

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

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

**PART I - COST REPORT STATUS**

Provider use only	1. <input type="checkbox"/> Electronically filed cost report      Date: 05/28/2015    Time: 14:31 2. <input checked="" type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PALOS COMMUNITY HOSPITAL (14-0062) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 01/01/2014 and ending 12/31/2014, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII						
		TITLE V	PART A	PART B	HIT	TITLE XIX		
		1	2	3	4	5		
1	HOSPITAL		126,987	-38,244	231,353	9,186	1	
2	SUBPROVIDER - IPF		28,631				2	
3	SUBPROVIDER - IRF						3	
4	SUBPROVIDER (OTHER)						4	
5	SWING BED - SNF						5	
6	SWING BED - NF						6	
7	SKILLED NURSING FACILITY						7	
8	NURSING FACILITY						8	
9	HOME HEALTH AGENCY						9	
10	HEALTH CLINIC - RHC						10	
11	HEALTH CLINIC - FQHC						11	
12	OUTPATIENT REHABILITATION PROVIDER						12	
200	TOTAL		155,618	-38,244	231,353	9,186	200	

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Hospital and Hospital Health Care Complex Address:

1	Street: 12251 S. 80TH AVENUE	P.O. Box:								1
2	City: PALOS HEIGHTS	State: IL	ZIP Code: 60463	County: COOK						2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	PALOS COMMUNITY HOSPITAL	14-0062	16974	1	07 / 01 / 1966	N	P	P	3
4	Subprovider - IPF	PALOS COMMUNITY HOSPITAL PSYCH	14-S062	16974	4	01 / 01 / 1984	N	P	P	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTTC									11
12	Hospital-Based HHA	PALOS COMMUNITY HOSPITAL HHA	14-7470	16974		10 / 27 / 1987	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	PALOS COMMUNITY HOSPITAL HOSPICE	14-1591	16974		06 / 06 / 1997				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 01 / 01 / 2014	To: 12 / 31 / 2014							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	N	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.		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.	4,489						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 in effect in the cost reporting period.							37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

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

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

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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**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)													
65	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%; text-align:center;">Program Name</td> <td style="width:25%; text-align:center;">Program Code</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align:center;">1</td> <td></td> <td style="text-align:center;">2</td> <td></td> </tr> </table>		Program Name	Program Code		1		2		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	65
	Program Name	Program Code											
1		2											
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)													
67	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%; text-align:center;">Program Name</td> <td style="width:25%; text-align:center;">Program Code</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align:center;">1</td> <td></td> <td style="text-align:center;">2</td> <td></td> </tr> </table>		Program Name	Program Code		1		2		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	67
	Program Name	Program Code											
1		2											
<b>Inpatient Psychiatric Facility PPS</b>													
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	1	2	3	70								
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)	N			71								
<b>Inpatient Rehabilitation Facility PPS</b>													
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	1	2	3	75								
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)				76								
<b>Long Term Care Hospital PPS</b>													
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								
<b>TEFRA Providers</b>													
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								

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

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

Rural Providers

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

Miscellaneous Cost Reporting Information

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

Transplant Center Information

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

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

All Providers

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

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

141	Name:	Contractor's Name:	Contractor's Number:	141
142	Street:	P.O. Box:		142
143	City:	State:	ZIP Code:	143
144	Are provider based physicians' costs included in Worksheet A?		Y	144
145	If costs for renal services are claimed on Worksheet A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.		Y	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, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.		N	147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.		N	148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.		N	149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.75				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07 / 01 / 2014	09 / 30 / 2014		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. (see instructions)			N		171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	Date	
<b>Provider Organization and Operation</b>				
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
<b>Financial Data and Reports</b>				
		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.	Y		5

		Y/N	Y/N
<b>Approved Educational Activities</b>			
		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.	N	7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N	8
9	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N	9
10	Was an Intern-Resident 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
<b>Bad Debts</b>		
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
		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	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/19/2015	Y	05/19/2015
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

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

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

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

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

Home Office Costs		Y/N	Date	
		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: MICHAEL	Last name: RAUWOLF	Title: DIRECTOR OF AUDIT
42	Employer: PALOS COMMUNITY HOSPITAL		
43	Phone number: 708-923-4161	E-mail Address: MRAUWOLF@PALOSCOMM.ORG	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		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	329	120,085			47,074	3,642	73,172	1
2	HMO and other (see instructions)						4,138			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)		329	120,085			47,074	3,642	73,172	7
8	Intensive Care Unit	31	24	8,760			4,335	626	5,499	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						195	2,118	13
14	Total (see instructions)		353	128,845			51,409	4,463	80,789	14
15	CAH Visits									15
16	Subprovider - IPF	40	38	13,870			2,131	1,171	6,531	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					80,231	452	97,150	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)		391							27
28	Observation Bed Days							1,063	7,710	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							26	289	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					10,432	1,186	17,864	1
2	HMO and other (see instructions)					847			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)		1,994.00			10,432	1,186	17,864	14
15	CAH Visits								15
16	Subprovider - IPF		58.00			310	301	1,460	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		110.00						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		35.00						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		2,197.00						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PARTS II-III

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)		
	1	2	3	4	5	6		
<b>SALARIES</b>								
1	Total salaries (see instructions)	200	153,011,313	153,011,313	4,559,607.00	33.56	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		5,249,221	5,249,221	45,035.98	116.56	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 personnel						8	
9	SNF	44					9	
10	Excluded area salaries (see instructions)		15,076,848	15,076,848	476,506.00	31.64	10	
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	Contract labor (see instructions)		284,289	284,289	6,968.00	40.80	11	
12	Contract management and administrative services						12	
13	Contract labor: Physician-Part A - Administrative		631,752	631,752	5,793.37	109.05	13	
14	Home office salaries & wage-related costs						14	
15	Home office: Physician Part A - Administrative						15	
16	Home office & Contract Physicians Part A - Teaching						16	
<b>WAGE-RELATED COSTS</b>								
17	Wage-related costs (core)(see instructions)		37,934,960	37,934,960			17	
18	Wage-related costs (other)(see instructions)						18	
19	Excluded areas		4,399,693	4,399,693			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		921,574	921,574			23	
24	Wage-related costs (RHC/FOHC)						24	
25	Interns & residents (in an approved program)						25	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	Employee Benefits Department		1,117,157	1,117,157	33,330.00	33.52	26	
27	Administrative & General		25,123,344	25,123,344	654,355.00	38.39	27	
28	Administrative & General under contract (see instructions)		1,960,610	1,960,610	6,331.71	309.65	28	
29	Maintenance & Repairs		2,725,750	2,725,750	79,504.00	34.28	29	
30	Operation of Plant						30	
31	Laundry & Linen Service		143,841	143,841	6,468.00	22.24	31	
32	Housekeeping		2,418,893	2,418,893	120,958.00	20.00	32	
33	Housekeeping under contract (see instructions)						33	
34	Dietary		3,207,219	-1,203,156	2,004,063	85,854.00	23.34	34
35	Dietary under contract (see instructions)						35	
36	Cafeteria			1,203,156	1,203,156	51,770.00	23.24	36
37	Maintenance of Personnel						37	
38	Nursing Administration		1,864,947	1,864,947	44,924.00	41.51	38	
39	Central Services and Supply		2,106,011	2,106,011	90,938.00	23.16	39	
40	Pharmacy		4,345,200	4,345,200	103,304.00	42.06	40	
41	Medical Records & Medical Records Library		3,071,441	3,071,441	111,557.00	27.53	41	
42	Social Service		921,796	921,796	27,949.00	32.98	42	
43	Other General Service						43	

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		149,722,702	149,722,702	4,520,902.73	33.12	1
2	Excluded area salaries (see instructions)		15,076,848	15,076,848	476,506.00	31.64	2
3	Subtotal salaries (line 1 minus line 2)		134,645,854	134,645,854	4,044,396.73	33.29	3
4	Subtotal other wages & related costs (see instructions)		916,041	916,041	12,761.37	71.78	4
5	Subtotal wage-related costs (see instructions)		37,934,960	37,934,960		28.17%	5
6	Total (sum of lines 3 through 5)		173,496,855	173,496,855	4,057,158.10	42.76	6
7	Total overhead cost (see instructions)		49,006,209	49,006,209	1,417,242.71	34.58	7

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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions	8,677,483	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
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan	61,100	6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)	18,881,540	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	967,255	10
11	Life Insurance (If employee is owner or beneficiary)	271,076	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	551,779	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	2,925,455	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	10,673,809	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	102,313	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
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	144,417	23
24	Total Wage Related cost (Sum of lines 1-23)	43,256,227	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

<b>STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>			
1	Wage Index Fiscal Year Ending Date		1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)		2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month		3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)		4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)		5
<b>STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)</b>			
6	Effective Date of Pension Plan		6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date		7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)		8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	<b>DEPOSIT DATE(S)</b>	<b>CONTRIB-UTION(S)</b> 11
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)		12
13	Total Contributions Made During Averaging Period		13
14	Average Monthly Contribution (Line 13 divided by Line 12)		14
15	Number of MOonths in Provider Cost Reporting Period on Line 2		15
16	Average Pension Contributions (Line 14 times Line 15)		16
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>			
17	Annual Prefunding Installment (see instructions)		17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)		19

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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

**Part V - Contract Labor and Benefit Cost**

**Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor 1	Benefit Cost 2	
	0			
1	Total facility contract labor and benefit cost	1,952,567		1
2	Hospital	284,289		2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA	1,660,923		11
12	Separately Certified ASC			12
13	Hospital-Based Hospice	7,355		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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7470

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County:

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		11,421		1,908	13,329	1
2	Unduplicated Census Count (see instructions)		2,651.00	28.00	917.00	3,596.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		1	2	3	
3	Administrator and Assistant Administrator(s)				3
4	Director(s) and Assistant Director(s)		0.80		0.80
5	Other Administrative Personnel		31.28		31.28
6	Direct Nursing Service		49.43		49.43
7	Nursing Supervisor		2.55		2.55
8	Physical Therapy Service		7.19	7.89	15.08
9	Physical Therapy Supervisor		1.84		1.84
10	Occupational Therapy Service		1.56	1.22	2.78
11	Occupational Therapy Supervisor		0.16		0.16
12	Speech Pathology Service			0.51	0.51
13	Speech Pathology Supervisor				
14	Medical Social Service		1.17		1.17
15	Medical Social Service Supervisor				
16	Home Health Aide		13.68		13.68
17	Home Health Aide Supervisor				
18	REGISTERED DIETICIAN		0.74		0.74

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	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	38,549	3,610	1,403	659	44,221	21
22	Skilled Nursing Visit Charges	6,357,443	630,936	181,921	106,930	7,277,230	22
23	Physical Therapy Visits	18,716	677	183	322	19,898	23
24	Physical Therapy Visit Charges	3,573,769	130,065	28,860	60,840	3,793,534	24
25	Occupational Therapy Visits	3,062	271	11	40	3,384	25
26	Occupational Therapy Visit Charges	594,750	52,845	1,950	7,800	657,345	26
27	Speech Pathology Visits	569	131	15	14	729	27
28	Speech Pathology Visit Charges	109,395	25,545	2,340	2,730	140,010	28
29	Medical Social Service Visits	496	56	7	19	578	29
30	Medical Social Service Visit Charges	139,935	15,960	1,995	5,415	163,305	30
31	Home Health Aide Visits	9,761	1,464	31	165	11,421	31
32	Home Health Aide Visit Charges	1,021,959	155,043	2,675	17,013	1,196,690	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	71,153	6,209	1,650	1,219	80,231	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	11,797,251	1,010,394	219,741	200,728	13,228,114	35
36	Total Number of Episodes (standard/non-outlier)	3,526		427	70	4,023	36
37	Total Number of Ourlier Episodes		126		8	134	37
38	Total Non-Routine Medical Supply Charges	154,409	58,980	5,942	8,059	227,390	38

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1591

WORKSHEET S-9  
PARTS I & II

PART I - ENROLLMENT DAYS

		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	31,766	168	8,992	155	664	32,598	2
3	Inpatient Respite Care	145		139		5	150	3
4	General Inpatient Care	1,098	13	1		67	1,178	4
5	Total Hospice Days	33,009	181	9,132	155	736	33,926	5

PART II - CENSUS DATA

		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	749	5			47	801	6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)	44.07	36.20			15.66	42.35	8
9	Unduplicated Census Count	765	6			45	816	9

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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA**

**WORKSHEET S-10**

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.217193	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	11,458,542	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 or supplemental payments from Medicaid?		4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		5
6	Medicaid charges	99,756,841	6
7	Medicaid cost (line 1 times line 6)	21,666,488	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.	10,207,946	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

Uncompensated care (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)	10,207,946	19						
		<table border="1"> <tr> <th data-bbox="1453 976 1510 1031">Uninsured patients</th> <th data-bbox="1510 976 1521 1031">Insured patients</th> <th data-bbox="1521 976 1521 1031">TOTAL (col. 1 + col. 2)</th> </tr> <tr> <td data-bbox="1453 1031 1510 1052">1</td> <td data-bbox="1510 1031 1521 1052">2</td> <td data-bbox="1521 1031 1521 1052">3</td> </tr> </table>	Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	1	2	3	
Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)							
1	2	3							
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	11,521,210	20						
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,502,326	21						
22	Partial payment by patients approved for charity care	40,286	22						
23	Cost of charity care (line 21 minus line 22)	2,462,040	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, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)		25
26	Total bad debt expense for the entire hospital complex (see instructions)		26
27	Medicare bad debts for the entire hospital complex (see instructions)	638,058	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	-638,058	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	-138,582	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	2,799,693	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	13,007,639	31

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
<b>GENERAL SERVICE COST CENTERS</b>										
1	00100	Cap Rel Costs-Bldg & Fixt		10,115,069	10,115,069	13,823,247	23,938,316	-13,769,542	10,168,774	1
2	00200	Cap Rel Costs-Mvble Equip		11,814,561	11,814,561		11,814,561	-129,700	11,684,861	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,117,157	43,379,487	44,496,644		44,496,644	-340,341	44,156,303	4
5.01	00540	COMMUNICATIONS	410,442	332,144	742,586		742,586	-91,076	651,510	5.01
5.02	00550	DATA PROCESSING	3,406,974	4,374,401	7,781,375		7,781,375	-219,000	7,562,375	5.02
5.03	00560	PURCHASING & STORES	499,581	20,940	520,521		520,521	-13,950	506,571	5.03
5.04	00570	ADMITTING	2,426,046	52,539	2,478,585		2,478,585		2,478,585	5.04
5.05	00580	CASHIERING	2,207,210	1,623,555	3,830,765		3,830,765	-349,300	3,481,465	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	16,173,091	22,567,959	38,741,050	-371,054	38,369,996	-18,955,627	19,414,369	5.06
6	00600	Maintenance & Repairs	2,163,148	4,244,859	6,408,007		6,408,007	-18,060	6,389,947	6
6.01	00601	CLINICAL ENGINEERING	562,602	143,847	706,449		706,449		706,449	6.01
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service	143,841	1,105,056	1,248,897		1,248,897		1,248,897	8
9	00900	Housekeeping	2,418,893	1,489,632	3,908,525		3,908,525		3,908,525	9
10	01000	Dietary	3,207,219	1,660,131	4,867,350	-1,814,171	3,053,179	-141,359	2,911,820	10
11	01100	Cafeteria				1,825,938	1,825,938	-954,958	870,980	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,864,947	70,846	1,935,793		1,935,793	-36,668	1,899,125	13
14	01400	Central Services & Supply	2,106,011	4,963,043	7,069,054	-3,614,242	3,454,812		3,454,812	14
15	01500	Pharmacy	4,345,200	11,607,782	15,952,982	-11,415,756	4,537,226		4,537,226	15
16	01600	Medical Records & Library	3,071,441	229,209	3,300,650		3,300,650	-85,650	3,215,000	16
17	01700	Social Service	921,796	41,073	962,869		962,869		962,869	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	106,369	6,379	112,748		112,748		112,748	23
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30	03000	Adults & Pediatrics	36,722,947	1,851,539	38,574,486	311,563	38,886,049	-308,368	38,577,681	30
31	03100	Intensive Care Unit	5,750,916	277,681	6,028,597		6,028,597	-4,393	6,024,204	31
40	04000	Subprovider - IPF	4,142,149	106,769	4,248,918		4,248,918	-50,000	4,198,918	40
43	04300	Nursery								43
<b>ANCILLARY SERVICE COST CENTERS</b>										
50	05000	Operating Room	8,917,996	12,108,615	21,026,611	76,160	21,102,771	-1,267,679	19,835,092	50
51	05100	Recovery Room	1,306,747	25,954	1,332,701		1,332,701		1,332,701	51
53	05300	Anesthesiology		745,334	745,334		745,334	-281,722	463,612	53
54	05400	Radiology-Diagnostic	5,863,828	3,559,702	9,423,530	74,260	9,497,790	-1,425	9,496,365	54
54.01	03630	ULTRASOUND	1,350,078	152,159	1,502,237		1,502,237		1,502,237	54.01
57	05700	CT Scan	1,224,898	916,357	2,141,255		2,141,255		2,141,255	57
58	05800	MRI	558,007	223,918	781,925		781,925		781,925	58
59	05900	Cardiac Catheterization	1,824,057	1,922,595	3,746,652	-540,043	3,206,609	-14,521	3,192,088	59
60	06000	Laboratory	5,279,776	5,245,685	10,525,461	18,269	10,543,730		10,543,730	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	485,840	2,047,565	2,533,405		2,533,405		2,533,405	63
64	06400	Intravenous Therapy	1,236,865	156,338	1,393,203		1,393,203		1,393,203	64
65	06500	Respiratory Therapy	2,247,000	543,278	2,790,278		2,790,278	-11,459	2,778,819	65
66	06600	Physical Therapy	3,882,330	1,111,317	4,993,647	66,960	5,060,607	-78,818	4,981,789	66
68	06800	Speech Pathology	243,888	3,478	247,366		247,366		247,366	68
69	06900	Electrocardiology	1,573,796	228,419	1,802,215	76,160	1,878,375		1,878,375	69
70	07000	Electroencephalography	112,019	267,588	379,607		379,607	-12,000	367,607	70
70.01	03290	EMG	153,721	9,904	163,625		163,625		163,625	70.01
70.03	03030	ANGIOGRAPHY	735,831	338,254	1,074,085		1,074,085		1,074,085	70.03
71	07100	Medical Supplies Charged to Patients				3,614,242	3,614,242		3,614,242	71
72	07200	Impl. Dev. Charged to Patients		14,098,407	14,098,407		14,098,407		14,098,407	72
73	07300	Drugs Charged to Patients				11,415,756	11,415,756		11,415,756	73
74	07400	Renal Dialysis		617,487	617,487		617,487		617,487	74
76.97	07697	CARDIAC REHABILITATION	635,596	30,631	666,227	149,952	816,179	-839	815,340	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>										
90.01	09001	OUTPATIENT PSYCHE SERVICES	953,550	16,485	970,035	70,190	1,040,225		1,040,225	90.01
91	09100	Emergency	5,996,816	636,976	6,633,792		6,633,792		6,633,792	91
91.01	09101	PCC	3,832,364	2,036,834	5,869,198	-697,056	5,172,142	-2,262,350	2,909,792	91.01
92	09200	Observation Beds (Non-Distinct Part)								92
<b>OTHER REIMBURSABLE COST CENTERS</b>										
101	10100	Home Health Agency	7,544,391	2,723,172	10,267,563	8,228	10,275,791	-2,035	10,273,756	101
<b>SPECIAL PURPOSE COST CENTERS</b>										
113	11300	Interest Expense		13,765,517	13,765,517	-13,765,517				113
116	11600	Hospice	2,370,467	1,161,006	3,531,473	2,194	3,533,667	-177	3,533,490	116
118		SUBTOTALS (sum of lines 1-117)	152,097,841	186,771,476	338,869,317	-684,720	338,184,597	-39,401,017	298,783,580	118

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen	21,004	29,205	50,209		50,209		50,209	190
192	19200	Physicians' Private Offices		111,343	111,343	684,172	795,515	-103,428	692,087	192
194	07950	NEW DIRECTION								194
194.01	07951	PRIVATE DUTY NURSING	892,468	32,683	925,151	548	925,699		925,699	194.01
194.02	07952	PHYSICIAN REFERRAL CENTER		1,350	1,350		1,350		1,350	194.02
200		TOTAL (sum of lines 118-199)	153,011,313	186,946,057	339,957,370		339,957,370	-39,504,445	300,452,925	200

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	INTEREST	A	Cap Rel Costs-Bldg & Fixt	1		13,765,517	1
500	Total reclassifications					13,765,517	500
	Code Letter - A						
1	CHARGEABLE SUPPLIES	B	Medical Supplies Charged to P	71		3,614,242	1
500	Total reclassifications					3,614,242	500
	Code Letter - B						
1	SHARED NFS COST	C	Cafeteria	11	1,203,156	622,782	1
500	Total reclassifications				1,203,156	622,782	500
	Code Letter - C						
1	PCC DEPRECIATION	D	Laboratory	60		3,756	1
2			Radiology-Diagnostic	54		15,266	2
3			Physical Therapy	66		13,765	3
4			CARDIAC REHABILITATION	76.97		15,170	4
5			PCC	91.01		78,581	5
6			Physicians' Private Offices	192		140,648	6
7			Dietary	10		2,419	7
8			OUTPATIENT PSYCHE SERVICES	90.01		14,429	8
500	Total reclassifications					284,034	500
	Code Letter - D						
1	PCC OPERATING EXPENSES	E	Laboratory	60		14,271	1
2			Radiology-Diagnostic	54		58,009	2
3			Physical Therapy	66		52,307	3
4			CARDIAC REHABILITATION	76.97		57,644	4
5			PCC	91.01		298,603	5
6			Physicians' Private Offices	192		534,452	6
7			Dietary	10		9,192	7
8			OUTPATIENT PSYCHE SERVICES	90.01		54,830	8
500	Total reclassifications					1,079,308	500
	Code Letter - E						
1	INSURANCE EXPENSE	F	Cap Rel Costs-Bldg & Fixt	1		371,054	1
500	Total reclassifications					371,054	500
	Code Letter - F						
1	PCC/LEMONT BUILDING INSURANCE	G	Laboratory	60		242	1
2			Radiology-Diagnostic	54		985	2
3			Physical Therapy	66		888	3
4			CARDIAC REHABILITATION	76.97		978	4
5			PCC	91.01		5,068	5
6			Physicians' Private Offices	192		9,072	6
7			Dietary	10		156	7
8			OUTPATIENT PSYCHE SERVICES	90.01		931	8
9			Home Health Agency	101		921	9
10			Hospice	116		246	10
11			PRIVATE DUTY NURSING	194.01		61	11
500	Total reclassifications					19,548	500
	Code Letter - G						
1	CHARGEABLE DRUGS	H	Drugs Charged to Patients	73		11,415,756	1
500	Total reclassifications					11,415,756	500
	Code Letter - H						
1	HHA DEPRECIATION	I	Home Health Agency	101		7,307	1
2			Hospice	116		1,948	2
3			PRIVATE DUTY NURSING	194.01		487	3
500	Total reclassifications					9,742	500
	Code Letter - I						
1	ALLOCATE CV ADMINISTRATION	J	Adults & Pediatrics	30	257,818	53,745	1
2			Operating Room	50	63,022	13,138	2
3			Cardiac Catheterization	59	126,045	26,275	3
4			Electrocardiology	69	63,022	13,138	4
5			CARDIAC REHABILITATION	76.97	63,022	13,138	5
500	Total reclassifications				572,929	119,434	500
	Code Letter - J						
	<b>GRAND TOTAL (Increases)</b>				<b>1,776,085</b>	<b>31,301,417</b>	

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

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	INTEREST	A	Interest Expense	113		13,765,517	11	1
500	Total reclassifications					13,765,517		500
	Code letter - A							
1	CHARGEABLE SUPPLIES	B	Central Services & Supply	14		3,614,242		1
500	Total reclassifications					3,614,242		500
	Code letter - B							
1	SHARED NFS COST	C	Dietary	10	1,203,156	622,782		1
500	Total reclassifications				1,203,156	622,782		500
	Code letter - C							
1	PCC DEPRECIATION	D	Cap Rel Costs-Bldg & Fixt	1		284,034	9	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
500	Total reclassifications					284,034		500
	Code letter - D							
1	PCC OPERATING EXPENSES	E	PCC	91.01		1,079,308		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
500	Total reclassifications					1,079,308		500
	Code letter - E							
1	INSURANCE EXPENSE	F	ADMINISTRATIVE & GENERAL	5.06		371,054	12	1
500	Total reclassifications					371,054		500
	Code letter - F							
1	PCC/LEMONT BUILDING INSURANCE	G	Cap Rel Costs-Bldg & Fixt	1		19,548	12	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
500	Total reclassifications					19,548		500
	Code letter - G							
1	CHARGEABLE DRUGS	H	Pharmacy	15		11,415,756		1
500	Total reclassifications					11,415,756		500
	Code letter - H							
1	HHA DEPRECIATION	I	Cap Rel Costs-Bldg & Fixt	1		9,742	9	1
2								2
3								3
500	Total reclassifications					9,742		500
	Code letter - I							
1	ALLOCATE CV ADMINISTRATION	J	Cardiac Catheterization	59	572,929	119,434		1
2								2
3								3
4								4
5								5
500	Total reclassifications				572,929	119,434		500
	Code letter - J							
	<b>GRAND TOTAL (Decreases)</b>				<b>1,776,085</b>	<b>31,301,417</b>		

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

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.		
	1	6	7	8	9	10		

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**RECONCILIATION OF CAPITAL COST CENTERS**

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

**PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	7,365,265					7,365,265		1
2	Land Improvements	6,911,308	37,350		37,350		6,948,658	3,901,642	2
3	Buildings and Fixtures	394,128,228	2,732,700		2,732,700	29,185	396,831,743	44,321,241	3
4	Building Improvements								4
5	Fixed Equipment	78,237,692					78,237,692		5
6	Movable Equipment	194,581,725	16,295,989		16,295,989	52,359,517	158,518,197	45,357,784	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	681,224,218	19,066,039		19,066,039	52,388,702	647,901,555	93,580,667	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	681,224,218	19,066,039		19,066,039	52,388,702	647,901,555	93,580,667	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	10,115,069						10,115,069	1
2	Cap Rel Costs-Mvble Equip	11,814,561						11,814,561	2
3	Total (sum of lines 1-2)	21,929,630						21,929,630	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	411,145,665	2,333,700	408,811,965	0.633259				
2	Cap Rel Costs-Mvble Equip	236,755,890		236,755,890	0.366741				
3	Total (sum of lines 1-2)	647,901,555	2,333,700	645,567,855	1.000000				

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	9,817,268			351,506			10,168,774	1
2	Cap Rel Costs-Mvble Equip	11,684,861						11,684,861	2
3	Total (sum of lines 1-2)	21,502,129			351,506			21,853,635	3

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trace, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)	A	-91,076	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	-3,727,267			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	-954,958	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	-85,650	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines	B	-20,904	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	A	-6,051	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	-86,702	Cap Rel Costs-Mvble Equip	2	9 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	TV DEPRECIATION	A	-40,111	Cap Rel Costs-Mvble Equip	2	9 33
34	INTEREST EXPENSE	A	-13,765,517	Cap Rel Costs-Bldg & Fixt	1	11 34
35	LIFELINE	B	-2,887	Cap Rel Costs-Mvble Equip	2	9 35
36	LIFELINE	B	-44,626	ADMINISTRATIVE & GENERAL	5.06	36
37	MISCELLANEOUS INCOME	B	-1,015,089	ADMINISTRATIVE & GENERAL	5.06	37
38	MISCELLANEOUS INCOME	B	-36,668	Nursing Administration	13	38
39	DISCOUNTS	B	-58,318	ADMINISTRATIVE & GENERAL	5.06	39
40	SELF INSURANCE FUND INCOME	B	-915,154	ADMINISTRATIVE & GENERAL	5.06	40
41	VISITOR MEAL COST	A	-75,721	Dietary	10	41
42						42
43						43
44	PHYSICIANS OFFSET	A	-3,844,597	ADMINISTRATIVE & GENERAL	5.06	44
44.01	PHYSICIANS OFFSET - FICA	A	-281,041	Employee Benefits Department	4	44.01
45	AHA/IHA LOBBYING EXPENSE	A	-48,761	ADMINISTRATIVE & GENERAL	5.06	45
45.01	NAHC/IHHC LOBBYING EXPENSE	A	-2,035	Home Health Agency	101	45.01
45.02	NHPCO LOBBYING EXPENSE	A	-177	Hospice	116	45.02
46	CABLE TV	A	-415	ADMINISTRATIVE & GENERAL	5.06	46
46.01	CABLE TV	A	-1,425	Radiology-Diagnostic	54	46.01
46.02	CABLE TV	A	-839	CARDIAC REHABILITATION	76.97	46.02
46.03	CABLE TV	A	-462	PCC	91.01	46.03
47						47
47.01	REAL ESTATE TAXES	A	-393,860	ADMINISTRATIVE & GENERAL	5.06	47.01
47.02	REAL ESTATE TAXES	A	-103,428	Physicians' Private Offices	192	47.02
47.03	REAL ESTATE TAXES	A	-604,881	PCC	91.01	47.03
47.04	FUNDRAISING DONATIONS	A	-10,000	ADMINISTRATIVE & GENERAL	5.06	47.04
47.05	ADVERTISING EXPENSE	A	-1,705,425	ADMINISTRATIVE & GENERAL	5.06	47.05
47.06	1990 ASSET LIFE CORRECTION	A	2,026	Cap Rel Costs-Bldg & Fixt	1	9 47.06
47.07	NON-ALLOWABLE EXPENSE - LIQUOR	A	-1,260	ADMINISTRATIVE & GENERAL	5.06	47.07
47.09	PHYSICIAN BILLING	A	-20,074	ADMINISTRATIVE & GENERAL	5.06	47.09
47.11	HOME DELIVERED MEALS REVENUE	B	-44,734	Dietary	10	47.11
47.12	BABY PHOTO REVENUE	B	-1,803	ADMINISTRATIVE & GENERAL	5.06	47.12
47.15	FALL GALA	A	-147,042	ADMINISTRATIVE & GENERAL	5.06	47.15
48	REIMB OF INTERCOMPANY EXPENSES	B	-59,300	Employee Benefits Department	4	48

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION(1)		BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE#		
		1	2	3	4	5	
48.01	REIMB OF INTERCOMPANY EXPENSES	B	-219,000	DATA PROCESSING	5.02		48.01
48.02	REIMB OF INTERCOMPANY EXPENSES	B	-13,950	PURCHASING & STORES	5.03		48.02
48.03	REIMB OF INTERCOMPANY EXPENSES	B	-349,300	CASHIERING	5.05		48.03
48.04	REIMB OF INTERCOMPANY EXPENSES	B	-450,230	ADMINISTRATIVE & GENERAL	5.06		48.04
48.05	REIMB OF INTERCOMPANY EXPENSES	B	-18,060	Maintenance & Repairs	6		48.05
48.50	ADJUST TO NET PROVIDER TAX	A	-10,257,673	ADMINISTRATIVE & GENERAL	5.06		48.50
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-39,504,445				50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
  - A. Costs - if cost, including applicable overhead, can be determined
  - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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

WORKSHEET A-8-1

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

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

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

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

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

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

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

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remuneration	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	40	Subprovider - IPF PSYCHIATRY	50,000	50,000						1
2	31	Intensive Care Unit INTENSIVE CARE	38,300		38,300	177,200	398	33,907	1,695	2
3	30	Adults & Pediatrics NEONATAL	225,000	225,000						3
4	50	Operating Room OPERATING ROOM	517,675	517,675						4
5	53	Anesthesiology ANESTHESIOLOGY	325,000	200,000	125,000	177,200	508	43,278	2,164	5
6	60	Laboratory LABORATORY	65,100		65,100	215,700	2,713	281,343	14,067	6
7	65	Respiratory Therapy RESPIRATORY THE	45,025		45,025	177,200	394	33,566	1,678	7
8	5.06	ADMINISTRATIVE & GEN MEDICAL STAFF	22,545	11,227	11,138	177,200	74	6,304	315	8
9	70	Electroencephalograp SLEEP LAB	12,000	12,000						9
10	66	Physical Therapy PHYSICAL THERAP	179,856		179,856	177,200	1,186	101,038	5,052	10
11	5.06	ADMINISTRATIVE & GEN INFECTION CONTR	30,000		30,000	177,200	58	4,941	247	11
12	76.97	CARDIAC REHABILITATI CARDIAC REHAB								12
13	50	Operating Room CVOR	750,004	750,004						13
14	30	Adults & Pediatrics CVU	33,000		33,000	177,200	120	10,223	511	14
15	59	Cardiac Catheterizat CATH LAB	25,000		25,000	177,200	123	10,479	524	15
16	30	Adults & Pediatrics CV ADMIN	79,333		79,333	177,200	220	18,742	937	16
17	91.01	PCC PCC	1,575,479	1,575,479						17
18	91.01	PCC ICC PHYSICIANS	81,528	81,528						18
19	54	Radiology-Diagnostic ALPHA MED								19
20										20
200		TOTAL	4,054,845	3,422,913	631,752		5,794	543,821	27,190	200

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	40	Subprovider - IPF PSYCHIATRY							50,000	1
2	31	Intensive Care Unit INTENSIVE CARE					33,907	4,393	4,393	2
3	30	Adults & Pediatrics NEONATAL							225,000	3
4	50	Operating Room OPERATING ROOM							517,675	4
5	53	Anesthesiology ANESTHESIOLOGY					43,278	81,722	281,722	5
6	60	Laboratory LABORATORY					281,343			6
7	65	Respiratory Therapy RESPIRATORY THE					33,566	11,459	11,459	7
8	5.06	ADMINISTRATIVE & GEN MEDICAL STAFF					6,304	4,834	16,241	8
9	70	Electroencephalogram SLEEP LAB							12,000	9
10	66	Physical Therapy PHYSICAL THERAP					101,038	78,818	78,818	10
11	5.06	ADMINISTRATIVE & GEN INFECTION CONTR					4,941	25,059	25,059	11
12	76.97	CARDIAC REHABILITATI CARDIAC REHAB								12
13	50	Operating Room CVOR							750,004	13
14	30	Adults & Pediatrics CVU					10,223	22,777	22,777	14
15	59	Cardiac Catheterizat CATH LAB					10,479	14,521	14,521	15
16	30	Adults & Pediatrics CV ADMIN					18,742	60,591	60,591	16
17	91.01	PCC PCC							1,575,479	17
18	91.01	PCC ICC PHYSICIANS							81,528	18
19	54	Radiology-Diagnostic ALPHA MED								19
20										20
200		TOTAL					543,821	304,174	3,727,267	200

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	10,168,774	10,168,774					1
2	Cap Rel Costs-Mvble Equip	11,684,861		11,684,861				2
4	Employee Benefits Department	44,156,303	44,350	8,290	44,208,943			4
5.01	COMMUNICATIONS	651,510	16,085	203,660	182,514	1,053,769		5.01
5.02	DATA PROCESSING	7,562,375	90,657	4,085,126	811,173	41,831	12,591,162	5.02
5.03	PURCHASING & STORES	506,571	38,572	21,537	162,235	4,944	408,638	5.03
5.04	ADMITTING	2,478,585	14,908	1,996	1,054,525	11,789	122,591	5.04
5.05	CASHIERING	3,481,465	97,133	9,438	831,453	78,719	796,844	5.05
5.06	ADMINISTRATIVE & GENERAL	19,414,369	1,180,191	808,041	3,305,531	105,339	3,197,595	5.06
6	Maintenance & Repairs	6,389,947	1,178,265	522,920	628,659	21,676		6
6.01	CLINICAL ENGINEERING	706,449	13,066	195,151	162,235	4,183	20,432	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	1,248,897	45,141	859	60,838			8
9	Housekeeping	3,908,525	17,334	79,563	1,176,201	6,085		9
10	Dietary	2,911,820	157,266	51,169	1,338,436	10,648	204,319	10
11	Cafeteria	870,980	147,001					11
12	Maintenance of Personnel							12
13	Nursing Administration	1,899,125	42,872	18,740	446,145	14,071	51,080	13
14	Central Services & Supply	3,454,812	436,401	791,121	892,291	21,296	245,183	14
15	Pharmacy	4,537,226	114,769	394,045	1,013,967	23,197	1,021,595	15
16	Medical Records & Library	3,215,000	75,801	16,624	1,095,084	19,014	1,225,914	16
17	Social Service	962,869	14,304	109	263,631	6,085	40,864	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY	112,748	750		40,559	380		23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	38,577,681	3,085,320	325,915	10,464,135	173,030	1,736,712	30
31	Intensive Care Unit	6,024,204	318,300	218,826	1,520,950	17,873		31
40	Subprovider - IPF	4,198,918	187,009	7,707	1,176,201	16,733	163,455	40
43	Nursery							43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	19,835,092	994,857	1,475,417	2,474,078	82,902	822,384	50
51	Recovery Room	1,332,701	47,859	37,221	344,749	5,704		51
53	Anesthesiology	463,612	11,993	114,406		5,324		53
54	Radiology-Diagnostic	9,496,365	244,862	950,950	1,967,095	41,071	612,957	54
54.01	ULTRASOUND	1,502,237	32,107	68,315	324,469			54.01
57	CT Scan	2,141,255	22,612	90,080	324,469			57
58	MRI	781,925	19,239	99,656	141,955			58
59	Cardiac Catheterization	3,192,088	135,840	224,947	446,145	12,549		59
60	Laboratory	10,543,730	321,371	302,475	1,804,861	49,817	326,910	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,533,405	11,920	1,696	141,955			63
64	Intravenous Therapy	1,393,203	8,922	1,382	304,190	6,085		64
65	Respiratory Therapy	2,778,819	9,776	92,357	669,218	11,028	102,160	65
66	Physical Therapy	4,981,789	144,554	14,447	1,115,363	22,817	122,591	66
68	Speech Pathology	247,366		748	60,838			68
69	Electrocardiology	1,878,375	124,118	203,185	527,263	17,493	81,728	69
70	Electroencephalography	367,607	11,598	6,149	40,559	1,521		70
70.01	EMG	163,625	2,509	8,372	60,838	3,803		70.01
70.03	ANGIOGRAPHY	1,074,085	13,617	78,559	182,514	1,141		70.03
71	Medical Supplies Charged to Patients	3,614,242						71
72	Impl. Dev. Charged to Patients	14,098,407						72
73	Drugs Charged to Patients	11,415,756						73
74	Renal Dialysis	617,487	7,850					74
76.97	CARDIAC REHABILITATION	815,340		15,539	182,514			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	OUTPATIENT PSYCHE SERVICES	1,040,225		2,059	283,911			90.01
91	Emergency	6,633,792	476,940	63,967	1,764,302	48,676	1,001,163	91
91.01	PCC	2,909,792		34,830	973,408	89,367	204,319	91.01
92	Observation Beds (Non-Distinct Part)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101	Home Health Agency	10,273,756	8,849	36,706	2,230,726	32,704	81,728	101
<b>SPECIAL PURPOSE COST CENTERS</b>								
113	Interest Expense							113
116	Hospice	3,533,490	8,849	277	709,777			116
118	SUBTOTALS (sum of lines 1-117)	298,783,580	9,975,737	11,684,577	43,701,960	1,008,895	12,591,162	118
<b>NONREIMBURSABLE COST CENTERS</b>								
190	Gift, Flower, Coffee Shop & Canteen	50,209						190
192	Physicians' Private Offices	692,087	193,037	284		44,874		192
194	NEW DIRECTION							194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
194.01	PRIVATE DUTY NURSING	925,699			506,983			194.01
194.02	PHYSICIAN REFERRAL CENTER	1,350						194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	300,452,925	10,168,774	11,684,861	44,208,943	1,053,769	12,591,162	202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	PURCH & STORES	ADMITTING	CASHIERING	SUBTOTAL	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
	<b>GENERAL SERVICE COST CENTERS</b>							
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 & STORES	1,142,497						5.03
5.04	ADMITTING	928	3,685,322					5.04
5.05	CASHIERING	1,695		5,296,747				5.05
5.06	ADMINISTRATIVE & GENERAL	51,911			28,062,977	28,062,977		5.06
6	Maintenance & Repairs	117,628			8,859,095	912,708	9,771,803	6
6.01	CLINICAL ENGINEERING	6,297			1,107,813	114,132	17,004	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	14,774			1,370,509	141,197	58,747	8
9	Housekeeping	15,904			5,203,612	536,102	22,559	9
10	Dietary	20,587			4,694,245	483,625	204,668	10
11	Cafeteria				1,017,981	104,877	191,309	11
12	Maintenance of Personnel							12
13	Nursing Administration	4,238			2,476,271	255,118	55,794	13
14	Central Services & Supply	161,184			6,002,288	618,386	567,937	14
15	Pharmacy	14,613			7,119,412	733,477	149,362	15
16	Medical Records & Library	2,664			5,650,101	582,102	98,649	16
17	Social Service	767			1,288,629	132,761	18,616	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY				154,437	15,911	976	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	25,794	664,413	954,941	56,007,941	5,770,221	4,015,272	30
31	Intensive Care Unit	2,947	80,352	115,486	8,298,938	854,998	414,240	31
40	Subprovider - IPF	8,517	68,691	98,726	5,925,957	610,522	243,376	40
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	100,392	492,775	708,242	26,986,139	2,780,247	1,294,720	50
51	Recovery Room	1,009	39,491	56,759	1,865,493	192,192	62,284	51
53	Anesthesiology	9,607	106,578	153,180	864,700	89,086	15,608	53
54	Radiology-Diagnostic	37,218	112,758	162,062	13,625,338	1,403,750	318,667	54
54.01	ULTRASOUND	3,956	52,096	74,875	2,058,055	212,031	41,784	54.01
57	CT Scan	3,229	233,591	335,729	3,150,965	324,628	29,428	57
58	MRI	686	44,185	63,504	1,151,150	118,597	25,038	58
59	Cardiac Catheterization	167,844	95,033	136,587	4,411,033	454,447	176,784	59
60	Laboratory	190,899	572,232	822,441	14,934,736	1,538,651	418,237	60
62.30	<b>BLOOD CLOTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Trans.	6,257	30,552	43,910	2,769,695	285,348	15,513	63
64	Intravenous Therapy	1,695	4,190	6,022	1,725,689	177,789	11,611	64
65	Respiratory Therapy	8,598	192,092	276,085	4,140,133	426,537	12,722	65
66	Physical Therapy	38,913	45,780	65,797	6,552,051	675,025	188,125	66
68	Speech Pathology	323	6,016	8,646	323,937	33,374		68
69	Electrocardiology	6,459	115,286	165,695	3,119,602	321,397	161,528	69
70	Electroencephalography	2,341	4,020	5,778	439,573	45,287	15,093	70
70.01	EMG	1,211	1,251	1,798	243,407	25,077	3,265	70.01
70.03	ANGIOGRAPHY	39,438	28,660	41,192	1,459,206	150,335	17,722	70.03
71	Medical Supplies Charged to Patients		128,624	184,865	3,927,731	404,654		71
72	Impl. Dev. Charged to Patients		101,196	145,444	14,345,047	1,477,898		72
73	Drugs Charged to Patients		248,869	357,687	12,022,312	1,238,599		73
74	Renal Dialysis	3,714	12,473	17,927	659,451	67,940	10,216	74
76.97	CARDIAC REHABILITATION	3,068	3,074	4,418	1,023,953	105,493		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES	2,018	32	45	1,328,290	136,847		90.01
91	Emergency	21,798	200,705	288,464	10,499,807	1,081,743	620,696	91
91.01	PCC	26,602	307	442	4,239,067	436,730		91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	13,644			12,678,113	1,306,163	11,516	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	1,090			4,253,483	438,215	11,516	116
118	SUBTOTALS (sum of lines 1-117)	1,142,457	3,685,322	5,296,747	298,038,362	27,814,217	9,520,582	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen				50,209	5,173		190
192	Physicians' Private Offices				930,282	95,842	251,221	192
194	NEW DIRECTION							194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	PURCH & STORES	ADMITTING	CASHIERING	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
194.01	PRIVATE DUTY NURSING	40			1,432,722	147,606		194.01
194.02	PHYSICIAN REFERRAL CENTER				1,350	139		194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,142,497	3,685,322	5,296,747	300,452,925	28,062,977	9,771,803	202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CLINICAL ENGINEER	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6.01	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
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 & 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	1,238,949						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		1,570,453					8
9	Housekeeping	780	40,839	5,803,892				9
10	Dietary	156	845	100,953	5,484,492			10
11	Cafeteria					1,314,167		11
12	Maintenance of Personnel							12
13	Nursing Administration	44,911		49,926		19,654	2,901,674	13
14	Central Services & Supply	117,891	8,168	144,638		39,309		14
15	Pharmacy	312	704	84,434		44,669		15
16	Medical Records & Library			58,369		48,243		16
17	Social Service			12,849		11,614		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY			2,203		1,787		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	179,332	787,268	2,356,066	4,613,083	460,986	1,616,917	30
31	Intensive Care Unit	31,344	94,633	261,744	332,352	67,004	235,017	31
40	Subprovider - IPF	5,770	26,686	229,806	394,241	51,816	181,746	40
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	215,196	179,196	642,062		108,993	382,294	50
51	Recovery Room	20,272	25,066	75,623		15,188	53,270	51
53	Anesthesiology	43,975		29,368				53
54	Radiology-Diagnostic	207,245	99,702	406,750		86,658		54
54.01	ULTRASOUND	7,017				14,294		54.01
57	CT Scan	6,394				14,294		57
58	MRI	7,797				6,254		58
59	Cardiac Catheterization	32,748	22,954	101,687		19,654	68,938	59
60	Laboratory	37,114		161,525		79,511		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	9,980				6,254		63
64	Intravenous Therapy	468		11,380		13,401	47,003	64
65	Respiratory Therapy	89,978		34,875		29,482		65
66	Physical Therapy	35,399	15,420	122,612		49,136		66
68	Speech Pathology					2,680		68
69	Electrocardiology	48,498	25,489	53,230		23,228		69
70	Electroencephalography	1,403	1,338	11,380		1,787		70
70.01	EMG					2,680		70.01
70.03	ANGIOGRAPHY	7,797				8,040		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	936						74
76.97	CARDIAC REHABILITATION	19,181				8,040		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES	624			32,831		43,870	90.01
91	Emergency	57,542	216,515	690,153	111,985	77,724	272,619	91
91.01	PCC	7,641	25,630	162,259				91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	1,248				1,787		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	1,238,949	1,570,453	5,803,892	5,484,492	1,314,167	2,901,674	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
194	NEW DIRECTION							194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CLINICAL ENGINEER	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6.01	8	9	10	11	13	
194.01	PRIVATE DUTY NURSING							194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,238,949	1,570,453	5,803,892	5,484,492	1,314,167	2,901,674	202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
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 & 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	7,498,617						14
15	Pharmacy	129,750	8,262,120					15
16	Medical Records & Library	662		6,438,126				16
17	Social Service	210			1,464,679			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY					175,314		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	788,458	12,706	4,004,726	1,290,101		81,903,077	30
31	Intensive Care Unit	112,281	1,010	74,189	65,097		10,842,847	31
40	Subprovider - IPF	16,265	1,015	129,089			7,816,289	40
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	2,118,773	761	470,359			35,178,740	50
51	Recovery Room	9,247	4				2,318,639	51
53	Anesthesiology	140,402					1,183,139	53
54	Radiology-Diagnostic	103,632	33,658	167,667			16,453,067	54
54.01	ULTRASOUND	18,992	89	44,513			2,396,775	54.01
57	CT Scan	206,148	2,465	44,513			3,778,835	57
58	MRI	832	238	19,289			1,329,195	58
59	Cardiac Catheterization	374,869	12,107				5,675,221	59
60	Laboratory	370,917	108	523,775			18,064,574	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	4,847					3,091,637	63
64	Intravenous Therapy	91,281					2,078,622	64
65	Respiratory Therapy	94,330		4,451			4,832,508	65
66	Physical Therapy	53,971	11,959	26,708			7,730,406	66
68	Speech Pathology						359,991	68
69	Electrocardiology	43,150	127	75,673			3,871,922	69
70	Electroencephalography	745		2,968			519,574	70
70.01	EMG	409	426				275,264	70.01
70.03	ANGIOGRAPHY	26,403	540				1,670,043	70.03
71	Medical Supplies Charged to Patients	2,445,863					6,778,248	71
72	Impl. Dev. Charged to Patients						15,822,945	72
73	Drugs Charged to Patients		7,873,734			175,314	21,309,959	73
74	Renal Dialysis						738,543	74
76.97	CARDIAC REHABILITATION	150	46	5,935			1,162,798	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES	247		11,870			1,554,579	90.01
91	Emergency	168,400	16,927	603,899	109,481		14,527,491	91
91.01	PCC	54,586	27,477	228,502			5,181,892	91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	120,797	2,954				14,122,578	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	1,672	263,769				4,968,655	116
118	SUBTOTALS (sum of lines 1-117)	7,498,289	8,262,120	6,438,126	1,464,679	175,314	297,538,053	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	328					55,710	190
192	Physicians' Private Offices						1,277,345	192
194	NEW DIRECTION							194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
194.01	PRIVATE DUTY NURSING						1,580,328	194.01
194.02	PHYSICIAN REFERRAL CENTER						1,489	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	7,498,617	8,262,120	6,438,126	1,464,679	175,314	300,452,925	202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		25	26				
	<b>GENERAL SERVICE COST CENTERS</b>						
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 & STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING						5.05
5.06	ADMINISTRATIVE & GENERAL						5.06
6	Maintenance & Repairs						6
6.01	CLINICAL ENGINEERING						6.01
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY RESIDENCY						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics		81,903,077				30
31	Intensive Care Unit		10,842,847				31
40	Subprovider - IPF		7,816,289				40
43	Nursery						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		35,178,740				50
51	Recovery Room		2,318,639				51
53	Anesthesiology		1,183,139				53
54	Radiology-Diagnostic		16,453,067				54
54.01	ULTRASOUND		2,396,775				54.01
57	CT Scan		3,778,835				57
58	MRI		1,329,195				58
59	Cardiac Catheterization		5,675,221				59
60	Laboratory		18,064,574				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		3,091,637				63
64	Intravenous Therapy		2,078,622				64
65	Respiratory Therapy		4,832,508				65
66	Physical Therapy		7,730,406				66
68	Speech Pathology		359,991				68
69	Electrocardiology		3,871,922				69
70	Electroencephalography		519,574				70
70.01	EMG		275,264				70.01
70.03	ANGIOGRAPHY		1,670,043				70.03
71	Medical Supplies Charged to Patients		6,778,248				71
72	Impl. Dev. Charged to Patients		15,822,945				72
73	Drugs Charged to Patients		21,309,959				73
74	Renal Dialysis		738,543				74
76.97	CARDIAC REHABILITATION		1,162,798				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	OUTPATIENT PSYCHE SERVICES		1,554,579				90.01
91	Emergency		14,527,491				91
91.01	PCC		5,181,892				91.01
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	Home Health Agency		14,122,578				101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	Interest Expense						113
116	Hospice		4,968,655				116
118	SUBTOTALS (sum of lines 1-117)		297,538,053				118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen		55,710				190
192	Physicians' Private Offices		1,277,345				192
194	NEW DIRECTION						194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
194.01	PRIVATE DUTY NURSING		1,580,328				194.01
194.02	PHYSICIAN REFERRAL CENTER		1,489				194.02
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		300,452,925				202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	
		0	1	2	2A	4	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		44,350	8,290	52,640	52,640		4
5.01	COMMUNICATIONS		16,085	203,660	219,745	217	219,962	5.01
5.02	DATA PROCESSING		90,657	4,085,126	4,175,783	966	8,732	5.02
5.03	PURCHASING & STORES		38,572	21,537	60,109	193	1,032	5.03
5.04	ADMITTING		14,908	1,996	16,904	1,256	2,461	5.04
5.05	CASHIERING		97,133	9,438	106,571	990	16,432	5.05
5.06	ADMINISTRATIVE & GENERAL	101,211	1,180,191	808,041	2,089,443	3,936	21,988	5.06
6	Maintenance & Repairs		1,178,265	522,920	1,701,185	749	4,525	6
6.01	CLINICAL ENGINEERING		13,066	195,151	208,217	193	873	6.01
7	Operation of Plant							7
8	Laundry & Linen Service		45,141	859	46,000	72		8
9	Housekeeping		17,334	79,563	96,897	1,401	1,270	9
10	Dietary	9,039	157,266	51,169	217,474	1,594	2,223	10
11	Cafeteria		147,001		147,001			11
12	Maintenance of Personnel							12
13	Nursing Administration		42,872	18,740	61,612	531	2,937	13
14	Central Services & Supply	16,080	436,401	791,121	1,243,602	1,062	4,445	14
15	Pharmacy		114,769	394,045	508,814	1,207	4,842	15
16	Medical Records & Library		75,801	16,624	92,425	1,304	3,969	16
17	Social Service		14,304	109	14,413	314	1,270	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY		750		750	48	79	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	10,993	3,085,320	325,915	3,422,228	12,463	36,116	30
31	Intensive Care Unit		318,300	218,826	537,126	1,811	3,731	31
40	Subprovider - IPF	411	187,009	7,707	195,127	1,401	3,493	40
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	115,459	994,857	1,475,417	2,585,733	2,946	17,305	50
51	Recovery Room		47,859	37,221	85,080	410	1,191	51
53	Anesthesiology		11,993	114,406	126,399		1,111	53
54	Radiology-Diagnostic	836,591	244,862	950,950	2,032,403	2,342	8,573	54
54.01	ULTRASOUND		32,107	68,315	100,422	386		54.01
57	CT Scan		22,612	90,080	112,692	386		57
58	MRI		19,239	99,656	118,895	169		58
59	Cardiac Catheterization		135,840	224,947	360,787	531	2,620	59
60	Laboratory		321,371	302,475	623,846	2,149	10,399	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		11,920	1,696	13,616	169		63
64	Intravenous Therapy		8,922	1,382	10,304	362	1,270	64
65	Respiratory Therapy	16,149	9,776	92,357	118,282	797	2,302	65
66	Physical Therapy	69,191	144,554	14,447	228,192	1,328	4,763	66
68	Speech Pathology			748	748	72		68
69	Electrocardiology		124,118	203,185	327,303	628	3,651	69
70	Electroencephalography	13,200	11,598	6,149	30,947	48	318	70
70.01	EMG		2,509	8,372	10,881	72	794	70.01
70.03	ANGIOGRAPHY		13,617	78,559	92,176	217	238	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		7,850		7,850			74
76.97	CARDIAC REHABILITATION			15,539	15,539	217		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES			2,059	2,059	338		90.01
91	Emergency	175	476,940	63,967	541,082	2,101	10,161	91
91.01	PCC			34,830	34,830	1,159	18,654	91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	60	8,849	36,706	45,615	2,656	6,827	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	253,451	8,849	277	262,577	845		116
118	SUBTOTALS (sum of lines 1-117)	1,442,010	9,975,737	11,684,577	23,102,324	52,036	210,595	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices		193,037	284	193,321		9,367	192
194	NEW DIRECTION							194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	
		0	1	2	2A	4	5.01	
194.01	PRIVATE DUTY NURSING					604		194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,442,010	10,168,774	11,684,861	23,295,645	52,640	219,962	202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCH & STORES	ADMITTING	CASHIERING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.03	5.04	5.05	5.06	6	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	4,185,481						5.02
5.03	PURCHASING & STORES	135,837	197,171					5.03
5.04	ADMITTING	40,751	160	61,532				5.04
5.05	CASHIERING	264,882	293		389,168			5.05
5.06	ADMINISTRATIVE & GENERAL	1,062,925	8,959			3,187,251		5.06
6	Maintenance & Repairs		20,300			103,660	1,830,419	6
6.01	CLINICAL ENGINEERING	6,792	1,087			12,963	3,185	6.01
7	Operation of Plant							7
8	Laundry & Linen Service		2,550			16,036	11,004	8
9	Housekeeping		2,745			60,887	4,226	9
10	Dietary	67,919	3,553			54,927	38,338	10
11	Cafeteria					11,911	35,835	11
12	Maintenance of Personnel							12
13	Nursing Administration	16,980	731			28,975	10,451	13
14	Central Services & Supply	81,502	27,817			70,233	106,384	14
15	Pharmacy	339,593	2,522			83,304	27,978	15
16	Medical Records & Library	407,511	460			66,112	18,478	16
17	Social Service	13,584	132			15,078	3,487	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY					1,807	183	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	577,308	4,452	10,984	70,229	655,371	752,124	30
31	Intensive Care Unit		509	1,345	8,483	97,106	77,594	31
40	Subprovider - IPF	54,335	1,470	1,149	7,252	69,340	45,588	40
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	273,372	17,326	8,246	52,026	315,765	242,522	50
51	Recovery Room		174	661	4,169	21,828	11,667	51
53	Anesthesiology		1,658	1,783	11,252	10,118	2,924	53
54	Radiology-Diagnostic	203,756	6,423	1,887	11,905	159,430	59,692	54
54.01	ULTRASOUND		683	872	5,500	24,081	7,827	54.01
57	CT Scan		557	3,909	24,662	36,869	5,512	57
58	MRI		118	739	4,665	13,470	4,690	58
59	Cardiac Catheterization		28,966	1,590	10,033	51,613	33,115	59
60	Laboratory	108,670	32,942	9,575	60,415	174,751	78,343	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		1,080	511	3,226	32,408	2,906	63
64	Intravenous Therapy		293	70	442	20,192	2,175	64
65	Respiratory Therapy	33,959	1,484	3,214	20,281	48,444	2,383	65
66	Physical Therapy	40,751	6,716	766	4,833	76,666	35,239	66
68	Speech Pathology		56	101	635	3,790		68
69	Electrocardiology	27,167	1,115	1,929	12,172	36,502	30,257	69
70	Electroencephalography		404	67	424	5,143	2,827	70
70.01	EMG		209	21	132	2,848	612	70.01
70.03	ANGIOGRAPHY		6,806	480	3,026	17,074	3,320	70.03
71	Medical Supplies Charged to Patients			2,152	13,580	45,958		71
72	Impl. Dev. Charged to Patients			1,693	10,684	167,851		72
73	Drugs Charged to Patients			4,164	26,275	140,673		73
74	Renal Dialysis		641	209	1,317	7,716	1,914	74
76.97	CARDIAC REHABILITATION		529	51	325	11,981		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES		348	1	3	15,542		90.01
91	Emergency	332,801	3,762	3,358	21,190	122,858	116,267	91
91.01	PCC	67,919	4,591	5	32	49,601		91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	27,167	2,355			148,347	2,157	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice		188			49,770	2,157	116
118	SUBTOTALS (sum of lines 1-117)	4,185,481	197,164	61,532	389,168	3,158,999	1,783,361	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen					587		190
192	Physicians' Private Offices					10,885	47,058	192
194	NEW DIRECTION							194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCH & STORES	ADMITTING	CASHIERING	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	
		5.02	5.03	5.04	5.05	5.06	6	
194.01	PRIVATE DUTY NURSING		7			16,764		194.01
194.02	PHYSICIAN REFERRAL CENTER					16		194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,185,481	197,171	61,532	389,168	3,187,251	1,830,419	202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CLINICAL ENGINEER	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6.01	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
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 & 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	233,310						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		75,662					8
9	Housekeeping	147	1,968	169,541				9
10	Dietary	29	41	2,949	389,047			10
11	Cafeteria					194,747		11
12	Maintenance of Personnel							12
13	Nursing Administration	8,457		1,458		2,913	135,045	13
14	Central Services & Supply	22,200	394	4,225		5,825		14
15	Pharmacy	59	34	2,466		6,620		15
16	Medical Records & Library			1,705		7,149		16
17	Social Service			375		1,721		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY			64		265		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	33,770	37,928	68,827	327,232	68,311	75,251	30
31	Intensive Care Unit	5,902	4,559	7,646	23,576	9,929	10,938	31
40	Subprovider - IPF	1,087	1,286	6,713	27,966	7,679	8,459	40
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	40,527	8,633	18,756		16,152	17,792	50
51	Recovery Room	3,818	1,208	2,209		2,251	2,479	51
53	Anesthesiology	8,281		858				53
54	Radiology-Diagnostic	39,027	4,804	11,882		12,842		54
54.01	ULTRASOUND	1,321				2,118		54.01
57	CT Scan	1,204				2,118		57
58	MRI	1,468				927		58
59	Cardiac Catheterization	6,167	1,106	2,970		2,913	3,208	59
60	Laboratory	6,989		4,718		11,783		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,879				927		63
64	Intravenous Therapy	88		332		1,986	2,188	64
65	Respiratory Therapy	16,944		1,019		4,369		65
66	Physical Therapy	6,666	743	3,582		7,281		66
68	Speech Pathology					397		68
69	Electrocardiology	9,133	1,228	1,555		3,442		69
70	Electroencephalography	264	64	332		265		70
70.01	EMG					397		70.01
70.03	ANGIOGRAPHY	1,468				1,192		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	176						74
76.97	CARDIAC REHABILITATION	3,612				1,192		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES	117			2,329		2,042	90.01
91	Emergency	10,836	10,431	20,160	7,944	11,518	12,688	91
91.01	PCC	1,439	1,235	4,740				91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	235				265		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	233,310	75,662	169,541	389,047	194,747	135,045	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
194	NEW DIRECTION							194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CLINICAL ENGINEER	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6.01	8	9	10	11	13	
194.01	PRIVATE DUTY NURSING							194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	233,310	75,662	169,541	389,047	194,747	135,045	202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
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 & 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	1,567,689						14
15	Pharmacy	27,126	1,004,565					15
16	Medical Records & Library	138		599,251				16
17	Social Service	44			50,418			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY					3,196		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	164,838	1,545	372,756	44,408		6,736,141	30
31	Intensive Care Unit	23,474	123	6,905	2,241		822,998	31
40	Subprovider - IPF	3,400	123	12,015			447,883	40
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	442,959	92	43,780			4,103,932	50
51	Recovery Room	1,933	1				139,079	51
53	Anesthesiology	29,353					193,737	53
54	Radiology-Diagnostic	21,666	4,092	15,606			2,596,330	54
54.01	ULTRASOUND	3,971	11	4,143			151,335	54.01
57	CT Scan	43,098	300	4,143			235,450	57
58	MRI	174	29	1,795			147,139	58
59	Cardiac Catheterization	78,372	1,472				585,463	59
60	Laboratory	77,545	13	48,752			1,250,890	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,013					57,735	63
64	Intravenous Therapy	19,084					58,786	64
65	Respiratory Therapy	19,721		414			273,613	65
66	Physical Therapy	11,283	1,454	2,486			432,749	66
68	Speech Pathology						5,799	68
69	Electrocardiology	9,021	15	7,044			472,162	69
70	Electroencephalography	156		276			41,535	70
70.01	EMG	85	52				16,103	70.01
70.03	ANGIOGRAPHY	5,520	66				131,583	70.03
71	Medical Supplies Charged to Patients	511,341					573,031	71
72	Impl. Dev. Charged to Patients						180,228	72
73	Drugs Charged to Patients		957,342				1,128,454	73
74	Renal Dialysis						19,823	74
76.97	CARDIAC REHABILITATION	31	6	552			34,035	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES	52		1,105			23,936	90.01
91	Emergency	35,206	2,058	56,210	3,769		1,324,400	91
91.01	PCC	11,412	3,341	21,269			220,227	91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	25,254	359				261,237	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	350	32,071				347,958	116
118	SUBTOTALS (sum of lines 1-117)	1,567,620	1,004,565	599,251	50,418		23,013,771	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	69					656	190
192	Physicians' Private Offices						260,631	192
194	NEW DIRECTION							194

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
194.01	PRIVATE DUTY NURSING						17,375	194.01
194.02	PHYSICIAN REFERRAL CENTER						16	194.02
200	Cross Foot Adjustments					3,196	3,196	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,567,689	1,004,565	599,251	50,418	3,196	23,295,645	202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		25	26				
	<b>GENERAL SERVICE COST CENTERS</b>						
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 & STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING						5.05
5.06	ADMINISTRATIVE & GENERAL						5.06
6	Maintenance & Repairs						6
6.01	CLINICAL ENGINEERING						6.01
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY RESIDENCY						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics		6,736,141				30
31	Intensive Care Unit		822,998				31
40	Subprovider - IPF		447,883				40
43	Nursery						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		4,103,932				50
51	Recovery Room		139,079				51
53	Anesthesiology		193,737				53
54	Radiology-Diagnostic		2,596,330				54
54.01	ULTRASOUND		151,335				54.01
57	CT Scan		235,450				57
58	MRI		147,139				58
59	Cardiac Catheterization		585,463				59
60	Laboratory		1,250,890				60
62.30	BLOOD CLOTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		57,735				63
64	Intravenous Therapy		58,786				64
65	Respiratory Therapy		273,613				65
66	Physical Therapy		432,749				66
68	Speech Pathology		5,799				68
69	Electrocardiology		472,162				69
70	Electroencephalography		41,535				70
70.01	EMG		16,103				70.01
70.03	ANGIOGRAPHY		131,583				70.03
71	Medical Supplies Charged to Patients		573,031				71
72	Impl. Dev. Charged to Patients		180,228				72
73	Drugs Charged to Patients		1,128,454				73
74	Renal Dialysis		19,823				74
76.97	CARDIAC REHABILITATION		34,035				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	OUTPATIENT PSYCHE SERVICES		23,936				90.01
91	Emergency		1,324,400				91
91.01	PCC		220,227				91.01
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	Home Health Agency		261,237				101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	Interest Expense						113
116	Hospice		347,958				116
118	SUBTOTALS (sum of lines 1-117)		23,013,771				118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen		656				190
192	Physicians' Private Offices		260,631				192
194	NEW DIRECTION						194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
194.01	PRIVATE DUTY NURSING		17,375				194.01
194.02	PHYSICIAN REFERRAL CENTER		16				194.02
200	Cross Foot Adjustments		3,196				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		23,295,645				202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTES	COMMUNICATIONS # OF PHONES	DATA PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.	
		1	2	4	5.01	5.02	5.03	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	976,751						1
2	Cap Rel Costs-Mvble Equip		11,733,755					2
4	Employee Benefits Department	4,260	8,325	2,180				4
5.01	COMMUNICATIONS	1,545	204,512	9	2,771			5.01
5.02	DATA PROCESSING	8,708	4,102,219	40	110	2,465		5.02
5.03	PURCHASING & STORES	3,705	21,627	8	13	80	28,303	5.03
5.04	ADMITTING	1,432	2,004	52	31	24	23	5.04
5.05	CASHIERING	9,330	9,477	41	207	156	42	5.05
5.06	ADMINISTRATIVE & GENERAL	113,362	811,422	163	277	626	1,286	5.06
6	Maintenance & Repairs	113,177	525,108	31	57		2,914	6
6.01	CLINICAL ENGINEERING	1,255	195,968	8	11	4	156	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	4,336	863	3			366	8
9	Housekeeping	1,665	79,896	58	16		394	9
10	Dietary	15,106	51,383	66	28	40	510	10
11	Cafeteria	14,120						11
12	Maintenance of Personnel							12
13	Nursing Administration	4,118	18,818	22	37	10	105	13
14	Central Services & Supply	41,918	794,431	44	56	48	3,993	14
15	Pharmacy	11,024	395,694	50	61	200	362	15
16	Medical Records & Library	7,281	16,694	54	50	240	66	16
17	Social Service	1,374	109	13	16	8	19	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY	72		2	1			23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	296,357	327,279	516	455	340	639	30
31	Intensive Care Unit	30,574	219,742	75	47		73	31
40	Subprovider - IPF	17,963	7,739	58	44	32	211	40
43	Nursery							43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	95,560	1,481,591	122	218	161	2,487	50
51	Recovery Room	4,597	37,377	17	15		25	51
53	Anesthesiology	1,152	114,885		14		238	53
54	Radiology-Diagnostic	23,520	954,929	97	108	120	922	54
54.01	ULTRASOUND	3,084	68,601	16			98	54.01
57	CT Scan	2,172	90,457	16			80	57
58	MRI	1,848	100,073	7			17	58
59	Cardiac Catheterization	13,048	225,888	22	33		4,158	59
60	Laboratory	30,869	303,741	89	131	64	4,729	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,145	1,703	7			155	63
64	Intravenous Therapy	857	1,388	15	16		42	64
65	Respiratory Therapy	939	92,743	33	29	20	213	65
66	Physical Therapy	13,885	14,507	55	60	24	964	66
68	Speech Pathology		751	3			8	68
69	Electrocardiology	11,922	204,035	26	46	16	160	69
70	Electroencephalography	1,114	6,175	2	4		58	70
70.01	EMG	241	8,407	3	10		30	70.01
70.03	ANGIOGRAPHY	1,308	78,888	9	3		977	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	754					92	74
76.97	CARDIAC REHABILITATION		15,604	9			76	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	OUTPATIENT PSYCHE SERVICES		2,068	14			50	90.01
91	Emergency	45,812	64,235	87	128	196	540	91
91.01	PCC		34,976	48	235	40	659	91.01
92	Observation Beds (Non-Distinct Part)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101	Home Health Agency	850	36,860	110	86	16	338	101
<b>SPECIAL PURPOSE COST CENTERS</b>								
116	Hospice	850	278	35			27	116
118	SUBTOTALS (sum of lines 1-117)	958,209	11,733,470	2,155	2,653	2,465	28,302	118
<b>NONREIMBURSABLE COST CENTERS</b>								
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices	18,542	285		118			192
194	NEW DIRECTION							194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTES	COMMUNI- CATIONS  # OF PHONES	DATA PROCESSING  TIME SPENT	PURCH & STORES  # OF REQUISIT.	
		1	2	4	5.01	5.02	5.03	
194.01	PRIVATE DUTY NURSING			25			1	194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	10,168,774	11,684,861	44,208,943	1,053,769	12,591,162	1,142,497	202
203	Unit Cost Multiplier (Wkst. B, Part I)	10.410815	0.995833	20,279.331651	380.284735	5,107.976471	40.366640	203
204	Cost to be allocated (Per Wkst. B, Part II)			52,640	219,962	4,185,481	197,171	204
205	Unit Cost Multiplier (Wkst. B, Part II)			24.146789	79.380007	1,697.963895	6.966435	205

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMITTING	CASHIERING	RECON-	ADMINIS-	MAIN-	CLINICAL	
		INPATIENT REVENUES	INPATIENT REVENUES	CILIAATION	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEET	ENGINEER  TIME SPENT	
		5.04	5.05	5A.06	5.06	6	6.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
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 & STORES							5.03
5.04	ADMITTING	734,084,544						5.04
5.05	CASHIERING		734,084,544					5.05
5.06	ADMINISTRATIVE & GENERAL			-28,062,977	272,389,948			5.06
6	Maintenance & Repairs				8,859,095	721,232		6
6.01	CLINICAL ENGINEERING				1,107,813	1,255	7,945	6.01
7	Operation of Plant							7
8	Laundry & Linen Service				1,370,509	4,336		8
9	Housekeeping				5,203,612	1,665	5	9
10	Dietary				4,694,245	15,106	1	10
11	Cafeteria				1,017,981	14,120		11
12	Maintenance of Personnel							12
13	Nursing Administration				2,476,271	4,118	288	13
14	Central Services & Supply				6,002,288	41,918	756	14
15	Pharmacy				7,119,412	11,024	2	15
16	Medical Records & Library				5,650,101	7,281		16
17	Social Service				1,288,629	1,374		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY				154,437	72		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	132,309,813	132,309,813		56,007,941	296,357	1,150	30
31	Intensive Care Unit	16,006,441	16,006,441		8,298,938	30,574	201	31
40	Subprovider - IPF	13,683,383	13,683,383		5,925,957	17,963	37	40
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	98,162,397	98,162,397		26,986,139	95,560	1,380	50
51	Recovery Room	7,866,806	7,866,806		1,865,493	4,597	130	51
53	Anesthesiology	21,230,714	21,230,714		864,700	1,152	282	53
54	Radiology-Diagnostic	22,461,747	22,461,747		13,625,338	23,520	1,329	54
54.01	ULTRASOUND	10,377,630	10,377,630		2,058,055	3,084	45	54.01
57	CT Scan	46,532,125	46,532,125		3,150,965	2,172	41	57
58	MRI	8,801,707	8,801,707		1,151,150	1,848	50	58
59	Cardiac Catheterization	18,930,948	18,930,948		4,411,033	13,048	210	59
60	Laboratory	113,990,400	113,990,400		14,934,736	30,869	238	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	6,085,975	6,085,975		2,769,695	1,145	64	63
64	Intravenous Therapy	834,621	834,621		1,725,689	857	3	64
65	Respiratory Therapy	38,265,430	38,265,430		4,140,133	939	577	65
66	Physical Therapy	9,119,517	9,119,517		6,552,051	13,885	227	66
68	Speech Pathology	1,198,404	1,198,404		323,937			68
69	Electrocardiology	22,965,375	22,965,375		3,119,602	11,922	311	69
70	Electroencephalography	800,768	800,768		439,573	1,114	9	70
70.01	EMG	249,178	249,178		243,407	241		70.01
70.03	ANGIOGRAPHY	5,709,176	5,709,176		1,459,206	1,308	50	70.03
71	Medical Supplies Charged to Patients	25,622,287	25,622,287		3,927,731			71
72	Impl. Dev. Charged to Patients	20,158,577	20,158,577		14,345,047			72
73	Drugs Charged to Patients	49,575,465	49,575,465		12,022,312			73
74	Renal Dialysis	2,484,736	2,484,736		659,451	754	6	74
76.97	CARDIAC REHABILITATION	612,274	612,274		1,023,953		123	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES	6,286	6,286		1,328,290		4	90.01
91	Emergency	39,981,119	39,981,119		10,499,807	45,812	369	91
91.01	PCC	61,245	61,245		4,239,067		49	91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency				12,678,113	850	8	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice				4,253,483	850		116
118	SUBTOTALS (sum of lines 1-117)	734,084,544	734,084,544	-28,062,977	269,975,385	702,690	7,945	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen				50,209			190
192	Physicians' Private Offices				930,282	18,542		192
194	NEW DIRECTION							194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	ADMITTING	CASHIERING	RECON-	ADMINIS-	MAIN-	CLINICAL	
		INPATIENT REVENUES	INPATIENT REVENUES	CILIATION	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEET	ENGINEER TIME SPENT	
		5.04	5.05	5A.06	5.06	6	6.01	
194.01	PRIVATE DUTY NURSING				1,432,722			194.01
194.02	PHYSICIAN REFERRAL CENTER				1,350			194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,685,322	5,296,747		28,062,977	9,771,803	1,238,949	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.005020	0.007215		0.103025	13.548765	155.940717	203
204	Cost to be allocated (Per Wkst. B, Part II)	61,532	389,168		3,187,251	1,830,419	233,310	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000084	0.000530		0.011701	2.537906	29.365639	205

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	<b>GENERAL SERVICE COST CENTERS</b>							
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 & 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	2,035,242						8
9	Housekeeping	52,925	15,810					9
10	Dietary	1,095	275	290,667				10
11	Cafeteria				1,471			11
12	Maintenance of Personnel							12
13	Nursing Administration		136			926		13
14	Central Services & Supply	10,585	394		44		10,294,195	14
15	Pharmacy	913	230		50		178,122	15
16	Medical Records & Library		159		54		909	16
17	Social Service		35		13		288	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY		6		2			23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,020,266	6,418	244,484	516	516	1,082,405	30
31	Intensive Care Unit	122,640	713	17,614	75	75	154,140	31
40	Subprovider - IPF	34,584	626	20,894	58	58	22,329	40
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	232,231	1,749		122	122	2,908,676	50
51	Recovery Room	32,485	206		17	17	12,694	51
53	Anesthesiology		80				192,745	53
54	Radiology-Diagnostic	129,210	1,108		97		142,267	54
54.01	ULTRASOUND				16		26,073	54.01
57	CT Scan				16		283,002	57
58	MRI				7		1,142	58
59	Cardiac Catheterization	29,748	277		22	22	514,625	59
60	Laboratory		440		89		509,199	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				7		6,654	63
64	Intravenous Therapy		31		15	15	125,312	64
65	Respiratory Therapy		95		33		129,497	65
66	Physical Therapy	19,984	334		55		74,092	66
68	Speech Pathology				3			68
69	Electrocardiology	33,033	145		26		59,237	69
70	Electroencephalography	1,734	31		2		1,023	70
70.01	EMG				3		561	70.01
70.03	ANGIOGRAPHY				9		36,247	70.03
71	Medical Supplies Charged to Patients						3,357,718	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION				9		206	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES			1,740		14	339	90.01
91	Emergency	280,594	1,880	5,935	87	87	231,181	91
91.01	PCC	33,215	442				74,936	91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency				2		165,831	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice						2,295	116
118	SUBTOTALS (sum of lines 1-117)	2,035,242	15,810	290,667	1,471	926	10,293,745	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						450	190
192	Physicians' Private Offices							192
194	NEW DIRECTION							194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
194.01	PRIVATE DUTY NURSING							194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,570,453	5,803,892	5,484,492	1,314,167	2,901,674	7,498,617	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.771630	367.102593	18.868643	893.383413	3,133.557235	0.728432	203
204	Cost to be allocated (Per Wkst. B, Part II)	75.662	169,541	389,047	194,747	135,045	1,567,689	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.037176	10.723656	1.338463	132.390891	145.836933	0.152289	205

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

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

<b>GENERAL SERVICE COST CENTERS</b>							
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 & 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	9,787,020					15
16	Medical Records & Library		4,339				16
17	Social Service			990			17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY RESIDENCY					100	23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	15,051	2,699	872			30
31	Intensive Care Unit	1,197	50	44			31
40	Subprovider - IPF	1,202	87				40
43	Nursery						43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	901	317				50
51	Recovery Room	5					51
53	Anesthesiology						53
54	Radiology-Diagnostic	39,870	113				54
54.01	ULTRASOUND	106	30				54.01
57	CT Scan	2,920	30				57
58	MRI	282	13				58
59	Cardiac Catheterization	14,341					59
60	Laboratory	128	353				60
62.30	BLOOD CLOTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
64	Intravenous Therapy						64
65	Respiratory Therapy		3				65
66	Physical Therapy	14,166	18				66
68	Speech Pathology						68
69	Electrocardiology	151	51				69
70	Electroencephalography		2				70
70.01	EMG	505					70.01
70.03	ANGIOGRAPHY	640					70.03
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients	9,326,951				100	73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION	54	4				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES		8				90.01
91	Emergency	20,051	407	74			91
91.01	PCC	32,548	154				91.01
92	Observation Beds (Non-Distinct Part)						92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	3,499					101
<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	312,452					116
118	SUBTOTALS (sum of lines 1-117)	9,787,020	4,339	990	100		118
<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						190

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	PARAMED EDUCATION ASSIGNED TIME 23			
192	Physicians' Private Offices							192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING							194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	8,262,120	6,438,126	1,464,679	175,314			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.844192	1,483,781056	1,479,473737	1,753.140000			203
204	Cost to be allocated (Per Wkst. B, Part II)	1,004,565	599,251	50,418	3,196			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.102643	138.108089	50.927273	31.960000			205

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**POST STEPDOWN ADJUSTMENTS**

**WORKSHEET B-2**

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics	81,903,077		81,903,077	83,368	81,986,445	30
31	Intensive Care Unit	10,842,847		10,842,847	4,393	10,847,240	31
40	Subprovider - IPF	7,816,289		7,816,289		7,816,289	40
43	Nursery						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	35,178,740		35,178,740		35,178,740	50
51	Recovery Room	2,318,639		2,318,639		2,318,639	51
53	Anesthesiology	1,183,139		1,183,139	81,722	1,264,861	53
54	Radiology-Diagnostic	16,453,067		16,453,067		16,453,067	54
54.01	ULTRASOUND	2,396,775		2,396,775		2,396,775	54.01
57	CT Scan	3,778,835		3,778,835		3,778,835	57
58	MRI	1,329,195		1,329,195		1,329,195	58
59	Cardiac Catheterization	5,675,221		5,675,221	14,521	5,689,742	59
60	Laboratory	18,064,574		18,064,574		18,064,574	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
63	Blood Storing, Processing & Trans.	3,091,637		3,091,637		3,091,637	63
64	Intravenous Therapy	2,078,622		2,078,622		2,078,622	64
65	Respiratory Therapy	4,832,508		4,832,508	11,459	4,843,967	65
66	Physical Therapy	7,730,406		7,730,406	78,818	7,809,224	66
68	Speech Pathology	359,991		359,991		359,991	68
69	Electrocardiology	3,871,922		3,871,922		3,871,922	69
70	Electroencephalography	519,574		519,574		519,574	70
70.01	EMG	275,264		275,264		275,264	70.01
70.03	ANGIOGRAPHY	1,670,043		1,670,043		1,670,043	70.03
71	Medical Supplies Charged to Patients	6,778,248		6,778,248		6,778,248	71
72	Impl. Dev. Charged to Patients	15,822,945		15,822,945		15,822,945	72
73	Drugs Charged to Patients	21,309,959		21,309,959		21,309,959	73
74	Renal Dialysis	738,543		738,543		738,543	74
76.97	CARDIAC REHABILITATION	1,162,798		1,162,798		1,162,798	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	OUTPATIENT PSYCHE SERVICES	1,554,579		1,554,579		1,554,579	90.01
91	Emergency	14,527,491		14,527,491		14,527,491	91
91.01	PCC	5,181,892		5,181,892		5,181,892	91.01
92	Observation Beds (Non-Distinct Part)	7,815,319		7,815,319		7,815,319	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	Home Health Agency	14,122,578		14,122,578		14,122,578	101
113	Interest Expense						113
116	Hospice	4,968,655		4,968,655		4,968,655	116
200	Subtotal (sum of lines 30 thru 199)	305,353,372		305,353,372	274,281	305,627,653	200
201	Less Observation Beds	7,815,319		7,815,319		7,815,319	201
202	Total (line 200 minus line 201)	297,538,053		297,538,053		297,812,334	202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES					TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio				
		6	7	8	9	10			
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	132,309,813		132,309,813					30
31	Intensive Care Unit	16,006,441		16,006,441					31
40	Subprovider - IPF	13,683,383		13,683,383					40
43	Nursery								43
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	98,162,397	107,737,100	205,899,497	0.170854	0.170854	0.170854		50
51	Recovery Room	7,866,806	5,931,920	13,798,726	0.168033	0.168033	0.168033		51
53	Anesthesiology	21,230,714	17,165,376	38,396,090	0.030814	0.030814	0.032942		53
54	Radiology-Diagnostic	22,461,747	49,563,083	72,024,830	0.228436	0.228436	0.228436		54
54.01	ULTRASOUND	10,377,630	16,150,773	26,528,403	0.090348	0.090348	0.090348		54.01
57	CT Scan	46,532,125	84,981,756	131,513,881	0.028733	0.028733	0.028733		57
58	MRI	8,801,707	16,477,710	25,279,417	0.052580	0.052580	0.052580		58
59	Cardiac Catheterization	18,930,948	17,530,844	36,461,792	0.155648	0.155648	0.156047		59
60	Laboratory	113,990,400	101,438,782	215,429,182	0.083854	0.083854	0.083854		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	6,085,975	2,168,557	8,254,532	0.374538	0.374538	0.374538		63
64	Intravenous Therapy	834,621	6,116,656	6,951,277	0.299027	0.299027	0.299027		64
65	Respiratory Therapy	38,265,430	4,898,696	43,164,126	0.111957	0.111957	0.112222		65
66	Physical Therapy	9,119,517	17,749,494	26,869,011	0.287707	0.287707	0.290641		66
68	Speech Pathology	1,198,404	680,562	1,878,966	0.191590	0.191590	0.191590		68
69	Electrocardiology	22,965,375	23,364,795	46,330,170	0.083572	0.083572	0.083572		69
70	Electroencephalography	800,768	1,960,245	2,761,013	0.188182	0.188182	0.188182		70
70.01	EMG	249,178	2,422,758	2,671,936	0.103020	0.103020	0.103020		70.01
70.03	ANGIOGRAPHY	5,709,176	2,670,508	8,379,684	0.199297	0.199297	0.199297		70.03
71	Medical Supplies Charged to Patients	25,622,287	11,311,113	36,933,400	0.183526	0.183526	0.183526		71
72	Impl. Dev. Charged to Patients	20,158,577	7,109,065	27,267,642	0.580283	0.580283	0.580283		72
73	Drugs Charged to Patients	49,575,465	12,214,343	61,789,808	0.344878	0.344878	0.344878		73
74	Renal Dialysis	2,484,736	79,488	2,564,224	0.288018	0.288018	0.288018		74
76.97	CARDIAC REHABILITATION	612,274	2,634,836	3,247,110	0.358102	0.358102	0.358102		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	OUTPATIENT PSYCHE SERVICES	6,286	5,344,348	5,350,634	0.290541	0.290541	0.290541		90.01
91	Emergency	39,981,119	70,605,745	110,586,864	0.131367	0.131367	0.131367		91
91.01	PCC	61,245	6,519,641	6,580,886	0.787416	0.787416	0.787416		91.01
92	Observation Beds (Non-Distinct Part)	3,112,338	13,081,921	16,194,259	0.482598	0.482598	0.482598		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
101	Home Health Agency		16,476,211	16,476,211					101
113	Interest Expense								113
116	Hospice		8,340,490	8,340,490					116
200	Subtotal (sum of lines 30 thru 199)	737,196,882	632,726,816	1,369,923,698					200
201	Less Observation Beds								201
202	Total (line 200 minus line 201)	737,196,882	632,726,816	1,369,923,698					202

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
PART I

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	6,736,141		6,736,141	80,882	83.28	47,074	3,920,323	30
31	Intensive Care Unit	822,998		822,998	5,499	149.66	4,335	648,776	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	447,883		447,883	6,531	68.58	2,131	146,144	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				2,118				43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	8,007,022		8,007,022	95,030		53,540	4,715,243	200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0062

WORKSHEET D  
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	4,103,932	205,899,497	0.019932	53,763,373	1,071,612	50
51	Recovery Room	139,079	13,798,726	0.010079	4,204,559	42,378	51
53	Anesthesiology	193,737	38,396,090	0.005046	10,849,618	54,747	53
54	Radiology-Diagnostic	2,596,330	72,024,830	0.036048	15,876,393	572,312	54
54.01	ULTRASOUND	151,335	26,528,403	0.005705	7,021,646	40,058	54.01
57	CT Scan	235,450	131,513,881	0.001790	30,072,916	53,831	57
58	MRI	147,139	25,279,417	0.005821	5,263,114	30,637	58
59	Cardiac Catheterization	585,463	36,461,792	0.016057	11,032,134	177,143	59
60	Laboratory	1,250,890	215,429,182	0.005807	74,563,209	432,989	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	57,735	8,254,532	0.006994	4,053,376	28,349	63
64	Intravenous Therapy	58,786	6,951,277	0.008457	591,751	5,004	64
65	Respiratory Therapy	273,613	43,164,126	0.006339	27,750,528	175,911	65
66	Physical Therapy	432,749	26,869,011	0.016106	6,858,132	110,457	66
68	Speech Pathology	5,799	1,878,966	0.003086	1,009,841	3,116	68
69	Electrocardiology	472,162	46,330,170	0.010191	15,787,369	160,889	69
70	Electroencephalography	41,535	2,761,013	0.015043	540,630	8,133	70
70.01	EMG	16,103	2,671,936	0.006027	166,528	1,004	70.01
70.03	ANGIOGRAPHY	131,583	8,379,684	0.015703	4,426,393	69,508	70.03
71	Medical Supplies Charged to Patients	573,031	36,933,400	0.015515	16,052,715	249,058	71
72	Impl. Dev. Charged to Patients	180,228	27,267,642	0.006610	11,049,849	73,040	72
73	Drugs Charged to Patients	1,128,454	61,789,808	0.018263	31,833,497	581,375	73
74	Renal Dialysis	19,823	2,564,224	0.007731	1,851,895	14,317	74
76.97	CARDIAC REHABILITATION	34,035	3,247,110	0.010482	395,338	4,144	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	OUTPATIENT PSYCHE SERVICES	23,936	5,350,634	0.004473	2,379	11	90.01
91	Emergency	1,324,400	110,586,864	0.011976	24,510,912	293,543	91
91.01	PCC	220,227	6,580,886	0.033465	56,390	1,887	91.01
92	Observation Beds (Non-Distinct Part)	642,122	16,194,259	0.039651	1,973,571	78,254	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	15,039,676	1,183,107,360		361,558,056	4,333,707	200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

		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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	80,882		47,074		30
31	Intensive Care Unit	5,499		4,335		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	6,531		2,131		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	2,118				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	95,030		53,540		200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0062

WORKSHEET D  
PART IV

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

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	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)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	EMG							70.01
70.03	ANGIOGRAPHY							70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			175,314		175,314	175,314	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES							90.01
91	Emergency							91
91.01	PCC							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			175,314		175,314	175,314	200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0062

WORKSHEET D  
PART IV

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7		8		9	10	11	12	13	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	205,899,497			53,763,373		32,313,635		50
51	Recovery Room	13,798,726			4,204,559		1,544,435		51
53	Anesthesiology	38,396,090			10,849,618		4,820,671		53
54	Radiology-Diagnostic	72,024,830			15,876,393		15,263,624		54
54.01	ULTRASOUND	26,528,403			7,021,646		5,103,755		54.01
57	CT Scan	131,513,881			30,072,916		29,225,060		57
58	MRI	25,279,417			5,263,114		5,115,433		58
59	Cardiac Catheterization	36,461,792			11,032,134		8,439,681		59
60	Laboratory	215,429,182			74,563,209		28,664,230		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	8,254,532			4,053,376		1,008,471		63
64	Intravenous Therapy	6,951,277			591,751		1,663,039		64
65	Respiratory Therapy	43,164,126			27,750,528		2,143,439		65
66	Physical Therapy	26,869,011			6,858,132				66
68	Speech Pathology	1,878,966			1,009,841				68
69	Electrocardiology	46,330,170			15,787,369		7,990,358		69
70	Electroencephalography	2,761,013			540,630		735,162		70
70.01	EMG	2,671,936			166,528		890,149		70.01
70.03	ANGIOGRAPHY	8,379,684			4,426,393		1,395,945		70.03
71	Medical Supplies Charged to Patients	36,933,400			16,052,715		3,421,974		71
72	Impl. Dev. Charged to Patients	27,267,642			11,049,849		2,708,643		72
73	Drugs Charged to Patients	61,789,808	0.002837	0.002837	31,833,497	90,312	4,484,425	12,722	73
74	Renal Dialysis	2,564,224			1,851,895		43,571		74
76.97	CARDIAC REHABILITATION	3,247,110			395,338		1,160,439		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	OUTPATIENT PSYCHE SERVICES	5,350,634			2,379				90.01
91	Emergency	110,586,864			24,510,912		16,174,849		91
91.01	PCC	6,580,886			56,390		996,481		91.01
92	Observation Beds (Non-Distinct Part)	16,194,259			1,973,571		3,956,786		92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	1,183,107,360			361,558,056	90,312	179,264,255	12,722	200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0062

WORKSHEET D  
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.170854	32,313,635			5,520,914			50
51	Recovery Room	0.168033	1,544,435			259,516			51
53	Anesthesiology	0.030814	4,820,671			148,544			53
54	Radiology-Diagnostic	0.228436	15,263,624			3,486,761			54
54.01	ULTRASOUND	0.090348	5,103,755			461,114			54.01
57	CT Scan	0.028733	29,225,060			839,724			57
58	MRI	0.052580	5,115,433			268,969			58
59	Cardiac Catheterization	0.155648	8,439,681			1,313,619			59
60	Laboratory	0.083854	28,664,230		1,536	2,403,610		129	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
63	Blood Storing, Processing & Trans.	0.374538	1,008,471			377,711			63
64	Intravenous Therapy	0.299027	1,663,039			497,294			64
65	Respiratory Therapy	0.111957	2,143,439			239,973			65
66	Physical Therapy	0.287707							66
68	Speech Pathology	0.191590							68
69	Electrocardiology	0.083572	7,990,358			667,770			69
70	Electroencephalography	0.188182	735,162			138,344			70
70.01	EMG	0.103020	890,149			91,703			70.01
70.03	ANGIOGRAPHY	0.199297	1,395,945			278,208			70.03
71	Medical Supplies Charged to Patients	0.183526	3,421,974			628,021			71
72	Impl. Dev. Charged to Patients	0.580283	2,708,643			1,571,779			72
73	Drugs Charged to Patients	0.344878	4,484,425		135,564	1,546,580		46,753	73
74	Renal Dialysis	0.288018	43,571			12,549			74
76.97	CARDIAC REHABILITATION	0.358102	1,160,439			415,556			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	OUTPATIENT PSYCHE SERVICES	0.290541							90.01
91	Emergency	0.131367	16,174,849			2,124,841			91
91.01	PCC	0.787416	996,481			784,645			91.01
92	Observation Beds (Non-Distinct Part)	0.482598	3,956,786			1,909,537			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		179,264,255		137,100	25,987,282		46,882	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		179,264,255		137,100	25,987,282		46,882	202

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S062

WORKSHEET D  
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	4,103,932	205,899,497	0.019932	53,470	1,066	50
51	Recovery Room	139,079	13,798,726	0.010079	7,200	73	51
53	Anesthesiology	193,737	38,396,090	0.005046	7,527	38	53
54	Radiology-Diagnostic	2,596,330	72,024,830	0.036048	103,251	3,722	54
54.01	ULTRASOUND	151,335	26,528,403	0.005705	40,304	230	54.01
57	CT Scan	235,450	131,513,881	0.001790	309,390	554	57
58	MRI	147,139	25,279,417	0.005821	69,574	405	58
59	Cardiac Catheterization	585,463	36,461,792	0.016057			59
60	Laboratory	1,250,890	215,429,182	0.005807	1,083,857	6,294	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	57,735	8,254,532	0.006994	626	4	63
64	Intravenous Therapy	58,786	6,951,277	0.008457	4,497	38	64
65	Respiratory Therapy	273,613	43,164,126	0.006339	78,154	495	65
66	Physical Therapy	432,749	26,869,011	0.016106	83,781	1,349	66
68	Speech Pathology	5,799	1,878,966	0.003086	5,280	16	68
69	Electrocardiology	472,162	46,330,170	0.010191	128,315	1,308	69
70	Electroencephalography	41,535	2,761,013	0.015043	18,720	282	70
70.01	EMG	16,103	2,671,936	0.006027	7,802	47	70.01
70.03	ANGIOGRAPHY	131,583	8,379,684	0.015703			70.03
71	Medical Supplies Charged to Patients	573,031	36,933,400	0.015515	59,338	921	71
72	Impl. Dev. Charged to Patients	180,228	27,267,642	0.006610			72
73	Drugs Charged to Patients	1,128,454	61,789,808	0.018263	333,019	6,082	73
74	Renal Dialysis	19,823	2,564,224	0.007731	4,416	34	74
76.97	CARDIAC REHABILITATION	34,035	3,247,110	0.010482			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	OUTPATIENT PSYCHE SERVICES	23,936	5,350,634	0.004473	3,718	17	90.01
91	Emergency	1,324,400	110,586,864	0.011976	694,822	8,321	91
91.01	PCC	220,227	6,580,886	0.033465	376	13	91.01
92	Observation Beds (Non-Distinct Part)		16,194,259				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	14,397,554	1,183,107,360		3,097,437	31,309	200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S062

WORKSHEET D  
PART IV

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	EMG							70.01
70.03	ANGIOGRAPHY							70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			175,314		175,314	175,314	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES							90.01
91	Emergency							91
91.01	PCC							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			175,314		175,314	175,314	200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S062**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	205,899,497			53,470				50
51	Recovery Room	13,798,726			7,200				51
53	Anesthesiology	38,396,090			7,527				53
54	Radiology-Diagnostic	72,024,830			103,251				54
54.01	ULTRASOUND	26,528,403			40,304				54.01
57	CT Scan	131,513,881			309,390				57
58	MRI	25,279,417			69,574				58
59	Cardiac Catheterization	36,461,792							59
60	Laboratory	215,429,182			1,083,857				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	8,254,532			626				63
64	Intravenous Therapy	6,951,277			4,497				64
65	Respiratory Therapy	43,164,126			78,154				65
66	Physical Therapy	26,869,011			83,781				66
68	Speech Pathology	1,878,966			5,280				68
69	Electrocardiology	46,330,170			128,315				69
70	Electroencephalography	2,761,013			18,720				70
70.01	EMG	2,671,936			7,802				70.01
70.03	ANGIOGRAPHY	8,379,684							70.03
71	Medical Supplies Charged to Patients	36,933,400			59,338				71
72	Impl. Dev. Charged to Patients	27,267,642							72
73	Drugs Charged to Patients	61,789,808	0.002837	0.002837	333,019	945			73
74	Renal Dialysis	2,564,224			4,416				74
76.97	CARDIAC REHABILITATION	3,247,110							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	OUTPATIENT PSYCHE SERVICES	5,350,634			3,718				90.01
91	Emergency	110,586,864			694,822				91
91.01	PCC	6,580,886			376				91.01
92	Observation Beds (Non-Distinct Part)	16,194,259							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	1,183,107,360			3,097,437	945			200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S062

WORKSHEET D  
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.170854							50
51	Recovery Room	0.168033							51
53	Anesthesiology	0.030814							53
54	Radiology-Diagnostic	0.228436							54
54.01	ULTRASOUND	0.090348							54.01
57	CT Scan	0.028733							57
58	MRI	0.052580							58
59	Cardiac Catheterization	0.155648							59
60	Laboratory	0.083854							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	0.374538							63
64	Intravenous Therapy	0.299027							64
65	Respiratory Therapy	0.111957							65
66	Physical Therapy	0.287707							66
68	Speech Pathology	0.191590							68
69	Electrocardiology	0.083572							69
70	Electroencephalography	0.188182							70
70.01	EMG	0.103020							70.01
70.03	ANGIOGRAPHY	0.199297							70.03
71	Medical Supplies Charged to Patients	0.183526							71
72	Impl. Dev. Charged to Patients	0.580283							72
73	Drugs Charged to Patients	0.344878							73
74	Renal Dialysis	0.288018							74
76.97	CARDIAC REHABILITATION	0.358102							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	OUTPATIENT PSYCHE SERVICES	0.290541							90.01
91	Emergency	0.131367							91
91.01	PCC	0.787416							91.01
92	Observation Beds (Non-Distinct Part)	0.482598							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
PART I

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	6,736,141		6,736,141	80,882	83.28	3,642	303,306	30
31	Intensive Care Unit	822,998		822,998	5,499	149.66	626	93,687	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	447,883		447,883	6,531	68.58	1,171	80,307	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				2,118		195		43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	8,007,022		8,007,022	95,030		5,634	477,300	200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0062

WORKSHEET D  
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	4,103,932	205,899,497	0.019932	3,969,577	79,122	50
51	Recovery Room	139,079	13,798,726	0.010079	330,494	3,331	51
53	Anesthesiology	193,737	38,396,090	0.005046	833,221	4,204	53
54	Radiology-Diagnostic	2,596,330	72,024,830	0.036048	1,253,185	45,175	54
54.01	ULTRASOUND	151,335	26,528,403	0.005705	645,819	3,684	54.01
57	CT Scan	235,450	131,513,881	0.001790	3,704,427	6,631	57
58	MRI	147,139	25,279,417	0.005821	642,381	3,739	58
59	Cardiac Catheterization	585,463	36,461,792	0.016057	1,313,825	21,096	59
60	Laboratory	1,250,890	215,429,182	0.005807	7,236,015	42,020	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	57,735	8,254,532	0.006994	377,309	2,639	63
64	Intravenous Therapy	58,786	6,951,277	0.008457	53,852	455	64
65	Respiratory Therapy	273,613	43,164,126	0.006339	2,088,269	13,238	65
66	Physical Therapy	432,749	26,869,011	0.016106	209,506	3,374	66
68	Speech Pathology	5,799	1,878,966	0.003086	45,431	140	68
69	Electrocardiology	472,162	46,330,170	0.010191	1,227,633	12,511	69
70	Electroencephalography	41,535	2,761,013	0.015043	49,149	739	70
70.01	EMG	16,103	2,671,936	0.006027	15,458	93	70.01
70.03	ANGIOGRAPHY	131,583	8,379,684	0.015703	279,469	4,389	70.03
71	Medical Supplies Charged to Patients	573,031	36,933,400	0.015515	1,543,715	23,951	71
72	Impl. Dev. Charged to Patients	180,228	27,267,642	0.006610	497,474	3,288	72
73	Drugs Charged to Patients	1,128,454	61,789,808	0.018263	3,237,784	59,132	73
74	Renal Dialysis	19,823	2,564,224	0.007731	250,240	1,935	74
76.97	CARDIAC REHABILITATION	34,035	3,247,110	0.010482	28,841	302	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	OUTPATIENT PSYCHE SERVICES	23,936	5,350,634	0.004473			90.01
91	Emergency	1,324,400	110,586,864	0.011976	2,665,957	31,928	91
91.01	PCC	220,227	6,580,886	0.033465	337	11	91.01
92	Observation Beds (Non-Distinct Part)	642,122	16,194,259	0.039651			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	15,039,676	1,183,107,360		32,499,368	367,127	200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

		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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	80,882		3,642		30
31	Intensive Care Unit	5,499		626		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	6,531		1,171		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	2,118		195		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	95,030		5,634		200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0062

WORKSHEET D  
PART IV

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	EMG							70.01
70.03	ANGIOGRAPHY							70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			175,314		175,314	175,314	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES							90.01
91	Emergency							91
91.01	PCC							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			175,314		175,314	175,314	200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0062**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	205,899,497			3,969,577				50
51	Recovery Room	13,798,726			330,494				51
53	Anesthesiology	38,396,090			833,221				53
54	Radiology-Diagnostic	72,024,830			1,253,185				54
54.01	ULTRASOUND	26,528,403			645,819				54.01
57	CT Scan	131,513,881			3,704,427				57
58	MRI	25,279,417			642,381				58
59	Cardiac Catheterization	36,461,792			1,313,825				59
60	Laboratory	215,429,182			7,236,015				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	8,254,532			377,309				63
64	Intravenous Therapy	6,951,277			53,852				64
65	Respiratory Therapy	43,164,126			2,088,269				65
66	Physical Therapy	26,869,011			209,506				66
68	Speech Pathology	1,878,966			45,431				68
69	Electrocardiology	46,330,170			1,227,633				69
70	Electroencephalography	2,761,013			49,149				70
70.01	EMG	2,671,936			15,458				70.01
70.03	ANGIOGRAPHY	8,379,684			279,469				70.03
71	Medical Supplies Charged to Patients	36,933,400			1,543,715				71
72	Impl. Dev. Charged to Patients	27,267,642			497,474				72
73	Drugs Charged to Patients	61,789,808	0.002837	0.002837	3,237,784	9,186			73
74	Renal Dialysis	2,564,224			250,240				74
76.97	CARDIAC REHABILITATION	3,247,110			28,841				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	OUTPATIENT PSYCHE SERVICES	5,350,634							90.01
91	Emergency	110,586,864			2,665,957				91
91.01	PCC	6,580,886			337				91.01
92	Observation Beds (Non-Distinct Part)	16,194,259							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	1,183,107,360			32,499,368	9,186			200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0062

WORKSHEET D  
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.170854							50
51	Recovery Room	0.168033							51
53	Anesthesiology	0.030814							53
54	Radiology-Diagnostic	0.228436							54
54.01	ULTRASOUND	0.090348							54.01
57	CT Scan	0.028733							57
58	MRI	0.052580							58
59	Cardiac Catheterization	0.155648							59
60	Laboratory	0.083854							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	0.374538							63
64	Intravenous Therapy	0.299027							64
65	Respiratory Therapy	0.111957							65
66	Physical Therapy	0.287707							66
68	Speech Pathology	0.191590							68
69	Electrocardiology	0.083572							69
70	Electroencephalography	0.188182							70
70.01	EMG	0.103020							70.01
70.03	ANGIOGRAPHY	0.199297							70.03
71	Medical Supplies Charged to Patients	0.183526							71
72	Impl. Dev. Charged to Patients	0.580283							72
73	Drugs Charged to Patients	0.344878							73
74	Renal Dialysis	0.288018							74
76.97	CARDIAC REHABILITATION	0.358102							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	OUTPATIENT PSYCHE SERVICES	0.290541							90.01
91	Emergency	0.131367							91
91.01	PCC	0.787416							91.01
92	Observation Beds (Non-Distinct Part)	0.482598							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S062

WORKSHEET D  
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	4,103,932	205,899,497	0.019932			50
51	Recovery Room	139,079	13,798,726	0.010079			51
53	Anesthesiology	193,737	38,396,090	0.005046			53
54	Radiology-Diagnostic	2,596,330	72,024,830	0.036048			54
54.01	ULTRASOUND	151,335	26,528,403	0.005705			54.01
57	CT Scan	235,450	131,513,881	0.001790			57
58	MRI	147,139	25,279,417	0.005821			58
59	Cardiac Catheterization	585,463	36,461,792	0.016057			59
60	Laboratory	1,250,890	215,429,182	0.005807			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	57,735	8,254,532	0.006994			63
64	Intravenous Therapy	58,786	6,951,277	0.008457			64
65	Respiratory Therapy	273,613	43,164,126	0.006339			65
66	Physical Therapy	432,749	26,869,011	0.016106			66
68	Speech Pathology	5,799	1,878,966	0.003086			68
69	Electrocardiology	472,162	46,330,170	0.010191			69
70	Electroencephalography	41,535	2,761,013	0.015043			70
70.01	EMG	16,103	2,671,936	0.006027			70.01
70.03	ANGIOGRAPHY	131,583	8,379,684	0.015703			70.03
71	Medical Supplies Charged to Patients	573,031	36,933,400	0.015515			71
72	Impl. Dev. Charged to Patients	180,228	27,267,642	0.006610			72
73	Drugs Charged to Patients	1,128,454	61,789,808	0.018263			73
74	Renal Dialysis	19,823	2,564,224	0.007731			74
76.97	CARDIAC REHABILITATION	34,035	3,247,110	0.010482			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	OUTPATIENT PSYCHE SERVICES	23,936	5,350,634	0.004473			90.01
91	Emergency	1,324,400	110,586,864	0.011976			91
91.01	PCC	220,227	6,580,886	0.033465			91.01
92	Observation Beds (Non-Distinct Part)		16,194,259				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	14,397,554	1,183,107,360				200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S062

WORKSHEET D  
PART IV

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	EMG							70.01
70.03	ANGIOGRAPHY							70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			175,314		175,314	175,314	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES							90.01
91	Emergency							91
91.01	PCC							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			175,314		175,314	175,314	200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S062

WORKSHEET D  
PART IV

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	205,899,497							50
51	Recovery Room	13,798,726							51
53	Anesthesiology	38,396,090							53
54	Radiology-Diagnostic	72,024,830							54
54.01	ULTRASOUND	26,528,403							54.01
57	CT Scan	131,513,881							57
58	MRI	25,279,417							58
59	Cardiac Catheterization	36,461,792							59
60	Laboratory	215,429,182							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	8,254,532							63
64	Intravenous Therapy	6,951,277							64
65	Respiratory Therapy	43,164,126							65
66	Physical Therapy	26,869,011							66
68	Speech Pathology	1,878,966							68
69	Electrocardiology	46,330,170							69
70	Electroencephalography	2,761,013							70
70.01	EMG	2,671,936							70.01
70.03	ANGIOGRAPHY	8,379,684							70.03
71	Medical Supplies Charged to Patients	36,933,400							71
72	Impl. Dev. Charged to Patients	27,267,642							72
73	Drugs Charged to Patients	61,789,808	0.002837	0.002837					73
74	Renal Dialysis	2,564,224							74
76.97	CARDIAC REHABILITATION	3,247,110							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	OUTPATIENT PSYCHE SERVICES	5,350,634							90.01
91	Emergency	110,586,864							91
91.01	PCC	6,580,886							91.01
92	Observation Beds (Non-Distinct Part)	16,194,259							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	1,183,107,360							200

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S062

WORKSHEET D  
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.170854							50
51	Recovery Room	0.168033							51
53	Anesthesiology	0.030814							53
54	Radiology-Diagnostic	0.228436							54
54.01	ULTRASOUND	0.090348							54.01
57	CT Scan	0.028733							57
58	MRI	0.052580							58
59	Cardiac Catheterization	0.155648							59
60	Laboratory	0.083854							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	0.374538							63
64	Intravenous Therapy	0.299027							64
65	Respiratory Therapy	0.111957							65
66	Physical Therapy	0.287707							66
68	Speech Pathology	0.191590							68
69	Electrocardiology	0.083572							69
70	Electroencephalography	0.188182							70
70.01	EMG	0.103020							70.01
70.03	ANGIOGRAPHY	0.199297							70.03
71	Medical Supplies Charged to Patients	0.183526							71
72	Impl. Dev. Charged to Patients	0.580283							72
73	Drugs Charged to Patients	0.344878							73
74	Renal Dialysis	0.288018							74
76.97	CARDIAC REHABILITATION	0.358102							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	OUTPATIENT PSYCHE SERVICES	0.290541							90.01
91	Emergency	0.131367							91
91.01	PCC	0.787416							91.01
92	Observation Beds (Non-Distinct Part)	0.482598							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0062

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	80,882	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	80,882	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)	73,172	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)	47,074	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)	81,986,445	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)	81,986,445	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)	81,986,445	37

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0062**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

							1					
							1,013.66	38				
							47,717,031	39				
							47,717,031	41				
							1					
							58,171,203	48				
							114,439,368	49				
							4,569,099	50				
							4,424,019	51				
							8,993,118	52				
							105,446,250	53				
							54	54				
							55	55				
							56	56				
							57	57				
							58	58				
							59	59				
							60	60				
							61	61				
							62	62				
							63	63				
							64	64				
							65	65				
							66	66				
							67	67				
							68	68				
							69	69				
38	Adjusted general inpatient routine service cost per diem (see instructions)											
39	Program general inpatient routine service cost (line 9 x line 38)											
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)											
		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				
	<b>Intensive Care Type Inpatient Hospital Units</b>											
43	Intensive Care Unit						10,847,240	5,499	1,972.58	4,335	8,551,134	43
44	Coronary Care Unit											44
45	Burn Intensive Care Unit											45
46	Surgical Intensive Care Unit											46
47	Other Special Care (specify)											47
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)											
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)											
<b>PASS THROUGH COST ADJUSTMENTS</b>												
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)											
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)											
52	Total Program excludable cost (sum of lines 50 and 51)											
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)											
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>												
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)											
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>												
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)											

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0062

WORKSHEET D-1  
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					7,710	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,013.66	88
89	Observation bed cost (line 87 x line 88) (see instructions)					7,815,319	89
		Cost	Routine Cost (from line 27)	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	6,736,141	81,986,445	0.082162	7,815,319	642,122	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S062

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,531	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,531	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)	6,531	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)	2,131	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)	7,816,289	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)	7,816,289	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,816,289	37

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-S062**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,196.80	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,550,381	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)	2,550,381	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	411,684	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,962,065	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	146,144	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	32,254	51
52	Total Program excludable cost (sum of lines 50 and 51)	178,398	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,783,667	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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0062

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	80,882	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	80,882	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)	73,172	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)	3,642	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)	2,118	15
16	Nursery days (title V or XIX only)	195	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)	81,986,445	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)	81,986,445	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)	81,986,445	37

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0062**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

							1		
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,013.66	38	
39	Program general inpatient routine service cost (line 9 x line 38)						3,691,750	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)						3,691,750	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)		2,118		195			42	
	<b>Intensive Care Type Inpatient Hospital Units</b>								
43	Intensive Care Unit	10,847,240	5,499	1,972.58	626	1,234,835		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)						4,809,836	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						9,736,421	49	
	<b>PASS THROUGH COST ADJUSTMENTS</b>								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						396,993	50	
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						376,313	51	
52	Total Program excludable cost (sum of lines 50 and 51)						773,306	52	
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						8,963,115	53	
	<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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	
	<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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	

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0062

WORKSHEET D-1  
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)	7,710	87				
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)		88				
89	Observation bed cost (line 87 x line 88) (see instructions)		89				
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S062

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,531	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,531	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)	6,531	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)	1,171	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)	7,816,289	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)	7,816,289	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,816,289	37

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S062

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,196.80	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,401,453	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)	1,401,453	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,401,453	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	80,307	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)	80,307	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,321,146	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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0062

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics		80,187,109		30
31	Intensive Care Unit		10,572,315		31
40	Subprovider - IPF				40
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	0.170854	53,763,373	9,185,687	50
51	Recovery Room	0.168033	4,204,559	706,505	51
53	Anesthesiology	0.032942	10,849,618	357,408	53
54	Radiology-Diagnostic	0.228436	15,876,393	3,626,740	54
54.01	ULTRASOUND	0.090348	7,021,646	634,392	54.01
57	CT Scan	0.028733	30,072,916	864,085	57
58	MRI	0.052580	5,263,114	276,735	58
59	Cardiac Catheterization	0.156047	11,032,134	1,721,531	59
60	Laboratory	0.083854	74,563,209	6,252,423	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.374538	4,053,376	1,518,143	63
64	Intravenous Therapy	0.299027	591,751	176,950	64
65	Respiratory Therapy	0.112222	27,750,528	3,114,220	65
66	Physical Therapy	0.290641	6,858,132	1,993,254	66
68	Speech Pathology	0.191590	1,009,841	193,475	68
69	Electrocardiology	0.083572	15,787,369	1,319,382	69
70	Electroencephalography	0.188182	540,630	101,737	70
70.01	EMG	0.103020	166,528	17,156	70.01
70.03	ANGIOGRAPHY	0.199297	4,426,393	882,167	70.03
71	Medical Supplies Charged to Patients	0.183526	16,052,715	2,946,091	71
72	Impl. Dev. Charged to Patients	0.580283	11,049,849	6,412,040	72
73	Drugs Charged to Patients	0.344878	31,833,497	10,978,673	73
74	Renal Dialysis	0.288018	1,851,895	533,379	74
76.97	CARDIAC REHABILITATION	0.358102	395,338	141,571	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	OUTPATIENT PSYCHE SERVICES	0.290541	2,379	691	90.01
91	Emergency	0.131367	24,510,912	3,219,925	91
91.01	PCC	0.787416	56,390	44,402	91.01
92	Observation Beds (Non-Distinct Part)	0.482598	1,973,571	952,441	92
<b>OTHER REIMBURSABLE COST CENTERS</b>					
200	Total (sum of lines 50-94, and 96-98)		361,558,056	58,171,203	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		361,558,056		202

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S062

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		4,792,990		40
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.170854	53,470	9,136	50
51	Recovery Room	0.168033	7,200	1,210	51
53	Anesthesiology	0.032942	7,527	248	53
54	Radiology-Diagnostic	0.228436	103,251	23,586	54
54.01	ULTRASOUND	0.090348	40,304	3,641	54.01
57	CT Scan	0.028733	309,390	8,890	57
58	MRI	0.052580	69,574	3,658	58
59	Cardiac Catheterization	0.156047			59
60	Laboratory	0.083854	1,083,857	90,886	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.374538	626	234	63
64	Intravenous Therapy	0.299027	4,497	1,345	64
65	Respiratory Therapy	0.112222	78,154	8,771	65
66	Physical Therapy	0.290641	83,781	24,350	66
68	Speech Pathology	0.191590	5,280	1,012	68
69	Electrocardiology	0.083572	128,315	10,724	69
70	Electroencephalography	0.188182	18,720	3,523	70
70.01	EMG	0.103020	7,802	804	70.01
70.03	ANGIOGRAPHY	0.199297			70.03
71	Medical Supplies Charged to Patients	0.183526	59,338	10,890	71
72	Impl. Dev. Charged to Patients	0.580283			72
73	Drugs Charged to Patients	0.344878	333,019	114,851	73
74	Renal Dialysis	0.288018	4,416	1,272	74
76.97	CARDIAC REHABILITATION	0.358102			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	OUTPATIENT PSYCHE SERVICES	0.290541	3,718	1,080	90.01
91	Emergency	0.131367	694,822	91,277	91
91.01	PCC	0.787416	376	296	91.01
92	Observation Beds (Non-Distinct Part)	0.482598			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		3,097,437	411,684	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,097,437		202

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0062

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics		7,481,843		30
31	Intensive Care Unit		1,464,102		31
40	Subprovider - IPF				40
43	Nursery				43
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	0.170854	3,969,577	678,218	50
51	Recovery Room	0.168033	330,494	55,534	51
53	Anesthesiology	0.032942	833,221	27,448	53
54	Radiology-Diagnostic	0.228436	1,253,185	286,273	54
54.01	ULTRASOUND	0.090348	645,819	58,348	54.01
57	CT Scan	0.028733	3,704,427	106,439	57
58	MRI	0.052580	642,381	33,776	58
59	Cardiac Catheterization	0.156047	1,313,825	205,018	59
60	Laboratory	0.083854	7,236,015	606,769	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.374538	377,309	141,317	63
64	Intravenous Therapy	0.299027	53,852	16,103	64
65	Respiratory Therapy	0.112222	2,088,269	234,350	65
66	Physical Therapy	0.290641	209,506	60,891	66
68	Speech Pathology	0.191590	45,431	8,704	68
69	Electrocardiology	0.083572	1,227,633	102,596	69
70	Electroencephalography	0.188182	49,149	9,249	70
70.01	EMG	0.103020	15,458	1,592	70.01
70.03	ANGIOGRAPHY	0.199297	279,469	55,697	70.03
71	Medical Supplies Charged to Patients	0.183526	1,543,715	283,312	71
72	Impl. Dev. Charged to Patients	0.580283	497,474	288,676	72
73	Drugs Charged to Patients	0.344878	3,237,784	1,116,640	73
74	Renal Dialysis	0.288018	250,240	72,074	74
76.97	CARDIAC REHABILITATION	0.358102	28,841	10,328	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	OUTPATIENT PSYCHE SERVICES	0.290541			90.01
91	Emergency	0.131367	2,665,957	350,219	91
91.01	PCC	0.787416	337	265	91.01
92	Observation Beds (Non-Distinct Part)	0.482598			92
<b>OTHER REIMBURSABLE COST CENTERS</b>					
200	Total (sum of lines 50-94, and 96-98)		32,499,368	4,809,836	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		32,499,368		202

(A) Worksheet A line numbers

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S062

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.170854			50
51	Recovery Room	0.168033			51
53	Anesthesiology	0.032942			53
54	Radiology-Diagnostic	0.228436			54
54.01	ULTRASOUND	0.090348			54.01
57	CT Scan	0.028733			57
58	MRI	0.052580			58
59	Cardiac Catheterization	0.156047			59
60	Laboratory	0.083854			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.374538			63
64	Intravenous Therapy	0.299027			64
65	Respiratory Therapy	0.112222			65
66	Physical Therapy	0.290641			66
68	Speech Pathology	0.191590			68
69	Electrocardiology	0.083572			69
70	Electroencephalography	0.188182			70
70.01	EMG	0.103020			70.01
70.03	ANGIOGRAPHY	0.199297			70.03
71	Medical Supplies Charged to Patients	0.183526			71
72	Impl. Dev. Charged to Patients	0.580283			72
73	Drugs Charged to Patients	0.344878			73
74	Renal Dialysis	0.288018			74
76.97	CARDIAC REHABILITATION	0.358102			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	OUTPATIENT PSYCHE SERVICES	0.290541			90.01
91	Emergency	0.131367			91
91.01	PCC	0.787416			91.01
92	Observation Beds (Non-Distinct Part)	0.482598			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	64,430,448			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	22,503,947			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)	2,376,449			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	331.88			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
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
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)				30
31	Percentage of Medicaid patient days to total patient days (see instructions)				31
32	Sum of lines 30 and 31				32
33	Allowable disproportionate share percentage (see instructions)				33
34	Disproportionate share adjustment (see instructions)				34
		<b>Prior to October 1</b>	<b>On or after October 1</b>		
	<b>Uncompensated Care Adjustment</b>				
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
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
47	Subtotal (see instructions)	89,310,844			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)	89,310,844			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	7,107,857			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	23,420			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	90,312			58
59	Total (sum of amounts on lines 49 through 58)	96,532,433			59
60	Primary payer payments	54,201			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	96,478,232			61
62	Deductibles billed to program beneficiaries	8,815,200			62
63	Coinsurance billed to program beneficiaries	230,920			63
64	Allowable bad debts (see instructions)	646,735			64
65	Adjusted reimbursable bad debts (see instructions)	420,378			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	431,067			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	87,852,490			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)	4,706			68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)	89,250			70
70.93	HVBP payment adjustment amount (see instructions)	18,696			70.93
70.94	HRR adjustment amount (see instructions)	-799,397			70.94
70.99	HAC adjustment amount (see instructions)	247,130			70.99
71	Amount due provider (see instructions)	86,909,203			71
71.01	Sequestration adjustment (see instructions)	1,738,184			71.01
72	Interim payments	85,044,032			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	126,987			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2				75

**TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)**

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96

**HSP Bonus Payment Amount**

**Prior to 10/1      On or After 10/1**

100	HSP bonus amount (see instructions)				100
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**HVBP Adjustment for HSP Bonus Payment**

**Prior to 10/1      On or After 10/1**

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

**HRR Adjustment for HSP Bonus Payment**

**Prior to 10/1      On or After 10/1**

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1	On or after 10/1	Total (cols. 2 and 3)	
	(1)	(2)	(3)	(4)	
1	DRG Amounts Other Than Outlier Payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	64,430,448	64,430,448	64,430,448	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	22,503,947		22,503,947	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1				1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1				1.04
2	Outlier payments for discharges	2,376,449	1,890,088	2,376,449	2
2.01	Outlier payment for discharges for Model 4 BPCI				2.01
3	Operating outlier reconciliation				3
4	Managed Care Simulated Payments				4
	<b>Indirect Medical Education Adjustment</b>				
5	Amount from Worksheet E Part A, line 21				5
6	IME payment adjustment				6
6.01	IME payment adjustment for managed care				6.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
7	IME payment adjustment factor				7
8	IME add-on adjustment amount				8
8.01	IME payment adjustment add-on for managed care				8.01
9	Total IME payment (sum of lines 6 and 8)				9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)				9.01
	<b>Disproportionate Share Adjustment</b>				
10	Allowable disproportionate share percentage				10
11	Disproportionate share adjustment				11
11.01	Uncompensated care payments				11.01
	<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
12	Total ESRD additional payment				12
13	Subtotal	89,310,844	66,320,536	89,310,844	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)				14
15	Total payment for inpatient operating costs SCH and MDH only	89,310,844	66,320,536	89,310,844	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	7,107,857	5,253,873	7,107,857	16
17	Special add-on payments for new technologies	23,420	23,420	23,420	17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)				17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG	4,706	4,706	4,706	17.02
18	Capital outlier reconciliation adjustment amount				18
19	<b>SUBTOTAL</b>		71,602,535	24,844,292	19
20	Capital DRG other than outlier	6,947,983	5,148,799	6,947,983	20
20.01	Model 4 BPCI Capital DRG other than outlier				20.01
21	Capital DRG outlier payments	81,362	46,893	81,362	21
21.01	Model 4 BPCI Capital DRG outlier payments				21.01
22	Indirect medical education percentage				22
23	Indirect medical education adjustment				23
24	Allowable disproportionate share percentage	0.0113	0.0113	0.0113	24
25	Disproportionate share adjustment	78,512	58,181	78,512	25
26	Total prospective capital payments	7,107,857	5,253,873	7,107,857	26
27					27
28	Low volume adjustment prior to October 1				28
29	Low volume adjustment on or after October 1				29
30	HVBP payment adjustment	18,696	-43,585	18,696	30
30.01	HVBP payment adjustment for HSP bonus payment				30.01
31	HRR adjustment	-799,397	-605,864	-799,397	31
31.01	HRR adjustment for HSP bonus payment				31.01
32	HAC Reduction Program adjustment			247,130	32

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-0062**

**WORKSHEET E  
PART B**

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

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	46,882			1
2	Medical and other services reimbursed under OPPTS (see instructions)	25,974,560			2
3	PPS payments	25,611,213			3
4	Outlier payment (see instructions)	28,002			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	12,722			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	46,882			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	137,100			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)	137,100			14
	<b>CUSTOMARY CHARGES</b>				
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)	137,100			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	90,218			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)	46,882			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	25,651,937			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	5,461,909			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)	20,236,910			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)	20,236,910			30
31	Primary payer payments	1,410			31
32	Subtotal (line 30 minus line 31)	20,235,500			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	291,450			34
35	Adjusted reimbursable bad debts (see instructions)	189,443			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	208,424			36
37	Subtotal (see instructions)	20,424,943			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)	20,424,943			40
40.01	Sequestration adjustment (see instructions)	408,499			40.01
41	Interim payments	20,054,688			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-38,244			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-S062**

**WORKSHEET E  
PART B**

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

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
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
	<b>CUSTOMARY CHARGES</b>				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**

**COMPONENT CCN: 14-0062**

**WORKSHEET E-1  
PART I**

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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		84,574,967		19,799,162
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		441,466		232,801
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	08/18/2014	08/18/2014	22,725
		.02			3.01
		.03			3.02
		.04			3.03
		.05			3.04
		.06			3.05
		.07			3.06
		.08			3.07
		.09			3.08
		.10			3.09
		.50			3.10
		.51			3.10
		.52			3.10
		.53			3.10
		.54			3.10
		.55			3.10
		.56			3.10
		.57			3.10
		.58			3.10
		.59			3.10
		.99			3.10
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		27,599		22,725
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)		85,044,032		20,054,688
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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
		.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			5.10
		.51			5.10
		.52			5.10
		.53			5.10
		.54			5.10
		.55			5.10
		.56			5.10
		.57			5.10
		.58			5.10
		.59			5.10
		.99			5.10
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	1,865,171		370,255
		.02			6.01
7	Total Medicare program liability (see instructions)		86,909,203		20,424,943
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.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**

**COMPONENT CCN: 14-S062**

**WORKSHEET E-1  
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,686,776		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,686,776		4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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	63,639		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		1,750,415		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.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**

**WORKSHEET E-1  
PART II**

Check applicable box:       Hospital       CAH

**TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS**

**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	17,864	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	51,409	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	4,138	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	78,671	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,369,923,698	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	13,984,514	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	2,858,372	8
9	Sequestration adjustment amount (see instructions)	57,167	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	2,801,205	10

**INPATIENT HOSPITAL SERVICES UNDER PPS & CAH**

30	Initial/interim HIT payment(s)	2,569,852	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	231,353	32

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-S062**

**WORKSHEET E-3  
PART II**

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

**PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS**

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,929,427	1
2	Net IPF PPS Outlier payment	41,710	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)	17,893,151	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)	1,971,137	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)	1,971,137	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,971,137	18
19	Deductibles	241,696	19
20	Subtotal (line 18 minus line 19)	1,729,441	20
21	Coinsurance	8,208	21
22	Subtotal (line 20 minus line 21)	1,721,233	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	43,442	23
24	Adjusted reimbursable bad debts (see instructions)	28,237	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	43,442	25
26	Subtotal (sum of lines 22 and 24)	1,749,470	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)	945	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)	1,750,415	31
31.01	Sequestration adjustment (see instructions)	35,008	31.01
32	Interim payments	1,686,776	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	28,631	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



PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S062

WORKSHEET E-3  
PART VII

Check  Title V  Hospital  NF  PPS  
 Applicable  Title XIX  Subprovider IPF  ICF/MR  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	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8			8
9			9
10			10
11			11
12			12
<b>CUSTOMARY CHARGES</b>			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18			18
19			19
20			20
21			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	11,617,000				1
2	Temporary investments	21,591,000				2
3	Notes receivable					3
4	Accounts receivable	177,419,000				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-133,828,000				6
7	Inventory	2,335,000				7
8	Prepaid expenses					8
9	Other current assets	10,919,000				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	90,053,000				11
<b>FIXED ASSETS</b>						
12	Land	7,365,000				12
13	Land improvements	6,949,000				13
14	Accumulated depreciation	-5,859,000				14
15	Buildings	396,832,000				15
16	Accumulated depreciation	-121,115,000				16
17	Leasehold improvements	86,160,000				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	160,921,000				23
24	Accumulated depreciation	-90,880,000				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	440,373,000				30
<b>OTHER ASSETS</b>						
31	Investments	335,401,000				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	9,959,000				34
35	Total other assets (sum of lines 31-34)	345,360,000				35
36	Total assets (sum of lines 11, 30 and 35)	875,786,000				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	21,993,000				37
38	Salaries, wages and fees payable	25,485,000				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	58,092,000				44
45	Total current liabilities (sum of lines 37 thru 44)	105,570,000				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable	374,051,000				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	37,960,000				49
50	Total long term liabilities (sum of lines 46 thru 49)	412,011,000				50
51	Total liabilities (sum of lines 45 and 50)	517,581,000				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	358,205,000				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	358,205,000				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	875,786,000				60

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		323,188,000			1
2	Net income (loss) (from Worksheet G-3, line 29)		38,361,104			2
3	Total (sum of line 1 and line 2)		361,549,104			3
4	Additions (credit adjustments) (specify)					4
5	CONTRIBUTIONS	802,798				5
6	UNREALIZED GAINS					6
7	TRANSFER FROM AFFILIATE	8,214,902				7
8						8
9						9
10	Total additions (sum of lines 4-9)		9,017,700			10
11	Subtotal (line 3 plus line 10)		370,566,804			11
12	Deductions (debit adjustments) (specify)					12
13	UNREALIZED LOSSES	12,361,275				13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		12,361,275			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		358,205,529			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	UNREALIZED GAINS					6
7	TRANSFER FROM AFFILIATE					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						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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	142,522,491		142,522,491	1
2	Subprovider IPF	7,472,772		7,472,772	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)	149,995,263		149,995,263	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	149,995,263		149,995,263	17
18	Ancillary services	587,198,679		587,198,679	18
19	Outpatient services		610,256,809	610,256,809	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		16,476,211	16,476,211	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		9,334,044	9,334,044	27
27.01	PHYSICIAN SERVICE	5,515,778		5,515,778	27.01
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	742,709,720	636,067,064	1,378,776,784	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		339,957,370	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)		339,957,370	43

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,378,776,784	1
2	Less contractual allowances and discounts on patients' accounts	1,037,822,399	2
3	Net patient revenues (line 1 minus line 2)	340,954,385	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	339,957,370	4
5	Net income from service to patients (line 3 minus line 4)	997,015	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	28,637,881	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts	58,318	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	954,958	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	163,721	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	20,904	21
22	Rental of hospitial space	1,212,599	22
23	Governmental appropriations		23
24	Other (COMMUNITY EDUCATION)	36,668	24
24.01	Other (MISCELLANEOUS)	6,184,990	24.01
24.02	Other (HOME DELIVERED MEALS)	44,734	24.02
24.03	Other (LIFELINE)	47,513	24.03
24.05	Other (BABY PHOTO)	1,803	24.05
24.06	Other (OTHER)		24.06
25	Total other income (sum of lines 6-24)	37,364,089	25
26	Total (line 5 plus line 25)	38,361,104	26
29	Net income (or loss) for the period (line 26 minus line 28)	38,361,104	29

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	2,014,000		281,548		500,990	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	3,898,301				165,832	6
7	Physical Therapy	720,144			1,341,918		7
8	Occupational Therapy	140,990			220,171		8
9	Speech Pathology				98,834		9
10	Medical Social Services	82,943					10
11	Home Health Aide	688,013					11
12	Supplies (see instructions)					110,380	12
13	Drugs					3,499	13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	7,544,391		281,548	1,660,923	780,701	24

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	2,796,538	8,228	2,804,766	-2,035	2,802,731	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	4,064,133		4,064,133		4,064,133	6
7	Physical Therapy	2,062,062		2,062,062		2,062,062	7
8	Occupational Therapy	361,161		361,161		361,161	8
9	Speech Pathology	98,834		98,834		98,834	9
10	Medical Social Services	82,943		82,943		82,943	10
11	Home Health Aide	688,013		688,013		688,013	11
12	Supplies (see instructions)	110,380		110,380		110,380	12
13	Drugs	3,499		3,499		3,499	13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	10,267,563	8,228	10,275,791	-2,035	10,273,756	24

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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

WORKSHEET H-1  
PART I

		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS		
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
<b>GENERAL SERVICE COST CENTERS</b>					
1	Capital Related-Bldgs. and Fixtures				1
2	Capital Related-Movable Equipment				2
3	Plant Operation & Maintenance				3
4	Transportation (see instructions)				4
5	Administrative and General	2,802,731			5
<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care	4,064,133			6
7	Physical Therapy	2,062,062			7
8	Occupational Therapy	361,161			8
9	Speech Pathology	98,834			9
10	Medical Social Services	82,943			10
11	Home Health Aide	688,013			11
12	Supplies (see instructions)	110,380			12
13	Drugs	3,499			13
14	DME				14
<b>HHA NONREIMBURSABLE SERVICES</b>					
15	Home Dialysis Aide Services				15
16	Respiratory Therapy				16
17	Private Duty Nursing				17
18	Clinic				18
19	Health Promotion Activities				19
20	Day Care Program				20
21	Home Delivered Means Program				21
22	Homemaker Service				22
23	All Others				23
23.50	Telemedicine				23.50
24	Totals (sum of lines 1-23)	10,273,756			24

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

WORKSHEET H-1  
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	<b>GENERAL SERVICE COST CENTERS</b>					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		2,802,731	2,802,731		5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care		4,064,133	1,524,646	5,588,779	6
7	Physical Therapy		2,062,062	773,576	2,835,638	7
8	Occupational Therapy		361,161	135,488	496,649	8
9	Speech Pathology		98,834	37,077	135,911	9
10	Medical Social Services		82,943	31,116	114,059	10
11	Home Health Aide		688,013	258,106	946,119	11
12	Supplies (see instructions)		110,380	41,409	151,789	12
13	Drugs		3,499	1,313	4,812	13
14	DME					14
	<b>HHA NONREIMBURSABLE SERVICES</b>					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		10,273,756		10,273,756	24

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - HHA STATISTICAL BASIS**

**HHA CCN: 14-7470**

**WORKSHEET H-1  
PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-2,802,731	7,471,025	5
<b>HHA REIMBURSABLE SERVICES</b>								
6	Skilled Nursing Care						4,064,133	6
7	Physical Therapy						2,062,062	7
8	Occupational Therapy						361,161	8
9	Speech Pathology						98,834	9
10	Medical Social Services						82,943	10
11	Home Health Aide						688,013	11
12	Supplies (see instructions)						110,380	12
13	Drugs						3,499	13
14	DME							14
<b>HHA NONREIMBURSABLE SERVICES</b>								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					-2,802,731	7,471,025	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						2,802,731	25
26	Unit Cost Multiplier						0.375147	26

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7470**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
1	Administrative and General		8,849	36,706	2,230,726	32,704	81,728	1
2	Skilled Nursing Care	5,588,779						2
3	Physical Therapy	2,835,638						3
4	Occupational Therapy	496,649						4
5	Speech Pathology	135,911						5
6	Medical Social Services	114,059						6
7	Home Health Aide	946,119						7
8	Supplies	151,789						8
9	Drugs	4,812						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)	10,273,756	8,849	36,706	2,230,726	32,704	81,728	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.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7470

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	PURCH & STORES	ADMITTING	CASHIERING	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
1	Administrative and General	13,644			2,404,357	247,709	11,516	1
2	Skilled Nursing Care				5,588,779	575,784		2
3	Physical Therapy				2,835,638	292,142		3
4	Occupational Therapy				496,649	51,167		4
5	Speech Pathology				135,911	14,002		5
6	Medical Social Services				114,059	11,751		6
7	Home Health Aide				946,119	97,474		7
8	Supplies				151,789	15,638		8
9	Drugs				4,812	496		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)	13,644			12,678,113	1,306,163	11,516	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.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7470**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	CLINICAL ENGINEER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6.01	7	8	9	10	11	
1	Administrative and General	1,248					1,787	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)	1,248					1,787	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.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7470**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	Administrative and General			120,797	2,954			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)			120,797	2,954			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.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7470**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	
		19	20	21	22	23	24	
1	Administrative and General						2,790,368	1
2	Skilled Nursing Care						6,164,563	2
3	Physical Therapy						3,127,780	3
4	Occupational Therapy						547,816	4
5	Speech Pathology						149,913	5
6	Medical Social Services						125,810	6
7	Home Health Aide						1,043,593	7
8	Supplies						167,427	8
9	Drugs						5,308	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)						14,122,578	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.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7470**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS		
		25	26	27	28		
1	Administrative and General		2,790,368				1
2	Skilled Nursing Care		6,164,563	1,517,922	7,682,485		2
3	Physical Therapy		3,127,780	770,163	3,897,943		3
4	Occupational Therapy		547,816	134,890	682,706		4
5	Speech Pathology		149,913	36,914	186,827		5
6	Medical Social Services		125,810	30,979	156,789		6
7	Home Health Aide		1,043,593	256,967	1,300,560		7
8	Supplies		167,427	41,226	208,653		8
9	Drugs		5,308	1,307	6,615		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)		14,122,578	2,790,368	14,122,578		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.			0.246233			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.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7470

WORKSHEET H-2  
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTES	COMMUNICATIONS # OF PHONES	DATA PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.	
		1	2	4	5.01	5.02	5.03	
1	Administrative and General	850	36,860	110	86	16	338	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)	850	36,860	110	86	16	338	20
21	Total cost to be allocated	8,849	36,706	2,230,726	32,704	81,728	13,644	21
22	Unit Cost Multiplier	10.410588		20,279.327273		5,108.000000		22
22	Unit Cost Multiplier		0.995822		380.279070		40.366864	22

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7470

WORKSHEET H-2  
PART II

	HHA COST CENTER	ADMITTING INPATIENT REVENUES	CASHIERING INPATIENT REVENUES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	CLINICAL ENGINEER TIME SPENT		
		5.04	5.05	4A.06	5.06	6	6.01	8	1
1	Administrative and General				2,404,357	850			
2	Skilled Nursing Care				5,588,779				2
3	Physical Therapy				2,835,638				3
4	Occupational Therapy				496,649				4
5	Speech Pathology				135,911				5
6	Medical Social Services				114,059				6
7	Home Health Aide				946,119				7
8	Supplies				151,789				8
9	Drugs				4,812				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)				12,678,113	850		8	20
21	Total cost to be allocated				1,306,163	11,516		1,248	21
22	Unit Cost Multiplier					13.548235			22
22	Unit Cost Multiplier				0.103025			156.000000	22

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS**

**HHA CCN: 14-7470**

**WORKSHEET H-2  
PART II**

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	MAINTENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General					2		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)					2		20
21	Total cost to be allocated					1,787		21
22	Unit Cost Multiplier					893.500000		22
22	Unit Cost Multiplier							22

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7470

WORKSHEET H-2  
PART II

	HHA COST CENTER	NURSING ADMINIS- TRATION FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General		165,831	3,499				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)		165,831	3,499				20
21	Total cost to be allocated		120,797	2,954				21
22	Unit Cost Multiplier			0.844241				22
22	Unit Cost Multiplier		0.728434					22

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7470

WORKSHEET H-2  
PART II

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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**APPORTIONMENT OF PATIENT SERVICE COSTS**

**HHA CCN: 14-7470**

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

Check applicable box:       Title V       Title XVIII       Title XIX

**PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST**

Cost Per Visit Computation								
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		1	2	3	4	5		
1	Skilled Nursing Care	2	7,682,485		7,682,485	52,590	146.08	1
2	Physical Therapy	3	3,897,943		3,897,943	25,404	153.44	2
3	Occupational Therapy	4	682,706		682,706	4,198	162.63	3
4	Speech Pathology	5	186,827		186,827	937	199.39	4
5	Medical Social Services	6	156,789		156,789	692	226.57	5
6	Home Health Aide	7	1,300,560		1,300,560	13,329	97.57	6
7	Total (sum of lines 1-6)		13,907,310		13,907,310	97,150		7

Limitation Cost Computation			Program Visits		
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1	2	3	4
8	Skilled Nursing Care	16974		44,221	
9	Physical Therapy	16974		19,898	
10	Occupational Therapy	16974		3,384	
11	Speech Pathology	16974		729	
12	Medical Social Services	16974		578	
13	Home Health Aide	16974		11,421	
14	Total (sum of lines 8-13)			80,231	

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	208,653		208,653	227,391	0.917596	15
16	Cost of Drugs	9	6,615		6,615	1,329	4.977427	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	0.287707			col. 2, line 2
2	Occupational Therapy	67				col. 2, line 3
3	Speech Pathology	68	0.191590			col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.183526			col. 2, line 15
5	Drugs Charged to Patients	73	0.344878			col. 2, line 16

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7470

WORKSHEET H-3  
PARTS I & II

Check applicable box:         Title V         Title XVIII         Title XIX

**PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST**

Cost Per Visit Computation		Program Visits			Cost of Services			
Patient Services	Part A	Part B		Part A	Part B		Total Program Cost (sum of cols 9-10)	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6	7	8	9	10	11	12	
1 Skilled Nursing Care		44,221			6,459,804		6,459,804	1
2 Physical Therapy		19,898			3,053,149		3,053,149	2
3 Occupational Therapy		3,384			550,340		550,340	3
4 Speech Pathology		729			145,355		145,355	4
5 Medical Social Services		578			130,957		130,957	5
6 Home Health Aide		11,421			1,114,347		1,114,347	6
7 Total (sum of lines 1-6)		80,231			11,453,952		11,453,952	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services			
Other Patient Services	Part A	Part B		Part A	Part B		Total	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6	7	8	9	10	11		
15 Cost of Medical Supplies								15
16 Cost of Drugs			1,329			6,615		16

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**CALCULATION OF HHA REIMBURSEMENT SETTLEMENT**

**HHA CCN: 14-7470**

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

Check applicable box:         Title V         Title XVIII         Title XIX

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

	Description	Part B		
		Part A 1	Not Subject to Deductibles & Coinsurance 2	
	Reasonable Cost of Part A & Part B Services			
1	Reasonable cost of services (see instructions)		6,615	1
2	Total charges		1,329	2
	Customary Charges			
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)			3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)			4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)			5
6	Total customary charges (see instructions)		1,329	6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)			7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		5,286	8
9	Primary payer amounts		1,574	9

**PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT**

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)		5,041	10
11	Total PPS Reimbursement - Full Episodes without Outliers		10,553,914	11
12	Total PPS Reimbursement - Full Episodes with Outliers		386,221	12
13	Total PPS Reimbursement - LUPA Episodes		174,749	13
14	Total PPS Reimbursement - PEP Episodes		88,390	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		100,754	15
16	Total PPS Outlier Reimbursement - PSP Episodes		3,114	16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		11,312,183	22
23	Excess reasonable cost (from line 8)		5,286	23
24	Subtotal (line 22 minus line 23)		11,306,897	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		11,306,897	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		11,306,897	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		11,306,897	31
31.01	Sequestration adjustment (see instructions)		226,140	31.01
32	Interim payments (see instructions)		11,080,757	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

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

WORKSHEET H-5

	DESCRIPTION	Part A		Part B	
		mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4
1	Total interim payments paid to provider				11,079,455 1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.				1,302 2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	To	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	To	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				11,080,757 4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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			226,140 6.01
		.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				11,306,897 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.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1591

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff					83,588	4
5	Volunteer Service Coordination	50,511					5
6	Administrative and General	343,779				717,086	6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services					38,400	9
10	Nursing Care	1,415,484					10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy	80,559					12
13	Occupational Therapy						13
14	Speech / Language Pathology				950		14
15	Medical Social Services	200,169					15
16	Spiritual Counseling	37,129					16
17	Dietary Counseling	13,799					17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	203,100					19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion Therapy					312,452	22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies					8,531	30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs	25,936					35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	2,370,466			950	1,160,057	39

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1591

WORKSHEET K

	TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
<b>GENERAL SERVICE COST CENTER</b>						
1						1
2						2
3						3
4	83,588		83,588		83,588	4
5	50,511		50,511		50,511	5
6	1,060,865	2,194	1,063,059	-177	1,062,882	6
<b>INPATIENT CARE SERVICE</b>						
7						7
8						8
<b>VISITING SERVICES</b>						
9	38,400		38,400		38,400	9
10	1,415,484		1,415,484		1,415,484	10
11						11
12	80,559		80,559		80,559	12
13						13
14	950		950		950	14
15	200,169		200,169		200,169	15
16	37,129		37,129		37,129	16
17	13,799		13,799		13,799	17
18						18
19	203,100		203,100		203,100	19
20						20
21						21
<b>OTHER HOSPICE SERVICE COSTS</b>						
22	312,452		312,452		312,452	22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30	8,531		8,531		8,531	30
31						31
32						32
33						33
34						34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	25,936		25,936		25,936	35
36						36
37						37
38						38
39	3,531,473	4,388	3,533,667	-354	3,533,490	39

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES**

**HOSPICE CCN: 14-1591**

**WORKSHEET K-1**

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General		29,340		33,879		6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services						9
10	Nursing Care				278,202	1,137,282	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)		29,340		312,081	1,137,282	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1591

WORKSHEET K-1

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
<b>GENERAL SERVICE COST CENTER</b>					
1					1
2					2
3					3
4					4
5			50,511	50,511	5
6			280,560	343,779	6
<b>INPATIENT CARE SERVICE</b>					
7					7
8					8
<b>VISITING SERVICES</b>					
9					9
10				1,415,484	10
11					11
12	80,559			80,559	12
13					13
14					14
15			200,169	200,169	15
16			37,129	37,129	16
17			13,799	13,799	17
18					18
19			203,100	203,100	19
20					20
21					21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35			25,936	25,936	35
36					36
37					37
38					38
39	80,559		811,204	2,370,466	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)**

**HOSPICE CCN: 14-1591**

**WORKSHEET K-2**

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqju						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services						9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)						39

(1) Transfer the amount in column 9 to Wkst. K, column 2.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)**

**HOSPICE CCN: 14-1591**

**WORKSHEET K-2**

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
<b>GENERAL SERVICE COST CENTER</b>					
1					1
2					2
3					3
4					4
5					5
6					6
<b>INPATIENT CARE SERVICE</b>					
7					7
8					8
<b>VISITING SERVICES</b>					
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35					35
36					36
37					37
38					38
39					39

(1) Transfer the amount in column 9 to Wkst. K, column 2.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1591

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqju						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services						9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)						39

(1) Transfer the amount in column 9 to Wkst. K, column 4.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1591

WORKSHEET K-3

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
<b>GENERAL SERVICE COST CENTER</b>					
1					1
2					2
3					3
4					4
5					5
6					6
<b>INPATIENT CARE SERVICE</b>					
7					7
8					8
<b>VISITING SERVICES</b>					
9					9
10					10
11					11
12					12
13					13
14	950			950	14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35					35
36					36
37					37
38					38
39	950			950	39

(1) Transfer the amount in column 9 to Wkst. K, column 4.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - HOSPICE GENERAL SERVICE COST**

**HOSPICE CCN: 14-1591**

**WORKSHEET K-4  
PART I**

	COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS			TRANS- PORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.		
		0	1	2	3	4	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Equi						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff	83,588				83,588	4
5	Volunteer Service Coordination	50,511					5
6	Administrative and General	1,062,882				83,588	6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services	38,400					9
10	Nursing Care	1,415,484					10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy	80,559					12
13	Occupational Therapy						13
14	Speech / Language Pathology	950					14
15	Medical Social Services	200,169					15
16	Spiritual Counseling	37,129					16
17	Dietary Counseling	13,799					17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	203,100					19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion The	312,452					22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies	8,531					30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs	25,936					35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	3,533,490				83,588	39

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - HOSPICE GENERAL SERVICE COST**

**HOSPICE CCN: 14-1591**

**WORKSHEET K-4  
PART I**

	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
	5	5A	6	7	
<b>GENERAL SERVICE COST CENTER</b>					
1	Capital Related Costs-Bldg and Fix				1
2	Capital Related Costs-Movable Equi				2
3	Plant Operation and Maintenance				3
4	Transportation - Staff				4
5	Volunteer Service Coordination	50,511			5
6	Administrative and General	50,511	1,196,981	1,196,981	6
<b>INPATIENT CARE SERVICE</b>					
7	Inpatient - General Care				7
8	Inpatient - Respite Care				8
<b>VISITING SERVICES</b>					
9	Physician Services		38,400	19,672	58,072
10	Nursing Care		1,415,484	725,144	2,140,628
11	Nursing Care-Continuous Home Care				11
12	Physical Therapy		80,559	41,270	121,829
13	Occupational Therapy				13
14	Speech / Language Pathology		950	487	1,437
15	Medical Social Services		200,169	102,546	302,715
16	Spiritual Counseling		37,129	19,021	56,150
17	Dietary Counseling		13,799	7,069	20,868
18	Counseling - Other				18
19	Home Health Aide and Homemaker		203,100	104,047	307,147
20	HH Aide & Homemaker - Cont. Home C				20
21	Other				21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22	Drugs, Biological and Infusion The		312,452	160,068	472,520
23	Analgesics				23
24	Sedatives / Hypnotics				24
25	Other - Specify				25
26	Durable Medical Equipment/Oxygen				26
27	Patient Transportation				27
28	Imaging Services				28
29	Labs and Diagnostics				29
30	Medical Supplies		8,531	4,370	12,901
31	Outpatient Services (including E/R				31
32	Radiation Therapy				32
33	Chemotherapy				33
34	Other				34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	Bereavement Program Costs		25,936	13,287	39,223
36	volunteer Program Costs				36
37	Fundraising				37
38	Other Program Costs				38
39	Total (sum of lines 1-38)	50,511	3,533,490		3,533,490

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 14-1591

WORKSHEET K-4  
PART II

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				VOLUNTEER SERVICES COORDINATOR (Hours)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)				
		1	2	3	4	5	6A	6	
	<b>GENERAL SERVICE COST CENTER</b>								
1	Capital Related Costs-Bldg and Fix								1
2	Capital Related Costs-Movable Eqju								2
3	Plant Operation and Maintenance								3
4	Transportation - Staff				100				4
5	Volunteer Service Coordination					100			5
6	Administrative and General				100	100	-1,196,981	2,336,509	6
	<b>INPATIENT CARE SERVICE</b>								
7	Inpatient - General Care								7
8	Inpatient - Respite Care								8
	<b>VISITING SERVICES</b>								
9	Physician Services							38,400	9
10	Nursing Care							1,415,484	10
11	Nursing Care-Continuous Home Care								11
12	Physical Therapy							80,559	12
13	Occupational Therapy								13
14	Speech / Language Pathology							950	14
15	Medical Social Services							200,169	15
16	Spiritual Counseling							37,129	16
17	Dietary Counseling							13,799	17
18	Counseling - Other								18
19	Home Health Aide and Homemaker							203,100	19
20	HH Aide & Homemaker - Cont. Home C								20
21	Other								21
	<b>OTHER HOSPICE SERVICE COSTS</b>								
22	Drugs, Biological and Infusion The							312,452	22
23	Analgesics								23
24	Sedatives / Hypnotics								24
25	Other - Specify								25
26	Durable Medical Equipment/Oxygen								26
27	Patient Transportation								27
28	Imaging Services								28
29	Labs and Diagnostics								29
30	Medical Supplies							8,531	30
31	Outpatient Services (including E/R								31
32	Radiation Therapy								32
33	Chemotherapy								33
34	Other								34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>								
35	Bereavement Program Costs							25,936	35
36	volunteer Program Costs								36
37	Fundraising								37
38	Other Program Costs								38
39	Cost to be Allocated (per Wskt K-4, Part I)				83,588	50,511		1,196,981	39
40	Unit Cost Multiplier				835.880000	505.110000		0.512295	40

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	COMMUNICATIONS 5.01	DATA PROCESSING 5.02	
1	Administrative and General	0	8,849	277	709,777			1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services	58,072						4
5	Nursing Care	2,140,628						5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy	121,829						7
8	Occupational Therapy							8
9	Speech / Language Pathology	1,437						9
10	Medical Social Services	302,715						10
11	Spiritual Counseling	56,150						11
12	Dietary Counseling	20,868						12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	307,147						14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy	472,520						17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies	12,901						25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs	39,223						30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	3,533,490	8,849	277	709,777			34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	PURCH & STORES	ADMITTING	CASHIERING	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
1	Administrative and General	1,090			719,993	74,177	11,516	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services				58,072	5,983		4
5	Nursing Care				2,140,628	220,539		5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy				121,829	12,551		7
8	Occupational Therapy							8
9	Speech / Language Pathology				1,437	148		9
10	Medical Social Services				302,715	31,187		10
11	Spiritual Counseling				56,150	5,785		11
12	Dietary Counseling				20,868	2,150		12
13	Counseling - Other							13
14	Home Health Aide and Homemaker				307,147	31,644		14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy				472,520	48,681		17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies				12,901	1,329		25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs				39,223	4,041		30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	1,090			4,253,483	438,215	11,516	34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	CLINICAL ENGINEER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6.01	7	8	9	10	11	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)							34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
1	Administrative and General			1,672	263,769			1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)			1,672	263,769			34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (cols. 4A-23)	
		19	20	21	22	23	24	
1	Administrative and General						1,071,127	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services						64,055	4
5	Nursing Care						2,361,167	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy						134,380	7
8	Occupational Therapy							8
9	Speech / Language Pathology						1,585	9
10	Medical Social Services						333,902	10
11	Spiritual Counseling						61,935	11
12	Dietary Counseling						23,018	12
13	Counseling - Other							13
14	Home Health Aide and Homemaker						338,791	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy						521,201	17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies						14,230	25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs						43,264	30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)						4,968,655	34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols. 24 ± 25)	ALLOC HOSP A&G (See Part II)	TOTAL HOSP COSTS (col 26 ± 27)		
		25	26	27	28		
1	Administrative and General		1,071,127				1
2	Inpatient - General Care						2
3	Inpatient - Respite Care						3
4	Physician Services		64,055	17,604	81,659		4
5	Nursing Care		2,361,167	648,899	3,010,066		5
6	Nursing Care-Continuous Home Care						6
7	Physical Therapy		134,380	36,931	171,311		7
8	Occupational Therapy						8
9	Speech / Language Pathology		1,585	436	2,021		9
10	Medical Social Services		333,902	91,764	425,666		10
11	Spiritual Counseling		61,935	17,021	78,956		11
12	Dietary Counseling		23,018	6,326	29,344		12
13	Counseling - Other						13
14	Home Health Aide and Homemaker		338,791	93,107	431,898		14
15	HH Aide & Homemaker - Cont. Home Care						15
16	Other						16
17	Drugs, Biological and Infusion Therapy		521,201	143,238	664,439		17
18	Analgesics						18
19	Sedatives / Hypnotics						19
20	Other - Specify						20
21	Durable Medical Equipment/Oxygen						21
22	Patient Transportation						22
23	Imaging Services						23
24	Labs and Diagnostics						24
25	Medical Supplies		14,230	3,911	18,141		25
26	Outpatient Services (including E/R Dept.)						26
27	Radiation Therapy						27
28	Chemotherapy						28
29	Other						29
30	Bereavement Program Costs		43,264	11,890	55,154		30
31	Volunteer Program Costs						31
32	Fundraising						32
33	Other Program Costs						33
34	Totals (sum of lines 1-33) (2)		4,968,655		4,968,655		34
35	Unit Cost Multiplier (see instructions)			0.274822			35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTES	COMMUNI- CATIONS  # OF PHONES	DATA PROCESSING  TIME SPENT	PURCH & STORES  # OF REQUISIT.	
		1	2	4	5.01	5.02	5.03	
1	Administrative and General	850	278	35			27	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)	850	278	35			27	34
35	Total cost to be allocated	8,849	277	709,777			1,090	35
36	Unit Cost Multiplier (see instructions)	10.410588		20,279.342857				36
36	Unit Cost Multiplier (see instructions)		0.996403				40.370370	36

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	ADMITTING  INPATIENT REVENUES	CASHIERING  INPATIENT REVENUES	RECON- CILIATION  4A.06	ADMINIS- TRATIVE & GENERAL ACCUM COST  5.06	MAIN- TENANCE & REPAIRS SQUARE FEET  6 850	CLINICAL ENGINEER  TIME SPENT  6.01	
1	Administrative and General	5.04	5.05	4A.06	5.06	6	6.01	1
2	Inpatient - General Care				719,993	850		2
3	Inpatient - Respite Care							3
4	Physician Services				58,072			4
5	Nursing Care				2,140,628			5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy				121,829			7
8	Occupational Therapy							8
9	Speech / Language Pathology				1,437			9
10	Medical Social Services				302,715			10
11	Spiritual Counseling				56,150			11
12	Dietary Counseling				20,868			12
13	Counseling - Other							13
14	Home Health Aide and Homemaker				307,147			14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy				472,520			17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies				12,901			25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs				39,223			30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)				4,253,483	850		34
35	Total cost to be allocated				438,215	11,516		35
36	Unit Cost Multiplier (see instructions)					13.548235		36
36	Unit Cost Multiplier (see instructions)				0.103025			36

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)							34
35	Total cost to be allocated							35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	NURSING ADMINISTRATION 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		2,295	312,452				1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)		2,295	312,452				34
35	Total cost to be allocated		1,672	263,769				35
36	Unit Cost Multiplier (see instructions)			0.844190				36
36	Unit Cost Multiplier (see instructions)		0.728540					36

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME			
		20	21	22	23			
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)							34
35	Total cost to be allocated							35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 14-1591

WORKSHEET K-5  
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	Wkst C, Part I, col. 9, line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1	2	3	
	<b>ANCILLARY SERVICE COST CENTERS</b>					
1	Physical Therapy	66	0.287707	1,728	497	1
2	Occupational Therapy	67				2
3	Speech / Language Pathology	68	0.191590			3
4	Drugs, Biological and Infusion Therapy	73	0.344878	302,601	104,360	4
5	Durable Medical Equipment/Oxygen	96				5
6	Labs and Diagnostics	60	0.083854	6,242	523	6
7	Medical Supplies	71	0.183526	62,619	11,492	7
8	Outpatient Services (including E/R Dept.)	93		8,194		8
9	Radiation Therapy	55				9
10	Other	76				10
10.97	CARDIAC REHABILITATION	76.97	0.358102			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
10.99	LITHOTRIPSY	76.99				10.99
11	Totals (sum of lines 1-10)				116,872	11

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 14-1591

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	Total cost (see instructions)				5,085,527	1
2	Total unduplicated days (Worksheet S-9, column 6, line 5)				33,926	2
3	Average cost per diem (line 1 divided by line 2)				149.90	3
4	Unduplicated Medicare days (Worksheet S-9, column 1, line 5)	33,009				4
5	Aggregate Medicare cost (line 3 times line 4)	4,948,049				5
6	Unduplicated Medicaid days (Worksheet S-9, column 2, line 5)		181			6
7	Aggregate Medicaid cost (line 3 times line 6)		27,132			7
8	Unduplicated SNF days (Worksheet S-9, column 3, line 5)	9,132				8
9	Aggregate SNF cost (line 3 times line 8)	1,368,887				9
10	Unduplicated NF days (Worksheet S-9, column 4, line 5)		155			10
11	Aggregate NF cost (line 3 times line 10)		23,235			11
12	Other Unduplicated days (Worksheet S-9, column 5, line 5)			736		12
13	Aggregate cost for other days (line 3 times line 12)			110,326		13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0062

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	6,947,983	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	81,362	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)	216.33	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		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)	0.0554	8
9	Sum of lines 7 and 8	0.0554	9
10	Allowable disproportionate share percentage (see instructions)	0.0113	10
11	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	78,512	11
12	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	7,107,857	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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0062**

**WORKSHEET L**

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

**PART I - FULLY PROSPECTIVE METHOD**

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier		1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments		2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)		3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		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 (line 10 times the sum of lines 1 and 1.01)		11
12	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	<b>GENERAL SERVICE COST CENTERS</b>							
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 & STORES							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING							5.05
5.06	ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
6.01	CLINICAL ENGINEERING							6.01
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY							23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
40	Subprovider - IPF							40
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	EMG							70.01
70.03	ANGIOGRAPHY							70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	OUTPATIENT PSYCHE SERVICES							90.01
91	Emergency							91
91.01	PCC							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)							118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
194	NEW DIRECTION							194

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/28/2015 Run Time: 14:31 Version: 2015.03 (05/22/2015)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26		
194.01	PRIVATE DUTY NURSING	0	2A	24	25	26		194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202