25,345	8,017		989		14
15	Pharmacy		33	1,759		888		15
16	Medical Records & Library			3,310		1,093		16
17	Social Service					267		17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)			8		66		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	42,859	87,462	135,315	1,064,488	11,502	150,341	30
31	Intensive Care Unit	7,828	12,224	8,741	96,927	1,782	23,285	31
40	Subprovider - IPF	649	2,824	6,868	57,297	934	12,210	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	48,184	21,924	31,476		2,606	34,055	50
51	Recovery Room	2,657	2,558	1,877		328	4,291	51
52	Delivery Room & Labor Room							52
53	Anesthesiology	12,181		2,815				53
54	Radiology-Diagnostic	67,119	10,397	9,374		1,568		54
54.01	ULTRASOUND	4,247		1,234		256		54.01
57	CT Scan	1,999		653		333		57
58	MRI	1,374		562		85		58
59	Cardiac Catheterization	11,343	2,226	5,710		487	6,368	59
60	Laboratory	12,677		6,720		1,818		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,023				108		63
64	Intravenous Therapy	512				294	3,848	64
65	Respiratory Therapy	16,243		456		737		65
66	Physical Therapy	4,144	199	3,868		1,055		66
68	Speech Pathology	11,563				87		68
69	Electrocardiology		3,421	3,740		411		69
70	Electroencephalography		100	295		34		70
70.01	EMG	520				8		70.01
70.03	ANGIOGRAPHY	4,349		879		244		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	1,842	1,295			123		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES				2,837		3,156	90.01
91	Emergency	17,777	25,146	23,734	71,061	1,993	26,053	91
91.01	PRIMARY CARE CENTER PCC	2,570	3,156	2,644		258		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	460				42		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice					21		116
118	SUBTOTALS (sum of lines 1-117)	356,725	206,614	266,940	1,292,610	30,678	263,607	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		3,654	7,540				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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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)	356,725	210,268	274,480	1,292,610	30,678	263,607	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	3,002,127						14
15	Pharmacy	92,563	1,345,980					15
16	Medical Records & Library	332	92	605,114				16
17	Social Service	75			57,216			17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)					19,793		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	871,789	146	173,069	51,495		15,754,246	30
31	Intensive Care Unit	234,040		4,571	1,716		1,907,188	31
40	Subprovider - IPF	7,084		2,701			938,763	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	735,765	103	25,774			6,417,890	50
51	Recovery Room	24,148		79			429,715	51
52	Delivery Room & Labor Room						542	52
53	Anesthesiology	52,586					192,745	53
54	Radiology-Diagnostic	25,163	17,258	30,094			2,068,061	54
54.01	ULTRASOUND	2,976	1	10,022			265,925	54.01
57	CT Scan	72,240	3	77,720			480,833	57
58	MRI	10,362		6,401			216,856	58
59	Cardiac Catheterization	137,579	1,664	26,251			1,565,605	59
60	Laboratory	116,963	3	105,291			2,891,150	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,352	990	2,118			119,628	63
64	Intravenous Therapy	92,889	41	96			162,887	64
65	Respiratory Therapy	60,724		3,317			381,635	65
66	Physical Therapy	51,677	3,070	19,800			691,000	66
68	Speech Pathology	16		861			33,601	68
69	Electrocardiology	11,360	25	22,554			654,755	69
70	Electroencephalography	133	10	334			50,388	70
70.01	EMG	23	4	685			13,962	70.01
70.03	ANGIOGRAPHY	57,631	5	3,638			288,812	70.03
71	Medical Supplies Charged to Patients						1,269,636	71
72	Impl. Dev. Charged to Patients						670,158	72
73	Drugs Charged to Patients		1,291,917				2,015,348	73
74	Renal Dialysis			324			55,089	74
76.97	CARDIAC REHABILITATION	1,080		1,675			274,681	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	538					54,721	90.01
91	Emergency	323,366	55	1,599	4,005		2,571,462	91
91.01	PRIMARY CARE CENTER PCC	9,149	1	86,140			372,627	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	7,809	454				856,120	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	611	30,138				204,133	116
118	SUBTOTALS (sum of lines 1-117)	3,002,023	1,345,980	605,114	57,216		43,870,162	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						744,734	192
194.01	PRIVATE DUTY NURSING	104					32,556	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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					19,793	19,793	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,002,127	1,345,980	605,114	57,216	19,793	44,667,245	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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
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		15,754,246					30
31	Intensive Care Unit		1,907,188					31
40	Subprovider - IPF		938,763					40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		6,417,890					50
51	Recovery Room		429,715					51
52	Delivery Room & Labor Room		542					52
53	Anesthesiology		192,745					53
54	Radiology-Diagnostic		2,068,061					54
54.01	ULTRASOUND		265,925					54.01
57	CT Scan		480,833					57
58	MRI		216,856					58
59	Cardiac Catheterization		1,565,605					59
60	Laboratory		2,891,150					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		119,628					63
64	Intravenous Therapy		162,887					64
65	Respiratory Therapy		381,635					65
66	Physical Therapy		691,000					66
68	Speech Pathology		33,601					68
69	Electrocardiology		654,755					69
70	Electroencephalography		50,388					70
70.01	EMG		13,962					70.01
70.03	ANGIOGRAPHY		288,812					70.03
71	Medical Supplies Charged to Patients		1,269,636					71
72	Impl. Dev. Charged to Patients		670,158					72
73	Drugs Charged to Patients		2,015,348					73
74	Renal Dialysis		55,089					74
76.97	CARDIAC REHABILITATION		274,681					76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES		54,721					90.01
91	Emergency		2,571,462					91
91.01	PRIMARY CARE CENTER PCC		372,627					91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		856,120					101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		204,133					116
118	SUBTOTALS (sum of lines 1-117)		43,870,162					118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		744,734					192
194.01	PRIVATE DUTY NURSING		32,556					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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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		19,793					200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		44,667,245					202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		34,385,291					2
4	Employee Benefits Department	4,339	9,823	21,240				4
5.01	COMMUNICATIONS		182,970	85	3,062			5.01
5.02	DATA PROCESSING	8,708	4,559,335	657	135	7,732		5.02
5.03	PURCHASING AND STORES	6,576	15,161	87	13	80	26,390	5.03
5.04	ADMITTING		967	496	31	368	109	5.04
5.05	CASHIERING	30,956	6,028	318	106	368	117	5.05
5.06	ADMINISTRATIVE & GENERAL	89,391	19,384,336	1,376	210	2,669	814	5.06
6	Maintenance & Repairs	116,954	1,483,117	324	58			6
6.01	CLINICAL ENGINEERING	1,261	218,470		11	16	200	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	4,353		9				8
9	Housekeeping	1,673	47,348	789	18		213	9
10	Dietary	29,361	262,359	620		32	225	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	4,223	15,573	123	37	120	71	13
14	Central Services & Supply	60,712	1,018,429	467	56	96	2,108	14
15	Pharmacy	19,707	296,151	419	66	420	281	15
16	Medical Records & Library	6,584	3,219	516	64	540	182	16
17	Social Service		63	126	16	32	28	17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)	275		31	1			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	297,047	810,482	5,430	913	580	936	30
31	Intensive Care Unit	30,574	72,008	841	70		180	31
40	Subprovider - IPF	17,963	40,302	441	49	60		40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	101,712	1,897,806	1,230	227	660	9,806	50
51	Recovery Room	8,138	25,962	155	25	45	65	51
52	Delivery Room & Labor Room				14			52
53	Anesthesiology		159,517		102		511	53
54	Radiology-Diagnostic	32,881	1,079,181	740			520	54
54.01	ULTRASOUND	3,210	136,423	121			83	54.01
57	CT Scan	2,260	141,407	157			193	57
58	MRI	1,924	210,535	40			91	58
59	Cardiac Catheterization	23,096	645,654	230	33		3,426	59
60	Laboratory	43,705	248,298	858	126	720	1,698	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		4,022	51			76	63
64	Intravenous Therapy		4,480	139	16		127	64
65	Respiratory Therapy	977	109,281	348	29	42	446	65
66	Physical Therapy	6,943	46,955	498	73	340	432	66
68	Speech Pathology		2,300	41			6	68
69	Electrocardiology	12,408	146,262	194	46		144	69
70	Electroencephalography	1,160	6,743	16	4		20	70
70.01	EMG	241	5,686	4	10		26	70.01
70.03	ANGIOGRAPHY	2,014	174,093	115	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		876				96	74
76.97	CARDIAC REHABILITATION	6,943	2,073	58			76	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES		172	114			106	90.01
91	Emergency	38,940	410,116	941	166	184	698	91
91.01	PRIMARY CARE CENTER PCC		426,897	122	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	74,133	1,355	86	360	397	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		278	378			14	116
118	SUBTOTALS (sum of lines 1-117)	1,021,633	34,385,291	21,060	2,901	7,732	25,824	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	18,542		3	161		561	192
194.01	PRIVATE DUTY NURSING			177			5	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	29,252,478	15,414,767	1,713,649	820,463	13,793,023	896,336	202
203	Unit Cost Multiplier (Wkst. B, Part I)	28.122651	0.448295	80.680273	267.950033	1,783.888127	33.964987	203
204	Cost to be allocated (Per Wkst. B, Part II)			126,428	82,531	2,296,369	216,360	204
205	Unit Cost Multiplier (Wkst. B, Part II)			5.952354	26.953298	296.995473	8.198560	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	756,947,648						5.04
5.05	CASHIERING		756,947,648					5.05
5.06	ADMINISTRATIVE & GENERAL			-113,024,503	273,748,021			5.06
6	Maintenance & Repairs				11,304,179	783,251		6
6.01	CLINICAL ENGINEERING				4,771,621	1,261	906,390	6.01
7	Operation of Plant							7
8	Laundry & Linen Service				1,436,138	4,353		8
9	Housekeeping				4,133,692	1,673		9
10	Dietary				3,654,212	29,361		10
11	Cafeteria				698,852			11
12	Maintenance of Personnel							12
13	Nursing Administration				1,552,316	4,223	19,050	13
14	Central Services & Supply				7,618,334	60,712	188,300	14
15	Pharmacy				7,298,512	19,707		15
16	Medical Records & Library				4,774,282	6,584		16
17	Social Service				1,046,302			17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)				232,553	275		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	139,111,615	139,111,615		52,855,842	297,047	108,900	30
31	Intensive Care Unit	22,140,569	22,140,569		9,328,356	30,574	19,890	31
40	Subprovider - IPF	8,847,691	8,847,691		4,286,407	17,963	1,650	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	88,383,399	88,383,399		18,448,320	101,712	122,430	50
51	Recovery Room	7,513,650	7,513,650		1,835,130	8,138	6,750	51
52	Delivery Room & Labor Room				3,751			52
53	Anesthesiology	21,603,936	21,603,936		347,105		30,950	53
54	Radiology-Diagnostic	18,706,828	18,706,828		6,280,631	32,881	170,540	54
54.01	ULTRASOUND	10,732,680	10,732,680		1,377,444	3,210	10,790	54.01
57	CT Scan	59,597,510	59,597,510		2,249,199	2,260	5,080	57
58	MRI	7,379,903	7,379,903		612,917	1,924	3,490	58
59	Cardiac Catheterization	16,651,618	16,651,618		5,674,059	23,096	28,820	59
60	Laboratory	132,290,785	132,290,785		14,345,661	43,705	32,210	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,817,920	5,817,920		2,319,688		5,140	63
64	Intravenous Therapy	1,615,656	1,615,656		1,333,673		1,300	64
65	Respiratory Therapy	39,828,775	39,828,775		3,214,800	977	41,270	65
66	Physical Therapy	7,471,749	7,471,749		5,263,659	6,943	10,530	66
68	Speech Pathology	1,515,008	1,515,008		399,603		29,380	68
69	Electrocardiology	20,209,044	20,209,044		2,167,631	12,408		69
70	Electroencephalography	695,820	695,820		133,494	1,160		70
70.01	EMG	10,011	10,011		34,242	241	1,320	70.01
70.03	ANGIOGRAPHY	6,149,884	6,149,884		1,343,388	2,014	11,050	70.03
71	Medical Supplies Charged to Patients	9,347,618	9,347,618		28,612,171			71
72	Impl. Dev. Charged to Patients	21,590,641	21,590,641		14,549,663			72
73	Drugs Charged to Patients	50,684,326	50,684,326		14,797,575			73
74	Renal Dialysis	4,348,343	4,348,343		1,076,340			74
76.97	CARDIAC REHABILITATION	396,512	396,512		716,581	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	11,365	11,365		1,060,356			90.01
91	Emergency	54,247,525	54,247,525		9,723,090	38,940	45,170	91
91.01	PRIMARY CARE CENTER PCC	47,247	47,247		1,611,491		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	20	20		12,392,278	4,424	1,170	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice				3,892,505			116
118	SUBTOTALS (sum of lines 1-117)	756,947,648	756,947,648	-113,024,503	270,808,043	764,709	906,390	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices				2,225,664	18,542		192
194.01	PRIVATE DUTY NURSING				714,314			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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	2,918,857	4,573,534		113,024,503	15,971,426	6,767,431	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.003856	0.006042		0.412878	20.391198	7.466357	203
204	Cost to be allocated (Per Wkst. B, Part II)	114,410	988,270		12,017,029	4,453,654	356,725	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000151	0.001306		0.043898	5.686113	0.393567	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE TIME SPENT	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	308,485				10
11	Cafeteria				14,482			11
12	Maintenance of Personnel							12
13	Nursing Administration					9,521		13
14	Central Services & Supply	68,670	3,938		467		12,868,593	14
15	Pharmacy	90	864		419		396,772	15
16	Medical Records & Library		1,626		516		1,423	16
17	Social Service				126		321	17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)		4		31			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	236,970	66,471	254,043	5,430	5,430	3,736,914	30
31	Intensive Care Unit	33,120	4,294	23,132	841	841	1,003,210	31
40	Subprovider - IPF	7,650	3,374	13,674	441	441	30,367	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	59,400	15,462		1,230	1,230	3,153,851	50
51	Recovery Room	6,930	922		155	155	103,511	51
52	Delivery Room & Labor Room							52
53	Anesthesiology		1,383				225,408	53
54	Radiology-Diagnostic	28,170	4,605		740		107,861	54
54.01	ULTRASOUND		606		121		12,756	54.01
57	CT Scan		321		157		309,657	57
58	MRI		276		40		44,418	58
59	Cardiac Catheterization	6,030	2,805		230	230	589,730	59
60	Laboratory		3,301		858		501,361	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				51		5,795	63
64	Intravenous Therapy				139	139	398,170	64
65	Respiratory Therapy		224		348		260,293	65
66	Physical Therapy	540	1,900		498		221,515	66
68	Speech Pathology				41		69	68
69	Electrocardiology	9,270	1,837		194		48,696	69
70	Electroencephalography	270	145		16		569	70
70.01	EMG				4		99	70.01
70.03	ANGIOGRAPHY		432		115		247,033	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	3,510			58		4,630	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES			677		114	2,305	90.01
91	Emergency	68,130	11,659	16,959	941	941	1,386,107	91
91.01	PRIMARY CARE CENTER PCC	8,550	1,299		122		39,215	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency				20		33,474	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice				10		2,617	116
118	SUBTOTALS (sum of lines 1-117)	559,800	131,130	308,485	14,482	9,521	12,868,147	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	9,900	3,704					192
194.01	PRIVATE DUTY NURSING						446	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE TIME SPENT	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)	2,117,851	5,958,159	5,911,109	987,393	2,429,965	13,868,817	202
203	Unit Cost Multiplier (Wkst. B, Part I)	3.717485	44.188847	19.161739	68.180707	255.221615	1.077726	203
204	Cost to be allocated (Per Wkst. B, Part II)	210,268	274,480	1,292,610	30,678	263,607	3,002,127	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.369085	2.035688	4.190188	2.118354	27.686903	0.233291	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	14,785,021						15
16	Medical Records & Library	1,016	182,820					16
17	Social Service			1,000				17
19	Nonphysician Anesthetists							19
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	1,603	52,289	900				30
31	Intensive Care Unit		1,381	30				31
40	Subprovider - IPF		816					40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,128	7,787					50
51	Recovery Room		24					51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic	189,575	9,092					54
54.01	ULTRASOUND	10	3,028					54.01
57	CT Scan	29	23,481					57
58	MRI		1,934					58
59	Cardiac Catheterization	18,280	7,931					59
60	Laboratory	33	31,811					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	10,875	640					63
64	Intravenous Therapy	446	29					64
65	Respiratory Therapy		1,002					65
66	Physical Therapy	33,722	5,982					66
68	Speech Pathology		260					68
69	Electrocardiology	278	6,814					69
70	Electroencephalography	111	101					70
70.01	EMG	44	207					70.01
70.03	ANGIOGRAPHY	51	1,099					70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	14,191,164			100			73
74	Renal Dialysis		98					74
76.97	CARDIAC REHABILITATION		506					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	606	483	70				91
91.01	PRIMARY CARE CENTER PCC	13	26,025					91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	4,987						101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	331,050						116
118	SUBTOTALS (sum of lines 1-117)	14,785,021	182,820	1,000	100			118
	NONREIMBURSABLE COST CENTERS							

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	PARAMED EDUCATION ASSIGNED TIME			
		15	16	17	23			
192	Physicians' Private Offices							192
194.01	PRIVATE DUTY NURSING							194.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	11,208,450	6,989,070	1,487,234	336,468			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.758095	38,229242	1,487,234000	3,364.680000			203
204	Cost to be allocated (Per Wkst. B, Part II)	1,345,980	605,114	57,216	19,793			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.091037	3.309890	57.216000	197.930000			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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT	
		CODE	LINE NO.		
	1	2	3	4	

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	99,357,308		99,357,308	459,141	99,816,449	30
31	Intensive Care Unit	16,158,473		16,158,473	1,232	16,159,705	31
40	Subprovider - IPF	7,080,869		7,080,869		7,080,869	40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	34,052,746		34,052,746		34,052,746	50
51	Recovery Room	3,038,262		3,038,262		3,038,262	51
52	Delivery Room & Labor Room	5,300		5,300		5,300	52
53	Anesthesiology	1,025,542		1,025,542		1,025,542	53
54	Radiology-Diagnostic	11,783,768		11,783,768		11,783,768	54
54.01	ULTRASOUND	2,256,719		2,256,719		2,256,719	54.01
57	CT Scan	4,518,154		4,518,154		4,518,154	57
58	MRI	1,067,996		1,067,996		1,067,996	58
59	Cardiac Catheterization	9,876,258		9,876,258	13,857	9,890,115	59
60	Laboratory	23,361,188		23,361,188		23,361,188	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	3,358,246		3,358,246		3,358,246	63
64	Intravenous Therapy	2,369,541		2,369,541		2,369,541	64
65	Respiratory Therapy	5,222,635		5,222,635		5,222,635	65
66	Physical Therapy	8,270,008		8,270,008		8,270,008	66
68	Speech Pathology	796,761		796,761		796,761	68
69	Electrocardiology	3,757,661		3,757,661	5,899	3,763,560	69
70	Electroencephalography	225,325		225,325		225,325	70
70.01	EMG	71,476		71,476		71,476	70.01
70.03	ANGIOGRAPHY	2,356,832		2,356,832		2,356,832	70.03
71	Medical Supplies Charged to Patients	40,425,507		40,425,507		40,425,507	71
72	Impl. Dev. Charged to Patients	20,556,899		20,556,899		20,556,899	72
73	Drugs Charged to Patients	32,001,887		32,001,887		32,001,887	73
74	Renal Dialysis	1,524,483		1,524,483		1,524,483	74
76.97	CARDIAC REHABILITATION	1,230,297		1,230,297		1,230,297	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	1,542,705		1,542,705		1,542,705	90.01
91	Emergency	17,883,458		17,883,458		17,883,458	91
91.01	PRIMARY CARE CENTER PCC	3,460,287		3,460,287		3,460,287	91.01
92	Observation Beds (Non-Distinct Part)	10,663,729		10,663,729		10,663,729	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	17,648,945		17,648,945		17,648,945	101
113	Interest Expense						113
116	Hospice	5,754,104		5,754,104		5,754,104	116
200	Subtotal (sum of lines 30 thru 199)	392,703,369		392,703,369	480,129	393,183,498	200
201	Less Observation Beds	10,663,729		10,663,729		10,663,729	201
202	Total (line 200 minus line 201)	382,039,640		382,039,640		382,519,769	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	139,111,615		139,111,615				30
31	Intensive Care Unit	22,140,569		22,140,569				31
40	Subprovider - IPF	8,847,691		8,847,691				40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	88,383,399	119,669,209	208,052,608	0.163674	0.163674	0.163674	50
51	Recovery Room	7,513,650	8,331,399	15,845,049	0.191748	0.191748	0.191748	51
52	Delivery Room & Labor Room							52
53	Anesthesiology	21,603,936	26,481,212	48,085,148	0.021328	0.021328	0.021328	53
54	Radiology-Diagnostic	18,706,828	28,339,460	47,046,288	0.250472	0.250472	0.250472	54
54.01	ULTRASOUND	10,732,680	9,437,600	20,170,280	0.111883	0.111883	0.111883	54.01
57	CT Scan	59,597,510	73,185,479	132,782,989	0.034027	0.034027	0.034027	57
58	MRI	7,379,903	6,029,451	13,409,354	0.079646	0.079646	0.079646	58
59	Cardiac Catheterization	16,651,618	24,706,947	41,358,565	0.238796	0.238796	0.239131	59
60	Laboratory	132,290,785	99,149,857	231,440,642	0.100938	0.100938	0.100938	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,817,920	1,993,897	7,811,817	0.429893	0.429893	0.429893	63
64	Intravenous Therapy	1,615,656	89,384	1,705,040	1.389728	1.389728	1.389728	64
65	Respiratory Therapy	39,828,775	3,121,750	42,950,525	0.121597	0.121597	0.121597	65
66	Physical Therapy	7,471,749	18,644,613	26,116,362	0.316660	0.316660	0.316660	66
68	Speech Pathology	1,515,008	810,428	2,325,436	0.342629	0.342629	0.342629	68
69	Electrocardiology	20,209,044	21,236,680	41,445,724	0.090665	0.090665	0.090807	69
70	Electroencephalography	695,820	314,893	1,010,713	0.222937	0.222937	0.222937	70
70.01	EMG	10,011	646,078	656,089	0.108943	0.108943	0.108943	70.01
70.03	ANGIOGRAPHY	6,149,884	3,424,426	9,574,310	0.246162	0.246162	0.246162	70.03
71	Medical Supplies Charged to Patients	9,347,618	9,019,975	18,367,593	2.200915	2.200915	2.200915	71
72	Impl. Dev. Charged to Patients	21,590,641	13,803,966	35,394,607	0.580792	0.580792	0.580792	72
73	Drugs Charged to Patients	50,684,326	19,610,238	70,294,564	0.455254	0.455254	0.455254	73
74	Renal Dialysis	4,348,343	243,140	4,591,483	0.332024	0.332024	0.332024	74
76.97	CARDIAC REHABILITATION	396,512	1,576,949	1,973,461	0.623421	0.623421	0.623421	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	11,365	3,511,716	3,523,081	0.437885	0.437885	0.437885	90.01
91	Emergency	54,247,525	88,156,677	142,404,202	0.125582	0.125582	0.125582	91
91.01	PRIMARY CARE CENTER PCC	47,247	3,604,432	3,651,679	0.947588	0.947588	0.947588	91.01
92	Observation Beds (Non-Distinct Part)	5,067,005	30,970,189	36,037,194	0.295909	0.295909	0.295909	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	20	16,836,024	16,836,044				101
113	Interest Expense							113
116	Hospice		10,072,080	10,072,080				116
200	Subtotal (sum of lines 30 thru 199)	762,014,653	643,018,149	1,405,032,802				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	762,014,653	643,018,149	1,405,032,802				202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	99,357,308		99,357,308	459,141	99,816,449	30
31	Intensive Care Unit	16,158,473		16,158,473	1,232	16,159,705	31
40	Subprovider - IPF	7,080,869		7,080,869		7,080,869	40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	34,052,746		34,052,746		34,052,746	50
51	Recovery Room	3,038,262		3,038,262		3,038,262	51
52	Delivery Room & Labor Room	5,300		5,300		5,300	52
53	Anesthesiology	1,025,542		1,025,542		1,025,542	53
54	Radiology-Diagnostic	11,783,768		11,783,768		11,783,768	54
54.01	ULTRASOUND	2,256,719		2,256,719		2,256,719	54.01
57	CT Scan	4,518,154		4,518,154		4,518,154	57
58	MRI	1,067,996		1,067,996		1,067,996	58
59	Cardiac Catheterization	9,876,258		9,876,258	13,857	9,890,115	59
60	Laboratory	23,361,188		23,361,188		23,361,188	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	3,358,246		3,358,246		3,358,246	63
64	Intravenous Therapy	2,369,541		2,369,541		2,369,541	64
65	Respiratory Therapy	5,222,635		5,222,635		5,222,635	65
66	Physical Therapy	8,270,008		8,270,008		8,270,008	66
68	Speech Pathology	796,761		796,761		796,761	68
69	Electrocardiology	3,757,661		3,757,661	5,899	3,763,560	69
70	Electroencephalography	225,325		225,325		225,325	70
70.01	EMG	71,476		71,476		71,476	70.01
70.03	ANGIOGRAPHY	2,356,832		2,356,832		2,356,832	70.03
71	Medical Supplies Charged to Patients	40,425,507		40,425,507		40,425,507	71
72	Impl. Dev. Charged to Patients	20,556,899		20,556,899		20,556,899	72
73	Drugs Charged to Patients	32,001,887		32,001,887		32,001,887	73
74	Renal Dialysis	1,524,483		1,524,483		1,524,483	74
76.97	CARDIAC REHABILITATION	1,230,297		1,230,297		1,230,297	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	1,542,705		1,542,705		1,542,705	90.01
91	Emergency	17,883,458		17,883,458		17,883,458	91
91.01	PRIMARY CARE CENTER PCC	3,460,287		3,460,287		3,460,287	91.01
92	Observation Beds (Non-Distinct Part)	10,663,729		10,663,729		10,663,729	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	17,648,945		17,648,945		17,648,945	101
113	Interest Expense						113
116	Hospice	5,754,104		5,754,104		5,754,104	116
200	Subtotal (sum of lines 30 thru 199)	392,703,369		392,703,369	480,129	393,183,498	200
201	Less Observation Beds	10,663,729		10,663,729		10,663,729	201
202	Total (line 200 minus line 201)	382,039,640		382,039,640	480,129	382,519,769	202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

WORKSHEET C PART I

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	139,111,615		139,111,615				30
31	Intensive Care Unit	22,140,569		22,140,569				31
40	Subprovider - IPF	8,847,691		8,847,691				40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	88,383,399	119,669,209	208,052,608	0.163674	0.163674	0.163674	50
51	Recovery Room	7,513,650	8,331,399	15,845,049	0.191748	0.191748	0.191748	51
52	Delivery Room & Labor Room							52
53	Anesthesiology	21,603,936	26,481,212	48,085,148	0.021328	0.021328	0.021328	53
54	Radiology-Diagnostic	18,706,828	28,339,460	47,046,288	0.250472	0.250472	0.250472	54
54.01	ULTRASOUND	10,732,680	9,437,600	20,170,280	0.111883	0.111883	0.111883	54.01
57	CT Scan	59,597,510	73,185,479	132,782,989	0.034027	0.034027	0.034027	57
58	MRI	7,379,903	6,029,451	13,409,354	0.079646	0.079646	0.079646	58
59	Cardiac Catheterization	16,651,618	24,706,947	41,358,565	0.238796	0.238796	0.239131	59
60	Laboratory	132,290,785	99,149,857	231,440,642	0.100938	0.100938	0.100938	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,817,920	1,993,897	7,811,817	0.429893	0.429893	0.429893	63
64	Intravenous Therapy	1,615,656	89,384	1,705,040	1.389728	1.389728	1.389728	64
65	Respiratory Therapy	39,828,775	3,121,750	42,950,525	0.121597	0.121597	0.121597	65
66	Physical Therapy	7,471,749	18,644,613	26,116,362	0.316660	0.316660	0.316660	66
68	Speech Pathology	1,515,008	810,428	2,325,436	0.342629	0.342629	0.342629	68
69	Electrocardiology	20,209,044	21,236,680	41,445,724	0.090665	0.090665	0.090807	69
70	Electroencephalography	695,820	314,893	1,010,713	0.222937	0.222937	0.222937	70
70.01	EMG	10,011	646,078	656,089	0.108943	0.108943	0.108943	70.01
70.03	ANGIOGRAPHY	6,149,884	3,424,426	9,574,310	0.246162	0.246162	0.246162	70.03
71	Medical Supplies Charged to Patients	9,347,618	9,019,975	18,367,593	2.200915	2.200915	2.200915	71
72	Impl. Dev. Charged to Patients	21,590,641	13,803,966	35,394,607	0.580792	0.580792	0.580792	72
73	Drugs Charged to Patients	50,684,326	19,610,238	70,294,564	0.455254	0.455254	0.455254	73
74	Renal Dialysis	4,348,343	243,140	4,591,483	0.332024	0.332024	0.332024	74
76.97	CARDIAC REHABILITATION	396,512	1,576,949	1,973,461	0.623421	0.623421	0.623421	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCH SERVICES	11,365	3,511,716	3,523,081	0.437885	0.437885	0.437885	90.01
91	Emergency	54,247,525	88,156,677	142,404,202	0.125582	0.125582	0.125582	91
91.01	PRIMARY CARE CENTER PCC	47,247	3,604,432	3,651,679	0.947588	0.947588	0.947588	91.01
92	Observation Beds (Non-Distinct Part)	5,067,005	30,970,189	36,037,194	0.295909	0.295909	0.295909	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	20	16,836,024	16,836,044				101
113	Interest Expense							113
116	Hospice		10,072,080	10,072,080				116
200	Subtotal (sum of lines 30 thru 199)	762,014,653	643,018,149	1,405,032,802				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	762,014,653	643,018,149	1,405,032,802				202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	34,052,746	6,417,890	27,634,856		50
51	Recovery Room	3,038,262	429,715	2,608,547		51
52	Delivery Room & Labor Room	5,300	542	4,758		52
53	Anesthesiology	1,025,542	192,745	832,797		53
54	Radiology-Diagnostic	11,783,768	2,068,061	9,715,707		54
54.01	ULTRASOUND	2,256,719	265,925	1,990,794		54.01
57	CT Scan	4,518,154	480,833	4,037,321		57
58	MRI	1,067,996	216,856	851,140		58
59	Cardiac Catheterization	9,876,258	1,565,605	8,310,653		59
60	Laboratory	23,361,188	2,891,150	20,470,038		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	3,358,246	119,628	3,238,618		63
64	Intravenous Therapy	2,369,541	162,887	2,206,654		64
65	Respiratory Therapy	5,222,635	381,635	4,841,000		65
66	Physical Therapy	8,270,008	691,000	7,579,008		66
68	Speech Pathology	796,761	33,601	763,160		68
69	Electrocardiology	3,757,661	654,755	3,102,906		69
70	Electroencephalography	225,325	50,388	174,937		70
70.01	EMG	71,476	13,962	57,514		70.01
70.03	ANGIOGRAPHY	2,356,832	288,812	2,068,020		70.03
71	Medical Supplies Charged to Patients	40,425,507	1,269,636	39,155,871		71
72	Impl. Dev. Charged to Patients	20,556,899	670,158	19,886,741		72
73	Drugs Charged to Patients	32,001,887	2,015,348	29,986,539		73
74	Renal Dialysis	1,524,483	55,089	1,469,394		74
76.97	CARDIAC REHABILITATION	1,230,297	274,681	955,616		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	OUTPATIENT PSYCH SERVICES	1,542,705	54,721	1,487,984		90.01
91	Emergency	17,883,458	2,571,462	15,311,996		91
91.01	PRIMARY CARE CENTER PCC	3,460,287	372,627	3,087,660		91.01
92	Observation Beds (Non-Distinct Part)	10,663,729	1,683,078	8,980,651		92
93.99	PARTIAL HOSPITALIZATION PROGRAM					93.99
	OTHER REIMBURSABLE COST CENTERS					
101	Home Health Agency	17,648,945	856,120	16,792,825		101
113	Interest Expense					113
116	Hospice	5,754,104	204,133	5,549,971		116
200	Subtotal	270,106,719	26,953,043	243,153,676		200
201	Less Observation Beds	10,663,729	1,683,078	8,980,651		201
202	Total	259,442,990	25,269,965	234,173,025		202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		34,052,746	208,052,608	0.163674	50
51	Recovery Room		3,038,262	15,845,049	0.191748	51
52	Delivery Room & Labor Room		5,300			52
53	Anesthesiology		1,025,542	48,085,148	0.021328	53
54	Radiology-Diagnostic		11,783,768	47,046,288	0.250472	54
54.01	ULTRASOUND		2,256,719	20,170,280	0.111883	54.01
57	CT Scan		4,518,154	132,782,989	0.034027	57
58	MRI		1,067,996	13,409,354	0.079646	58
59	Cardiac Catheterization		9,876,258	41,358,565	0.238796	59
60	Laboratory		23,361,188	231,440,642	0.100938	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.		3,358,246	7,811,817	0.429893	63
64	Intravenous Therapy		2,369,541	1,705,040	1.389728	64
65	Respiratory Therapy		5,222,635	42,950,525	0.121597	65
66	Physical Therapy		8,270,008	26,116,362	0.316660	66
68	Speech Pathology		796,761	2,325,436	0.342629	68
69	Electrocardiology		3,757,661	41,445,724	0.090665	69
70	Electroencephalography		225,325	1,010,713	0.222937	70
70.01	EMG		71,476	656,089	0.108943	70.01
70.03	ANGIOGRAPHY		2,356,832	9,574,310	0.246162	70.03
71	Medical Supplies Charged to Patients		40,425,507	18,367,593	2.200915	71
72	Impl. Dev. Charged to Patients		20,556,899	35,394,607	0.580792	72
73	Drugs Charged to Patients		32,001,887	70,294,564	0.455254	73
74	Renal Dialysis		1,524,483	4,591,483	0.332024	74
76.97	CARDIAC REHABILITATION		1,230,297	1,973,461	0.623421	76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	OUTPATIENT PSYCH SERVICES		1,542,705	3,523,081	0.437885	90.01
91	Emergency		17,883,458	142,404,202	0.125582	91
91.01	PRIMARY CARE CENTER PCC		3,460,287	3,651,679	0.947588	91.01
92	Observation Beds (Non-Distinct Part)		10,663,729	36,037,194	0.295909	92
93.99	PARTIAL HOSPITALIZATION PROGRAM					93.99
	OTHER REIMBURSABLE COST CENTERS					
101	Home Health Agency		17,648,945	16,836,044	1.048283	101
113	Interest Expense					113
116	Hospice		5,754,104	10,072,080	0.571293	116
200	Subtotal		270,106,719	1,234,932,927		200
201	Less Observation Beds		10,663,729	36,037,194		201
202	Total		259,442,990	1,198,895,733		202

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	15,754,246		15,754,246	79,451	198.29	39,258	7,784,469	30
31	Intensive Care Unit	1,907,188		1,907,188	7,877	242.12	4,428	1,072,107	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	938,763		938,763	4,311	217.76	1,236	269,151	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				1,290				43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	18,600,197		18,600,197	92,929		44,922	9,125,727	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	6,417,890	208,052,608	0.030847	45,631,157	1,407,584	50
51	Recovery Room	429,715	15,845,049	0.027120	3,971,431	107,705	51
52	Delivery Room & Labor Room	542					52
53	Anesthesiology	192,745	48,085,148	0.004008	10,883,500	43,621	53
54	Radiology-Diagnostic	2,068,061	47,046,288	0.043958	10,782,384	473,972	54
54.01	ULTRASOUND	265,925	20,170,280	0.013184	5,791,592	76,356	54.01
57	CT Scan	480,833	132,782,989	0.003621	32,130,918	116,346	57
58	MRI	216,856	13,409,354	0.016172	4,143,205	67,004	58
59	Cardiac Catheterization	1,565,605	41,358,565	0.037854	8,916,266	337,516	59
60	Laboratory	2,891,150	231,440,642	0.012492	68,769,985	859,075	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	119,628	7,811,817	0.015314	3,043,080	46,602	63
64	Intravenous Therapy	162,887	1,705,040	0.095533	804,540	76,860	64
65	Respiratory Therapy	381,635	42,950,525	0.008885	20,850,804	185,259	65
66	Physical Therapy	691,000	26,116,362	0.026459	4,525,639	119,744	66
68	Speech Pathology	33,601	2,325,436	0.014449	916,742	13,246	68
69	Electrocardiology	654,755	41,445,724	0.015798	11,716,725	185,101	69
70	Electroencephalography	50,388	1,010,713	0.049854	357,550	17,825	70
70.01	EMG	13,962	656,089	0.021281	5,872	125	70.01
70.03	ANGIOGRAPHY	288,812	9,574,310	0.030165	3,350,720	101,074	70.03
71	Medical Supplies Charged to Pat	1,269,636	18,367,593	0.069124	5,228,006	361,381	71
72	Impl. Dev. Charged to Patients	670,158	35,394,607	0.018934	12,404,011	234,858	72
73	Drugs Charged to Patients	2,015,348	70,294,564	0.028670	24,498,834	702,382	73
74	Renal Dialysis	55,089	4,591,483	0.011998	2,384,168	28,605	74
76.97	CARDIAC REHABILITATION	274,681	1,973,461	0.139187	217,671	30,297	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	54,721	3,523,081	0.015532	318	5	90.01
91	Emergency	2,571,462	142,404,202	0.018057	28,794,654	519,945	91
91.01	PRIMARY CARE CENTER PCC	372,627	3,651,679	0.102043	41,399	4,224	91.01
92	Observation Beds (Non-Distinct	1,683,078	36,037,194	0.046704			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	25,892,790	1,208,024,803		310,161,171	6,116,712	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	79,451		39,258		30
31	Intensive Care Unit	7,877		4,428		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	4,311		1,236		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,290				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	92,929		44,922		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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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
52	Delivery Room & Labor Room									52
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					336,468		336,468	336,468	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)					336,468		336,468	336,468	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	208,052,608			45,631,157		45,297,870		50
51	Recovery Room	15,845,049			3,971,431		2,796,198		51
52	Delivery Room & Labor Room								52
53	Anesthesiology	48,085,148			10,883,500		9,455,733		53
54	Radiology-Diagnostic	47,046,288			10,782,384		9,871,038		54
54.01	ULTRASOUND	20,170,280			5,791,592		3,338,834		54.01
57	CT Scan	132,782,989			32,130,918		22,833,807		57
58	MRI	13,409,354			4,143,205		2,206,051		58
59	Cardiac Catheterization	41,358,565			8,916,266		14,728,859		59
60	Laboratory	231,440,642			68,769,985		16,170,282		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,811,817			3,043,080		432,974		63
64	Intravenous Therapy	1,705,040			804,540		35,032		64
65	Respiratory Therapy	42,950,525			20,850,804		1,230,451		65
66	Physical Therapy	26,116,362			4,525,639		2,341,098		66
68	Speech Pathology	2,325,436			916,742		7,274		68
69	Electrocardiology	41,445,724			11,716,725		7,166,926		69
70	Electroencephalography	1,010,713			357,550		90,880		70
70.01	EMG	656,089			5,872		274,150		70.01
70.03	ANGIOGRAPHY	9,574,310			3,350,720		1,821,047		70.03
71	Medical Supplies Charged to Pat	18,367,593			5,228,006		3,289,357		71
72	Impl. Dev. Charged to Patients	35,394,607			12,404,011				72
73	Drugs Charged to Patients	70,294,564	0.004787	0.004787	24,498,834	117,276	8,051,977	38,545	73
74	Renal Dialysis	4,591,483			2,384,168		81,096		74
76.97	CARDIAC REHABILITATION	1,973,461			217,671		814,115		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	3,523,081			318		489,913		90.01
91	Emergency	142,404,202			28,794,654		19,048,288		91
91.01	PRIMARY CARE CENTER PCC	3,651,679			41,399		679,648		91.01
92	Observation Beds (Non-Distinct	36,037,194					6,213,026		92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,208,024,803			310,161,171	117,276	178,765,924	38,545	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0062

WORKSHEET D
PART V

Check [] Title V - 0/P
Applicable [XX] Title XVIII, Part B
Boxes: [] Title XIX - 0/P

☐ [XX] Hospital	☐ [] SNF
☐ [] IPF	☐ [] NF
☐ [] IRF	☐ [] Swing Bed SNF
☐ [] SUB	☐ [] Swing Bed NF
(Other)	

- [] ICF/IID
- [] PARHM Demonstration
- [] PARHM CAH Swing Bed SNF

				Program Charges		Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.163674	45,297,870			7,414,084			50
51	Recovery Room	0.191748	2,796,198			536,165			51
52	Delivery Room & Labor Room								52
53	Anesthesiology	0.021328	9,455,733			201,672			53
54	Radiology-Diagnostic	0.250472	9,871,038			2,472,419			54
54.01	ULTRASOUND	0.111883	3,338,834			373,559			54.01
57	CT Scan	0.034027	22,833,807			776,966			57
58	MRI	0.079646	2,206,051			175,703			58
59	Cardiac Catheterization	0.238796	14,728,859			3,517,193			59
60	Laboratory	0.100938	16,170,282			1,632,196			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.429893	432,974			186,132			63
64	Intravenous Therapy	1.389728	35,032			48,685			64
65	Respiratory Therapy	0.121597	1,230,451			149,619			65
66	Physical Therapy	0.316660	2,341,098			741,332			66
68	Speech Pathology	0.342629	7,274			2,492			68
69	Electrocardiology	0.090665	7,166,926			649,789			69
70	Electroencephalography	0.222937	90,880			20,261			70
70.01	EMG	0.108943	274,150			29,867			70.01
70.03	ANGIOGRAPHY	0.246162	1,821,047			448,273			70.03
71	Medical Supplies Charged to Pat	2.200915	3,289,357			7,239,595			71
72	Impl. Dev. Charged to Patients	0.580792							72
73	Drugs Charged to Patients	0.455254	8,051,977			3,665,695			73
74	Renal Dialysis	0.332024	81,096			26,926			74
76.97	CARDIAC REHABILITATION	0.623421	814,115			507,536			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	0.437885	489,913			214,526			90.01
91	Emergency	0.125582	19,048,288			2,392,122			91
91.01	PRIMARY CARE CENTER PCC	0.947588	679,648			644,026			91.01
92	Observation Beds (Non-Distinct	0.295909	6,213,026			1,838,490			92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		178,765,924			35,905,323			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		178,765,924			35,905,323			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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	6,417,890	208,052,608	0.030847	36,556	1,128	50
51	Recovery Room	429,715	15,845,049	0.027120	3,858	105	51
52	Delivery Room & Labor Room	542					52
53	Anesthesiology	192,745	48,085,148	0.004008	7,244	29	53
54	Radiology-Diagnostic	2,068,061	47,046,288	0.043958	65,347	2,873	54
54.01	ULTRASOUND	265,925	20,170,280	0.013184	12,111	160	54.01
57	CT Scan	480,833	132,782,989	0.003621	136,011	492	57
58	MRI	216,856	13,409,354	0.016172	3,195	52	58
59	Cardiac Catheterization	1,565,605	41,358,565	0.037854			59
60	Laboratory	2,891,150	231,440,642	0.012492	563,829	7,043	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	119,628	7,811,817	0.015314			63
64	Intravenous Therapy	162,887	1,705,040	0.095533			64
65	Respiratory Therapy	381,635	42,950,525	0.008885	157,765	1,402	65
66	Physical Therapy	691,000	26,116,362	0.026459	39,656	1,049	66
68	Speech Pathology	33,601	2,325,436	0.014449	3,997	58	68
69	Electrocardiology	654,755	41,445,724	0.015798	32,858	519	69
70	Electroencephalography	50,388	1,010,713	0.049854	603	30	70
70.01	EMG	13,962	656,089	0.021281			70.01
70.03	ANGIOGRAPHY	288,812	9,574,310	0.030165	9,876	298	70.03
71	Medical Supplies Charged to Pat	1,269,636	18,367,593	0.069124	1,938	134	71
72	Impl. Dev. Charged to Patients	670,158	35,394,607	0.018934			72
73	Drugs Charged to Patients	2,015,348	70,294,564	0.028670	218,237	6,257	73
74	Renal Dialysis	55,089	4,591,483	0.011998	454	5	74
76.97	CARDIAC REHABILITATION	274,681	1,973,461	0.139187			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	54,721	3,523,081	0.015532			90.01
91	Emergency	2,571,462	142,404,202	0.018057	487,549	8,804	91
91.01	PRIMARY CARE CENTER PCC	372,627	3,651,679	0.102043			91.01
92	Observation Beds (Non-Distinct		36,037,194				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	24,209,712	1,208,024,803		1,781,084	30,438	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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
52	Delivery Room & Labor Room									52
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					336,468		336,468	336,468	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)					336,468		336,468	336,468	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	208,052,608			36,556				50
51	Recovery Room	15,845,049			3,858				51
52	Delivery Room & Labor Room								52
53	Anesthesiology	48,085,148			7,244				53
54	Radiology-Diagnostic	47,046,288			65,347				54
54.01	ULTRASOUND	20,170,280			12,111				54.01
57	CT Scan	132,782,989			136,011				57
58	MRI	13,409,354			3,195				58
59	Cardiac Catheterization	41,358,565							59
60	Laboratory	231,440,642			563,829				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,811,817							63
64	Intravenous Therapy	1,705,040							64
65	Respiratory Therapy	42,950,525			157,765				65
66	Physical Therapy	26,116,362			39,656				66
68	Speech Pathology	2,325,436			3,997				68
69	Electrocardiology	41,445,724			32,858				69
70	Electroencephalography	1,010,713			603				70
70.01	EMG	656,089							70.01
70.03	ANGIOGRAPHY	9,574,310			9,876				70.03
71	Medical Supplies Charged to Pat	18,367,593			1,938				71
72	Impl. Dev. Charged to Patients	35,394,607							72
73	Drugs Charged to Patients	70,294,564	0.004787	0.004787	218,237	1,045			73
74	Renal Dialysis	4,591,483			454				74
76.97	CARDIAC REHABILITATION	1,973,461							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	3,523,081							90.01
91	Emergency	142,404,202			487,549				91
91.01	PRIMARY CARE CENTER PCC	3,651,679							91.01
92	Observation Beds (Non-Distinct	36,037,194							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,208,024,803			1,781,084	1,045			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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	0.163674							50
51	Recovery Room	0.191748							51
52	Delivery Room & Labor Room								52
53	Anesthesiology	0.021328							53
54	Radiology-Diagnostic	0.250472							54
54.01	ULTRASOUND	0.111883							54.01
57	CT Scan	0.034027							57
58	MRI	0.079646							58
59	Cardiac Catheterization	0.238796							59
60	Laboratory	0.100938							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.429893							63
64	Intravenous Therapy	1.389728							64
65	Respiratory Therapy	0.121597							65
66	Physical Therapy	0.316660							66
68	Speech Pathology	0.342629							68
69	Electrocardiology	0.090665							69
70	Electroencephalography	0.222937							70
70.01	EMG	0.108943							70.01
70.03	ANGIOGRAPHY	0.246162							70.03
71	Medical Supplies Charged to Pat	2.200915							71
72	Impl. Dev. Charged to Patients	0.580792							72
73	Drugs Charged to Patients	0.455254							73
74	Renal Dialysis	0.332024							74
76.97	CARDIAC REHABILITATION	0.623421							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	0.437885							90.01
91	Emergency	0.125582							91
91.01	PRIMARY CARE CENTER PCC	0.947588							91.01
92	Observation Beds (Non-Distinct	0.295909							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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☒ Hospital
☐ PARHM Demonstration

☒ PPS
☐ TEFRA

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	15,754,246		15,754,246	79,451	198.29	1,083	214,748	30
31	Intensive Care Unit	1,907,188		1,907,188	7,877	242.12	223	53,993	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	938,763		938,763	4,311	217.76	116	25,260	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				1,290		72		43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	18,600,197		18,600,197	92,929		1,494	294,001	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0062

WORKSHEET D PART II

Check ☐ Title V ☒ Hospital ☐ SUB (Other) ☒ PPS
Applicable ☐ Title XVIII, Part A ☐ IPF ☐ 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	6,417,890	208,052,608	0.030847			50
51	Recovery Room	429,715	15,845,049	0.027120			51
52	Delivery Room & Labor Room	542					52
53	Anesthesiology	192,745	48,085,148	0.004008			53
54	Radiology-Diagnostic	2,068,061	47,046,288	0.043958			54
54.01	ULTRASOUND	265,925	20,170,280	0.013184			54.01
57	CT Scan	480,833	132,782,989	0.003621			57
58	MRI	216,856	13,409,354	0.016172			58
59	Cardiac Catheterization	1,565,605	41,358,565	0.037854			59
60	Laboratory	2,891,150	231,440,642	0.012492			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	119,628	7,811,817	0.015314			63
64	Intravenous Therapy	162,887	1,705,040	0.095533			64
65	Respiratory Therapy	381,635	42,950,525	0.008885			65
66	Physical Therapy	691,000	26,116,362	0.026459			66
68	Speech Pathology	33,601	2,325,436	0.014449			68
69	Electrocardiology	654,755	41,445,724	0.015798			69
70	Electroencephalography	50,388	1,010,713	0.049854			70
70.01	EMG	13,962	656,089	0.021281			70.01
70.03	ANGIOGRAPHY	288,812	9,574,310	0.030165			70.03
71	Medical Supplies Charged to Pat	1,269,636	18,367,593	0.069124			71
72	Impl. Dev. Charged to Patients	670,158	35,394,607	0.018934			72
73	Drugs Charged to Patients	2,015,348	70,294,564	0.028670			73
74	Renal Dialysis	55,089	4,591,483	0.011998			74
76.97	CARDIAC REHABILITATION	274,681	1,973,461	0.139187			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	54,721	3,523,081	0.015532			90.01
91	Emergency	2,571,462	142,404,202	0.018057			91
91.01	PRIMARY CARE CENTER PCC	372,627	3,651,679	0.102043			91.01
92	Observation Beds (Non-Distinct	1,683,078	36,037,194	0.046704			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	25,892,790	1,208,024,803				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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ 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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	79,451		1,083		30
31	Intensive Care Unit	7,877		223		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	4,311		116		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,290		72		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	92,929		1,494		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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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

		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
52	Delivery Room & Labor Room									52
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					336,468		336,468	336,468	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)					336,468		336,468	336,468	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0062

WORKSHEET D
PART IV

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☒ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☒ PPS
☐ TEFRA
☐ 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	208,052,608							50
51	Recovery Room	15,845,049							51
52	Delivery Room & Labor Room								52
53	Anesthesiology	48,085,148							53
54	Radiology-Diagnostic	47,046,288							54
54.01	ULTRASOUND	20,170,280							54.01
57	CT Scan	132,782,989							57
58	MRI	13,409,354							58
59	Cardiac Catheterization	41,358,565							59
60	Laboratory	231,440,642							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,811,817							63
64	Intravenous Therapy	1,705,040							64
65	Respiratory Therapy	42,950,525							65
66	Physical Therapy	26,116,362							66
68	Speech Pathology	2,325,436							68
69	Electrocardiology	41,445,724							69
70	Electroencephalography	1,010,713							70
70.01	EMG	656,089							70.01
70.03	ANGIOGRAPHY	9,574,310							70.03
71	Medical Supplies Charged to Pat	18,367,593							71
72	Impl. Dev. Charged to Patients	35,394,607							72
73	Drugs Charged to Patients	70,294,564	0.004787	0.004787					73
74	Renal Dialysis	4,591,483							74
76.97	CARDIAC REHABILITATION	1,973,461							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	3,523,081							90.01
91	Emergency	142,404,202							91
91.01	PRIMARY CARE CENTER PCC	3,651,679							91.01
92	Observation Beds (Non-Distinct	36,037,194							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,208,024,803							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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0062

WORKSHEET D
PART V

Check [] Title V - O/P
Applicable [] Title XVIII, Part B
Boxes: [XX] Title XIX - O/P

[XX] Hospital	[] SNF
[] IPF	[] NF
[] IRF	[] Swing Bed SNF
[] SUB	[] Swing Bed NF
(Other)	

- [] ICF/IID
- [] PARHM Demonstration
- [] PARHM CAH Swing Bed SNF

			Program Charges			Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, Col. 9)	PPS Reim- bursed Services (see inst.)	Cost Reim- bursed Subject to Ded. & Coins. (see inst.)	Cost Reim- bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim- bursed Subject to Ded. & Coins. (see inst.)	Cost Reim- bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.163674							50
51	Recovery Room	0.191748							51
52	Delivery Room & Labor Room								52
53	Anesthesiology	0.021328							53
54	Radiology-Diagnostic	0.250472							54
54.01	ULTRASOUND	0.111883							54.01
57	CT Scan	0.034027							57
58	MRI	0.079646							58
59	Cardiac Catheterization	0.238796							59
60	Laboratory	0.100938							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.429893							63
64	Intravenous Therapy	1.389728							64
65	Respiratory Therapy	0.121597							65
66	Physical Therapy	0.316660							66
68	Speech Pathology	0.342629							68
69	Electrocardiology	0.090665							69
70	Electroencephalography	0.222937							70
70.01	EMG	0.108943							70.01
70.03	ANGIOGRAPHY	0.246162							70.03
71	Medical Supplies Charged to Pat	2.200915							71
72	Impl. Dev. Charged to Patients	0.580792							72
73	Drugs Charged to Patients	0.455254							73
74	Renal Dialysis	0.332024							74
76.97	CARDIAC REHABILITATION	0.623421							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	0.437885							90.01
91	Emergency	0.125582							91
91.01	PRIMARY CARE CENTER PCC	0.947588							91.01
92	Observation Beds (Non-Distinct	0.295909							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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	6,417,890	208,052,608	0.030847			50
51	Recovery Room	429,715	15,845,049	0.027120			51
52	Delivery Room & Labor Room	542					52
53	Anesthesiology	192,745	48,085,148	0.004008			53
54	Radiology-Diagnostic	2,068,061	47,046,288	0.043958			54
54.01	ULTRASOUND	265,925	20,170,280	0.013184			54.01
57	CT Scan	480,833	132,782,989	0.003621			57
58	MRI	216,856	13,409,354	0.016172			58
59	Cardiac Catheterization	1,565,605	41,358,565	0.037854			59
60	Laboratory	2,891,150	231,440,642	0.012492			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	119,628	7,811,817	0.015314			63
64	Intravenous Therapy	162,887	1,705,040	0.095533			64
65	Respiratory Therapy	381,635	42,950,525	0.008885			65
66	Physical Therapy	691,000	26,116,362	0.026459			66
68	Speech Pathology	33,601	2,325,436	0.014449			68
69	Electrocardiology	654,755	41,445,724	0.015798			69
70	Electroencephalography	50,388	1,010,713	0.049854			70
70.01	EMG	13,962	656,089	0.021281			70.01
70.03	ANGIOGRAPHY	288,812	9,574,310	0.030165			70.03
71	Medical Supplies Charged to Pat	1,269,636	18,367,593	0.069124			71
72	Impl. Dev. Charged to Patients	670,158	35,394,607	0.018934			72
73	Drugs Charged to Patients	2,015,348	70,294,564	0.028670			73
74	Renal Dialysis	55,089	4,591,483	0.011998			74
76.97	CARDIAC REHABILITATION	274,681	1,973,461	0.139187			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCH SERVICES	54,721	3,523,081	0.015532			90.01
91	Emergency	2,571,462	142,404,202	0.018057			91
91.01	PRIMARY CARE CENTER PCC	372,627	3,651,679	0.102043			91.01
92	Observation Beds (Non-Distinct		36,037,194				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	24,209,712	1,208,024,803				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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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 [] Title XVIII, Part A [XX] IPF [] SNF [] TEFRA
Boxes: [XX] 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
52	Delivery Room & Labor Room									52
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					336,468		336,468	336,468	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)					336,468		336,468	336,468	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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 [] Title XVIII, Part A [XX] 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	208,052,608							50
51	Recovery Room	15,845,049							51
52	Delivery Room & Labor Room								52
53	Anesthesiology	48,085,148							53
54	Radiology-Diagnostic	47,046,288							54
54.01	ULTRASOUND	20,170,280							54.01
57	CT Scan	132,782,989							57
58	MRI	13,409,354							58
59	Cardiac Catheterization	41,358,565							59
60	Laboratory	231,440,642							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,811,817							63
64	Intravenous Therapy	1,705,040							64
65	Respiratory Therapy	42,950,525							65
66	Physical Therapy	26,116,362							66
68	Speech Pathology	2,325,436							68
69	Electrocardiology	41,445,724							69
70	Electroencephalography	1,010,713							70
70.01	EMG	656,089							70.01
70.03	ANGIOGRAPHY	9,574,310							70.03
71	Medical Supplies Charged to Pat	18,367,593							71
72	Impl. Dev. Charged to Patients	35,394,607							72
73	Drugs Charged to Patients	70,294,564	0.004787	0.004787					73
74	Renal Dialysis	4,591,483							74
76.97	CARDIAC REHABILITATION	1,973,461							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	3,523,081							90.01
91	Emergency	142,404,202							91
91.01	PRIMARY CARE CENTER PCC	3,651,679							91.01
92	Observation Beds (Non-Distinct	36,037,194							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,208,024,803							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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	0.163674							50
51	Recovery Room	0.191748							51
52	Delivery Room & Labor Room								52
53	Anesthesiology	0.021328							53
54	Radiology-Diagnostic	0.250472							54
54.01	ULTRASOUND	0.111883							54.01
57	CT Scan	0.034027							57
58	MRI	0.079646							58
59	Cardiac Catheterization	0.238796							59
60	Laboratory	0.100938							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.429893							63
64	Intravenous Therapy	1.389728							64
65	Respiratory Therapy	0.121597							65
66	Physical Therapy	0.316660							66
68	Speech Pathology	0.342629							68
69	Electrocardiology	0.090665							69
70	Electroencephalography	0.222937							70
70.01	EMG	0.108943							70.01
70.03	ANGIOGRAPHY	0.246162							70.03
71	Medical Supplies Charged to Pat	2.200915							71
72	Impl. Dev. Charged to Patients	0.580792							72
73	Drugs Charged to Patients	0.455254							73
74	Renal Dialysis	0.332024							74
76.97	CARDIAC REHABILITATION	0.623421							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCH SERVICES	0.437885							90.01
91	Emergency	0.125582							91
91.01	PRIMARY CARE CENTER PCC	0.947588							91.01
92	Observation Beds (Non-Distinct	0.295909							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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	79,451	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	79,451	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)	70,963	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)	39,258	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)	99,816,449	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)	99,816,449	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)	99,816,449	37

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0062****WORKSHEET D-1
PART II**

Check ☐ **Title V - I/P** ☒ **Hospital** ☐ **SUB (Other)** ☒ **PPS**
Applicable ☒ **Title XVIII, Part A** ☐ **IPF** ☐ **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)						1,256.33 38
39	Program general inpatient routine service cost (line 9 x line 38)						49,321,003 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)						49,321,003 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	16,159,705	7,877	2,051.51	4,428	9,084,086	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)					65,432,415	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					123,837,504	49
	PASS THROUGH COST ADJUSTMENTS						
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					8,856,576	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,233,988	51
52	Total Program excludable cost (sum of lines 50 and 51)					15,090,564	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					108,746,940	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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)					8,488	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,256.33	88
89	Observation bed cost (line 87 x line 88) (see instructions)					10,663,729	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	15,754,246	99,816,449	0.157832	10,663,729	1,683,078	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	4,311	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,311	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)	4,311	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)	1,236	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)	7,080,869	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)	7,080,869	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)	7,080,869	37

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	1,642.51
39	Program general inpatient routine service cost (line 9 x line 38)	2,030,142
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)	2,030,142
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	290,050
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,320,192
PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	269,151
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	31,483
52	Total Program excludable cost (sum of lines 50 and 51)	300,634
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,019,558
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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0062

WORKSHEET D-1 PART I

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
Applicable [] Title XVIII, Part A [] IPF [] SNF [] PARHM Demo [] TEFRA
Boxes: [XX] 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)	79,451	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	79,451	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)	70,963	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)	1,083	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)	1,290	15
16	Nursery days (title V or XIX only)	72	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)	99,816,449	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)	99,816,449	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)	99,816,449	37

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0062****WORKSHEET D-1
PART II**

Check ☐ **Title V - I/P** ☒ **Hospital** ☐ **SUB (Other)** ☒ **PPS**
Applicable ☐ **Title XVIII, Part A** ☐ **IPF** ☐ **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)						1,256.33 38
39	Program general inpatient routine service cost (line 9 x line 38)						1,360,605 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)						1,360,605 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)		1,290		72		42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	16,159,705	7,877	2,051.51	223	457,487	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)						1,818,092 49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					268,741	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)					268,741	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					1,549,351	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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)					8,488	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,256.33	88
89	Observation bed cost (line 87 x line 88) (see instructions)					10,663,729	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	15,754,246	99,816,449	0.157832	10,663,729	1,683,078	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S062

WORKSHEET D-1 PART I

Check [] Title V - I/P [] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
Applicable [] Title XVIII, Part A [XX] IPF [] SNF [] PARHM Demo [] TEFRA
Boxes: [XX] 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)	4,311	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,311	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)	4,311	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)	116	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)	7,080,869	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)	7,080,869	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)	7,080,869	37

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

WORKSHEET D-1
PART II

PART II - HOSPITALS AND SUBPROVIDERS ONLY

Page: 95

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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		73,059,714		30
31	Intensive Care Unit		9,734,509		31
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.163674	45,631,157	7,468,634	50
51	Recovery Room	0.191748	3,971,431	761,514	51
52	Delivery Room & Labor Room				52
53	Anesthesiology	0.021328	10,883,500	232,123	53
54	Radiology-Diagnostic	0.250472	10,782,384	2,700,685	54
54.01	ULTRASOUND	0.111883	5,791,592	647,981	54.01
57	CT Scan	0.034027	32,130,918	1,093,319	57
58	MRI	0.079646	4,143,205	329,990	58
59	Cardiac Catheterization	0.239131	8,916,266	2,132,156	59
60	Laboratory	0.100938	68,769,985	6,941,505	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.429893	3,043,080	1,308,199	63
64	Intravenous Therapy	1.389728	804,540	1,118,092	64
65	Respiratory Therapy	0.121597	20,850,804	2,535,395	65
66	Physical Therapy	0.316660	4,525,639	1,433,089	66
68	Speech Pathology	0.342629	916,742	314,102	68
69	Electrocardiology	0.090807	11,716,725	1,063,961	69
70	Electroencephalography	0.222937	357,550	79,711	70
70.01	EMG	0.108943	5,872	640	70.01
70.03	ANGIOGRAPHY	0.246162	3,350,720	824,820	70.03
71	Medical Supplies Charged to Patients	2.200915	5,228,006	11,506,397	71
72	Impl. Dev. Charged to Patients	0.580792	12,404,011	7,204,150	72
73	Drugs Charged to Patients	0.455254	24,498,834	11,153,192	73
74	Renal Dialysis	0.332024	2,384,168	791,601	74
76.97	CARDIAC REHABILITATION	0.623421	217,671	135,701	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.437885	318	139	90.01
91	Emergency	0.125582	28,794,654	3,616,090	91
91.01	PRIMARY CARE CENTER PCC	0.947588	41,399	39,229	91.01
92	Observation Beds (Non-Distinct Part)	0.295909			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		310,161,171	65,432,415	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		310,161,171		202

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

WORKSHEET D-3

		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		2,805,852		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.163674	36,556	5,983	50
51	Recovery Room	0.191748	3,858	740	51
52	Delivery Room & Labor Room				52
53	Anesthesiology	0.021328	7,244	155	53
54	Radiology-Diagnostic	0.250472	65,347	16,368	54
54.01	ULTRASOUND	0.111883	12,111	1,355	54.01
57	CT Scan	0.034027	136,011	4,628	57
58	MRI	0.079646	3,195	254	58
59	Cardiac Catheterization	0.239131			59
60	Laboratory	0.100938	563,829	56,912	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.429893			63
64	Intravenous Therapy	1.389728			64
65	Respiratory Therapy	0.121597	157,765	19,184	65
66	Physical Therapy	0.316660	39,656	12,557	66
68	Speech Pathology	0.342629	3,997	1,369	68
69	Electrocardiology	0.090807	32,858	2,984	69
70	Electroencephalography	0.222937	603	134	70
70.01	EMG	0.108943			70.01
70.03	ANGIOGRAPHY	0.246162	9,876	2,431	70.03
71	Medical Supplies Charged to Patients	2.200915	1,938	4,265	71
72	Impl. Dev. Charged to Patients	0.580792			72
73	Drugs Charged to Patients	0.455254	218,237	99,353	73
74	Renal Dialysis	0.332024	454	151	74
76.97	CARDIAC REHABILITATION	0.623421			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.437885			90.01
91	Emergency	0.125582	487,549	61,227	91
91.01	PRIMARY CARE CENTER PCC	0.947588			91.01
92	Observation Beds (Non-Distinct Part)	0.295909			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,781,084	290,050	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,781,084		202

Page: 97

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0062

WORKSHEET D-3

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

		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	0.163674			50
51	Recovery Room	0.191748			51
52	Delivery Room & Labor Room				52
53	Anesthesiology	0.021328			53
54	Radiology-Diagnostic	0.250472			54
54.01	ULTRASOUND	0.111883			54.01
57	CT Scan	0.034027			57
58	MRI	0.079646			58
59	Cardiac Catheterization	0.239131			59
60	Laboratory	0.100938			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.429893			63
64	Intravenous Therapy	1.389728			64
65	Respiratory Therapy	0.121597			65
66	Physical Therapy	0.316660			66
68	Speech Pathology	0.342629			68
69	Electrocardiology	0.090807			69
70	Electroencephalography	0.222937			70
70.01	EMG	0.108943			70.01
70.03	ANGIOGRAPHY	0.246162			70.03
71	Medical Supplies Charged to Patients	2.200915			71
72	Impl. Dev. Charged to Patients	0.580792			72
73	Drugs Charged to Patients	0.455254			73
74	Renal Dialysis	0.332024			74
76.97	CARDIAC REHABILITATION	0.623421			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.437885			90.01
91	Emergency	0.125582			91
91.01	PRIMARY CARE CENTER PCC	0.947588			91.01
92	Observation Beds (Non-Distinct Part)	0.295909			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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	0.163674			50
51	Recovery Room	0.191748			51
52	Delivery Room & Labor Room				52
53	Anesthesiology	0.021328			53
54	Radiology-Diagnostic	0.250472			54
54.01	ULTRASOUND	0.111883			54.01
57	CT Scan	0.034027			57
58	MRI	0.079646			58
59	Cardiac Catheterization	0.239131			59
60	Laboratory	0.100938			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.429893			63
64	Intravenous Therapy	1.389728			64
65	Respiratory Therapy	0.121597			65
66	Physical Therapy	0.316660			66
68	Speech Pathology	0.342629			68
69	Electrocardiology	0.090807			69
70	Electroencephalography	0.222937			70
70.01	EMG	0.108943			70.01
70.03	ANGIOGRAPHY	0.246162			70.03
71	Medical Supplies Charged to Patients	2.200915			71
72	Impl. Dev. Charged to Patients	0.580792			72
73	Drugs Charged to Patients	0.455254			73
74	Renal Dialysis	0.332024			74
76.97	CARDIAC REHABILITATION	0.623421			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCH SERVICES	0.437885			90.01
91	Emergency	0.125582			91
91.01	PRIMARY CARE CENTER PCC	0.947588			91.01
92	Observation Beds (Non-Distinct Part)	0.295909			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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	62,542,251			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	24,636,300			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)	539,088			2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)	225,703			2.04
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	380.70			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)	0.1370			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.0813			31
32	Sum of lines 30 and 31	0.2183			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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	87,943,342			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)	87,943,342			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	7,292,623			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	277,501			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)	117,276			58
59	Total (sum of amounts on lines 49 through 58)	95,630,742			59
60	Primary payer payments	27,816			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	95,602,926			61
62	Deductibles billed to program beneficiaries	8,109,640			62
63	Coinsurance billed to program beneficiaries	350,625			63
64	Allowable bad debts (see instructions)	896,189			64
65	Adjusted reimbursable bad debts (see instructions)	582,523			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	733,982			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	87,725,184			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)	69,880			70.93
70.94	HRR adjustment amount (see instructions)	-2,055,922			70.94
71	Amount due provider (see instructions)	85,739,142			71
71.01	Sequestration adjustment (see instructions)	565,878			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
71.03	Sequestration adjustment - PARHM pass-throughs				71.03
72	Interim payments	84,290,812			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)	882,452			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				75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0062

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)	35,866,778			2
3	OPPS payments	30,025,960			3
4	Outlier payment (see instructions)	19,750			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	38,545			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)	30,084,255			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	5,250,756			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)	24,833,499			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)	24,833,499			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	24,833,499			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)	451,780			34
35	Adjusted reimbursable bad debts (see instructions)	293,657			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	339,771			36
37	Subtotal (see instructions)	25,127,156			37
38	MSP-LCC reconciliation amount from PS&R	2,092			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	25,125,064			40
40.01	Sequestration adjustment (see instructions)	165,825			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
40.03	Sequestration adjustment - PARHM pass-throughs				40.03
41	Interim payments	24,644,435			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)	314,804			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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider			84,290,812		24,644,435	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero						2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)		.01				3.01
			.02				3.02
		Program	.03				3.03
		to	.04				3.04
		Provider	.05				3.05
			.06				3.06
			.07				3.07
			.08				3.08
			.09				3.09
			.10				3.10
			.50				3.50
			.51				3.51
		Provider	.52				3.52
		to	.53				3.53
		Program	.54				3.54
			.55				3.55
			.56				3.56
			.57				3.57
			.58				3.58
			.59				3.59
			.99				3.99
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)						
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)			84,290,812		24,644,435	4
TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)		.01				5.01
			.02				5.02
		Program	.03				5.03
		to	.04				5.04
		Provider	.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
			.10				5.10
			.50				5.50
			.51				5.51
		Provider	.52				5.52
		to	.53				5.53
		Program	.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		.01	882,452		314,804	6.01
			.02				6.02
7	Total Medicare program liability (see instructions)			85,173,264		24,959,239	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S062

WORKSHEET E-1 PART I

Check ☐ 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			1,080,031		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
		to	.02			3.02
		Provider	.03			3.03
			.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)			1,080,031		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
		to	.02			5.02
		Provider	.03			5.03
			.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	53,825		6.01
			.02			6.02
7	Total Medicare program liability (see instructions)			1,133,856		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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	1,237,900	1
2	Net IPF PPS Outlier payment	8,941	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)	11.778689	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)	1,246,841	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)	1,246,841	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,246,841	18
19	Deductibles	136,648	19
20	Subtotal (line 18 minus line 19)	1,110,193	20
21	Coinsurance	21,120	21
22	Subtotal (line 20 minus line 21)	1,089,073	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	78,878	23
24	Adjusted reimbursable bad debts (see instructions)	51,271	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	37,957	25
26	Subtotal (sum of lines 22 and 24)	1,140,344	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)	1,045	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)	1,141,389	31
31.01	Sequestration adjustment (see instructions)	7,533	31.01
31.02	Demonstration payment adjustment amount after sequestration	9,042	31.02
32	Interim payments	1,080,031	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)	44,783	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0062

WORKSHEET E-3
PART VII

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services			1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)			4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges			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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets (Omit Cents)	1	2	3	4	
	CURRENT ASSETS					
1	Cash on hand and in banks	43,012,028				1
2	Temporary investments	963,992				2
3	Notes receivable					3
4	Accounts receivable	37,176,093				4
5	Other receivables	4				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	11,609,225				7
8	Prepaid expenses					8
9	Other current assets	6,004,547				9
10	Due from other funds	10,144,919				10
11	Total current assets (sum of lines 1-10)	108,910,808				11
	FIXED ASSETS					
12	Land	9,535,479				12
13	Land improvements	24,995,215				13
14	Accumulated depreciation					14
15	Buildings	606,952,801				15
16	Accumulated depreciation	-368,289,108				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	233,578,717				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)	506,773,104				30
	OTHER ASSETS					
31	Investments	16,586,119				31
32	Deposits on leases	2,818,689				32
33	Due from owners/officers					33
34	Other assets	39,427,910				34
35	Total other assets (sum of lines 31-34)	58,832,718				35
36	Total assets (sum of lines 11, 30 and 35)	674,516,630				36
	Liabilities and Fund Balances (Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	Accounts payable	9,190,919				37
38	Salaries, wages and fees payable	21,460,618				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	19,903,459				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	27,302,859				43
44	Other current liabilities	12,729,193				44
45	Total current liabilities (sum of lines 37 thru 44)	90,587,048				45
	LONG TERM LIABILITIES					
46	Mortgage payable	280,211,580				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	51,053,146				49
50	Total long term liabilities (sum of lines 46 thru 49)	331,264,726				50
51	Total liabilities (sum of lines 45 and 50)	421,851,774				51
	CAPITAL ACCOUNTS					
52	General fund balance	252,664,856				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)	252,664,856				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	674,516,630				60

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		646,022,962		1
2	Net income (loss) (from Worksheet G-3, line 29)		-10,212,309		2
3	Total (sum of line 1 and line 2)		635,810,653		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)		635,810,653		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)		635,810,653		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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	139,111,615		139,111,615	1
2	Subprovider IPF	8,847,691		8,847,691	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)	147,959,306		147,959,306	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	22,140,569		22,140,569	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)	22,140,569		22,140,569	16
17	Total inpatient routine care services (sum of lines 10 and 16)	170,099,875		170,099,875	17
18	Ancillary services	591,914,777	599,274,019	1,191,188,796	18
19	Outpatient services		16,836,024	16,836,024	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		16,836,024	16,836,024	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		10,678,516	10,678,516	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	762,014,652	643,624,583	1,405,639,235	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		393,358,106	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)		393,358,106	43

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,405,639,235	1
2	Less contractual allowances and discounts on patients' accounts	1,073,447,417	2
3	Net patient revenues (line 1 minus line 2)	332,191,818	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	393,358,106	4
5	Net income from service to patients (line 3 minus line 4)	-61,166,288	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services	128,790	8
9	Revenue from television and radio service		9
10	Purchase discounts	44,881	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	908,687	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	132,499	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	7,189	21
22	Rental of hosptial space	3,083,477	22
23	Governmental appropriations	40,350,309	23
24	Other (COMMUNITY EDUCATION)	4,210	24
24.01	Other (MISCELLANEOUS)	53,988	24.01
24.02	Other (HOME DELIVERED MEALS)	37,383	24.02
24.03	Other (SILVER SALES)	91	24.03
24.04	Other (JOINT VENTURE)		24.04
24.05	Other (BABY PHOTO)	24	24.05
24.06	Other (NEWSPAPER)	-5,196	24.06
24.07	Other (INTERCOMPANY)	5,556,715	24.07
24.08	Other (MEDICAL STAFF APPLICATION FEES)	25,300	24.08
24.09	Other (ADVERTISING)	703,102	24.09
24.10	Other (MEANINGFUL USE)	-77,470	24.10
24.50	COVID-19 PHE FUNDING		24.50
25	Total other income (sum of lines 6-24)	50,953,979	25
26	Total (line 5 plus line 25)	-10,212,309	26
29	Net income (or loss) for the period (line 26 minus line 28)	-10,212,309	29

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)			240,295			4
5	Administrative and General	2,667,220			49,062	281,571	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	4,772,666				33,474	6
7	Physical Therapy	1,660,962			854,361		7
8	Occupational Therapy	379,906			19,386		8
9	Speech Pathology	106,903			1,796		9
10	Medical Social Services	103,166					10
11	Home Health Aide	220,184					11
12	Supplies (see instructions)					413,701	12
13	Drugs					4,989	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	89,889					23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	10,000,896		240,295	924,605	733,735	24

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		15,387	15,387		15,387	1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)	240,295		240,295		240,295	4
5	Administrative and General	2,997,853	-54,637	2,943,216		2,943,216	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	4,806,140		4,806,140		4,806,140	6
7	Physical Therapy	2,515,323		2,515,323		2,515,323	7
8	Occupational Therapy	399,292		399,292		399,292	8
9	Speech Pathology	108,699		108,699		108,699	9
10	Medical Social Services	103,166		103,166		103,166	10
11	Home Health Aide	220,184		220,184		220,184	11
12	Supplies (see instructions)	413,701	-412,235	1,466	-1,466		12
13	Drugs	4,989		4,989		4,989	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	89,889		89,889		89,889	23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	11,899,531	-451,485	11,448,046	-1,466	11,446,580	24

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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	15,387	15,387			1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)	240,295				4
5	Administrative and General	2,943,216	15,387			5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	4,806,140				6
7	Physical Therapy	2,515,323				7
8	Occupational Therapy	399,292				8
9	Speech Pathology	108,699				9
10	Medical Social Services	103,166				10
11	Home Health Aide	220,184				11
12	Supplies (see instructions)					12
13	Drugs	4,989				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	89,889				23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	11,446,580	15,387			24

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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)	240,295				4
5	Administrative and General	240,295	3,198,898	3,198,898		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		4,806,140	1,864,083	6,670,223	6
7	Physical Therapy		2,515,323	975,578	3,490,901	7
8	Occupational Therapy		399,292	154,867	554,159	8
9	Speech Pathology		108,699	42,159	150,858	9
10	Medical Social Services		103,166	40,013	143,179	10
11	Home Health Aide		220,184	85,399	305,583	11
12	Supplies (see instructions)					12
13	Drugs		4,989	1,935	6,924	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		89,889	34,864	124,753	23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	240,295	11,446,580		11,446,580	24

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	100						1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)				240,295			4
5	Administrative and General	100			240,295	-3,198,898	8,247,682	5
	HHA REIMBURSABLE SERVICES							
6	Skilled Nursing Care						4,806,140	6
7	Physical Therapy						2,515,323	7
8	Occupational Therapy						399,292	8
9	Speech Pathology						108,699	9
10	Medical Social Services						103,166	10
11	Home Health Aide						220,184	11
12	Supplies (see instructions)							12
13	Drugs						4,989	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						89,889	23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)	100			240,295	-3,198,898	8,247,682	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)	15,387			240,295		3,198,898	25
26	Unit Cost Multiplier	153.870000			1.000000		0.387854	26

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		124,415	33,233	109,322	23,044	642,200	1
2	Skilled Nursing Care	6,670,223						2
3	Physical Therapy	3,490,901						3
4	Occupational Therapy	554,159						4
5	Speech Pathology	150,858						5
6	Medical Social Services	143,179						6
7	Home Health Aide	305,583						7
8	Supplies							8
9	Drugs	6,924						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	124,753						19
20	Totals (sum of lines 1-19)(2)	11,446,580	124,415	33,233	109,322	23,044	642,200	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	13,484			945,698	390,458	90,211	1
2	Skilled Nursing Care				6,670,223	2,753,989		2
3	Physical Therapy				3,490,901	1,441,316		3
4	Occupational Therapy				554,159	228,800		4
5	Speech Pathology				150,858	62,286		5
6	Medical Social Services				143,179	59,115		6
7	Home Health Aide				305,583	126,168		7
8	Supplies							8
9	Drugs				6,924	2,859		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				124,753	51,508		19
20	Totals (sum of lines 1-19)(2)	13,484			12,392,278	5,116,499	90,211	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	8,736					1,364	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)	8,736					1,364	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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			36,076	3,781			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)			36,076	3,781			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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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.	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	
		19	21	22	23	24	25	
1	Administrative and General					1,476,324		1
2	Skilled Nursing Care					9,424,212		2
3	Physical Therapy					4,932,217		3
4	Occupational Therapy					782,959		4
5	Speech Pathology					213,144		5
6	Medical Social Services					202,294		6
7	Home Health Aide					431,751		7
8	Supplies							8
9	Drugs					9,783		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					176,261		19
20	Totals (sum of lines 1-19)(2)					17,648,945		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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7470

WORKSHEET H-2 PART I

	HHA COST CENTER (omit cents)	SUBTOTAL (cols 23 +/- 24) 26	ALLOCATED HHA A&G (see PtII) 27	TOTAL HHA COSTS 28				
1	Administrative and General	1,476,324						1
2	Skilled Nursing Care	9,424,212	860,297	10,284,509				2
3	Physical Therapy	4,932,217	450,237	5,382,454				3
4	Occupational Therapy	782,959	71,472	854,431				4
5	Speech Pathology	213,144	19,457	232,601				5
6	Medical Social Services	202,294	18,466	220,760				6
7	Home Health Aide	431,751	39,412	471,163				7
8	Supplies							8
9	Drugs	9,783	893	10,676				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	176,261	16,090	192,351				19
20	Totals (sum of lines 1-19)(2)	17,648,945	1,476,324	17,648,945				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.		0.091285					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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	74,133	1,355	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	74,133	1,355	86	360	397	20
21	Total cost to be allocated	124,415	33,233	109,322	23,044	642,200	13,484	21
22	Unit Cost Multiplier	28.122740		80.680443		1,783.888889		22
22	Unit Cost Multiplier		0.448289		267.953488		33.964736	22

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	20	20		945,698	4,424	1,170	1
2	Skilled Nursing Care				6,670,223			2
3	Physical Therapy				3,490,901			3
4	Occupational Therapy				554,159			4
5	Speech Pathology				150,858			5
6	Medical Social Services				143,179			6
7	Home Health Aide				305,583			7
8	Supplies							8
9	Drugs				6,924			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				124,753			19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	20	20		12,392,278	4,424	1,170	20
21	Total cost to be allocated				5,116,499	90,211	8,736	21
22	Unit Cost Multiplier					20.391275		22
22	Unit Cost Multiplier				0.412878		7.466667	22

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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 TIME SPENT	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					20		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		20
21	Total cost to be allocated					1,364		21
22	Unit Cost Multiplier					68.200000		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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		33,474	4,987				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)		33,474	4,987				20
21	Total cost to be allocated		36,076	3,781				21
22	Unit Cost Multiplier			0.758171				22
22	Unit Cost Multiplier		1.077732					22

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7470

WORKSHEET H-2
PART II

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

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7470

WORKSHEET H-3 PARTS I & II

Check applicable box: ☐ Title V ☒ Title XVIII ☐ Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation								
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
			1	2	3	4	5	
1	Skilled Nursing Care	2	10,284,509		10,284,509	60,781	169.21	1
2	Physical Therapy	3	5,382,454	339,803	5,722,257	39,166	146.10	2
3	Occupational Therapy	4	854,431		854,431	6,505	131.35	3
4	Speech Pathology	5	232,601	18,774	251,375	1,620	155.17	4
5	Medical Social Services	6	220,760		220,760	986	223.89	5
6	Home Health Aide	7	471,163		471,163	9,289	50.72	6
7	Total (sum of lines 1-6)		17,445,918	358,577	17,804,495	118,347		7

Limitation Cost Computation								
				Program Visits				
				PART B				
	Patient Services		CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			1	2	3	4		
8	Skilled Nursing Care		16974		28,575			8
9	Physical Therapy		16974		20,083			9
10	Occupational Therapy		16974		3,139			10
11	Speech Pathology		16974		793			11
12	Medical Social Services		16974		142			12
13	Home Health Aide		16974		3,456			13
14	Total (sum of lines 8-13)				56,188			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		1,274,970	1,274,970	461,580	2.762186	15
16	Cost of Drugs	9	10,676	1,214	11,890			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	0.316660	1,073,085	339,803	col. 2, line 2	1
2	Occupational Therapy	67		145,665		col. 2, line 3	2
3	Speech Pathology	68	0.342629	54,795	18,774	col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	2.200915	579,291	1,274,970	col. 2, line 15	4
5	Drugs Charged to Patients	73	0.455254	2,666	1,214	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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7470

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

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		28,575			4,835,176		4,835,176	1
2	Physical Therapy		20,083			2,934,126		2,934,126	2
3	Occupational Therapy		3,139			412,308		412,308	3
4	Speech Pathology		793			123,050		123,050	4
5	Medical Social Services		142			31,792		31,792	5
6	Home Health Aide		3,456			175,288		175,288	6
7	Total (sum of lines 1-6)		56,188			8,511,740		8,511,740	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						16

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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

	Description	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	1	2	3		
	Reasonable Cost of Part A & Part B Services				
1	Reasonable cost of services (see instructions)				1
2	Total charges	10,711,764			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)	10,711,764			6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	10,711,764			7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9	Primary payer amounts		-1,265		9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)		1,265	10
11	Total PPS Reimbursement - Full Episodes without Outliers		10,296,170	11
12	Total PPS Reimbursement - Full Episodes with Outliers		1,056,600	12
13	Total PPS Reimbursement - LUPA Episodes		194,589	13
14	Total PPS Reimbursement - PEP Episodes		72,267	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		309,726	15
16	Total PPS Outlier Reimbursement - PSP Episodes	3,553		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)	3,553	11,930,617	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)	3,553	11,930,617	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)	3,553	11,930,617	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)	3,553	11,930,617	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)	3,553	11,930,617	31
31.01	Sequestration adjustment (see instructions)		81,029	31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		11,854,919	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)	3,553	-5,331	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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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				11,853,140
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.				1,779
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)				11,854,919
	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	3,553		6.01
		.02			-5,331
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		3,553		11,849,588
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: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	6,758,238	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	228,913	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)	216.05	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)	0.1370	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.0813	8
9	Sum of lines 7 and 8	0.2183	9
10	Allowable disproportionate share percentage (see instructions)	0.0452	10
11	Disproportionate share adjustment (see instructions)	305,472	11
12	Total prospective capital payments (see instructions)	7,292,623	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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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
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
52	Delivery Room & Labor Room							52
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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	--------------------------------	--	--

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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	492,729	796,602	1,289,331	-81,252	1,208,079	-391	1,207,688	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		4,719	4,719		4,719		4,719	10
11	Medical Records								11
12	Staff Transportation		59,111	59,111		59,111		59,111	12
13	Volunteer Service Coordination								13
14	Pharmacy		331,050	331,050		331,050		331,050	14
15	Physician Administrative Services								15
16	Other General Service	99,452		99,452		99,452		99,452	16
17	Patient/Residential Care Services								17
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse	1,515,043		1,515,043		1,515,043		1,515,043	28
29	LPN/LVN								29
30	Physical Therapy	10,313		10,313		10,313		10,313	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	277,034		277,034		277,034		277,034	33
34	Spiritual Counseling	34,121		34,121		34,121		34,121	34
35	Dietary Counseling	4,756		4,756		4,756		4,756	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	231,772		231,772		231,772		231,772	37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program	86,348		86,348		86,348		86,348	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	2,751,568	1,191,482	3,943,050	-81,252	3,861,798	-391	3,861,407	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	413		413		413		413	28
29	LPN/LVN								29
30	Physical Therapy	3		3		3		3	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	75		75		75		75	33
34	Spiritual Counseling	9		9		9		9	34
35	Dietary Counseling	1		1		1		1	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	63		63		63		63	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	564		564		564		564	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	1,438,678		1,438,678		1,438,678		1,438,678	28
29	LPN/LVN								29
30	Physical Therapy	9,793		9,793		9,793		9,793	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	263,071		263,071		263,071		263,071	33
34	Spiritual Counseling	32,402		32,402		32,402		32,402	34
35	Dietary Counseling	4,517		4,517		4,517		4,517	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	220,090		220,090		220,090		220,090	37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	1,968,551		1,968,551		1,968,551		1,968,551	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS HOSPICE INPATIENT RESPITE CARE

HOSPICE CCN: 14-1591

WORKSHEET O-3

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse	4,859		4,859		4,859		4,859	28
29	LPN/LVN								29
30	Physical Therapy	33		33		33		33	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	888		888		888		888	33
34	Spiritual Counseling	109		109		109		109	34
35	Dietary Counseling	15		15		15		15	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	743		743		743		743	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	6,647		6,647		6,647		6,647	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	71,093		71,093		71,093		71,093	28
29	LPN/LVN								29
30	Physical Therapy	484		484		484		484	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	13,000		13,000		13,000		13,000	33
34	Spiritual Counseling	1,601		1,601		1,601		1,601	34
35	Dietary Counseling	223		223		223		223	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	10,876		10,876		10,876		10,876	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	97,277		97,277		97,277		97,277	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

**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		125	125	2
3	Employee Benefits Department		30,497	30,497	3
4	Administrative & General	1,207,688	1,608,288	2,815,976	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	4,719	2,820	7,539	10
11	Medical Records				11
12	Staff Transportation	59,111		59,111	12
13	Volunteer Service Coordination				13
14	Pharmacy	331,050	250,967	582,017	14
15	Physician Administrative Services				15
16	Other General Service	99,452		99,452	16
17	Patient/Residential Care Services				17
	LEVEL OF CARE				
50	Hospice Continuous Home Care	564		564	50
51	Hospice Routine Home Care	1,968,551		1,968,551	51
52	Hospice Inpatient Respite Care	6,647		6,647	52
53	Hospice General Inpatient Care	97,277		97,277	53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program	86,348		86,348	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	3,861,407	1,892,697	5,754,104	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	125		125					2
3	Employee Benefits Department	30,497		125	30,622				3
4	Administrative & General	2,815,976			30,622	2,846,598	2,846,598		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	7,539				7,539	7,381		10
11	Medical Records								11
12	Staff Transportation	59,111				59,111	57,873		12
13	Volunteer Service Coordination								13
14	Pharmacy	582,017				582,017	569,824		14
15	Physician Administrative Services								15
16	Other General Service	99,452				99,452	97,369		16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care	564				564	552		50
51	Hospice Routine Home Care	1,968,551				1,968,551	1,927,313		51
52	Hospice Inpatient Respite Care	6,647				6,647	6,508		52
53	Hospice General Inpatient Care	97,277				97,277	95,239		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program	86,348				86,348	84,539		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	5,754,104		125	30,622	5,754,104	2,846,598		100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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					14,920			10
11	Medical Records								11
12	Staff Transportation							116,984	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					4		32	50
51	Hospice Routine Home Care					14,168		111,088	51
52	Hospice Inpatient Respite Care					48		375	52
53	Hospice General Inpatient Care					700		5,489	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					14,920		116,984	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		1,151,841					14
15	Physician Administrative Services							15
16	Other General Service				196,821			16
17	Patient/Residential Care Services							17
	LEVEL OF CARE							
50	Hospice Continuous Home Care		314		54		1,520	50
51	Hospice Routine Home Care		1,093,783		186,900		5,301,803	51
52	Hospice Inpatient Respite Care		3,694		631		17,903	52
53	Hospice General Inpatient Care		54,050		9,236		261,991	53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program						170,887	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		1,151,841		196,821		5,754,104	100

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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		125						2
3	Employee Benefits Department		125	30,622					3
4	Administrative & General			30,622	-2,846,598	2,907,506			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					7,539			10
11	Medical Records								11
12	Staff Transportation					59,111			12
13	Volunteer Service Coordination								13
14	Pharmacy					582,017			14
15	Physician Administrative Services								15
16	Other General Service					99,452			16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care					564			50
51	Hospice Routine Home Care					1,968,551			51
52	Hospice Inpatient Respite Care					6,647			52
53	Hospice General Inpatient Care					97,277			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program					86,348			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)		125	30,622		2,846,598			100
101	Unit cost multiplier		1.000000	1.000000		0.979051			101

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1591

WORKSHEET O-6
PART II

	Descriptions	HOUSE-KEEPING SQUARE FEET 7	DIETARY IN-FACILITY DAYS 8	NURSING ADMINISTRATION DIRECT NURS. HRS. 9	ROUTINE MEDICAL SUPPLIES PATIENT DAYS 10	MEDICAL RECORDS PATIENT DAYS 11	STAFF TRANSPORTATION MILEAGE 12	VOLUNTEER SVC COORDINATION HOURS OF SERVICE 13	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies				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)				14,920		116,984		100
101	Unit cost multiplier				0.451396		3.539285		101

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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			33,053		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)	1,151,841		196,821		100
101	Unit cost multiplier	34,848304		5.954709		101

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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	0.316660					1
2	Occupational Therapy	67						2
3	Speech Language Pathology	68	0.342629					3
4	Drugs, Biological & Infusion Therapy	73	0.455254					4
5	Durable Medical Equipment/Oxygen	96						5
6	Labs and Diagnostics	60	0.100938					6
7	Medical Supplies	71	2.200915					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					1
2	Occupational Therapy					2
3	Speech Language Pathology					3
4	Drugs, Biological & Infusion Therapy					4
5	Durable Medical Equipment/Oxygen					5
6	Labs and Diagnostics					6
7	Medical Supplies					7
8	Outpatient Services (incl E/R)					8
9	Radiation Therapy					9
10	Other					10
11	Totals (sum of lines 1-10)					11

Health Financial Systems Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2020 To: 12/31/2020	Run Date: 08/02/2021 Run Time: 13:19 Version: 2020.06 (06/29/2021)
---	---------------------------------------	--	--

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			1,520	1
2	Total unduplicated days			9	2
3	Total average cost per diem			168.89	3
4	Unduplicated program days	8	1		4
5	Program cost	1,351	169		5
	HOSPICE ROUTINE HOME CARE				
6	Total cost			5,301,803	6
7	Total unduplicated days			31,387	7
8	Total average cost per diem			168.92	8
9	Unduplicated program days	29,805	501		9
10	Program cost	5,034,661	84,629		10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost			17,903	11
12	Total unduplicated days			106	12
13	Total average cost per diem			168.90	13
14	Unduplicated program days	99	2		14
15	Program cost	16,721	338		15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost			261,991	16
17	Total unduplicated days			1,551	17
18	Total average cost per diem			168.92	18
19	Unduplicated program days	1,431	39		19
20	Program cost	241,725	6,588		20
	TOTAL HOSPICE CARE				
21	Total cost			5,583,217	21
22	Total unduplicated days			33,053	22
23	Average cost per diem			168.92	23